Beyond the Binary

in Canada | Guide

Pathways toward equitable research with people who experience sex and gender-based health inequities.

PWHR
PARTNERSHIP for WOMEN'S HEALTH RESEARCH CANADA

Connecting gender inclusive language to gender equitable research approaches.

Beyond the Binary

in Canada | Guide

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Executive Summary

Background and Introduction

It is important for people across the sex and gender spectrums to be represented in health research. Decades of research has focused on the male body, and women's health research has only recently been recognized within the wider scientific community.

Women's health research is a broad term for research that focuses primarily on female physiology and biopsychosocial aspects of health. We recognize that not everyone accessing women's healthcare identifies as a woman. Our position is that health services should be welcoming and considerate to all individuals.

The goal of Beyond the Binary Canada is to provide nationally relevant, community informed guidance that enables researchers to conduct gender inclusive health research for cisgender women, trans, non-binary, Two-Spirit, gender non-conforming, gender creative, and additional gender divergent identities. When we refer to promoting gender equity in research, we mean the meaningful acknowledgment, engagement, and integration of gender diverse peoples throughout research practices and processes. Although this guide is written in the context of women's health research, the content and recommendations are relevant to many areas of research and healthcare. Through a participatory process with community members and researchers from across Canada, this guide has been adapted from Beyond the Binary in BC, which was developed as a provincial resource with the same scope.

Beyond the Binary Canada is an initiative of the Partnership for Women's Health Research Canada (PWHR) and the Women's Health Research Institute (WHRI)- one of PWHR's Partner Organizations. PWHR unites the WHRI (BC), Women and Children's Health Research Institute (Alberta), Women's College Research Institute at Women's College Hospital (Ontario), and IWK Health (Maritimes) in our common vision of "Better health for all women, trans and non-binary people through research equity, excellence, and inclusion." PWHR and the WHRI operate on the territory of the Coast Salish peoples, including the xʷməθkʷəy̓ əm (Musqueam), Sḵwx̱ wú7mesh (Squamish), and Səl̓ílwətaʔ/ Selilwitulh (Tsleil-Waututh) Nations, currently known as Vancouver. Our acknowledgement, gratitude, and respect extend to all the First Nations, Inuit, and Métis communities on whose traditional territories we build relationships.

What This Guide Is

A Note on Scope: This guide is a resource to support gender inclusive language in women's health research. It discusses approaches to language and demonstrates the application of equitable language practices. This guide is not a Sex and Gender Based Analysis Plus (SGBA+) toolkit nor checklist, though the guide does describe the importance of both sex and gender in a women's health research setting.

Limitations: This guide discusses harms experienced by people who embody gender diverse identities and suggests ways to work towards safer and more inclusive research. Exploring gender inequities and intersections with Colonialism, Racism, and Classism are not directly covered in this guide. As part of PWHR and WHRI's ongoing commitment to inclusive research, we will seek opportunities to engage in that work to build out the guide in future iterations.

What Can You Do with this Guide?

Engage. We invite you to engage with the full guide, from start to finish.

Contribute. We are committed to ongoing revisions to the guide. Please email us at **communications@pwhr.org** and **whri.communications@cw.bc.ca** with any comments or questions.

Share. If you find this guide useful, please consider sharing it with other members of your network and community.

Bookmark. This guide will be updated over time, as language evolves. Bookmark the link at:
https://pwhr.org/wp-content/uploads/2024/09/BeyondtheBinaryCanada.pdf

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We would like to thank all our community partners, whose input has been invaluable bringing the community voice, expertise, lived and living experiences, and priorities to this process. We would like to thank our research members who have provided feedback to inform the usability and relevance of this information to our research community.

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Thank you to the Canadian Institutes of Health Research (CIHR) for funding Beyond the Binary Canada and Michael Smith Health Research BC for funding Beyond the Binary in BC.

Thanks to all the readers for coming along on this evolving learning journey and reflecting with us on how we can move the dial on the gender binary and language use in women's health research.

Alignment

In alignment with the Canadian Government's first Federal 2S LGBTQIA+ Action Plan, and the Canadian Institutes of Health Research's Institute of Gender and Health's and Health Canada's commitments to systematically integrate sex and gender into health research, BTB Canada acknowledges how gender and gender-equitable health research is a key determinant of equity.

Methods

Beginning in 2021, the Beyond the Binary in BC team formed relationships with local researchers and community partners, conducted a literature review, assessed existing evidence and recommendations, and curated relevant resources, which culminated in a Guide for use by the women's health research community in BC. Throughout the process, a Community Steering Committee and Research Steering Committee were engaged.

In June 2023, PWHR and the WHRI were awarded a Canadian Institutes of Health Research (CIHR) Planning and Dissemination Grant to scale this work to a national level. With collaboration from existing community partners and drawing on PWHR's national network of researchers engaged in equity promoting research, we brought together a pan-Canadian Research Task Force and Community Task Force to inform and update the Beyond the Binary Guide.

Community Task Force (CTF): comprised of people who embody gender diverse identities, and/or work with people experiencing gender-based inequities. The CTF was engaged to review content for appropriateness and relevance to different geographic areas across Canada.

Researcher Task Force (RTF): comprised of women's health researchers, administrators, and trainees with an interest in gender-inclusive women's health research. The RTF informed the design, structure, content, and national relevance of the Guide.

This Guide has been designed with people-centered and trauma-and-resiliency-informed approaches to promoting gender equity in research.

Expanding on Terminology

People-centred care is focused and organized around the health needs and expectations of individuals, families, communities and society.[1] See **People-centred care**

Trauma and resiliency informed practice focuses on integrating knowledge and skills about how people are affected by trauma into workplace policies, procedures, and services.[2] See **Trauma and resiliency informed practice**

[1] Health Standards Organization. (2020, Jan 12). *Patient- vs People-Centred Care: What's the difference?* https://healthstandards.org/general-updates/people-vs-patient-centred-care-whats-difference/

[2] Knaak S, Sandrelli M, Patten S. (2021). How a shared humanity model can improve provider well-being and client care: An evaluation of Fraser Health's Trauma and Resiliency Informed Practice (TRIP) training program. *Healthcare Management Forum, 34*(2):87-92. http://doi.org/10.1177/0840470420970594

What We Heard

> Elder Sandy Leo Laframboise, member of the Community Task Force, advised us at the start of our journey:
>
> "It is always best to ask people the language they use to describe their own experiences" and, "You have to go slow to go far"

Three additional key points were highlighted through the development of this guide:

- **People who embody gender diverse identities have experienced harms** and are concerned about how their identities, experiences, and circumstances may be interpreted in ways that undermine their health and wellbeing. As researchers, we can be intentional and transparent when asking about sex and gender, including articulating why we are asking for this information, and what we will do with it.
- **Language is continuously evolving.** As researchers, we can reflect on what is appropriate and necessary to ask of people relative to our research questions and objectives. When in doubt, ask people (research participants, partners, people with lived and living experiences) what language and terminology they prefer.
- **Learning is an active commitment.** As researchers, we hold power in determining what research questions are asked, how they are answered, and who the results are shared with. We bring a range of experiences to our work. We can implement the practice of reflection to acknowledge our existing biases and work towards addressing them.

The researchers we engaged with acknowledged that this work is complicated. We have been inspired by their eagerness to learn and unlearn, and their understanding that moving towards gender equitable research is an ongoing, evolving process.

What to Expect from This Guide

The guide is organized into the following sections.
If viewing this guide electronically, **click the title to jump to that section.**

Language Matters 11 – 19

Purpose: An introduction to language approaches and terminology that set the stage for using the guide.

This section describes why language matters in a health research context and provides an overview of three approaches to language (additive, neutral, anatomy-based) and emphasizes that language is continually evolving. It emphasizes the importance of applying intersectionality (how multiple identity factors—such as age, gender, racialization—intersect to create our social positions and experiences) in thinking of gender inclusive language.

Example Scenarios 20 – 42

Purpose: Application of language and terminology in a real-world (research) setting.

These community-informed examples illustrate inclusive language use and incorporate glossary terms across research processes, including proposal development, ethics review, community engagement, data collection, data analysis, qualitative analysis, and knowledge mobilization.

Principles & Practices 43 – 51

Purpose: To support the research community in an ongoing commitment to learning.

This section describes exercises and resources to support researchers' self-reflexivity and understanding of their social positions, as tools for ongoing learning.

Appendix A: Glossary 52 – 72

Purpose: To provide resources created by community organizations at the forefront of language.

This section showcases community-generated terms, definitions, concepts, and corresponding references.

Appendix B: Annotated Bibliography 73 – 85

Purpose: To provide additional resources for researchers to consult when seeking to implement gender-equitable research.

This section lists resources from health research and care organizations that were identified through our literature review.

Appendix C: References 86 – 90

Purpose: To share the sources of our information.

A list of information sources we cite throughout the guide (does not include the Resource Library).

Language Matters

Impact & History

> It is important to understand why and how language can harm and exclude; and inversely, be inclusive. This section provides a socio-historical context and practical language tools to overcome the gender-binary.

Why does language matter? The language used throughout the research process has the potential to limit or expand who is included in research, and accordingly, who can benefit from the research findings.

Language has an important role to play in appropriately addressing inequities experienced by those who are systematically marginalized and under-served by health research.

How can language be oppressive?
The words we use can communicate that there are "normal" or general ways of being, and that experiences outside of "normalcy" are not worth examining. Normalcy is a socio-cultural construct that governs who is worthy of accessing power and privilege. For centuries, the binary of men and women has been normalized such that anybody who does not conform to this gender binary will experience oppression. While there is growing recognition of gender as a spectrum, individuals are continuously compared to the binary as the norm.

Inequities cannot be addressed without language to identify and describe the people most impacted by them. It is important to remember that language will continue to change over time, and that language deemed to be suitable or affirming in one context may not be appropriate in others.

As researchers, we are used to being the "experts". But we are not necessarily experts about gender-equitable language use. When in doubt, ask people with lived experience.

Choosing language that fosters inclusivity involves a commitment to stay current and to navigate spaces and conversations with humility and the willingness to learn and adapt.[3] Remember to be compassionate to yourself and others on this journey.

[3] Kaida A, Cameron B, Conway T, et al. (2022). Key recommendations for developing a national action plan to advance the sexual and reproductive health and rights of women living with HIV in Canada. *Women's Health, 18*. https://doi.org/10.1177/17455057221090829

How Does All of This Show Up in Research?

> Gender diverse individuals are increasingly visible in society, with people born between 1997 and 2012 living in Canada being seven times more likely to identify as trans or non-binary compared to older generations.[4, 5] For those who do not identify with the gender binary, discrimination and prejudice are commonplace within healthcare systems, contributing to poor health outcomes.[6] There is a long-standing history of pathologizing people who are gender diverse or gender non-conforming.
>
> To facilitate equitable care and policy, a better understanding of sex and gender-based health outcomes is needed. Researchers can play a critical role by designing and conducting research that intentionally includes gender diverse people in studies.

What can you do?

It is helpful to consider three starting points for gender-inclusive language in health research:

1. **Reflect on the language used** throughout the research process to ensure that it does not unintentionally exclude those who should be represented in and could benefit from the research. This also includes using plain language, which can help make research more accessible for everyone, regardless of gender.[7]
2. **Meaningfully engage individuals and communities** whose identities, experiences, and/or circumstances may be different from yours to help inform use of inclusive language. A best practice is to ask community members how to adequately, accurately, and meaningfully describe them and their peers in the research process. Provide ongoing feedback mechanisms for community partners and updates about how their feedback was implemented.

   Note: Several resources exist to support relationship building, compensation practices, and other strategies for meaningful engagement of people who face structural discrimination in research.[8]
3. **Practice reflexivity** to understand your position in the social and cultural context of the research. Reflexivity helps generate awareness of what influences your decisions and priorities (see Principles and Practices for additional details pg 43).

[4] Easton, R. (2022, April 27). Historic census data sheds light on number of trans and non-binary people for first time. *CBC News*. https://www.cbc.ca/news/canada/calgary/census-data- trans-non-binary-statscan-1.6431928

[5] Statistics Canada. (2022, April 27). Canada is the first country to provide census data on transgender and non-binary people. *Statistics Canada*. https://www150.statcan.gc.ca/n1/daily- quotidien/220427/dq220427b-eng.htm

[6] Alencar Albuquerque, G. et al. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: Systematic literature review. *BMC International Health and Human Rights, 16*(2). http://doi.org/10.1186/s12914-015-0072-9

[7] Verigin, K., Otteson, J., & Hui, A. (n.d.) Plain language guide. *Health Research BC*. https://healthresearchbc.ca/bc-support-unit/info-and-resources/information-for-researchers/plain- language-guide/

[8] Kaida A, Cameron B, Conway T, et al. (2022) Key recommendations for developing a national action plan to advance the sexual and reproductive health and rights of women living with HIV in Canada. *Women's Health, 18*. http://doi.org/10.1177/17455057221090829

Inclusive Language in Health Research

When it comes to using gender inclusive language in research, there is no consensus on the best approach. In health research, three main approaches are used:

1. **Gender-additive** (e.g., cis women and gender divergent persons who are at risk of uterine cancer),
2. **Gender-neutral** (e.g., people at risk for uterine cancer),
3. **Anatomy-based** (e.g., people who have a uterus and are at risk for uterine cancer).

The gender-additive approach intentionally names the genders of participants for whom the research is relevant. This approach can help researchers use precise language to communicate whose experiences are included in the research, and why or why not.

When referring to the experiences of cisgender women (that is women whose gender identity corresponds to the female sex assigned at birth) in academic manuscripts, it is recommended to use the term cis women. For recruitment and knowledge mobilization, there must be consideration of plain and accessible language in public-facing research materials (e.g., recruitment information, data collection) to avoid the exclusion or misunderstanding of potential research participants.

We are promoting use of the term cisgender, so including a definition or explanation of terms in public facing materials, as well as academic publications, is recommended.

Gender additive language requires more words. In some cases, it will be appropriate to use more concise wording for a title or recruitment slogan, with a gender additive statement included elsewhere in the document, e.g. in the eligibility criteria.

Gender-neutral and anatomy-based approaches may also be used to mitigate assumptions about gender. While some trans and general health organizations have endorsed this strategy, others have not. The de-identification of people by focusing on their body parts can be dehumanizing and erase the particularities of experiences. Additionally, the naming of "women" acknowledges the years of advocacy to have women recognized as individuals with unique physiological and developmental processes[9] who need to be included in research. This remains critical given that women are still underrepresented in clinical trials.[10]

It is important to consider that the erasure of the entire category of "women" would have significant implications. Although being referred to as a "pregnant person" or "person with a uterus" may not threaten the personhood of white women, it is different for Black, Brown, Asian, and Indigenous women for socio-historical reasons. Referring to Black, Brown, Asian and Indigenous women as "person with X" can replicate dehumanizing experiences of racism and colonization. Language focused on conditions or anatomy can be challenging to understand for people who may not be fluent or confident in English.

The existence of multiple approaches highlights the importance of context when choosing gender inclusive language. Reflecting on who your language is for can help you be intentional about which approach to choose. Additionally, while these three approaches are most common currently, our commitment to inclusion requires staying open to change.

[9] Likis, F. E., King, T. L., Murphy, P. A., & Swett, B. (2018). Intentional Inconsistency as Gender-Neutral Language Evolves. *Journal of midwifery & women's health, 63*(2), 155–156. http://doi.org/10.1111/jmwh.12746

[10] Dunne, C. (2020). Black women's health matters. *BC Medical Journal, 62*(6). https://bcmj.org/premise/black-womens-health-matters

Socio-Cultural Context

> In Canada, existing governing structures were built by European settlers and rely on binary thinking to maintain supremacy of white, cis centric, heteronormative patriarchy.[11]
>
> In this worldview, you are either white or not, cisgender or not, heterosexual or not, etc. Those who fall into "or not" categories are subject to oppression (e.g., systematic exclusion from power and privilege). Scholars have cautioned against the use of binary language as it reinforces dominant, discriminatory cultural discourse and practices.[12] When language reinforces binaries, the diversity of identities, experiences, and circumstances are missed, and inequities persist.

The predominant understanding of the gender binary follows from a historical scientific understanding that biological sex is binary (female or male) and directly determines one's gender.[13] This conflation of sex and gender is problematic as 1) they are unique (biology versus a social construct), and 2) neither is binary.

The CIHR define sex and gender in the publication "What is gender? What is Sex?" as follows:

Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is considerable diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.

Sex and gender binaries have been used in research for decades. But it is important to note that just as someone's gender can change, their sex can also medically and surgically transition. Growing awareness of the continuum of sex and gender has resulted in widespread questioning and criticism of binary frameworks in health research.[14] With growing numbers of people identifying as non-binary and trans[13], language used in health research should adapt to adequately identify, describe, and address sex and gender-based inequities.

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[11] York University. (n.d.). *Cis-Heteropatriarchy*. https://www.yorku.ca/edu/unleading/systems-of-oppression/cis-heteropatriarchy/#:~:text=Cis%2DHeteropatiarchy%20is%20a%20system,2011%3B%20Smith%2C%202006

[12] Calder, J. (2020). Language and Sexuality: Language and LGBTQ+ Communities. *The International Encyclopedia of Linguistic Anthropology*. https://doi.org/10.1002/9781118786093.iela0206

[13] Morgenroth, T., Sendén, M. G., Lindqvist, A., Renström, E. A., Ryan, M. K., & Morton, T. A. (2021). Defending the Sex/Gender Binary: The Role of Gender Identification and Need for Closure. Social Psychological and Personality Science, 12(5), 731-740. https://doi.org/10.1177/1948550620937188

[14] Statistics Canada. (2022). Canada is the first country to provide census data on transgender and non-binary people. https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm

Intersectionality

> Gender is not experienced in a vacuum and intersectionality acknowledges how multiple factors coexist to create identity.

The concepts of intersectionality were developed within Black, Chicana, and Native American feminist communities. In their 1974 statement, the Combahee River Collective of black feminists discussed their mission to combat interlocking systems of oppression. In 1988 Dr. Kimberlé Crenshaw–a Black American Professor of Law and a Civil Rights Activist–coined the term intersectionality and developed the theoretical framework to explain how Black women experience disproportionate violence relative to white women and Black men.[15] The theory illustrates how structures of power and privilege intersect to compound oppression. Black women, for instance, experience violence for being women, and for being Black.

In Canada, ciscentrism and heteronormativity intersect with colonial eurocentrism, racism, ableism, sexism, and elitism (note: this is not an exhaustive list). As such, white, able-bodied, neurotypical, wealthy, cisgender men are at closest proximity to power and privilege. People who do not embody those identities experience inequitable access to power and privilege.

Women's health research in Canada has undoubtedly raised awareness of the implications of sex and gender on wellbeing and has informed health research policy and practice.[16] Yet, the tendency to lump all women's experiences together, assuming a cisgender, heterosexual, ableist (etc.) norm, undermines the integrity and applicability of research. It is important to account for intersecting social positions in research outcomes.

As our society moves towards a more inclusive and non-binary way of thinking, researchers should apply an intersectional lens into their work. A helpful place to continue learning about Intersectionality in health research is CIHR's two-part Meet the Methods series which provides guidance on quantitative intersectional study design, primary data collection, and data analysis.[17]

The framework on the following page (adapted from Sylvia Duckworth's Wheel of Power and Privilege)[18] illustrates the intersectional nature of oppression, and how people are systematically marginalized or benefit from power and privilege. The framework is specific to a Canadian context. Note what constitutes a position of power may play out differently at different intersections, and in different contexts.

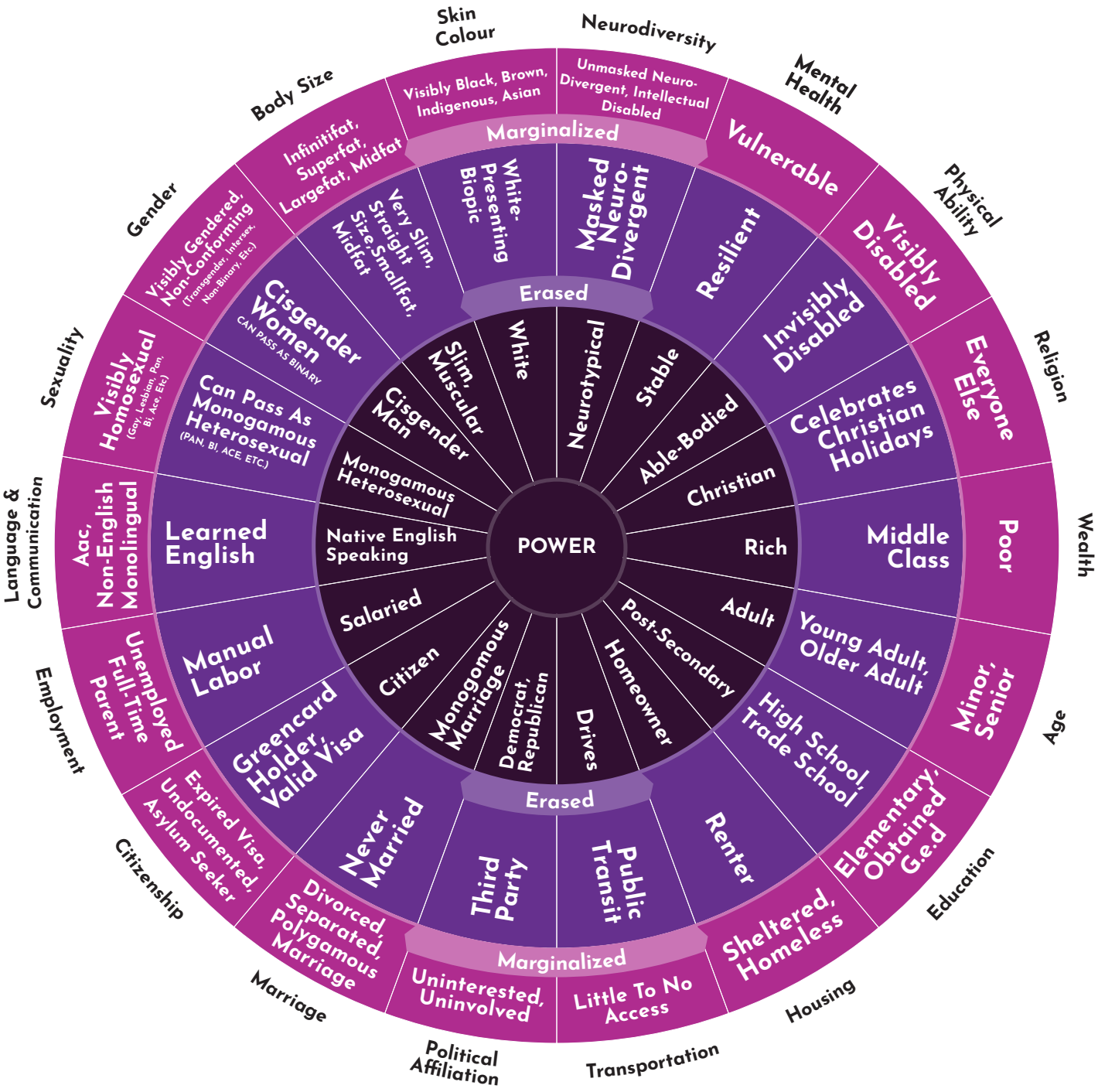
[15] Carbado, D. W., Crenshaw, K. W., Mays, V. M., & Tomlinson, B. (2013). INTERSECTIONALITY: Mapping the Movements of a Theory. *Du Bois review: social science research on race, 10*(2), 303–312. https://doi.org/10.1017/S1742058X13000349

[16] Hankivsky, O., Reid, C., Cormier, R. et al. (2010). Exploring the promises of intersectionality for advancing women's health research. *Int J Equity Health, 9*(5). https://doi.org/10.1186/1475-9276-9-5

[17] CIHR Institute of Gender and Health. (2021, Mar 1). *Meet the Methods Series: Quantitative Intersectional Study Design and Primary Data Collection*. Canadian Institutes of Health Research. https://cihr-irsc.gc.ca/e/documents/intersectional-study-design-data-collection_EN.pdf

[18] CIHR Institute of Gender and Health. (2021, Feb). *Meet the Methods Series: Quantitative Intersectional Study Design and Primary Data Collection*. https://cihr-irsc.gc.ca/e/52352.html

Intersectionality Wheel of Privilege



Intersectionality Wheel of Privilege

This wheel can be used in conjunction with the Web of Oppression by J. R. Vanderwoerd, and Feminist Intersectionality by the Canadian Research Institute for the Advancement of Women (CRIAW-ICREF). The three frameworks expand outwards from aspects of identity in relationship to sources of social power. The CRIAW-ICREF Wheel includes an additional outer circle that identifies the institutions founded on these systems of power, including the healthcare system. It is worth noting that although the aspects of identity depicted in the wheels are presented as separate and distinct, intersectionality explains how they are not independent from one another–they relate! To hear directly from Dr. Kimberlé Crenshaw herself, see this video.[19]

Reproductive Justice is an example of how intersectionality can be integrated into women's health. Articulated by a group of Black women in 1994, including Loretta Ross and other founders of Sister Song, Reproductive Justice goes beyond the "right to" abortion or contraception, which were the focus of white cis-women advocating for reproductive health, to encompass a much more holistic understanding of reproductive health and rights:

- The right to own our bodies and control our future
- The right to have children
- The right to not have children, and
- The right to parent the children we have in safe and sustainable communities[20]

Since its inception, the Reproductive Justice movement has amplified recognition of how our systems determine equitable access to reproductive decision-making and well-being. It has identified liberation as the central aim, with those most harmed by the status quo at the helm. With an intersectional lens, Reproductive Justice demonstrates how the centering of those most harmed by the status quo is critical to equity. They are the most aware of systems' failures. As such, their inclusion is essential to understand how to address the inequities.

In the case of women's health research, the application of intersectionality enhances the integrity of our equity-oriented practices and goals. Intersectionality invites us to reflect on "who is missing" from our inquiries and "why." An intersectional approach guides us to take action for inclusion.

[19] National Association of Independent Schools (NAIS). (2018, June 22). *Kimberlé Crenshaw: What is Intersectionality?* [Video]. YouTube. https://www.youtube.com/watch?app=desktop&v=ViDtnfQ9FHc

[20] Sister Song. (n.d.). *Reproductive Justice.* Sister Song Women of Color Reproductive Justice Collective. https://www.sistersong.net/reproductive-justice

Beyond Language

This guide was developed with the acknowledgment that health research is a key determinant of gender equitable health care, programming, and policy. As such, health researchers–as agents within these systems– are integral to how inequities are addressed.

Why the words we choose matter:

- Equitable care requires an understanding of sex and gender-based health outcomes.
- Equitable research informs equitable healthcare.
- Language can limit or expand who is included in research.

Example Scenarios

Example Scenarios

This section shows how terminology can be used to support inclusive health research practices. It includes example scenarios for:

- Proposal Development
- Study Inclusion Criteria
- Research Ethics Board Review
- Forming a Community Advisory Board
- Data Collection
- Quantitative Analysis
- Qualitative Analysis
- Respectful Research Outcomes and Reporting
- Knowledge Mobilization

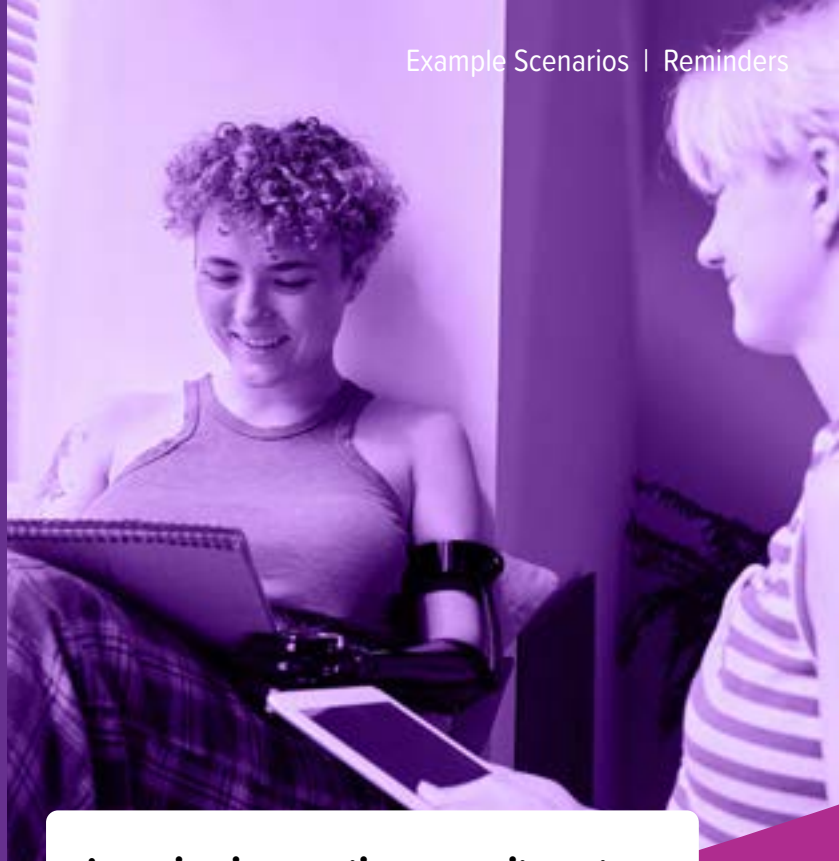
Choosing language to describe the experiences of people who face gender inequities should ideally be done in consultation with community experts, applying a person-centered or community engaged approach. All language should apply one of the three approaches (additive, neutral, anatomical). For a full list of terms, concepts, and definitions concerning the experiences of people who are gender diverse, please see the Glossary (Appendix A).

It is important to note that these are examples, not prescriptive recommendations for how to use terms and concepts.

In this guide, we provide examples of inclusive language in women's health research that primarily use a gender-additive approach. There are some situations when gender-neutral or anatomy-based language might be appropriate depending on the audience.

Reminders

The language used to define and describe experiences of sex and gender inequities is **subject to change**. Language is contextual and must be considered with an intersectional lens. As understanding of experiences develops, so too will language.



Researchers should carefully consider whether their research requires information about participants' gender and/or sex, and **only collect information that is relevant to their study** question and/or helps them understand the identities of people who are able to participate in research.

Learning is an active commitment. It can feel burdensome to stay up-to-date and adapt our practices. As expressed by a Community Steering Committee Member: "**even those of us within the communities are still learning** [about other people's experiences with identities]." We are all learning, and self-compassion is integral to nurturing resilience in learning.

It is **always best to ask people** the language they use to describe themselves and their experiences.

Example 1

Example 1

Proposal Development

Writing the research proposal may be the first time that it's necessary to articulate the relevance of sex and gender for your study. Whether you're identifying potential participants, surveying and describing existing literature, or thinking about the potential impact of your research, it's important to consider your approach through an intersectional lens.

This work can take time—and it can be challenging. But, as we discussed earlier in this guide, clearly describing your study population enhances the integrity and applicability of science.

Let's share an example:

While conceptualizing a project concerning family planning among people with complex mental health conditions, a research team observed a pattern in their review of the literature: most publications reported on cis women's reproductive decision-making. In cases where gender was not reported as binary, they noted much variation in how investigators rationalized the language used to describe participants. The disproportionately ciscentric nature of previous research prompted the team to explore the knowledge base for gender-related determinants of mental and reproductive health. Ultimately, this activity strengthened their rationale.

Employing an intersectional lens, the team's study rationale explained how people Assigned Female at Birth (AFAB) with complex mental health conditions experienced barriers to family planning resources, particularly when their gender identity was non-conforming. The team contextualized how cisgender women with complex mental health conditions experienced discrimination when accessing family planning services and described how gender divergent individuals experienced compounding discrimination.

The team proposed a research study that involved people AFAB regardless of their current gender identity. They clearly articulated how including both cisgender women and gender-diverse individuals would contribute to science and advance health equity.

Expanding on Terminology

Intersectionality

Based on the Combahee River Collective's concept of interlocking systems of oppression, the framework of intersectionality was developed academically by Dr. Kimberlé Crenshaw during her Doctorate (1989) to identify and describe how oppressive systems and structures interact in people's lives.

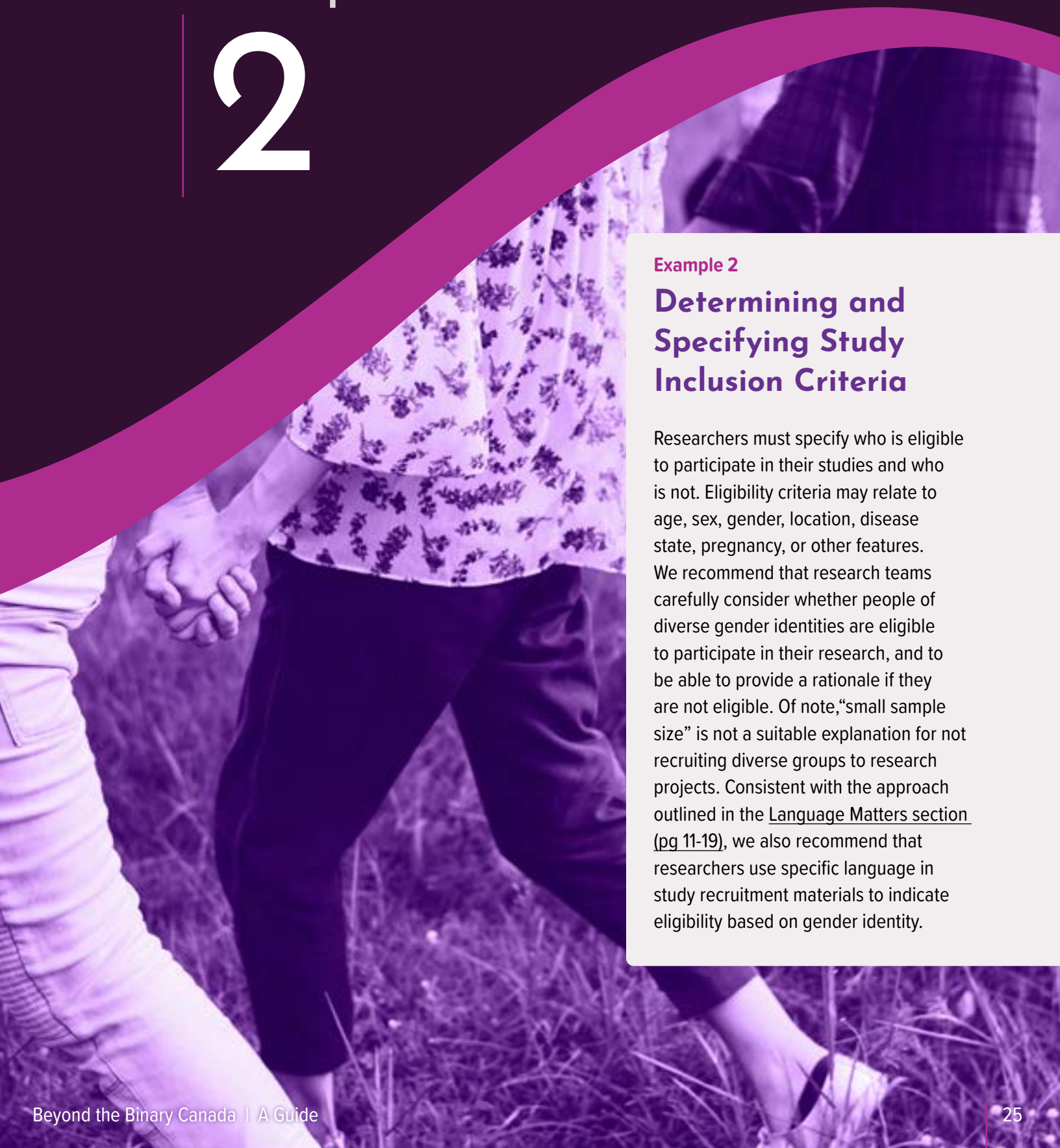
See **Intersectionality**

Binary

A system of viewing experiences as being composed of or involving solely of two categories. Binaries are not exclusive to gender (i.e., man versus woman) and sexuality (i.e., hetero- versus homosexuality). Within supremacist structures, construction of social binaries is one tool for exercising dominance (power over others).

See **Binary**

Example 2



Example 2

Determining and Specifying Study Inclusion Criteria

Researchers must specify who is eligible to participate in their studies and who is not. Eligibility criteria may relate to age, sex, gender, location, disease state, pregnancy, or other features. We recommend that research teams carefully consider whether people of diverse gender identities are eligible to participate in their research, and to be able to provide a rationale if they are not eligible. Of note,"small sample size" is not a suitable explanation for not recruiting diverse groups to research projects. Consistent with the approach outlined in the Language Matters section (pg 11-19), we also recommend that researchers use specific language in study recruitment materials to indicate eligibility based on gender identity.

Let's share an example:

A research team was investigating how the public health protections put in place during the COVID-19 pandemic affected engagement in perinatal care, and whether lower engagement was associated with higher incidence of induced labour and c-sections. The experienced research team included a range of providers who care for people during pregnancy, including Obstetrician Gynecologists, Family Physicians, and Registered Midwives.

The research team met to determine inclusion criteria for the study, which included being 18+ years of age at delivery, having delivered in the Lower Mainland of British Columbia, and having tested positive for COVID-19 during pregnancy.

Initially, the team did not have an inclusion criterion based on participant gender identity, assuming it was clear that only women who had been pregnant were eligible for the study. However, they began to reflect on whether the omission of gender-inclusive language in the eligibility criteria meant that only cisgender women would see themselves as eligible, but not people of other genders who experience pregnancy. The team agreed that postpartum people Assigned Female at Birth (AFAB) of all gender identities would be eligible to participate in the study. This included cisgender women, trans men, gender non-binary and other gender diverse people who had recently given birth.

After consulting with the study's Community Advisory Board, which included people from across the gender spectrum, the research team decided to update their inclusion criteria.

The team also decided that if they were going to recruit postpartum gender diverse people in their study, all members of the research team should be committed to creating a safe and non-discriminatory research environment for all study participants. Collectively, the research team completed a training session on the fundamentals of gender diversity, including concepts, language, and respectful strategies for safe and meaningful inclusion.

Expanding on Terminology

Community Advisory Board (CAB)
Community Advisory Boards (sometimes called Patient Advisory Boards) are comprised of people with lived experience (PWLE) of health topics. They serve as a voice for the community and can contribute to various aspects of the research process.
See **Community Advisory Board**

The training helped the team develop accurate, gender- affirming, and specific language to describe the inclusion criteria on the study recruitment posters.

In addition, the researchers recognized that gender diverse people were underrepresented in pregnancy-related health research. To ensure these voices were included in the study, the researchers invited members of a **Queer** and Trans Pregnancy and Parenting group to sit on the study's Community Advisory Board. Partnership with this group helped researchers create an intentional recruitment plan to reach gender diverse people, including sharing study recruitment materials in places frequented by gender diverse people.

Expanding on Terminology

Queer

A term that refers to the spectrum of non-heterosexual and/or non-cisgender people. Queer was once used as a slur and has since been reclaimed and polticized as a form of resistance. However, not everyone is comfortable with the term "queer". People also identify themselves using different umbrella terms (e.g., 2S LGBTQIA+) or by using additional identifiers (e.g., lesbian, non-binary).

See **Queer**

Example 3

Example 3

Research Ethics Boards

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)[21] is the Canadian guideline for the ethical conduct of research involving human participants. One of the core principles set out in the TCPS 2 is that of justice[22], which holds that individuals, groups or communities should neither bear an unfair share of the burdens of participating in research, nor should they be unfairly excluded from the potential benefits of research participation. The TCPS2 guidance indicates that inclusiveness in research and fair distribution of benefits and burdens should be important considerations for researchers and research ethics boards.

TCPS 2 Chapter 4, *Fairness and Equity in Research Participation*, outlines guidance with respect to the principle of justice. According to this principle, researchers should not exclude individuals or groups from participation for reasons that are unrelated to the research (i.e., based on attributes such as gender, race, ethnicity, age and disability). Similarly, this principle maintains that researchers do not exclude individuals from the opportunity to participate in research based on attributes such as culture, language, religion, race, disability, sexual orientation, ethnicity, linguistic proficiency, gender or age, unless there is a valid reason for the exclusion.

[21] Panel on Research Ethics. (2022). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2.* Government of Canada. https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html

[22] Panel on Research Ethics. (2022). Government of Canada. https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter4-chapitre4.html#intro

Let's share an example:

A research team was planning to conduct a clinical research study examining the impact of a particular medication taken during pregnancy on health outcomes for the infant and birthing parent during the postpartum period. The research team had submitted their project proposal to their institutional Research Ethics Board (REB) for review and approval. As part of the team's REB application, they had provided drafts of the study recruitment material and the participant consent form. Both the study recruitment poster and the participant consent form referenced 'pregnant women' throughout (i.e., as the target population for participation and as the group who would benefit from the findings of the study).

When reviewing the team's application, REB members noted that the use of the term 'women' and 'pregnant women' throughout the public-facing study documents was at odds with the TCPS2's principle of justice (specifically, inclusiveness). The use of that language would result in the exclusion of individuals who would otherwise have been eligible to take part in the study (i.e., individuals who were pregnant but didn't identify as women). The non-inclusion of that group could have also resulted in them not being able to benefit from the study's subsequent findings more broadly.

After a review of the team's application, the REB requested that the research team update their language to be more gender-inclusive, i.e. "pregnant women" could be reframed as "pregnant individuals", with gender additive language used to further specify the inclusion criteria. The REB directed the research team to refer both to the institution's guidance notes on participant inclusivity in research and the Beyond the Binary in Canada Guide to consider the use of more inclusive language in the study's public-facing documents.

Expanding on Terminology

Gender Additive

The gender-additive approach intentionally names the genders of participants for whom the research is relevant (e.g. cis women, trans men, non-binary people). This approach can help researchers use precise language to communicate whose experiences are included in the research, and why or why not.

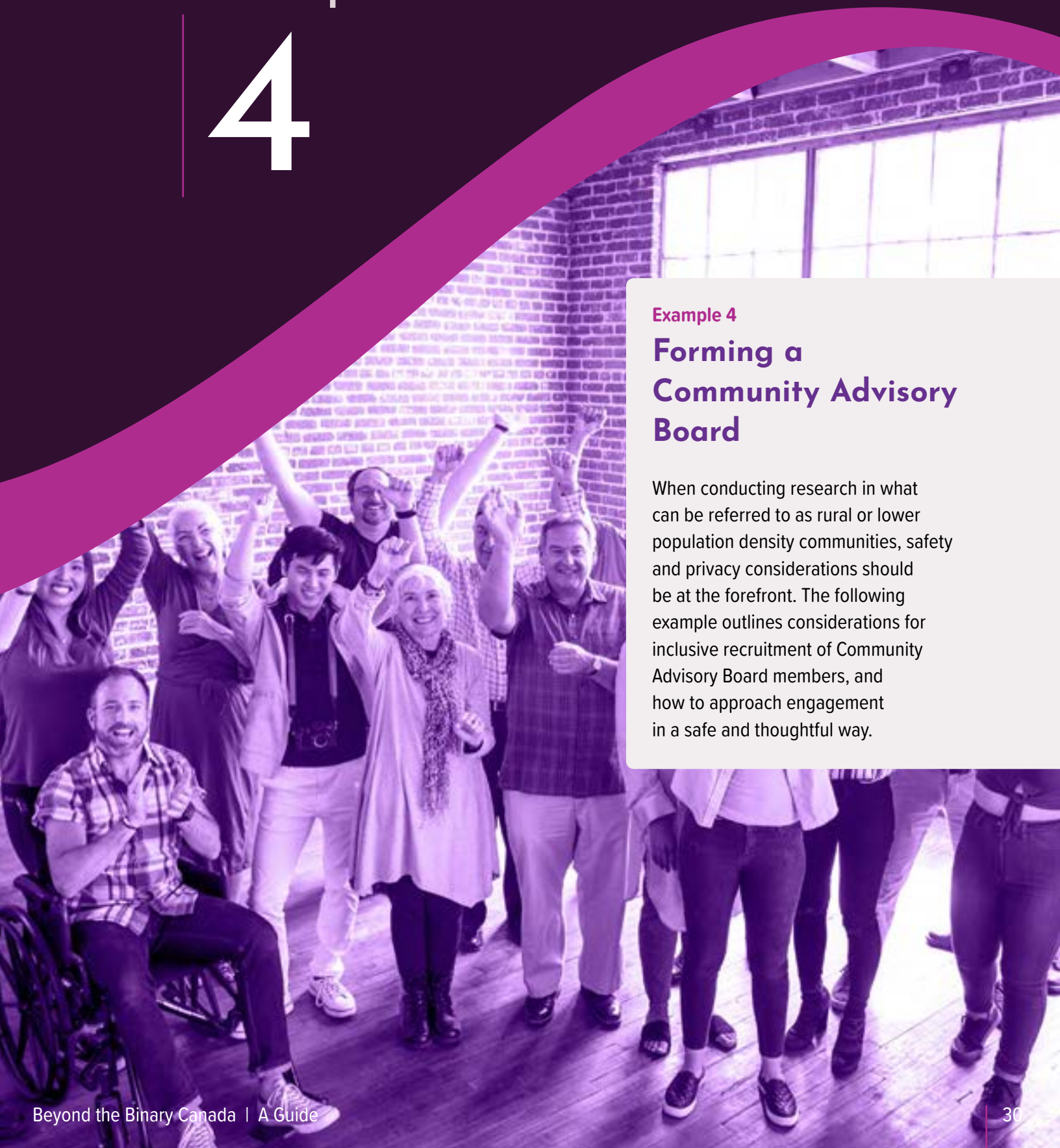
See **Gender additive language**

Cisgender

A term used to describe someone whose sex assigned at birth correlates with their current gender identity (e.g. female and woman). Community consultation has resulted in two considerations for the term: 1) the term can be challenging to decipher in plain language/public settings; and 2) the research community can initiate use of the term to increase awareness of its importance in a gender additive approach.

See **Cisgender**

Example 4



Example 4

Forming a Community Advisory Board

When conducting research in what can be referred to as rural or lower population density communities, safety and privacy considerations should be at the forefront. The following example outlines considerations for inclusive recruitment of Community Advisory Board members, and how to approach engagement in a safe and thoughtful way.

Let's share an example:

A researcher in a rural (e.g. low population density) area was setting up a Community Advisory Board to help inform a project assessing uptake of cervical cancer screening in low-density areas of the province. They anticipated recruiting only women, but upon reflecting on their positionality, quickly saw the need to be inclusive of trans and non-binary identities. Because not all non-binary people, or all trans women have vaginas, there was a need to clarify who was being recruited. As a result, anyone with a vagina (natal or surgical) would be eligible to join the advisory board. This could potentially include any combination of trans-identities, men, women, non-binary, or gender-divergent individuals, so using gendered terms was not necessarily the most appropriate solution for recruitment.

After some consideration, the researcher realized they should be recruiting based on experiences, i.e. "what" instead of "who". One option was to focus on anatomy (people with vaginas), but this can be triggering for some gender-divergent people, especially when sexed biology does not align with their gender identity. This could contribute to an uncomfortable environment despite the use of correct anatomical terms.

Still thinking of "what" and not "who," the researcher designed a poster to recruit the Community Advisory Board members. The poster read, "Do you attend or avoid cervical cancer screening?" The poster also included the visual cue of a rainbow flag icon to communicate that this was an inclusive space. The use of a graphic added another element of communication.

Other considerations for setting up an inclusive Community Advisory Board:

- Privacy: When discussing personal health matters within a small community context, some individuals may not be comfortable discussing their anatomy even in small groups, especially if that group might consist of neighbors, family, colleagues, or customers. Offer different ways to provide input directly to the study team (considerations should be made if the Principal Investigator is also a health care provider).
- Cost: Cost of travel can be a concern, as well as the ability to access high-speed internet in lower-density communities. Participants should be reimbursed for their time and any affiliated travel or meeting attendance cost (e.g. childcare, internet).
- Accessibility: Consider offering virtual and in person options to meet, instant messaging (no video), email, or other means of communication that could be more accommodating. Accessibility is often dependent on the ability to find familiarity or comfort, which is unique to the individual.

Expanding on Terminology

Cissexual
A person whose biological attributes correspond to their sex at birth.
See **Cissexual**

Transsexual
A person who identifies and/or lives as a member of the sex other than the one they were assigned at birth, especially one who has undergone gender affirming care, a distinction which can be relevant in research
See **Transsexual**

Example 5

Example 5

Data Collection

There are many guides available that provide equitable and appropriate language for data collection for gender-diverse individuals. We recommend keeping two strategies in mind as you design your instruments:

1. Clearly explain the reason you are asking for your data. For instance, if you are asking participants to indicate their sexuality, explain the relevance of collecting this information for your research (e.g. how will it be used).
2. Offer options to self-describe or to skip the question if participants would prefer not to answer.

Let's share an example:

A team was conducting a clinical trial focused on cardiovascular health. Prior research has shown a strong association between biological sex and heart health—for example, biological differences among cissexual males and females mean that they face different risks for heart disease and stroke and often present with different symptoms. Research has shown that gender also contributes to heart health outcomes. Influences include social constructions of gender (like income or caregiving responsibilities) to the way symptoms and care are managed based on gender presentation.[23]

Knowing these inequities persist, and that about two-thirds of all clinical heart disease and stroke research has focused on me,[24] the research team recruited all patients who had been seen in the Vancouver General Hospital Emergency Department for a suspected cardiac event. To capture both sex and gender-based differences in cardiovascular health, the team ensured that their data collection instruments included questions related to both sex and gender, with options for participants to self-describe their **gender identity**.

Expanding on Terminology

Gender Identity

A person's internal sense and understanding of their gender. Gender identity describes a person's internal, felt and psychological sense of self as a woman, man, both, in-between, or neither.
See **Gender identity**

[23] Heart & Stroke Foundation Canada. (2023, Feb 1). *System failure: Healthcare inequities continue to leave women's heart and brain health behind.* https://www.heartandstroke.ca/what-we-do/media-centre/news-releases/system-failure-womens-heart-and-brain-health-are-at-risk
[24] Heart & Stroke Foundation Canada. (n.d.). *What we don't know is hurting women*. https://www.heartandstroke.ca/women

What is your current gender? Select all the apply:
*these questions and reponse options are adapted from the CGSHE

☐ Man	☐ Pangender	☐ Something
☐ Woman	☐ Bigender	else/Prefer to
☐ Nonbinary	☐ Demigirl	self describe:
☐ Agender	☐ Demiboy	_____
☐ Gender Neutral	☐ Genderfluid	☐ Prefer not to say
☐ Genderqueer	☐ Genderfulx	

What sex were you assigned at birth?

☐ Male	☐ Something else
☐ Female	☐ Prefer not to say

Are you someone who identifies as trans (meaning your gender identity does not align with your sex assigned at birth) ?

☐ Yes ☐ No ☐ Prefer not to say

Do you have experience with gender affirming care (surgical and/or hormonal)?

☐ Yes ☐ No ☐ Prefer not to say

Were you born with a variation in your physical sex characteristics? This is sometimes called being intersex, or as having a difference, divergence, diversity or variation in sex development (DSD or VSC)?

☐ Yes	☐ Unsure
☐ No	☐ Prefer not to say

To make the data collection instruments more accessible, the team also prioritized plain language.

They included questions about sex and gender, adapted from CGSHE guidelines,[25] alongside questions about other intersections of social positions, like race and socioeconomic status, to generate a clearer understanding of the ways that identity can contribute to cardiovascular health.

Note: Collecting information about sex is not only important in a human-trials setting, but also at the outset in a basic science setting when potential interventions are developed.

Expanding on Terminology

Sex

Biological attributes associated with being male, female, or intersex among humans and animals. Biological attributes include (but are not limited to): genitalia, chromosomes, and hormones. Note that sex can transition and is not only defined by sex assigned at birth.

See **Sex**

[25] Centre for Gender and Sexual Health Equity. (2022). *Gender & Sex in Methods & Measurement Research Equity Toolkit: Tool #4: Asking About & Measuring Participants' Genders & Sexes.* https://www.cgshe.ca/app/uploads/2022/10/GSMM-Research-Equity-Tool-4.pdf

Example 6

Example 6

Quantitative Analysis

Like in the other research processes we've described, applying an intersectional lens, and thinking critically about equity throughout data analysis can provide richer insights to your research questions. The following example scenario illustrates what this might look like in practice, and how it can help to move the dial toward better health equity.

Let's share an example:

In an investigation concerning heart health among **2S LGBTQIA+** individuals, it was identified that Queer, Trans, and Intersex people who had come from racialized and Indigenous communities experienced high rates of heart disease related morbidity. Upon making this observation, the team consulted the literature, and came to understand that these outcomes were associated with socio-historical stressors, including poverty and discrimination.

The team decided to reflect critically on their positionalities. They considered how their social locations influenced the questions they asked, and how they could be accountable and responsive to the heart health experiences of Queer, Trans, and Intersex, who come from racialized and Indigenous communities. The team reflected that people's experiences and relationships with heart health were multifaceted. The research team decided to apply an intersectional framework into their analytical approaches to generate results aligned with anti-oppressive principles and commitments to justice, equity, diversity and inclusion.

To inform pathways toward addressing barriers to heart health among Queer, Trans, and Intersex people who came from racialized and Indigenous communities, the research team decided to run more analyses with this data. Because their data collection was focused on 2S LGBTQIA+ individuals, and they had not expected to conduct specific analysis on Queer, Trans, and Intersex people who came from racialized and Indigenous communities, the additional analyses were only able to inform recommendations for future research.

Had the team not employed an intersectional lens to their analyses, they may not have observed that the heart health of Queer, Trans, and Intersex people who came from racialized and Indigenous communities required further investigation. These findings identified the need for and recommended future heart health research with these communities, further deepening equity promoting, intersectional research approaches.

Expanding on Terminology

2S LGBTQIA+

An acronym denoting: Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and more. Placing 2S at the front acknowledges that Indigenous peoples inhabited Turtle Island prior to European settlers and colonization.

See **2S LGBTQIA+**

Example 7

Example 7

Qualitative Analysis

Qualitative research involves the application of paradigms, methodologies, and methods to understand and interpret participant reported experiences. Qualitative data is generated through a variety of means, most are interpersonal connections and relations (i.e., interviews and focus groups). Qualitative data are generally in the form of narratives, stories, and/or personal accounts of the researcher or participants (i.e., personal journal or participant observations, respectively).

Qualitative analysis is usually interpretive, meaning the researcher applies paradigms, theories, and worldviews to interpret participant reported experiences. Therefore, to apply anti-oppressive and critical intersectionality in qualitative designs, researchers critically reflect and interrogate their own positionality, as these impact the trustworthiness of results. Such critical reflection involves action taken by the researchers to make their whole qualitative research process equitable, inclusive, and culturally safe. It is in consideration of the research question and one's positionality that the paradigm, methodology, and methods are identified and inform each other. The following example illustrates these practices.

While quantitative methods can aptly answer "what", qualitative approaches can richly describe "how" and "why". In health research, they are often employed to understand patient and provider experiences, perspectives, and behaviours. As well as being effective exploratory approaches (and explanatory approaches in sequential mixed-methods research)[26], qualitative methods pair well with informing integrated knowledge translation and implementation and evaluation strategies.

[26] Creswell, J. W., & Plano Clark, V. L. (2011). *Designing and conducting mixed methods research* (2nd ed). SAGE Publications.

Let's share an example:

A clinician-researcher was concerned by repeated interactions with new immigrant **trans women** from Southeast Asia reporting challenges to care. She decided to undertake a qualitative inquiry, integrating critical **intersectional** theory, and **anti-oppressive** principles.

The clinician researcher was a **cis woman** of European ancestry who had previously undertaken qualitative investigations. Implementing a critical intersectionality paradigm, the clinical researcher reflected on her **positionality** and motivations for undertaking the investigation. This included the power and privilege she held shaped by her profession, **cis normativity** and whiteness. She also interrogated her internalization of saviourism, Eurocentric worldviews/theories, **racism**, and **anti-transness**, and how they could negatively impact her engagement with research participants. If left unchecked, these internalizations could inform outcomes that represented the participants as people who required saving, and whose challenges were attributable to their identities and conditions. She determined that a social constructivist paradigm was well suited, as it understands meaning as created or constructed in relationships with one another and our surroundings.

Combined, her principles and paradigms informed her decisions concerning her methodology and methods. She decided upon phenemonology methodology–well suited to describing the characteristics of experiences within contexts (i.e. access to care)- and **participatory methods** to establish collaborative approaches to engagement, and to support the co-construction of rich data with participants. She decided to work closely with a Community Advisory Board to inform more ethical, inclusive, and culturally-grounded and safe practices and processes. She believed that a genuine relationship and mutual respect were crucial to the trustworthiness of the qualitative research project.

In relationship with the Community Advisory Board, she maintained her commitment to reflexive practice. She was transparent and clear about her research agenda and needs, and was mindful of the community's emotional and intellectual labour. The Community Advisory Board was part of every phase of the study, meaning that they were integral to how data was collected, analyzed, and reported.

Throughout the investigation, the clinician researcher and participants identified and described ways that Southeast Asian trans women could access appropriate care, and how care providers could offer such culturally-relevant care. The results revealed that placing the responsibility of care on individuals (patient and provider) perpetuated poor health outcomes. Further, the results showed the significant impact of systemic and systematic determinants of accessing appropriate care, emphasizing the system-level changes needed to address the phenomenon being explored and addressed (i.e. poor health outcomes among Southeast Asian trans women new to Canada).

Expanding on Terminology

Integrated Knowledge Translation (iKT)

A term created by research funding agents that emphasizes the importance of engaging knowledge users in all aspects of the research process.[27]

See **Integrated Knowledge Translation**

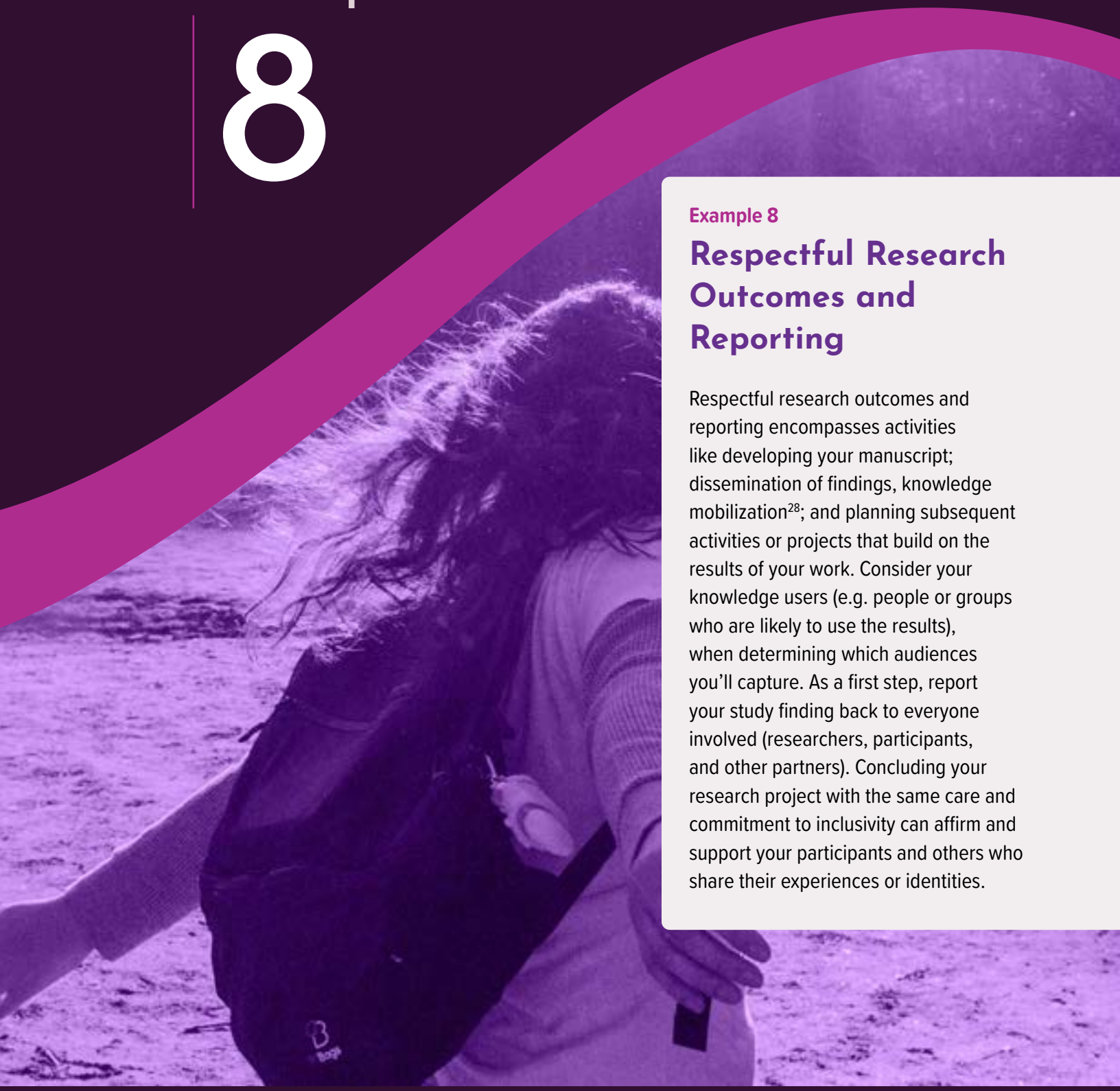
Participatory Action Research

Also called Community Based Participatory Action Research is social justice oriented with citizen-led or community roots.

See **Participatory action research**

[27] Jull, J., Giles, A. & Graham, I.D. (2017). Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge. *Implementation Sci, 12*(150). https://doi.org/10.1186/s13012-017-0696-3

Example 8



Example 8

Respectful Research Outcomes and Reporting

Respectful research outcomes and reporting encompasses activities like developing your manuscript; dissemination of findings, knowledge mobilization[28]; and planning subsequent activities or projects that build on the results of your work. Consider your knowledge users (e.g. people or groups who are likely to use the results), when determining which audiences you'll capture. As a first step, report your study finding back to everyone involved (researchers, participants, and other partners). Concluding your research project with the same care and commitment to inclusivity can affirm and support your participants and others who share their experiences or identities.

[28] Social Sciences and Humanities Research Council. (2023, Nov 24). *Guidelines for Effective Knowledge Mobilization.* https://www.sshrc-crsh.gc.ca/funding-financement/policies-politiques/knowledge_mobilisation-mobilisation_des_connaissances-eng.aspx

Let's share an example:

A research team conducted a study concerning endometriosis and access to pain management. Throughout their investigation, they were keen to understand how access to pain management varied among people with endometriosis. During data analysis, they observed that people who did not identify as cisgender women were more likely to encounter dismissive attitudes among care providers and less likely to access pain management.

As a result, one of the outcomes of their research was the development of a grant application to support the participatory development of an education intervention for care providers to engage nonbinary, trans, gender non-conforming, and **gender diverse** peoples in endometriosis identification and pain management.

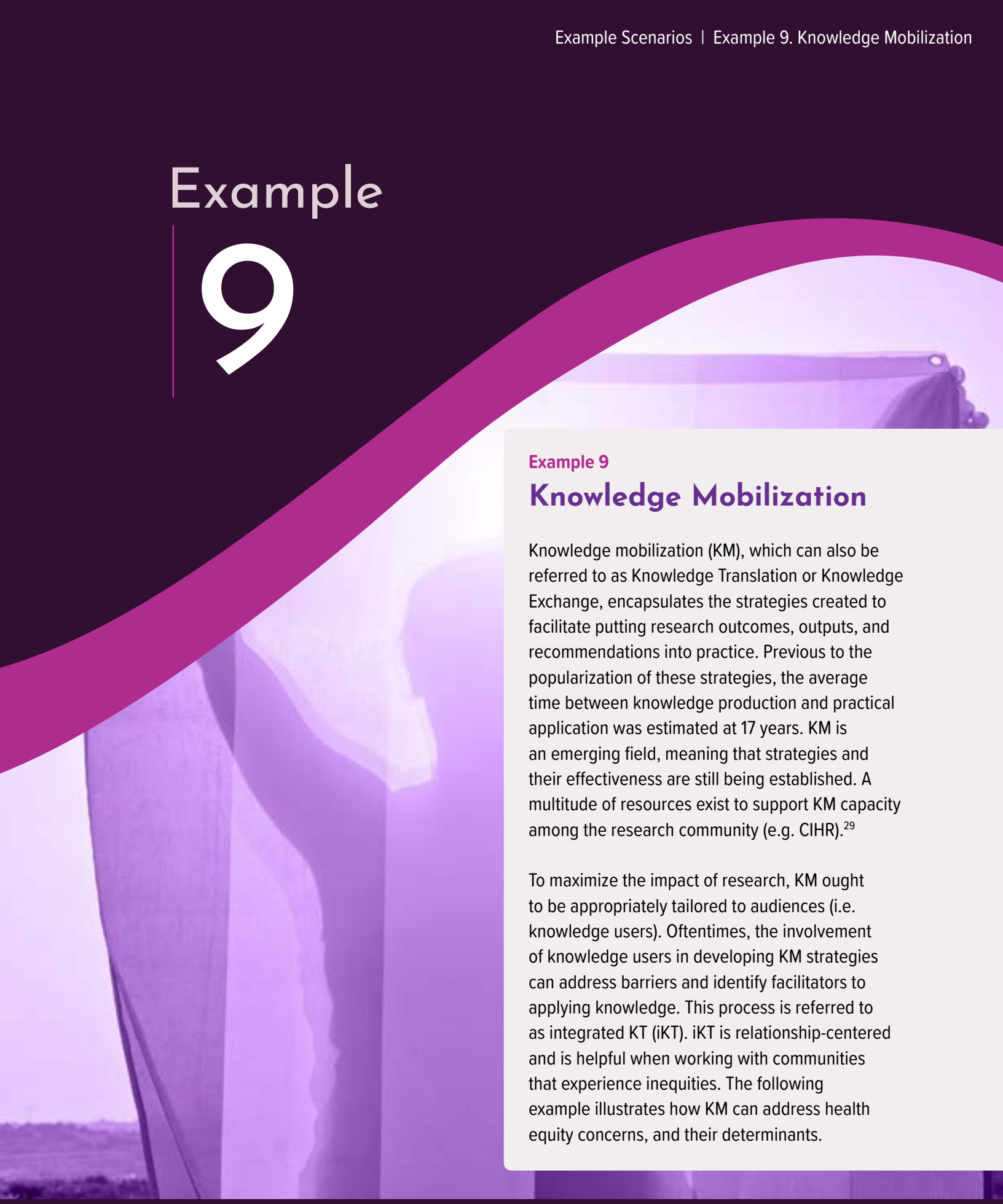
In their reporting, the team (1) clarified why certain data were collected; (2) described implications of gender-identity data for people's experiences; (3) articulated contributions to understanding health inequities; and (4) identified areas for future inquiry, policy, program, and practice development. In their descriptions of study participants, the team broke down their demographics by gender and explained how the inclusion of such data increased understanding of gender-based inequities in access to endometriosis pain management. They explained the implications of these findings for priority-setting for healthcare provision, and how this new knowledge could contribute to addressing this ongoing health equity issue.

Expanding on Terminology

Anti-oppressive
The active and continuous process/practice of change that acknowledges and addresses individual, institutional, and systemic oppression and injustice. Most often mentioned in relation to anti-racism, reconciliation, and decolonization.
See **Anti-oppressive**

Gender Diverse
An umbrella term for gender identities that demonstrate a diversity of expression, including cis, trans, non-binary, and Two-spirit.
See **Gender diverse**

Example 9



Example 9
Knowledge Mobilization

Knowledge mobilization (KM), which can also be referred to as Knowledge Translation or Knowledge Exchange, encapsulates the strategies created to facilitate putting research outcomes, outputs, and recommendations into practice. Previous to the popularization of these strategies, the average time between knowledge production and practical application was estimated at 17 years. KM is an emerging field, meaning that strategies and their effectiveness are still being established. A multitude of resources exist to support KM capacity among the research community (e.g. CIHR).[29]

To maximize the impact of research, KM ought to be appropriately tailored to audiences (i.e. knowledge users). Oftentimes, the involvement of knowledge users in developing KM strategies can address barriers and identify facilitators to applying knowledge. This process is referred to as integrated KT (iKT). iKT is relationship-centered and is helpful when working with communities that experience inequities. The following example illustrates how KM can address health equity concerns, and their determinants.

[29] Canadian Institutes of Health Research. (2015). Guide to Knowledge Translation Planning at CIHR: Integrated and End-of-Grant Approaches. https://cihr-irsc.gc.ca/e/45321.html

Let's share an example:

A research team recently concluded a study concerning endometriosis and quality of life. They observed that a lack of information about endometriosis was related to isolation and poor mental health outcomes. So, the team designed an integrated knowledge translation project to raise awareness of endometriosis among the public, and to promote considerations for care among care providers. Leveraging the outcomes and relationships from the concluded study, the team assembled their collaborators, including people with lived experience (PWLE) of endometriosis, and care providers.

Together they identified their priorities, in terms of the knowledge to mobilize, namely:

1. What is endometriosis and how does it impact people?
2. Who can experience endometriosis?
3. How can endometriosis be managed?

They discussed what would be the most acceptable means of receiving this knowledge, and they highlighted the need to address cisnormativity, and anatomy-based language. They noted how endometriosis affects trans, nonbinary, and Two Spirit peoples, as well as people without uteruses (surgically removed). They further noted the intersectionality between queerness and disability, and how endometriosis can be debilitating. This directed their focus toward generating visibility. They envisioned having people on posters, briefly describing their endometriosis. However, most team members were white and cis. So, they extended invitations to organizations working with **QTBIPGM** and people with disabilities to share their proposal with clients. The organizations raised concerns about safe engagement, and appointed representatives to join as collaborators.

The resulting campaign generated two versions of each poster, based on the knowledge user audience:

- Public: this is endometriosis
- Provider: ask me about endometriosis

Both included statements about the location of people's endometriosis (e.g. reproductive organs or intestines), and how it impacted their lives. A care guide was elaborated to be disseminated with the posters to providers, to ensure that conversations about endometriosis were being supported in trauma and resiliency informed and anti-oppressive ways. Finally, the team conducted end-of-study KM activities, including writing a peer reviewed paper of their processes. Consenting PWLE and care provider collaborators were named as co-authors. They were also invited to co-present at conferences.

Expanding on Terminology

QTBIPGM
Queer, Trans, Black, Indigenous People of the Global Majority
See **QTIPOC/QTIBIPOC/QTBIPGM**

Principles & Practices

Reflexivity

Reflecting on our Positionality builds accountability into research processes, relationships, and outputs. By practicing reflexivity, we can identify, acknowledge, and mitigate how our un/conscious biases and assumptions show up in our decision- making.

As a researcher, your mind and your personhood are integrally involved in your work. Honest reflection on your social position can help you to overcome biases and assumptions, and ensure that the research products you generate are true to your research objectives.

> As researchers we are accustomed to being the ones who set the priorities throughout the research process. That is, we are often the ones "asking the questions". Though these power dynamics change when researchers engage in patient-centered or community-led research, larger cultural and social dynamics and related proximity to privilege and power still shape who we are and influence our research.[30]

Even when we embody identities that distance us from power and privilege, we are still a part of institutions (e.g. research and healthcare institutions) that maintain the power structures depicted in the Wheel of Power/Privilege (pg 17). In these binary structures, the perspectives and experiences of those closest to power are frequently prioritized, meaning sensemaking can be biased towards the views and positions of those closer to power, and omit the views of those who are further from power. The Beyond the Binary Canada guide aims to support the meaningful engagement of Two-Spirit, trans, and nonbinary peoples in women's health research, and contribute to transforming norms to ensure safety and inclusion for all.

[30] Thorne, S. (2016). Interpretive Description: Qualitative Research for Applied Practice (2nd ed.). Routledge. https://doi.org/10.4324/9781315545196

Activity

Prior to embarking on research, those conducting it should reflect on their positionality. This includes everyone on a research team, from the Lead to the Research Assistant, and Community partners.

This activity is encouraged:

- To activate critical reflections on the knowledge we are producing, how we want it to be used, and who we want to benefit from it.
- To account for biases so that we can align our research goals with anti-oppression, justice, and equity.

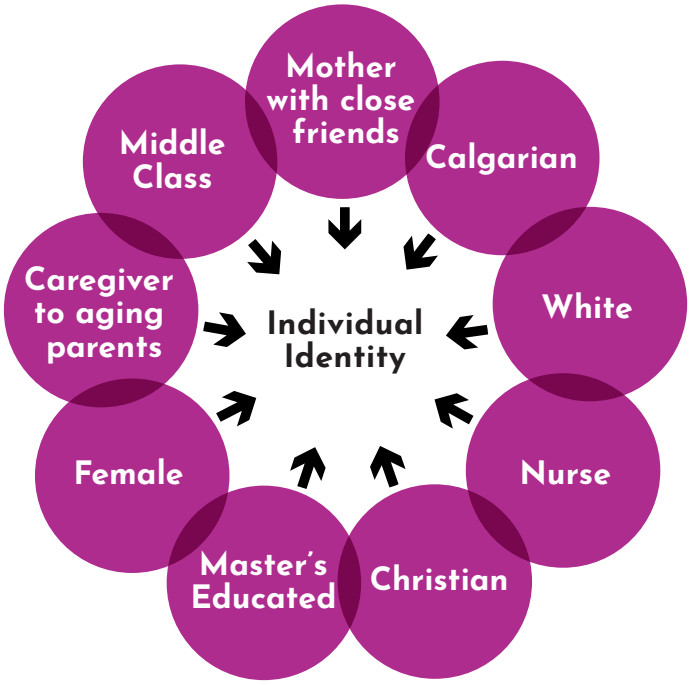
Integrating reflexivity at every stage in the research process (from initial design through to dissemination) is an important shift in research practice. The practice is unique to each of us because it is anchored in our experiences. This activity is meant to serve as an entry into reflexivity by demystifying the kinds of questions to ask ourselves and making the practice more approachable.

The activity has been informed by the Intersectionality & Knowledge Translation Reflection Workbook[31] by KT Canada, a SPOR Reflective Exercise sheet[32], and a peer-reviewed article about the Social Identity Map[33].

In a notebook or on a blank page, please write down a list of the identities and experiences you embody.

Use the visual aid to support your reflections. Try to be as exhaustive as possible. If you don't know where to begin, start with the things people could identify by just looking at you. This can include the colour of your skin, your body type, your mobility, etc.

Once you have reflected on the identities you embody, consider how they bring you closer to or further away from privilege and power.



[31] KT Canada. (n.d.) *Intersectionality & Knowledge Translation (KT) Reflection Workbook.* https://knowledgetranslation.net/wp-content/uploads/2020/08/Intersectionality_KT_Reflection_Workbook_20200317_FD.pdf

[32] Strategy for Patient-Oriented Research. (n.d.). Reflective Exercise. https://www.mcmasterforum.org/docs/default-source/covidend/spor-resources/sporea_intersectonality-exercise.pdf?sfvrsn=afb59d5_10

[33] Jacobson, D., & Mustafa, N. (2019). Social Identity Map: A Reflexivity Tool for Practicing Explicit Positionality in Critical Qualitative Research. International Journal of Qualitative Methods, 18. https://doi.org/10.1177/1609406919870075

Once you have reflected on the identities you embody, consider how they bring you closer to or further away from privilege and power.

Using the person represented in Table 1, an example of how her identities put her in a position of privilege is that she is able to access healthcare. As a middle-class Calgarian nurse, (1) her citizenship grants her the right to health care; (2) she lives in an urban setting, where different types of healthcare are available; (3) her job grants her healthcare benefits as well as knowledge of the healthcare system; and (4) her economic status grants her the ability to cover the cost of care that may only be partially covered by public health insurance.

Then, consider how your proximity and/or distance from privilege may influence how you identify, value, and set priorities in your research.

To support these reflections, consider the following prompts, adapted from Kirby, S. & McKenna, K.[34]:

- What are my hopes and desires for this research?
- What expectations and fears do I have about doing this research?
- What do I think I already know about the research focus (and the people it impacts)?
- In what ways is this research important to me?

These questions will illuminate how your positionality influences your research priorities.

Next, reflecting on your list of identities and experiences again, consider the following questions.:

- How are my hopes, desires, expectations, and fears influenced by my positionality?
- What do I need to do/ how can I help myself remain conscious and accountable to the people most affected by my research?

[34] Kirby, S. & McKenna, K. (1989). *Experience, research, social change: Methods from the margins.* Garamond Press.

Consider how you can manage these observations when you set priorities, decide who to include, and conduct your research. For example, you might acknowledge how your training as a women's health researcher is informed by colonial perceptions of womanhood and gender, and consider how this limits who you believe to be eligible for your research.

Note: Reflexivity is a continuous practice. Although it is highly recommended at the ideation stage, it is beneficial at all stages of research. In qualitative research, the practice of memo writing[35] has been established as contributing to the trustworthiness of results. Memos can simply be streams of consciousness jotted down when connecting ideas and constructing understanding. This can happen during and after data collection, during data analysis and interpretation, and while planning dissemination. Memo writing is also helpful for refining how we communicate our observations with others. Memo-ing is reflexivity in process. Given how our sensemaking evolves throughout engagements with participants and data, memo writing can account for how our positionalities may influence our interpretations.

While methodologies grounded in self-reflexivity are most common in qualitative research, social studies of science, have demonstrated beyond a doubt that the perceptions, research processes and observations of all researchers—from the basic scientist at the lab bench to the medical anthropologist in the field, are influenced by the broader social and intellectual context, including relationships of power and privilege.[36, 37] As such, reflecting on our positionality is a valuable tool for all researchers.

Justice-Oriented Approaches

There is growing recognition that there is no such thing as value-free science.

Cultural, political, social, linguistic, and economic origins of perspectives affect who is involved, what gets measured, and what gets reported.

A Justice-oriented approach integrates accountability into systemic discrimination and aims to right inequities. It involves personal and professional commitments to diversity, equity, and inclusion with social justice aims. Justice-oriented approaches seek to incorporate anti-oppressive, culturally safe, and trauma, and resiliency-informed practices.

[35] Birks M, Chapman Y, Francis K. Memoing in qualitative research: Probing data and processes. Journal of Research in Nursing. 2008;13(1):68-75. doi:10.1177/1744987107081254
[36] Kuhn, Thomas S. The Structure of Scientific Revolutions. Chicago: University of Chicago Press, 4th Edition. 1962/1970/1996/2012
[37] Fausto-Stirling, A. Sexing the Body: Gender Politics and the Construction of Sexuality. New York: Basic Books, 2000

Anti-Oppressive Research

> As previously described, access to power and privilege is determined by social, structural, and systemic factors. Distance from power and privilege can result in different forms of disadvantage, discrimination, or oppression. These social disparities contribute to health inequities.

Anti-oppressive practice was established in social work to acknowledge how people in "helping professions" have power over what their clients can access. Additionally, it recognizes how helping professions often operate with deficit-focused approaches, i.e. the assumption that the professional has the expertise their client needs to realize their full potential. In contrast, anti-oppressive practice is strengths-based and intersectional. It recognizes how people experience oppression in relationship with social, structural, and systemic factors. It is an inherently equity-oriented practice that establishes power with clients, rather than exercising power over them.

Anti-oppressive practices can account for how people have been and continue to be engaged and represented in research. Grounding priorities in anti-oppression provides researchers with the tools to engage with complex public health issues and systems of oppression. It guides us toward critical self-reflection while seeking to understand which systems of oppression are relevant to their research question and study populations.[38] In this way, it is a transformative approach to research. As Potts & Brown state:

> Choosing to be an anti-oppressive researcher means choosing to do research and support research that challenges the status quo in its processes as well as its outcomes. [...] anti-oppressive researchers have the challenge of continually reflecting, critiquing, challenging, and supporting their own and others' efforts in the process of research and knowledge production to transform the enterprise of research, social work, and ultimately the world in which we live.[39]

Overall, conducting anti-oppressive research is a commitment to recognizing and mitigating oppression in society.[40] By integrating anti-oppressive practices throughout research processes, we can generate knowledge and strategies for change that are responsive to persistent health inequities and aligned with commitments to advancing social justice.

[38] Aqil, A.R., Malik, M., Jacques, K.A., et al. (2021). Engaging in anti-oppressive public health teaching: Challenges and recommendations. *Pedagogy in Health Promotion, 7*(4):344-353. http://doi.org/10.1177/23733799211045407

[39] Potts, K. & Brown, L. (2005). Becoming an anti-oppressive researcher. Research as Resistance: Critical, Indigenous, Anti-Oppressive Approaches. 255-286.

[40] Coghlan, D., & Brydon-Miller, M. (Eds.) (2014). The SAGE encyclopedia of action research. (Vols. 1-2). SAGE Publications Ltd, https://doi.org/10.4135/9781446294406

Culturally Safe

> Cultural safety and humility acknowledge the reality that in Canada, Indigenous Peoples experience trauma resulting from European colonization[41] and that these traumas continue to the present day.

According to the First Nations Health Authority (FNHA) Anti-Racism, **Cultural Safety** & Humility Framework,[41] cultural safety and humility is the outcome of respectful engagement that addresses power imbalances. This creates environments where people feel safe and establishes respectful relationships.

A significant portion of the trauma experienced by Indigenous Peoples includes the disruption and erasure of cultural identities, practices, worldviews, and systems of knowledge. For health research to be culturally safe, researchers must recognize that we hold power in determining whether harmful practices are perpetuated or addressed. Our research must be constructed, developed, and conducted in ways that are appropriate and accepted by those whose experiences are of research interest.[28]

When researchers do not reflect on **cultural humility**, **cultural safety** cannot be attained. Euro-centric colonial ideals and practices lead to discriminatory perspectives and research findings that inaccurately represent the experiences of the participants.[43]

Community-engaged approaches are imperative to achieve culturally safe research. This means involving the community in decisions about how the research is conducted, and how data are analyzed and reported on (see: Ownership, Control, Access, and Possession (OCAP) Principles).[44]

Culturally safe research aims to incorporate trauma and resiliency-informed, equity-oriented, and anti-oppressive practices. Indigenous perspectives have made significant contributions to the development of these three practices.

Expanding on Terminology

Cultural safety

Cultural safety[45] is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
See **Cultural safety**

Cultural humility

Cultural humility is a way in which health care providers practice that enable cultural safety. It is a process of self-reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience, and dismantling power imbalances.
See **Cultural humility**

[41] First Nations Health Authority, "#itstartswithme: FNHA's Policy Statement on Cultural Safety and Humility," (n.d.), https://www.fnha.ca/documents/fnha-policy-statement-cultural-safety- and-humility.pdf

[42] First Nations Health Authority, First Nations Health Council & First Nations Health Director's Association, "Anti-Racism, Cultural Safety & Humility Framework," (22 April 2021), https://www.fnha.ca/Documents/FNHA-FNHC-FNHDA-Anti-Racism-Cultural-Safety-and-Humility-Framework.pdf

[43] Wilson, D. & Neville, S. (2009). Culturally safe research with vulnerable populations. Contemporary Nurse, 33(1), 69-71. https://doi.org/10.5172/conu.33.1.69

[44] Canadian Institutes of Health Research. (2013, June 27). *CIHR Guidelines for Health Research Involving Aboriginal People (2007-2010)*. https://cihr-irsc.gc.ca/e/29134.html

[45] Government of Canada. (2023). *Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum.* https://www.canada.ca/en/health-canada/services/publications/health-system-services/chief-public-health-officer-health-professional-forum-common-definitions-cultural-safety.html

Equity-Oriented

> Research concerning health equity requires the generation, dissemination, and implementation of knowledge that addresses disparities and their social, structural and systemic roots. Equity-oriented research acknowledges and addresses social determinants of health.

In 2010, the World Health Organization's Task Force on Research Priorities outlined a research agenda on equity and social determinants of health.[46] This research priority task force re-ignited focus on population and public health, and spurred global efforts to move beyond research that develops interventions for individual determinants of illness (e.g., behaviour change) in favour of research that explains the processes that affect health status (e.g., health policy and funding). Focus on the social determinants of health has a mutually beneficial relationship with community-based and participatory research methods. The involvement of those most affected contributes to research with relevant, desired real-world applications.

Equity-oriented approaches acknowledge the role of power throughout research processes and apply collaborative methods to appropriately and meaningfully address imbalances throughout research decision-making.

[46] Östlin, P., Schrecker, T., Sadana, R., Bonnefoy, J., Gilson, L., Hertzman, C., Kelly, M. P., Kjellstrom, T., Labonté, R., Lundberg, O., Muntaner, C., Popay, J., Sen, G., & Vaghri, Z. (2011). Priorities for research on equity and health: towards an equity-focused health research agenda. PLoS medicine, 8(11), e1001115. https://doi.org/10.1371/journal.pmed.1001115

Trauma & Resiliency Informed

Trauma and resiliency informed approaches acknowledge how people who experience oppression live with trauma. Accordingly, trauma and resiliency informed research recognizes how practices can activate traumatized/traumatizing responses in both participants and researchers.

As Tara Brach defines it, "Trauma is when someone encounters an out of control, frightening experience that disconnects them from a sense of resourcefulness, safety, coping or love"[47]. Trauma is common in healthcare settings. Directly or indirectly, research may be connected to traumatic experiences or events. It is important to conduct research with a trauma perspective and use trauma and resiliency-informed practices when interacting with research participants.[48] As Carello and Butler define it:

> "To be trauma-informed, in any context, is to understand how violence, victimization, and other traumatic experiences may have figured in the lives of the individuals involved and to apply that understanding to the provision of services and the design of systems so that they accommodate the needs and vulnerabilities of trauma survivors".[49]

The six principles of Trauma and Resiliency Informed Practice (TRIP) are:

1. Trauma awareness.
2. Safety and trustworthiness.
3. Opportunities for choice, collaboration, and connection.
4. Strengths-based skills building and empowerment.
5. Recognition of intersection of race, culture, beliefs, history, ability, class, age, sex, and gender with trauma.
6. Meaningful involvement of people with living experiences.

Trauma and resiliency-informed research considers how the language used in participant engagement can activate trauma responses and/or re-traumatize and builds in safer procedures to improve people's experiences with research. This can include asking participants what words should be used or avoided, providing clear expectations, using an inclusive and collaborative approach, ensuring ample time to build trust and relationships, and offering support resources during and after engagement.

[47] Brach, T. (2011, January 18). True Refuge- Insights at the Edge. Tami Simon of Sounds True interviews.
[48] Smeaton, E. (n.d.). *Trauma and trauma-informed researchers.* The Social Research Association. https://the-sra.org.uk/SRA/SRA/Blog/Trauma%20and%20trauma-informed%20researchers.aspx
[49] Carello, J., & Butler, L. D. (2015). Practicing What We Teach: Trauma-Informed Educational Practice. *Journal of Teaching in Social Work, 35*(3), 262–278. https://doi.org/10.1080/08841233.2015.1030059

Appendix A: Glossary

Appendix A: Glossary

> **This Glossary includes terms that describe intersecting identities and experiences.**
>
> It may be useful to orient yourself to the terms masculinity and femininity, which come up throughout this guide and in the definitions provided in the Glossary.
>
> A starting point can be found in this entry in the International Encyclopedia of the Social and Behavioral Sciences.

A

Ableism

A system of beliefs and oppression that determines whose bodies are valuable, limiting the potential (and humanity) of people with disabilities.

To deepen your understanding...

- Live Educate Transform Society (LET'S) offers Disability Awareness and Disability Justice workshops that guide attendees through understanding disability, ableism, and accessibility
- Disability Filibuster is an activist run space for grassroots movement toward disability justice in Canada. They are currently working to #KillBillC7
- Resources curated by Dignity Denied
- The Disability Visibility Project "champions disability culture and history" and hosts community stories online
- Access Living offers training and education on topics such as Ableism 101
- Inclusion Canada has developed a number of Position Statements regarding governmental policies, and provides resources

AFAB & AMAB

Assigned Female At Birth (AFAB) and Assigned Male At Birth (AMAB) are acronyms that describe biology at birth, acknowledging that sex is normatively assigned at birth based on external sex organs, and that the sex assigned may not reflect a person's current sex or gender. It is important to use these terms alongside gender identity, and not in lieu of.

- See: Binary, Ciscentrism, all terms beginning with "Gender", Intersex, Misgender, Transgender
- See Example Scenarios: Inclusive Study Recruitment

To deepen your understanding...

- Bakau Consulting provides training on Gender & Sexuality
- Gender Spectrum is an educational resource with information on "Understanding Gender", "The Language of Gender", and "Myths About Gender"

Agender

A person who does not identify with, or experience gender.

- See: Binary, Ciscentrism, Gender, 2SLGBTQIA+

Ageism

Discrimination against older people because of negative stereotypes. Age is an important intersection with gender.

To deepen your understanding...

- Women's College Hospital Women's Age Lab Gendered Ageism Campaign Toolkit
- Multiple Marginalizations Based on Age: Gendered Ageism and Beyond
- Using science to improve the health and well-being of older women

Anatomy-based language

Language that focuses on anatomical terms for the relevant organs, tissues, and structures themselves, and not as they relate to a "typical" person of any one sex or gender. Example: People who have a uterus and are at risk for uterine cancer.

- Related: See Gender-additive language, Gender-neutral language

To deepen your understanding...

- Easterling, L. & Byram, J. Shifting language for shifting anatomy: Using inclusive anatomical language to support transgender and nonbinary identities

Anti-oppressive/-oppression

The active and continuous process/practice of change that acknowledges and addresses individual, institutional, and systemic oppression and injustice. Most often mentioned in relation to anti-racism, reconciliation, and decolonization.

- See: Ableism, Colonization, Decolonization, Racism
- See Example Scenarios: Respectful Research Outcomes & Reporting

To deepen your understanding...

- Bakau Consulting offers a resource toolkit online, and services include trainings on: Anti-Oppression, and Disrupting Unconscious Bias
- The Anti-Oppression Resource & Training Alliance (AORTA) offers trainings and consulting services
- The Canadian Council for Refugees provides a comprehensive Anti-Oppression Policy on their website
- The Anti-Oppression Network (based in Vancouver), has a YouTube Channel with a collection of educational videos named Decolonize Anti-Oppression
- Across Boundaries (Mental Health) offers Anti-Oppression Training developed for organizations

Aromantic

A person who does not experience romantic attraction to others (of any gender). On a spectrum, with fluctuating desire for romantic intimacy. Not to be conflated with sexual attraction.

To deepen your understanding...

- AUREA (based in USA), have developed Aromanticism-specific resources, including "An Introduction to Aromanticism
- The Sounds Fake Podcast has an Asexual and Aromantic Resource list available.
- The Ace and Aro Advocacy Project provides resources including education on "Spectrum 101"

Asexual

A person who does not experience sexual attraction to others (of any gender). On a spectrum, with fluctuating desire for sexual intimacy

- See: Aromantic, Heteronormativity, Mononormative, 2SLGBTQIA+

To deepen your understanding...

- The Asexual Visiblity & Education Network has a list of resources to refer to, including research, blogs, etc.

Assigned name at birth

The name a person was given at birth but no longer uses, unless they indicate otherwise. The use of this name can be misgendering and inappropriate, but individuals have different preferences. People may also refer it as their "legal name", or might self-describe it informally as "dead name". Unacceptable terms include "birth name," or "real name."

- See: AFAB & AMAB

B

Binary/-ies

A system of viewing experiences as being composed of or involving solely two categories. Binaries are not exclusive to gender (i.e., man versus woman) and sexuality (i.e., hetero- versus homosexuality). Within supremacist structures, dominance is established via binaries.

- See Example Scenarios: Proposal Development; Data Collection
- See: Ableism, AFAB & AMAB, Cissexism, Gender binary, Heterosexism, Oppositional sexism, Racism, Sexism

Bisexual/Biromantic

- A person who is attracted to (sexually and/or romantically, respectively) at least two genders.
- See: Heteronormativity, Homonormativity, 2SLGBTQIA+

To deepen your understanding...

- The American Institute of Bisexuality Journal of Bisexuality has a Bi 101 section with multiple resources
- Healthline published a piece explaining what it means to be biromantic

C

Ciscentrism/cisnormativity

The system of beliefs that favours cisgender people and marginalizes people who are not cisgender.

- See: Binary, cisgender, Cissexism, all terms under "Gender"
- See Example Scenarios: Proposal Development; Data Collection

To deepen your understanding...

- Dr. A.J. Lowik has authored many articles that address gender normativity
- Examples Of Cis Privilege in All Areas of Life For You To Reflect On and Address by Sam Dylan Finch

Cisgender

A person whose gender identity correlates with the sex assigned to them at birth; not transgender.

- See: AFAB/AMAB, Ciscentrism, Cissexism, all terms under "Gender"
- See Example Scenarios: Proposal Development; Inclusive Study Recruitment; Respectful Research Outcomes & Reporting

To deepen your understanding...

- Bakau Consulting offers a resource toolkit online, and services include training on topics including "fundamental of gender & sexuality"
- Action Canada's Sexual Health Information Hub includes resources concerning Gender, such as the Beyond the Basics
- Gender Spectrum provides education regarding gender including language, myths, and inclusion
- The Gender Specialist provides services and resources concerning gender, including how to talk about gender

Cissexual

A person whose biological attributes correspond to their sex at birth; not transsexual. Note that an individual can be cissexual regardless of their gender identity.

To deepen your understanding...

- Whipping Girl (especially pp. 161-193)

Cissexism

The belief or assumption that cis people's gender identities, expressions, and embodiments are more natural and legitimate than those of trans people.

- See: AFAB/AMAB, Ciscentrism, cisgender, all terms under "Gender", Sexism
- See Example Scenarios: Inclusive Study Recruitment

To deepen your understanding...

- The Encyclopedia of Critical Psychology includes a chapter on Cissexism
- Psychology has a chapter named "cissexism (genderism or binarism)"

Colonization

The ongoing processes and practices of domination, displacement, and dehumanization of one people over another. On Turtle Island, European settlers began the colonization of Indigenous Peoples in the early 1600s. Over time, they also brought enslaved people from African colonies, and Asian indentured servants to Turtle Island.

- See: Anti-oppression, Decolonization, Racism

To deepen your understanding...

- Refer to National Centre for Truth and Reconciliation Reports
- Reconciliation Education offers courses and resources to support understanding of "colonial lens of history, anti-racism, Residential Schools, UNDRIP, the TRC and Indigenous innovations and contributions"
- The First Nation Health Authority's *Our History, Our Health* section offers education
- San'Yas anti-racism Indigenous cultural safety training program is recommended throughout PHSA
- The Indigenous Cultural Safety Collaborative Learning Series houses a variety of Webinars
- The Circles for Reconciliation Resources page offers direction for further explorations.
- The Native Women's Association of Canada has a Knowledge Centre
- Reconciliation Canada has developed Programs & Initiatives
- 4 Rs Youth Movement has a number of Tools & Guides for diverse audiences
- Declaration of the Rights of Indigenous Peoples Act
- Calls to Action of the Truth and Reconciliation Commission of Canada (TRC)
- Calls for Justice
- In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care reports

Community Advisory Board

Community Advisory Boards (sometimes called Patient Advisory Boards or Councils) are comprised of people with lived experience (PWLE) of health topics. They serve as a voice for the community and can contribute to various aspects of the research process. Patient Advisory Boards are comprised of patients and health care providers who facilitate two-way communications regarding clinical operations, whereas Community Advisory Boards (or Community Advisory Councils) are comprised of local community members who provide direct feedback on ongoing community health issues.

To deepen your understanding...

- Ontario HIV Treatment Network "An overview of Patient Advisory Councils and Community Advisory Councils in health care" https://www.ohtn.on.ca/rapid-response-an-overview-of-patient-advisory-councils-and-community-advisory-councils-in-health-care/

Cultural safety

Cultural safety is about the experience of the patient. It is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

To deepen your understanding...

- Wilson, D. & Neville, S. Culturally safe research with vulnerable populations
- CIHR Guidelines for Health Research Involving Aboriginal People
- Government of Canada Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum

Cultural humility

Cultural humility is a way in which health care providers practice that enables cultural safety. It is a process of self-reflection to understand personal and systemic biases, and privilege to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience, and dismantling power imbalances.

To deepen your understanding...

- First Nations Health Authority #itstartswithme: FNHA's Policy Statement on Cultural Safety and Humility
- First Nations Health Authority, First Nations Health Council & First Nations Health Director's Association Anti-Racism, Cultural Safety & Humility Framework

D

Decolonization

The active and continuous process/practice of change that acknowledges and addresses colonial systems of oppression.

- See: Anti-oppression, Colonization, Human Rights

To deepen your understanding...

- Xwi7xwa Research Guides provide strategies for decolonizing and Indigenizing research practices
- The Indigenous Foundation published articles include "Decolonization in everyday life"
- Future Ancestors Services Inc. conduct research and provide training such as "decolonizing engagement & acknowledging harm"

- Nahanee Creative Inc. has created a Decolonize First Workbook and provides workshops about decolonizing practices
- Queens University Library has a section dedicated to decolonizing research and teaching
- Commitment on Cultural Safety and Humility in Health Services

F

Femme

A person whose gender expression and/or social and relationship roles are perceived as characteristically feminine, and who also identifies as 2SLGBTQIA+.

- See: all terms under "Gender", Trans

To deepen your understanding...

- Trans Lifeline provides resources, including a list for trans fem, trans women, femmes
- The Affirmative Couch provides resources, including continuing education and articles, such as "Are you femme? What femme isn't and what it is"

G

Gender

The social and cultural concepts that categorize people as being a man, woman, or another gender.

- See: AFAB/AMAB, Ciscentrism, Cissexism, Gender binary, Gender expression, Gender identity
- See Example Scenarios: Data Collection

To deepen your understanding...

- Bakau Consulting offers a resource toolkit online, and services include trainings on topics including "fundamental of gender & sexuality"
- Action Canada's Sexual Health Information Hub includes resources concerning Gender, such as the Beyond the Basics
- Gender Spectrum provides education regarding gender including language, myths, and inclusion
- The Gender Specialist provides services and resources concerning gender, including how to talk about gender
- Ambit Gender Diversity offers trainings, including "Gender Diversity in the Workplace"
- Amaze has educational videos relating to gender identity for all ages
- Birth for Every Body has a resource page dedicated to Understanding Gender and offering resources to providers, and parents

Gender-additive language

Language that intentionally names the genders of people who experience a particular issue or who have a particular need, without reverting to gender-neutral language. Example: Cis women, trans men, Two-spirit, gender non-binary, or gender divergent persons who are at risk for uterine cancer.

- Related: See Gender-neutral language, Anatomy-based language

To deepen your understanding...

- Gender inclusivity in women's health research

Gender affirming

The actions, behaviours, and supports that validate a person's gender. For example, using people's pronouns. Gender affirmation may involve social, medical, surgical, and/ or legal steps that affirm a person's gender.

- See: AFAB/AMAB, Gender binary, Gender expression, Gender identity, Misgender, Non-binary, Trans
- See Example Scenarios: Inclusive Study Recruitment

To deepen your understanding...

- LGBTQ & Gender-affirming spaces, overview by The Trevor Project
- The Trans Hub has an info page named "what is gender affirmation?"
- The Affirmative Couch has two articles referring to Gender-Affirming Care: one specific to mental health outcomes, and another about why it matters
- Trans Lifeline provides affirming services to people transitioning, and refer out to resources to support social transition, including apps, clothing and undergarment retailers, and voice lessons
- Trans Care BC is a clinical program of the Provincial Health Services Authority that sets direction and provides leadership and training for transgender health services and supports in B.C.
- The UnACoRN Study at SFU aims to support youth safety and affirmation through multi-sectoral partnerships

Gender binary

The view that there are only two totally distinct, opposite and static genders (masculine and feminine) to identify with and express.

- See: AFAB/AMAB, Ciscentrism, Cissexism, other terms under "Gender," Non- binary, Sexism, Trans

To deepen your understanding...

- Pronouns.org provides guidance for gender affirming language, including resources on how to use pronouns, and how to "converse with trans people and gender nonconforming people"

Gender creative

A term to describe children whose gender identity differs from the societal and cultural expectations of the one assigned to them at birth.

- See: AFAB/AMAB, other terms under "Gender," Non-binary, Trans

To deepen your understanding...

- Amaze is a sex education resource that has videos for a range of audiences, including educators, parents, and children, including videos of gender identity

- Gender Creative Kids is a community organization that provides support to kids' and youths' self-determination. Resources include articles concerning medical care, legal aid, and "basic concepts"
- Trans Care BC is a clinical program of the Provincial Health Services Authority that provides training for transgender health services and supports in B.C. including online courses for gender creative youth and their families,

Gender divergent

A term to describe individuals whose behavior or gender expression differ from traditional gender norms.

Gender diverse

An umbrella term for gender identities that demonstrate a diversity of expression, including cis, trans, non-binary, and Two-spirit.

- See: other terms under "Gender," Non-binary, Trans
- See Example Scenarios: Proposal Development; Respectful Research Outcomes & Reporting

To deepen your understanding...

- Ambit Gender Diversity Consulting offers services to buttress affirming work environments, including trainings like "Gender Diversity in the Workplace"
- The Sylvia Rivera Law Project offers trainings, campaigns, support and resources. Their Trans 101 resource page explains "Diversity within the Transgender Communities"
- Trans Care BC is a clinical program of the Provincial Health Services Authority that provides training for transgender health services and supports in B.C. including online courses concerning gender diversity.

Gender expansive

A term that describes people whose gender expression and/or identity are flexible and reach beyond binaries.

- See: other terms under "Gender", Non-binary, Trans

Gender expression

The outward expression of one's gender, which may not reflect one's actual gender. This includes how a person speaks, dresses, accessorizes, etc.

- See: other terms under "Gender," Non-binary, Trans

To deepen your understanding...

- The Genderbread Person model and its components explain the distinctiveness of gender identity and expression
- Talk Space has an article explaining the differences between gender identity and expression
- Teaching Sexual Health has an educational page on gender identity and expression that include recommendations for terms to avoid and alternatives

Gender fluid

The acknowledgment that gender is not fixed and is changeable. Gender fluid can also refer to a gender identity that is changeable.

- See: other terms under "Gender," Non-binary, Trans

Gender identity

A person's internal sense and understanding of their gender. Gender identity describes a person's internal, felt and psychological sense of self as a woman, man, both, in- between, or neither. Only the individual person can determine their gender identity terms and labels.

- See: cisgender, other terms under "Gender", Non-binary, Trans
- See Example Scenarios: Proposal Development

To deepen your understanding...

- https://cgshe.ca/app/uploads/2022/10/GSMM-Research-Equity-Tool-4.pdf
- Understanding Gender by Gender Spectrum
- Medical and Mental Health Professionals, Professional Development by Gender Spectrum
- Medical and Mental Health Resources by Gender Spectrum
- Resources About Gender Identity by Unitarian Universalist Association
- A Guide to Gender and Identity to Help You Keep Up with the Conversation by Sam Dylan Finch

Gender-neutral language

Language that is not gender-specific and considers people in general. Example: People at risk for uterine cancer.

- Related: See Gender-additive language, Anatomy-based language

To deepen your understanding...

- https://eige.europa.eu/publications-resources/thesaurus/terms/1352?language_content_entity=en

Gender non-conforming

A term to describe people who do not conform to expectations regarding gender roles and expression.

- See: Cisgender, other terms under "Gender," Misgender, Non-binary, Trans
- See Example Scenarios: Respectful Research Outcomes & Reporting

Gender policing

The act of imposing and/or enforcing normative gender expectations on people.

To deepen your understanding...

- See: Cissexism, all terms under "Gender," Misgender, Non-binary, Trans, Transmisogyny

Gender spectrum

A term that acknowledges that people's relationships with their gender identity are neither binary nor fixed.

- See: Gender, Gender binary, Gender creative, Gender expression, Gender identity, Non-binary, Trans

To deepen your understanding...

- Amaze (based in the USA), has a collection of animated videos exploring gender identity across the spectrum
- The Gender Spectrum provides education to families, educators, care providers, and other professionals
- Learning for Justice article "The Gender Spectrum"

Gender queer

A person whose gender identity exists beyond the male-female binary.
See: other terms under "Gender," Non-binary, Queer, Trans

To deepen your understanding...

- The Archives offers a collection of books relating to being "genderqueer in Canada"
- Queer in the World article, "What is Genderfluid vs. Genderqueer? Let's break it down..."

Gender questioning

A person who is exploring their gender identity and expression.

- See: other terms under "Gender," Non-binary, Trans

To deepen your understanding...

- The Transgender Map offers guidance "For gender questioning people"

H

Heteronormative / heteronormativity

A term that refers to the social structures that favour heterosexuality.

- See: Binary, Heterosexism, Mononormative
- See Example Scenarios: Inclusive Study Recruitment; Data Collection

To deepen your understanding...

- Elizabeth Brake's description in her definition of "Amatonormativity"
- The Queer Dictionary's definition of "Heteronormativity"

Heterosexism

The assumption that heterosexuality is superior. It is associated with discriminatory attitudes, beliefs, and actions against people who are not heterosexual.

- See: Binary, Heteronormative, Mononormativity, Sexism

To deepen your understanding...

- Understanding Prejudice's Links on Prejudice concerning Heterosexism
- The Queer Dictionary's definition of "Heteronormativity"

Homonormativity

The assumption or pressure for people to replicate heteronormative cultural standards within 2SLGBTQIA+ communities.

- See: Binary, Mononormativity, 2SLGBTQIA+

Human rights

Protected by law, human rights acknowledge that everybody deserves access to equality, dignity and respect.

- See: Colonialization, Decolonialization, Intersectionality, Racism, SOGI, 2SLGBTQIA+

To deepen your understanding...

- Canadian Charter of Rights and Freedoms, a basic legal text which speaks to race, colour, ethnicity, ability, sexual orientation, and sex.
- Declaration of the Rights of Indigenous Peoples Act

Indigenous & Indigeneity

The term Indigenous recognizes Indigeneity as being from and belonging to the land. It refers to people inhabiting a land from the earliest times or before the arrival of colonists.

- See: Colonization, Decolonization

To deepen your understanding...

- Research is Ceremony, book by Shawn Wilson
- Indigenous Statistics, book by Maggie Walter and Chris Andersen

Integrated Knowledge Translation iKT

A term created by research funding agents that emphasizes the importance of engaging knowledge users in all aspects of the research process.

To deepen your understanding...

- Jull, J., Giles, A. & Graham, I.D. Community-based participatory research and integrated knowledge translation: advancing the co-creation of knowledge

Intersectionality

Based on the Combahee River Collective's concept of interlocking systems of oppression, the framework of intersectionality was developed academically by Dr. Kimberlé Crenshaw during her Doctorate (1989) to identify and describe how oppressive systems and structures interact in people's lives.

- See: Anti-oppressive, Binary, Cissexism, Colonization, Heterosexism, Racism, Sexism, Transmisogyny
- See Example Scenarios: Proposal Development; Data Analysis

To deepen your understanding...

- Kimberlé Crenshaw's Ted Talk "The Urgency of Intersectionality"
- The Indigenous Foundation has an article that describes why intersectionality is important
- Syracuse University has an Intersectionality resource page that features books, podcasts, videos, and more
- Intersectionality, by Patricia Hill Collins and Sirma Bilge. It is written at an undergrad level, and covers intersectionality's history, praxis, and core ideas.

Intersex

A term used to describe people born with reproductive or sexual anatomy, genetic makeup, and/or hormonal levels that are not characteristically male or female. Intersex people may identify as cisgender, trans, and/or nonbinary, and may not necessarily identify with the word intersex.

- See: AFAB/AMAB, Cissexism, Sex, Sexism

To deepen your understanding...

- Differences of sex development, TransCareBC
- Intersex Rights in Canada Literature Review
- The rights of intersex people in Canada Report
- Trans Lifeline has Intersex Resources
- Intersex Society of North America
- Centre for Sexuality offers training to health care and social service providers, including "Exploring the Plus in 2SLGBTQ+: Asexual, Aromantic, Intersex, and Pansexual Identities" . They also have a Learning Centre, with a full section dedicated to sexuality and gender.

M

Misgender

The act of referring to someone in ways that do not correctly reflect their gender.

- See: AFAB/AMAB, Cissexism, Gender identity

To deepen your understanding...

- Making Mistakes and Correcting Them – TransCare BC
- Service Provider Reflection Tool – TransCare BC

Misogynoir

The discrimination experienced by Black women. Transmisogynoir is the discrimination experienced by trans Black women.

- See: Racism, Sexism, Transmisogyny

To deepen your understanding...

- Commentary by Moya Bailey & Trudy: "On misogynoir: citation, erasure, and plagiarism"

Mononormative

The processes and practices that favour people in monosexual and monogamous relationships.

- See: Aromantic, Asexual, Biromantic/Bisexual, Heteronormative, Homonormative, Polyamory
- See Example Scenarios: Data Collection

To deepen your understanding...

- "Unpacking Mononormativity" by polyamproud

N

Non-binary/ Non-binary (NB/NBi/ENBY)

A term that refers to people whose gender identities and expressions do not conform to binary understanding of gender.

- This is used as an umbrella and person-specific term. Not to be confused with non-black NB, as in non-Black people of color.
- See: Binary, Cissexism, Gender expression, Gender identity, 2SLGBTQIA+, Two-Spirit, Trans
- See Example Scenarios: Respectful Research Outcomes & Reporting

To deepen your understanding...

- The Trans Language Primer's definition

Neutrois

A non-binary identity that describes people who are genderless, agender, null-gender, etc.

- See: Agender

O

OCAP

OCAP course information: https://fnigc.ca/ocap-training/take-the-course/

Oppositional sexism

The idea that femininity and masculinity are mutually exclusive categories.

- See: Binary, Sexism, Gender

P

Pangender

A term that refers to people who identify with and express all genders along the spectrum.

- See: other terms under "Gender"

To deepen your understanding...

- Queer in the World's "What Does Pansexual Mean? + Other Pansexual Information To Help You Be A Better Ally!"

Pansexual/ Panromantic

A term that describes people who are sexually and romantically attracted to people of any/all genders.

- See: Cissexism, heteronormativity, mononormativity

Participatory Action Research

Social justice-oriented research with citizen-led or community roots. (Also called Community Based Participatory Action Research).

People-Centered Care

Care that is focused and organized around the health needs and expectations of individuals, families, communities, and society.

To deepen your understanding...

- Health Standards Organization: Patient- vs People-Centred Care: What's the difference?

Polyamory

The practice of non-exclusive (non-mononormative) sexual and/or romantic relationships with consenting partners.

- See: Cissexism, heteronormativity, mononormativity

To deepen your understanding...

- Polyamproud blog

Q

QTIPOC/QTIBIPOC/QTBIPGM

Acronyms denoting: Queer, Trans, Intersex, and People of Colour. And: Queer, Trans and Intersex, Black, Indigenous, and People of Colour. The inclusion of Black and Indigenous calls attention to intersecting oppressions experienced by Black and/or Indigenous communities.

The term QTBIPGM (Queer, Trans, Black, Indigenous, People of the Global Majority) is becoming popular as it de-centers whiteness.

- See: Intersectionality, Intersex, Racism, Queer, Trans
- See Example Scenarios: Data Analysis

Increasingly, people are denouncing the use of acronyms that amalgamate and conflate distinct experiences (such as BIPOC). It is preferable to be explicit about who you are engaging and describing in your work. People's identities are unique, and when we group them together, we contribute to generalizations that maintain supremacist structures (i.e. racism). Specificity can inform more accurate representations of inequities, and more responsive strategies for equity.

To deepen your understanding...

- QTBIPOC Youth Road Map by Qmunity
- I'm embracing the term 'People of the Global Majority' by Daniel Lim
- Why we should stop using acronyms like BIPOC by Michaela McGuire, PhD(c)
- Here's why 'BIPOC' doesn't do it for me by Tomi Ajele

Queer

A term that refers to the spectrum of non-heterosexual and/or non-cisgender people. Queer was once used as a slur and has since been reclaimed as a political as well as a gender identity. However, not everyone is comfortable with the term "queer". People also identify themselves using different umbrella terms (e.g., 2SLGBTQIA+) or by using additional identifiers (e.g., lesbian, non-binary).

- See: Gender queer, Gender identity, Gender expression, 2SLGBTQIA+
- See Example Scenarios: Inclusive Study Recruitment

R

Racialization

The construction of race to determine access to economic, political, and social equity. Race groups people based on physical characteristics considered common among people of common ancestry.

- See: Binary, Colonization, Racism

Racism

The belief that one group of people is superior to others, exercised from individual to systemic levels. Systemic racism consists of policies and practices that maintain the superiority of one group over others (e.g., white supremacy).

- See: Binary, Colonization, Racialization

To deepen your understanding...

- Challenging Racist "British Columbia" 150 Years and Counting is "an open-access, multi-media resource" to inform anti-racism
- The Public Service Alliance of Canada provides Anti-Racism Resources, including webinars

Repronormativity

The processes and practices that assume that reproduction is expected from heterosexual couples. It maintains attitudes wherein able-bodied cisgender women are maternalized and reproduction is compulsory among them. Contrastingly, 2SLGBTQIA+ and disabled peoples and couples are considered unfit for reproduction and parenting.

- See: Cissexism, Heteronormativity, Mononormativity

To deepen your understanding...

- Liminal Chrysalis by A.J. Lowik

S

Sex

Biological attributes associated with being male, female, or intersex among humans and animals. Biological attributes include genitalia, chromosomes, hormones, and secondary physical characteristics.

- See: Cissexism, Gender binary, Sexism

Sexism

The belief and systems of oppression that maintain one sex is superior to others.
See: Binary, Cissexism

SOGI / SOGIE

An acronym that denotes: Sexual Orientations, Gender Identities (and Gender Expression). Often used in institutional settings to support students and provide educators with the capacity to establish and maintain inclusive school environments.

- See: Asexual, Bisexual, Heteronormativity, Pansexual

To deepen your understanding...

- Greater Victoria SD61 District Learning Team SOGI 1-2-3
- Government of British Columbia SOGI
- ARC Foundation programs concerning SOGI-inclusive k-12 education

T

Trans/ transgender

An umbrella term for people whose genders do not match the sex assigned to them at birth.

- See: Binary, Cissexism, other terms under "Gender"
- See Example Scenarios: Respectful Research Outcomes & Reporting

To deepen your understanding...

- Abortion Rights Coalition of Canada Position Paper #101 Transgender Inclusivity
- The Trans Language Primer guide
- The Canadian Centre for Gender and Sexual Diversity provides resources, including a Trans Resources category
- The Transgenger Map provides support to people who are transitioning. They have a resource section for allies and supporters
- The Canadian Centre for Gender and Sexual Diversity: Queer Canadian History Timeline
- Trans Connect
- National Centre for Transgender Equality
- Sherbourne Health
- Trans Pulse
- World Professional Association for Transgender Health
- Chair in Transgender Studies
- "They Don't See Our Feelings." The Health Care Experiences of HIV-Positive Transgendered Persons
- Transgender Archives of Victoria

Transfeminine

A term to describe a person who identifies as trans and whose gender expression is feminine.

- See: Femme, Gender expression, Gender identity, Trans

Transmasculine

A term to describe a person who identifies as trans and whose gender expression is masculine.

- See: Femme, Gender expression, Gender identity, Trans

Transmisogyny

The discrimination experienced by trans women and transfeminine people. Coined by Julia Serano in her 2007 book Whipping Girl.

- See: Femme, Gender expression, Gender identity, Trans

To deepen your understanding...

- Whipping Girl book

Transphobia

An informal term commonly used to describe a strong dislike or prejudice against transgender people. It is important to note that the definition of a phobia is actually an uncontrollable or irrational fear. Phobia is a health and disability term and should not be used to describe discriminatory attitudes. Instead, use the term anti-trans.

Transsexual

A person who identifies and/or lives as a member of the sex other than the one they were assigned at birth, especially one who has undergone gender affirming care, such as hormone replacement therapy or gender affirming surgery. Transsexual falls under the umbrella term of transgender.
The word transsexual has suffered some stigmatization. The word transgender is generally considered to be more inclusive, but does not delineate differences in anatomy. This is important in research and healthcare contexts because transsexual is more than an identity (gender), it comes with biological considerations that are not equivalent to: cis males, cis females, intersex people, or (potentially) transgender people.

To deepen your understanding...

- CPATH Ethical Guidelines for Research Involving Transgender People

Trauma and Resiliency Informed Practice (TRiP)

Trauma and resiliency-informed practice focuses on integrating knowledge and skills about how people are affected by trauma into workplace policies, procedures, and services.

To deepen your understanding...

- Knaak S, Sandrelli M, Patten S. How a shared humanity model can improve provider well-being and client care: An evaluation of Fraser Health's Trauma and Resiliency Informed Practice (TRIP) training program.

Two-Spirit/2Spirit

A term used by Indigenous communities across Turtle Island to describe people with diverse gender identities, expressions, roles as well as sexual orientations while acknowledging the time before colonization during which First Peoples honoured different genders.
The term was introduced by Elder Dr. Myra Laramee in 1990, at the Third Annual Inter-tribal Native American, First Nations, Gay and Lesbian American Conference in Winnipeg. Important to note that not all Indigenous folks use the term Two Spirit as it is an English moniker and are looking to linguist specialists to find a more suited term used in their language and their lands.

- See: Colonization, Decolonization, Cissexism, Racism

To deepen your understanding...

- Indigenous Cultural Safety Collaborative Learning Series "Two Spirit and Indigiqueer cultural safety: Considerations for relational practice and policy" presentation
- Recording of "Promoting Two-Spirit Health and Wellbeing: A Conversation with Two-Spirit Youth Leaders" hosted by CBRC

- Two-Spirit Terminology Guide by the CBRC and Two-Spirit Dry Lab (currently unavailable)
- Two Spirit Journal articles
- Two Spirit and Indigiqueer Studies Resource List, UBC Library
- 2 Spirits of BC, Four Feathers Society
- 2spirits Resources for researchers and care providers
- TransCareBC Local 2 Spirit Resource list
- Webinar: Two Spirit and Indigiqueer cultural safety
- The Indigenous Foundation has published articles, including The History of Two- Spirit Folks.
- OUT Saskatoon has a webpage dedicated to "What it means to identify as Two- Spirit"
- Two-Spirit Archives of Manitoba

2SLGBTQIA+

An acronym denoting: Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and more. Placing 2S at the front acknowledges that Indigenous peoples were here first.

- See: Binary, Cissexism, Gender, Heteronormativity, Trans, Two-Spirit
- See Example Scenarios: Inclusive Study Recruitment; Data Analysis

To deepen your understanding...

- The 519 Resources include an LGBTQ2S Inclusion Playbook, a Creating Authentic Spaces Toolkit, among others
- Courage to Act has a Resource section for Gender Justice Advocates
- The Community-based Research Centre has active projects "aimed at strengthening the health of gay, bisexual, queer, and other men who have sex with men (cis and trans) and Two-Spirit people (GBT2Q)." including a 2SLGBTQ+ Health Hub to advance training and mentorship in 2SLGBTQ+ health
- The Stigma and Resilience Among Vulnerable Youth Centre has multiple active project concerning sexuality, including "Tracking Health Disparities and Protective Factors For Ethnoculturally Diverse Lesbian, Gay and Bisexual Youth"

Z

Ze/Zir

One example of a person's pronouns.

- See: entries under "gender"

To deepen your understanding...

- Pronouns.org has a page dedicated to Ze Pronouns

Appendix B: Annotated Bibliography

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Publications

Agénor, M., Murchison, G. R., Najarro, J., Grimshaw, A., Cottrill, A. A., Janiak, E., Gordon, A. R., & Charlton, B. M. (2021). Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review. Sexual and reproductive health matters, 29(1), 1886395. https://doi.org/10.1080/26410397.2021.1886395

Thorough review of literature surrounding reproductive health of transgender and gender-diverse (TGD) individuals.

Alpert, A. B., Ruddick, R., & Manzano, C. (2021). Rethinking sex-assigned-at-birth questions. BMJ (Clinical research ed.), 373, n1261. https://doi.org/10.1136/bmj.n1261

Presents the case for eliminating the disclosure of "sex assigned at birth" in clinical research and practice.

Asquith, A., Sava, L., Harris, A. B., Radix, A. E., Pardee, D. J., & Reisner, S. L. (2021). Patient-centered practices for engaging transgender and gender diverse patients in clinical research studies. BMC medical research methodology, 21(1), 202. https://doi.org/10.1186/s12874-021-01328-4

Identifies key barriers to transgender individuals participating in clinical research studies.

Bonnington, A., Dianat, S., Kerns, J., Hastings, J., Hawkins, M., De Haan, G., & Obedin-Maliver, J. (2020). Society of Family Planning clinical recommendations: Contraceptive counseling for transgender and gender diverse people who were female sex assigned at birth. Contraception, 102(2), 70–82. https://doi.org/10.1016/j.contraception.2020.04.001

Discusses contraception and family planning for TGD patients.

Brotto, L. A., & Galea, L. A. M. (2022). Gender inclusivity in women's health research. BJOG : an international journal of obstetrics and gynaecology, 129(12), 1950–1952. https://doi.org/10.1111/1471-0528.17231

Describes a gender-additive approach.

Brown, C., Keller, C. J., Brownfield, J. M., & Lee, R. (2017). Predicting Trans-Inclusive Attitudes of Undergraduate Nursing Students. The Journal of nursing education, 56(11), 660–669. https://doi.org/10.3928/01484834-20171020-05

Nursing education on gender identity positively influences attitudes towards TGD individuals.

Call, D. C., Challa, M., & Telingator, C. J. (2021). Providing affirmative care to transgender and gender diverse youth: Disparities, interventions, and outcomes. Current psychiatry reports, 23(6), 33. https://doi.org/10.1007/s11920-021-01245-9

Reviews the evolving body of research on the mental health of TGD youth.

Drill, R., Malone, J., Flouton-Barnes, M., Cotton, L., Keyes, S., Wasserman, R., Wilson, K., Young, M., Laws, H. and Beinashowitz, J. (2019), "Inclusive language regarding gender, sexual orientation, and relationship status: the ongoing process and outcome of revising psychiatric materials", The Journal of Mental Health Training, Education and Practice, 14(6), pp. 385-398. https://doi.org/10.1108/JMHTEP-02-2018-0009

Tested intake forms in mental health settings and offered gender-inclusive recommendations.

Easterling, L., & Byram, J. (2022). Shifting language for shifting anatomy: Using inclusive anatomical language to support transgender and nonbinary identities. Anatomical record (Hoboken, N.J.: 2007), 305(4), 983–991. https://doi.org/10.1002/ar.24862

Recommendations for using inclusive anatomical language to affirm trans and non-binary experiences.

Effland, K. J., Hays, K., Ortiz, F. M., & Blanco, B. A. (2020). Incorporating an equity agenda into health professions education and training to build a more representative workforce. Journal of midwifery & women's health, 65(1), 149–159. https://doi.org/10.1111/jmwh.13070

Addresses how to adopt or adapt the Equity Agenda Guideline, originally developed for midwifery education programs in the United States.

Eisenberg, M. E., McMorris, B. J., Rider, G. N., Gower, A. L., & Coleman, E. (2020). "It's kind of hard to go to the doctor's office if you're hated there." A call for gender-affirming care from transgender and gender diverse adolescents in the United States. Health & social care in the community, 28(3), 1082–1089. https://doi.org/10.1111/hsc.12941

Describes TGD adolescents' experiences, concerns and needs in healthcare settings.

Ellaway, R. H., Thompson, N. L., Temple-Oberle, C., Pacaud, D., Frecker, H., Jablonski, T. J., Demers, J., Mattatall, F., Raiche, J., Hull, A., & Jalil, R. (2022). An undergraduate medical curriculum framework for providing care to transgender and gender diverse patients: A modified Delphi study. Perspectives on medical education, 11(1), 36–44. https://doi.org/10.1007/s40037-021-00692-7

Outlines a core undergraduate medical education level curriculum framework for Canada.

Goldhammer, H., Malina, S., & Keuroghlian, A. S. (2018). Communicating with patients who have nonbinary gender identities. Annals of family medicine, 16(6), 559–562. https://doi.org/10.1370/afm.2321

Inclusive language in clinical care settings for non-binary people.

Goldhammer, H., Smart, A. C., Kissock, L. A., & Keuroghlian, A. S. (2021). Organizational strategies and inclusive language to build culturally responsive health care environments for lesbian, gay, bisexual, transgender, and queer people. Journal of health care for the poor and underserved, 32(1), 18–29. https://doi.org/10.1353/hpu.2021.0004

Examples of organizational strategies and inclusive language that can be integrated into standard patient- facing processes, forms, and materials.

Hahn, M., Sheran, N., Weber, S., Cohan, D., & Obedin-Maliver, J. (2019). Providing patient-centered perinatal care for transgender men and gender-diverse individuals: A collaborative multidisciplinary team approach. Obstetrics and gynecology, 134(5), 959–963. https://doi.org/10.1097/AOG.0000000000003506

Case report for how clinicians were able to create changes in practice to give gender affirming perinatal care to a transgender man.

Hankivsky, O., Reid, C., Cormier, R. et al. Exploring the promises of intersectionality for advancing women's health research. Int J Equity Health 9, 5 (2010). https://doi.org/10.1186/1475-9276-9-5

Explores the challenges involved in initiating and developing intersectionality research projects.

Hines, D. D., Laury, E. R., & Habermann, B. (2019). They just don't get me: A qualitative analysis of transgender women's health care experiences and clinician interactions. The Journal of the Association of Nurses in AIDS Care: JANAC, 30(5), e82–e95. https://doi.org/10.1097/JNC.0000000000000023

Qualitative analysis of transgender women's experiences with clinicians and recommendations for improving transgender health care.

Hunt, S. (2016). An Introduction to the Health of Two-Spirit People: Historical, contemporary and emergent issues. National Collaborating Centre for Indigenous Health. ISBN (Print): 978-1-988426-08-2 | ISBN (Online): 978-1-77368-031-6.

Introduces the historical, contemporary and emergent issues related to Two-Spirit health.

Johnson, J. L., Greaves, L., & Repta, R. (2009). Better science with sex and gender: Facilitating the use of a sex and gender-based analysis in health research. International journal for equity in health, 8, 14. https://doi.org/10.1186/1475-9276-8-14

Report on a primer that was developed by the authors to help researchers understand and use the concepts of sex and gender in their work.

Kerr, L., Fisher, C. M., & Jones, T. (2021). Key informants discuss cancer care research for trans and gender diverse people. Journal of cancer education: the official journal of the AmericanAssociation for Cancer Education, 36(4), 741–746. https://doi.org/10.1007/s13187-020-01697-2

Identifies key barriers TGD individuals face during clinical cancer care.

Likis, F. E., King, T. L., Murphy, P. A., & Swett, B. (2018). Intentional Inconsistency as Gender-Neutral Language Evolves. Journal of midwifery & women's health, 63(2), 155–156. https://doi.org/10.1111/jmwh.12746

Encourages intentionally inconsistency with regards to gendered language to support authors' own positions towards gender-equitable language.

Likis F. E. (2019). New Aims and Scope for the Journal of Midwifery & Women's Health Support Health Equity, Sexual and Reproductive Health, and Gender-Inclusive Language. Journal of midwifery & women's health, 64(4), 369–370. https://doi.org/10.1111/jmwh.13026

The new Aims and Scope have no gender-specific language, and the gender-related revisions include using the term perinatal instead of maternity.

Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: Stigma and inclusivity. Substance abuse treatment, prevention, and policy, 10, 17. https://doi.org/10.1186/s13011-015-0015-4

Highlights the importance of fostering respect and inclusivity of gender diverse individuals in residential treatment settings.

Lyons, T., Krüsi, A., Pierre, L., Smith, A., Small, W., & Shannon, K. (2016). Experiences of trans women and two-spirit persons accessing women-specific health and housing services in a downtown neighborhood of Vancouver, Canada. LGBT health, 3(5), 373–378. https://doi.org/10.1089/lgbt.2016.0060

Interviews with 32 trans women and two-spirit individuals who accessed women-specific health and/or housing services.

Lyons, T., Krüsi, A., Pierre, L., Kerr, T., Small, W., & Shannon, K. (2017). Negotiating violence in the context of transphobia and criminalization: The experiences of trans sex workers in Vancouver, Canada. Qualitative health research, 27(2), 182–190. https://doi.org/10.1177/1049732315613311

Findings demonstrate the need for shifts in sex work laws and culturally relevant antistigma programs and policies to address transphobia.

MacKinnon, K. R., Lefkowitz, A., Lorello, G. R., Schrewe, B., Soklaridis, S., & Kuper, A. (2021). Recognizing and renaming in obstetrics: How do we take better care with language?. Obstetric medicine, 14(4), 201–203. https://doi.org/10.1177/1753495X211060191

Gender neutral approach to gender inclusion, argues that "pregnant person/people/patient" and "birthing people" "opens the umbrella" to all patients.

Martinez, E., Klein, A. & Obedin-Maliver, J. Prepregnancy Counseling for people of all genders: Enhancing safe and accessible family building for transgender, gender diverse, and non-binary individuals. Curr Obstet Gynecol Rep 9, 159–165 (2020). https://doi.org/10.1007/s13669-020-00298-6

Review of patient counselling in multiple areas of "women's healthcare" as part of pre-pregnancy counselling.

Miller, S. (2021). Trans aesthetics and similes of oppression: Trans-inclusive discourse in queer spaces. TSQ, 8 (3): 327–348. https://doi.org/10.1215/23289252-9008982

Trans inclusion is often filtered through cis subjectivities, allowing real or potential allies to "make sense" of transness without decentering their own experiences.

Moseson, H., Zazanis, N., Goldberg, E., Fix, L., Durden, M., Stoeffler, A., Hastings, J., Cudlitz, L., Lesser-Lee, B., Letcher, L., Reyes, A., & Obedin-Maliver, J. (2020). The imperative for transgender and gender nonbinary inclusion: Beyond women's health. Obstetrics and gynecology, 135(5), 1059–1068. https://doi.org/10.1097/AOG.0000000000003816

Describes barriers to clinical care and research participation unique to TGD people and offers concrete suggestions for creating more inclusive environments.

Nolan, I. T., Blasdel, G., Dubin, S. N., Goetz, L. G., Greene, R. E., & Morrison, S. D. (2020). Current state of transgender medical education in the United States and Canada: Update to a scoping review. Journal of medical education and curricular development, 7, 2382120520934813. https://doi.org/10.1177/2382120520934813

Summarizes advances in transgender health education.

Nieuwenhoven, L., & Klinge, I. (2010). Scientific excellence in applying sex- and gender-sensitive methods in biomedical and health research. Journal of women's health, 19(2), 313–321. https://doi.org/10.1089/jwh.2008.1156

General introduction to sex- and gender-sensitive methods in biomedical research and using a tool to detect sex and gender bias.

Paceley, M. S., Ananda, J., Thomas, M. M. C., Sanders, I., Hiegert, D., & Monley, T. D. (2021). "I Have Nowhere to Go": A multiple-case study of transgender and gender diverse youth, their families, and healthcare experiences. International journal of environmental research and public health, 18(17), 9219. https://doi.org/10.3390/ijerph18179219

TGD youth healthcare experiences in one Midwestern state, including themes around accessibility and affirming care.

Pedersen, S., & Corcoran, L. (2021). Implementation of transgender and gender diverse curriculum in medical imaging programs: A review of the literature. Journal of medical imaging and radiation sciences, 52(4S), S110–S116. https://doi.org/10.1016/j.jmir.2021.06.005

Argues for mandatory courses on gender inclusive care in addition to the integration of such concepts across all courses.

Rioux, C., Weedon, S., London-Nadeau, K., Paré, A., Juster, R. P., Roos, L. E., Freeman, M., & Tomfohr-Madsen, L. M. (2022). Gender-inclusive writing for epidemiological research on pregnancy. Journal of epidemiology and community health, 76(9), 823–827. https://doi.org/10.1136/jech-2022-219172

1.2% of literature in the field used gender-inclusive language while the remaining 98.8% used (cis) woman-centric language.

Rodman, G. K., & DasGupta, S. (2022). Beyond trans competency: Imagining a trans liberatory future. Lancet (London, England), 399(10324), 514–515. https://doi.org/10.1016/S0140-6736(22)00198-2

Argues for transgender inclusive and intersectional education in entire curriculum.

Rodriguez-Wallberg, K., Obedin-Maliver, J., Taylor, B., Van Mello, N., Tilleman, K., & Nahata, L. (2022). Reproductive health in transgender and gender diverse individuals: A narrative review to guide clinical care and international guidelines. International journal of transgender health, 24(1), 7–25. https://doi.org/10.1080/26895269.2022.2035883

Discusses fertility preservation prior to gender affirming treatments/surgeries.

Saguy, A. C., & Williams, J. A. (2022). A Little Word That Means A Lot: A Reassessment of Singular They in a New Era of Gender Politics. Gender & Society, 36(1), 5-31. https://doi.org/10.1177/08912432211057921

Argues for using “they” more broadly.

Scheim, A. I., Coleman, T., Lachowsky, N., & Bauer, G. R. (2021). Health care access among transgender and nonbinary people in Canada, 2019: A cross-sectional survey. CMAJ open, 9(4), E1213–E1222. https://doi.org/10.9778/cmajo.20210061

Describes TGD access to care with participants reporting considerable unmet needs or delays.

Sherman, A. D. F., McDowell, A., Clark, K. D., Balthazar, M., Klepper, M., & Bower, K. (2021). Transgender and gender diverse health education for future nurses: Students’ knowledge and attitudes. Nurse education today, 97, 104690. https://doi.org/10.1016/j.nedt.2020.104690

Describes the efficacy of a Transgender Curriculum Integration Project (TCIP) for nursing students.

Sims, L. B., & Appenroth, M. N. (2022). Contraceptive technology research & development: a call for inclusion of trans and gender diverse individuals assigned female at birth. The European journal of contraception & reproductive health care: The official journal of the European Society of Contraception, 27(2), 142–147. https://doi.org/10.1080/13625187.2021.2000960

Review of contraceptive usage of TGD AFAB persons with recommendations

Squires, L. R., Bilash, T., Kamen, C. S., & Garland, S. N. (2022). Psychosocial Needs and Experiences of Transgender and Gender Diverse People with Cancer: A Scoping Review and Recommendations for Improved Research and Care. LGBT health, 9(1), 8–17. https://doi.org/10.1089/lgbt.2021.0072

Discusses lack of coordination between gender affirming care (hormones) and cancer risk/ treatment.

Staples, J. M., Bird, E. R., Masters, T. N., & George, W. H. (2018). Considerations for Culturally Sensitive Research With Transgender Adults: A Qualitative Analysis. Journal of sex research, 55(8), 1065–1076. https://doi.org/10.1080/00224499.2017.1292419

Provides empirically derived guidance on conducting culturally sensitive research with transgender participants.

Stroumsa, D., & Wu, J. P. (2018). Welcoming transgender and nonbinary patients: Expanding the language of "women's health". American journal of obstetrics and gynecology, 219(6), 585. e1–585.e5. https://doi.org/10.1016/j.ajog.2018.09.018

Promotes gender-inclusive and affirming language in verbal and written communication within obstetrics and gynecology.

Taylor, E. T., & Bryson, M. K. (2016). Cancer's Margins: Trans* and Gender Nonconforming People's Access to Knowledge, Experiences of Cancer Health, and Decision-Making. LGBT health, 3(1), 79–89. https://doi.org/10.1089/lgbt.2015.0096

Describes patient experiences with cancer.

Tordoff, D.M., Haley, S.G., Shook, A. et al. "Talk about Bodies": Recommendations for Using Transgender-Inclusive Language in Sex Education Curricula. Sex Roles 84, 152–165 (2021). https://doi.org/10.1007/s11199-020-01160-y

Findings suggest that future sex education curricula may help create a contextually appropriate setting to challenge cisnormative and binary assumptions about gender.

Unger C. A. (2015). Care of the transgender patient: A survey of gynecologists' current knowledge and practice. Journal of women's health, 24(2), 114–118. https://doi.org/10.1089/jwh.2014.4918

Efforts should be made to educate trainees on the important aspects of transgender care, and comprehensive guidelines should be published for providers.

Vaid-Menon, A. (2020). Beyond the Gender Binary. Penguin random House.

Alok Vaid-Menon deconstructs, demystifies, and reimagines the gender binary.

Ziegler, E., Valaitis, R., Carter, N., Risdon, C., & Yost, J. (2020). Primary Care for Transgender Individuals: A Review of the Literature Reflecting a Canadian Perspective. Sage Open, 10(3). https://doi.org/10.1177/2158244020962824

Describes barriers to primary care, lack of education in medical schools, and lack of practitioners.

Appendix B: Annotated Bibliography Resources

Bakau Consulting
Resource toolkit
https://www.bakauconsulting.com/resources-intro
Anti-oppression, gender & sexuality
https://www.bakauconsulting.com/rise
Inclusive Leadership, Inclusive Language, Disrupting Unconscious Bias
https://www.bakauconsulting.com/facilitation-program

BC Medical Journal
Gender Affirming Care in BC Parts 1 & 2
https://bcmj.org/editorials/guest-editorial-gender-affirming-care-british-columbia-part-1
https://bcmj.org/editorials/guest-editorial-gender-affirming-care-british-columbia-part-2

BC Office of the Human Rights Commissioner
Glossary
https://bchumanrights.ca/glossary/
Disaggregated demographic data collection in British Columbia: The grandmother perspective
https://bchumanrights.ca/publications/datacollection/

BC Provincial Mental Health and Substance Use Planning Council
Trauma-Informed Practice Guide
https://cewh.ca/wp-content/uploads/2012/05/2013_TIP-Guide.pdf

Birth Place Lab
Birth Includes Us
https://www.birthplacelab.org/projects/

Brighton and Sussex University Hospitals (NHS)
Gender Inclusive Language in Perinatal Services: Mission Statement and Rationale
https://www.bsuh.nhs.uk/maternity/wp-content/uploads/sites/7/2021/01/Gender-inclusive-language-in-perinatal-services.pdf

Canadian Professional Association for Transgender Health
Ethical-Guidelines Research Involving Transgender People & Communities (CPATH)
https://cpath.ca/wp-content/uploads/2019/08/CPATH-Ethical-Guidelines-EN.pdf

Centre for Excellence in Women's Health
Integrating Sex and Gender Informed Evidence into Your Practices
https://cewh.ca/wp-content/uploads/2020/05/CEWH-02-IGH-Handbook-Web.pdf
Sex, Gender, and Cannabis
https://sexgendercannabishub.ca/

Centre for Gender & Sexual Health Equity (CGSHE)
Gender & Sex in Methods & Measurement: Research Equity Toolkit
https://cgshe.ca/practice/research-toolkits/gender-and-sex-toolkit/

CIHR Institute of Gender and Health
Assessing sex and gender integration in peer review
https://www.youtube.com/watch?v=HIceez1Dx5E
How to integrate sex and gender into research
https://cihr-irsc.gc.ca/e/50836.html

Collective for Gender+ Research
Community-Based Research & Data Justice Resource Guide
https://genderplusresearchcollective.arts.ubc.ca/resources/

Community-Based Research Centre
The Health of LGBTQIA2 Communities in Canada: Report of the Standing Committee on Health
https://www.cbrc.net/the_health_of_lgbtqia2_communities_in_canada_report_of_the_standing_committee_on_health
Two-Spirit Terminology Guide
https://www.cbrc.net/two_spirit_terminology_guide
Trans & nonbinary People
https://www.cbrc.net/community_profiles_trans_non_binary_people

Creating Accessible Neighbourhoods
2SLGBTQIA+ Terminology Guide
https://www.canbc.org/queer/terminology/
Gender & Sexuality
https://www.canbc.org/workshops/gender-sexuality/
Queer and Trans History BC
https://www.canbc.org/workshops/queer-trans-history/
Queer and Trans History Canada
https://www.canbc.org/workshops/queer-trans-history/

DIVERSEcity
Mapping Gay, Lesbian, Bisexual, Trans and Queer Migrant Needs in Surrey, B.C.
https://www.sfu.ca/content/dam/sfu/gsws/Community/DIVERSEcity%20final.pdf

Downtown Eastside Women's Centre (DEWC)
Annual Reports & Newsletters
https://dewc.ca/resources/annual-reports

Egale
Systems of Oppression and Privilege
https://egale.ca/awareness/systems-of-oppression-and-privilege-terms/
Pronoun usage guide
https://egale.ca/awareness/pronoun-usage-guide/
Affirming and inclusive language
https://egale.ca/awareness/affirming-and-inclusive-language/
2SLGBTQI Glossary of Terms
https://egale.ca/awareness/glossary-of-terms/
2SLGBTQI Inclusion for Mental Health and Social Service
https://egale.ca/egale-in-action/mental-health-supports-webinar/

Indigenous Cultural Safety Collaborative Learning Series
Two Spirit and Indigiqueer cultural safety: Considerations for relational practice and policy
https://www.icscollaborative.com/webinars/
two-spirit-and-indigiqueer-cultural-safety-considerations-for-relational-practice-and-policy

MOSAIC
Trans Newcomers Resource Hub
https://www.mosaicbc.org/resources/trans/

National LGBTQ Task Force
Queering Reproductive Justice: a toolkit
https://www.thetaskforce.org/wp-content/uploads/2017/03/Queering-Reproductive-Justice-A-Toolkit-FINAL.pdf

Options for Sexual Health
Trans-inclusive abortion services
https://www.optionsforsexualhealth.org/wp-content/uploads/2019/07/FQPN18-Manual-EN-BC-web.pdf

Pride Education Network
The Gender Spectrum: what educators need to know
https://www.bctf.ca/classroom-resources/details/the-gender-spectrum-what-educators-need-to-know
Programs, workshops and presentations on homophobia, transphobia, and heterosexism
https://www.pridenet.ca/about

Qmunity
Queer Terminology from A to Q
https://qmunity.ca/resources/queer-glossary/
Gender-Neutral Language Sheet
https://qmunity.ca/resources/gender-neutral-language-sheet/

SFU Centre for Dialogues
Beyond Inclusion
https://www.sfu.ca/dialogue/resources/public-participation-and-government-decision-making/beyond-inclusion.html

Sherbourne Health
Guidelines for Gender Affirming Primary Care
https://www.reproductiveaccess.org/wp-content/uploads/2018/06/bc-across-gender-spectrum.pdf

Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC)
Out at home
https://www.saravyc.ubc.ca/2019/07/16/out-at-home-family-guide-to-supporting-teen-sexual-orientation/
Being Safe, Being Me
https://www.saravyc.ubc.ca/2020/03/18/being-safe-being-me-2019/#:~:text=Publications-,Being%20Safe%2C%20Being%20Me%202019%3A%20Results%20of%20the%20Canadian%20Trans,Non%2Dbinary%20Youth%20Health%20Survey&text=In%202014%2C%20SARAVYC%20conducted%20a,with%20923%20young%20people%20responding

TransCare BC
Primary-Care-Toolkit
http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf
Accessing Care Strategies
http://www.phsa.ca/transcarebc/Documents/HealthProf/20_Care_Strategies.pdf
Making Mistakes
http://www.phsa.ca/transcarebc/Documents/HealthProf/Making_Mistakes.pdf
Gender Inclusive Language
http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_General.pdf

Trans Connect
Trans Connect Resources
https://ankorstransconnect.com/resources/

TransPULSE Canada
Report – Health and well-being among non-binary people
https://transpulsecanada.ca/wp-content/uploads/2021/06/Non-binary_PPCT_report_vFINAL_EN_FINAL-ua.pdf

TransRights BC
Parenting
https://www.transrightsbc.ca/know-your-rights/parenting/
Healthcare rights overview
https://www.transrightsbc.ca/know-your-rights/healthcare/

Urban Native Youth Association 2-Spirit Collective
2-Spirit Collective
https://unya.bc.ca/programs/2-spirit-collective/

Wellness Beyond the Binary
Wellness Beyond the Binary
https://www.wellnessbeyondthebinary.ca/

Women's College Research Institute
The Health Researcher's Toolkit: why sex & gender matter
https://www.womensresearch.ca/research-areas/
the-health-researchers-toolkit-why-sex-and-gender-matter

Women's Health Collective
RESOURCE CENTRE
https://womenshealthcollective.ca/resource-centre/

Women's Health Research Network
Better Science with Sex and Gender
https://cewh.ca/wp-content/uploads/2012/05/2007_
BetterSciencewithSexandGenderPrimerforHealthResearch.pdf

Women Transforming Cities
Intersectionality Resources
https://www.womentransformingcities.org/resources

World Professional Association for Transgender Health
Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People
https://www.wpath.org/publications/soc

YWCA Metro Vancouver
15 movies that defy gender stereotypes
https://ywcavan.org/blog/2020/01/15-movies-defy-gender-stereotypes
International Transgender Day of Visibility
https://ywcavan.org/blog/2021/03/international-transgender-day-visibility

McMaster Midwifery Research Centre
Gender and Sexuality Inclusivity in Research
https://mmrc.mcmaster.ca/docs/librariesprovider29/mmrc-symposium-research-posters/gender-and-sexuality-inclusivity-in-research-handout.pdf?sfvrsn=36f1b58e_0

Appendix C: References

Appendix C: References

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