

Beyond the Binary in British Columbia

GUIDE

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

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Executive Summary



BACKGROUND & INTRODUCTION

People across the gender spectrum can benefit from research framed as “women’s” health research. Women’s health research has only recently been recognized within the broader scientific community, culminating from decades of advocacy questioning science centered on the male body. Clinical and research institutions have predominantly responded to growing calls-to-action for equitable research practice with clinical resources, siloed initiatives, and conflicting recommendations centered on inclusion, rather than equity. This is an important distinction: inclusion suggests there are certain groups who can decide who is invited to decision-making spaces, while equity aims to ensure that those spaces are accessible for all groups involved.

A project aiming to take tangible steps towards provincial guidance for gender-equitable women’s health research, was articulated through a tri-partite leadership of Angela Kaida (she/her), Researcher Co-Lead, Beverley Pomeroy (they/them), Research User Co-Lead, and Lori Brotto (she/her), Organizational Lead (Women’s Health Research Institute (WHRI)). The project, called “Beyond the Binary in British Columbia (BTB)” was funded through a Michael Smith Health Research BC Convening and Collaborating award in 2021.

The WHRI is one of only three Canadian research institutes with a specific focus on women’s health. The WHRI operates on the territory of the Coast Salish peoples, including the xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations, currently known as Vancouver.

METHODS

Over an 18 month period, the team formed relationships with researchers and community partners, conducted a literature review and environmental scan, assessed existing evidence and recommendations, completed and offered trainings related to gender equity, and curated relevant resources, which have culminated in this Guide for use by the women's health research community.

The Guide has been informed by two project steering committees:

- **Community Steering Committee (CSC):** comprised of people who embody gender diverse identities, and/or work with people experiencing gender-based inequities. The CSC was engaged in this work from the beginning, offered guidance on language, and reviewed content for appropriateness and community representation in sourcing of evidence.
- **Research Steering Committee (RSC):** comprised of women's health researchers, administrators, and trainees with an interest in gender inclusive women's health research. The RSC was also engaged in this work from the beginning, and informed the design, structure and content of the Guide.

For the purposes of this guide, people experiencing gender-based inequities include gender diverse peoples (e.g. Two-Spirit, trans, non-binary, gender non-conforming, gender creative, and other gender diverse identities) and cisgender women. **When we refer to promoting gender equity in women's health research, we mean the meaningful acknowledgment, engagement, and integration of gender diverse peoples throughout research practices and processes.**

The Guide aims to support women's health researchers' commitments to conducting gender equitable research, while acknowledging that inclusion must be justified relative to researchers' area(s) of inquiry. As health research informs health care and decision-making (from bench to bedside), we anticipate this work will strengthen efforts toward health equity. The Guide has been designed from person-centered and trauma- and-resiliency-informed approaches to gender equity in women's health research. We acknowledge that despite that our reach was within with the women's health research community, we hope that our findings and guidance can be relevant to other health research-related groups.



WHAT WE HEARD

If you only have time for two key points, read these, *“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”* (Elder Sandy Leo). There are three key realities garnered from this project:

- People who embody gender diverse identities have experienced harms associated with engaging in women’s health research and are concerned about how their identities, experiences, and circumstances may be interpreted in research 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 (community, patient partners).
- Learning is an active commitment. As researchers, we hold much power in determining what knowledge is created and valued. We are full human beings who bring a range of experiences to our work. The intentional practice of reflection and mindful self-compassion for oneself as well as others, can acknowledge and account for our biases, and enable more gender equitable research.

The women’s health researchers we have engaged with have acknowledged that approaching this work is complicated. We have been inspired by their eagerness to learn/unlearn, and their acknowledgment that this is part of an evolving process.



WHAT TO EXPECT FROM THIS GUIDE

After this Executive Summary, you can find the following sections, what is contained and their purpose.

Language Matters

This section introduces the rationale for this work, describes why language matters in a health research context, and outlines the importance of intersectionality. Specifically, why language matters for addressing gender-based inequities and guidance on approaches to using gender equitable language in women’s health research. It provides an overview of the three approaches to language (additive, neutral, anatomy) and emphasizes the importance of acknowledging that language is ever changing.

Purpose: An introduction to rationale and terminology that sets the stage for using the guide.

Example Scenarios

We have showcased community informed examples, using glossary terms, illustrating a gender additive approach. The examples are mapped onto phases of the research processes, from proposal development to outcomes reporting. This glossary was co-created with the CSC to incorporate a strengths-based and trauma-informed approach to offering examples of appropriate use of terms.

Purpose: Practical application of language. use.

Principles & Practices

Descriptions of the principles and practices used to develop Beyond the Binary in BC and those this resource guide aims to promote. This includes exercises and resources to support self-reflexivity and understanding of positionality among researchers to enable ongoing learning and moving beyond using the “right” words.

Purpose: To support an ongoing commitment to learning.

Appendix A: Glossary

Here we define and provide examples of gender equity-related terms relevant to women’s health research in BC. These are community-generated terms, concepts and corresponding references. The references support further learning concerning systematically marginalized identities and experiences and honour the community-based organizations at the forefront of this work.

Purpose: To provide community engagement resources that explore evolving language.

Appendix B: Resource Library

In addition to the community based references in the glossary, here we include resources from health research and care organizations. Specifically, these were identified through our literature review, and meant to characterize our local (BC) context.

Purpose: To understand our local setting in British Columbia.

Appendix C: References

This provides a list of information sources we cite throughout the guide (except the Resource Library).

Purpose: To share the sources of our information.



A NOTE ON SCOPE

What this package is:

A research resource to inform and support researcher engagement of people who experience gender-based discrimination in health care and research, including:

- Gender diverse peoples including but not limited to Two-Spirit, trans, non-binary, gender non-conforming, gender fluid, agender, and gender creative people
- Cisgender women

What this package is not:

A Sex and Gender-Based Analysis + Toolkit

This package is focused on gender-based inequities, which are not to be conflated with biological sex-based differences in health experiences and outcomes

Limitations

While this guide endeavors to illustrate harms experienced by people who embody gender diverse identities and provide ways to work towards safer and inclusive women's health research, there are limitations to our focus on gender and transphobia. Specifically, when reflecting on Sylvia Duckworth's Wheel of Power and Privilege (citation), we did not intentionally examine the intersection of gender with Colonialism, Racism, Xenophobia, and Classism. As part of the WHRI's ongoing commitment to inclusive women's health research, we will engage in this work and build out the guide in future iterations.

WHAT CAN YOU DO?

- **Engage.** We invite you to engage with the full guide, from start to finish, to experience the full scope of how the guide has been intended for use. We also intend this guide to be a living reference that you might bookmark and come back to over time.
- **Comment.** While this guide has been created with a specific audience in mind (e.g. researchers); the community voice has been integral to the development and content. To that end, we are open to feedback from anyone who interacts with this guide. Our goal is to make improvements and adjustments over time that support the women's health research community in gender-equitable practice. Please email us at whri.communications@cw.bc.ca with any comments or questions.
- **Share.** If you have found this guide useful, please consider sharing with other members of the research community.

WHAT IS NEXT?

We are thrilled to announce that with funding from the Canadian Institutes of Health Research (CIHR), WHRI Leadership by Dr. Lori Brotto, and in collaboration with the Partnership for Women's Health Research Canada, we will be expanding the work of Beyond the Binary BC to serve a national scope with Beyond the Binary Canada. If you are interested in joining this initiative, please email Nicole.Prestley@cw.bc.ca.

ACKNOWLEDGMENTS

We would like to thank all members of the Community Steering Committee (CSC), whose input has been invaluable in preserving community voice to our work. We would like to thank our Research Steering Committee (RSC) members who have provided feedback to inform the usability and relevance of this information to our research community.

CSC Members: Dr. Brittany Bingham, Emma Devin, Dr. Drake, Lorraine Grieves, Gwen Haworth, Nicola Hare, Gwen Haworth, Alia Januwalla, Elder Sandra Laframboise, Kerry Marshall, Heather McCain, Niklaus Sun, and Dr. Andrea Szewchuk.

RSC Members: Dr. Lori Brotto, Tamara Baldwin, Dr. Skye Barbic, Wendy Bond, Lindsay Carpenter, Dr. Michelle Chan, Laurel Evans, Dr. Lorraine Greaves, Dr. Gail Knudson, AJ Murray, Dr. Ann Pederson, Dr. Wendy Robinson, Dr. Caroline Sanders, Dr. Gavin Stuart, Dr. Saraswathi Vedam.

We express gratitude to our Co-Leads, Dr. Angela Kaida and Beverley Pomeroy, to Nicole Prestley, Julia Santana-Parrilla and Stephanie Skourtes the Knowledge Translation and Project Management leads; Sadie Stephenson, for contributing to Language Matters; Maya Kevorkova, for support with the literature review and Community Steering Committee meetings; Frannie MacKenzie, for support with the grant submission; Melissa Nelson, who assisted with the grant submission and editorial and copy editing of this guide.

ALIGNMENT

In alignment with the Canadian Government's first *Federal 2SLGBTQI+ 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 acknowledges how health research is a key determinant of equity.** Locally, this guide provides foundational aid to PHSA's *Research Roadmap Priority #10*: development of tools, mechanisms, resources and strategies to support EDI in the conduct of research, PHSA's SGBA+ Community of Practice, and Children's & Women's Hospital's EDI Committee.

ARTWORK & DESIGN

The cover of this report traces British Columbia's coastline, as a reminder of the many voices throughout the province who informed this project, as well as our hope that all of British Columbia's research community will join us in advancing more equitable health research. Likewise, the photos within reflect the processes and thinking that guided us in our work — work that is not linear nor binary, but intersectional, iterative, reflexive, and ongoing.



Language Matters

BACKGROUND AND INTRODUCTION

Providing approaches to language is one piece to addressing gender equity and language, with the second being an understanding of why and how language can be oppressive and exclusionary. In addition to supporting the research community with practical language tools, we have incorporated the socio-historical context in which *Beyond the Binary in BC* is situated. By integrating this context within the resource, it is our intention to show the importance of conducting research with anti-oppressive, trauma and resiliency informed, culturally safe, and equity-oriented principles.

Why does language matter? The words used to describe individuals' identities, experiences, and circumstances can shape perceptions. Within the context of women's health research, the language used throughout research processes (protocol development, participant recruitment, data collection, analysis, and knowledge mobilization) has the potential to limit or expand who is included in research and thus who stands to benefit from the research findings.

Language has an important role to play in understanding and naming disparities and inequities experienced by communities who are systematically marginalized and under-served by women's health research, including cisgender women (defined as "a person who identifies as a woman and who was assigned female at birth"), and gender diverse, gender non-conforming, Two Spirit, non-binary, and trans people.

How can language be oppressive? The words we use can assert that there are normal or general ways of being and imply 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 gender binary of men or women has been normalized such that anybody whose gender identity and expression do not conform to this binary will experience oppression. While there is growing recognition of gender as a spectrum, the embodiment, expression, and experience of people are continuously compared to or against the gender binary as the norm.

Inequities cannot be addressed without language to identify and describe the people most impacted by them. The choices we make about the words we use, not just in a women's health research context, but every day, demonstrate consciousness of existing power dynamics. It is important to consider/accept that language will continue to change over time, and that language deemed to be suitable or affirming in one context may not translate across others. Choosing language that fosters inclusivity means committing to staying current and navigating spaces and conversations with humility and the willingness to learn and adapt.¹

¹ A. Kaida et al., "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 (2022), <https://doi.org/10.1177/17455057221090829>.

How does all of this show up in Women's Health Research?

Gender diverse individuals are increasingly visible in society with Gen Z'ers living in Canada being seven times more likely to identify as trans or non-binary compared to older generations.^{2,3} For those who do not identify with the gender binary, discrimination and prejudice are commonplace within healthcare systems, which results in poor health outcomes.⁴ There is a long-standing history of pathologizing people who are gender diverse or gender non-conforming.

Difference, however, can make trans people vulnerable to forms of social exclusion that compromise their health in substantial ways. Such approaches "confuse difference with disease".⁵ To facilitate gender equitable care, programming, and policy, a better understanding of gender-based health outcomes is needed, which is where research can play a critical role. By designing and conducting research that intentionally or unintentionally uses language to exclude gender diverse people from studies, the study findings cannot appropriately speak to or address gender-based inequities.

What can we do? It is helpful to consider three starting points for inclusive language in women's 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 benefit from the research. This also includes using plain language, which can help make research more accessible for everyone, regardless of gender.⁶

2) Meaningfully engage individuals and communities whose identities, experiences, and/or circumstances you may not share in the research to help inform use of inclusive language. A best practice is to ask them how to adequately, accurately, and meaningfully describe them in the research process.

Several resources exist to support relationship building, compensation practices, and other strategies to support meaningful engagement of marginalized and minoritized people, including gender diverse people in research.⁷

3) Practice reflexivity to locate ourselves within research and the relevant social, and cultural contexts of the research. Reflexivity practices can help generate awareness of what influences our decisions and priorities across research processes (see [Principles and Practices](#) for additional details).

²R. Easton, "Historic' census data sheds light on number of trans and non-binary people for first time," *CBC News*, (27 April 2022), <https://www.cbc.ca/news/canada/calgary/census-data-trans-non-binary-statscan-1.6431928>.

³Statistics Canada, "Canada is the first country to provide census data on transgender and non-binary people," *Statistics Canada*, (27 April 2022), <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427b-eng.htm>.

⁴G. Alencar Albuquerque et al., "Access to health services by lesbian, gay, bisexual, and transgender persons: Systematic literature review." *BMC International Health and Human Rights*, 16/2 (2016), <https://doi.org/10.1186/s12914-015-0072-9>.

⁵CIHR Institute of Gender and Health, "Science Fact or Science Fiction: Is Gender Nonconformity a Mental Disorder?," *Canadian Institutes of Health Research*, (2014), https://cihr-irsc.gc.ca/e/documents/igh_sfsf_issue_01-en.pdf

⁶K. Verigin, J. Otteson & A. Hui, "Plain language guide," *Health Research BC*, (n.d.), URL: <https://healthresearchbc.ca/bc-support-unit/info-and-resources/information-for-researchers/plain-language-guide/>

⁷Kaida et al., "Key Recommendations for Developing a National Action Plan to Advance the Sexual and Reproductive Health and Rights of Women Living with HIV in Canada."

INCLUSIVE LANGUAGE IN HEALTH RESEARCH

When it comes to using gender equitable language in research, there is no consensus on the best approaches among theorists, researchers, or activists on terminology. In health research, three main approaches are used:

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

Each approach has implications and limitations.

The **gender-additive** approach intentionally names the gender of participants for whom the research is relevant. The naming of “woman” in this approach acknowledges the years of advocacy to have women recognized as individuals with particular physiological and developmental processes⁸ who need to be included in research, which remains critical given that women are still underrepresented in clinical trials.⁹ There is no consensus on whether “cisgender” ought to precede “woman” to clarify that the experiences being referenced are or are not shared with trans women. Additionally, there must be consideration for plain and accessible language in public-facing research materials (i.e., recruitment information, data collection) to avoid the exclusion or misunderstanding of potential research participants based solely on English language fluency.

In this guide, we provide examples of when using the descriptor “cisgender” is recommended to not privilege or conflate cisgender women’s experiences with those

of trans women or people of other diverse gender identities and expressions.

Gender-neutral and **anatomy-based** approaches may be used to mitigate assumptions about gender. Though some trans and general health organizations have endorsed this strategy, others have expressed dissatisfaction. The de-identification of people by focusing on their body parts can be dehumanizing by erasing the particularities of experiences, including disparities among them. This makes acknowledging, naming, and addressing the structural factors shaping inequities difficult.

Additionally, the erasure of the category “woman” has particular implications for women of colour. 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. Further, language focused on conditions or anatomy (gender-neutral and anatomy-based approaches, respectively) can be challenging to understand for people who may not be fluent or confident in English.

The existence of multiple approaches points to the importance of context of what constitutes language being “gender equitable.” Reflecting on who our language is for can help make us intentional about which approach we choose. Additionally, while these are three approaches known today, our commitments to inclusion must remain amenable to change, and acknowledge how contexts shape the appropriateness, adequacy, and acceptability of practices.

⁸F. Likis et al., “Intentional Inconsistency as Gender-Neutral Language Evolves,” *Journal of Midwifery & Women’s Health*, 63/2 (2018), <https://doi.org/10.1111/jmwh.12746>.

⁹C. Dunne, “Black women’s health matters,” *BC Medical Journal*, 62/6 (2020), <https://bcmj.org/premise/black-womens-health-matters>.

In this guide, we provide examples of inclusive language in women's health research using a gender-additive approach. This approach can help researchers use precise language to communicate whose experiences are included in the research, whose are not, and why or why not.

SOCIO-CULTURAL CONTEXT

In Canada, existing governing structures were built by European settlers and rely on binary thinking to maintain supremacy of white, ciscentric, heteronormative patriarchy. In this worldview, you are either white or not, cisgender or not, heterosexual or not, a man or not. Those who fall into "or not" categories are subject to oppression (e.g., systematic marginalization from power and privilege). Scholars have cautioned against the use of the binary language as it reinforces dominant, discriminatory cultural discourse and practices.¹⁰ When language reinforces binaries, the diversity of identities, experiences, and circumstances are missed, and, consequently, inequities persist. The predominant understanding of the gender binary follows from a historical scientific understanding that biological sex is binary and therefore directly determines one's gender.¹¹ This conflation of "sex" and "gender" is problematic as 1) they are unique (biological versus a social construct, and 2) neither is binary.

The Canadian Institutes of Health Research defines sex and gender in "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. Growing awareness of the continuum of sex and gender has yield widespread questioning and criticism as to the limitations of binary frameworks in health research.¹² With growing numbers of people identifying as non-binary and trans¹³, language used in health research should adapt to adequately identify, describe, and address sex and gender-based inequities.

A note on scope: this Guide focuses on gender.

¹⁰J. Calder, "Language and Sexuality: Language and LGBTQ+ Communities," *The International Encyclopedia of Linguistic Anthropology*, (2020), <https://doi/10.1002/9781118786093.iela0206>

¹¹T. Morgenroth et al., "Defending the Sex/Gender Binary: The Role of Gender Identification and Need for Closure," *Social Psychological and Personality Science*, 12/5 (2021), <https://doi.org/10.1177/1948550620937188>.

¹²Morgenroth et al., "Defending the Sex/Gender Binary: The Role of Gender Identification and Need for Closure."

¹³Statistics Canada, "Canada is the first country to provide census data on transgender and non-binary people."

INTERSECTIONALITY IN INTERSECTIONALITY

Gender is not experienced within a vacuum and intersectionality acknowledges how multiple factors coexist and compound oppression.

The theory of intersectionality was developed by [Dr. Kimberlé Crenshaw](#)—a Black American Professor of Law and Civil Rights Activist—in 1989 to identify and explain how Black women experience disproportionate violence relative to white women and Black men. 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: not an exhaustive list of 'isms). As such, white, able-bodied, neurotypical, wealthy cisgender men are at closest proximity to power and privilege. And 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.¹⁴ Yet, tendencies to lump all women's experiences together, disregarding intersecting social positions, undermine the integrity, rigour, and applicability of science.



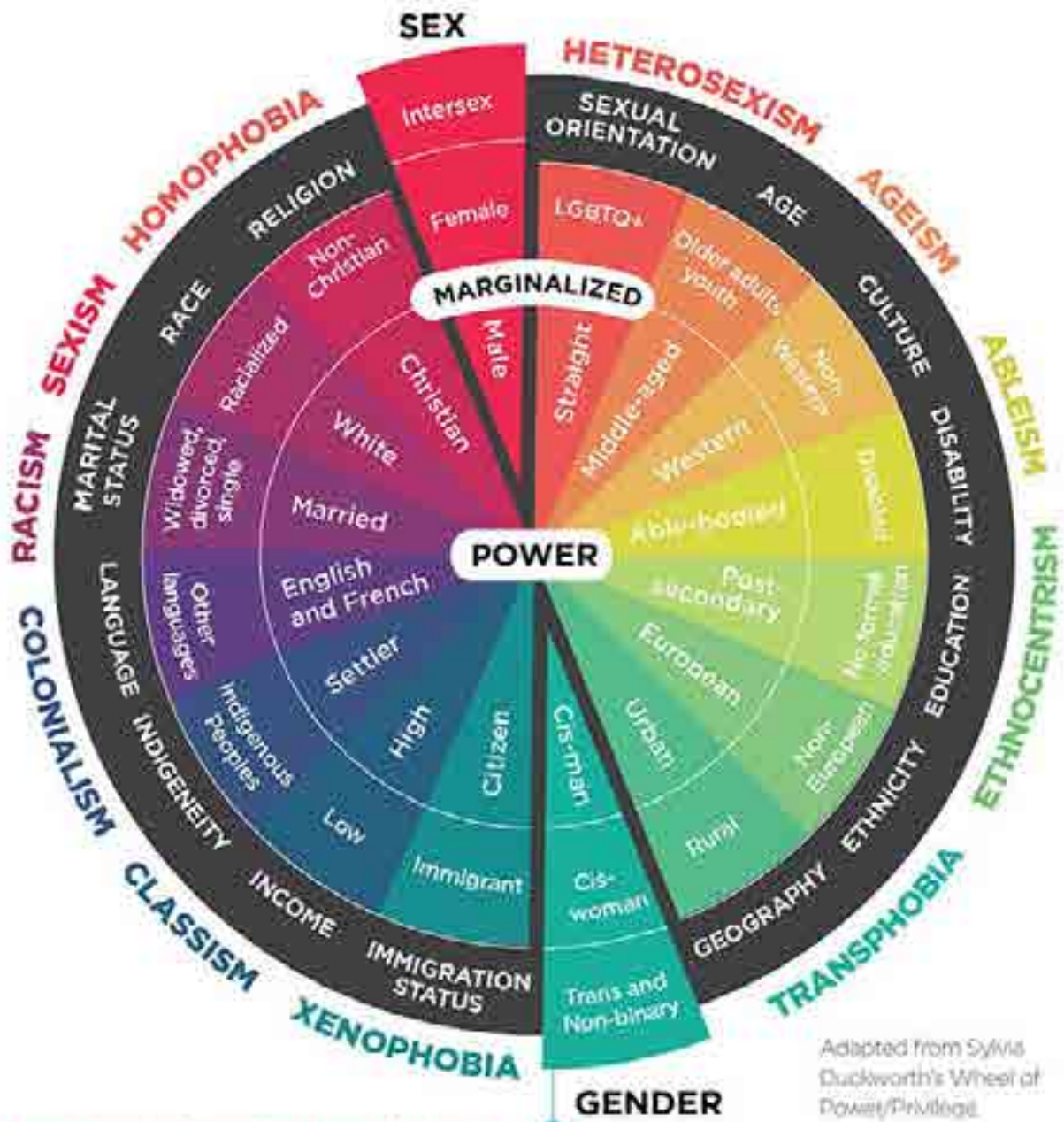
As our society moves towards a more inclusive and non-binary way of thinking, researchers should integrate intersectionality into their practices. A helpful place to continue learning about Intersectionality in health research is CIHR's two-part Meet the Methods series providing guidance on quantitative intersectional study design, primary data collection, and data analysis.¹⁵

The framework on the following page (created by the Canadian Institutes of Health Research, adapted from Sylvia Duckworth's [Wheel of Power and Privilege](#))¹⁶ here illustrates the intersectional nature of oppression, and how people are systematically marginalized from power and privilege. The framework is specific to a Canadian context.

¹⁴O. Hankivsky et al., "Exploring the promises of intersectionality for advancing women's health research," *International Journal for Equity in Health*, 9/1 (2010), <https://doi.org/10.1186/1475-9276-9-5>.

¹⁵CIHR Institute of Gender and Health, "Meet the Methods Series: Quantitative Intersectional Study Design and Primary Data Collection," *Canadian Institutes of Health Research*, 3/1 (2021), https://cihr-irsc.gc.ca/e/documents/intersectional-study-design-data-collection_EN.pdf.

¹⁶CIHR Institute of Gender and Health, "Meet the Methods Series: Quantitative Intersectional Study Design and Primary Data Collection."



Adapted from Sylvia Duckworth's Wheel of Power/Privilege.

Some gender identity terms include:

Agender	Genderfluid	Gender neutral	Transgender man
Bigender	Genderqueer	Non-binary	Transgender woman

This wheel can be used in conjunction with the Web of Oppression by J. R. Vanderwoerd, and the Canadian Research Institute for the Advancement of Women (CRIA-W-ICREF) [Intersectionality Wheel](#). The three of them expand outwards from aspects of identity that approximate people to power, to the systems of power that create and perpetuate conditions of marginalization, discrimination, and oppression. The Intersectionality Wheel includes an additional outer circle that identifies the institutions founded on these conditions, 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](#).

Reproductive Justice is illustrative of how intersectionality can be integrated into how we address issues concerning women's health. Seeded by a group of Black women in 1994, including Loretta Ross and the founders of Sister Song, Reproductive Justice is a term and movement that aims to identify and address inequities in access to:

- 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 communities¹⁷

Since its inception, the 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 intersectionality as its 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 accounting for how proximity to power and privilege influences how well our work can respond to inequities.

In the case of women's health research, the application of intersectionality could buttress the integrity of our equity-oriented practices and goals. Intersectionality invites us to reflect on "who is missing" from our inquiries and "why." It is an actionable guide toward inclusion.

BEYOND LANGUAGE

This guide was developed with the acknowledgment that gender inclusive women's 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 in our work...

- Language is important.
- Language is ever changing.
- Language differs across contexts and within communities.

¹⁷Sister Song, "Reproductive Justice," *Sister Song Women of Color Reproductive Justice Collective*, (n.d.), <https://www.sistersong.net/reproductive-justice>



Familiarity with social, structural, and systemic determinants of in/equity and in/justice is essential to taking gender-equity in language beyond “using the right words” Practically, it can involve challenging existing paradigms and practices through critical reflection on our own social location (e.g. positionality). The [Principles and Practices](#) section of this Guide will cover this in detail, but **for those interested in engaging now**, some useful resources include:

- The [Strategy for Patient-Oriented Research \(SPOR\)](#) has a [Reflective Exercise](#) available adapted from the Intersectionality Guide and [Intersectionality Reflection Workbook](#) by the Knowledge Translation Program. Both are valuable resources for integrating awareness of social determinants of health and researchers’ positionality into research priority setting, from project conceptualization to implementation.
- There are many other resources made available by organizations in BC that we have compiled in our [Library](#).

Thank you for coming along the evolving learning journey with us, to reflect on how we can move the gender binary and use language in women’s health research that includes cisgender women and girls and gender diverse people including but not limited to Two-Spirit, trans, non-binary, gender fluid, and agender people.





Example Scenarios

Using terms, concepts, and definitions concerning the experiences of people who face inequities due to their gender should be done with consideration, consultation and competence. Additionally, all language should be considered in the context of the three approaches to language (neutral, additive, anatomical).

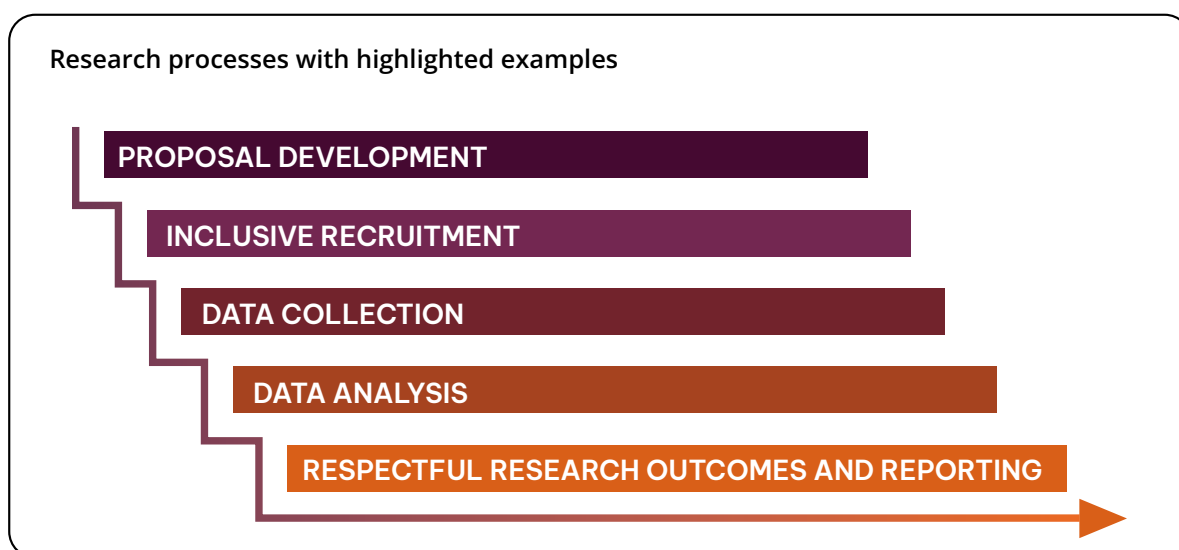
To demonstrate how terminology can be used to support inclusive women’s health research practices, this section includes example scenarios using a gender additive approach in:

- Proposal development
- Inclusive recruitment
- Data collection
- Data analysis
- Respectful research outcomes and reporting

Across these examples, we prioritized using terminology related to gender identity, 2SLGBTQIA+, QTBIPOC, and Queer in

part because of the number of inquiries we received about these terms from WHRI members. For a full list of terms, concepts, and definitions concerning the experiences of people who are gender diverse, which includes but is not limited to Two-Spirit, trans, non-binary, gender non-conforming, gender fluid, and gender creative, please see the Glossary ([Appendix A](#)). The glossary was created by prioritizing learning resources and references produced by gender diverse individuals and communities who embody and are most impacted by the phenomena described. That is to say that we prioritized learning resources and references created by the people impacted by gender-based inequities, rather than those created about them.

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





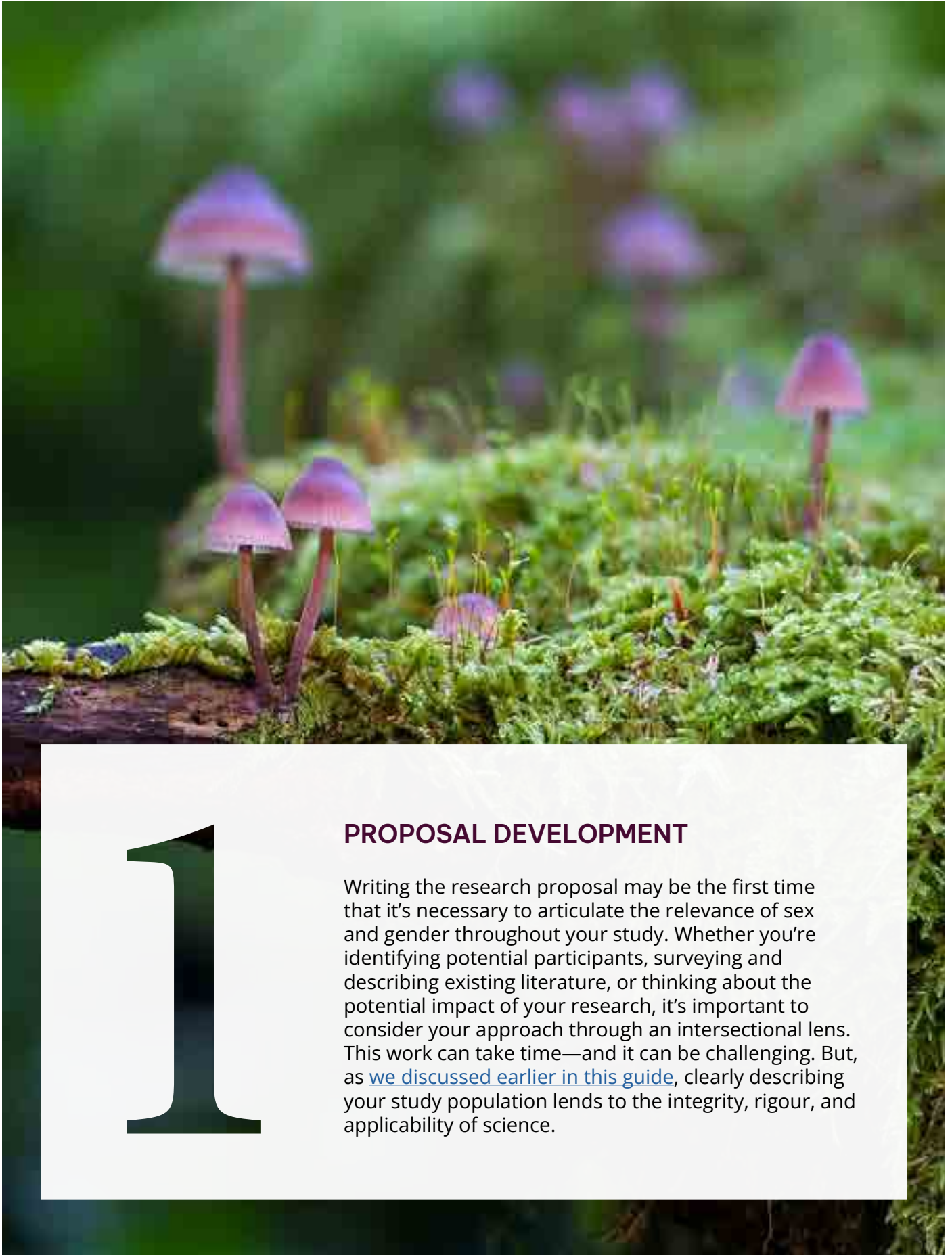
REMINDERS

The language used to define and describe experiences of gender-based inequities is subject to change. Language is contextual and must be considered intersectionally (in relation to other categories of difference beyond sex and gender). As understanding of experiences develops, so too will language.

Learning is an active commitment. It can feel burdensome to stay up-to-date and adapt our practices to emergent understanding of people's experiences and how to engage people experiencing gender-based inequities safely in research. 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]," emphasizing that "we are all learning" and that self-compassion is integral to nurturing resilience in learning.

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

It is always best to ask people the language they use to describe their own experience.



1

PROPOSAL DEVELOPMENT

Writing the research proposal may be the first time that it's necessary to articulate the relevance of sex and gender throughout 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 lends to the integrity, rigour, 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 women's 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-based determinants of mental and reproductive health. Ultimately, this activity strengthened their rationale.

Employing an **intersectional** lens, the team's study rationale explains how people Assigned Female at Birth (AFAB) with complex mental health conditions experience barriers to family planning resources, particularly when their gender identity is non-conforming (i.e., not cisgender). The team contextualize how cisgender women with complex mental health conditions experience discrimination when accessing family planning services and describe how gender diverse individuals experience compounding discrimination relative to their intersecting identities (i.e., not cisgender and mentally ill).

Altogether, the team agreed to propose a study that aims to engage people AFAB regardless of their current gender identity in their research. They clearly articulate how this decision will contribute to science and advance equity.

Expanding on terminology:

Intersectionality

A theory developed by Dr. Kimberlé Crenshaw during her Doctorate (1989) to identify and describe how oppressive systems and structures interact in the people's lives. The Combahee River Collective introduced the concept of interlocking systems of oppression, as a part of intersectionality.

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, dominance is established via binaries.

See [Binary](#)



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, 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 is investigating how the public health protections for COVID-19 impacted engagement in perinatal care and whether lower engagement was associated with higher incidence of induced labour and c-sections. The experienced research team includes 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 include an inclusion criterion based on participant gender identity, assuming that 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 should be eligible to participate in the study. This included cisgender women, trans men, gender non-binary and other gender diverse people Assigned Female at 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.

But they didn't stop there. The team also decided that if they were going to recruit postpartum gender diverse people into their study, that 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 and sex, including concepts, language, and respectful strategies for safe and meaningful inclusion.



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 are underrepresented in pregnancy-related health research and care priority-setting. 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:

Community Advisory Board

Community Advisory Boards are comprised of people with lived expertise related to particular health topics. They serve as a voice for the community and can contribute to various aspects of the research process insert citations.

See [Community Advisory Board](#)

Queer

A term that refers to the spectrum of non-heterosexual and/or non-cis gender people. Queer was once used as a slur and has since been reclaimed, however, not everyone may be comfortable with its usage and may identify themselves using additional umbrella terms (e.g., 2SLGBTQIA+) or by using additional identifiers (e.g., lesbian, non-binary).

See [Queer](#)



3

DATA COLLECTION

It is important to avoid prescriptive language in your data collection instruments. There are many guides available that can provide equitable and appropriate language for data collection, though 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, note the relevance of the data to your project.
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 is conducting a clinical trial focused on cardiovascular health. Prior research has shown that there is a strong association between biological sex and heart health—for example, biological differences among males and females mean that they face different risks for heart disease and stroke and can often present with different symptoms.¹⁸ Research has also shown that gender can contribute to heart health and outcomes, from societal differences among people of different genders (like income or caregiving responsibilities) to the way their symptoms and care are managed based on their gender presentation.¹⁹

Knowing these inequities persist, that data suggests two-thirds “of all heart disease and stroke clinical research has focussed on men”,²⁰ the team recruits all patients who have 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 ensures that their data collection instruments include questions related to both sex and gender, with options for participants to self-describe their **gender identity**.

¹⁸Heart & Stroke Foundation Canada, "System failure: Healthcare inequities continue to leave women's heart and brain health behind," *Heart & Stroke Foundation Canada*, (2023), https://issuu.com/heartandstroke/docs/h_s_women_s_report_february_2023?fr=sNGQ5NTUzMjYzODY

¹⁹Heart & Stroke Foundation Canada, "System failure: Healthcare inequities continue to leave women's heart and brain health behind."

²⁰Heart & Stroke Foundation Canada, "What we don't know is hurting women," (n.d.), <https://www.heartandstroke.ca/women>

What is your current gender?* Select all that apply:

*these questions and response options come from the [CGSHE Toolkit](#)

- | | |
|---|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Demiboy |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Neutrois |
| <input type="checkbox"/> Nonbinary | <input type="checkbox"/> Genderfluid |
| <input type="checkbox"/> Agender | <input type="checkbox"/> Genderflux |
| <input type="checkbox"/> Gender Neutral | <input type="checkbox"/> Something else/Prefer to self-describe: _____ |
| <input type="checkbox"/> Genderqueer | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Pangender | |
| <input type="checkbox"/> Bigender | |
| <input type="checkbox"/> Demigirl | |

What sex were you assigned at birth?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Something else |
| <input type="checkbox"/> Female | <input type="checkbox"/> 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)?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to say |

To make the data collection instruments more accessible, the team also prioritizes plain language. They include questions about **sex** (assigned at birth) and gender (identity) alongside questions about other intersections of identity, like race or socioeconomic status, to generate a clearer understanding of the ways that identity can contribute to cardiovascular health.

Note: Collecting 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:

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 [Gender Identity](#)

Sex

Biological attributes associated with being male, female, or intersex among humans and animals. Biological attributes include (but are not limited to): genitalia (gender assigned at birth), chromosomes, and hormones.

See [Sex](#)



4

DATA ANALYSIS

Like the other research processes we've described, thinking critically about equity and intersectionality throughout data analysis can reveal richer insights into your research questions. The following example scenario illustrates what this might look like in practice, and how it can help to move the needle toward better health for people in historically under-researched communities.

Let's share an example:

In an investigation concerning heart health among **2SLGBTQIA+** individuals, it was identified that Queer, Trans, Intersex, Black, Indigenous People of Colour (QTIBIPOC) experience high rates of heart disease related morbidity. Upon making this observation, the team consulted the knowledge base, and came to understand that these outcomes were associated with socio-historical stressors, including poverty and discrimination.

Given the unexpectedness of the observation, 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 **QTIBIPOC** experiences with heart health. The team reflected on the multifacetedness of peoples' relationships with the area/phenomenon of interest and decided to integrate intersectionality into their analytical approaches to generate results in alignment with anti-oppressive principles and commitments to justice, equity, diversity and inclusion.

In order to inform pathways toward addressing barriers to heart health among QTIBIPOC, the research team agreed to run more analyses with the QTIBIPOC data. Given their data collection included 2SLGBTQIA+ individuals, and their increased understanding of QTIBIPOC experiences was unexpected, the additional analyses were only able to inform recommendations for future research.

Had the team not employed an intersectional perspective in their analyses, they may not have made the observation that QTIBIPOC heart health requires further investigation. This is a valuable contribution to science.

Expanding on terminology:

QTIPOC/QTIBIPOC

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

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

See [QTIPOC/QTIBIPOC](#)

2SLGTBQIA+

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 [2SLGBTQIA+](#)



5

RESPECTFUL RESEARCH OUTCOMES AND REPORTING

Respectful research outcomes and reporting encompasses activities like developing your manuscript; dissemination, translation, and implementation; and planning subsequent activities or projects that build on the results of your work. Concluding your research project with the same care and commitment to inclusivity, equity, and intersectionality can affirm and support your participants and others who share their experiences or identities, while demonstrating the importance and impact of more representative and equitable research practice.

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 on 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 on care priority-setting, 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

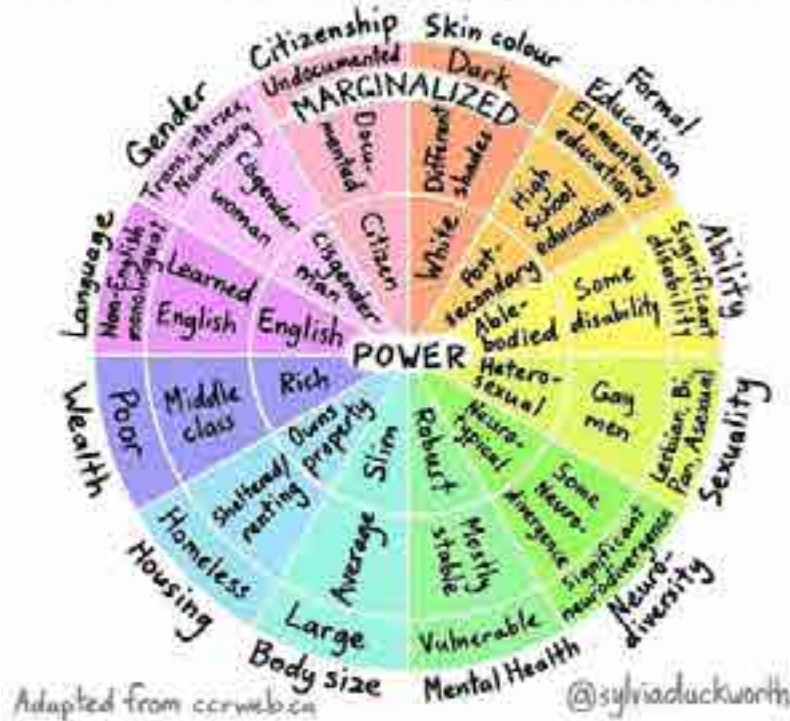
A term to describe people whose gender differs from the one assigned to them at birth.

See [Gender Diverse](#)

A long-exposure photograph of a starry night sky, showing numerous concentric circular star trails in shades of blue and purple. The trails are centered around a point in the sky, creating a spiral effect. The background is a deep blue, and the edges of the frame show dark silhouettes of trees.

Principles & Practices

WHEEL OF POWER/PRIVILEGE



REFLEXIVITY

Reflexivity is the practice of locating ourselves within research, social, and cultural contexts. Another way of referring to our location relative to power, culture, and identity/ies is *Positionality*.

As the people setting priorities throughout the research process, it is important to account for our proximity to power and privilege in our cultural status quo—relative to the identities we embody—shape how we search for, attribute, and value knowledge.

Reflecting on our Positionality builds accountability into our research processes, relationships, and outputs. It is through reflexivity that we can identify, acknowledge, and mitigate how our un/conscious biases and assumptions show up in our decision-making. And how those engaging with our outputs can recognize how we produced the research.

Because, as a researcher, your mind and your personhood are integrally involved in what you will accomplish, it is only with some honest reflection on these elements that you can ensure that the research products you generate are true to your purpose and become meaningful empirical contributions.²¹

As researchers, we hold much power in determining what merits being amplified. By locating ourselves relative to our research, we are better equipped to tend to biases and understand participants—important work in addressing phenomena of public health concern.

²¹S. Thorne, *Interpretive Description*, (Routledge, 2008), 64.

ACTIVITY

Prior to embarking on research, those conducting it should reflect on our positionality. This includes everybody on a research team, from the Lead to the Research Assistant, and Community partners. This activity is encouraged:

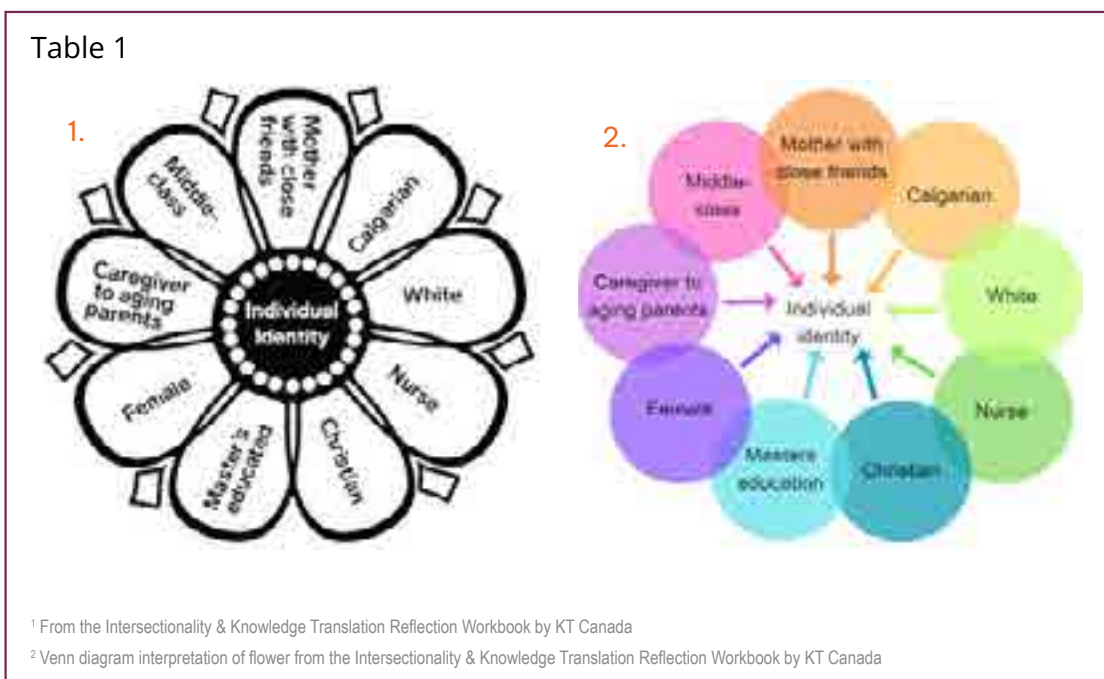
- To activate critical reflections on the knowledge we are producing, how we want it to be used, and who we want to benefit from it
- To align our research goals with anti-oppression, justice, and equity, we must account for biases throughout our work and its outputs

Reflexivity may or may not already be a part of your research practice. Its integration into our approach, from ideation through to the processes of our projects, is an important shift in standard research praxis. The practice itself is particular to each of us, given that it is anchored in our personal locations. So, 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](#) by KT Canada, a [SPOR Reflective Exercise sheet](#), and a peer-review article about the Social Identity Map.

In a notebook or a blank page, please write down a list of the identities and experiences you embody. Use this visual aid by Sylvia Duckworth 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 your race, your body type, your mobility, etc..

Although the visual on the previous page represents identities as distinct from one another, you may prefer to depict your identities in ways that represent how they intersect and make up your whole self. For example:



Once you have reflected on the identities you embody, consider how they approximate or distance you from privilege and power. Drawing on the individual represented in the table above (Table 1), an example of how her identities approximate her to privilege is access to healthcare. As a middle-class Calgary nurse, (1) her citizenship grants her the right to health care; (2) her job grants her benefits as well as knowledge of the healthcare system; and (3) her economic status grants her the ability to cover the cost of care that may only be partially covered, if at all.

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.²²:

- What are my hopes and desires for this research?
- What expectations and fears am I holding 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 the ways your positionality influences how you conceptualize what's important to ask in

your research, from research questions to data collection, and from data analysis to outcomes reporting and recommendations.

Then, reflect on your list of identities and experiences. Write down how your list shapes your thinking about the prompts.

- How are your hopes, desires, expectations, and fears influenced by your positionality?
- What is something you are noticing you will have to remain conscious of in terms of accountability to the people most impacted by the focus of your research?

Consider how you can account for these observations in how you set priorities, conduct your research, and who you engage in it. For example, you may acknowledge how your training as a women's health researcher may be informed by colonial perceptions of womanhood 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 to be undertaken during the ideation of research, it is beneficial at any and all stages, in particular to reflect on how the research is being undertaken and what is being observed.

²²S. Kirby & K. McKenna, *Experience, research, social change: Methods from the margins*, (Garamond Press, 1989).



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, including among those engaged in inquiry, affect who is involved, what gets measured and what gets reported.

Justice-oriented commitments encompass an array of approaches that reflect on and integrate accountabilities to systemic discrimination. In this way, they involve personal and professional commitments to aligning efforts toward diversity, equity, and inclusion with social justice aims. As such, Justice-oriented approaches are necessarily anti-oppressive, culturally safe, and trauma, and resiliency-informed. Accordingly, they emphasize the need for participatory, collaborative, and emergent methods.

ANTI-OPPRESSIVE RESEARCH

As previously described, access to power and privilege is determined by our social, structural, and systemic factors. To reiterate: distance from power and privilege translates to oppression, which maintains social disparities and health inequities.

Anti-oppressive practice was established in social work in acknowledgment of how people in “helping professions” have power over what the people they work with can access. Additionally, it recognizes how helping professions often operate with deficit-focused approaches, the assumption being that the professional has the expertise that their clients need to realize their full potential. Contrastingly, 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 and culturally safe 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 (Lavallée, 2014). It guides us toward critical self-reflection while seeking to understand which systems of oppression are relevant to their research question and study populations.²³ 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.²⁴

Overall, conducting anti-oppressive research is a commitment to recognizing and mitigating oppression in society.²⁵ By integrating anti-oppressive practices throughout research processes, we can generate knowledge and strategies for change that are responsive to persistent health inequities and in alignment with commitments to social justice.

²³A. Aqil et al., "Engaging in Anti-Oppressive Public Health Teaching: Challenges and Recommendations," *Pedagogy in Health Promotion*, 7/4 (2021), <https://doi.org/10.1177/23733799211045407>

²⁴K. Potts & L. Brown, "Becoming an Anti-Oppressive Researcher," in L. Brown & S. Strega, e.d., *Research as Resistance: Critical, Indigenous, & Anti-Oppressive Approaches* (Toronto: Canadian Scholars' Press, 2005), 260.

²⁵D. Coghlan & M. Brydon-Miller, eds., *The SAGE Encyclopedia of Action Research* (London: SAGE Publications Ltd., 2014).

CULTURALLY SAFE

Cultural safety and humility acknowledge the reality that in Canada, First Nations Peoples experience “a unique form of trauma” resulting from European colonization²⁶ and that these traumas do not reside in the past. Per the FNHA Anti-Racism, Cultural Safety & Humility Framework,²⁷ cultural safety and humility are defined as the outcome of respectful engagement that addresses power imbalances resulting in environments where people feel safe, and the process of self-reflection to understand biases necessary to establish and maintain respectful relationships (respectively).

A significant portion of the trauma experienced by First Nations Peoples includes the disruption and erasure of cultural identities, practices, worldviews, and systems of knowledge. For health research to be culturally safe, researchers must humble themselves to the notion that we hold much power in determining whether harmful practices are perpetuated or addressed, meaningfully. As such, our research must be constructed, developed, and conducted in ways that are appropriate

and accepted by those whose experiences are of research interest.²⁸

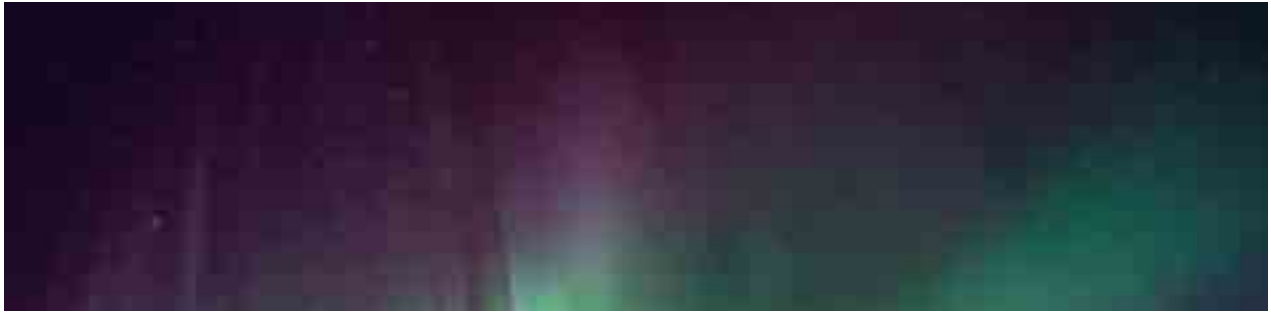
When researchers do not reflect on cultural humility, cultural safety cannot be attained because euro-centric colonial ideals and practices expose their participants to risk as the research may reinforce discriminatory perspectives and yield findings that inaccurately represent the experiences of the participants (Wilson & Neville, 2009). Utilizing community-engaged research approaches are imperative to avoiding these outcomes and conducting research in culturally safe ways. This means involving the community in decisions about how the research is conducted, and how data are analyzed and reported on (see: [OCAP Principles](#)).

Culturally safe research is necessarily trauma and resiliency-informed, equity-oriented, and anti-oppressive. Indeed, Indigenous perspectives have made significant contributions to the development of all three approaches.

²⁶First 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>

²⁷First 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>

²⁸D. Wilson & S. Neville, “Cultural safe research with vulnerable populations,” *Contemporary Nurse*, 33/1 (2009), 69-71, <https://doi.org/10.5172/conu.33.1.69>



EQUITY-ORIENTED

Research concerning health equity requires the generation, dissemination, and implementation of knowledge that address disparities and their social, structural and systemic roots. In this way, equity-oriented research acknowledges and addresses social determinants of health and is necessarily anti-oppressive.

The World Health Organization's Task Force on Research Priorities outlined a research agenda on equity and social determinants of health in 2010.²⁸ Since then, global efforts have been made to move beyond research that investigates and 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). This paradigm shift has a mutually beneficial relationship with community-based and participatory research methods. The involvement of those most impacted by the inequities under investigation in research leads to outcomes with real-world application.

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



²⁸P. Östlin et al., "Priorities for Research on Equity and Health: Towards an Equity-Focused Health Research," *PLoS Med*, 8/11 (2011), <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.

Directly or indirectly, research may focus on traumatic experiences or events. It is nearly impossible to know whether participants have experienced trauma related to our research or whether it may activate a trauma response. Therefore, it is good practice to assume you will have contact with people who have experienced and/or are experiencing trauma. It is important to analyze your research with a trauma perspective to then implement trauma-informed practice in interaction with your research participants.²⁹ 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”.³⁰

As we strive to be more trauma-informed, it is important to work toward a basic understanding of trauma and to recognize that people and systems are resilient. In this context, we prefer to talk about Trauma and Resiliency-Informed Care as it pertains to the organizational adoption systems and highlight of this model. Following the SAMSHA model, there are Six Guiding Principles of Trauma-Informed Care six key principles:

1. Safety
2. Trustworthiness and Transparency
3. Peer Support and Mutual Self Help
4. Collaboration and Mutuality
5. Empowerment, Voice, and Choice
6. Cultural, Historical, and Gender Issues³¹

Trauma and resiliency informed research considers how the language used in participant engagement can trigger trauma responses, and build in safety procedures to improve people’s experiences with research. This can look like providing caveats about eligibility criteria, offering support resources after engagement, etc..

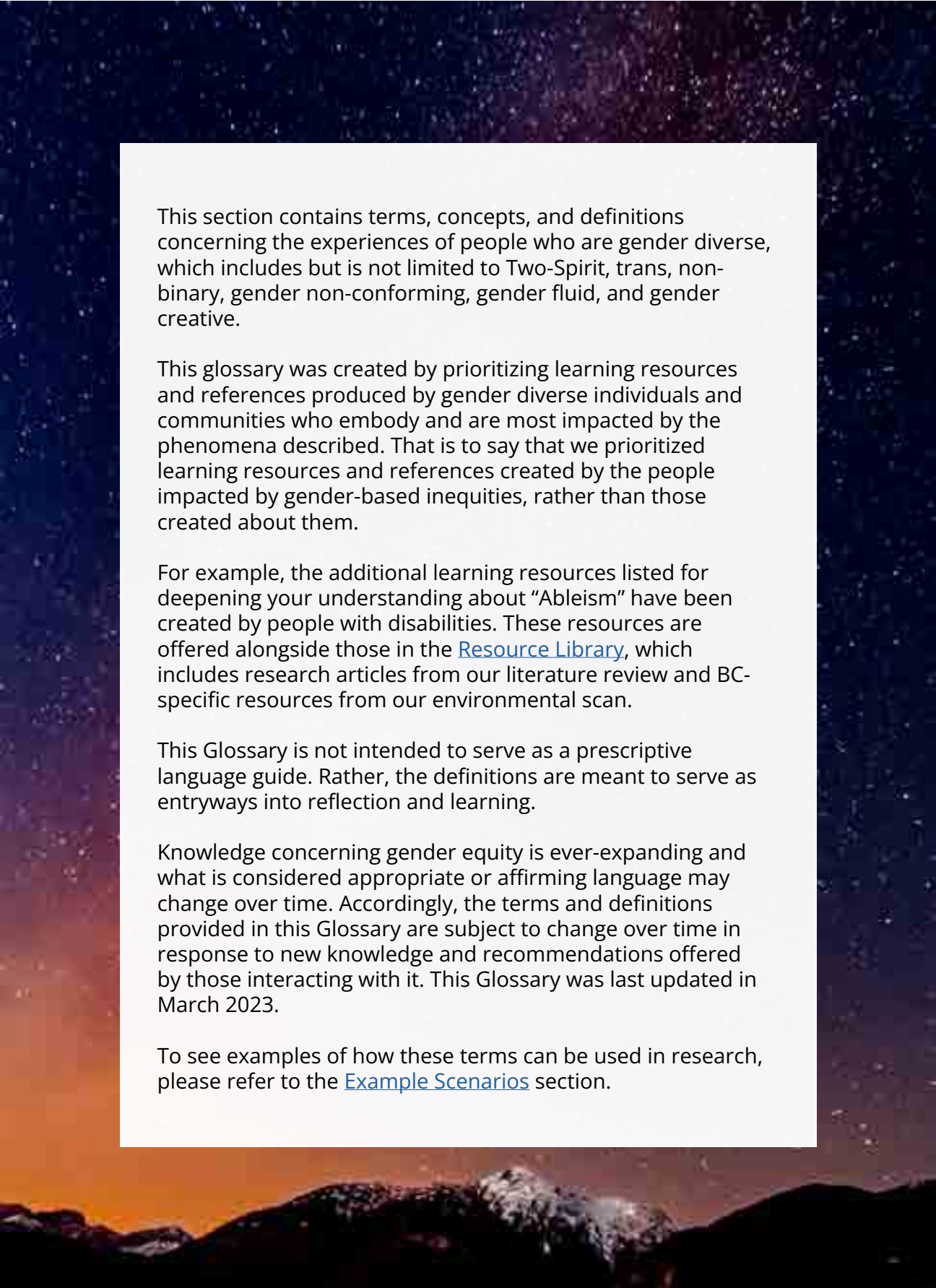
²⁹E. Smeaton, "Trauma and trauma-informed researchers," *The Social Research Association*, (n.d.), <https://the-sra.org.uk/SRA/SRA/Blog/Trauma%20and%20trauma-informed%20researchers.aspx>

³⁰J. Carello & L.D. Butler, "Practicing What We Teach: Trauma-Informed Educational Practice," *Journal of Teaching in Social Work*, 35/3 (2015), 156, <https://doi.org/10.1080/08841233.2015.1030059>

³¹SAMHSA's Trauma and Justice Strategic Initiative, "SAMHSA's concept of Trauma and Guidance for a Trauma-Informed Approach," *Substance Abuse and Mental Health Services Administration*, (July 2014), <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>



Appendix A: Glossary



This section contains terms, concepts, and definitions concerning the experiences of people who are gender diverse, which includes but is not limited to Two-Spirit, trans, non-binary, gender non-conforming, gender fluid, and gender creative.

This glossary was created by prioritizing learning resources and references produced by gender diverse individuals and communities who embody and are most impacted by the phenomena described. That is to say that we prioritized learning resources and references created by the people impacted by gender-based inequities, rather than those created about them.

For example, the additional learning resources listed for deepening your understanding about “Ableism” have been created by people with disabilities. These resources are offered alongside those in the [Resource Library](#), which includes research articles from our literature review and BC-specific resources from our environmental scan.

This Glossary is not intended to serve as a prescriptive language guide. Rather, the definitions are meant to serve as entryways into reflection and learning.

Knowledge concerning gender equity is ever-expanding and what is considered appropriate or affirming language may change over time. Accordingly, the terms and definitions provided in this Glossary are subject to change over time in response to new knowledge and recommendations offered by those interacting with it. This Glossary was last updated in March 2023.

To see examples of how these terms can be used in research, please refer to the [Example Scenarios](#) section.



TERMINOLOGY

In acknowledgment of the complexity and diversity of lives, this Glossary includes terms that describe intersecting identities and experiences. The resources referenced under “to deepen your understanding...” are specific to the term/concept and created by peoples who embody them. That’s to say that we favoured references generated by the people impacted, rather than those created about them.

Example scenarios are provided after the Glossary and are hyperlinked throughout for reference.

Finally, 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...

- Creating Accessible Neighbourhoods 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. [InclusionBC](#) has a virtual learning series available

AFAB & AMAB

Assigned Female At Birth (AFAB) and Assigned Male At Birth (AMAB) are acronyms that acknowledge that gender is normatively assigned at birth based on external sex organs, and that the gender assigned may not reflect a person's current gender.

- 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+
-

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 Visibility & 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. The use of this name is misgendering and inappropriate. People may also refer it as their “legal name.” Unacceptable terms include “dead name,” “birth name,” or “real name.”

- See: AFAB & AMAB

B

Binary/-ies

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, 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 who is the same gender as the one assigned to them at birth. A term that identifies people who are not trans.

- 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 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

Cissexism

The discriminatory beliefs and practices that favour cisgender people and marginalize 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

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 femmefemmefemme isn't and what it is](#)"

G

Gender

The social construction of 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 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 diverse

A term to describe people whose gender differs from the one assigned to them at birth.

- 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 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...

- [Declaration of the Rights of Indigenous Peoples Act](#)

Indigenous & Indigeneity

The term Indigenous recognizes Indigeneity as being from and belonging to the land. v

- See: Colonization, Decolonization

To deepen your understanding...

- [Research is Ceremony](#), book by Shawn Wilson

Intersectionality

A theory developed by Dr. Kimberlé Crenshaw during her Doctorate (1989) to identify and describe how oppressive systems and structures interact in the people's lives. The Combahee River Collective introduced the concept of interlocking systems of oppression, as a part of intersectionality.

- 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
-

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.

- 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 Mistake 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

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
-

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

QTIBPOC/QTIBIPOC

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

The term QTBIPOGM (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](#)

To deepen your understanding...

- [QTIBPOC Youth Road Map](#) by Qmunity
- “I’m embracing the term ‘People of the Global Majority’” by Daniel Lim

Queer

A term that refers to the spectrum of non-heterosexual and/or non-cis gender people. Queer was once used as a slur and has since been reclaimed, however, not everyone may be comfortable with its usage and may identify themselves using additional umbrella terms (e.g., 2SLGBTQIA+) or by using additional identifiers (e.g., lesbian, non-binary).

- See: 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 (but are not limited to): genitalia (gender assigned at birth), chromosomes, and hormones.

- See: Cissexism, Gender binary, Sexism
-

Sexism

The belief and systems of oppression that maintain one sex is superior to others.

- See: Binary, Cissexism
-

SOGI

An acronym that denotes: Sexual Orientations and Gender Identities. 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 gender assigned to them at birth.

- See: Binary, Cissexism, other terms under “Gender”
- See Example Scenarios: [Respectful Research Outcomes & Reporting](#)

To deepen your understanding...

- The Trans Language Primer [guide](#)
 - The Canadian Centre for Gender and Sexual Diversity provides resources, including a [Trans Resources](#) category
 - The Transgender 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
 - Transgender Archives at the University of Victoria
 - Trans Connect
 - [National Centre for Transgender Equality](#)
 - [Sherbourne Health](#)
 - [Trans Pulse](#)
 - World Professional Association for Transgender Health
 - [Chair in Transgender Studies](#)
-

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](#)
-

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 Laramée 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”

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: Resource Library

In addition to the community based references in the glossary, here we include resources from health research and care organizations. Specifically, these were identified through our literature review, and meant to characterize our local (BC) context.

This Resource Library is accessible via the following google-drive link (copy and paste) or click on the hyperlink: https://docs.google.com/spreadsheets/d/1X6mVN0HD35cxHvsbw3Z1S03yz4ORsS6NgCtmwBBjS_U/edit?usp=sharing.

The resources are divided into three sections:

1. Organizational and project specific resources including training, presentations, editorials and projects;
2. Social Sciences publications; and
3. Health research publications.

We anticipate this google sheet to change over time. If you have suggestions or contributions you would like included, please email Nicole.Prestley@cw.bc.ca.





Appendix C: References

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