

How to use this Infographic:

Information presented on these right panels supplement concepts within the graphic - refer to these pages for further learning!

1 Let's start with terminology

While these terms make up the LGBTQQIP2SAA (**often abbreviated as LGBTQ+**) banner, they **DO NOT** represent the full spectrum of identifiers and terms that individuals in the community may use to identify themselves.

Not everyone will fit into or identify with the LGBTQQIP2SAA 'mold'!

2 Don't try and fit people into a mold

Pay attention to people's language. Much variability exists and terminology is ever-changing. **People have the right to describe their gender and sexuality however they choose.** You should be open to new terms and feel comfortable asking for their meaning. For example, here are some descriptors that you may come across:

Dyke

Dyke is another word for a lesbian woman. It is a reclaimed word that is used primarily within the queer community.

Pangender

A person whose gender identity is comprised of all or many gender identities and/or expressions.

They/Ze/Hir

Alternate pronouns that are gender neutral and preferred by some gender variant persons. Pronounced /zee/ and /here/ they replace "he"/"she" and "his"/"hers" respectively.

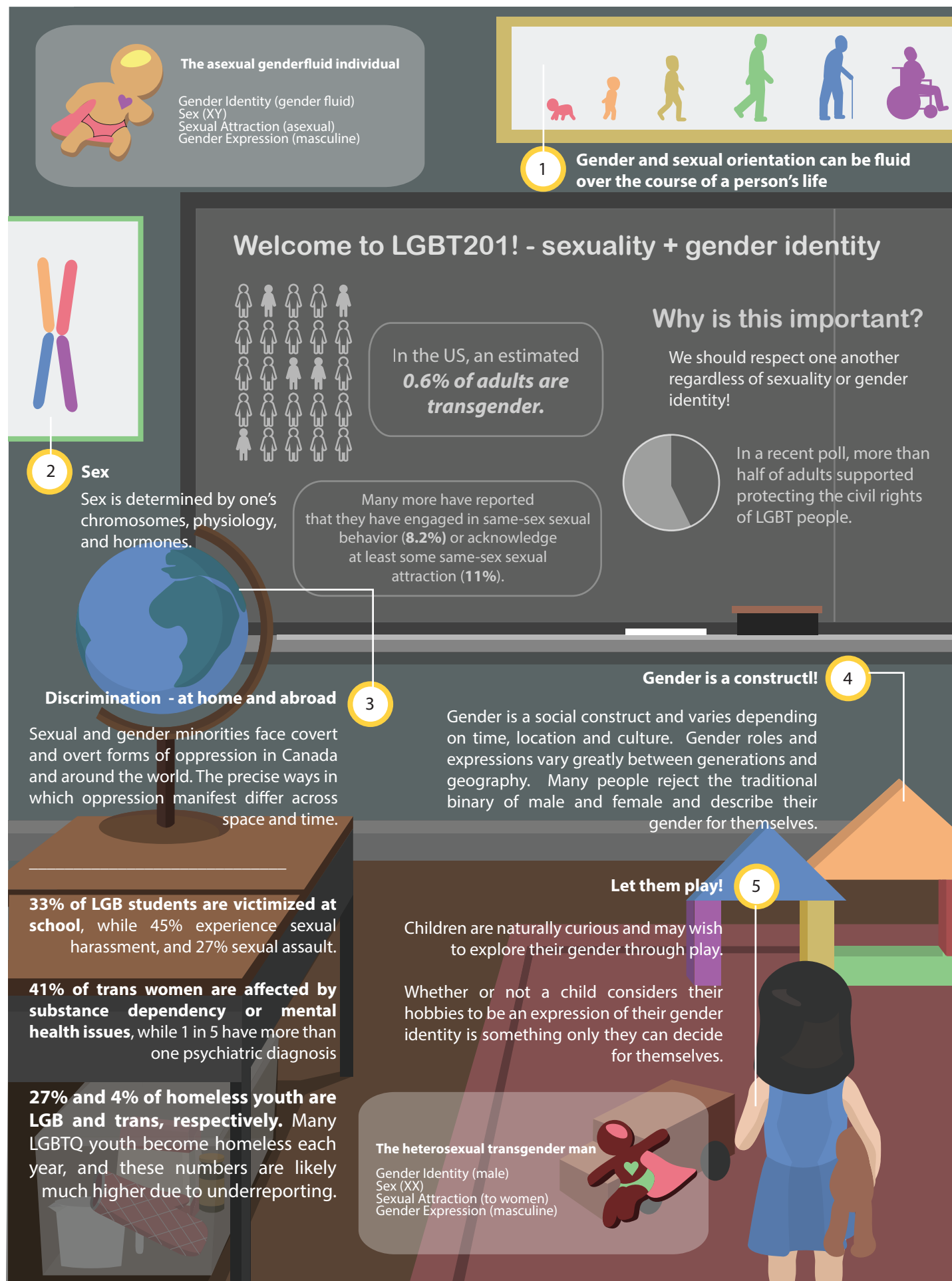
PRO-TIP!

You can never go wrong by following the patient's lead and **using the terminology that they use.**

3 Each person is unique!

Gender, sex, and sexuality are concepts that **are intertwined but distinct** from one another. For example, **YOU CANNOT INFER** someone's sexual attraction based on their gender identity or vice versa!

Sexual Attraction
Gender Identity
Sex
Gender Expression



1

Gender and sexual orientation can be fluid over the course of a person's life

Assuming a person's identity or orientation is "just a phase" or that they will "grow out of it" is INAPPROPRIATE

Sexual preferences and gender are not static for everyone. An individual's attraction and gender can be fluid and can evolve over time. ***This DOES NOT in any way invalidate someone's identity or attraction in the past or present.*** Fluidity does not indicate that an individual is confused!

2

Sex

Roughly 1 in 1500 people do not fall into the binary classification of male and female. ***Many people are intersex*** with the biological characteristics of both sexes due to variations in physiology/anatomy/genetics.

Sex Assigned At Birth
is based on physical characteristics observed at birth and may not necessarily correspond with a person's gender identity!

3

Discrimination - at home and abroad

Many health and social inequalities still exist for people who identify as LGBTQ+. The experience of stigma and discrimination is associated with increased depression, anxiety and suicidal thoughts.

4

Gender is a construct!

Understanding gender and sexual orientation on the basis of attraction, sex, identity, and expression is a construct. Like all constructs, ***it is a simplification and is more relevant to some and less to others.***

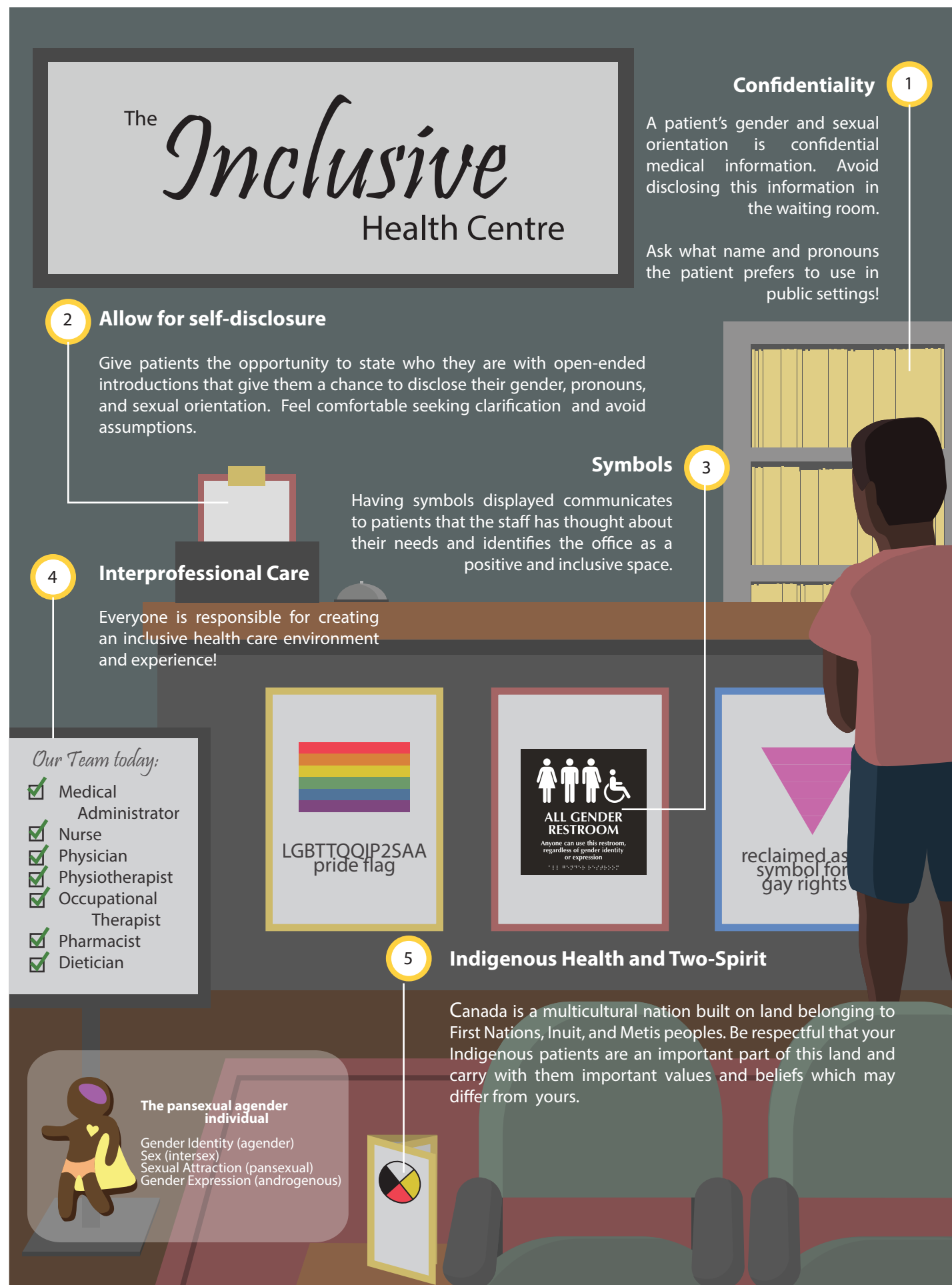
For example, many Indigenous 2-spirit people view their concept of self as rooted in connection to their history, culture and legacy of colonization. The construct presented here may have limited value for them.

5

Let them play!

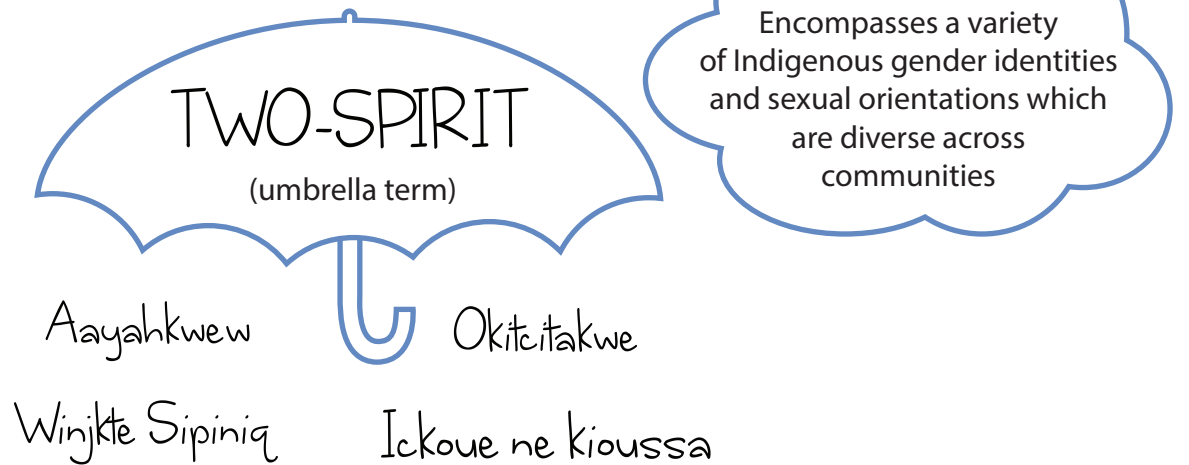
A child's interests, hobbies and toys may or may not be an expression of their gender identity. Although many cultures consider certain activities and hobbies to be gendered, it is important to remember that these are social constructions.

Ultimately, a child's gender identity is for them alone to decide



5

Indigenous Health and Two-Spirit



The term “two-spirit” emerged, in part, as a form of **resistance against the racism experienced by Aboriginal peoples in white-dominated, mainstream LGBTQ circles**. It also emerged due to a lack of English vocabulary capable of adequately describing Indigenous peoples’ experiences of **non-binary gender and sexuality**. Although Indigenous languages likely had their own terminology describing concepts of gender and sexuality, much of this was lost as a consequence of colonization. For some, identifying as two-spirit symbolizes a form of resistance against the injustice of past and ongoing colonialism. It may therefore be considered offensive when non-Indigenous folks use the term two-spirit to describe themselves.

Central to the concept of two-spirit is **one’s Indigeneity and one’s connection to the community, the Earth, and the spiritual world**. This is in contrast to Western thought which places greater priority on sexuality and sexual orientation as foundations of identity formation. Mainstream LGBTQ narratives of “coming-out” are not an experience with which many two-spirit people necessarily identify. Rather than open declarations of one’s sexual and/or gender identity, **Indigenous individuals may experience a process of “coming-in” to their identity as a two-spirit person**. Ideas of gender and sexuality presented here are primarily Western social constructs which may or may not apply for Indigenous peoples.

Ultimately, sex, gender, and sexuality are social constructs and vary across time, place, and culture.

PRO-TIP!

Respecting a person’s right to define themselves means respecting their philosophies and ways of understanding the world.

1

Open Ended Questions are Inclusive!
Closed-ended questions often involve assumptions

✓ Open

How would you describe your sexual orientation?
With whom are you sexually active?

Can you please describe your gender?

vs.

✗ Closed

Are you sexually active with men, women or both?

Are you male or female?

Notice that the closed-ended questions can make patients feel that their identity and experiences are not recognized or valued

2

Do not underestimate the weight of your words!
Ask questions that are medically relevant and avoid questions out of curiosity. Asking questions about hormones and gender surgeries to the trans population with no medical relevance can be stigmatizing.

3

Soften your approach by explaining the purpose of your questions
For example:
"To better understand your risks of sexual transmitted infections I need to take a sexual history. Some of these questions are personal. Is this ok?"

4

Appreciate that many people are sensitive about their body
Leave the examination room when patients are undressing.

Explain the purpose of physical examinations prior to examining.

Echo patient's terminology when discussing body parts - especially in the trans population (e.g. chest vs breasts).

5

Get to know your patient
Sexual orientation and gender identity are medically important information.

LGBTQ patients believe it is important for their medical providers to know their sexual orientation and may be more willing to disclose this information in a safe environment.

6

Moving beyond the examining room
Your LGBTQ+ competency should extend beyond your patients!

Treat all colleagues, preceptors, and learners with dignity and respect their diversity and right to self-identification.

INDIVISIBILITY

UTYANDT

ereisstr

ENGTH-MAY

angulon

The questioning medical student

Gender Identity (man)
Sex (XY)
Sexual Attraction (questioning)
Gender Expression (masculine)

Thank you for helping to create a safe, welcoming clinical environment for **EVERYONE!**

Taking a Sexual History - 5Ps

ID			
CC	e.g. Rashes, Discharge		
HPI	1	PARTNERS	Current and past, How many and what gender(s) Casual, regular, and others Partner risks (e.g. IV drug use, HIV, abuse/violence)
	2	PRACTICES	Oral, anal, vaginal Receive and/or perform Sex toys (use, sharing, cleaning)
	3	PREGNANCY	Plans for pregnancy Pregnancy prevention
	4	PROTECTION (from STIs)	Type of protection Consistency of Use (e.g. with whom, when)
5	PMH _x	Previous STIs and treatments, Review of Systems	
SH _x			



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