


# Understanding and Addressing Systemic Barriers Faced by 2SLGBTQIA+ Populations

Presenter:  
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CAOT Professional Development  
Practice Evidence Webinar  
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## Outline

- Differentiating sex, gender and sexual orientation
- Understanding systemic barriers and systems of power
- Our role in supporting 2SLGBTQIA+ clients and addressing systemic barriers
- Occupation-based joy and resilience within the 2SLGBTQIA+ community

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## Land Acknowledgement



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## Learning Objectives

1. Understand and differentiate between gender, sex and sexuality, including basics of inclusive language.
2. Identify and understand systemic barriers (policies, practices or procedures) that impact 2SLGBTQIA+ populations.
3. Explore ways that occupational therapists can take actions to address systemic barriers faced by 2SLGBTQIA+ populations.

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## Positionality



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## Positionality

- Occupational therapist (2019)
  - Private practice MH
  - Acute care
  - Home & community care
  - Non-clinical PPL (CAOT)
- PhD Candidate
  - *“An exploration of 2SLGBTQ+ Indigenous peoples’ experiences of occupational possibilities and engagement”*

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## What Are 2SLGBTQIA+ Identities?

- Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and more (+)
- Each 'letter' represents a term or label that some people may identify with
- It is crucial to consider intragroup differences
- The intersectional experiences of those within the community create unique social positions based on systems of power (Crenshaw, 1989; Collins & Bilge, 2020; Gopaladas, 2013; Hankivsky, 2014)

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## 2SLGBTQIA+

- Example: A queer non-binary person will have different needs and face different barriers than a cisgender lesbian
- A gay Black man will encounter different systemic barriers than a white transwoman
- Though all may be included in the 2SLGBTQIA+ community
- This is the importance of an intersectional lens

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## A Note About The '2S'

- Two-spirit
- Colonization systematically enforced sex and gender binaries that altered roles, community structures and occupational engagement (Pride Education Network, 2011)
- An identity that only Indigenous peoples can claim, however not all 2SLGBTQIA+ Indigenous peoples identify as 2S
- Importance of sociohistorical context (e.g., community-specific language, meanings, roles)

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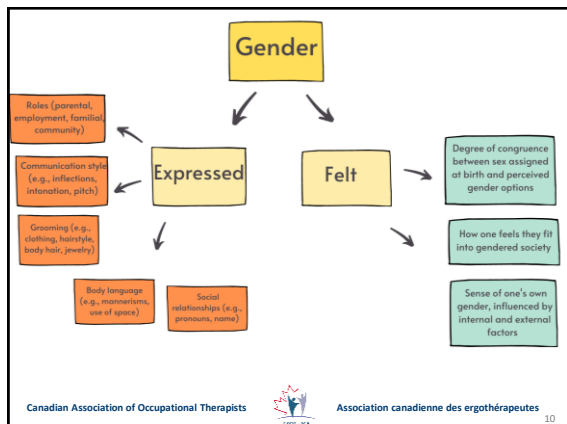
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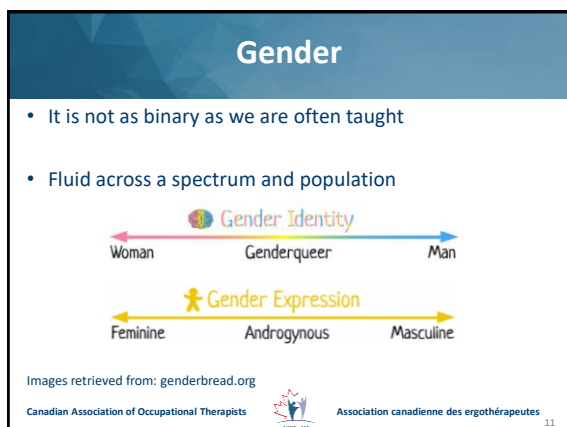
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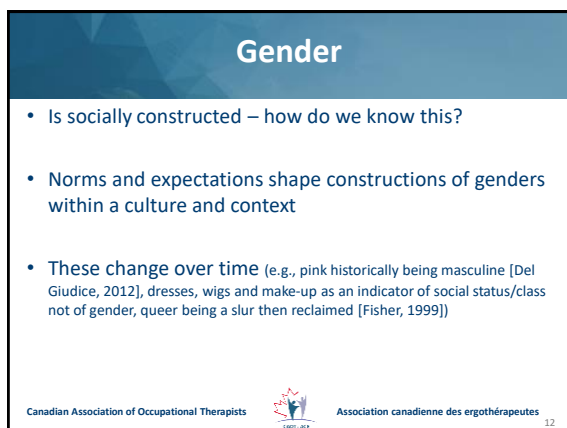
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## Gender

- Cis = 'same side' 
- Trans = 'across'
- Gender assigned at birth may or may not match gender identity
- But, incongruence does not inherently mean someone is transgender

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## Cisgender

- Cis = 'same side' 
- Gender assigned at birth mostly matches felt and expressed gender identity
- There can be incongruence for cis people too (e.g., uncomfortable with breast size/shape, body/head hair, voice pitch, body size)

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## Transgender

- Sex assigned at birth does not match felt and expressed gender
- Ftm, mtf, non-binary 
- Social, medical or no transition\*
- Transitioning is not an indicator of 'transness'
- Gender dysphoria is not a requirement to be transgender or to access gender-affirming care

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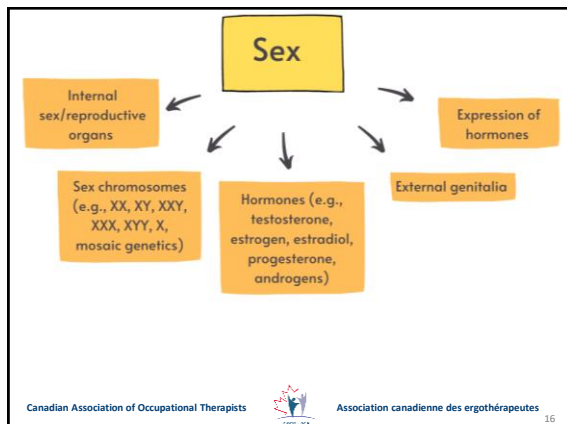
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### Sex

- Also not as binary as we are taught
- Is more of a spectrum of how all five components express and intersect (Sizonenko, n.d)
- There are as many intersex people as there are people with green eyes or red hair! (Carman et al., 2020)

The slide features a blue header with the word 'Sex'. Below it, three bullet points discuss the non-binary nature of sex, its spectrum-like expression, and the prevalence of intersex people. A rainbow spectrum arrow is positioned below the text. At the bottom, there are logos for the Canadian Association of Occupational Therapists and the Association canadienne des ergothérapeutes, along with the number 17.

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### Sex

- People have different combinations of these components
- So while sex is 'assigned at birth,' it also changes as hormones and chromosomes are expressed as we age (Sizonenko, n.d)
- We cannot know someone's sex (or gender) by looking at them

The slide features a blue header with the word 'Sex'. Below it, three bullet points explain that sex is not binary, it changes over time, and it cannot be determined by appearance. A rainbow spectrum arrow is positioned below the text. At the bottom, there are logos for the Canadian Association of Occupational Therapists and the Association canadienne des ergothérapeutes, along with the number 18.

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graph TD; Sexuality[Sexuality] --> Physical[Physical attraction]; Sexuality --> Emotional[Emotional & intellectual attraction]; Sexuality --> Sexual[Sexual attraction];
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- Our 'orientation' towards others
- Different types and combinations
- Can change across our lifetime

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### Sexual Orientation

- Heterosexuality is often the assumed norm, leading to non-heterosexual people to frequently encounter microaggressions and having to 'come out'
- Remember that heteronormativity is a system of power that influences a lot of understandings (and assumptions) about sexuality
- We must question our internalized assumptions and biases about sexuality

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### Barriers

- Attitudinal
- **Systemic / organizational**
- Physical / environmental
- Communication / information
- Technological

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### Systemic Barriers

- "...Policies, procedures or practices that unfairly discriminate and can prevent individuals from **participating** fully in a situation" (Ontario's Universities Accessible Campus, 2017)
- Systems of power - cisnormativity, ableism, heterosexism, patriarchy, ageism, colonization, white supremacy, classism...
- This can be enacted through pathologizing, criminalizing, imprisoning, social/familial rejection, police raids, blood bans, classifications of kin

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### Systemic Barriers

Consider the role systemic barriers such as heterosexism, ableism and cisnormativity play in terms of who does the following, and how:

- Gender affirming haircuts
- Hair transplant
- Use of Viagra
- Breast augmentation
- Mastectomy
- Botox
- Padded bras
- Chest binders
- Makeup
- IVF/fertility treatments
- Hair removal
- Legal name change

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### Where Barriers Are Encountered

- Social participation (e.g., inclusion, safe spaces, microaggressions)
- Identification (e.g., legal name, gender marker)
- Health care (e.g., identity affirming and evidence-based care)
- Media / cultural representations (e.g., popular media, news)
- Employment (e.g., hiring practices, mentorship, work culture)
- Housing (e.g., access, security, safety)
- Lawful and political protections (e.g., criminalization according to gender expression and sexual orientation)
- Extended health benefits (e.g., IVF, parental leave)

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## So, What Can We Do?

- **Allyship**
  - Reflective practice into our own assumptions, biases and understanding
  - A **practice** of unlearning and relearning
- **Advocacy**
  - Public support, educating and actioning toward change
  - A **process** of actions and efforts
- **Accomplice**
  - Using one’s own position, power and privilege to dismantle barriers and create spaces of inclusion, equity and safety

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## Allyship

- Building and supporting positive, affirming relationships with clients
- Largely about openness to learning and seeking knowledge and exposure to new information
- Enacting this learning by advocating

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## Advocacy

- Utilize your sphere of influence to recommend changes to policies and procedures
- Review assessments and intake forms, pronouns/names used, gender-neutral language to mitigate micro-aggressions
- Displaying signs and symbols of awareness and inclusivity

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### Advocacy

- Safe spaces for clients to participate in assessments and interventions (e.g., privacy, clothing options, name used, pronouns)
- In-service to educate staff about appropriate language
- Review the policies about who is considered 'family' and ability to contact the client's preferred people
- Review procedures – are functional assessments perpetuating assumed identities and norms? Are the questions asked inherently gendered, ableist or assuming sexual orientation?

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### Advocacy

- Are the resources offered to clients and families appropriate? (e.g., sexual activity after hip or knee replacement only showing positions for penis-in-vagina [PIV] intercourse)
- Remembering that systemic barriers are ones that impact the ability to fully participate in a situation
- Workplace discourses – Is there acknowledgement, acceptance or celebration of 2SLGBTQ+ identities?
- Is there representation at a leadership level, involved in decision making and planning for implementation of policies/procedures?

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### Accomplice

- Using your safety and privilege to challenge existing conditions that maintain marginalization for others
- Risking your own comfort
- Uncomfortable ≠ unsafe (but pick your battles)

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## Accomplice

- Intent ≠ impact
  - Good intentions don't always have good impacts
  
- Being accountable for the impact of our words and actions
  
- Apologizing, learning and doing differently next time

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## 2SLGBTQIA+ Joy and Resilience

- “Having a student tell me how accepted my proud queerness (as a prof) made them feel in OT”
  
- “Looking at my new chest after an oncological mastectomy and realizing it was gender affirming”
  
- Consider –What are your client’s protective factors and how can you include their sources of joy in their care?

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## Takeaway Messages

- Differences in sex, gender and sexual orientations position people uniquely in relation to systemic barriers
  
- Engaging with the systems of power in ways to disrupt and dismantle them is the most effective long-term strategy (policies, procedures, practices)
  
- Supporting 2SLGBTQIA+ clients requires not only addressing challenges but also celebrating their joy and drawing on their protective factors and resilience

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**Questions?**

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