

# Friday, March 23, 2012

## Full Day Schedule

7:00 am – 4:00 pm	Registration
8:00 – 9:00 am	Breakfast
9:00 – 10:30 am	Plenary (Simultaneous Translation provided) <i>Learning From Our Neighbours: A Focus on Francophone LGBT Health Research in Quebec</i> Séance plénière (service de traduction simultanée au besoin) <i>Apprendre de nos voisins : coup d'œil sur les recherches en santé des LGBT francophones au Québec</i>
10:30 – 11:00 am	Refreshment Break & Exhibit & Poster Hall
11:00 am – 12:30 pm	Concurrent Sessions
12:30 – 2:00 pm	Lunch & Closing Plenary (Simultaneous Translation provided) <i>In Solidarity – The Bill Siksay Award – Honouring Political Advocacy</i> DÎNER ET SÉANCE PLÉNIÈRE DE CLÔTURE (service de traduction simultanée au besoin) <i>In Solidarity – Prix Bill Siksay en hommage aux efforts de défense des intérêts politiques</i>

# Full Day Conference

**PLENARY/SÉANCE PLÉNIÈRE** **9:00 – 10:30 am**

### Learning from our Neighbours: A Focus on francophone LGBT health research in Quebec

In the growing field of LGBT Health Research it is difficult to stay abreast of work being done across our vast country. One of the most significant barriers has certainly been language. Few Anglophone Canadians are aware of the wealth of research on LGBT health that is being published in French. In this plenary we will shine a light on three researchers in the field of LGBT health, all of whom work in French in the province of Quebec.

**Line Chamberland** will discuss homophobic violence in secondary schools in Quebec and its impacts on LGBTQ youth. A recent quantitative study in 30 secondary schools located in different parts of Quebec has documented the high prevalence of homophobic violence. More than a

third of heterosexual students from 14 to 16 years old report at least one homophobic incident. This percentage increases to 69% for LGBQ youth and those questioning their sexual orientation. Among the latter, 30% report frequent incidents of homophobia. Boys and girls are differently involved as victims or perpetrators of homophobic violence, but neither group is spared. Whether it is directly or as witness of such incidents, LGBTQ youth learn that they are a potential target for homophobic insults and attacks. Experiences of victimization have an impact on absenteeism and school belonging, particularly when they are repeated. Qualitative data from interviews illustrate the negative psychological impacts of these experiences.

**Viviane Namaste** will discuss “Impossible research? Methodological considerations on research and programs dealing with bisexualities.” In this presentation Viviane will consider some of the

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methodological challenges of research on bisexualities; how research has traditionally excluded bisexuals, as well as the ways in which this exclusion is linked to broader questions of how sexuality is conceptualized. Drawing on some empirical research on the subject of HIV and sexual health in Montréal, how research, as well as health/social service programs, could be oriented to respond to the needs of people that have sexual relations with both men and women will be explored.

In her talk, "The Roads Less Travelled: The experience of Parents of Gender Atypical Boys", Françoise Susset will present her work with parents of prepubescent children who manifest gender atypical behaviours. These children experience discrimination as early as 2nd or 3rd grade at the hands not only of their peers but also of the adults entrusted with their development and care, at home as well as at school. Françoise will present observations from her qualitative study which seeks to give these parents a voice in order to begin to understand the beliefs and motivations underlying their behaviours and better assist them in becoming supportive and protective advocates for their children.

### Panelists:

**Line Chamberland** is a sociologist by training and teaches at the department of sexology at UQAM (The University of Quebec in Montreal). She has done research on discrimination and marginalization of LGBT people in institutional contexts: workplace, health and social services, and, more recently, in the school system. A long-time activist, Line Chamberland was a member of the working group, appointed by the Human Rights Commission, whose report inspired the Quebec's policy against homophobia adopted in December 2009 and the five-year government action plan to address homophobia, which was adopted in May 2011. In November 2011, she became the research chair on homophobia at UQAM.

**Viviane Namaste** holds a Research Chair in HIV/AIDS and Sexual Health at the Simone de Beauvoir Institute, Concordia University, Montréal.

**Françoise Susset, M.A.** is a clinical psychologist and marriage and family therapist. Her principal areas of interest are working with trauma survivors and sexual minority issues.

For several years, she participated in the general mental health training and clinical supervision of residents in Family Medicine from the Université de Montréal Medical

School. During her many years in Minnesota, she was a member of the original clinical team of Pride Institute, the first chemical dependency treatment center in the world serving the LGB community. She is co-founder of The Institute for Sexual Minority Health, <http://www.ismhisms.com/>, which offers trainings at every level of the health and social services sector as well as education. Although her clinical work is mainly with trans adults and teens, she also focuses more specifically on the question of gender variant behaviour in prepubescent children, helping families and schools challenge notions regarding sexuality, sexual orientation, and gender. She works closely with several community organizations involved in improving access and quality care for individuals belonging to sexual minority groups in Quebec. Françoise is the current president of the Canadian Professional Association for Transgender Health (CPATH).

**Loralee Gillis** is the Research and Policy Coordinator for Rainbow Health Ontario. In her role at RHO she works with researchers across the province to build capacity for LGBT health research. She also works with a variety of stakeholders, including community members, service providers, and policy makers to ensure that health policies reflect the diverse needs of LGBT people and communities across the province.

## Apprendre de nos voisins : coup d'œil sur les recherches en santé des LGBT francophones au Québec

La recherche sur la santé des LGBT constitue un secteur en pleine croissance. Il est donc difficile de demeurer au fait des travaux qui sont réalisés dans notre vaste pays. La langue a certainement été l'un des obstacles les plus considérables. Peu de Canadiens-anglais savent qu'un très grand nombre de travaux de recherche sur la santé des LGBT ont été publiés en français. Dans cette séance plénière, nous découvrirons trois des chercheurs les plus en vue dans le domaine de la santé des LGBT, qui travaillent en français, au Québec.

La présentation de **Line Chamberland** s'intitule *Bon, qu'est-ce qui va se passer encore aujourd'hui? La violence à caractère homophobe dans les écoles secondaires du Québec et ses impacts*. Les résultats quantitatifs d'une étude sur l'ampleur de la violence à caractère homophobe dans les écoles secondaires du Québec confirment l'ampleur du phénomène et la diversité de ses manifestations. Alors que plus du tiers des élèves hétérosexuels de 3e et 5e secondaire apportent avoir été victimes d'au moins un incident, ce pourcentage grimpe à 69 % pour les jeunes lesbiennes, gays, bisexuel.le.s ou en questionnement sur leur orientation sexuelle (LGBQ), et la proportion de jeunes LGBQ fréquemment victimisés frôle le 30 %. Filles et garçons sont différemment touchés en tant que victimes et auteur.e.s de diverses formes de violence homophobe, mais aucun groupe n'est épargné. Qu'ils en fassent l'apprentissage directement ou non, les élèves LGBQ apprennent qu'ils constituent des cibles potentielles des propos et des attaques homophobes. Les impacts de ces expériences de victimisation se manifestent notamment sur le plan scolaire (absentéisme, sentiment d'appartenance à l'école). Les données qualitatives provenant d'entrevues avec des jeunes LGBQ mettent en lumière les impacts de la violence homophobe sur le plan psychosocial.

La présentation de **Viviane Namaste** s'intitule *Impossible research? Methodological considerations on research and programs dealing with bisexualities*. Viviane y abordera certains des défis méthodologiques de la recherche sur la bisexualité. Nous verrons à quel point les personnes bisexuelles sont exclues de la recherche, et comment cette exclusion est liée à des questions plus larges touchant la conceptualisation de la sexualité. À partir de certaines recherches empiriques sur le VIH et

la santé sexuelle réalisées à Montréal, nous explorerons comment la recherche, de même que les programmes sociaux et de soins de santé, peut être orientée de manière à répondre aux besoins des personnes qui ont des relations sexuelles avec des hommes et avec des femmes.

Dans sa présentation intitulée : *Des chemins moins fréquentés : l'expérience de parents de garçons présentant une masculinité atypique (The Roads Less Travelled: The Experience of Parents of Gender Atypical Boys)*, **Françoise Susset** parlera de ses recherches auprès d'enfants prépubères qui manifestent des signes de comportement atypique. Ces enfants vivent de la discrimination dès la 2e ou la 3e année, tant auprès de leurs camarades qu'auprès des adultes responsables de leur développement et chargés de prendre soin d'eux à la maison ou en milieu scolaire. Elle abordera également son étude qualitative qui vise à donner une voix à ces parents en vue de commencer à comprendre les croyances et les motivations sur lesquelles reposent leurs comportements dans le but d'aider ces parents à mieux aider et protéger leurs enfants.

### Les panélistes

Sociologue de formation, **Line Chamberland** enseigne au département de sexologie de l'UQAM. Elle a fait des recherches sur la discrimination et la marginalisation des personnes LGBT dans divers contextes institutionnels : le milieu de travail, les services sociaux et de santé et, plus récemment, le milieu de l'éducation. Activiste depuis quelques décennies, Line Chamberland a participé aux travaux du groupe de travail mixte sur l'homophobie présidé par la Commission des droits de la personne et des droits de la jeunesse du Québec, dont le rapport a largement inspiré la politique nationale contre l'homophobie adoptée en décembre 2009 et le plan quinquennal de lutte contre l'homophobie lancé en mai 2011. Elle est depuis novembre 2011 la titulaire de la Chaire de recherche sur l'homophobie à l'UQAM.

**Viviane Namaste** est titulaire de la chaire de recherche sur le VIH-sida et la santé sexuelle de l'Institut Simone de Beauvoir de l'Université Concordia de Montréal.

**Françoise Susset**, MA, est psychologue clinicienne et thérapeute conjugale et familiale. Elle travaille principalement auprès des personnes qui ont survécu à des accidents et elle s'intéresse surtout aux enjeux qui touchent les minorités sexuelles. Pendant plusieurs

années, elle a participé à la formation générale en santé mentale et à la supervision clinique des résidents en médecine familiale de la faculté de médecine de l'Université de Montréal. Elle a aussi passé de nombreuses années au Minnesota, où elle était membre de l'équipe clinique à l'origine de la création du Pride Institute, premier centre de traitement de la toxicomanie au monde à desservir les membres de la communauté LGB. Mme Susset est cofondatrice de l'Institut pour la santé des minorités sexuelles ([www.ismh-isms.com](http://www.ismh-isms.com)), un organisme qui offre de l'éducation et de la formation à tous les niveaux dans le secteur de la santé et des services sociaux. Bien que ses travaux cliniques concernent principalement les adultes et les adolescents trans, elle s'intéresse également de près à la question des variations de comportement chez les enfants prépubères et aide les familles et les écoles à remettre en question les notions de base de la sexualité, de l'orientation sexuelle et du sexe. Elle travaille en étroite collaboration avec de nombreux organismes communautaires voués à l'amélioration de l'accès

et à la qualité des soins aux personnes appartenant à des minorités sexuelles au Québec. Françoise est également présidente de l'Association canadienne des professionnels en santé des personnes transsexuelles (ACPSPT).

**Loralee Gillis** est coordonnatrice à la recherche et aux politiques pour Santé arc-en-ciel Ontario. Dans le cadre de ses fonctions auprès de l'organisme, elle travaille avec des chercheurs de partout dans la province au renforcement des capacités de recherche sur la santé des LGBT. Elle œuvre aussi auprès de divers intervenants, dont des membres de la communauté, des fournisseurs de services et des décideurs afin de s'assurer que les politiques en matière de santé reflètent bien les besoins des personnes LGBT et de leurs communautés dans la province.

## CONCURRENT SESSIONS 11:00 am – 12:30 pm

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**(ST) D3: 41A** *(Simultaneous Translation provided/service de traduction simultanée au besoin)*

Format & Focus: Research Soundbyte 2 Seniors  
Forme et thématique : capsules sur la recherche 2  
- Les aînés

## (1) Navigating Trans Aging

### Presenter:

*Will Rowe, PhD Candidate, Department of Social Work, McMaster University, and Trans Outreach and Advocacy Coordinator, The Well, LGBTQ Community Wellness Centre of Hamilton.*

In 1952 Christine Jorgensen became famous: her 'sex change' made the front page of the New York Daily newspaper. Six decades later, transsexual and transgender (trans) identified individuals of Jorgensen's generation are entering old age, yet we know very little of how aging unfolds in trans people's lives. Negotiating gender identity and expression is central to trans people's lives. As trans people age, we will increasingly rely upon social and healthcare institutions created specifically for senior populations. Residential settings for seniors typically rely on normatively gendered bodies and identities. As well, the management of the body is central to care work in these institutions, where the formerly private sphere of looking after one's body enters into a more public realm. Both of these features of elder care create particular troubles and often activate tremendous fears for trans people. Social and health care institutions in many ways have not been equipped to cope with those who present with gender identities that do not always match the materiality of their bodies. What we know of elderly trans people has been extrapolated from research undertaken within the lesbian, gay and bisexual (LGB) senior communities, with trans people occupying a 'subset' of this community (LGBT) Although there are some similarities between 'LGB' and 'T' communities, there are also many differences, as sexual identity and gender identity manifest in quite distinct ways, and are linked with distinct vulnerabilities and resiliencies. Drawing from preliminary data collected for a doctoral social work methods course. The unique strategies that trans elders have generated to continue to meet their day-to-day needs while attending to their aging, non-normatively

gendered bodies and identities will be highlighted; the complex impact of gender identity on caregiving relationships and experiences; the range of ways aging trans people make sense of the tensions that arise out of the disjunctions they encounter; and how they articulate their needs.

### Objectives:

To make visible the issues that aging trans people come up against within institutions of senior health and social care and how we negotiate and strategize our way through these systems.

## (1) Navigation à travers le vieillissement des personnes trans

### Présentateurs :

*Will Rowe, doctorant, département de travail social de l'Université McMaster de Hamilton et coordinateur des services de proximité et de la défense des droits des trans de l'organisme The Well au LGBTQ Community Wellness Centre de Hamilton.*

Christine Jorgensen est devenue célèbre en 1952 : son « changement de sexe » a alors fait la une du New York Daily. Soixante ans plus tard, les personnes transsexuelles et transgenres (les « trans ») de la génération de Mme Jorgensen sont au seuil de la vieillesse et on en sait toujours très peu sur la façon dont s'installe le vieillissement dans la vie des personnes trans. Composer avec leur identité sexuelle et avec l'expression de cette identité est au centre de l'existence des personnes trans. Et avec le vieillissement de la population, il nous faudra de plus en plus compter sur les établissements de soins et de services sociaux traditionnels pour répondre aux besoins de ces personnes. Les résidences pour personnes âgées ont habituellement une perception bien tranchée des normes d'identité sexuelle, pour le corps comme pour la personnalité elle-même. De plus, les soins apportés au corps sont au centre des services offerts par des établissements, où l'hygiène et les soins corporels, qui appartenaient jusque-là au domaine privé, deviennent plus publics, plus ouverts. Ces deux caractéristiques des soins aux personnes âgées sont à la source de troubles particuliers et sont souvent à la source de

peurs considérables chez les personnes trans. Peu d'établissements de soins de santé et de services sociaux sont équipés pour faire face aux besoins des personnes dont l'identité sexuelle ne concorde pas nécessairement avec l'aspect physique de leur corps et pour assumer ce que révèlent les recherches, dont les conclusions ont souvent été extrapolées à partir de travaux réalisés auprès de communautés d'aînés lesbiennes, gaies et bisexuelles. À partir de données préliminaires recueillies pour un cours sur les méthodes de travail social de niveau doctoral, je dégagerai les stratégies particulières utilisées par les aînés trans pour continuer de répondre à leurs besoins de tous les jours et de prendre soin de leur corps vieillissant, qui n'entre pas dans les cadres normatifs habituels de l'identité sexuelle. J'aborderai aussi les répercussions complexes de l'identité sexuelle sur les expériences de soins et les relations avec les soignants, comment les aînés trans prennent conscience des tensions qui risquent de surgir des disjonctions auxquelles ils doivent faire face, et comment ils parviennent à exprimer leurs besoins.

### **Objectif d'apprentissages :**

Assurer une meilleure prise de conscience des problèmes auxquels les aînés trans sont confrontés dans les établissements de santé et de services sociaux pour aînés, et voir comment nous pouvons négocier et élaborer des stratégies pour naviguer efficacement dans ces divers mécanismes.

## **(2) Setting the Balance of Care for Sexually Diverse Seniors**

### **Presenter:**

*Jillian Watkins, PhD Candidate, Health Policy, Department of Health Policy, Management and Evaluation, University of Toronto*

The results of doctoral research on home and community care services for lesbian, gay, bisexual and transgender (LGBT) seniors will be presented. This research examines implications at the individual and system level of providing culturally appropriate home and community care to LGBT seniors in Toronto, Ontario. LGBT seniors have historically experienced profound discrimination both socially and politically. Research has demonstrated that LGBT seniors across Canada experience marginalisation in the health care system.

Approach : Given the unique needs of the LGBT senior population, and considering the current pressures on the health system, a mix of document analysis and key informant interviews to respond to the following questions

was used: 1) What does it mean to provide culturally appropriate home and community care (H&CC) to LGBT seniors? 2) What are the experiences of LGBT seniors in Toronto, Ontario who have received H&CC services? 3) What is the impact on the health system of providing culturally appropriate H&CC to LGBT Seniors?

Results: A review of Canadian and international literature on H&CC services for LGBT seniors identified that, compared with heterosexual peers, they are more likely to experience financial difficulties, lack caregiver support, access fewer social services, have higher levels of chronic conditions, and avoid accessing health care services. Preliminary analysis of key informant interviews with LGBT seniors and H&CC providers suggests that culturally appropriate H&CC care is not likely to include a different 'package' of care services, but rather includes provision of care from organizations and individuals educated about the specific needs and life circumstances of LGBT seniors. LGBT seniors perceive an overall lack of LGBT friendly services and suggest that this prevents isolated LGBT seniors from accessing care. LGBT seniors who have direct experiences receiving H&CC in the Toronto area have mostly positive experiences but express concern about the accessibility of H&CC services for LGBT seniors. H&CC providers emphasize the importance of a sustained program of education about LGBT seniors and their care needs. They also identify challenges to shifting the culture of care towards an LGBT positive approach at all levels of their organizations.

### **Objectives:**

1. Understanding the current state of the research on home and community care for LGBT seniors as well as challenges associated with conducting research with this group and current gaps in our knowledge.
2. Understanding the how personal experiences of marginalization among LGBT seniors, both in the past and currently, impacts on their use of home and community care services.
3. Understanding the difference between institutional care versus care in the home, and what that means for marginalized groups such as LGBT seniors.
4. Outlining the ways in which care for LGBT seniors can be improved at both the organizational and policy level.

## (2) Établir l'équilibre dans les soins des aînés sexuellement diversifiés

### Présentatrice :

*Jillian Watkins, candidate au doctorat en politiques de la santé, Department of Health Policy, Management and Evaluation, Université de Toronto*

Lors de cette présentation, j'exposerai les résultats de ma recherche doctorale sur les services de soins à domicile et de soins communautaires pour les aînés lesbiennes, gais, bisexuels et transgenres. Cette recherche examine les implications, à l'échelle des individus et du système, de services de soins à domicile et de soins communautaires culturellement adaptés aux aînés LGBT de Toronto, en Ontario. Historiquement, les aînés LGBT ont fait l'objet d'une discrimination profonde, aussi bien sur le plan social que politique. Des recherches ont démontré que les LGBT de tout le Canada ont souffert de marginalisation dans le système de santé. Approche : Compte tenu des besoins particuliers des aînés LGBT et des pressions actuelles sur le système de santé, nous avons eu recours à une combinaison d'analyse documentaire et d'entrevues auprès de témoins privilégiés afin de répondre aux questions suivantes : 1) Comment pourrait-on définir la prestation de soins à domicile et de soins communautaires culturellement adaptés aux aînés LGBT? 2) Comment les aînés LGBT de Toronto, en Ontario, ont-ils vécu la prestation de tels services? 3) Quelles répercussions sur le système de santé amène la prestation de tels soins aux aînés LGBT?

Résultats : Une revue de la littérature canadienne et internationale sur les soins à domicile et les soins communautaires aux aînés LGBT a permis de constater que comparativement à leurs semblables hétérosexuels, les aînés LGBT courent plus de risques de vivre des difficultés financières, de manquer de soutien de la part des fournisseurs de soins, d'avoir accès à moins de services sociaux, sont plus nombreux à souffrir de problèmes de santé chroniques et ont davantage tendance à éviter d'avoir recours aux services de soins de santé. Une analyse préliminaire des entrevues réalisées avec des aînés LGBT et avec des fournisseurs de soins suggère qu'il est peu probable que des soins culturellement adaptés comprennent un « panier de soins » différent, mais que ceux-ci consistent plutôt en soins dispensés par des organismes ou par des individus formés ou sensibilisés aux besoins particuliers et au vécu des aînés LGBT. Ceux-ci perçoivent une pénurie généralisée de soins où l'on tient compte de leur identité propre, et on croit que ce phénomène les empêche

d'avoir accès à des soins. Les aînés LGBT qui ont vécu directement l'expérience d'une prestation de soins dans la région de Toronto ont eu en général des expériences positives, mais ils s'interrogent quand même sur le problème de l'accessibilité des soins à domicile et des soins communautaires pour leur segment de la population. Les fournisseurs de tels soins insistent sur l'importance de programmes d'éducation viables sur les aînés LGBT et leurs besoins en termes de soins. Ils sont également conscients des défis liés à l'adaptation d'une approche qui tient compte des particularités des personnes LGBT à tous les paliers de leur organisme ou de leur établissement.

### Objectifs d'apprentissages :

1. Mieux comprendre l'état actuel de la recherche sur les soins à domicile et sur les soins communautaires pour les aînés LGBT, et prendre conscience des défis associés à la réalisation de recherches sur ce groupe de la population et des lacunes actuelles dans nos connaissances.
2. Comprendre comment les expériences personnelles de marginalisation des aînés LGBT, par le passé ou récemment, ont des répercussions sur leur utilisation des soins à domicile et communautaires.
3. Prendre conscience de la différence entre les soins en établissement et les soins à domicile et de ce qu'elles signifient pour les groupes marginalisés tels que les aînés LGBT.
4. Dégager les moyens d'améliorer les soins aux aînés LGBT, tant à l'échelle des organismes qu'à celle des politiques.

## (3) Trans and Elderly: The Health Care, Social Services, and Geriatric Needs of an Emerging Population

### Presenter:

*Billy Hébert, Project Manager for a Community-Based Research Project on Trans Elders and MA Candidate (Concordia University), Montreal*

### Co-authors:

*Mickael Chacha Enriquez and Line Chamberland*

As life expectancy rises globally, in particular in western nations, it can be assumed that trans elders will “emerge” onto the social terrain as a significant new population of older persons. This understudied group is composed of a diversity of self-identifications and of different cohorts characterized by generation, on one hand, and by the time over the life course at which social and/or medical

“transition” has occurred, on the other. The few studies and essays that have addressed the experiences of trans elders seem to show that over the lifespan these individuals can face multiple forms of discrimination related to their trans-identification, which are combined with difficulties that may come with aging itself, such as the decline of one’s income and the deterioration of one’s health. This paper will present the preliminary results of a community-based qualitative research project investigating the needs and worries of older trans people, in particular in regards to their access to health care services, to social services, and to geriatric care. The results of a partnership between l’Aide aux Transsexuel et Transsexuelles du Québec (ATQ), a Montreal-based community organization, and the Université du Québec à Montréal (UQAM), this study aims to enable aging trans people in and around the region of Montreal to voice their concerns and to share their life experiences, as well as to investigate the perspectives of “experts” working with this population. The results presented in this paper are thus based on twenty-five semi-structured interviews, fifteen of which were conducted with trans people of fifty years and older and ten conducted with service providers who are sensitive to the realities of such clients. Overall, this study aims to serve as the basis for an awareness-raising and education initiative that will target a wide variety of service providers who are likely to work with a population of older trans adults. A preliminary qualitative analysis of the main themes emerging out of these interviews will first allow for this presentation to identify some of the general concerns that older trans people share with the rest of the aging population, some of the issues that are specific to them, and the potential individual and systemic factors contributing to this difference. Second, some of the barriers facing trans elders as they attempt to access adapted health care and social services will be presented along with the discrimination they encounter in the context of geriatric care services. Finally, the role of service providers as allies to trans elders will be defined and recommendations for health care and social services professionals will be offered.

### **Objectives:**

This presentation aims to provide the audience with a portrait of the experiences of older trans people, specifically in regards to their increasing health care, social services, and geriatric needs. It will present specific recommendations for health care and social service providers to offer more appropriate services to trans elders. It will also highlight the responsibility of LGBT community organizations in referring such clients to sensitive professionals who provide adapted services.

### **(3) Trans et Aîné(e)s: Besoins en soins de santé, services sociaux et suivi gériatrique d’une population émergente**

#### **Présenté:**

*Billy Hébert, chef de projet d’une étude communautaire sur les aîné(e)s trans et candidat en Maîtrise (MA) à l’Université Concordia de Montréal*

#### **Co-auteurs:**

*Mickael Chacha Enriquez et Line Chamberland*

Au fur et à mesure que l’espérance de vie augmente à l’échelle mondiale, en particulier dans les pays occidentaux, on peut supposer que les aîné(e)s trans « émergeront » sur le terrain social comme une nouvelle population importante de personnes âgées. Ce groupe peu étudié est composé d’une variété de manières de s’identifier et de cohortes différentes qui se caractérisent d’une part par l’appartenance à une génération spécifique, et d’autre part, par le moment dans leur vie où la “ transition ” sociale et/ou médicale s’est faite. Les quelques études et essais qui ont abordé les expériences des aîné(e)s trans semblent indiquer que ces personnes sont vraisemblablement confrontées à de multiples formes de discrimination liée à leur identité trans, auxquelles s’ajoutent certaines des difficultés pouvant se manifester lors du vieillissement, telles que la baisse des revenus et la détérioration de la santé. Ce document présentera les résultats préliminaires d’une étude qualitative communautaire sur les besoins et les préoccupations des aîné(e)s trans, en particulier en ce qui concerne leur accès aux services de santé, aux services sociaux et aux soins gériatriques. Fruit du partenariat entre l’Aide aux Transsexuels et Transsexuelles du Québec (ATQ), une association communautaire basée à Montréal, et l’Université du Québec à Montréal (UQAM), cette étude vise à donner une voix aux personnes trans vieillissantes dans et autour de la région de Montréal afin qu’elles puissent exprimer leurs préoccupations et partager leurs expériences de vie d’une part, et à découvrir les perceptions des « experts » qui travaillent avec cette population d’autre part. Les résultats présentés dans ce document se basent sur vingt-cinq entretiens semi-structurés, dont quinze qui ont été menés auprès de personnes trans de 50 ans ou plus et dix menés auprès de prestataires de services qui sont sensibles aux réalités de ces clients. Globalement, cette étude a pour objectif de servir de base à une initiative de sensibilisation et d’éducation qui ciblera un large éventail de prestataires de services susceptibles de travailler avec une population de personnes trans d’un certain âge.

Une analyse qualitative préliminaire des thèmes principaux qui ont émergé au cours de ces entretiens permettra dans un premier temps d'identifier un nombre de préoccupations d'ordre général que partagent les personnes trans de plus de 50 ans avec le reste de la population vieillissante, un nombre de problèmes leur étant propres, et les facteurs individuels et systémiques potentiels qui contribuent à cette différence. Deuxièmement, certains des obstacles auxquels sont confrontées les aîné(e)s trans voulant accéder à des soins de santé et des services sociaux adaptés seront évoqués, ainsi que la discrimination à laquelle ces personnes font face dans le cadre des soins gériatriques. Enfin, le rôle d'alliés aux aîné(e)s trans que jouent les prestataires de services sera défini et des recommandations seront formulées à l'endroit des travailleurs de la santé et des services sociaux.

### D3: 42A

Format & Focus: Seminar, Youth & Homelessness

#### The Art of Digital Storytelling: A group of LGBTQ youth share their lived experiences of homelessness

##### Presenter:

*Ilona Alex Abramovich, PhD Candidate, OISE-University of Toronto*

There has been extensive research on youth homelessness in Canada; however, there has been an astounding lack of investigations into the phenomenon of LGBTQ youth homelessness. Several studies have found that a high proportion of LGBTQ homeless youth feel safer on the streets than in shelters due to homophobic and transphobic violence that occurs in the shelter system (Ray, 2006; Denomme-Welch, Pyne, & Scanlon, 2008). Despite these alarming findings, there are no emergency/crisis shelters for LGBTQ youth in Canada. Few studies have actually looked at the perspectives of LGBTQ youth who are street-involved or homeless. This presentation will share the stories of a group of LGBTQ youth who participated in a Digital Storytelling project. Each youth was provided with a digital point and shoot camera and asked to take both still photos and video footage of the problems they have encountered in the shelter system, as well as a representation of where they find/found support due to the problems they have encountered in the current shelter system. The short videos created by each youth were then used to generate a short film containing each youth's individual story. The

short film helps provide a broader context of each youth's individual experiences in the shelter system and on the streets of Toronto. The stories not only evoke emotion, but also portray the complexity of the issues presented and the severity of LGBTQ youth homelessness in Toronto. The purpose of this presentation is to help formulate an even deeper understanding of the problems faced locally by the LGBTQ homeless youth population, as well as to share knowledge on the power of digital storytelling for knowledge translation and as a strategic form of activism.

##### Objectives:

1. To increase knowledge and awareness around LGBTQ youth homelessness in Toronto and Canada more broadly.
2. To provide knowledge on the use of Digital Storytelling as a tool for knowledge translation, activism, and therapeutic intervention.

### D3: 44A

Format & Focus: Workshop, Health Promotion

#### Youth Discussing Power in Relationships with LGBT Youth

##### Presenters:

*Lorelei King, SOY Community Program Coordinator, Sherbourne Health Centre, Toronto;*  
*Suhail Abualsameed, Newcomer Community Engagement Coordinator, Sherbourne Health Centre, Toronto*

In 2009, a working group of service providers representing agencies that work with LGBT and questioning youth in Toronto started a project to explore ways to engage young people in conversations and strategizing around power imbalances in relationships. Created by the working group, the Relationship Game is a tool that facilitates communication with young people to identify and explore power imbalances. It strengthens the capacity of service providers in assisting youth in making more informed relationship choices for improved sexual and emotional health. Using various scenarios, it enables youth to identify areas of concern, build self-awareness, increase negotiation skills, explore options, and strengthen their emotional vocabulary. This workshop will discuss the origins, objectives, and application of the Game. We will also address the complex issues involved, and how to provide informed support that respects the individual's self-determination. The majority of young people that SOY works with are vulnerable by virtue

of their gender identity and/or sexual orientation and society's pervasive cis/heterosexist attitudes. Additional social determinants and forms of oppression render them yet more vulnerable to potential abuse or exploitation. SOY staff will discuss experiences presenting the Game with newcomers, trans youth, black and street-involved youth. Participants will take away a tool kit, including a copy of the Game to use with their client population, have the opportunity to ask questions and explore actual responses from the Game.

**Objectives:**

Service providers will increase their capacity to:

1. Experience and discuss the Relationship Game as a simple, effective tool to facilitate sexual and emotional health conversations with youth.
2. Identify possible relationship “red flags” when speaking with youth, and respond accordingly.
3. Equip young people with the skills to make healthier, more informed relationship choices.
4. Help young people recognize power imbalances in their own relationships, as well as those of friends, family and acquaintances, and to understand the difference between love, manipulation, exploitation, abuse, etc.
5. Help young people become more self-aware and negotiate more articulately when facing relationship challenges.
6. Create the opportunity for young people to exercise their negotiation skills in terms of limit setting, healthy sexuality, safe play, etc.
7. Provide valuable information to young people regarding relationships, sex and sexuality, and where to go for further information, before they become sexually active (preventative).

**D3: 45A**

Format & Focus: Panel, Health Research  
 What we Need to Know (and do) about the Health and Well-being of LGBT Asylum Seekers

**Moderator:**

*Phyllis Waugh, Community Outreach Worker, Rainbow Health Ontario*

**Presenters:**

*Nancy Nicol, Professor, Visual Arts, York University, and Principal Investigator for Envisioning Global LGBT Human Rights;*

*Nick J. Mulé, Associate Professor, York University;*  
*David Lewis-Pearl, MSM Prevention and Research Coordinator, Black Coalition for AIDS Prevention, Toronto;*  
*Leslie Ramsay-Taylor, Communication and Partnerships Coordinator, LGBTQ Positive Spaces Initiative, Ontario Council of Agencies Serving Immigrants (OCASI), Toronto;*  
*Charmaine Williams, Associate Professor, Factor-Inwentash Faculty of Social Work, Factor-Inwentash Chair in Social Work in Health and Mental Health, University of Toronto;*  
*Lisa Gore, LGBT Newcomer Settlement Services Coordinator, The 519 Church Street Community Centre, Toronto*

Organizations that work with newcomers in Ontario are responding to increasing numbers of people seeking asylum on the basis of sexual orientation and gender identity. Exposure to physical and sexual violence and other traumatic incidents prior to migration can affect both the mental and physical health of these newcomers. Making a refugee claim contributes further to anxiety, since asylum seekers must publicly proclaim the very identities that are criminalized and have forced them to leave their homes. The United Nations recognizes that criminalization and exclusion based on LGBT identity infringe on the right to the “highest attainable standard of physical and mental health”, as well as other human rights. However, it is not always recognized that the refugee claim process and settlement can introduce further assaults to emotional well-being. Moreover, settlement in Canada offers the possibility of safety, but in a context where intersecting oppressions based on heterosexism, homophobia, transphobia and racism can contribute to potent marginalization. Accordingly, policy makers and service providers in the health and social service sectors need to collaborate to understand the needs of LGBT asylum seekers and develop responses that promote their health and well-being while preventing further distress and illness. This panel presentation is based on “Envisioning Global LGBT Human Rights”, an innovative five-year (2011-2016) international research project. “Envisioning” is an Interdisciplinary Participatory Action Research project. The research team includes 33 community partners and 30 community and academic researchers in 10 countries. The research objectives and outcomes connect four themes: impacts of laws that criminalize LGBT identities; experiences and needs of LGBT asylum seekers; community organizing to resist criminalization; and implications for immigration, refugee and human rights policies and services. The panelists are members of the research team, including members of three partner organizations who will speak

about the relevance of the research outcomes to their work. Panelists will discuss preliminary findings from the “Envisioning” Roundtable (February 2012). The Roundtable is a forum for service providers and the research team to explore issues, services, gaps, and policy implications. It will help shape the continuing research and lay the basis for further participation by asylum seekers.

**Objectives:**

1. Introduction to “Envisioning Global LGBT Human Rights” research project.
2. Review of local and international knowledge building in the area of experiences of LGBT asylum seekers.
3. Description of how criminalization of sexual orientation and gender identity in Africa, India, and the Caribbean affects the lives of Ontario residents fleeing persecution.
4. Presentation of results from phase 1 consultation with GTA service providers, including) key health, psychosocial and equity issues service providers identify affecting LGBT asylum seekers.
5. Service provider perceptions of resources and service gaps affecting this population.
6. Service provider perspectives on policy interventions needed to better serve this population.
7. Perspectives from partner organizations on relevance of the research findings to their work.

**D3: 46A**

**Format & Focus: Workshop, Bisexual Health Promoting Bisexual Health: Lessons from Recent Research**

**Presenters:**

*Lori Ross, Lead, Re:searching for LGBTQ Health Team, Social and Epidemiological Research Department, Centre for Addiction and Mental Health (CAMH) and Associate Professor, Department of Psychiatry, University of Toronto;*

*Margaret Robinson, Project Coordinator, Risk & Resilience Among Bisexual People in Ontario: A Community-Based Study of Bisexual Mental Health;*

*Louis Esme Cruz, Advisor to Risk & Resilience Among Bisexual People in Ontario: A Community-Based Study of Bisexual Mental Health and Arts Program Coordinator, The Studio -Delisle Youth Services, Toronto, Three Fires Territory*

This interactive workshop examines bisexual mental health through a focus on issues of self-care, community building, and activism at the individual, micro and macro levels. Participants will develop tools for critical analysis, and reflect on their strengths, resources and objectives for bisexual community building and activism. This workshop will contribute to the knowledge and skill sets participants need to advocate for themselves and others within the heterosexist and monosexist social systems in which they work and live. Drawing on community-based research with bisexuals in Ontario, Lori Ross presents the latest research on factors contributing to positive mental health among bisexual people. With a focus on the individual level, she outlines the impact of internalized biphobia and homophobia, and the buffering effects of self-care. Drawing on qualitative studies with bisexual people and critical race theory, Margaret Robinson will outline the strategic importance of bisexual community building on an interpersonal level, focusing on how experiences of inclusion, boundary-setting and intersectionality facilitate or complicate access to community support. Louis Esme Cruz will detail the ways that systemic issues of biphobia and intersecting oppressions challenge the mental health of bisexual people. Louis will detail how structural and ideological factors, such as binary thinking and monosexism, shape our activism, and will discuss effective strategies for affecting structural change.

**Objectives:**

Participants will learn:

1. Which factors contribute to positive mental health among bisexual people.
2. How experiences of inclusion and exclusion affect access to community support and its protective effects.
3. Techniques for promoting self-care, community-building and activism among bisexual people.
4. Skills for challenging oppressive systems and facilitating social justice.

**D3: 47A**

Format & Focus: Research Soundbyte 3, Gay & Bi Men's Health

### (1) Racism, homophobia and body image among ethnoracialized gay and bisexual men in Toronto, Ontario

**Presenters:**

*David Brennan, Assistant Professor, Factor-Inwentash Faculty of Social Work, University of Toronto; 'Rusty Souleymanov, Masters of Social Work Student, Factor-Inwentash School of Social Work, University of Toronto; Clemon George, Assistant Professor, University of Ontario Institute of Technology, Oshawa; 'Sulaimon Giwa, PhD Candidate, School of Social Work, York University*

Past research indicates that gay/bisexual men (GBM) are more prone to body dissatisfaction than their heterosexual counterparts. Previous studies drawn from predominantly White samples, however, have not adequately captured body image issues experienced by ethnoracialized gay/bisexual men (EGBM). The present study examined the relationship between racial minority status, sexual identity, and body image among EGBM. A community advisory committee (CAC) of nine GBM, representing various ethnoracial communities, helped the research team with development and design of the study, data collection and analysis. EGBM participants, representing the four largest ethnoracial populations in Toronto (Black/African/Caribbean, South Asian, East/Southeast Asian, and Latino/Hispanic/Brazilian), were recruited to participate in focus groups and interviews through community and agency list serves and word of mouth. Eligibility criteria included being 18 years of age or older, identifying as GBM or having had sex with another man in the past 12 months, and identifying with one of the four ethnoracial communities. Two to three focus groups for each ethnoracial community (n=58) and individual interviews (n=2) were conducted. Focus groups and interviews were audio recorded and transcribed verbatim. Data analysis employed grounded theory techniques aided by MAXQDA. Member checking was conducted with the CAC for feedback. Three major themes were: 1) Negotiating a racialized body image; 2) Specific ways that white, masculine, body image ideals in GBM culture impacts EGBM; and 3) Intersecting influences of body image on health, sexuality and relationships among EGBM. EGBM actively negotiated pressures to conform to idealized body image in the larger GBM community and resisted ways in which they

are marginalized and eroticized based on racialized body stereotypes. These results highlight complex relationships between racism, homophobia, and body image, their impact on the overall health of EGBM, and strategies to promote health and combat prejudice. The findings have implications for understanding the mechanisms through which racism and homophobia influence health. The findings emphasize the importance of addressing racism within GBM communities as well as homophobia in both dominant and ethnoracialized communities. Finally, the findings raise the need to build a theoretical framework to better understand the complexities of body image issues among EGBM.

**Objectives:**

In this presentation, participants will develop:

1. A greater understanding of the issues of body image, and health among EGBM;
2. Knowledge about the impact of racism and homophobia on body image among EGBM;
3. Greater understanding of the ways in which EGBM resist and challenge oppressive norms.

### (2) Impact of public notification of criminal charges for non-disclosure of HIV+ status (in Ottawa, May 2010).

**Presenters:**

*Christiane Bouchard, Project Officer, Ottawa Public Health; Vera Etches, Associate Medical Officer of Health Ottawa Public Health, Principal Investigator; Alyssa Bryan, Research Assistant, Ottawa Public Health; Patrick O'Byrne, Public Health Nurse and Assistant Professor, School of Nursing, University of Ottawa*

A qualitative study measuring the impact of public notifications of HIV status non-disclosure was conducted at Ottawa Public Health in order to understand the impacts of a recent case where sexual assault charges against an Ottawa-based homosexual man who is living with HIV were publicized. Semi-structured interviews with Ottawa area gay/MSM men (both HIV positive and negative), were analyzed using grounded theory. Preliminary findings suggest that the Ottawa context plays a unique role in forming perceptions about public notifications of HIV status non-disclosure and gay culture. Aspects considered included family values/morals, familial and community support services for gay men (both HIV + and -), gay culture, sexual practices and context/perceptions of HIV, all within the broader socio-political context. These findings have important

implications for Ottawa residents and those working in the fields of HIV, public health and health services seeking to support individuals living with HIV, including how to disclose their status.

### Objectives:

1. To understand the impact public notification might have on HIV testing.
2. How health professionals including Public Health can improve on their service delivery approach as it pertains to supporting disclosure.
3. A better understanding of the complexities linked to disclosure.

### (3) Health in Middlesex Men Matters (HiMMM) Project: Phase II Survey Preliminary Results

#### Presenters:

*Todd Coleman, PhD Candidate, Department of Epidemiology & Biostatistics, University of Western Ontario; Daniel Pugh, Director of Education, Regional HIV/AIDS Connection, London*

In 2006, the AIDS Committee of London (now the Regional HIV/AIDS Connection – R.H.A.C.) held an LGBT2SQ Health Forum to investigate health concerns in our local communities. Three key areas of concern emerged: internal/external homophobia, isolation/social exclusion, and communication. The HiMMM Project was formed in 2008 from these results and designed as a two-phase (qualitative followed by quantitative) project to explore health and health care access issues for local communities of gay, bisexual, and other men who have sex with men (GB-MSM). The first qualitative phase consisted of interviews conducted with twenty local GB-MSM community members and service providers. Main findings from this phase found that local GB-MSM felt that sexual orientation should only be discussed with a provider if relevant to the reason for their visit and were uncomfortable talking about sexual health with service providers. Gay nightclubs and bars were seen as prominent social bases in the community, despite participants rarely attending these. Respondents relayed that although GB-MSM friends are important, they are difficult to make. Launched in September 2011, Phase II of the Health in Middlesex Men Matters Project consists of a survey to be delivered primarily online to men in Middlesex County, Ontario that are 18 years of age or older, and that identify either as gay, bisexual, or as a man who has either had one or more sexual experiences

with another man or has had strong and continual sexual attraction(s) to one man or men. Survey sections include Health Care Access, Social Support, Sexual Health, and Demographics. Survey items were chosen based upon Andersen's Behavioral Model of Health Services Use, adapted for Vulnerable Populations. Specific scaled measures included in the survey include the Internalized Homophobia Scale developed by Ross & Rosser, Experiences of External Homophobia developed by Diaz et al., the Medical Outcomes Social Support Scale, and the Communication sub scale of the General Practitioners Assessment Questionnaire. Preliminary descriptive results from the survey will be presented to the audience.

### Objectives:

1. To convey and share survey results from the Health in Middlesex Men Matters survey, delivered to local gay, bisexual, and other MSM within London-Middlesex, Ontario.
2. To describe homophobia, social exclusion, and communication as they are experienced by GB-MSM within London-Middlesex, Ontario.

### D3: 48A

#### Format & Focus: Seminar, LGBT Health Kinky and Queer: BDSM and LGBTQ Health

#### Presenters:

*Andrea Zanin, LGBTQ/BDSM Community Activist and PhD Candidate, Women's Studies, York University; Erin Sandilands, MDCM CCFP, Family Medicine Resident*

LGBTQ people face numerous challenges in accessing culturally competent healthcare services...but what about those whose sexual practices venture even further outside the box? People who enjoy bondage, whipping, piss play, piercing and other "extreme" types of sexual activity are often marginalized in the healthcare system; they may face misunderstanding, judgement or even hostility from service providers, and even when they don't, their fear of such treatment may impact their willingness to disclose or to seek healthcare. What sort of health risks do they face, what kinds of care do they need, and what do you need to know in order to best serve them? This seminar, co-taught by a long-time BDSM practitioner/activist and a BDSM-friendly MD, aims to provide participants with a basic understanding of common BDSM practices, give abroad overview of the health concerns that may

be relevant for BDSM practitioners, and introduce you to the existing knowledge (both community-based and medical) that may help you better welcome your clientele and address their concerns. We'll address questions such as: How can clinicians best communicate and create an environment that allows for the disclosure of relevant community status/behaviour (i.e. kinky or queer) in order to provide the most appropriate care? How do we access and present knowledge about health, health promotion and disease prevention in a way that is meaningful to queer and kinky patients? What kinds of knowledge are circulated within BDSM communities about safety and health? How can we begin to combine that knowledge with an evidence-based medical approach in a way that is relevant to patients, reduces harm, reduces stigma, and allows for honest and open communication between patients and professionals to create an environment where good care can exist? What steps can providers take in order to build alliances with groups who have been traditionally marginalized within healthcare, while continuing to promote health and reduce harm? We will present a review of the available literature to clarify perceived, known, and unknown risks of sexual behaviours among BDSM practitioners. We will also discuss research focusing on patient-provider relationships, stigma, and social barriers to accessing care.

### Objectives:

To provide participants with a basic understanding of BDSM practices, give them a broad overview of the health concerns that may be relevant for BDSM practitioners, and introduce them to the existing knowledge (both community-based and medical) that may help them better welcome and address the concerns of their clientele.

**12:30 – 2:30 pm**

### Lunch & Closing Plenary

*(Simultaneous Translation provided)*

### In Solidarity – The Bill Siksay Award – Honouring Political Advocacy

Join us in recognizing the work of Bill Siksay, former Member of Parliament for Burnaby-Douglas. Bill has been a long-time supporter of Canada's LGBT communities and a champion of human rights protections for trans communities.

Bill Siksay retired as the Member of Parliament for Burnaby-Douglas in May 2010. He served in the House of Commons for seven years, and was the New Democratic Party's spokesperson for Gay, Lesbian, Bisexual, Transgender and Transsexual Issues in that period. After consultations with transgender and transsexual communities across Canada, Bill drafted legislation to add gender identity and expression as prohibited grounds of discrimination to the Canadian Human Rights Act and to the sentencing and hate crime provisions of the Criminal Code. Bill C389 passed all stages in the House of Commons in February 2010, but died on the order paper without consideration in the Senate when the 2010 federal election was called. Prior to his election Bill worked for MP Svend Robinson for 18 years. Bill was also an activist in the successful campaign for the ordination and commissioning of gay and lesbian members of the United Church of Canada, having come out in the process towards ordination in 1980. Bill lives in Burnaby with his partner of thirty years, The Rev. Brian Burke.

### Dîner et séance plénière de clôture

*(service de traduction simultanée au besoin)*

### In Solidarity – Prix Bill Siksay en hommage aux efforts de défense des intérêts politiques

Joignez-vous à nous pour rendre hommage au travail de Bill Siksay, ancien membre du parlement et ex-député du comté de Burnaby-Douglas. Bill a longtemps appuyé les communautés LGBT du Canada et a toujours été un ardent défenseur des droits de la personne dans le contexte des communautés trans.

Bill Siksay a pris sa retraite en mai 2010; il était jusque-là député du comté de Burnaby-Douglas. Il a siégé au parlement pendant sept ans, où il a agi comme porte-parole du Nouveau Parti démocratique pour les questions touchant les gais, les lesbiennes, les bisexuels et les transgenres. À la suite de consultations avec les communautés transgenres et transsexuelles partout au Canada, Bill a rédigé un amendement visant à ajouter à la Charte canadienne des droits et libertés l'identité sexuelle et son expression comme motifs possibles de discrimination, et pour que soient amendés les crimes haineux et leurs sentences dans le Code criminel, pour ces mêmes motifs. Le projet de loi C389 avait franchi toutes les étapes conduisant à son adoption

à la Chambre des Communes en février 2010, mais il est mort au feuillet sans avoir été étudié par le Sénat en raison du déclenchement de l'élection fédérale de 2010. Avant de se joindre aux élus, Bill avait travaillé pendant 18 ans auprès du député Svend Robinson. Bill a également milité dans la campagne couronnée de succès pour l'ordination et la nomination de membres gais ou lesbiennes dans l'Église Unie du Canada, qui a conduit au droit à l'ordination des personnes gais en 1980. Bill vit à Burnaby depuis 30 ans avec son partenaire, le révérend Brian Burke.