

Position statement: Nursing and sexual and gender diversity, 2016

Purpose

The purpose of this position statement is to update the previous statement (dated 1997) in the light of considerable legal and social changes in the field of gender diversity. In particular, it provides links to resources nurses may find useful to help them meet the obligations of culturally safe nursing practice, to be inclusive colleagues and in their wider roles as advocates for social justice. Terminology and definitions, including self-definitions in particular, have changed, and continue to change. It is crucial health-care providers respect individuals' self-identities and use their preferred terminology. All are unique, complex, and each person deserves respect and comprehensive, sensitive health care. A glossary is provided at the end.

Background

NZNO is committed to the promotion of equality and recognises that prejudice and discrimination threaten the health and well-being of individuals and communities. Great strides have been made in the legal protection of sexual and gender minorities in New Zealand. However, experience of discrimination on the basis of sexual orientation and gender identity (homophobia, biphobia, trans*phobia, heterosexism, and genderism) and overarching heteronormative assumptions (that being cis-gendered; where gender identity is the same as sex at birth and sexual orientation is heterosexual is 'normal' and everything else is invisible, abnormal, or not considered) continue to be risk factors that compromise health, self-esteem, access to health-care services and healthy workplaces.

Sexual orientation and gender identity exist along a spectrum. Sexual orientation refers to emotional, romantic, or sexual attraction, desire, or affection for another person. The inclination or capacity to develop these

emotional and sexual bonds may be with people of the same biological sex (gay, lesbian), a different biological sex (heterosexual), more than one biological sex (bisexual, pansexual), or no one (asexual). Gender identity is independent of sexual orientation. Gender identity refers to the internal and psychological sense of oneself as being somewhere along a continuum of male, female, both, neither, or something else. This spectrum may also be non-linear and gender identities of 'male', 'female' and 'others' mean very different things in different cultures. Neither sexual orientation nor gender identity are necessarily fixed, instead they may fluidly change across the lifespan, with implications for nursing from the cradle to the grave.

There is now a growing body of literature exploring the health-care needs and experiences of sexual and gender diverse patients. The literature demonstrates that people in this client group and their families are exposed to many specific and additional stresses as users of health services. Nurses need to update and inform themselves in order to provide adequate care to all.

In particular:

- > There is evidence of a much higher incidence of drug and alcohol abuse, which may be related to the stress of non-conformity.
- > There is also strong evidence that sexual and gender diverse teenagers are particularly at risk of mental and physical health problems. This can be due to the lack of support they receive (including sometimes from parents) when trying to come to terms with their divergence from accepted social norms. People may also experience high rates of psycho-social stress living under heteronormativity. The high attempted suicide rate in this group is an indication of the importance which should be attached to addressing health-care needs and raising awareness among other nurses and midwives of such needs.
- > For some Māori, the situation can be compounded by the close and intricate relationships with faith communities, whānau, hapū and iwi, which may, (but

cannot be assumed to), lead to further alienation in some Māori communities.

- > In traditional Samoan culture, fa'afafine are people born male who explicitly embody third gender or both masculine and feminine gender identities. Fakaleiti are Tongans born male but who assume feminine identities.
- > Where health-care decisions need to be made for those not able to give consent (and in the absence of enduring powers of attorney or designated parental status), the issues regarding the legal status of patients' representatives are the same as for non-gender diverse patients. Relationships should be respected, and the same sensitivity at these difficult times extended to all.
- > Transgender and intersex patients have difficulty accessing health services, related both to their transition (i.e. hormonal or surgical treatment), and standard care that may need to be accessed in a different way because of their identities (i.e. sexual and reproductive health services or prostate and cervical screening and oncology services for trans* women and men).
- > The clinical treatment of intersex babies and adults, including very early genital surgery, is part of an active debate in health care by intersex advocacy groups around the world, including in New Zealand

What is needed?

A concerted response is required from the profession if we are to fulfil the collective and individual responsibilities in relation to this client group implied by NZNO's Code of Ethics and the Nursing Council's Code of Conduct. Nurses are also directed to the Nursing Council's 2005 guidelines for cultural safety; specifically principle 3.3 and 3.4. Gender and sexually diverse colleagues too have rights to a non-discriminatory work environment.

Please note: Statistics New Zealand's official position (including for the Census) is now to offer "Male, Female and Gender Diverse" as the preferred options for *all* statistical reporting. Nurses can advocate for this to be changed on forms, and for patients or colleagues to have the option of self-defining as gender diverse.

Workspaces can be made culturally safe for gender diverse colleagues, whānau and visitors, just as they are for different ethnicities (i.e. toilet, bathroom and changing spaces, actively creating an inclusive culture and challenging heteronormativity). Actively supporting self-identification creates the best environment for everyone to be healthy and well.

Nurses and midwives in clinical practice should ensure they do not behave in a way which marginalises gender and sexually diverse people, whether patients or colleagues. Nurses and midwives are encouraged to reflect on their assumptions, language and behaviour to ensure it is not prejudicial, actively seek to raise awareness of the issues among colleagues, challenge unhelpful responses, and explore ways of supporting gender diverse colleagues and assisting gender diverse patients using their health services. It is important not to use or assume gendered pronouns until the preferred pronoun is established. Particular sensitivities exist around appropriate health care for the trans* community, e.g. prostate health in trans women and trans men being pregnant, single sex wards or toilet facilities.

Nurses and midwives in education have a duty to recognise the need for the profession to be better informed and to have more positive attitudes in these areas and to design pre- and post-registration education strategies that recognise this. The NZCTU Gender and Sexual Diversity at Work Kit is a great teaching resource. Resource (3) below is also a comprehensive resource for those working in aged care.

Nurses and midwives in management need to promote good practice in this area and provide equal opportunities in relation to employment and service provision. New Zealand Standards (8200:2015) is a good resource for ensuring inclusive workplaces. Particular sensitivities can exist for health professionals around uniform codes and bathroom facilities.

All Nurses and midwives should challenge prejudices wherever they encounter them.

Resources

1. NZCTU (2015) Gender and Sexual Diversity at Work Kit:
<https://outatworknz.files.wordpress.com/2015/01/diversity-resource-final.pdf>
2. Stevens (2013) Rainbow Health: The Public Health Needs of LGBTTI Communities in Aotearoa New Zealand with Policy Recommendations
http://www.adhb.govt.nz/documents/Affinity_Services_Rainbow_Health_Report.pdf
3. Auckland University (2013) Focus on quality and residents' rights for rainbow older people living in aged care facilities. https://www.fmhs.auckland.ac.nz/en/son/about/our-research/research-news-and-events/news/12082013_focus_on_quality.html
4. New Zealand Standards (2015) 8200:2015 Rainbow-inclusive workplaces: A standard for gender and sexual diversity in employment:
<https://shop.standards.govt.nz/catalog/8200%3A2015%28NZS%29/view>
5. AAMC (2014) Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD. <https://www.aamc.org/download/414172/data/lgbt.pdf>
6. Nursing Council of New Zealand (2005) Guidelines for Cultural Safety, the Treaty of Waitangi and Māori Health in Nursing Education and Practice.
<http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>
7. Greenwood, G. L., & Gruskin, E. P. (2007). LGBT tobacco and alcohol disparities. In *The health of sexual minorities* (pp. 566-583). Springer US. Available from:
<http://eknygos.lsmuni.lt/springer/686/566-583.pdf>
8. Rainbow Youth (2013) <http://www.ry.org.nz/wp-content/uploads/2013/10/Report-Digital.pdf>
9. Human Rights Commission (2008) <https://www.hrc.co.nz/your-rights/social-equality/our-work/inquiry-discrimination-experienced-transgender-people/>

10. Intersex Trust Aotearoa NZ (2015)

https://www.hrc.co.nz/files/3914/2950/4674/ITANZ_Submission_on_CAT__13_Jan_2015.pdf

Glossary

Gender diversity identities are sometimes reduced to lists of initials, shown below. LGBTIQ+ is commonly used in New Zealand as an umbrella term. Additional descriptors for commonly used initials are shown for completeness. ***These are not given to in any way encourage the use of labels***, rather to help understand self-definitions when given. The most important thing is not to assume a gender or sexual identity for someone else, but to accept and respect their self-identification, or politely seek clarification, if you are unsure. Commonly used identities and definitions are described below:

L G B T I Q +

- > Lesbian: women who are primarily or exclusively attracted to other women
- > Gay: men who are primarily or exclusively attracted to other men (also used for lesbian women)
- > MSM: men who may have sex with men but do not identify as gay.
- > Bisexual: people who are attracted to women and men or more than one gender
- > Transgender / Trans*: a person who lives as member of a gender other than that expected based on anatomical sex. Trans* is becoming increasingly popular umbrella term used to refer to a gender diverse person or to the gender diverse community as a whole. (NZCTU resource).
- > Takatāpui: is the Māori word meaning an intimate partner of the same sex. In modern terminology, a person that identifies as takatāpui is a Māori individual who is queer
- > Intersex: Some babies are born with an indeterminate biological sex in some way, but the exact reason can vary significantly. This happens about once in every 1500 births, or about 40 births per year in New Zealand. Intersex is not just a medical label; it can also be an active gender self-identification.

- > Queer: a claimed term denoting *any* non-cis (see below) non-heterosexual identity. As a term it can cover orientation and/or identity. It may be used by people who identify as queer, and should not be used lightly about others by those not identifying as queer.
- > (Q): questioning
- > 2 Spirit: There are a number of cultures in the world which do not limit themselves to two genders: this is an indigenous term, gaining wider usage.
- > Pansexual: people not limited in sexual choice with regard to biological sex, gender, or gender identity
- > Gender fluid: a person who is flexible about their gender identity. They may fluctuate between genders or express multiple genders at the same time.
- > Fa'afafine: part of traditional Samoan culture, fa'afafine are male at birth, and explicitly embody third gender or both masculine and feminine gender traits
- > Asexual: people who are not sexually attracted to any gender, or who do not express or identify with a sexual orientation.
- > Cis: people whose gender identity is the same as their sex at birth
- > DSD: Disorders of Sexual Development (a clinical, NOT a social definition)
- > Heteronormative: assumption that gender identity is the same as sex at birth and that sexual orientation is heterosexual.

Date adopted: 2016

Reviewed: Month Year, Month Year

Review date: August 2021

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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ISBN: 978-1-877461-88-0

NZNO Practice position statement:

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 New Zealand Nurses Organisation PO Box 2128, Wellington 6140. www.nzno.org.nz
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