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EXPERIENCES OF VICTIMIZATION AND HEALTH CARE ACCESS AMONG NON-METROPOLITAN LGBTQ+ INDIVIDUALS

By

Ashley-Ann Marcotte Master of Arts, Wilfrid Laurier University, 2016 THESIS Submitted to the Department of Psychology In partial fulfilment of the requirements for Master of Arts in Community Psychology Wilfrid Laurier University © Ashley-Ann Marcotte 2016



Lesbian, gay, bisexual, trans, and queer (LGBTQ+) individuals report substantial rates of violence, discrimination, and negative life events due to homophobia and transphobia and these experiences impact access to health care services and programs (Bauer et al, 2009; Grant, Mottet, Tanis, Harrison, & Keisling, 2010) These experiences result in LGBTQ+ communities needing services, programs, and social supports to provide safer spaces. Although it is well recognized that health care services are not a major determinant of health outcomes and yet use more than 60% of health spending (Canadian Institute for Health Information, 2014; Muzyka, Hodgson, & Prada, 2012). As such, making better use of health care spending to ensure existing health care services are inclusive of and are meeting the needs of LGBTQ+ populations is important. These challenges are further exacerbated among LGBTQ+ populations in non-urban settings. In the Canadian context with a population of 35 million, urban centres are defined as an area with a population over 1000, and a population density greater than 400 people per square kilometre, with this definition urban centres account for 81% of the population (Statistics Canada, 2011).

The purpose of the current study was to undertake a needs assessment in Oxford County, ON, Canada in order to document: 1) life experiences of local LGBTQ+ individuals, 2) services that are currently being used, and 3) services or programs needed by LGBTQ+ communities. One hundred and twelve LGBTQ+ people completed an online survey. Despite encountering high rates of silent, verbal, and sexual harassment, LGBTQ+ people in Oxford County did not report incidents to police. A majority of participants had a primary health care provider, and most felt comfortable sharing their sexual orientation or gender identity with that provider. However, transphobic and heteronormative attitudes were encountered among health care providers, hospitals, and mental health care services providers. Implications and recommendations focus on training and policy changes for health care providers and police



services in order to provide safer services for LGBTQ+ individuals in small and nonmetropolitan settings.

ACKNOWLEDGEMENT

I would first like to thank my thesis advisor Dr. Robb Travers, not only for all of the guidance he provided during the span of this thesis, but also for all of the opportunities he provided me with during my time at Wilfrid Laurier University. He provided me with the steps to grow as a researcher and as a person, and I will be forever grateful.

I would also like to thank the research team from Oxford County Public Health and Emergency Services, especially Gayle Milne and Rob Haile, for allowing me to join the project and for putting their trust in my work.

Additionally, I would like to thank my thesis committee, Dr. Todd Coleman, Dr. Vanessa Oliver, and my external committee member Dr. Jacqueline Gahagan for all of the guidance, support, and work they each provided over the course of this thesis.

Finally, I must express my very profound gratitude to my fiancée Kate for all of the support and encouragement she provided over the last few years. There is no way I would have been able to accomplish what I have without her. Her sense of humor, creativity, intelligence and passion give me the motivation to keep learning, creating, and fighting for what I believe in. For that, I will forever be grateful.

Thank you.

Ashley-Ann Marcotte



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Unearthing the Needs of a Buried Community: Experiences of LGBTQ+ People in Oxford

County

Ashley-Ann Marcotte

Wilfrid Laurier University

October 20, 2015



Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are generally at greater risk of victimization and discrimination throughout their lifetimes. These experiences, or the threat of these experiences, often lead to decreased mental health and lower indicators of wellbeing. As a way to combat these effects, services are needed in order to provide safe spaces, establish a community, and provide support. Unfortunately, rural communities often lack the services and supports LGBTQ+ individuals need or desire. This may be due to the small size of the community, or due to a lack of knowledge surrounding the unique needs of LGBTQ+ individuals which is likely both influenced by and perpetuating homophobia and transphobia.

Oxford County, Ontario, Canada, has decided to perform a needs assessment in order to explore the service needs of their LGBTQ+ communities. The needs assessment will allow the county and local LGBTQ+ communities to work collaboratively to address social support and health service needs of local communities through documentation of previous experiences and current conditions to identify service gaps. It is believed that the results of the needs assessment will better allow the county to create new services or change their current services to better support LGBTQ+ needs. For the remainder of this document LGBTQ+ will be used as an umbrella term to include all lesbian, gay, bisexual, trans, queer, questioning, intersex, two spirit, pansexual, and asexual persons.

Theoretical Framework

There are a number of theoretical lenses that will be applied to the current research project. These lenses include a feminist perspective, minority stress theory, and intersectionality, and will be used while reviewing the literature on LGBTQ+ experiences as a whole, rural versus urban life, and migration trends. It will also utilize Isaac Prilleltensky's (2012) framework of wellness in the context of social justice to examine the indicators of wellbeing in regards to



LGBTQ+ individuals. It is important to examine power dynamics and forms of justice and injustice when looking at the wellbeing of communities who are often oppressed, as social inequality has been shown to impact wellbeing and health (Prilleltensky, 2012).

Having determined the key areas of interest, I searched the academic literature for different combinations of the key words: LGBTQ+ communities, intersectionality, minority stress theory, LGBTQ+ youth, gay youth, trans youth, transgender youth, mental health, wellbeing, LGBTQ+ needs assessments, rural LGBTQ+ communities, rural gay communities, rural vs urban LGBTQ+ communities, queer migration, gay migration, and domestic queer migration, using Psycinfo, Primo, PsycArticles, and Google Scholar. I also incorporated articles from an annotated bibliography I had previously created on trans related hate crimes.

It is important to first understand the perspectives or lenses that will be used during this research. First and foremost, I believe it is important to state that as a woman who identifies as a feminist, it is clear that there will be feminist perspectives included. This may be more prominent in the methodology compared to the overall theoretical framework. As I believe feminism is focused on equity for all individuals, this research will have feminist foundations regardless of the gender of the participants. I will strive to demonstrate an understanding and respect for the emotionality of the situation and of participants' lives, as well as use methods that try to legitimate all voices. Although it is impossible to fully remove power differences, making sure they are transparent while working with the research team or participants will allow us all to be aware of these differences and take them into consideration (Campbell & Wasco, 2000). Self-reflexivity and understanding my position within the research is another important aspect of feminist research however I will speak more on that later.



I will also incorporate intersectionality perspectives. Intersectionality recognizes that people's individual and collective identities and experiences are shaped through their multiple memberships in different groups. As such it is important to explore how issues of gender, sexuality, race, social class, and migration status, for example, influence one's experiences (Parent, DeBlaere, & Moradi, 2013; Samuels & Ross-Sheriff, 2008). Intersectionality developed through the work of women of colour in the 1960s and 1970s when they recognized that traditional feminism did not adequately represent or address the variability among women. These feminists acknowledged that their membership in multiple groups changed the way they reacted to the world. Intersectionality has been a tool in multiple disciplines since; however, most prominently in feminist works (Samuels & Ross-Sheriff, 2008). For this study, intersectionality means understanding how sociocultural power and privilege may affect members of different groups. Even though I am specifically looking at LGBTQ+ individuals, it is important to understand that even within the LGBTQ+ community, members experience oppression and violence differently based on gender, race, or even sexuality. A cisgender gay identified male will likely still have different experiences than a cisgender bisexual identified male.

Along with intersectionality I will also use minority stress theory as I believe the two perspectives complement each other well. This theory suggests that members of minority groups experience stressors related specifically to their membership in that group. These stressors result from sociocultural sanctions of status, social prejudice and discrimination, and the impact these environmental forces have on psychological wellbeing and adaptation. Minority stress grows not only from specific negative events, but also from overarching experiences in dominant society that the minority individual must negotiate (Lewis, Derlega, Griffin, & Krowinski, 2003).



Lesbian, gay, and bisexual individuals are specifically at risk of "gay related stress" which is stress related to discrimination based on sexual orientation, internalizing negative societal attitudes (internalized homonegativity), concealment of sexual orientation, and expectations about rejection based on sexual orientation (rejection sensitivity) (Baams, Grossman, & Russell, 2015; Feinstein, Wadsworth, Davila, & Goldfried 2014). Minority stress has been associated with psychological distress and may also have negative effects on physical wellbeing (Lewis et al, 2003).

I have also decided to utilize Prilleltensky's (2012) definition of wellbeing. According to Prilleltensky (2012) wellbeing is "a positive state of affairs, brought about by the simultaneous and balanced satisfaction of diverse objective and subjective needs of individuals, relationships, organizations, and communities." (p. 2). Understanding wellbeing from an ecological perspective allows us to see how each component may alter other levels of wellbeing. In order to truly feel a sense of wellbeing, all levels should be working equally and in unison to perpetuate feelings of satisfaction.

Prilleltensky breaks wellbeing down into four levels: personal, interpersonal, organizational, and communal. Within each he also believes there are objective and subjective indicators of wellbeing as well as distributive and procedural justice. Objective measures of wellbeing include but are not limited to income, gross domestic product, and level of education, while subjective measure include spontaneous reports of feelings at any given time, and judgements about one's own life satisfaction (Prilleltensky, 2012). Prilleltensky also notes that there are six key domains within each level, and in order to thrive each key domain must be supported at all levels.



At the personal level wellbeing measures an individual's access to basic human needs. The objective indicators are access to food, good health, adequate clothing, and shelter, while the subjective indicators are control, mastery over your environment, positive emotions, perceptions of life satisfaction, and self-determination. At the interpersonal level we examine the individual's relationships. Do the people in their life contribute to their wellbeing in a positive and meaningful way? The objective indicators at this level are their number of close friends, and the number of relationships they have that are free of abuse. The subjective indicator is emotional support. Organizational wellbeing looks at the opportunities they have at work or school, and how they make them feel. Are they fulfilling and positive, or degrading and negative? The objective indicators of organizational wellbeing are suitable resources to perform a job, and adequate pay or reimbursement for the work they completed. The subjective indicators are a positive working environment, and feelings of engagement. Finally, at the community level, we look at feelings of belonging and connectedness. It is important that people feel they are a significant part of the community and that others within the community also view them that way. Another part of community wellbeing is whether the community can provide resources needed to succeed. The objective indicators are economic equality, clean environment, low levels of crime, high education, and low unemployment. The subjective indicators are respect for cultural diversity, inclusive neighborhoods, social capital, and freedom to express political opinions (Prilleltensky, 2012).

Distributive justice is commonly referred to as social justice, and incorporates fair and reasonable distributions of burdens, privileges, rights, responsibilities, and pains and gains (Prilleltensky, 2012). Though perfectly equal standing is still not a reality in our society, nor is it a realistic expectation, our levels of distributive justice have serious consequences for our overall



wellbeing. Procedural justice looks at the decision making processes we are a part of, and whether they are fair, transparent, informative, respectful, and participatory (Prilleltensky, 2012). Is each voice heard and considered to the same degree? Are we each given the chances to make informed decisions regarding our health, freedom, and community? When decision making processes are fair and unbiased we nurture trust, respect, control, and empowerment for everyone involved.

Like the indicators of wellbeing, Prilleltensky believes there are also subtypes of justice for each level. Intrapersonal justice refers to what we give ourselves, and how we treat ourselves. Interpersonal justice is about treating others with dignity and respect, and not abusing physical, psychological, or economic resources. Organizational justice is closely aligned with informational justice which includes communication pathways and the transparency of decision making processes. Finally, communal justice focuses on the community and social levels, and tries to ensure that all social systems including housing, schools, and laws treat all citizens fairly and equally (Prilleltensky, 2012).

Positive wellbeing requires each form of justice and the indicators of wellbeing to work in cohesion to provide a positive environment, filled with opportunities, respect, and equality. When an indicator of wellbeing is negatively affected it has a snowball effect on every other level; however, as indicators are slowly mended this can also have a positive effect on each other level.

Together the use of these theoretical perspectives will allow us to get a well-rounded understanding of the experiences of LGBTQ+ individuals in Oxford County by providing a context in which to focus our research. It will guarantee that we are not left with a one



dimensional understanding of the findings, and will help us to ensure we touch on all the important factors.

Literature Review

The life experiences of LGBTQ+ individuals are not a new area of study. Starting with LGBTQ+ youth and continuing into old age it is clear that despite changing views and laws LGBTQ+ individuals are generally still at greater risk of victimization and subsequently lower wellbeing and mental health than their heterosexual and cisgender peers throughout their lifetime. Although rural LGBTQ+ experiences are less well known there are still trends indicating the need for greater understanding and social supports.

LGBTQ+ Experiences

Victimization and social isolation are serious threats to the mental health and wellbeing of LGBTQ+ individuals. LGBTQ+ Youth who find themselves in an unaccepting environment often have almost no escape as the victimization may follow them, both at home and at school.

Ten percent of lesbian and bisexual girls, and 24% of gay and bisexual boys reported being assaulted ten or more times within the past year at school. Compare this to the one percent of heterosexual girls, and three percent of heterosexual boys who reported equal rates of assault in school (Almedia, Johnson, Corliss, Molnar, & Azrael, 2009). Another study by Heck, Flentje, & Cochran (2013) found that 44% of lesbian, gay, and bisexual youth have reported physical harassment; 86% verbal harassment in their schools. Transgender youth also experience disproportionate amounts of harassment and victimization. Nearly 50% of trans youth have reported experiencing hostility about their gender identity or expression by peers, teachers and school administration (Goldblum et al, 2012). Goldblum et al. (2012) also found that only 12% of LGBTQ+ youth reported that their teachers would intervene if they heard negative remarks



about gender identity or sexual orientation. By not intervening when negative remarks are made, teachers and administration may perpetuate negative societal beliefs and fail to protect children who identify as sexual or gender minorities.

Teachers and school administration are not the only adults who may cause harm to the mental health and wellbeing of LGBTQ+ youth. There is also risk of abuse and victimization at home. Some families may react negatively when youth disclose their sexual orientation or gender identity, or they may be homophobic or transphobic and cause problems even before youth decide to disclose. Homophobia, the fear or aversion to homosexuals or those who appear to be homosexual, and transphobia, the fear or aversion to gender non-conforming individuals, are a part of the everyday lives of LGBTQ+ individuals (Hill & Willoughby, 2005). Societal and cultural environments may perpetuate stigmatizing attitudes in regards to sexual or gender minorities, and some families may react negatively towards any form of gender nonconformity in fear that their child may be LGBTQ+ (Saewyc et al, 2006). This is an even larger risk for young gay males or young trans girls who may show more feminine traits, as it is generally more accepted by society for females to have masculine traits but not for males to have feminine ones. Gay youth and young trans girls who may inherently be more feminine are then considered easy targets of abuse and harassment.

The threat of homophobic and transphobic abuse is not limited to LGBTQ+ youth. In 2013 21% of all hate crimes in the US were based on sexual orientation while .8% were due to gender or gender identity (Federal Bureau of Investigation, 2014). In Canada in the same year 16% of hate crimes were based on hatred towards sexual orientation. These incidents were more likely to be violent than hate crimes targeted at other groups, with about two thirds of incidents involving violent offenses (Allen, 2015). The Canadian data does not include offenses based on



gender identity as gender identity has not yet been added to the Criminal Code of Canada. However, roughly half of trans individuals have indicated having experienced violence in their lifetime (Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos, 2016; Perry & Dyck, 2014; Goldblum et al., 2012).

Intimate partner violence (IPV) is another threat to LGBTQ+ individuals. Though likely under reported due to discrimination, 21.5% - 41.3% of LGBTQ+ individuals reported experiencing IPV (Langernderfer-Magruder, et al., 2016; Reuter, Newcomb, Whitton, & Mustanski, 2016) while trans participants were significantly more likely to report IPV than their cisgender peers (Langernderfer-Magruder, et al., 2016). LGBTQ+ youth and adolescents are generally at greater risk of IPV than heterosexual youth. One study by Freedner, Freed, Yang, and Austin (2002) found that bisexual males were more than three times more likely to report any form of IPV while lesbians were twice as likely to report fearing for their safety.

Dealing with victimization and abuse constantly can have a number of negative effects on the wellbeing of LGBTQ+ individuals. One effect of abuse and homophobia or transphobia for LGBTQ+ youth is the risk of being kicked out of the house or running away in order to keep themselves safe. An estimated 25-40% of homeless youth in Canada identify as LGBTQ+ despite only 5-10% of the general population identifying as a gender or sexual minority. The majority of these youth reported running away to avoid abuse or being kicked out of the house by parents after coming out as the main cause of them being on the streets (Abramovich, 2012).

Psychological distress is another symptom of victimization for LGBTQ+ individuals. They often report higher rates of depression, suicidal ideation, anxiety, and substance use (Heck, Flentje, & Cochran, 2013; Toomey, Ryan, Diaz, Card, & Russell, 2013). There is also the threat of LGBTQ+ youth internalizing the negative attitudes often spread in schools. This can manifest



as negative self-concept, self-destructive behaviours, and low self-esteem (Goldblum et al, 2012). It is also not uncommon for LGBTQ+ youth who deal with constant abuse or harassment in school to drop out or skip classes as a coping mechanism (Almeida et al, 2009).

LGBTQ+ individuals may also deal with extreme rates of stress related to their identity (Baams, Grossman, & Russell, 2015; Feinstein, Wadsworth, Davila, & Goldfried 2014). This may be especially true for those who are not currently out to their families, as the thought of coming out can cause serious amounts of anxiety. Even when families seem generally accepting of gender and sexual minorities, there may be a fear of rejection by family and friends, and fear about the possibility of victimization at home. This fear is linked to the amount of stigma consciousness the individual may hold. Stigma consciousness is the reflection of how members of a minority group expect to be stereotyped. The more stigma consciousness they have, the more minority stress they feel (Lewis, Derlega, Griffin, & Krowinski, 2003). This fear can take hold and may start eating at their sense of worth and belonging (Baams, Grossman, & Russell, 2015).

Negative internalized feelings may have the tendency to lead to suicidal ideation. It is estimated that LGBTQ+ suicide rates may range between 20%-53% with trans individuals reporting significantly higher rates of suicide attempts (Moody, Fuks, Pelaez, & Smith, 2015). Approximately one third of sexual minority youth reported at least once attempting suicide, compared to only 8.5% of heterosexual high school students. This indicates that LGB youth are more than three times as likely to attempt suicide compared to their heterosexual classmates (Grossman & D'Augelli, 2007). Forty-five percent of transgender identified youth reported seriously considering taking their own lives, while 20% reported sometimes having serious thoughts about it (Grossman & D'Augelli, 2007).



Since suicidal ideation is so high within the LGBTQ+ community, it is important to look at protective factors that reduce the risk of individuals following through with their thoughts. Possible protective factors include social support, optimism and resilience, and a reasons for living. For trans individuals there are also gender identity related factors such as realization and acceptance of one's gender identity, and transitioning related factors. Coming out, especially when met with acceptance is also a protective factor for LGBTQ+ individuals (Moody, et al., 2015).

All of these stressors, negative internalized feelings, and living situations, result in low wellbeing for many LGBTQ+ individuals. They become invisible and are left with few options and fewer people to turn to for help. This is why support services need to be available in all communities, especially in rural areas where youth may not have the ability to travel to larger urban centres for support.

Rural LGBTQ+ Life & Migration

Rural and urban life present different barriers for LGBTQ+ people. Lesbian, gay, bisexual, transgender, and queer individuals living in rural areas often report experiencing greater amounts of stigma, discrimination, and social isolation, while simultaneously having less access to resources and social support (Fisher, Irwin, & Coleman, 2014). Possibly as a result of these stressors, rural LGBTQ+ communities also demonstrate worse health outcomes and greater risk behavior (Fisher, Irwin, & Coleman, 2014; Horvath, Iantaffi, Swinburne-Romine, & Bockting, 2014).

There are a number of aspects of rural life that LGBTQ+ communities have mentioned as being positive. Rural life is seen as helping to foster close relationships and high quality of life,



while also providing the ability to become involved with social networks which may also foster greater self-acceptance (Fisher, Irwin, & Coleman, 2014).

Unfortunately, there are also a number of aspects of rural life that are viewed as negative for LGBTQ+ individuals. As individuals develop their sexual identity, places that are generally expected to provide support such as homes, schools, workplaces, and faith communities become stressful, limiting, exclusive or even hostile (Lewis, 2014b). Most rural areas are considered more conservative and traditional than the larger urban centres (Kennedy, 2010). Due to these conservative settings, LGBTQ+ individuals maytalk about feeling bound to conservative and heteronormative relationship rules, and feeling limited in their ability to express their sexual identity or internal desires (Kennedy, 2010). There is also a greater fear of bullying, harassment, and overt discrimination in conservative rural areas which may also lead to feelings of powerlessness, depression, and suicidal ideation (Lewis, 2014b). The religious heritage of these areas has also been tied to continuous feelings of guilt, worthlessness, and being out of place (Kennedy, 2010; Lewis, 2014b). These feelings may then lead to different strategies to deal with perceived or actual negative views towards other sexual or gender identities. These strategies include: selective disclosure of sexual identity, implicit disclosure by determining the level of acceptance of individuals they may disclose to, compartmentalizing their identities and presenting a public straight/ cisgender identity and a private LGBTQ+ identity, and normative presentations (passing as heterosexual) (Kennedy, 2010; Lewis, 2014b).

The stress of trying to pass or of hiding their identity may also have adverse effects, including feeling confused or pressured to act in normative ways (Kennedy, 2010). Rural LGBTQ+ individuals are less likely to be out to their family and friends, and tend to have lower social engagement (despite stating involvement with social networks was a positive aspect of



rural areas) (Fisher, Irwin, & Coleman, 2014). The extra stress may also contribute to the higher rates of smoking, and binge drinking, found in rural LGBTQ+ populations (Fisher, Irwin, & Coleman, 2014; Horvath, Iantaffi, Swinburn-Romine, & Bockting, 2014). Another side effect is the negative mental and physical health found in rural LGBTQ+ communities. Horvath et al. (2014) found that rural transwomen have a higher mean score on the Brief Symptom Inventory (BSI) somatization scale which measures multiple and recurrent medical symptoms such as headaches, back pain, and trouble sleeping compared to urban transwomen, while rural transmen report higher scores on the BSI global severity index, BSI depression scores, and BSI somatization, as well as lower self-esteem, and nearly significantly higher anxiety scores. LGB individuals also report substantial amounts of anxiety, depression, internalized homophobia, and suicidal ideation, often related to fear of harm, fear of getting out, and limited support from the communities around them (Fisher, Irwin, & Coleman, 2014; Lewis, 2014b). Compared to urban LGBTQ+ individuals, those living in rural settings also have lower levels of educational attainment, and make less money (Fisher, Irwin, & Coleman, 2014).

The negatives of rural life, especially when one lacks any LGBTQ+ community, are often a reason younger LGBTQ+ individuals move from the rural to more urban areas. Gay men report engaging in "coming out migration" (often while younger) as a way of seeking to define themselves in relation to an accessible group of other like-minded people (Lewis, 2014a). They also note that the choice to migrate often followed frustrations over "treading water", anxieties over "getting out", or wanting to start a new life course (Lewis, 2014a). While living in smaller rural areas that provided little to no institutional supports, LGBTQ+ individuals often report homophobic bullying to have a larger negative effect, and as being another influential reason to want to leave (Lewis, 2014b). Migration is seen as a form of starting over, where they are given



a chance to insert themselves into an open gay community as a way of trying to find a new "home" (Fortier, 2001; Lewis, 2014a). Many also describe it as a way of distancing themselves both physically and mentally from places that they felt marginalized or excluded such as high schools, old jobs, and communities centered on the heteronormative family and gendered workhome divisions. They leave, looking for institutions that would provide safety and may facilitate connections with a gay community (Lewis, 2014a).

In contrast to the migration of young LGBTQ+ individuals towards larger urban centres, migration of LGBTQ+ individuals in midlife tends to be towards the smaller rural areas (Kennedy, 2010; Lewis, 2014a). Whereas creating and building identity was important for younger generations, older LGBTQ+ individuals' identity may be defined more in relation to "families of choice" that are already rooted and created at will, where they do not necessarily need that ready-made urban gay community any longer. Their decision about where to live may simply be based on career security, and desire to impact their communities in a meaningful way (Lewis, 2014a).

So although older LGBTQ+ individuals may not be looking for the same support services that younger rural LGBTQ+ individuals are, there are services that are needed for these older LGBTQ+ individuals. Safe spaces for LGBTQ+ populations, doctors and lawyers who are LGBTQ+ positive, and training for anyone who may work with LGBTQ+ populations to understand the unique needs of the community, are all needed whether rural or urban (Knochel, Croghan, Moone & Quam, 2012). LGBTQ+ older adults may avoid services, or resort back to old strategies to hide their sexuality or gender identity when using services that they believe may not be safe (Knochel et al, 2012).



Rural communities will require services that cater to both of these communities. Youth who are in need of social supports and a community to help them develop their identity, and an older generation of LGBTQ+ adults who need safe spaces for dealing with health care, legal issues, and general life, while trying not to be pushed back into the closet.

LGBTQ+ Needs Assessments

One of the best ways to determine the specific needs of a community is through the use of a needs assessment. Needs assessments for LGBTQ+ populations have been conducted all across North America. These assessments have demonstrated a number of different themes that LGBTQ+ individuals have indicated are important. The first important theme that appears is medical/ health care (Coleman, Irwin, Wilson, & Miller, 2014; Morales, King, Hiler, Coopwood, & Wayland, 2014; Orel, 2014). Lesbians often report being significantly less likely to receive routine preventative health care such as pap smears and breast cancer screenings than heterosexual women, while gay men are significantly more likely to report having unmet medical needs and difficulty obtaining health care than heterosexual men (Orel, 2014). LGBTQ+ babyboomers (those born between 1946 and 1964) often perceive significantly more barriers to health care than other LGBTQ+ adults (Morales et al, 2014

Possible reasons why LGBTQ+ individuals are less likely to receive health care is due to rates of negative experiences or frustrations with the health care system. Forty-two percent of LGBTQ+ respondents reported having a negative experience with the health care system related to their sexual orientation. Others also commented on frustrations with health care personnel who had heteronormative views and assumptions. They noted these assumptions were especially frustrating when obtaining sexual histories (Orel, 2014). In fact, in order to guarantee safety from discrimination or awkward questions, many LGBTQ+ individuals do not disclose their



sexual orientation to their health care provider (Coleman et al, 2014) which could cause the provider to miss warning signs of illness specific to LGBTQ+ individuals.

Another theme that presented itself in previous LGBTQ+ needs assessments was legal issues (Coleman et al, 2014; Morales et al, 2014; Orel, 2014). Morales et al. (2014) found that the LGBTQ+ baby-boomer population not only perceived more barriers to health care, but to legal services as well. They often have fewer legal documents in place than their predecessors, the silent generation (born between 1925 and 1945) LGBTQ+ adults, and more than half indicate not having a living will in place, something that is especially important for LGBTQ+ elders who in many areas do not have the same rights as their heterosexual counterparts (Morales et al, 2014). LGBTQ+ adults are also still at risk of victimization and verbal harassment. Between 40-62% of LGBTQ+ adults reported being a victim of a hate crime, or experiencing violence or victimization due to homophobia over their lifetime, yet only 17% felt comfortable enough to report the incident (Coleman et al, 2014; Morales et al, 2014).

Social support was another major theme that presented itself in previous needs assessments (Morales et al, 2014; Orel, 2014). Many LGBTQ+ individuals, especially older adults, indicated that the majority of their social networks consisted of other LGBTQ+ individuals whom they had met through their involvement with the larger LGBTQ+ community. However, as they aged, they noted that there are limitations to this sort of exclusivity. They expressed worry and curiosity about whether their current network of friends would be willing to assist them when they had to deal with some of the hardships or threats of ageing such as loneliness, isolation, failing health, and economic distress. Many people who did not have children also worried about who would provide the caregiving assistance that usually falls upon adult children (Orel, 2014).



The lack of social supports especially for elderly LGBTQ+ individuals was a common complaint. Fifty-eight to 65% of LGBTQ+ older adults reported feeling that they lacked companionship (Morales et al, 2014), while 83% indicated interest in participating in LGBTQ+ elder-specific social groups (Orel, 2014).

The results of these needs assessments helped the communities that conducted them to focus their programs and services to better assist their LGBTQ+ communities. In St. Louis, LGBTQ+ organizations prioritized building relationships with adult service organizations to help ensure safe and welcoming spaces for LGBTQ+ adults. They also started training nursing home staff and administrators about the unique needs of LGBTQ+ elders, as well as creating a friendly visitor program for homebound LGBTQ+ elders who are at risk for loneliness and isolation (Morales et al, 2014). The results have also been used to contribute to new strategic plans to help guide planning and service delivery, as well as to justify new programs and to apply for grants (Coleman et al, 2014; Morales et al, 2014). A project like this demonstrates why needs assessments are valuable in making change and providing evidence-informed support for LGBTQ+ communities.

Methods

Research Objectives

Research has demonstrated that many LGBTQ+ individuals encounter a number of negative life events when support systems and services become necessary. There is also evidence that rural areas are often unprepared to support, or lacking in the services available to, LGBTQ+ individuals who need them. In Oxford County there has been no research regarding the LGBTQ+ persons living in their communities. Therefore there is currently very little knowledge surrounding the services being utilized or the services that need to be established for LGBTQ+



communities in Oxford County. The objective of the proposed project is to administer a needs assessment to the LGBTQ+ communities in Oxford County, in order to determine the specific needs of this community. Through the use of online quantitative surveys, I hope to 1) describe overall life experiences of LGBTQ+ individuals in Oxford County, 2) document services that are currently available for LGBTQ+ persons in Oxford County, 3) describe which of these services are currently being used by LGBTQ+ individuals in Oxford County, and 4) list services LGBTQ+ individuals in Oxford County, and 4) list services

Context

The current needs assessment is being undertaken in collaboration with the Oxford County Rainbow Coalition (OCRC) and Oxford County Public Health and Emergency Services (OCPHES). The OCRC is a fairly new community coalition that just recently celebrated their second anniversary, and arose due to concerns about a lack of LGBTQ+ specific services in the county. The coalition is composed of volunteers from the LGBTQ+ community, community agencies, service providers, and LGBTQ+ allies. Although the OCRC is still in its beginning stages, they are close to providing some services, including a youth group.

The needs assessment emerged as a way to document the experiences of local LGBTQ+ individuals and explore the perception that many tend to go to other larger Southern Ontario urban centres such as Kitchener-Waterloo, London, and Hamilton in order to access LGBTQ+ specific services. The information gathered from the needs assessment will be used by the OCRC and OCPHES to help build and provide services to the local LGBTQ+ communities.

Oxford County is located in Southwestern Ontario and has a population of nearly 112 000 people (Oxford County, n.d.; Statistics Canada, 2016). Much of the county is rural with only three small urban centres; Woodstock (37 754), Tillsonburg (15 301), and Ingersoll (12 146)



(Oxford County, n.d; Statistics Canada, 2016). Since 2004, Oxford County has been represented by a Conservative party MP with the percentage of Conservative voters increasing in each subsequent election, including the most recent 2015 election (Parliament of Canada, 2015).

Research Paradigm

This research will be conducted using the Critical Transformative Paradigm. This paradigm works with the belief that there is an external reality consisting of institutional and social structures that are shaped by social, political, cultural, economic, ethno-racial, and gender factors. It also states that there are social inequalities and conflicts between dominant and subordinate groups (Nelson & Prilleltensky, 2010). Working with this ontology is why it is so important that we pay attention to the intersectionalities of our participants, as combinations of different factors may shape their realities and lived experiences in different ways.

The Critical Transformative Paradigm also states that the research should be value-laden and that the researcher and participants should be interrelated with the researcher being in solidarity with the participants who are oppressed or disadvantaged (Nelson & Prilleltensky, 2010). Since the values of the researcher shape the research, reflexivity is another important concept for the critical paradigm. The researchers must be aware of their own values and position within society (Nelson & Prilleltensky, 2010). (See reflexivity for my own self-reflection).

This research will be driven by values of equality, accessibility, accuracy, and partnership. We will do our best to ensure that both the research and anything resulting from it will encompass these values. Therefore, we will make sure surveys are accessible to anyone who wishes to participate, while also ensuring that results from the needs assessment will be presented in a number of ways to increase the accessibility to the overall community. We will also partner closely with OCRC and OCPHES to ensure the accuracy of our findings.



Another important aspect of the Critical Transformative Paradigm is the methodology. This paradigm allows for both quantitative and qualitative methods, however the goal should be the liberation of oppressed groups through participatory and social-action oriented approaches. It is also noted, that the findings are always a work in progress that are subject to new insights as the research process progresses (Nelson & Prilleltensky, 2010). As our overall goal is to aid the wellbeing of local LGBTQ+ communities through the building of new programs and services based on the results of this research, we hope that the current needs assessment is the basis for future research in the area. Although the current needs assessment is primarily quantitative, it is also participatory in that members of the OCRC research team (consisting of members of the greater Oxford County community, LGBTQ+ individuals, Oxford County Public Health and Emergency Services, Canadian Mental Health Association, and investigators from Wilfrid Laurier University) have provided input on the survey tools, and will be involved in data collection and analysis.

Reflexivity

There are a number of aspects about myself that will influence how I do this research, or how I interpret the findings. First of all, I will be working in solidarity with the participants as I also identify as a member of the LGBTQ+ community, and as such am an in-group member of the community I will be working with. Although I did not come out, or even fully realize my sexuality, until I had left home for university, my undergraduate university was also in a rural small town roughly the same size as my hometown. Although I am new to Ontario, and not very familiar with Oxford County, I have grown up and lived in rural areas most of my life. Up until 2014 when I moved to Waterloo, the largest town I had lived in had a population of less than 6000. Though these rural areas were all in Nova Scotia and New Brunswick, rural life is often



similar despite specific location. Rural communities often share a similar culture and way of life, with which I feel comfortable and feel I will be able to relate to the experiences of our participants.

I also understand that I am entering this research with a certain amount of privilege that many participants may not have. I am a white, middle class, Canadian born woman, who has been lucky enough to not only have the opportunity to go to university, but to continue on to grad school as well. My experiences have shaped the way I learn and my views on the world as a whole. Through these experiences I have been able to reflect on my own values and beliefs and have grown to identify as a feminist, which will also undoubtedly effect the way I go about my research.

Research Design

The critical transformative paradigm values participation as a key point of the research. Although our research design may not be fully participatory it does include a number of qualities of participatory action research (PAR). One of the main aspects of PAR is that the research is conducted *with* community members not *on* them (Nelson & Prilleltensky, 2010). Therefore, community members should have a voice and part to play in the research. It is also important that research is done with intent to follow through with action, not simply for the sake of doing research (Nelson & Prilleltensky, 2010).

Our research design follows these principles. The research team is made up of LGBTQ+ community members, members of Oxford County Public Health and Emergency Services, service providers, and researchers. This team of diverse people each had the opportunity to provide input and approval of the final survey tools. The surveys themselves are designed for



respondents to share their experiences and desires or concerns for Oxford County, therefore giving them a voice in future research, programs, and services.

This research is also being conducted with a desire to provide for the community. There is hope that the results of this assessment will allow the OCRC and OCPHES to take action and build more support services and programs for and with their local LGBTQ+ communities.

Participants

The participants for this study will be a sample of LGBTQ+ individuals over the age of 16 years, who live, work, or go to school in Oxford County, Ontario. Recruitment of participants will occur through advertising and promotions at community events such as pride, and agencies such as OCPHES, as well as through online advertising on community agency webpages, social media sites, and list serves. Participants will also be asked to pass information along about the survey to other friends or people who may also fit the criteria in hopes that they may also participate. We hope to gather data from approximately 200 participants by the end of data collection.

Data Collection

Data will be collected through a number of online quantitative surveys hosted on FluidSurveys. Participants will begin by completing the eligibility criteria (appendix A), which will determine if respondents identify as either a gender or sexual minority, and whether they live, work, or go to school in Oxford County. Based on answers from the eligibility criteria, participants will be sent forward to either the sexual orientation survey (appendix B), the gender identity survey (appendix C), or if they identify as both a gender and sexual minority, the gender identity & sexual orientation survey (appendix D), then finally they will complete the demographic information (appendix E). Survey questions were taken with permission from the



Health in Middlesex Men Matter (HIMMM) project and Trans PULSE surveys, with further input on additional questions and final approval of the survey by the OCRC research team. The surveys address experiences with health and health services, coming out, experiences of harassment, intimidation and violence, social support, and community.

The health and health services section asks respondents about their access, comfort, and experiences with health care providers in Oxford County. This section also includes the Rosenberg self-esteem scale (1965) which is a ten item scale measuring the respondents' feelings of self-worth.

The coming out section includes questions regarding age of first disclosure about sexual orientation or gender identity, who respondents are out to, and expected levels of support of people who respondents are not out to yet. Participants will indicate their expected amounts of support on a scale from "not at all supportive" to "very supportive".

The next section of the surveys is the life experiences section which includes a number of questions addressing experiences of harassment, intimidation, and violence based on their sexual orientation or gender identity. Participants will indicate on a scale from "never" to "many times", how often they have experienced various forms of victimization, violence, or negative life events. In this section participants will also indicate if and how many times they had reported incidents to the Oxford Police, and how often those reports were resolved on a scale from "all the time" to "never". Participants will also be asked whether or not they had reported other forms of harassment not based on sexuality or gender identity and how often those reports were resolved. We also want to determine if there are any places in Oxford County that respondents avoid due to fear of being harassed about their gender identity or sexuality. Finally, we also ask whether or



not the respondent has ever been asked to leave their place of residence due to their gender identity or sexuality.

The social support section asks participants about the different types of supports available to them and their feelings about how they are provided. Participants will indicate how supportive from "not at all supportive" to "very supportive" they perceive people in their lives to be about their sexuality or gender identity. They will also be asked to specify the number of close friends or relatives they have that they feel they can talk to about important things. They will also indicate how many of their friends are LGBTQ+ on a scale from "all of them" to "none". Participants will then indicate how strongly they agree or disagree with a series of statements about how supportive their friends and family members are.

Finally, in the community section, participants will answer questions regarding their perceptions of their local community and their involvement with various organizations. They will begin by indicating their perceptions of the level of acceptance their community would have for a number of scenarios on a nine-point scale where one indicates "not at all accepting" and nine indicates "completely accepting". Participants will then describe their sense of belonging to their local community from "very strong" to "very weak", and indicate their awareness and use of LGBTQ+ friendly agencies or social spaces, as well as how important it is for them to be a member of an LGBTQ+ specific organization. Participants will then be asked what kind of voluntary organizations or associations in Oxford County they are associated with, both LGBTQ+ specific and non LGBTQ+ specific, and how often they participated in a meeting or activity in the last 12 months from "at least once a week" to "not at all". They will then be asked the same questions but about groups outside Oxford County. We also want to identify how participants currently connect with other LGBTQ+ people, and their likelihood of attending or



accessing LGBTQ+ services and events in Oxford County from "very likely" to "I wouldn't attend". Finally, participants will check all that apply regarding what would make it more likely for them to attend an LGBTQ+-friendly space or event, and how often a lack of transportation is a reason they do not attend social activities.

The first three digits of the participant's postal code will be collected in the eligibility criteria survey to identify respondents who live in Oxford County. The first three digits will also allow us to denote whether the respondents live in a rural or urban area.

The surveys will remain open online from March until the end of June 2016. After data collection is complete, all raw data will then be saved on an encrypted USB and delivered from the investigators at Oxford County Public Health and Emergency Services, to the investigators at Wilfrid Laurier University (WLU). Access to the USB and all other research data will be restricted to the primary investigator (Dr. Todd Coleman) and the co-investigators from OCPHES (Gayle Milne, & Rob Haile) and WLU (Dr. Robb Travers, & Ashley-Ann Marcotte).

Data Analysis

Once data collection is complete and all of the raw data has been transferred to WLU, it will be analysed using SPSS. We will examine frequencies for categorical variables such as sexual orientation or health services accessed in the past two years, and examine means with standard deviation, and medians for continuous variables such as age and level of education.

We will also try to determine if there are any differences in health outcomes or experiences such as experiences of homophobia or transphobia between rural and urban respondents. For these comparisons the three urban centres (Woodstock, Tillsonburg, & Ingersoll) will represent urban, and everywhere else in Oxford County will be considered rural.



A zero in the second digit of the postal code will indicate rural. We will also examine how intersectionalities may play a role by comparing different age demographics, racial or ethnic demographics, or religious demographics for instance, as these may have implications for service providers.

We will use t-tests or ANOVAs to examine the differences in continuous measures to determine if there is a significant difference between the groups, and either chi-square or Fisher's exact tests to test the significance for categorical measures.

Ethics

We will receive ethics approval from Wilfrid Laurier University's research ethics board (REB). Participants will be anonymous, no identifying information such as names, will be collected and all data will be confidential, only accessed by the research team. The final data will also be reported in an aggregated manner so as not to isolate any respondents.

Before entering the surveys, respondents will read a letter of information (appendix F) which will explain the survey and the research, provide contact information, and act as the consent form for the surveys. The letter also provides participants with information on how to ensure their own privacy when completing the survey (i.e., deleting internet history).

Once the data has been inputted into SPSS, the raw data files from the USB will be digitally shredded to ensure privacy and confidentiality.

Knowledge Transfer

Instead of writing a traditional thesis with the results of this study, I will write up to three separate papers to ensure the community has access to the results in a clear concise format. I will write a community report that can be shared with agencies and service providers that is written in an easy to read format to ensure accessibility for all readers. Depending on the findings I will



also write a technical report focusing more on statistical findings to provide OCRC and OCPHES with concrete numbers that they will be able to use in order to apply for grants and demonstrate the findings of the needs assessment. Finally, I will also use some of the data to write an academic article with the intention of getting it published in order to share the results with the academic community. It is also possible that the results will be presented at academic and community research conferences to further share our conclusions. I hope that these reports will lead to more services and programs for LGBTQ+ communities in Oxford County, and possibly continuing research in the area.



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Experiences of Victimization and Health Care Access Among Non-metropolitan

LGBTQ+ Individuals.

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August 2016



Lesbian, gay, bisexual, trans, and queer (LGBTQ+) individuals report substantial rates of violence, discrimination, and negative life events due to homophobia and transphobia and these experiences impact access to health care services and programs (Bauer et al, 2009; Grant, Mottet, Tanis, Harrison, & Keisling, 2010) These experiences result in LGBTQ+ communities needing services, programs, and social supports to provide safer spaces. Although it is well recognized that health care services are not a major determinant of health outcomes and yet use more than 60% of health spending (Canadian Institute for Health Information, 2014; Muzyka, Hodgson, & Prada, 2012). As such, making better use of health care spending to ensure existing health care services are inclusive of and are meeting the needs of LGBTQ+ populations is important. These challenges are further exacerbated among LGBTQ+ populations in non-urban settings. In the Canadian context with a population of 35 million, urban centres are defined as an area with a population over 1000, and a population density greater than 400 people per square kilometre, with this definition urban centres account for 81% of the population (statcan, 2011). The purpose of the current study was to undertake a needs assessment in Oxford County, ON, Canada in order to document: 1) life experiences of local LGBTQ+ individuals, 2) services that are currently being used, and 3) services or programs needed by LGBTQ+ communities. One hundred and twelve LGBTQ+ people completed an online survey. Despite encountering high rates of silent, verbal, and sexual harassment, LGBTQ+ people in Oxford County did not report incidents to police. A majority of participants had a primary health care provider, and most felt comfortable sharing their sexual orientation or gender identity with that provider. However, transphobic and heteronormative attitudes were encountered among health care providers, hospitals, and mental health care services providers. Implications and recommendations focus on



training and policy changes for health care providers and police services in order to provide safer services for LGBTQ+ individuals in small and non-metropolitan settings.



Introduction

Despite changing attitudes, lesbian, gay, bisexual, trans, queer, questioning, intersex, two spirit, pansexual, and asexual (LGBTQ+) individuals are still at greater risk of victimization and subsequently demonstrate lower levels of wellbeing than their heterosexual and cisgender counterparts throughout their lifetime (Coleman, Irwin, Wilson, & Miller, 2014; Morales, King, Hiler, Coopwood, & Wayland, 2014). According to Prilleltensky (2012) wellbeing is defined as "a positive state of affairs, brought about by the simultaneous and balanced satisfaction of diverse objective and subjective needs of individuals, relationships, organizations, and communities." (p. 2). Factors affecting wellbeing can vary from income and level of education, to feelings of life satisfaction, good mental and physical health, social support, and equal and just opportunities (Prilleltensky, 2012). As a way to combat the effects of homophobia and transphobia, responsive services are needed in order to provide safer spaces, establish community, and provide support to LGBTQ+ communities.

LGBTQ+ Experiences

Victimization and social isolation have a major impact on the mental health and wellbeing of LGBTQ+ individuals (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Goldblum et al, 2012). Many of the studies pertaining to LGBTQ+ life experiences focus on youth and their experiences with homophobia and transphobia. These formative experiences remain with these individuals throughout their lifetime. LGBTQ+ youth who find themselves in an unaccepting environment often have little to no escape as the victimization may follow them, at home, online, and at school. In a US-based study, lesbian, gay, and bisexual youth were more than ten times more likely to report being assaulted multiple times a year at school than their heterosexual peers (Almeida et al, 2009). Trans youth also experience disproportionately higher



levels of harassment and victimization. Nearly half of trans youth have reported experiencing hostility about their gender identity or expression by peers, teachers and school administration while few reported that their teachers would intervene if they heard negative remarks about gender identity or sexual orientation (Goldblum et al, 2012). Negative remarks and other non-physical forms of abuse are the best predictor of future physical abuse, and thus should be addressed in a similar manner (Peter, Taylor, & Chamberland, 2015).

There is also risk of abuse and victimization of LGBTQ+ individuals within their families. For example, some parents may react negatively when their children disclose their sexual orientation or gender identity, or they may be homophobic or transphobic even before their child discloses (Hill & Willoughby, 2005). A study looking at both US and Canadian cisgender LGB high school students determined that societal and cultural environments may perpetuate stigmatizing attitudes in regards to sexual or gender minorities, and some families may react negatively towards any form of gender nonconformity fearing that their child may be LGBTQ+ (Saewyc et al, 2006). This is an even larger risk for young gay boys or young trans girls who exhibit more feminine traits, as it is generally more accepted by society for females to have masculine traits but not for males to have feminine ones (Almeida et al., 2009; Kane, 2006).

In 2013, 21% of all hate crimes in the US were based on sexual orientation while 0.8% were due to gender or gender identity (Federal Bureau of Investigation, 2014). In Canada in the same year, 16% of hate crimes were based on sexual orientation. These incidents were more likely to be violent than hate crimes targeted at other groups, with about two thirds of incidents involving violent offenses (Allen, 2015). Canadian data do not include offenses based on gender identity as gender identity has not yet been added to the Criminal Code of Canada. However, roughly half of trans individuals have indicated having experienced violence in their lifetime



(Langenderfer-Magruder, Whitfield, Walls, Kattari, & Ramos, 2016; Perry & Dyck, 2014; Goldblum et al., 2012).

Rates of hate crimes may be higher than reported as many LGBTQ+ individuals fear and distrust police and fail to report homophobic incidents to them (Browne, Bakshi, & Lim, 2011). Only 10% of LGBTQ+ survivors of abuse reported their experience to the police (Testa et al, 2012). Both Canadian and US survivors feared secondary victimization from police who are often unaware of the survivor's needs (Browne et al, 2011; Faulkner, 2006; Testa et al, 2012). In the US, 29% of trans individuals have reported harassment and disrespect by police officers (Jauk, 2013). Trans survivors of abuse were four times more likely to also experience police violence, and seven times more likely than heterosexual cisgender individuals to experience physical violence when interacting with police (Ahmed & Jindasurat, 2014).

Such victimization and abuse can have a number of negative effects on the wellbeing of LGBTQ+ individuals. Psychological distress, higher rates of depression, anxiety, suicidal ideation, and substance use are often reported (Heck, Flentje, & Cochran, 2013; Toomey, Ryan, Diaz, Card, & Russell, 2013). There is also the threat of LGBTQ+ youth internalizing the negative attitudes they encounter in school. This internalization can manifest as negative self-concept, internalized trans or homophobia, self-destructive behaviours, low self-esteem, and leaving school (Goldblum et al, 2012; Almeida et al, 2009).

LGBTQ+ individuals may also experience stress related to their identity (Baams, Grossman, & Russell, 2015; Feinstein, Wadsworth, Davila, & Goldfried 2014). Minority stress theory suggests that members of minority groups experience stressors related specifically to their membership in that group. These stressors result from sociocultural sanctions of status, social prejudice and discrimination, and the impact these environmental forces have on psychological



wellbeing and adaptation. Minority stress grows not only from specific negative events, but also from overarching experiences in society that minority individuals must negotiate (Lewis, Derlega, Griffin, & Krowinski, 2003). Lesbian, gay, and bisexual individuals are specifically at risk of "gay related stress", related to discrimination based on sexual orientation, internalizing negative societal attitudes, concealment of sexual orientation, and expectations about rejection based on sexual orientation (rejection sensitivity) (Baams et al., 2015; Feinstein et al., 2014). For those who are not out to their families, anxiety is a common experience (Lewis et al., 2003). This fear and anxiety is a symptom of stigma consciousness (how members of a minority group expect to be stereotyped) (Lewis et al, 2003). The greater the stigma consciousness held, the more minority stress is felt (Lewis et al, 2003), adversely affecting self worth and sense of belonging (Baams et al, 2015). Negative internalized feelings caused by minority stress and stigma consciousness may also lead to suicidal ideation; in Canada suicide rates for LGBTQ+ individuals may range between 20%-53% with trans individuals reporting significantly higher rates of suicide attempts (Bauer, Scheim, Pyne, Travers, & Hammond, 2015; Moody, Fuks, Pelaez, & Smith, 2015). Possible protective factors include social support, optimism and resilience, and having a reason for living (Moody et al, 2015). For trans individuals, realization and acceptance of one's gender identity, transitioning related factors, the ability to come out, and family acceptance predict resiliency (Bauer et al, 2015; Moody, et al., 2015).

Health Care Access

LGBTQ+ baby-boomers (born between 1946-1964) experience more barriers to health care than other LGBTQ+ adults (Morales et al, 2014). Lesbians are less likely to receive routine preventative health care such as pap smears and breast cancer screenings than heterosexual women, while gay men are more likely to report having unmet medical needs and difficulty



obtaining health care compared to heterosexual men (Coleman et al., 2014; Morales et al., 2014; Orel, 2014). LGBTQ+ individuals report negative experience with the health care system related to their sexual orientation, citing frustrations with health care personnel who hold heteronormative and transphobic/ homophobic views and assumptions (Orel, 2014). As a result, many LGBTQ+ individuals do not disclose their sexual orientation to their health care provider (Coleman et al, 2014).

Health care providers often lack knowledge about LGBTQ+ health needs (Heinz & MacFarlane, 2013). Trans people in both Canada and the US often report being required to provide information about trans care to their health care providers who would not bother to educate themselves (Bauer et al, 2009; Grant, Mottet, Tanis, Harrison, & Keisling, 2010). Some health care providers refuse to provide health care to trans individuals altogether (Grant et al, 2010). This may result in trans people performing "do-it-yourself" (DIY) surgeries or using black market hormones and sharing needles: possibly increasing their risk of contracting HIV (Bauer et al., 2009; Rotondi et al., 2013).

Current Study

For the purpose of this current study, we undertook a needs assessment in order to explore the service needs of the LGBTQ+ communities in Oxford County, Ontario, Canada. Partners included the Oxford County Rainbow Coalition (OCRC), Oxford County Public Health and Emergency Services (OCPHES), and researchers from Wilfrid Laurier University. Oxford County (located in South western Ontario) has a population of nearly 112, 000 people (Oxford County, n.d.; Statistics Canada, 2016). Much of the county is rural with only three small urban centres (as defined by Stats Canada (2011) as having a population greater than 1000 and a pop density greater than 400 people per square km); Woodstock (37, 754), Tillsonburg (15, 301), and



Ingersoll (12, 146) (Oxford County, n.d; Statistics Canada, 2016). The needs assessment was designed to allow the county and local LGBTQ+ communities to work collaboratively to address the social support and health service needs of local communities through documentation of life experiences and exploration of current needs to identify service gaps. The objectives of the needs assessment were, 1) to describe and compare within communities, the overall life experiences of LGBTQ+ individuals in Oxford County, 2) to describe and compare within communities, services that are currently being accessed by LGBTQ+ individuals in Oxford County, and 3) to list services or programs that are needed for LGBTQ+ individuals in Oxford County. This paper focusses, in particular, on reported rates of victimization and access to health and mental health services.

Methods

Participants and Recruitment

Ethics approval was obtained from Wilfrid Laurier University's research ethics board before recruitment began. Our participants for this study included 112 LGBTQ+ individuals over the age of 16 who lived, worked, or went to school in Oxford County, Ontario, Canada. Participants were recruited through snowball sampling, advertising and promotion at community events (e.g., Pride), through local service agencies, and through online advertising (e.g., community agency webpages, Facebook, and list serves). A press release through OCPHES resulted in local news coverage that helped to promote the survey.

Measures

Data were collected using an online quantitative survey developed by the investigator team and hosted on FluidSurveys. The survey was open for four months with questions used/adapted with permission from the Health in Middlesex Men Matter (HIMMM) and Trans



PULSE projects (Coleman, 2014; Khobzi, 2010). Additional questions were added by the investigator team to meet the needs of the local context. The surveys measured experiences with health and health services, coming out, harassment, intimidation and violence, social support, and sense of community.

Participants were eligible if they self-identified as a gender and/or sexual minority, and currently lived, worked, or went to school in Oxford County. Based on their answers for the eligibility criteria, participants were forwarded to either the sexual orientation survey, the gender identity survey, or if they identified as both a gender and sexual minority, the gender identity & sexual orientation survey. Finally, participants also completed a brief demographic survey. The first three digits of participants' postal codes were collected in the demographic survey to determine if respondents lived in a rural or urban area.

Health and health services. Respondents were asked about accessing health services such as hospitals, primary health care, and mental health services. Participants' also indicated their comfort levels and experiences with these services, in Oxford County. This section also included the Rosenberg self-esteem scale (1965); a ten item scale measuring the respondents' feelings of self-worth.

Coming out. This section queried age of first disclosure about sexual orientation or gender identity, who respondents had disclosed to, and what level of support they expected from people to whom they had yet to disclose. Participants indicated their expected amounts of support on a 4-point scale from "not at all supportive" to "very supportive", with an additional "not applicable" option.

Life experiences. This section addressed experiences of harassment, intimidation, and violence based on sexual orientation or gender identity. It also included the external homophobia scale, a



ten item scale where participants indicated how often they had experienced various forms of external homophobia (Diaz, Ayala, Bein, Henne, & Marin, 2001), and the transphobia scale, a ten item scale which measures the rates of transphobia participants have experienced (Khobzi,2010). Participants were also asked to indicate which forms of victimization, violence, or negative life events they have experienced in Oxford County, as well as if and how often they had reported those incidents to police. Participants also indicated how often those reports were resolved. Finally, participants indicated services or locations in Oxford County that they avoided due to fear of being harassed about their gender identity or sexual orientation.

Social support. In this section participants completed the Multidimensional Scale of Perceived social support (Zimet, Dahlem, Zimet, & Farley, 1988). Participants indicated how the felt about statements about their family, friends, and people in their life, on a 7-point scale from "very strongly disagree" to "very strongly agree". They were also asked to specify the number of close friends or relatives they have who they feel they can talk to about important things, as well as how many of their friends are LGBTQ+ on a 5-point scale from "all of them" to "none". Participants then indicated how strongly they agreed or disagreed with a series of statements about how supportive their friends and family members are.

Community. In this section, participants answered questions regarding their perceptions of the local community and their involvement with various organizations. The anticipated level of acceptance their community would have for a number of scenarios was measured using a nine-point scale where one indicates "not at all accepting" and nine indicates "completely accepting". Participants then described their sense of belonging to their local community from "very strong" to "very weak", and indicated their awareness and use of LGBTQ+ friendly agencies or social spaces, as well as how important it was for them to be a member of an LGBTQ+ specific



organization. Participants were then asked what kind of voluntary organizations or associations in Oxford County (and outside) they were associated with, both LGBTQ+ specific and non LGBTQ+ specific, and how often they participated in a meeting or activity in the last 12 months from "at least once a week" to "not at all". We also wanted to identify how participants currently connect with other LGBTQ+ people, and their likelihood of attending or accessing LGBTQ+ services and events in Oxford County on a 4-point scale from "very likely" to "I wouldn't attend". Finally, participants checked all that applied regarding what would make it more likely for them to attend an LGBTQ+-friendly space or event.

Data Analysis

Data was analysed using IBM SPSS Statistics 21. A total of 171 people started the surveys; 59 surveys were removed due to starting and not completing more than 50% of the survey, resulting in a final sample of 112. Of those 112, 100 completed all sections and 12 completed the main survey but not the demographic survey. Variables were recoded and merged for the analysis. For instance, in order to analyze trans experiences of silent harassment based on gender identity, answers had to be recoded into numerical values and answers from LGB and heterosexual trans participants had to be combined into a new variable. Descriptive statistics were measured to determine the frequency of categorical variables and Fisher's exact tests were used to determine the significance for categorical measures.

Results

Demographics

As shown in Table 1, our sample ranged in age from 16-72 (M = 35.1, SD = 14.44). Our mean was slightly lower than Oxford County's 2011 median age of 41.2 (Welcome to Oxford, 2014). The majority of participants self-identified as cisgender (86.6%), and 51.8% were



assigned female at birth. Participants were able to choose multiple gender identities, however the most common were Girl/Woman (41.1%) and Boy/Man (35.7%) followed by Feel like a boy sometimes (8.0%), Feel like a girl sometimes (5.4%), FTM (4.5%), and Two-spirit (4.5%). Gay (32.1%) and Lesbian (26.8%) were the most common sexual orientations followed by Bisexual (15.2%) and Pansexual (5.4%). The majority of participants lived in one of the three urban centres (71.4%), and the vast majority of participants were either Caucasian (75.9%), or did not specify their ethnicity (17.9%). Only 2.7% identified as racialized and 3.6% as mixed ethnicity. Many of the participants were currently in some form of a relationship (44.6%) and had never been married (39.3%). Twenty-five percent of participants had at least some university education and 50% of participants had an annual household income of at least \$40,000 with the highest percentage making \$80,000 or more (24.1%).

Life Experiences

As shown in Table 2 all but one participant (.9%) had already disclosed their sexual orientation, and all but two (13.3%) had disclosed their gender identity. Many participants disclosed while young as 47.3% of participants had disclosed their sexual orientation, and 46.7% had disclosed their gender identity by the time they were 24 years old. Nearly five percent of participants had been asked to leave their place of residence due to their sexual orientation, though none had been asked to leave due to their gender identity.

In total, 74.1% of participants reported experiencing some form of harassment, assault, or violence based on their sexual orientation, and 66.7% had due to their gender identity. 80% of trans LGB participants experienced some form of harassment, assault, or violence based on one or the other. The most common form of harassment was silent harassment which included staring, pointing, and whispering. For both sexual orientation and gender identity more than 60%



of participants had experienced silent harassment (Sexual orientation (SO) = 63.4%, Gender identity (GI) = 66.7%). The next most common forms were verbal harassment (SO = 43.7%, GI = 33.3%), sexual harassment (SO = 32.1%, GI = 26.7%), and physical intimidation and threats based on sexual orientation (14.3%).

For those who had experienced physical violence and/or sexual assaults based on their sexual orientation only 15.6% reported the incident to police in Oxford County. Of those who reported, 60% said that their complaints were resolved more than half the time or all the time. For incidents of other forms of harassment or intimidation based on sexual orientation only 11.1% of participants reported them to Oxford County police. Seventy-five percent of participants indicated that those reports were resolved less than half the time or never. For the three participants who experienced physical violence and/or sexual assaults based on their gender identity only one (33.3%) reported the incident to the police. They also indicated that the reports were resolved less than half the time that the reports were resolved less than half the time or never.

Public washrooms were the most avoided place for trans participants in Oxford County with 66.7% of participants avoiding them; 14.4% of cisgender participants avoided public washrooms for fear of being harassed about their sexual orientation. Other places that participants avoided were clubs and social groups (SO = 24.1%, GI = 40.0%), gyms (SO = 15.2%, GI = 46.7%), religious institutions (SO = 27.7%, GI = 13.3%), and restaurants and bars (SO = 21.4%, GI = 26.7%). Only 20% of trans participants did not avoid any areas based on their gender identity, while 47.3% of cisgender LGB+ participants did not avoid any areas based on their sexual orientation. When Fisher's exact tests were applied there was a significant difference between trans participants and cisgender participants' reports of avoidance of public transit (p = .031), grocery stores and pharmacies (p < .001), malls or clothing stores (p < .001), clubs or



social groups (p = .028), gyms (p = .005), public washrooms (p < .001), public spaces (p = .003), schools (p < .001), and cultural or community centres (p = .003). Only avoidance of restaurants and bars (p = .110) and religious institutions (p = .757) did not differ significantly.

The external homophobia scale has a maximum score of 4 and a minimum score of 1 where the higher the number, the more external homophobia participants have encountered. Our cisgender LGB+ participants had a Mean score of 2.1 (SD = .55), while trans LGB+ participants had a Mean score of 2.2 (SD = .79). The transphobia scale was also measured on a 4-point scale where the higher the average score the more transphobia participants had encountered. Trans LGB+ participants had a Mean score of 2.3 (SD = .69), trans heterosexual participants had a Mean score of 1.9 (SD = .14).

Service Needs

As shown in Table 3 the vast majority of participants had a primary health care provider (91.1%), and of those who did 76% felt comfortable sharing their sexual orientation and 53.9% felt comfortable sharing their gender identity with their health care provider. Although 76% of participants reported feeling comfortable sharing their sexual orientation, only 59% had actually disclosed their sexual orientation, and only 28% had talked to their health care provider about issues specific to sexual orientation. Regarding gender identity, although 53.9% of participants said they were comfortable sharing their gender identity, 61.5% had actually disclosed their gender identity, and 53.9% had talked to their health care provider about issues specific to gender identity.

Fifty-one percent of participants had no negative interactions based on their sexual orientation with their primary health care provider. However, 42% did report that their primary health care provider assumed they were heterosexual. Over 61% of trans participants did not



have a negative interaction with their primary health care provider; however, 30.8% reported being told by their health care provider that they did not know enough about trans-related care to provide it.

Participants reported more negative interactions with staff at a hospital in Oxford County then with their primary health care provider. Just over half of participants (51.8%) reported that hospital staff assumed they were heterosexual, and 12.1% made assumptions about their health based on their sexual orientation. Participants also reported that hospital staff made negative comments or gestures about LGBTQ+ people (8.4%), and about someone's gender, race, religion, culture or ethnicity (7.2%). Only 42.2% of participants had not had a negative interaction with hospital staff regarding their sexual orientation. There were generally less negative interactions with hospital staff regarding gender identity, as 61.5% had not experienced any negative incidents. However, 15.4% of trans participants reported that staff used hurtful or insulting language about trans people.

More than 57% of participants have not accessed mental health services in Oxford County in the past two years. Fisher's exact test indicated that trans participants were significantly more likely to have accessed mental health services than cisgender participants (p = .011). Of the 42.9% of participants who had accessed mental health services in the past 2 years, 50% had some sort of negative interaction with the mental health care provider about their sexual orientation. The most common experience was the assumption that participants were heterosexual (34.8%), followed by assumptions about participants' health based on their sexual orientation (10.9%), assumptions about amount of sexual partners based on their sexual orientation (8.7%), and negative comments or gestures made by mental health care providers about LGBTQ+ people (8.7%). As for trans participants, 72.7% had no negative experiences



with mental health care providers, however 18.2% reported being discouraged from exploring their gender by their mental health care provider.

Discussion

The LGBTQ+ community continues to deal with violence and victimization worldwide. According to the International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA) roughly 75 countries worldwide have criminal laws against same sex activities, including up to 14 that threaten the death penalty for homosexuality (76crimes.com, 2016; Carroll, 2016). Most of these countries are in Africa and Asia, however serious cases of LGBTQ+ violence also happen closer to home. On June 12, 2016, 49 people most of whom were Latinx and LGBTQ+, were shot and killed inside Pulse, a gay nightclub in Orlando, Florida (Alvarez, Pérez-Pena, & Hauser, 2016). This attack, shocked and impacted LGBTQ+ communities worldwide. On June 20, 2016, in Ingersoll in Oxford County, ON, the pride flag which had been raised to commemorate local Pride events, and honor the victims of the Pulse shooting, was taken down, damaged, and thrown in the trash (Fraser, 2016; The Canadian Press, 2016). Less than a week later Oxford County police had arrested a 36-year-old man on charges of mischief under \$5000, with the possibility of further charges such as committing a hate crime (Stacy, 2016). It is not surprising then, that participants in our study, which finished data collection only a few days after this incident, reported that homophobia and transphobia were very present in the lives of LGBTQ+ people in Oxford County.

Three quarters of participants had experienced some form of harassment, assault, or violence due to their sexual orientation and just over two thirds had due to their gender identity. Consistent with the broader research literature, silent harassment was the most common form of hostility, however the rates demonstrated in Oxford County were actually substantially lower



than those demonstrated elsewhere (Ellis, Bailey, & McNeil, 2016; Heinz & MacFarlane, 2013). In the UK, 85% of trans participants reported silent harassment (Ellis et al., 2016), while in Vancouver Island, BC 82% of trans participants had (Heinz & MacFarlane, 2013) compared to our own 67% for trans participants (63% for all participants based on sexual orientation). It is possible that our rates were lower due to sampling bias.

The rates of the other forms of victimization were consistent with previous literature (D'Augelli & Grossman, 2001). Verbal harassment was the second most common, followed by sexual harassment and physical intimidation or threats. Though rates were again slightly lower than previous literature, they were still fairly consistent. A US meta-analysis of lesbian, gay, and bisexual victimization by Katz-Wise and Hyde (2012) found that about 55% of LGB individuals reported verbal harassment, and 45% sexual harassment, fairly close to our own 44% verbal, and 32% sexual harassment.

Like many other LGBTQ+ communities, our participants usually did not report offenses to the police (Browne et al., 2011; Coleman et al, 2014; Morales et al, 2014; Testa et al, 2012). Less than 16% of participants reported experiences of physical violence and/or sexual assault, and only 11% reported other forms of harassment or intimidation based on their sexual orientation to police. These rates suggest that LGBTQ+ people in Oxford County may not trust their police services to address their concerns. They may be nervous about secondary victimization by police (Faulkner, 2006), or they may have felt that reporting would be difficult or frustrating, and therefore not worth the effort (Browne et al., 2011). Reporting to the police would also require outing themselves. Though most of our sample identified themselves as out, being out to family and friends is different from outing themselves to police while already feeling vulnerable from victimization. The low rates of reporting may also mean that there is a



lack of knowledge for both LGBTQ+ individuals who may be unaware of their legal rights, and for police who may not understand the fear and vulnerability certain incidents may evoke in LGBTQ+ individuals (Moran & Sharpe, 2004). Additionally, women who experience violence often do not report incidents to police for similar fear of victim blaming and secondary victimization by police (Dunbar, 2006; Felson & Paré, 2005; Rennison, Dragiewicz, & DeKeseredy, 2012). Therefore, it is not particularly surprising that lesbian women have been found to be less likely than gay men to report hate crimes to police as they may experience fear of rejection based on both gender and sexual orientation (Dunbar, 2006). Further more, the more intersecting identities the less likely individuals are to report crimes to police. Though lesbian women of colour have been found to experience more violent hate crimes, they were also the least likely to report incidents to police (Dunbar, 2006). Location has also been found to be a factor for reporting violence to police. Rural and suburban women were less likely to report incidents of rape or sexual assault than women living in urban settings (Rennison, Dragiewicz, & DeKeseredy, 2012). In smaller tightly-knit areas, friends and neighbors may be able to help prevent public crimes, however they may also try to maintain a certain status quo which may discourage victims from publicly talking about their experiences (Rennison, Dragiewicz, DeKeseredy, 2012). It is possible that these reasons for non-reporting for women may be similar to reasons LGBTQ+ individuals in small urban and rural settings also do not report to police. Ignoring or not naming harassment or discrimination may also be a coping mechanism LGBTQ+ individuals use to protect themselves mentally from minority stress, and from physically dealing with law enforcement personnel (Browne et al., 2011).

Hate crimes against LGBTQ+ individuals are more likely than non-biased violence to take place in a public setting, therefore it is not surprising that one coping mechanisms



documented in the literature include avoiding places and situations which may increase the risk of being outed or harassed (Browne et al., 2011; Heinz & MacFarlane, 2013; Herek, Cogan, & Gillis, 2002). In our study, 80% of trans participants and about 53% of all participants reported avoiding certain areas due to fear of being outed or harassed due to their gender identity or sexual orientation respectively. Trans participants were significantly more likely to report avoiding all situations presented in the survey, except religious institutions, and restaurants and bars, which both trans and cisgender participants reported avoiding. Public washrooms were the most avoided places for trans participants; determining which washroom is safest may be difficult. This has also been a visible topic in the media both in Canada and the US where conservative politicians have been trying to pass "bathroom bills" to force trans people into the bathroom of their assigned sex at birth, despite their present gender identity (Buterman, 2013; Schuster, Reisner, & Onorato, 2016; Westbrook & Schilt, 2014). These bills perpetuate transphobia by conflating trans people, especially transwomen, with sexual predators (Buterman, 2013) and can also have physical consequences such as the development of bladder and kidney infections (Schmidt, 2013).

The vast majority of our participants had a primary health care provider and most felt comfortable with sharing their sexual orientation or gender identity with them. Trans participants were more likely to report comfort sharing their gender identity than their sexual orientation with their health care provider. It is possible they wanted to keep their health care provider focused on one aspect of their health, or that they did not want to add another possibly stigmatized identity into their interactions with their healthcare provider. Trans participants were also significantly more likely to have accessed mental health services in Oxford County in the past two years than cisgender participants. In total less than 43% of participants had accessed mental health services.



Most of our participants reported that they were comfortable sharing their sexual orientation or gender identity with their primary health care provider. This finding contradicts previous literature which states that most LGBTQ+ people do not share due to feeling uncomfortable or nervous (Bauer, Hammond, Travers, Kaay, Hohenadel, & Boyce; 2009; Durso & Meyer, 2013; Fuzzell, Fedesco, Alexander, Fortenberry, & Shields, 2016). However, despite 76% of participants stating they were comfortable sharing their sexual orientation, only 59% had actually disclosed their sexual orientation to their primary health care provider which was more consistent with the literature. More trans people reported disclosing their gender identity, than reported feeling comfortable doing so. This indicated they likely felt it was more important for their primary health care providers to know their gender identity than whether or not they were comfortable having them know it. More often than not, LGBTQ+ individuals report fear of being mistreated or outed, or they may feel their sexual orientation is irrelevant to their health care (Durso & Meyer, 2013). For trans participants there may be worries about the lack of medical knowledge health care providers may have about trans needs (Bauer et al, 2009).

Though 49% of participants reported negative experiences with their primary health care provider, 52% with hospital staff, and 50% with mental health services in Oxford County, the most common experience based on sexual orientation was heteronormative assumptions about the participant. Most trans participants had not encountered any negative experiences with their health care provider, hospital staff, or mental health services. However, for those who had, the most common experience with their primary health care provider was being told that they did not know enough about trans-related care to provide it. In hospitals, participants generally reported fewer negative interactions, however the interactions they did encounter were more blatantly transphobic, including using hurtful or insulting language about trans people. Trans participants



reported the least number of negative experiences with mental health services; however, the negative experiences they did encounter were harmful as more than 18% reported being discouraged from exploring their gender identity.

The low rates of reporting to police, high rates of silent harassment and avoidance of public spaces may indicate high rates of minority stress. As participants have experienced whispering and pointing, they may expect to be stereotyped and may feel a sense of rejection while in public. This may also relate to the low rates of reporting to police as they may expect rejection by law enforcement personnel. The more stigma consciousness participants hold, the greater the minority stress they feel (Lewis et al., 2003). Furthermore, the minority stress combined with rates of victimization and discrimination often lead to more psychological distress (eg., anxiety, sadness, helplessness, dread, poor self-esteem) resulting in a greater need for mental health services (Meyer, 1995). However, most of our sample had not accessed mental health services in the past few years. This could mean that either rates of minority stress are lower than anticipated and participants do not feel the need to access mental health services, or that experiences with health care providers are contributing to the rates of minority stress and are causing participants to limit their interactions with health care providers as well. Although participants demonstrated trust in their primary health care providers, the experiences of homophobia and transphobia indicate that low access to mental health care services is likely due to the latter.

Health care providers, hospital staff, and mental health service providers should partake in LGBTQ health training to teach them about the unique needs of LGBTQ+ patients, including the harmful effects of heteronormativity and transphobia. Information should also be given to health care providers to help them feel more prepared to provide trans-related health care (Bauer



et al, 2009; Clements-Nolle, Marx, & Katz, 2006). The National LGBT Health Education Center, a program from the Fenway Institute provides learning guides as well as webinars and video training for health care providers. These guides include best practices such as using gender neutral language (avoiding the use of terms like "sir" or "ma'am"), using the terms people use to describe themselves (if they say gay, don't use homosexual. If a woman refers to her wife, don't say "your friend" when referring to her) and avoiding assumptions about the gender/sex of a patient's partner or spouse (National LGBT Health Education Center, 2015; National LGBT Health Education Center, 2016). A public list of LGBTQ+ positive service providers in Oxford County should be available in easy access areas such as the Oxford County Public Health and Emergency Services website and health care provider waiting rooms. This may help LGBTQ+ individuals feel safe when accessing the services, and may encourage them to continue using services in Oxford County.

Training should also be provided to law enforcement in Oxford County to ensure that when LGBTQ+ people do report incidents of harassment or violence they feel supported and safe. Training may also include the addition of new polices for dealing with LGBTQ+-related issues or incidents. The Ontario Public Health Association has created a manual for creating positive space seminars and workshops, therefore training could be provided from an outside source such as Public Health, or a local LGBTQ+ organization, or from an internal source such as another police force (Clipsham, Hampson, Powell, Roedding, & Stewart, 2011). The Ontario Association of Chiefs of Police also have a Best Practices in Policing and LGBTQ Communities document designed to provide a "roadmap" for Ontario police services to proactively address LGBTQ-related issues and police the communities they serve more effectively (Kirkup, 2013). This document provides information on everything from dealing with LGBTQ+ hate crimes or



LGBTQ+ intimate partner violence, to strip searches and women's only spaces, giving examples of policies from other Ontario police services (Kirkup, 2013). A community liaison from the police force should reach out to LGBTQ+ communities to determine the best way for them to show their support. Listening and effectively communicating with LGBTQ+ communities about their needs may be the best way for the police forces and LGBTQ+ communities to connect. Recently there has been a lot of focus on police in relation to Pride events following the Black Lives Matter (BLMTO) protest at Pride 2016 in Toronto. BLMTO had a number of demands which included making Pride more diverse and inclusive for racialized LGBTQ+ communities, and which also included removing police floats from the parade (Khan, 2016). Understanding and listening to the requests of local LGBTQ+ communities may be the best way to demonstrate their support. This will allow LGBTQ+ people to know they can report incidents and be taken seriously (Browne et al., 2011; Stotzer, 2009). Education sessions or fact sheets about LGBTQ+ legal rights may also be useful for the LGBTQ+ communities. People may feel better reporting incidents if they feel knowledgeable about their rights.

Our study was able to reach a community in which very little is known, and will help this community grow in terms of resources and supports. It also helps fill the gap in knowledge for Canadian and non-metropolitan LGBTQ+ communities. The LGBTQ+ community in Oxford County demonstrated how much they wanted to be heard and gave us a good mix of male, female, and trans participants. However, one limitation to our study is the fact that almost all of our participants were already out when they participated. Disclosure of sexual orientation has been demonstrated to be linked to better health outcomes, therefore it is possible that since our participants were all out, that they also had better health than other LGBTQ+ individuals in Oxford County, or were more likely to seek preventative health services (Cole, Kemeny, Taylor,



& Visscher, 1996). LGBTQ+ individuals who had yet to disclose their sexual orientation or gender identity may have very different experiences of homophobia and transphobia in Oxford County. Our sample was also not ethnically diverse, however it was representative of Oxford County where only 2.5% of the population identify as visible minorities (Statistics Canada, 2013). Our sample size was also small which meant we could not use Pearson's Chi-square test for data analysis. Additionally, due to our study being cross-sectional, there may be casual associations that we are unable to identify, and thus other interpretations are also possible.

Future studies in this area should look into why participants do not report to police, or why they do not feel comfortable sharing their gender identity or sexual orientation with health care providers. As there are likely high levels of minority stress, it would also be interesting to find out why so few participants were accessing mental health services. Our study also focused heavily on negative life events, more focus on resilience and positive life events may provide more answers for different programs and resources that should be available. Qualitative interviews or mixed methods would provide participants with a greater voice and a chance to explain their feelings and experiences while also providing concrete numbers for policy makers. Current organizations and programs should also conduct evaluations to determine if they are successful in creating safer spaces for all individuals. If any of the suggested changes in training and education are made, continued evaluations should be completed to determine if the changes have been effective.



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'ariable	N (112)	%
ge	()	,-
Mean (SD)	35.1 (14.44)	
ex at Birth		
Female	58	51.8
Male	42	37.5
Missing	12	10.7
ender Identity		
Boy/Man	40	35.7
Girl/Woman	46	41.0
FTM	5	4.5
MTF	1	.9
Trans Boy/ Trans Man	4	3.6
Trans Girl/ Trans Woman	0	0
Feel like a Girl sometimes	6	5.4
Feel like a Boy sometimes	9	8.0
She-male	1	.9
Two-spirit	5	4.5
Intersex	1	.9
Crossdresser	4	3.6
Genderqueer	4	3.6
Bi-gender	2	1.8
Other	5	4.5
exual Orientation		
Asexual	1	.9
Bisexual	17	15.2
Gay	36	32.1
Lesbian	30	26.8
Not sure or Questioning	1	.9
Pansexual	6	5.4
Queer	4	3.6
Straight/Heterosexual	2	1.8
Other	3	2.7
Missing	12	10.7
ocation		
Rural	20	17.9
Urban	80	71.4
Missing	12	10.7
thnicity		
Caucasian	85	75.9
Mixed Ethnicity	4	3.6
Racialized	3	2.7
Missing	20	17.9
elationship Status		
Monogamous Relationship	40	35.7



Non-monogamous Relationship	8	7.1
Polyamorous Relationship	2	1.8
Single & Dating	19	17.0
Single & Not Dating	30	26.8
Missing	13	11.6
Marital Status		
Married	17	15.2
Divorced	7	6.2
Common-Law	23	20.5
Never Married	44	39.3
Separated	7	6.2
Widowed	1	.9
Missing	13	11.6
Education		
Did not Graduate High School	8	7.1
High School	20	17.9
Some College or Trade School	12	10.7
College or Trade School	25	22.3
Some University	5	4.5
University – Bachelor's Degree	14	12.5
University – Graduate Degree or Higher	14	12.5
Don't Know	2	1.8
Missing	12	10.7
Income		
\$5,000 - \$9,999	4	3.6
\$10,000 - \$19,999	7	6.2
\$20,000 - \$29,999	12	10.7
\$30,000 - \$39,999	9	8.0
\$40,000 - \$49,999	4	3.6
\$50,000 - \$59,999	9	8.0
\$60,000 - \$69,999	9	8.0
\$70,000 - \$79,999	7	6.2
\$80,000 or more	27	24.1
Rather not Say	12	10.7
Missing	12	10.7



Table 2

Life Experiences

Variable	Cisgender	Transgender	Total	Fishers
	n = 97 (%)	N = 15 (%)	n = 112 (%)	P value
Age you first "came out" regarding your				
sexual orientation				
Less than 13 years old	3 (3.1)	3 (23.1)	6 (5.5)	
14-18 years old	41 (42.3)	5 (38.5)	46 (41.8)	
19-24 years old	25 (25.8)	1 (7.7)	26 (23.6)	
25-34 years old	14 (14.4)	2 (15.4)	16 (14.5)	
35-55 years old	7 (7.2)	0 (0)	7 (6.4)	
56+ years old	2 (2.06)	0 (0)	2 (1.8)	
Have not come out to anyone yet	1 (1.0)	0 (0)	1 (.9)	
Age you first "came out" as trans				
14-18 years old		6 (40.0)	6 (40.0)	
19-24 years old		1 (6.7)	1 (6.7)	
25-34 years old		4 (26.7)	4 (26.7)	
Have not come out to anyone yet		2 (13.3)	2 (13.3)	
Missing		2 (13.3)	2 (13.3)	
Have you ever been asked to leave your				
place of residence due to your sexual				
prientation				
Yes	4 (4.1)	1 (8.3)	5 (4.6)	
No	93 (95.9)	11 (91.7)	104 (95.4)	
Have you ever been asked to leave place of				
residence due to your gender identity				
Yes		0 (0)	0 (0)	
No		14 (100.0)	14 (100.0)	
n Oxford County, have you experienced				
he following due to your sexual				
prientation:				
Silent harassment	65 (67.0)	6 (46.1)	71 (63.4)	
Verbal harassment	43 (44.3)	6 (46.2)	49 (43.8)	
Physical intimidation and threats	14 (14.4)	2 (15.4)	16 (14.3)	
Physical violence	6 (6.2)	1 (7.7)	7 (6.2)	
Sexual harassment	32 (33.0)	4 (30.8)	36 (32.1)	
Sexual assault	9 (9.3)	1 (7.7)	10 (8.9)	
Never experienced any of the above	24 (24.7)	5 (38.5)	29 (25.9)	
n Oxford County, have you experienced				
he following due to your gender identity:				
Silent harassment		10 (66.7)	10 (66.7)	
Verbal harassment		5 (33.3)	5 (33.3)	
Physical intimidation and threats		1 (6.7)	1 (6.7)	
Physical violence		1 (6.7)	1 (6.7)	
Sexual harassment		4 (26.7)	4 (26.7)	
Sexual assault		2 (13.3)	2 (13.3)	
Never experienced any of the above		5 (33.3)	5 (33.3)	



If you experienced physical violence and/or sexual assaults because of your sexual				
orientation, did you report any of the				
incidents to police in Oxford County				
Yes	4 (14.8)	1 (20.0)	5 (15.6)	
No	23 (85.2)	4 (80.0)	27 (84.4)	
How often were reports resolved		. (00.0)	_/ (0)	
All of the time	2 (50.0)	0 (0)	2 (40.0)	
More than half the time	1 (25.0)	0 (0)	1 (20.0)	
Less than half the time	1 (25.0)	1 (100.0)	2 (40.0)	
If you experienced any other forms of	- ()	_ ()	_ (,	
harassment or intimidation because of				
your sexual orientation, did you report any				
of the incidents to police in Oxford County				
Yes	6 (10.7)	1 (14.3)	7 (11.1)	
No	50 (89.3)	6 (85.7)	56 (88.9)	
How often were reports resolved				
All of the time	2 (28.6)	0 (0)	2 (25.0)	
Less than half the time	2 (28.6)	1 (100.0)	3 (37.5)	
Never	3 (42.9)	0 (0)	3 (37.5)	
If you experienced physical violence and/or				
sexual assaults because of your gender				
identity, did you report any of the incidents				
to police in Oxford County				
Yes		1 (33.3)	1 (33.3)	
No		2 (66.7)	2 (66.7)	
How often were reports resolved				
Less than half the time		1 (100.0)	1 (100.0)	
Have you ever avoided any of the following				
places/situations in Oxford County, due to				
fear of being harassed or being outed				
about your sexual orientation:				
Public transit	3 (3.1)	2 (15.4)	5 (4.5)	.031
Grocery store or pharmacy	3 (3.1)	3 (23.1)	6 (5.4)	.000
Malls or clothing stores	3 (3.1)	4 (30.8)	7 (6.2)	.000
Clubs or social groups	23 (23.7)		27 (24.1)	.028
Gyms	13 (13.4)		17 (15.2)	.005
Church/Temple/Mosque or other religious institution	26 (26.8)	5 (38.5)	31 (27.7)	.757
Public washroom	14 (14.4)	5 (38.5)	19 (17.0)	.000
Public spaces (e.g parks)	8 (8.2)	5 (38.5)	13 (11.6)	.003
Schools	4 (4.1)	3 (23.1)	7 (6.2)	.000
Restaurants or bars	20 (20.6)	4 (30.8)	24 (21.4)	.110
Cultural or community centres	8 (8.2)	4 (30.8)	12 (10.7)	.003
Other	2 (2.1)	1 (7.7)	3 (2.7)	1.000
None of the above	49 (50.5)	4 (30.8)	53 (47.3)	.279
Have you ever avoided any of the following				

Have you ever avoided any of the following places/situations in Oxford County, due to



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fear of being harassed or being outed				
about your gender identity:				
Public transit		3 (20.0)	3 (20.0)	
Grocery store or pharmacy		6 (40.0)	6 (40.0)	
Malls or clothing stores		6 (40.0)	6 (40.0)	
Clubs or social groups		6 (40.0)	6 (40.0)	
Gyms		7 (46.7)	7 (46.7)	
Church/Temple/Mosque or other		2 (13.3)	2 (13.3)	
religious institution				
Public washrooms		10 (66.7)	10 (66.7)	
Public spaces (e.g parks)		5 (33.3)	5 (33.3)	
Schools		7 (46.7)	7 (46.7)	
Restaurants or bars		4 (26.7)	4 (26.7)	
Cultural or community centres		4 (26.7)	4 (26.7)	
None of the above		3 (20.0)	3 (20.0)	
External Homophobia Scale	Mean	SD		
Cisgender LGB+	2.05	.55		
Trans LGB+	2.2	.79		
Transphobia Scale				
Trans LGB+	2.3	.69		
Trans Heterosexual/straight	1.9	.14		



Table 3

Service Needs

Variable	Cisgender	Transgender	Total
	n = 97 (%)	n = 15 (%)	n (%)
Have a Health Care Provider			
No	8 (8.2)	2 (13.3)	10 (8.9)
Yes	89 (91.8)	13 (86.7)	102 (91.1)
Feel comfortable sharing Sexual Orientation with			
health care provider			
No	17 (19.1)	7 (63.6)	24 (24.0)
Yes	72 (80.9)	4 (36.4)	76 (76.0)
Feel comfortable sharing Gender Identity with			
health care provider			
No		6 (46.2)	6 (46.2)
Yes		7 (53.8)	7 (53.8)
Disclosed Sexual Orientation to health care provider			
No	34 (38.2)	7 (63.6)	41 (41.0)
Yes	55 (61.8)	4 (36.4)	59 (59.0)
Disclosed Gender Identity to health care provider			
No		5 (38.5)	5 (38.)
Yes		8 (61.5)	8 (61.5)
Talk to health care provider about issues specific to			
Sexual Orientation			
No	65 (73.0)	7 (63.6)	72 (72.0)
Yes	24 (27.0)	4 (36.4)	28 (28.0)
Talk to health care provider about issues specific to	, , , , , , , , , , , , , , , , , , ,	· · ·	, , , , , , , , , , , , , , , , , , ,
Gender Identity			
No		6 (46.2)	6 (46.2)
Yes		7 (53.8)	7 (53.8)
Has your primary health care provider ever:			()
Made negative comments or gestures about LGBT people	2 (2.1)	1 (9.1)	3 (3.0)
Made negative comments or gestures about	0 (0)	1 (9.1)	1 (.9)
someone's gender, race, religion, culture or	0(0)	± (J.±)	± (. <i></i>)
ethnicity			
•	1 (1 0)	1 (0 1)	2 (2 0)
Refused to address concerns related to your sexual Orientation	1 (1.0)	1 (9.1)	2 (2.0)
	7 (7 2)	2 (27 2)	10 (10 0)
Made assumptions about you or your health	7 (7.2)	3 (27.3)	10 (10.0)
based on your Sexual orientation	27 (20 1)	E (45 5)	42 (42 0)
Assumed you were straight/heterosexual	37 (38.1)	5 (45.5)	42 (42.0)
Assumed you had a lot of sex partners based on	8 (8.2)	1 (9.1)	9 (9.0)
your sexual Orientation			
None of the above	46 (47.4)	5 (45.5)	51 (51.0)
Used hurtful or insulting language about trans people		1 (7.7)	1 (7.7)
Told you they don't know enough about trans-		4 (30.8)	4 (30.8)
related care to provide it		- (30.0)	-+ (30.0)
None of the above		Q (61 E)	9 (G1 E)
		8 (61.5)	8 (61.5)



If you have been to a hospital in Oxford County, have the staff at the hospital ever:			
Made negative comments or gestures about LGBT people	5 (7.0)	2 (18.2)	7 (8.4)
Made negative comments or gestures about	5 (7.0)	1 (9.1)	6 (7.2)
someone's gender, race, religion, culture or ethnicity	- (-)	(-)	- ()
Belittled or made fun of you for your sexual orientation	3 (4.2)	0 (0)	3 (3.6)
Refused to see you or ended care due to your sexual Orientation	2 (2.8)	1 (9.1)	3 (3.6)
Refused to address concerns related to your sexual Orientation	2 (2.8)	0 (0)	2 (2.4)
Made assumptions about you or your health based on your Sexual orientation	8 (11.3)	2 (18.2)	10 (12.1)
Assumed you were straight/heterosexual	35 (49.3)	8 (72.7)	43 (51.8)
Assumed you had a lot of sex partners based on your Sexual orientation	3 (4.2)	1 (9.1)	4 (4.8)
None of the above	31 (43.7)	4 (36.4)	35 (42.2)
Used hurtful or insulting language about trans people		2 (15.4)	2 (15.4)
Refused to discuss or address trans-related health concerns		1 (7.4)	1 (7.4)
Told you that you were not really trans		1 (7.7)	1 (7.7)
Discouraged you from exploring your gender		1 (7.7)	1 (7.7)
Told you they don't know enough about trans- related care to provide it		1 (7.7)	1 (7.7)
Thought the gender on your ID or forms was a mistake		1 (7.7)	1 (7.7)
None of the above		8 (61.5)	8 (61.5)
In the last 2 years, which of the following mental			
health services have you accessed in Oxford County			
Adult community mental health services	10 (10.3)	2 (13.3)	12 (10.7)
Child/youth community mental health services	4 (4.1)	3 (2.0)	7 (6.2)
Hospital in Oxford County	19 (19.6)	6 (4.0)	25 (22.3)
Private counselor	11 (11.3)	4 (2.7)	15 (13.4)
Employee Assistance Program (EAP)	4 (4.1)	3 (2.0)	7 (6.2)
Community health centre	2 (2.1)	0 (0)	2 (1.8)
Family health team	6 (6.2)	3 (2.0)	9 (8.0)
Other	6 (6.2)	1 (6.7)	7 (6.2)
Have not accessed mental health services in Oxford County in the last 2 years	60 (61.9)	4 (2.7)	64 (57.1)
If you have accessed mental health services in Oxford County, have the mental health care			
provider ever:			
Made negative comments or gestures about LGBT people	2 (5.4)	2 (22.2)	4 (8.7)
Belittled or made fun of you for your SO	1 (2.7)	0 (0)	1 (2.2)



Refused to address concerns related to your Sexual Orientation	2 (5.4)	0 (0)	2 (4.3)
Made assumptions about you or your health based on your Sexual Orientation	3 (8.1)	2 (22.2)	5 (10.9)
Assumed you were straight/heterosexual	14 (37.8)	2 (22.2)	16 (34.8)
Assumed you had a lot of sex partners based on your Sexual Orientation	3 (8.1)	1 (11.1)	4 (8.7)
None of the above	17 (45.9)	6 (66.7)	23 (50.0)
Used hurtful or insulting language about trans people		1 (9.1)	1 (9.1)
Told you that you were not really trans		1 (9.1)	1 (9.1)
Discouraged you from exploring your gender		2 (18.2)	2 (18.2)
None of the above		8 (72.7)	8 (72.7)



Appendix A

Oxford County Rainbow Coalition Survey

Eligibility Criteria

Please answer the questions in this section of the survey to find out if you're eligible to complete the rest of the survey. This is the only section where you are required to fill out every question.
1. Are you 16 years old or older?
□ Yes
□ No
If "No" is selected for <i>Question 1</i> , then the survey ends and the respondent is directed to the End Page.
If "Yes" is selected for <i>Question 1</i> , then respondent is directed to proceed to the next set of questions.
2. How old are you? years
3. Do you live in Oxford County?
□ Yes
□ No
4. Do you work in Oxford County
□ No
5. Do you go to school in Oxford County?
□ Yes
□ No

If "No" is selected for *Question 3, Question 4, <u>AND</u> Question 5,* then the survey ends and the respondent is directed to the End Page.

If "Yes" is selected for Question *3, Question 4, <u>OR</u> Question 5,* then respondent is directed to proceed to the next set of questions.

6. Are you heterosexual or straight?



- □ Yes
- □ No
- 7. Are you transgender, transsexual, or a person with a history of transitioning sex or gender?
 - Yes
 - □ No

If "Yes" is selected for Question 6 <u>AND</u> "No" is selected for Question 7, then survey ends and respondent is directed to the End Page.

If "No" is selected for Question 6 <u>AND</u> Question 7, then respondent is directed to the Sexual Orientation survey.

If "Yes" is selected for Question 6 <u>AND</u> Question 7, then respondent is directed to the Gender Identity survey.

If "No" is selected for Question 6 and "Yes" is selected for Question 7, then respondent is directed to the combined Gender Identity and Sexual Orientation Survey.



Appendix B

Oxford County Rainbow Coalition Survey

Sexual Orientation

Section A: Health and Health Services

In the next series of questions, we would like to know more about your experiences with health care providers and accessing health care.

- 1. Do you currently have a regular primary health care provider, that is, someone you can go to for routine medical check-ups or for specific health concerns? A regular primary health care provider can include, but is not limited to, a family doctor, a nurse practitioner, a walk-in clinic, or interdisciplinary health centre.
 - □ Yes
 - □ No (Skip to 6)
- 2. Do you feel comfortable sharing your sexual orientation with your regular primary health care provider?
 - □ Yes
 - □ No
- 3. Have you told your regular primary health care provider about your sexual orientation?
 - Yes
 - No
- 4. Do you talk to your regular primary health care provider about health issues specific to your sexual orientation?
 - □ Yes
 - □ No
- 5. For each of the following, has your regular primary health care provider **ever**....? (check all that apply):

Made negative comments or gestures about lesbian, gay, bisexual, or transgender people
Made negative comments or gestures related to a person's gender, race, religion, culture or ethnicity
Belittled or made fun of you for your sexual orientation
Refused to see you or ended care because of your sexual orientation
Refused to see you or ended care because of your gender, race, religion, culture, or ethnicity
Refused to discuss or address health concerns related to your sexual orientation



Made assumptions about you or your health based on your sexual
orientation
Assumed you were straight/heterosexual
Assumed you had a lot of sex partners based on your sexual
orientation
None of the above

- 6. Have you had to access health services at a hospital in Oxford County?
 - Yes
 - □ No (Skip to 8)
- 7. Below are statements related to your experience with Oxford County Hospitals. Thinking about your interactions with the hospital, have staff at the hospital ever...?

Made negative comments or gestures about lesbian, gay, bisexual, or transgender people
Made negative comments or gestures related to a person's gender, race, religion, culture or ethnicity
Belittled or made fun of you for your sexual orientation
Refused to see you or ended care because of your sexual orientation
Refused to see you or ended care because of your gender, race, religion,
culture, or ethnicity
Refused to discuss or address health concerns related to your sexual orientation
Made assumptions about you or your health based on your sexual orientation
Assumed you were straight/heterosexual
Assumed you had a lot of sex partners based on your sexual orientation
None of the above

- 8. In the last 2 years, which of the following mental health services have you accessed in Oxford County?
 - □ Adult community mental health service
 - □ Child/Youth community mental health service
 - □ Hospital in Oxford County
 - Private counselor
 - □ Employee Assistance Program (EAP)
 - □ Community health centre
 - □ Family health team
 - □ Other, please specify:____
 - I have not accessed mental health service in the last 2 years in Oxford County (Skip to 10)



9. For each of the following, in the last 2 years has a mental health care provider in Oxford County? (Check all that apply)

 1	
	Made negative comments or gestures about lesbian, gay, bisexual or
	transgender people
	Belittled or made fun of you for your sexual orientation
	Refused to see you or ended care because of your sexual orientation
	Refused to see you or ended care because of your gender, race,
	religion, culture or ethnicity
	Refused to discuss or address concerns related to your sexual
	orientation
	Made assumptions about you or your health based on your sexual
	orientation
	Assumed you were straight/heterosexual
	Assumed you had a lot of sex partners based on your sexual orientation
	None of the above

10. How much do you agree with the following statements?

	No Response	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole, I am satisfied with myself					
At times, I think I am no good at all					
I feel that I have a number of good qualities					
I am able to do things as well as most other people.					
I feel I do not have much to be proud of					



	No Response	Strongly Agree	Agree	Disagree	Strongly Disagree
l certainly feel useless at times					
l'm a person of worth, at least on an equal plane with others.					
I wish I could have more respect for myself.					
All in all, I am inclined to feel that I am a failure					
l take a positive attitude toward myself					



For the next series of questions we would like to know about your experiences "coming out" or telling a person or group for the first time, about your sexual orientation.

- 11. At what age did you first 'come out' regarding your sexual orientation to someone?
 - □ Less than 13 years old
 - □ 14-18 years old
 - □ 19-24 years old
 - □ 25-34 years old
 - □ 35-55 years old
 - 56+
 - □ I have not come out to anyone yet (Skip to 14)

	Have done	Plan to do	Do not plan on doing	Not applicable
Parent(s)				
Sibling(s)				
Spouse or partner(s)				
Child(ren)				
Extended family				
Roommate(s)				
LGBTQ friends				
Straight friends				
Church/Temple/ Mosque				
Cultural community				
Coworkers				
Employer(s)				
Supervisor/boss				
Teacher(s)				
School				
Classmates				
Other				

12. Which of the following people or groups have you told your sexual orientation identity to?

- 13. Since coming out, has the number of people you would call close friends...?(please check only one) Skip to 15
 - Increased a lot
 - Increased somewhat
 - □ Stayed about the same
 - Decreased somewhat
 - Decreased a lot



14. If you have not come out, how supportive of your sexual orientation do you expect the following people or groups will be? (please check one for each)

	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
Parent(s)					
Sibling(s)					
Spouse or partner(s)					
Child(ren)					
Extended family					
Roommate(s)					
LGBTQ friends					
Straight friends					
Church/Temple/Mosque					
Cultural community					
Co-workers					
Employer					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					



Section C: Life Experiences

The following set of questions address your experiences with harassment, intimidation and violence.

15. The following 10 questions are about your current and previous experiences related to your sexual orientation. Please complete the chart with the answers that best suit your experiences:

	Never	Once or twice	Sometimes	Many times
As you were growing up, how often were you made fun of or called names because of your sexual orientation?				
As you were growing up, how often were you hit or beaten up because of your sexual orientation?				
As an adult, how often have you been made fun of or called names because of your sexual orientation?				
As an adult, how often have you been hit or beaten up because of your sexual orientation?				
As a child, how often did you hear that people who are lesbian, gay and bisexual grow old alone?				
As a child, how often did you				



	Never	Once or twice	Sometimes	Many times
hear that people who are lesbian, gay or bisexual are not normal?				
As a child, how often have you felt that being lesbian, gay, or bisexual has hurt your family?				
How often have you had to pretend to be straight (heterosexual)				
How often have you had to move away from your family or friends because of your sexual orientation?				
How often have you experienced some form of police harassment because of your sexual orientation				

16. In Oxford County, have you ever experienced the following because of your sexual orientation? (Please check all that apply)

Silent harassment (e.g. being stared at, being whispered about)
Verbal harassment
Physical intimidation and threats
Physical violence (e.g. being hit, kicked or punched)
Sexual harassment (e.g. cat-called, being propositioned)
Sexual assault (e.g. unwanted sexual touching or sexual activity)
I have never experienced any of the above

17. If you have experienced physical violence and/or sexual assaults because of your sexual orientation, did you report any of the incidents to the police in Oxford County?

□ Yes



- □ No (Skip to 19)
- □ I have never experienced physical violence and/or sexual assaults (Skip to 19)
- 18. How often were your reports resolved?
 - □ All the time
 - □ More than half of the time
 - □ Half of the time
 - □ Less than half of the time
 - Never
- 19. If you experienced any other forms of harassment or intimidation in Oxford County because of your sexual orientation, did you report these to anyone?
 - □ Yes
 - No (Skip to 21)
 - □ I have never experienced harassment or intimidation (Skip to 21)
- 20. How often were your reports resolved?
 - $\hfill\square$ All the time
 - More than half of the time
 - Half of the time
 - □ Less than half of the time
 - Never
- 21. In Oxford County, have you ever avoided any of the following locations because of a fear of being harassed, being read as lesbian, gay or bisexual or being outed? (Please check all that apply)

Public transit
Grocery store or pharmacy
Malls or clothing stores
Clubs or social groups
Gyms
Church/Temple/Mosque or other religious institutions
Public washrooms
Public spaces (e.g. parks)
Schools
Restaurants or bars
Cultural or community centres
None of the above
Other



- 22. Have you ever been asked or told to leave your place of residence because of your sexual orientation?
 - □ Yes
 - □ No

Section D: Social Support

This section asks about the different types of support that are available to you and your feelings about how they are provided.

23. In general, how supportive of your sexual orientation are the following people or group?	
(please check one for each)	

	Not at all	Not very	Somewhat	Very	Not
	supportive	supportive	supportive	supportive	applicable
Parent(s)					
Sibling(s)					
Spouse/partner(s)					
Child(ren)					
Extended family					
Roommate(s)					
LGBTQ friends					
Straight friends					
Church/Temple/Mosque					
Cultural community					
Coworkers					
Employer(s)					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					

24. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

Please specify:_____

25. How many of your friends are LGBTQ?

- □ All of them
- More than half
- A half of them
- Less than half
- None



26. We are interested in how you feel about the following statements about your family, friends and other people in your life. Read each statement carefully and indicate how you feel about each one:

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
My family really tries to help me							
I get the emotional help and support I need from my family							
I can talk about my problems with my family							
My family is willing to help me make decisions							
There is a special person who is around when I am in need							
There is a special person with whom I can share my joys and sorrows							
l have a special							



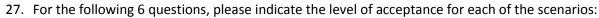
	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
person who is a real source of comfort to me							
There is a special person in my life who cares about my feelings							
My friends really try to help me							
l can count on my friends when things go wrong							
I have friends with whom I can share my joys and sorrows							
l can talk about my problems with my friends							



Section E: Community

The following section includes questions regarding your perceptions of your local community and you involvement with various organizations.

	Not at all accepting 1	2	3	4	Neutral	6	7	8	Completely accepting 9
How accepting of gay men is the broader community in Oxford County?									
How accepting of lesbian women is the broader community in Oxford County?									
How accepting of bisexual men is the broader community in Oxford County?									
How accepting of bisexual women is the broader community in Oxford County?									
How accepting of transgender men (men considered to be female to male) is the broader community in Oxford County?									
How accepting of transgender women (women considered to be male-to female) is the broader									





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	Not at all accepting 1	2	3	4	Neutral	6	7	8	Completely accepting 9
community in									
Oxford County?									

- 28. How would you describe your sense of belonging to your local community? Would you say it is...?
 - Very strong
 - □ Somewhat strong
 - □ Somewhat weak
 - Very weak
 - Don't Know
 - Refusal
- 29. Are you aware of any LGBTQ friendly agencies or services in Oxford County?
 - Yes
 - □ No (Skip to 31)
- 30. Do you access any of these LGBTQ friendly agencies or services in Oxford County?
 - □ Yes
 - No
- 31. Are you aware of any LGBTQ friendly spaces to socialize in Oxford County?
 - □ Yes
 - □ No (Skip to 33)
- 32. Do you access any of these LGBTQ friendly spaces to socialize in Oxford County?
 - Yes
 - □ No
- 33. Do you feel there is a need for LGBTQ friendly spaces to socialize in Oxford County?
 - Yes
 - No
- 34. How important is it for you to be a member of an LGBTQ specific organization?
 - Very important
 - □ Somewhat important
 - Not very important
 - □ Not at all important



	Non-LGBTQ	LGBTQ specific	Not applicable
	specific organization	organization	
Advocacy group			
Arts-based group (i.e. choir, performers)			
Community group			
Ethnic or cultural associations			
High school student group			
Newcomer to Canada group			
Religious groups			
Civic or Service clubs (i.e. Rotary)			
Social clubs			
Sporting group (i.e. bowling, volleyball, baseball)			
Support group			
University and/or College student Group			
Workplace or professional group			
Other Groups			

35. Are you a member of any voluntary organizations or associations **in Oxford County**? Please indicate whether these are LGBTQ specific or not by using the appropriate columns.

- 36. In the past 12 months, how often did you participate in meetings or activities with these types of groups **in Oxford County**?
 - □ At least once a week
 - $\hfill\square$ At least once a month
 - $\hfill\square$ At least 3 or 4 times a year
 - At least once a year
 - Not at all



37. Are you a member of any voluntary organizations or associations **outside of Oxford County**? Please indicate whether these are LGBTQ specific or not using the appropriate columns.

	Non-LGBTQ specific organization	LGBTQ specific organization	Not applicable
Advocacy group			
Arts-based group (i.e. choir, performers)			
Community group			
Ethnic or cultural associations			
High school student group			
Newcomer to Canada group			
Religious groups			
Civic or Service clubs (i.e. Rotary)			
Social clubs			
Sporting group (i.e. bowling, volleyball, baseball)			
Support group			
University and/or College student			
Group			
Workplace or professional group			
Other			
Groups			

- 38. In the past 12 months, how often did you participate in meetings or activities with these types of groups **outside of Oxford County**?
 - □ At least once a week
 - □ At least once a month
 - □ At least 3 or 4 times a year
 - □ At least once a year
 - Not at all
- 39. How do you currently connect with other LGBTQ people? (Check all that apply)
- Through face to face relationships



Twitter
Facebook
YouTube videos
Online dating sites
LGBTQ organizations
LGBTQ Bars
Bathhouses
Other

40. Please indicate the likelihood that you would attend or access the events and services listed below **in Oxford County**:

	Very likely	Likely	Not very likely	I wouldn't attend
Pride events				
LGBTQ Safe Community Centre				
LGBTQ Support Group				
Parents, Friends of Lesbians and Gays (PFLAG)				
LGBTQ Religious Group				
Other				

41. What would be helpful in a LGBTQ friendly space or event that would make it more likely for you to attend? (Check all that apply)

Close to transportation
Location in Ingersoll
Location in Woodstock
Location in Tillsonburg
Location at Library/Community Centre or Hall
Located at a Health Centre
Located at a safe non-health related location
Child care provided
Food/ refreshments
Low cost to attend/participate
No cost to attend/participate
Other

42. How often do you not attend social activities because you have no access to transportation?Never, I always have transportation



- Once a month
- □ 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- □ 4 to 6 times a week
- Every day



Appendix C

Oxford County Rainbow Coalition Survey

Gender Identity

Section A: Health and Health Services

In the next series of questions, we would like to know more about your experiences with health care providers and accessing health care.

- 8. Do you currently have a regular primary health care provider, that is, someone you can go to for routine medical check-ups or for specific health concerns? A regular primary health care provider can include, but is not limited to, a family doctor, a nurse practitioner, a walk-in clinic, or interdisciplinary health centre.
 - Yes
 - □ No (Skip to 6)
- 9. Do you feel comfortable sharing your gender identity with your regular primary health care provider?
 - Yes
 - □ No
- 10. Have you told your regular primary health care provider about your gender identity?
 - □ Yes
 - □ No
- 11. Do you talk to your regular primary health care provider about health issues specific to your gender identity?
 - □ Yes
 - □ No
- 12. For each of the following, has your regular primary health care provider ever....? (check all that apply):

Refused to see you or ended care because you were trans
Used hurtful or insulting language about trans identity or experience
Refused to discuss or address trans-related health concerns
Told you that you were not really trans
Discouraged you from exploring your gender
Told you they don't know enough about trans-related care to provide
it
Belittled or ridiculed you for being trans
Thought the gender listed on your ID or forms was a mistake
Refused to examine parts of your body because you are trans



□ None of the above

- 13. Have you had to access health services at a hospital in Oxford County?
 - 🗆 Yes
 - No (Skip to 8)
- 14. Below are statements related to your experience with Oxford County Hospitals. Thinking about your interactions with the hospital, have staff at the hospital ever...?(Check all that apply)

Refused to see you or ended care because you were trans
Used hurtful or insulting language about trans identity or experience
Refused to discuss or address trans-related health concerns
Told you that you were not really trans
Discouraged you from exploring your gender
Told you they don't know enough about trans-related care to provide it
Belittled or ridiculed you for being trans
Thought the gender listed on your ID or forms was a mistake
Refused to examine parts of your body because you're trans
None of the above

- 15. In the last 2 years, which of the following mental health services have you accessed in Oxford County?
 - □ Adult community mental health service
 - □ Child/Youth community mental health service
 - □ Hospital in Oxford County
 - Private counselor
 - □ Employee Assistance Program (EAP)
 - □ Community health centre
 - Family health team
 - Other, please specify: _____
 - I have not accessed mental health services in the last 2 years in Oxford County (Skip to 10)
- 16. For each of the following, in the last 2 years has a mental health provider in Oxford County?(Check all that apply)

Refused to see you or ended care because you were trans
Used hurtful or insulting language about trans identity or experience
Refused to discuss or address trans-related health concerns
Told you that you were not really trans
Discouraged you from exploring your gender
Told you they don't know enough about trans-related care to provide it
Belittled or ridiculed you for being trans
Thought the gender listed on your ID or forms was a mistake



None of the above

17. Have you ever had to educate any of the following health care providers regarding your needs as a trans person?

	Yes provided a lot of education	Yes provided some education	Yes provided a little education	Νο
Clerical/Administrative staff				
Nurse				
Mental health care provider				
Family Doctor				
ER Doctor				
Specialist Doctor				
Psychiatrist				
Other				

18. Which of the following applies to your current situation regarding hormones and/or surgery?

I have medically transitioned (hormones and/or surgery)
I am in the process of medically transitioning
I am planning to transition, but have not begun
I am not planning to medically transition
The concept of transitioning does not apply to me
I am not sure whether I am going to medically transition

19. Which of the following services have you accessed in Oxford County?

Trans-related hormonal therapy
Trans-related surgery of any kind
Trans-related electrolysis
Trans-related speech therapy
Pap test
Breast exam
Mammogram
Prostate exam
Mental health
Support group
None of the above

20. While living in Oxford County, what is the furthest distance you have ever traveled for transrelated physical health care?

Within my city, town or township
To another city or town in Ontario (how far away by car(Hours, minutes)
To another province,
To another country
I have never received trans-related health care



- □ I have never lived in Oxford County
- 21. While living in Oxford County, what is the furthest distance you have ever traveled for transrelated mental health care?

Within my city, town or township
To another city or town in Ontario (how far away by car(Hours, minutes)
To another province
To another country
I have never received trans-related health care
I have never lived in Oxford County

22. How much do you agree with the following statements?

	No Response	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole, I am satisfied with myself					
At times, I think I am no good at all					
I feel that I have a number of good qualities					
I am able to do things as well as most other people.					
I feel I do not have much to be proud of					
l certainly feel useless at times					
I'm a person of worth, at least on an equal plane with others.					
I wish I could have more respect for myself.					
All in all, I am inclined to feel that I am a failure					



	No Response	Strongly Agree	Agree	Disagree	Strongly Disagree
take a positive attitude toward myself					



For the next series of questions we would like to know about your experiences "coming out" or telling a person or group for the first time, about your gender identity.

- 23. At what age did you first 'come out' as trans to someone?
 - □ Less than 13 years old
 - □ 14-18 years old
 - □ 19-24 years old
 - □ 25-34 years old
 - □ 35-55 years old
 - 56+
 - □ I have not come out to anyone yet (Skip to 19)

24. Which of the following people or groups have you told your gender identity to?

	Have done	Plan to do	Do not plan on doing	Not applicable
Parent(s)				
Sibling(s)				
Spouse or partner(s)				
Child(ren)				
Extended family				
Roommate(s)				
LGBTQ friends				
Straight friends				
Church/ temple/ mosque				
Cultural community				
Coworkers				
Employer (s)				
Supervisor/ boss				
Teacher(s)				
School				
Classmates				
Other				

25. Since coming out as trans, has the number of people you would call close friends? (Check only one) Skip to 20

- Increased a lot
- Increased somewhat
- □ Stayed about the same
- Decreased somewhat
- Decreased a lot



	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
Parent(s)					
Sibling(s)					
Spouse or partner(s)					
Child(ren)					
Extended family					
Roommate(s)s					
LGBTQ friends					
Straight friends					
Church/temple/mosque					
Cultural community					
Co-workers					
Employer					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					

26. If you have not come out, how supportive of your gender identity or expression do you expect the following people or groups will be? (please check one for each)



Section C: Life Experiences

The following set of questions address your experiences with harassment, intimidation and violence.

27. The following 10 questions are about your current and previous experiences with your gender identity. Please complete the chart with the answers that best suit your experiences:

	Never	Once or twice	Sometimes	Many times
How often have you been made fun of or called names for being trans?				
How often have you been hit or beaten up for being trans?				
How often have you heard that trans people are not normal?				
How often have you been objectified or fetishized sexually because you are trans?				
How often have you felt that being trans hurt and embarrassed your family?				
How often have you had to try to pass as non-trans to be accepted?				
How often have you had to move away from your family or friends because you are trans?				
How often have you experienced some form of police harassment for being trans?				



	Never	Once or twice	Sometimes	Many times
How often do you worry about growing old alone?				
How often do you fear you will die young?				

28. In Oxford County, have you ever experienced the following because you're Trans or because of your gender expression? (Please check all that apply)

Silent harassment (e.g. being stared at, being whispered about)
Verbal harassment
Physical intimidation and threats
Physical violence (e.g. being hit, kicked or punched)
Sexual harassment (e.g. cat-called, being propositioned)
Sexual assault (e.g. unwanted sexual touching or sexual activity)
I have never experienced any of the above

- 29. If you have experienced physical violence and/or sexual assaults because you are trans or because of your gender expression, did you report any of the incidents to the police in Oxford County?
 - □ Yes
 - □ No (Skip to 24)
 - □ I have never experienced physical violence and/or sexual assaults (Skip to 24)

30. How often was your report resolved?

- □ All the time,
- □ More than half of the time,
- □ Half of the time
- □ Less than half of the time
- Never
- 31. If you experienced any other forms of harassment or intimidation in Oxford County because you are trans or because of your gender expression in, did you report these to anyone?
 - □ Yes
 - No (Skip to 26)
 - □ I have never experienced harassment or intimidation (Skip to 26)
- 32. If yes, how often were your reports resolved?



- \Box All the time,
- □ More than half of the time,
- □ Half of the time
- □ Less than half of the time
- Never
- 33. In Oxford County, have you ever avoided any of the following situations because of a fear of being harassed, being read as trans, or being outed? (Please check all that apply)

Public transit
Grocery store or pharmacy
Malls or clothing stores
Clubs or social groups
Gyms
Church/synagogue/temple or other religious institution
Public washrooms
Public spaces (e.g. parks)
Schools
Restaurants or bars
Cultural or community centres
None of the above

- 34. Have you ever been asked or told to leave your place of residence because of your gender identity?
 - □ Yes
 - □ No



Section D: Social Support

35. In general, how supportive of your gender identity or expression are the following people or groups? (please check one for each)

	Not at all	Not very	Somewhat	Very	Not
	supportive	supportive	supportive	supportive	applicable
Parent(s)					
Sibling(s)					
Spouse/partner(s)					
Child(ren)					
Extended family					
Roommate(s)					
LGBTQ friends					
Non LGBTQ friends					
Church/temple/mosque					
Cultural community					
Coworkers					
Employer					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					

- 36. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?
 - Please specify:_____
- 37. How many of your friends are LGBTQ?
 - All of them
 - More than half
 - □ A half of them
 - Less than half
 - None



38. We are interested in how you feel about the following statements about your family, friends and other people in your life. Read each statement carefully and indicate how you feel about each one:

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
My family really tries to help me							
I get the emotional help and support I need from my family							
I can talk about my problems with my family							
My family is willing to help me make decisions							
There is a special person who is around when I am in need							
There is a special person with whom I can share my joys and sorrows							
l have a special person who is a real source							



	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
of comfort to me							
There is a special person in my life who cares about my feelings							
My friends really try to help me							
I can count on my friends when things go wrong							
I have friends with whom I can share my joys and sorrows							
l can talk about my problems with my friends							



Section E: Community

The following section includes questions regarding your perceptions of your local community and you involvement with various organizations.

	Not at all accepting 1	2	3	4	Neutral 5	6	7	8	Completely accepting 9
How accepting of gay men is the broader community in Oxford County?									
How accepting of lesbian women is the broader community in Oxford County?									
How accepting of bisexual men is the broader community in Oxford County?									
How accepting of bisexual women is the broader community in Oxford County?									
How accepting of transgender men (men considered to be female-to- male) is the broader community in Oxford County?									
How accepting of transgender women (women considered to be male-to-female) is the broader community in Oxford County?									

39. For the following 6 questions, please indicate the level of acceptance for each of the scenarios:



- 40. How would you describe your sense of belonging to your local community?
 - Very strong
 - □ Somewhat strong
 - □ Somewhat weak
 - Very Weak
 - Don't know
 - Refusal
- 41. Are you aware of any LGBTQ friendly agencies or services in Oxford County?
 - □ Yes
 - □ No (Skip to 36)
- 42. Do you access any of these LGBTQ friendly agencies or services in Oxford County?
 - □ Yes
 - □ No
- 43. Are you aware of any LGBTQ friendly spaces to socialize in Oxford County?
 - Yes
 - □ No (Skip to 38)
- 44. Do you access any of these LGBTQ friendly spaces to socialize in Oxford County?
 - □ Yes
 - □ No
- 45. Do you feel there is a need for LGBTQ friendly spaces to socialize in Oxford County?
 - □ Yes
 - □ No
- 46. How important is it for you to be a member of an LGBTQ specific organization?
 - Very important
 - Somewhat important
 - □ Not very important
 - Not at all important



47. Are you a member of any voluntary organizations or associations **in Oxford County**? Please indicate whether these are LGBTQ specific or not by using the appropriate columns.

	Non LGBTQ specific organization	LGBTQ specific organization	Not applicable
Advocacy group			
Arts-based group (i.e. choir, performers)			
Community group			
Ethnic or cultural associations			
High school student group			
Newcomer to Canada group			
Religious groups			
Civic or Service clubs (i.e. Rotary)			
Social clubs			
Sporting group (i.e. bowling, volleyball, baseball)			
Support group			
University and/or College student Group			
Workplace or professional group			
Other Groups			

48. In the past 12 months, how often did you participate in meetings or activities with these types of groups in Oxford County?

- □ At least once a week
- □ At least once a month
- □ At least 3 or 4 times a year
- At least once a year
- Not at all



49. Are you a member of any voluntary organizations or associations **outside of Oxford County**? Please indicate whether these are LGBTQ specific or not by using the appropriate columns.

	Non-LGBTQ specific organization	LGBTQ specific organization	Not applicable
Advocacy group			
Arts-based group (i.e. choir, performers)			
Community group			
Ethnic or cultural associations			
High school student group			
Newcomer to Canada group			
Religious groups			
Civic or Service clubs (i.e. Rotary)			
Social clubs			
Sporting group (i.e. bowling, volleyball, baseball)			
Support group			
University and/or College student Group			
Workplace or professional group			
Other Groups			

50. In the past 12 months, how often did you participate in meetings or activities with these types of groups **outside of Oxford County**?

- □ At least once a week
- □ At least once a month
- □ At least 3 or 4 times a year
- □ At least once a year
- Not at all

51. How do you currently connect with other LGBTQ people? (Check all that apply)

Through face to face relationships
Twitter
Facebook
YouTube videos
Online dating sites
LGBTQ organizations
LGBTQ Bars
Bathhouses



Other_

52. Please indicate the likelihood that you would attend or access the events and services listed below in Oxford County:

	Very likely	Likely	Not very likely	I wouldn't attend
Pride events				
LGBTQ Safe Community Centre				
LGBTQ Support Group				
Parents, Friends of Lesbians and Gays (PFLAG)				
LGBTQ Religious Group				
Other				

53. What would be helpful in a LGBTQ friendly space or event that would make it more likely for you to attend? (Check all that apply)

Close to public transportation
Location in Ingersoll
Location in Woodstock
Location in Tillsonburg
Located at a Health Centre
Located at a safe non-health related location
Location at Library/Community Centre or Hall
Child care provided
Food/ refreshments
Low cost to attend/participate
No cost to attend/participate
Other

54. How often do you not attend social activities because you have no access to transportation?

- □ Never, I always have transportation
- Once a month
- 2 to 3 times a month
- Once a week
- 2 to 3 times a week
- 4 to 6 times a week
- Every day



Appendix D

Oxford County Rainbow Coalition Survey

Gender Identity & Sexual Orientation

Section A: Health and Health Services

In the next series of questions, we would like to know more about your experiences with health care providers and accessing health care.

- 55. Do you currently have a regular primary health care provider, that is, someone you can go to for routine medical check-ups or for specific health concerns? A regular primary health care provider can include, but is not limited to, a family doctor, a nurse practitioner, a walk-in clinic, or interdisciplinary health centre.
 - Yes
 - □ No (Skip to 10)
- 56. Do you feel comfortable sharing your **gender identity** with your regular primary health care provider?
 - Yes
 - □ No
- 57. Do you feel comfortable sharing your **sexual orientation** with your regular primary health care provider?
 - □ Yes
 - □ No
- 58. Have you told your regular primary health care provider about your gender identity?
 - □ Yes
 - □ No
- 59. Have you told your regular primary health care provider about your sexual orientation?
 - □ Yes
 - □ No
- 60. Do you talk to your regular primary health care provider about health issues specific to your **gender identity**?
 - Yes
 - No



- 61. Do you talk to your regular primary health care provider about health issues specific to your **sexual orientation**?
 - □ Yes
 - □ No
- 62. For each of the following, has your regular primary health care provider ever....? (check all that apply)

Refused to see you or ended care because you were trans
Used hurtful or insulting language about trans identity or experience
Refused to discuss or address trans-related health concerns
Told you that you were not really trans
Discouraged you from exploring your gender
Told you they don't know enough about trans-related care to provide it
Belittled or ridiculed you for being trans
Thought the gender listed on your ID or forms was a mistake
Refused to examine parts of your body because you are trans
None of the above

63. For each of the following, has your regular primary health care provider ever....? (check all that apply)

11 //	
	Made negative comments or gestures about lesbian, gay, bisexual, or transgender people
	Made negative comments or gestures related to a person's gender, race, religion, culture or ethnicity
	Belittled or made fun of you for your sexual orientation
	Refused to see you or ended care because of your sexual orientation
	Refused to see you or ended care because of your gender, race, religion, culture, or ethnicity
	Refused to discuss or address health concerns related to your sexual orientation
	Made assumptions about you or your health based on your sexual orientation
	Assumed you were straight/heterosexual
	Assumed you had a lot of sex partners based on your sexual orientation
	None of the above

- 64. Have you had to access health services at a hospital in Oxford County?
 - □ Yes
 - □ No (Skip to 13)
- 65. Below are statements related to your experience with Oxford County Hospitals. Thinking about your interactions with the hospital, have staff at the hospital ever...(Check all that apply)



Refused to see you or ended care because you were trans
Used hurtful or insulting language about trans identity or experience
Refused to discuss or address trans-related health concerns
Told you that you were not really trans
Discouraged you from exploring your gender
Told you they don't know enough about trans-related care to provide it
Belittled or ridiculed you for being trans
Thought the gender listed on your ID or forms was a mistake
Refused to examine parts of your body because you're trans
None of the above

66. Below are statements related to your experience with Oxford County Hospitals. Thinking about your interactions with the hospital, have staff at the hospital ever...(Check all that apply)

	where the second sec
	Made negative comments or gestures about lesbian, gay, bisexual, or
	transgender people
	Made negative comments or gestures related to a person's gender, race,
	religion, culture or ethnicity
	Politilad or made fun of your for your soyual orientation
	Belittled or made fun of you for your sexual orientation
	Refused to see you or ended care because of your sexual orientation
	Refused to see you or ended care because of your gender, race, religion,
	culture, or ethnicity
Π	Refused to discuss or address health concerns related to your sexual
	•
	orientation
	Made assumptions about you or your health based on your sexual orientation
	Assumed you were straight/heterosexual
	Assumed you had a lot of sex partners based on your sexual orientation
	None of the above

67. In the last 2 years, which of the following mental health services have you accessed in Oxford County?

- □ Adult community mental health service
- □ Child/Youth community mental health service
- □ Hospital in Oxford County
- Private counselor
- □ Employee Assistant Program (EAP)
- □ Community health centre
- □ Family health team
- □ Other, please specify:_
- I have not accessed mental health services in the last 2 years in Oxford County (Skip to 16)



68. For each of the following, in the last 2 years has a mental health care provider in Oxford County....? (Check all that apply)

Refused to see you or ended care because you were trans
Used hurtful or insulting language about trans identity or experience
Refused to discuss or address trans-related health concerns
Told you that you were not really trans
Discouraged you from exploring your gender
Told you they don't know enough about trans-related care to provide it
Belittled or ridiculed you for being trans
Thought the gender listed on your ID or forms was a mistake
None of the above

69. For each of the following, in the last 2 years has a mental health care provider in Oxford County....? (Check all that apply)

Image: Constant of the aboveMade negative comments or gestures about lesbian, gay, bisexual or transgender peopleImage: Constant of the aboveRefused or made fun of you for your sexual orientationImage: Constant of the aboveRefused to see you or ended care because of your sexual orientationImage: Constant of the aboveRefused to see you or ended care because of your gender, race, religion, culture or ethnicityImage: Constant of the aboveRefused to discuss or address concerns related to your sexual orientationImage: Constant of the aboveAssumed you had a lot of sex partners based on your sexual orientationImage: Constant of the aboveNone of the above	
Refused to see you or ended care because of your sexual orientation Refused to see you or ended care because of your gender, race, religion, culture or ethnicity Refused to discuss or address concerns related to your sexual orientation Made assumptions about you or your health based on your sexual orientation Assumed you were straight/heterosexual Assumed you had a lot of sex partners based on your sexual orientation	
 Refused to see you or ended care because of your gender, race, religion, culture or ethnicity Refused to discuss or address concerns related to your sexual orientation Made assumptions about you or your health based on your sexual orientation Assumed you were straight/heterosexual Assumed you had a lot of sex partners based on your sexual orientation 	Belittled or made fun of you for your sexual orientation
culture or ethnicity Refused to discuss or address concerns related to your sexual orientation Made assumptions about you or your health based on your sexual orientation Assumed you were straight/heterosexual Assumed you had a lot of sex partners based on your sexual orientation	Refused to see you or ended care because of your sexual orientation
 Made assumptions about you or your health based on your sexual orientation Assumed you were straight/heterosexual Assumed you had a lot of sex partners based on your sexual orientation 	
Assumed you were straight/heterosexual Assumed you had a lot of sex partners based on your sexual orientation	Refused to discuss or address concerns related to your sexual orientation
Assumed you had a lot of sex partners based on your sexual orientation	Made assumptions about you or your health based on your sexual orientation
	Assumed you were straight/heterosexual
None of the above	Assumed you had a lot of sex partners based on your sexual orientation
	None of the above

70. Have you ever had to educate any of the following health care providers regarding your needs as a trans person?

	Yes provided a lot of education	Yes provided some education	Yes provided a little education	No
Clerical/Administrative staff				
Nurse				
Mental health care provider				
Family Doctor				
ER Doctor				
Specialist Doctor				
Psychiatrist				
Other				



 /1. Which of t	the following applies to your current situation regarding hormones and/or surgery?
	I have medically transitioned (hormones and/or surgery)
	I am in the process of medically transitioning
	I am planning to transition, but have not begun
	I am not planning to medically transition
	The concept of transitioning does not apply to me
	I am not sure whether I am going to medically transition

represent situation regarding hormonos and/or surgery? Which of the felle

72. Which of the following services have you accessed in Oxford County?

Trans-related hormonal therapy
Trans-related surgery of any kind
Trans-related electrolysis
Trans-related speech therapy
Pap test
Breast exam
Mammogram
Prostate exam
Mental health
Support group
None of the above

73. While living in Oxford County, what is the furthest distance you have ever traveled for transrelated physical health care?

Within my city, town or township
To another city or town in Ontario (how far away by car(Hours, minutes)
To another province
To another country
I have never received trans-related health care
I have never lived in Oxford County

74. While living in Oxford County, what is the furthest distance you have ever traveled for transrelated mental health care?

Within my city, town or township
To another city or town in Ontario (how far away by car(Hours, minutes)
To another province
To another country
I have never received trans-related health care
I have never lived in Oxford County



	No Response	Strongly Agree	Agree	Disagree	Strongly Disagree
On the whole, I am satisfied with myself					
At times, I think I am no good at all					
I feel that I have a number of good qualities					
I am able to do things as well as most other people.					
I feel I do not have much to be proud of					
I certainly feel useless at times					
I'm a person of worth, at least on an equal plane with others.					
I wish I could have more respect for myself.					
All in all, I am inclined to feel that I am a failure					
I take a positive attitude toward myself					

75. How much do you agree with the following statements?



Section B: Coming Out

For the next series of questions we would like to know about your experiences "coming out" or telling a person or group for the first time, about your gender identity and/or sexual orientation.

76. At what age did you first 'come out' as trans to someone?

- □ Less than 13 years old
- □ 14-18 years old
- □ 19-24 years old
- □ 25-34 years old
- □ 35-55 years old
- 56+
- □ I have not come out to anyone yet (Skip to 25)

	Have done	Plan to do	Do not plan on doing	Not applicable
Parent(s)				
Sibling(s)				
Spouse or partner(s)				
Child(ren)				
Extended family				
Roommate(s)				
LGBTQ friends				
Straight friends				
Church/ temple/ mosque				
Cultural community				
Coworkers				
Employer (s)				
Supervisor/ boss				
Teacher(s)				
School				
Classmates				

77. Which of the following people or groups have you told your gender identity or expression to?

78. Since **coming out as trans**, has the number of people you would call close friends? (please check only one) (Skip to 26 after completion)

- Increased a lot
- □ Increased somewhat
- □ Stayed about the same
- Decreased somewhat
- Decreased a lot



- Not at all Not very **Somewhat** Very Not supportive supportive supportive supportive applicable Parent(s) Sibling(s) Spouse or partner(s) Child(ren) **Extended family** Roommate(s) **LGBTQ** friends **Straight friends** Church/Temple/Mosque **Cultural community Co-workers Employer** Supervisor/boss **Teacher(s)** School **Classmates** Other
- 79. If you have not come out, how supportive of your **gender identity or expression** do you expect the following people or groups will be? (please check one for each)

80. At what age did you first 'come out' regarding your sexual orientation to someone?

- □ Less than 13 years old
- □ 14-18 years old
- □ 19-24 years old
- □ 25-34 years old
- □ 35-55 years old
- 56+
- □ I have not come out to anyone yet (Skip to 29)

81. Which of the following people or groups have you told your sexual orientation identity to?



	Have done	Plan to do	Do not plan on doing	Not applicable
Parent(s)				
Sibling(s)				
Spouse or partner(s)				
Child(ren)				
Extended family				
Roommate(s)				
LGBTQ friends				
Straight friends				
Church/ temple/ mosque				
Cultural community				
Coworkers				
Employer (s)				
Supervisor/ boss				
Teacher(s)				
School				
Classmates				
Other				

- 82. Since coming out, **regarding your sexual orientation** has the number of people you would call close friends...? (Check only one) (Skip to 30)
 - Increased a lot
 - Increased somewhat
 - □ Stayed about the same
 - Decreased somewhat
 - Decreased a lot





	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
Parent(s)					
Sibling(s)					
Spouse or partner(s)					
Child(ren)					
Extended family					
Roommate(s)					
LGBTQ friends					
Straight friends					
Church/Temple/Mosque					
Cultural community					
Co-workers					
Employer					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					

83. If you have not come out, how supportive of your **sexual orientation** do you expect the following people or groups will be? (please check one for each)



Section C: Life Experiences

The following set of questions address your experiences with harassment, intimidation and violence.

84. The following 10 questions are about your current and previous experiences with your **gender identity**. Please complete the chart with the answers that best suit your experiences.

	Never	Once or twice	Sometimes	Many times
How often have you been made fun of or called names for being trans?				
How often have you been hit or beaten up for being trans?				
How often have you heard that trans people are not normal?				
How often have you been objectified or fetishized sexually because you are trans?				
How often have you felt that being trans hurt and embarrassed your family?				
How often have you had to try to pass as non-trans to be accepted?				
How often have you had to move away from your family or friends because you are trans?				
How often have you experienced some form of				



	Never	Once or twice	Sometimes	Many times
police harassment for being trans?				
How often do you worry about growing old alone?				
How often do you fear you will die young?				

85. The following 10 questions are about your current and previous experiences related to your **sexual orientation**. Please complete the chart with the answers that best suit your experiences:

experiences			Competingo	
	Never	Once or twice	Sometimes	Many times
As you were growing up, how often were you made fun of or called names because of your sexual orientation?				
As you were growing up, how often were you hit or beaten up because of your sexual orientation?				
As an adult, how often are you made fun of or called names because of your sexual orientation?				
As an adult, how often were you hit or beaten up because of your sexual orientation?				
As a child, how often did you hear that people who are lesbian				



	Never	Once or twice	Sometimes	Many times
gay and bisexual grow old alone?				
As a child, how often did you hear that people who are lesbian, gay or bisexual are not normal?				
As a child, how often have you felt that being lesbian, gay, or bisexual has hurt your family?				
How often have you had to pretend to be straight (heterosexual)				
How often have you had to move away from your family or friends because of your sexual orientation?				
How often have you experienced some form of police harassment because of your sexual orientation				

86. In Oxford County have you ever experienced the following because **you're trans or because of your gender expression**? (Please check all that apply)

Silent harassment (e.g. being stared at, being whispered about)
Verbal harassment
Physical intimidation and threats
Physical violence (e.g. being hit, kicked or punched)
Sexual harassment (e.g. cat-called, being propositioned)
Sexual assault (e.g. unwanted sexual touching or sexual activity)
I have never experienced any of the above



- 87. If you experienced **physical violence and/or sexual assaults** because **you're trans or because of your gender expression**, did you report any of the incidents to the police in Oxford County?
 - □ Yes
 - □ No (Skip to 35)
 - □ I have never experienced physical violence and/or sexual assaults (Skip to 35)
- 88. How often was your report resolved?
 - □ All the time
 - □ More than half of the time
 - □ Half of the time
 - □ Less than half of the time
 - Never
- 89. In Oxford County, have you ever experienced the following because of your **sexual orientation**? (Please check all that apply)

Silent harassment (e.g. being stared at, being whispered about)
Verbal harassment
Physical intimidation and threats
Physical violence (e.g. being hit, kicked or punched)
Sexual harassment (e.g. cat-called, being propositioned)
Sexual assault (e.g. unwanted sexual touching or sexual activity)
I have never experienced any of the above

- 90. If you experienced **physical violence and/or sexual assaults** because of your **sexual orientation**, did you report any of the incidents to the police in Oxford County?
 - □ Yes
 - No (Skip to 38)
 - □ I have never experienced physical violence and/or sexual assaults (Skip to 38)

91. How often were your reports resolved?

- □ All the time
- □ More than half of the time
- □ Half of the time
- □ Less than half of the time
- Never
- 92. If you experienced any **other forms of harassment or intimidation** in Oxford County, did you report these to anyone?
 - □ Yes
 - □ No (Skip to 40)
 - I have never experienced harassment or intimidation (Skip to 40)



93. If yes, how often were your reports resolved?

- \Box All the time,
- □ More than half of the time,
- □ Half of the time
- □ Less than half of the time
- Never
- 94. In Oxford County, have you ever avoided any of the following situations because of a fear of **being harassed, being read as trans, or being outed**? (Please check all that apply)

Public transit
Grocery store or pharmacy
Malls or clothing stores
Clubs or social groups
Gyms
Church/synagogue/temple or other religious institution
Public washrooms
Public spaces (e.g. parks)
Schools
Restaurants or bars
Cultural or community centres
None of the above

95. In Oxford County, have you ever avoided any of the following situations because of a fear of **being harassed, being read as lesbian, gay or bisexual or being outed**? (Please check all that apply)

Public transit
Grocery store or pharmacy
Malls or clothing stores
Clubs or social groups
Gyms
Church/Temple/Mosque or other religious institution
Public washrooms
Public spaces (e.g. parks)
Schools
Restaurants or bars
Cultural or community centres
None of the above
Other

96. Have you ever been asked or told to leave your place of residence because of your **gender identity**?

- Yes
- No



- 97. Have you ever been asked or told to leave your place of residence because of your **sexual orientation**?
 - 🗆 Yes
 - □ No

This section asks about the different types of support that are available to you and your feelings about how these are provided.

98. In general how supportive of your **gender identity or expression** are the following people or groups? (please check one for each)

	Not at all	Not very	Somewhat	Very	Not
	supportive	supportive	supportive	supportive	applicable
Parent(s)					
Sibling(s)					
Spouse/partner(s)					
Child(ren)					
Extended family					
Roommate(s)					
LGBTQ friends					
Non LGBTQ friends					
Church/temple/mosque					
Cultural community					
Coworkers					
Employer					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					

99. In general how supportive of your **sexual orientation** are the following people or groups? (please check one for each)

	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
Parent(s)					
Sibling(s)					
Spouse/partner(s)					
Child(ren)					
Extended family					
Roommate(s)					
LGBTQ friends					
Straight friends					
Church/Temple/Mosque					
Cultural community					
Coworkers					



	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable
Employer(s)					
Supervisor/boss					
Teacher(s)					
School					
Classmates					
Other					

100. About how many close friends and close relatives do you have, that is, people you feel at ease with and can talk to about what is on your mind?

Please specify:_____

101. How many of your friends are LGBTQ?

- All of them
- More than half
- A half of them
- Less than half
- □ None

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102. We are interested in how you feel about the following statements about your family, friends and other people in your life. Read each statement carefully and indicate how you feel about each one

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
My family really tries to help me							
I get the emotional help and support I need from my family							
I can talk about my problems with my family							
My family is willing to help me make decisions							

	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
There is a special person who is around when I am in need							
There is a special person with whom I can share my joys and sorrows							
I have a special person who is a real source of comfort to me							
There is a special person in my life who cares about my feelings							
My friends really try to help me							
l can count on my friends when things go wrong							
l have friends with whom l can share my joys							



	Very strongly disagree	Strongly disagree	Mildly disagree	Neutral	Mildly agree	Strongly agree	Very strongly agree
and							
sorrows							
I can talk about my problems with my friends							



Section E: Community

103.

The following section includes questions regarding your perceptions of your local community and you involvement with various organizations.

For the following 6 questions, please indicate the level of acceptance for each of the

scenarios:									
	Not at all accepting 1	2	3	4	Neutral	6	7	8	Completely accepting 9
How accepting of gay men is the broader community in Oxford County?									
How accepting of lesbian women is the broader community in Oxford County?									
How accepting of bisexual men is the broader community in Oxford County?									
How accepting of bisexual women is the broader community in Oxford County?									
How accepting of transgender men (men considered to be female to male) is the broader community in Oxford County									
How accepting of transgender women (women considered to be male-to female) is the broader community in Oxford County?									





- 104. How would you describe your sense of belonging to your local community?
 - Very strong
 - Somewhat strong
 - Somewhat weak
 - Very weak
 - Don't Know
 - Refusal
- 105. Are you aware of any LGBTQ friendly agencies or services in Oxford County?
 - □ Yes
 - □ No (Skip to 53)

106. Do you access any of these LGBTQ friendly agencies or services in Oxford County?

- Yes
- □ No
- 107. Do you know of any LGBTQ friendly spaces to socialize in Oxford County?
 - □ Yes
 - □ No (Skip to 55)
- 108. Do you access any of these LGBTQ friendly spaces to socialize in Oxford County?
 Yes
 - res
 - No
- 109. Do you feel there is a need for LGBTQ friendly spaces to socialize in Oxford County?
 Yes
 - □ No
- 110. How important is it for you to be a member of an LGBTQ specific organization?
 - Very important
 - □ Somewhat important
 - Not very important
 - Not at all important



111. Are you a member of any voluntary organizations or associations **in Oxford County**? Please indicate whether these are LGBTQ specific or not by using the appropriate columns.-

	Non LGBTQ specific organization	LGBTQ specific organization	Not applicable
Advocacy group			
Arts-based group (i.e. choir, performers)			
Community group			
Ethnic or cultural associations			
High school student group			
Newcomer to Canada group			
Religious groups			
Civic or Service clubs (i.e. Rotary)			
Social clubs			
Sporting group (i.e. bowling, volleyball, baseball)			
Support group			
University and/or College student Group			
Workplace or professional group			
Other Groups			

112. In the past 12 months, how often did you participate in meetings or activities with these types of groups **in Oxford County**?

- □ At least once a week
- □ At least once a month
- □ At least 3 or 4 times a year
- At least once a year
- Not at all

Are you a member of any voluntary organizations or associations outside of Oxford
 County? Please indicate whether these are LGBTQ specific or not by using the appropriate columns.

	Non LGBTQ specific organization	LGBTQ specific organization	Not applicable
Advocacy group			
Arts-based group (i.e. choir, performers)			
Community group			
Ethnic or cultural associations			



Newcomer to Canada group
Religious groups
Civic or Service clubs (i.e. Rotary)
Social clubs
Sporting group (i.e. bowling,
volleyball, baseball)
Support group
University and/or College student
Group
Workplace or professional group
Other
Groups

- 114. In the past 12 months, how often did you participate in meetings or activities with these types of groups outside of Oxford County?
 - □ At least once a week
 - $\hfill\square$ At least once a month
 - □ At least 3 or 4 times a year
 - At least once a year
 - Not at all

115.	How do you currently connect with other LGBTQ people? (Check all that apply)
	Through face to face relationships
	Twitter
	Facebook
	YouTube videos
	Online dating sites
	LGBTQ organizations
	LGBTQ Bars
	Bathhouses
	Other

116. Please indicate the likelihood that you would attend or access the events and services listed below in Oxford County:

	Very likely	Likely	Not very likely	I wouldn't attend
Pride events				
LGBTQ Safe				
Community				
Centre				
LGBTQ Support				
Group				



Parents, Friends of Lesbians and Gays (PFLAG)		
LGBTQ Religious Group		
Other		

117. What would be helpful in a LGBTQ friendly space or event that would make it more likely for you to attend? (Check all that apply)

Close to public transportation
Location in Ingersoll
Location in Woodstock
Location in Tillsonburg
Location at Library/Community Centre or Hall
Located at a Health Centre
Located at a safe non-health related location
Child care provided
Food/ refreshments
Low cost to attend/participate
No cost to attend/participate
Other

118. How often do you not attend social activities because you have no access to transportation?

- □ Never, I always have transportation
- □ Once a month
- □ 2 to 3 times a month
- Once a week
- □ 2 to 3 times a week
- \Box 4 to 6 times a week
- Every day



Appendix E

Section F: About You

The following question asks you for the first three characters of your postal code. The answer to this question can be useful in finding out what services are needed in which areas. This information will only be used to determine the *general* areas in which people live and can in no way determine where a person live.

- 1. What are the first three characters of your postal code?
 - □ NOJ
 - □ N4S
 - □ N4T
 - □ N5C
 - □ N4G
 - N4V
 - Other (List first three digits) _____
- 2. What was your assigned sex at birth?
 - □ Male
 - Female
- 3. How do you currently identify?
 - Bisexual
 - 🗌 Gay
 - Lesbian
 - Asexual
 - Queer
 - □ Straight or heterosexual
 - □ Not sure or questioning
 - Other, please specify: _____
- 4. How do you identify your own ethnic/ racial background?
 - Please specify:_____
- 5. In what country were you born?
 - Canada
 - Other, please specify: _____
- 6. When you were a child what was the religious or faith practice of your family?
 - Please specify:_____
- 7. What is your current religious or faith practice?



- Please specify:____
- 8. Currently, how religious or spiritual are you?
 - Not at all
 - A bit
 - Somewhat
 - □ Fairly
 - Quite
 - Extremely
- 9. What is your current relationship status?
 - □ Single and not dating
 - Single and dating
 - □ In a monogamous relationship
 - □ In a non-monogamous (open) relationship
 - □ In a polyamorous (multiple people)relationship
- 10. What is your current legal marital status?
 - □ Married
 - □ Living common-law
 - Separated
 - Divorced
 - □ Widowed
 - Never married
- 11. Over your lifetime, have your sex partners been....? (Please check all that apply)
 - □ Non trans men (cisgendered men)
 - □ Trans men
 - □ Non trans women only (cisgendered women)
 - Trans women
 - □ Genderqueer or bi-gendered people
 - □ Other (please specify)
 - □ I have had no sex partners in my lifetime
- 12. Are you attracted to ...? (Please check all that apply)
 - □ Non trans men (cysgendered men)
 - Trans men
 - □ Non trans women only (cysgendered women)
 - Trans women
 - □ Genderqueer or bi-gendered people
 - None of the above
 - Other, please specify:



- 13. What is your current employment status?
 - □ Employed Full-time
 - □ Employed Part-time
 - Retired
 - □ Not employed and looking for employment
 - □ Not employed and not looking for employment
 - On disability
 - □ Receiving general social assistance
- 14. What is the highest level of education that you have completed (in Canada or any other country)?
 - □ Did not graduate from high school
 - □ High school graduate
 - □ Some college or trade school
 - □ College or trade school graduate
 - □ Some university
 - □ University –bachelor's degree
 - □ University graduate or professional degree
 - I don't know
- 15. Are you currently enrolled in high school, college, trade school or university
 - □ Yes, Full time
 - □ Yes, Part time
 - □ No (skip to 18)
- 16. Does your school have a Gay Straight Alliance (GSA) or a similar group?
 - □ Yes
 - □ No (Skip to 18)
- 17. Do you attend this group?
 - Yes
 - □ No
- 18. What is your best estimate of the total income, before taxes of **all household members** from all sources in the past 12 months?
 - □ Less than \$5,000
 - □ \$5,000-\$9,999
 - □ \$10,000-\$19,999
 - □ \$20,000-\$29,999
 - □ \$30,000-\$39,999
 - □ \$40,000-\$49,999



- □ \$50,000-\$59,999
- □ \$60,000-\$69,999
- □ \$70,000-\$79,999
- □ \$80,000 or more
- □ I'd rather not say
- 19. Including yourself, how many people were being supported on this household income? Include those who live outside of Canada.
 - Please specify, (# of people):_____
- 20. What is your primary mode of transportation? (Please check all that apply)
 - Personal automobile
 - □ Friend, relative, or neighbor's automobile
 - Public Transportation
 - 🗌 Taxi
 - Other_____
- 21. Now that you have finished the survey, is there anything else you would like to let us know?

If you are in need of immediate mental health support please contact:

Canadian Mental Health Association-Oxford County crisis line 519-539-8342 or 1-877-339-8342

> Huron-Perth Helpline and Crisis Response 1-888-829-7484

Oxford Elgin Child and Youth Centre Crisis line 1-877-539-0463 for OECYC

> Kids Help Line 1-800-668- 6868

Lesbian Gay Bi Trans Youth Line 1-800-268-9688



Appendix F

Letter of Information

Oxford County Rainbow Coalition Survey

This letter provides key information about a survey examining LGBTQ experiences in Oxford County conducted by the Oxford County Rainbow Coalition: A working group comprised of representatives from Oxford County Public Health & Emergency Services, the Canadian Mental Health Association, and various members of the community.

Invitation to Participate

You are being invited to participate in a survey examining LGBTQ experiences in Oxford County.

Purpose of the Letter

The purpose of this letter is to provide you with the necessary information required for you to make an informed decision about participating in this survey.

Purpose of this Study

Since little is known about this population in this community, the Coalition would like to gather information about this population's experiences with regards to coming out, harassment, health and social services, social support, and community involvement. Once the information has been collected, analyzed and distributed (ex. Community meeting, Report, etc.,), the Coalition hopes to work with the community on initiatives that promote the health and well-being of Oxford County's LGBTQ population.

Inclusion Criteria

To participate in this survey, one must:

- Be 16 years of age or older AND
- Identify as Lesbian, Gay, Bisexual, Transgender, or Queer AND
- Either reside, work, or go to school in Oxford County

Study Procedures

If you agree to participate, you will be asked to fill out a survey about your experiences as an LGBTQ individual residing, working, or going to school in Oxford County. The questions from this survey were derived from existing surveys on LGBTQ populations (ex. HIMMMs, Trans Pulse), as well as from members participating on Oxford County's Rainbow Coalition research team. Of note, it was important for the Coalition to be inclusive of members belonging to the LGBTQ population during all stages of this survey, so that the questions being asked could better illuminate the voice of those having lived the experience as an LGBTQ individual.

The survey can be filled out online at a time and location of your choosing.

Possible Risks and Harms



There are no apparent risks for participating in this survey as the information that is collected will be combined, and thus individual responses will not be singled out. There is a potential, however, that the survey could result in psychological or emotional stress since the information collected will be on topics such as homophobia, transphobia, homonegativity, and social isolation. In light of this, contact information for health/mental health services will be provided with this information letter as well as at the end of the survey.

Possible Benefits

There are no known personal benefits to participating in this survey. However, by completing this survey your experiences will help inform planning for future initiatives for LGBTQ populations residing, working, or going to school in Oxford County.

Voluntary Participation

Please note that participation in this survey is voluntary, and that you can refuse to participate, answer any questions or withdraw from the survey altogether with no effects to you or the community.

Privacy and Confidentiality

The information collected from this survey will be kept confidential, and access to this information will be limited to the primary and co-investigators from Wilfred Laurier University and Oxford County Public Health and Emergency Services.

All electronic materials will be saved on an encrypted computer in a locked office at Wilfred Laurier University and Oxford County Public Health and Emergency Services. All data pertaining to this research will be destroyed 7 years after the study has been completed.

After completing the survey online, it is recommended that you delete your temporary internet files to further ensure your privacy.

Other Information about this Study

You are encouraged to forward this survey, or information about this survey, to others you know that also identify as LGBTQ. However, even though we encourage you do this, please note that it could possibly reveal not only your participation in the survey, but also those who you send it to if they share online accounts (ex. Email, Facebook, Twitter) or computers.

In the event that you do share this survey with others, please be aware that there will be a record of email exchanges in either your inbox or outbox. To ensure your/their privacy, it is recommended that you delete these files along with your temporary Internet files.

Contacts for Further Information

If you have any questions or comments about the study or the procedures (or you experience adverse effects as a result of participating in this study), please contact Gayle Milne at (519) 539-9800 ext. 3451 or via email at <u>gmilne@oxfordcounty.ca</u> or Dr. Robb Travers at <u>rtraver@wlu.ca</u>. This project has been reviewed and approved by the University Research Ethics Board (REB #4749), which receives funding from the <u>Research Support Fund</u>. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project,



you may contact Dr. Robert Basso, Chair, Research Ethics Board, (519) 884-0710, ext. 4994 or rbasso@wlu.ca

Consent to Participant

I have read the Letter of Information. I have had the opportunity to ask questions, and all questions have been answered to my satisfaction.

[insert check box or radio button] "I agree to participate."

[insert check box or radio button] "I do not wish to participate (please close your web browser now)."

