

POSITION STATEMENT



GENDER-AFFIRMING CARE

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Gender-affirming care can be understood as the processes through which a health care system cares for and supports an individual, while recognizing and acknowledging their gender identity and expression.

BC NURSES' UNION BELIEVES THAT:

- > Gender-affirming care is a right that belongs to all persons who access our health care system.
- > Gender-affirming care recognizes the individuality and expression of each person – a uniqueness that is influenced by intersecting factors like age, ethnicity, race, disability, class.
- > Equitable access to health care for transgender¹ people means the right to receive care that is sensitive to, and fully accepting of, their self-described identity.
- > Trans¹ people face unique challenges and obstacles when they attempt to access health care. This can lead to an avoidance of formal systems of care.
- > Nurses and health care workers can help to dismantle the obstacles faced by trans people by becoming knowledgeable about transgender health issues.
- > Through knowledge and a social justice framework, nurses and health care workers can develop the competencies required to deliver gender-affirming care.

BACKGROUND

The positive affirmation of identity is a key determinant of a person's health and wellbeing². A person's sense of self is, in turn, reaffirmed when the community they live in supports and reflects their identity. Conversely, certain dominant social norms and values can work to undermine a person's identity leading to an experience of marginalization and stigma.³

Many trans people don't experience social affirmation in their daily interactions. Instead they are often subject to acts of discrimination and violence. These individual acts of discrimination can become part of a culture of transphobia when, for example, governments fail to support legislation⁴ that could provide much needed legal protection for trans people and when organizations and workplaces fail to create welcoming and inclusive environments.

A culture of transphobia is often shaped by norms and traditions that regard gender as something that is strictly binary. That is, one is assigned either to the category of female or male at birth, based on certain biological characteristics, and then, accordingly, grows up to be either a woman or a man. In this schema, women are expected to behave in ways that are socially understood to be feminine and men to behave in ways that are socially understood to be masculine.

This way of thinking about the link between sex and gender is reinforced throughout society in subtle and overt ways. For instance, think about the way mainstream culture 'colour-codes' girls pink and boys blue when they are born, or the differing expectations we might have of what constitutes appropriate behaviour, types of play, or appropriate dress – based on whether one is a 'girl' or 'boy'.

In addition, there are social norms and assumptions regarding the appropriateness of specific forms of sexual attraction. These tend to follow from the same logic that understands gender as something strictly

binary and unchanging. So, for example, someone assigned to be female at birth will grow up to be a woman and will be attracted to men and someone assigned to be male at birth will grow up to be a man and will be attracted to women.

This traditional model of gender, sex, and sexual attraction/ orientation might be illustrated in the following way.

Biological Sex	Female	Male
Gender Identity	Woman	Man
Gender Expression	Feminine	Masculine
Sexual Orientation: attracted to	Men	Women

Nursing education, scholarship and clinical practice have, in general, reflected the culture at-large, adopting a traditional understanding or framing of sex, gender identity/expression and sexual attraction/ orientation⁵. This traditional framing of sex and gender has resulted in a nursing discourse that is remarkable for the way it renders trans people “invisible” and then undertakes to erase them from further consideration⁶.

Nurses and healthcare workers know from their frontline experience that not everyone fits into these traditional categories. There are many people whose sex does not ‘fit’ their gender identity. That is they may have been assigned ‘male’ when they were born because of their biological sex characteristics but as they grow up they may begin to feel that there is a disconnect between

their sex and their gender identity. If they happen to be a patient/client/resident who has been assigned to your care – how might you approach them?

In a situation like the one above the provision of ethical nursing care depends on recognizing that the relationship between sex and gender is more complex than social norms or a traditional model may have permitted us to recognize. That

is to say that who we are and how we experience our sexed and gendered selves can be shaped by social context, is often dependent on circumstance, and can change over time. In short, it might be said that gender is not a fixed category, invariably tied to one’s biological sex, but is a socially constructed and dynamic phenomena.

One way of attempting to understand this complexity might be to see sex, gender identity, gender expression and sexual orientation as existing on a continuum. Such a model might look something like this:

GENDER AFFIRMING MODEL⁷

BIOLOGICAL SEX

Female.....intersex⁸..... Male

GENDER IDENTITY

Woman.....Gender Queer Man

GENDER EXPRESSION

Feminine....Androgynous.... Masculine

SEXUAL ORIENTATION

Attracted to:

Men Both/Neither..... Women
Bisexual/Asexual⁹

This way of conceptualizing sex and gender allows us to make more room for a broader understanding of human sexuality and identity (though even this model should be understood to be only a partial reflection of a reality that is infinitely more varied and diverse). In turn, this should better prepare the nurse or health care worker to provide gender-affirming care for that person, for example, whose gender identity and/or expression may not necessarily correspond with their biological sex.

The emergence of inclusive ways of thinking about sex and gender does not mean that the old paradigm or way of thinking about sex and gender has disappeared. We know this because people who express a gender or sexual identity that falls outside of the narrow categories of the traditional model may face rejection by family and friends; bullying and name-calling at school or work; slurs when out in public, and often overt hostility including physical and sexual violence. Sometimes the daily transphobia experienced by trans people can result in mental health challenges, self-harming behaviours, and suicide¹⁰.

The experiences of trans people in health care settings often mirrors their experiences in society as a whole – leading many transgender people to delay or sometimes avoid seeking much needed care with serious consequences for their physical and mental health and wellbeing¹¹.

References/Resources

1. Transgender is a collective term for people whose gender identity and/or gender expression differs from what is typically associated with the biological sex assigned at birth. You might also come across the word Trans or Trans.* For a more complete list of useful terms and language, check out the glossary at <https://www.bcnu.org/about-bcnu/human-rights-and-equity/lgbt-caucus>
2. What Determines Health (2011). <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php> [1,2]
3. Eliason, M; Dibble, S. & DeJoseph, J (2010). Nursing's Silence on Lesbian, Gay, Bisexual and Transgender Issues: The Need for Emancipatory Efforts. *Advances in Nursing Science* 33 (3)
4. Bill C279 which would have added 'gender identity' as a protected group under the Canadian Human Rights Act, and as an identifiable group under the Criminal Code failed to pass into law because of objections raised in the Senate by Conservative Party appointees.
- 5/6. Merryfeather, L & Bruce A. (2014). The Invisibility of Gender Diversity: Understanding Transgender and Transsexuality in Nursing Literature. *Nursing Forum* 49 (2)
7. Diagram of Sex and Gender (Retrieved May 2015) <http://www.gendersanity.com/diagram.html>
8. What is Intersex (Retrieved May 2015) http://www.isna.org/faq/what_is_intersex
9. <http://asexualsurvivors.org/resources/asexuality-basics-for-health-professionals.pdf> retrieved May 2015 <http://www.asexuality.org/home/> retrieved May 2015
10. Ontario's Trans Communities and Suicide: Transphobia is Bad for our Health (2010) Retrieved from <http://transpulseproject.ca/>
11. Improving the Health Care of Lesbian, Gay, Bisexual and Transgender People: Understanding and Eliminating Health Disparities Retrieved May 2015 from http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf
12. BCNU Position Statement on social determinants of health. Retrieved May 15th from <https://www.bcnu.org/AboutBcnu/Documents/position-statement-social-determinants.pdf>

BCNU SUPPORTS GENDER-AFFIRMING CARE

BCNU understands health to be a complete sense of mental, physical, and socioeconomic wellbeing¹².

BCNU recognizes that this sense of wellbeing can be strengthened through the elimination of systemic discrimination and the application of the principles and practices of gender affirming care.

What might some of these practices look like?

- > Taking some time to take a critical look at your own values and beliefs about, sex, gender identity, expression, and sexual orientation
- > Enhancing your own cultural competency to deepen your understanding of sexual difference and gender diversity
- > Seeking out resources at your workplace or in the community that can add to your knowledge base and enhance clinical practice
- > Creating a genuinely welcoming environment for all people who access health care services
- > Using appropriate language, pronouns and terminology, when addressing the person you are providing care for

- > Asking questions of the person you are looking after in a non-judgmental way
- > Look after the anatomy that is present: a trans woman may need a prostate exam; a trans man may require a mammogram
- > Recognizing that a trans person's previous experience with the health care system may have been less than ideal
- > Understanding that gender is only one aspect of a trans person's identity and that race, age, ability, employment status, mental health status, family support etc. may be equally important intersecting factors to ensuring appropriate care
- > Knowing that if you don't know it's safe to ask - in a respectful, compassionate way.

Gender-affirming care is good nursing care. Gender-affirming care ensures that all people are treated with the respect, dignity and justice they deserve. Gender-affirming care is an essential human right and one BCNU is proud to stand up for.

FOR MORE INFORMATION

Please contact the chair of the LGBTQ (lgbtq@bcnu.org caucus) to discuss these issues.