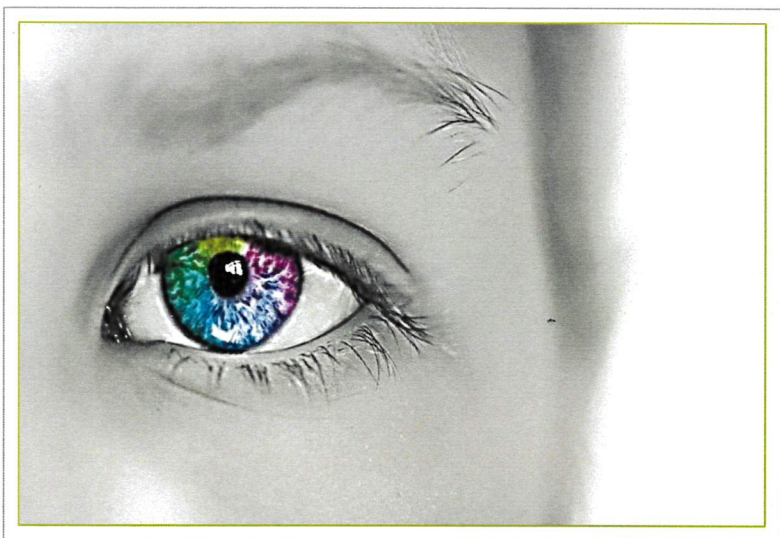


# Queer Eye for the Service Provider

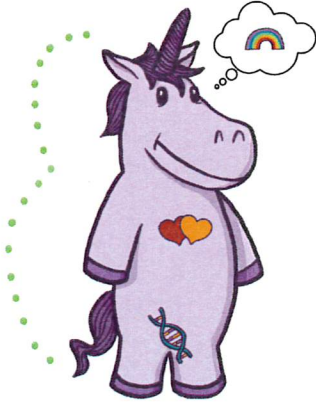


**AIDS VANCOUVER ISLAND**

Men's Wellness Program

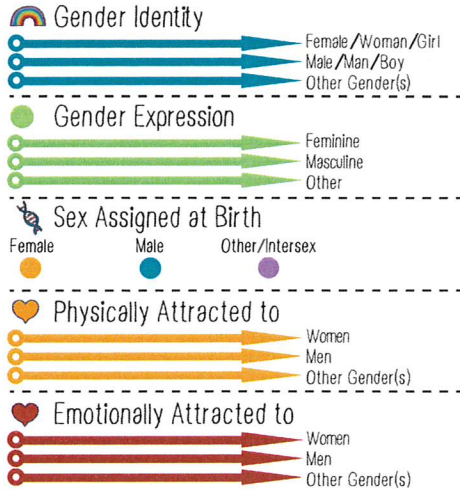
# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore



## A Few Statistics:

- 1 in 3 LGB youth have attempted suicide compared to 7% of all youth (EGALE Canada).
- US national study on sexual violence found that almost 1 in 2 bisexual women responded as survivors of rape (NISVS).
- Estimates of the LGBTQ2SIAP+ population as a proportion of Canada's homeless youth population from 20% to upwards of 40% (A Way Home).
- U.S. survey found that half of lesbian and gay youth have chosen to stay on the streets in preference to the hostile environments too often found in shelters (Lambda Legal)
- In the year 2015 alone, the U.S. saw 21 officially reported murders of trans women. The vast majority of whom were women of colour (Advocate).
- LGB youth are 190% more likely to use substances than heterosexual youth (Addiction).

## **Term References (Part 1):**

**Sexual/Romantic Orientation** is a person's emotional/romantic and/or sexual attraction to another person(s). Can be similar or different.

**Heterosexual** is a person who is attracted to someone with the other gender or sex; often referred to as "straight".

**Gay or Lesbian** is a person who has emotional, romantic or sexual attraction for people of the same sex.

**Bisexual** a person who has emotional, romantic, or sexual attraction for people of two or more genders.

**Queer** is an umbrella term used by some people to defy gender or sexual restrictions. Not used by all. Can be considered offensive.

**Pansexual** is a person who experiences emotional, romantic or sexual attraction for members of all genders, or regardless of gender.

**Asexual** is a person who generally does not experience sexual attraction (or very little) to any group of people.

**Questioning** is the process of exploring one's own sexual orientation and/or gender identity.

**Homophobia** is fear, anger, intolerance, resentment, or discomfort with gay, lesbian, bisexual, and queer people. When focused inward, "internalized homophobia".

**Heterosexism** grants preferential treatment to heterosexual people, reinforces the idea that heterosexuality is somehow better or more "right" than queerness, or ignores/doesn't address queerness as existing.

**Biphobia** is a fear, anger, intolerance, resentment, or discomfort with bisexual people.

**Two-Spirit** is used by some Indigenous people who have both masculine and feminine spirits and as an umbrella term for sexual and gender diverse Indigenous people.

## **Term References (Part 2):**

**Cisgender** is a person whose gender identity matches society's expectations of someone with their physical sex characteristics.

**Cissexism** is a harmful belief that being cisgender (i.e. non-trans) is the only acceptable and "natural" form of gender expression.

**Gender Expression** is the external display of gender.

**Genderqueer & Non-Binary:** Some of many terms used to describe a person whose gender identity does not fit into socially constructed gender norms associated with "male" or "female".

**Intersex** is a term used to describe a person whose physical sex characteristics or chromosomes don't fit traditional medical definitions of male or female.

**Trans(gender)** is an umbrella term for a person whose gender identity does not match society's expectations of someone with their physical sex characteristics.

**Transsexual** is an older term that originated in the medical and psychological communities. Still preferred by some people who have permanently changed – or seek to change – their bodies through medical interventions.

**Gender** is how we perceive our identity as male, female, both, neither, etc.

**Transphobia** is an irrational fear and/or hatred and/or intolerance of people who are trans, perceived to be trans, or who cross societal gender norms.

**Transition** is the process trans people go through to overcome physical, legal, and social barriers so they can express their gender.

**Gender Binary** is a traditional and outdated view of gender, limiting possibilities to "man" and "woman".

## Term References (Part 3):

**Bigender** is a person who fluctuates between traditionally “woman” and “man” gender-based behavior and identities, identifying with both genders (and/or a third gender).

**Closeted** is a term to describe someone who is keeping their sexuality or gender identity a secret from many (or any) people, and has yet to “come out of the closet”.

**Coming Out** is the process of revealing your sexuality or gender identity to individuals in your life; often incorrectly thought to be a one-time event, this is a lifelong and sometimes daily process.

**Trans Erasure:** is the tendency to ignore, deny or minimize the existence of trans people or gender variance.

**Bi Erasure:** is the tendency to ignore, deny or minimize the existence of bisexuals or bisexuality.

**Crossdresser** is someone who occasionally dresses in the clothing of the “opposite” gender as part of their gender expression.

**Fluid(ity)** is generally with another term attached, such as, gender-fluid or fluid-sexuality, fluid(ity). Describes an identity that is a fluctuating mix of the options available (e.g., man and woman, gay and straight); not to be confused with “transitioning”.

**Genderless** is a person who does not identify with any gender.

**Outing** [someone] is when someone reveals another person’s sexuality or gender identity to an individual or group, often without the person’s consent or approval; not to be confused with “coming out”.

**Binary Sex** is a traditional and outdated view of sex, limiting possibilities to “female” or “male”.

**Biological sex** A medical term used to refer to the chromosomal, anatomical and hormonal characteristics that are used to classify an individual as female, male, or intersex.

\*Terms mostly adapted from the National Learning Community on Youth Homelessness’ LGBT22S Toolkit.

## Best Practices in Inclusive Service Delivery:

- Clear written policy on inclusivity that staff are familiar with.
- Be equipped to make referrals to organizations and programs which support the needs of your LGBTQ2SIAP+ clients.
- When appropriate, privately ask how clients self-identify and use those terms.
- Make it clear to staff and clients that homophobic, biphobic and transphobic sentiments, statements will not be tolerated.
- Display LGBTQ2SIAP+ supportive signs and symbols that show clients (and potential clients) that your services are inclusive.
- When services are segregated by gender, ensure trans clients have access to programming which aligns with their gender identity, not their sex assigned at birth. Trans and genderqueer clients should be able to decide for themselves which service feel safer.

Best Practice	Example
When addressing patients, avoid using gender terms like "sir" or "ma'am."	<i>"How may I help you today?"</i>
When talking to co-workers about patients, avoid pronouns and other gender terms. Or, use gender-neutral words such as "they." Never refer to someone as "it."	<i>"Your patient is here in the waiting room." "They are here for their 3 o'clock appointment."</i>
Avoid assuming people have an opposite-sex partner or spouse.	<i>"Are you in a relationship?"</i>
Use the terms people use to describe themselves.	<i>If someone calls himself "gay," do not use the term "homosexual." If a woman refers to her "wife," then say "your wife" when referring to her; do not say "your friend."</i>
Politely ask if you are unsure about a patient's preferred name.	<i>"What name would you like us to use?" "I would like to be respectful – how would you like to be addressed?"</i>
Ask respectfully about names if they do not match in your records.	<i>"Could your chart be under another name?"</i>
Be helpful with patients who seem unsure about their health insurance or who need financial assistance.	<i>"Do you have any questions about your health insurance?" "Do you need assistance paying for your appointment today?"</i>
Did you make a mistake? Apologize.	<i>"I apologize for using the wrong pronoun. I did not mean any disrespect."</i>
Only ask for information that is required.	<i>Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?</i>

- Do not "out" clients without their consent.
- Adopt inclusive language and forms.
- Include diversity amongst staff.
- Provide trans & gender diverse inclusive washrooms.
- Avoid assumptions and unnecessary questions.

## **Oppression (Blackwell Sociology Dictionary):**

- "Social oppression is a concept that describes a relationship between groups or categories of people in which a dominant group benefits from the systematic abuse, exploitation, and injustice directed toward a subordinate group."
- "Social oppression becomes institutionalized when its enforcement is so of social life that it is not easily identified as oppression and does not require conscious prejudice or overt acts of discrimination."
- "Relationships between groups and relationships between groups and social categories should not be confused with the oppressive behavior of individuals. A white man may not himself actively participate in oppressive behavior directed at blacks or women, for example, but he nonetheless benefits from the general oppression of blacks and women simply because he is a white man. In this sense, all members of dominant and subordinate categories participate in social oppression regardless of their individual attitudes or behavior."

## **Privilege (Dr. Allan Johnson):**

- "The concept of privilege refers to any advantage that is unearned, exclusive, and socially conferred."
- "A system of privilege... is organized around three basic principles: dominance, identification, and centeredness."
  - Dominance means that it is the default for members of the privileged group to occupy positions of power.
  - Identification means that the privileged group is seen as the standard for human beings in general.
  - Centeredness refers to the tendency of putting the privileged group and what they do at the centre of attention.

## **Health Disparities for LGBTQ2SIAP+ Folks:**

This section highlights health disparities, between the LGBTQ2SIAP+ community as a whole, and the wider population. Every person, patient or client is an individual, not a label or a demographic.

### **Mental Health & Suicide:**

The LGBTQ2SIAP+ faces elevated risk of mental health challenges such as anxiety, depression, low levels of emotional wellbeing, obsessive-compulsive disorders, phobic disorders, PTSD, self-harm and suicide.

### **Substance Use:**

Rates of substance use appear elevated throughout the LGBTQ2SIAP+ community - including high rates of substances such as tobacco, alcohol, marijuana. Elevated use of meth, steroids and poppers has been identified amongst gay, bi and other MSM. Studies have found elevated use of crack cocaine, meth and injection drug use in trans communities.

### **Heart Disease:**

Rates of cardiovascular disease appear elevated throughout the LGBTQ2SIAP+ community. Increased rates of mental health challenges and substance use increase the risk factors for heart disease throughout the community, while lesbian and bisexual women experience increased risk due to higher rates of obesity and lower levels of physical activity. Some studies have found elevated prevalence of high blood pressure within subsections of the LGBTQ2SIAP+ community.

### **Cancer:**

Lesbian women are less likely to get routine screenings like mammograms and pap tests than heterosexual women, while studies show mixed results on bisexual women's testing behaviours. Lesbian and bisexual women have been shown to have higher rates of and/or high risk factors for breast cancer, endometrial cancer, ovarian cancer, lung cancer and cervical cancer. Increased risk factors include higher levels of obesity, lower levels of physical activity, lower rates of childbirth & breastfeeding.

Increased prevalence of alcohol and tobacco use is associated with an increased risk of various cancers throughout the LGBTQ2SIAP+ community.



## **Health Disparities (Cont'd):**

### **Cancer (Con't):**

Gay & bi men, as well as anyone who has receptive anal sex is at a higher risk of anal cancer due to an increased risk of HPV, a health concern for all sexually active people.

Trans, non-binary, two-spirit and gender diverse people face additional barriers in accessing cancer screening healthcare measures like pap tests, as well as healthcare more broadly.

### **Hormones:**

While hormones play an important role for many (not all) trans people to improve comfort, emotional and sexual wellbeing, there may be side effects. Feminizing hormones likely increase the risk of blood clots, gallstones, elevated liver enzymes, weight gain and hypertriglyceridemia. Masculinizing hormones likely increase the risk of polycythemia, weight gain, acne, balding and sleep apnea. More research is needed, but it may be possible for both feminizing and masculinizing hormones to increase the risk of high blood pressure, type 2 diabetes and cardiovascular disease.

### **Sexual Health:**

GB men and other MSM are at an increased risk of HIV infection. In Canada, MSM are 131 times more likely to get HIV than men who do not have sex with men. MSM are also at an increased risk for many other STI's, including syphilis, gonorrhea, pubic lice, Hep A, Hep B, Hep C and HPV. Rates of syphilis in particular have been surging throughout MSM communities across North America, including B.C. and Vancouver Island.

LB women and other WSW are at an increased risk of vaginal infections such as bacterial vaginosis, trichomonas vaginalis and herpes. Studies have higher rates "higher risk" sex with men amongst bisexual women than amongst heterosexual women.

High rates of HIV are experienced by transwomen, with transwoman of colour at disproportionate risk. HIV levels are estimated to be higher than the general population amongst transmen. Elevated rates of syphilis, gonorrhea, chlamydia and HPV have been identified amongst trans communities. Studies have also found elevated rates of Hepatitis C and B amongst some transwomen.

## **Barriers to Accessing Care:**

- Lack of knowledge of LGBTQ2SIAP+ people's health care needs or negative attitudes towards LGBTQ2SIAP+ people amongst professionals.
- LGBTQ2SIAP+ people may delay or avoid seeking services due to past experiences of discrimination, homophobia, transphobia and/or biphobia.
- Reluctance to disclose sexual orientation or gender identity.
- LGBTQ2SIAP+ people are diverse and may experience overlapping barriers related to their ethnicity, education, income level, location, immigration status, knowledge and cultural beliefs

## **Facilitators to Accessing Care:**

- Creation of safer, queer & trans positive spaces, including materials, language, actions and visuals.
- Development of trust in relationships & respect of privacy in service delivery.
- Outreach to LGBTQ2SIAP+ communities as a whole as well as to individual components. Dedicated space & services.
- Culturally Competent Care and Referrals.
- Anti-discriminatory, anti-oppressive policies at institutional, organizational and government levels.

## **Addressing Harassment (GLSEN Colorado):**

- Stop the harassment, interrupt the comment.
- Identify the harassment, label the form of harassment, do not imply that the victim is a member of that identifiable group.
- Broaden the Response, "We do not tolerate harassment of any kind."
- Ask for change in future behaviour, personalize the response, check in with the victim.

## **Addressing Microaggressions (UCSS):**

- Inquire, ask the speaker to elaborate, paraphrase, reflect.
- Reframe. Separate the person from the behaviour
- Use impact, "I", and preference statements. Avoid "you" "why".

## Further Resources & Sources:

Two-Spirit & LGBTQ Indigenous Health (Rainbow Health Ontario):

<http://www.rainbowhealthontario.ca/wp-content/uploads/2016/07/2SLGBTQINDIGENOUSHEALTHFactSheet.pdf>

Not Yet Equal: The Health of Lesbian, Gay and Bisexual Youth in BC (The McCreary Centre Society): [http://www.mcs.bc.ca/pdf/not\\_yet\\_equal\\_web.pdf](http://www.mcs.bc.ca/pdf/not_yet_equal_web.pdf)

Invisible Majority: The Disparities Facing Bisexual People and How to Remedy Them (MAP): <http://www.lgbtmap.org/file/invisible-majority.pdf>

Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (National Centre for Trans Equality):

[http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf)

An Introduction to the Health of Two Spirit People (National Collaborating Centre for Aboriginal Health): <http://www.nccah-cnca.ca/Publications/Lists/Publications/Attachments/156/2016-05-10-RPT-HealthTwoSpirit-Hunt-EN-Web.pdf>

Suicide Prevention And Two-Spirited People (NAHO):

[http://www.naho.ca/documents/fnc/english/2012\\_04\\_Guidebook\\_Suicide\\_Prevention.pdf](http://www.naho.ca/documents/fnc/english/2012_04_Guidebook_Suicide_Prevention.pdf)

Lesbian and Bisexual Health Factsheet (Office of Women's Health, U.S. Department of Health and Human Services): <https://www.womenshealth.gov/publications/our-publications/fact-sheet/lesbian-bisexual-health.html>

Health Initiative for Men: [checkhimout.ca](http://checkhimout.ca), [getgarded.ca](http://getgarded.ca)

Asexuality and the Health Professional (Julie Decker):

<https://www.psychologytoday.com/blog/the-invisible-orientation/201501/asexuality-and-the-health-professional>

LGBTQ People and Mental Health (CMHA): <http://ontario.cmha.ca/mental-health/lesbian-gay-bisexual-trans-people-and-mental-health/>

LGBT Sexual Health (Rainbow Health Ontario): [http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce\\_uploads/2014/08/Sexual%20health1.pdf](http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2014/08/Sexual%20health1.pdf)

Speaking Up: for the health of Queer People of Colour (CBRC):

[http://cbrc.net/sites/cbrc.net/files/gpoc\\_x.pdf](http://cbrc.net/sites/cbrc.net/files/gpoc_x.pdf)

## Further Resources & Sources:

Translife line: 1-877-330-6366 & PFLAG Canada: 1-888-530-6777

LGBTQ2S Toolkit: Online training and resources for staff working with Canadian LGBTQ2S youth experiencing homelessness from A Way Home: [www.lgbtq2stoolkit.learningcommunity.ca](http://www.lgbtq2stoolkit.learningcommunity.ca)

Transitioning our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People. <http://srlp.org/wp-content/uploads/2012/08/TransitioningOurShelters.pdf>

(PFLAG): Guide to being a Straight Ally. <https://www.pflag.org/sites/default/files/guide%20to%20being%20a%20straight%20ally.pdf>, (PFLAG) Guide to being a Trans Ally: <https://bolt.straightforequality.org/files/Straight%20for%20Equality%20Publications/2.guide-to-being-a-trans-ally.pdf>, & U.S. National Centre for Transgender Equality Allyship Guide: [https://transequality.org/sites/default/files/docs/resources/Ally-Guide-July-2016\\_0.pdf](https://transequality.org/sites/default/files/docs/resources/Ally-Guide-July-2016_0.pdf)

Interrupting Macroaggressions. UCSC Academic Affairs. <http://academicaffairs.ucsc.edu/events/documents/Microaggressions InterruptHO 2014 11 182v5.pdf>

Island Resource Listings: [www.transvancouverisland.ca](http://www.transvancouverisland.ca) & <https://www.lovecrn.ca/>

Top Health Issues for LGBT Populations Information and Resource Kit (U.S. Department of Health and Human Resources): <http://www.lgbtagingcenter.org/resources/pdfs/TopHealthIssuesforLGBTPopulationsKit.pdf>

Facilitators and Barriers Healthcare to Healthcare for LGB People (Ontario HIV Treatment Network): <http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR79.pdf>

New Patterns of Poverty in the LGB Community (The Williams Institute): <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

Providing Welcoming Services and Care for LGBT People (National LGBT Health Education Centre): <http://www.lgbthealtheducation.org/wp-content/uploads/Learning-Guide.pdf>