

Introduction to LGBT Health

Muskoka Pride Conference

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Myths

1. People choose to be LGBT
2. You can always tell if someone is LGBT
3. LGBT people are more promiscuous than straight people
4. The majority of pedophiles are gay, lesbian and bisexual
5. Lesbians do not need Pap smear test
6. All LGBT people are able bodied
7. Bisexuality is a phase
8. Gay men are responsible for HIV/AIDS

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Diversity within LGBT Communities



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Human Rights for LGBT people in Canada

- 1969 Consensual sex between same sex adults removed from Criminal Code of Canada
- 1973 Homosexuality no longer classified as a mental illness
- 1974 Gays and lesbians permitted as immigrants to Canada
- 1977-98 Territories/provinces prohibited discrimination on basis of sexual orientation (Ontario in 1986) **Trans?**
- 2003 Ontario legalized same sex marriage
- 2005 Canada opens doors to LGBT marriage and immigration

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Because LGBT health matters



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Quiz: Find the preferred / correct definition for the term on [each page](#)

Time: 10 mins

Terms	Answer	Definition
1. Queer	A	A traditionally derogatory and offensive word for LGBT people. Many LGBT people have reclaimed this word and use it proudly to describe their identity.
2. Two-Spirit	B	A person whose gender identity is different from his or her biological sex, regardless of the status of surgical and hormonal gender reassignment procedures. Often used as an umbrella term to include transsexual, transgender, cross dresser, and two-spirit and more people.
3. Transgender	C	A word traditionally used as a derogatory term for lesbians including terms like 'lezbo', 'lezbo', 'but dyke', 'diesel dyke' and 'dick'. Many women have reclaimed these words and use it proudly to describe their identity.
4. Transsexual	D	A term for non trans identified person. It is used to describe a person whose gender identity or gender presentation is consistent with their assigned sex.
5. Cis gender	E	An English term coined to reflect specific words used by First Nations people for those in their cultures, who are non-indigenous, whose traditional or contemporary...

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Answers: Find the preferred / correct definition for the term

- 1 A
 - 2 E
 - 3 B
 - 4 F
 - 5 D
 - 6 C
 - 7 H
 - 8 I
 - 9 K
 - 10 J
 - 11 G
 - 12 N
 - 13 M
 - 14 P
 - 15 Q
 - 16 R
 - 17 O
 - 18 U
 - 19 S
 - 20 T
- Score...../20

Definitions

SEXUAL ORIENTATION

- Lesbian
- Gay
- Bisexual
- Heterosexual
- Homosexual
- Queer
- Two spirit

GENDER IDENTITY

- Transsexual
- Transgender
- Transwoman
- Transman
- Genderqueer
- Intersex
- Biological sex
- Two spirit
- FTM/MTF
- Transition
- Cisgender

OTHER TERMS

- Homophobia, biphobia, transphobia
- Heterosexism
 - Coming out
 - Questioning
 - WSW/MSM
 - Outing

Sexual Orientation and Gender Identity

"Normal" Male		"Normal" Female
Biological Sex (anatomy, chromosome, hormones)		
Male	Intersex	Female
Gender Identity (psychological sense of self)		
Man	Two-spirit/third gender	Woman
Gender Expression (communication of gender)		
Masculine	Androgynous	Feminine
Sexual Orientation (erotic response)		
Attracted to women	Bisexual/asexual	Attracted to men

LGBT Health Issues

- Most health needs are the same, but require a shift in context
- Being LGB or T is not genetically or biologically hazardous
- Stigmatization and marginalization (the impact of homo/bi/transphobia and heterosexism) are the primary reasons for the health disparities in the LGBT communities
- Some health needs are unique to LGBT populations

Mental Health



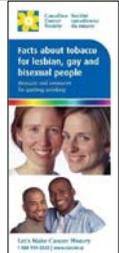
- Higher rates of mood disorders
 - Depression (31% Gay Bi vs. 10.2% hetero men)
 - Anxiety (15% Lesbian Bi vs. 4% hetero women)
 - Panic attacks (18% Gay Bi vs. 4% hetero men; Cochran and Mays, 2003)
- Depression/Anxiety-higher rates directly related to stress and the expectation and experience of discrimination (Dean 2000/Meyer 2003)

Tobacco and Smoking

- LGBT people smoke at higher rates than heterosexuals

Specific health risk:

- Smoking increases the risk of blood clots in trans women who take estrogen



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Alcohol and Drug Use

Lesbian/bisexual women (*Compared to heterosexual women*):

- More alcohol-related problems (McKirnan, 1989; Wilsnack 2008)
- Heavier alcohol use (Aaron, 2001)
- Greater lifetime rates of marijuana (24-36%) (Skinner 1994, 1996), cocaine (39%) and other illicit drugs (Cochran, 2004)

Gay and bisexual men (*Compared to heterosexual men*):

- Greater lifetime use rates of cocaine (37%) (Cochran 2004), marijuana (18-37%) (Skinner 1994), MDMA (ecstasy), methamphetamine, poppers (Stall 2005; Cochran 2004)
- Alcohol use rates similar to heterosexual men (Drabble 2005)

Stress of coming out, transitioning, discrimination; Self-medication for depression, isolation; Social life often centres around the bar scene

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Violence and Trauma

- Physical violence; "gay-bashing"
- Compared with heterosexuals, the odds of being victimized for violent crimes were nearly 2 times greater for gays and lesbians and 4.5 times greater for bisexuals (Statistics Canada, 2008)

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Domestic Violence

- Same rate as in heterosexual couples
- In same-sex relationships, May also include:
 - Threats of "outing" partner
 - Persuading victim that leaving relationship is akin to admitting same-sex relationships are deviant
 - Asserting women can't be violent (denying abuse)
 - Asserting men are violent and therefore domestic violence expected
- Male victims may feel ashamed about fearing partner

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Workplace Discrimination

- Experiences of discrimination more common for LGB people than for heterosexuals: 44% of gay and lesbian and 41% of bisexuals surveyed experienced some forms of discrimination in previous 5 years, compared with 14% of heterosexuals. Most reported occurrences were at work or when applying for a job or promotion. Stats Canada(2008) Sexual Orientation and Victimization, 2004. Ottawa: Canadian Center for Justice Statistics

Discrimination is very high for trans women

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Faces of Transgender people

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Health Care Barriers for Trans People

- Access to respectful health care of any kind
- Access to hormones and medical follow-up care
- Getting psychological support that is not pathologizing
- Complicated and expensive processes to get name changed on documents
- Very limited access to SRS/ GCS
- Transition may take a severe toll on relationships
- Possibility of discrimination and violence

Overview of the Transition Process*

- Medical changes – hormone therapy (estrogen, testosterone), surgery
- Social changes – disclosing to families, partners, friends, gender role, workplace issues, transphobia
- Mental/Emotional changes – shifting sexual orientation, negotiating relationships
- Legal changes – name change, changing identification



* Not all trans people desire/go through all of these changes

Transgender: The T in LGBT

- 77 % of trans people have admitted to contemplating suicide (ON)
- 43 % attempted suicide (ON)

Trans Women

- Experience higher rates of violence vs. trans men
- 27% of trans women in Canada are HIV positive (ICAD)
- Gender bias
- Employment discrimination
- Prison - based on external genitals
- Shelters



Trans Women

- Access to SRS
 - Not all covered by OHIP
 - breast enhancement, hair removal/ electrolysis and silicon implants
- Hormone use
 - Calmer after hormone use
 - Express emotions
 - Or can cause depression depends on existing mental health/anxiety issues
 - Can trigger a phase of menopause
 - Or can be easily triggered

On the Telephone

- Voice may sound masculine
- If clients identifies as a trans woman use correct pronoun
- Acknowledge if you make a mistake and keep it short and simple



Pre-Surgery Stress

- You receive a call from Monica. She has been scheduled for surgery in a month. But certain personal circumstances and family issues are stressing her out. She lost her job a year ago and went on social assistance. She had to seek United Way funds to pay bills. Her son is supportive of her surgery. She is on anti-depressants. She does not have any other health issues.
- Her family members are pressuring her about whether she is really sure she wants the surgery and what if she is making a mistake. Monica went through CAMH's screening process. She has been aware of her true gender since 4 years old. She just feels overwhelmed with the family stress, financial woes and the upcoming surgery.
- What would be the appropriate steps to assist Monica?

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Summary

- Important to treat the whole person
- Build expertise in LGBT cultural competence
- Increase access to LGBT friendly service providers
- Do not make hetero-normative impacts on LGBT person's mental and emotional health
- If you make a mistake on assumption, apologize and continue
- Create safe work environment for LGBT staff and LGBT clients
- Create a list of LGBT resources, services, programs for LGBT clients and staff
- Check if organizations have had LGBT training, knowledge before referrals

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Youth Resources

- LGBT Youth Line <http://youthline.ca/> 1-800-268-9688
- Kids Help Phone 1-800- 668-6868
- Suicide Prevention Line 1-800-273-8255
- PFLAG Canada, www.pflagcanada.ca/en/index-e.php
- Associated Youth Services of Peel 1-800-762-8377 ext.460
- Planned Parenthood Toronto Teen Sex Survey www.ppt.on.ca/pdf/reports/TTsreportfinal.pdf

US resources

- CDC LGBT Youth, <http://www.cdc.gov/lgbthealth/youth.htm>
- National Youth Foundation (research studies), <http://www.glbtyouthfoundation.org/dialogue.php>
- The Trevor Project: Statistics on queer youth suicide <http://www.thetrevorproject.org>
- <http://www.cdc.gov/lgbthealth/youth.htm>

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RHO Conference: February 5th -7th, 2014



The poster is bilingual and provides details for the Rainbow Health Ontario 2014 Conference. It includes the dates February 5-7, 2014, the location in Hilton Toronto, and the theme 'Creating Change Together'. It also lists featured speakers and pre-conference activities.

Contact Information

For further information and educational sessions:

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