Title: Being Responsive: Promoting LGBTI Health and Well-being. Journal of Clinical Nursing

Authors: Moorley C1, Johnson J2 and Neville S3

Department of Adult Nursing and Midwifery Studies, London South Bank University UK 1

Office of the Vice –President, Research, Simon Fraser University, Canada2

School of Clinical Sciences, Auckland University of Technology3

In the past decade there has been considerable positive change regarding the civil rights and liberties of those from lesbian, gay, bisexual, transgender and intersex (LGBTI) communities. For example, the decriminalisation of homosexuality, the recent recognition of marriage and civil partnerships in some European, American and North and South American and Australasian countries, as well as the passing of anti-discriminatory laws that support equality. While these positive changes are welcomed there are areas that remain a challenge for LGBTI individuals and communities. A recent blog by Johnson (2015) in Lavender Health (an LGBTQ online resource centre) explained how the holiday season could be particularly difficult as there remains personal prejudices that can lead to fear of identifying as LGBTI. This can mean LGBTI individuals may feel excluded from joining family celebrations due to lack of recognition and acceptance of lifestyle and partnerships. Importantly, while the law promoting LGBTI rights are being enacted, the devolved policies that collect data, inform treatment and care of such individuals and communities are lagging in the health and social service sectors including places where nurses work. Consequently, there is an opportunity for those who promote, advocate and champion LGBTI rights to contribute to how we can approach and support LGBTI health and well-being in a way that meets the needs of individuals and communities.

The move to recognise LGBTI communities in developed and western countries is not echoed across the globe. For example, in some parts of the world, homosexuality is still considered unlawful and can incur the death penalty. Discrimination aimed at LGBTI communities can and does lead to poor health and well-being outcomes. Consequently, LGBTI people experience poorer health and well-being when compared to those from non-LGBTI backgrounds (Kates *et al.* 2015). While some countries have made significant and positive moves toward acceptance of the LGBTQI community there continues to be overt and covert instances of homophobia and transphobia. While sexual behaviour in some LGBTI groups account for the disparities in health (Wolitski *et al.* 2008), the discrimination and stigma that are derived from the societal and structural inequalities also contribute to the way LGBTI health and social services are recognised, planned and delivered.

It is important to understand how identifying as LGBTI can impact on an individual’s health and well-being. Health care professionals, including nurses, need to recognise that those of us who identify as LGBTI are diverse in terms of age, ethnicity, culture, socioeconomic status and country of origin. These diverse characteristics contribute to the way health and social services are perceived, accessed and delivered by people identifying as LGBTI. In working with consumers of health and social services we need to pay careful attention to the way these socio-cultural locations intersect.

A focus on LGBTI health and well-being challenges health care professionals to consider the ways health and social service systems apply heteronormative categories to individuals by assuming everyone is heterosexual unless otherwise stated (Neville & Henrickson, 2010). For example, screening forms often contain questions that LGBTI people do not relate to. Not everyone identifies as male/female or as single/widowed/divorced. Even if consumers identify as LGBTI, health and social service providers may tend to respond as though to a homogenous group, rather than recognising and responding to the evident diversity that exists within individuals, as well as across communities. Examples include, transgendered women may identify as lesbian, straight or neither; individuals who are intersex may also choose to identify as male, female, or neither. In addition, the conceptualisation of family is also challenged, as there are multiple socio-cultural combinations that exist within LGBTI families. These combinations include LGBTI children and heterosexual parents, LGBTI parent(s) and heterosexual children and LGBTI couples with no children (Neville & Henrickson, 2009).

Increasingly, members of LGBTI communities are rejecting categorisation all together, choosing pronouns other than he/she and challenging the categories that have long been used. As health and social service practitioners we need to be attuned and sensitive to the ways in which our assumptions and use of particular categories may discount and negate important dimensions of peoples’ lives. LGBTI consumers are well-tuned to the nuances associated with the rhetoric associated with health and social service provision when seeking information and will only respond if they think their responses will be respected, heard and acted on (Neville & Henrickson, 2009).

The health and well-being of LGBTI communities matters to all of us. It is sometimes assumed that it is those who are part of these communities that are best positioned to address and champion pertinent health and well-being issues. While “insider” perspectives and understandings are important, those “outsiders” (people who don’t identify as LGBTI) can find it difficult to engage with LGBTI communities. The scholarship within this special issue serves to benefit LGBTI communities by breaking down barriers, challenging homophobia and heterosexism, as well as providing health and social service providers with ideas that will translate into the provision of inclusive, safe and appropriate services.

This special issue on LGBTI health has exceeded our expectations in terms of quality, diversity of topics presented and methodologies used. We were inundated with a broad range of manuscripts from across the globe giving this special issue a truly international flavour. Some of the papers in this special issue demonstrate the crucial role nurses have in providing culturally congruent LGBTI care that ranges from working with youth, to those who are at the other end of the ageing continuum, and people living with mental health and other issues. These papers identify that LGBTI identities are complex. An aim of this special issue was to bring together scholarship that contributes to improved understanding, knowledge and skill development in health professionals, including nurses, about LGBTI care needs, and in terms of LGBT we feel we have achieved this objective. Unfortunately no manuscripts were received related to intersex health and well-being, highlighting the invisibility of this group of people. However, we are delighted to be able to offer several articles that relate to people identifying as transgender. We hope that this special issue will support nurses to challenge heterosexist and homophobic service provision including the addition of LGBTI health and well-being issues into nursing curricula.

Finally, we would like to acknowledge and thank the reviewers, many of whom identify as LGBTI. Engaging LGBTI reviewers in the review process further gives the articles included in this special issue legitimacy. Consequently, nurses as well as other health and social service providers, can feel confident that key recommendations identified in the articles will be meaningful to LGBTI communities.

References

Johnson M (2015) *Resiliency during the holidays.* Retrieved from: <http://lavenderhealth.org/2015/12/18/resiliency-during-the-holidays-my-tale/>

Kates J, Ranji U, Beamesderfer A, Salganicoff A & Dawson L (2015). *Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S.* The Henry J. Kaiser Family Foundation , California USA. Retrieved from: http://kff.org/disparities-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s/

Neville S & Henrickson M (2010) ‘Lavender retirement’: A questionnaire survey of lesbian, gay and bisexual people’s accommodation plans for old age. *International Journal of Nursing Practice* 16,586-594.

Neville S & Henrickson M (2009) The constitution of ‘lavender families’: A LGB perspective. *Journal of Clinical Nursing* 18(6), 849-856.

Wolitski R, Stall R & Valdiserri R (2008) *Unequal Opportunity: Health Disparities Affecting Gay and Bisexual Men in the United States.* Oxford University Press, New York.