Invisible No More:

Voices from the Queer Community

Queer Study Health Report
October 2022

Public Health
Santé publique
SUDBURY & DISTRICTS

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Acknowledgements

The authors would also like to acknowledge the following people: Bernadette Walicki, Caitlyn Bourque, Danielle Paquette, and Lori-Ann Holland for support with the workshops; Wayne Neegan for support with digital storytelling and technical and production guidance; Kayla Ramsay for formatting and graphic support; and Erika Espinoza, and Marcie Snyder for their contribution to this report.

Funding to support the project was received from a Louise Picard Public Health Research Grant. The Louise Picard Public Health Research Grant is designed to encourage collaboration between staff from Public Health Sudbury & Districts and faculty from Laurentian University on research that is relevant to public health. The grant proposal was co-led by Suzanne Lemieux, Ph.D. from Public Health Sudbury & Districts and Tanya Shute, Ph.D., from the School of Social Work at Laurentian University.

Finally, the author would like to extend sincere thanks to the participants of the study for their valuable contributions to the content of this report.

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Citation

Public Health Sudbury & Districts. (2022). Invisible No More: Voices from the Queer Community. Sudbury, ON. Author.

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"Being silent gets in the way of moving forward. Let's unwrap it, talk about it, share it. Come on, let's start a conversation" (Unwrapping)

Introduction

Gender identity and expression as well as sexual orientation and attraction are widely recognized as social determinants of health. Evidence exists indicating that the two-spirit, lesbian, gay, bisexual, transgender, Queer, plus (2SLGBTQ+) population experiences significant health disparities in mental health, chronic disease, sexually transmitted diseases, substance misuse and some cancers (Rainbow Health Ontario, 2019; Quinn et al., 2015). 2SLGBTQ+ community members experience increased rates of violence and bullying and are at a greater risk of committing suicide than the general population in Ontario and Canada (Bauer & Scheim, 2015; Statistics Canada, 2016; Benibgui, 2011). Inequitable access to safe and inclusive care remains a key challenge for this community (Bauer & Scheim, 2015).

Safe and inclusive spaces in service provision and in public spaces are foundational to ensuring everyone can achieve their full health potential regardless of their gender identity and expression, sexual orientation, and attraction. Isolation and lack of services or support can make growing up or living in Northern and rural communities challenging for 2SLGBTQ+ persons (Daley, 2015). A culture of acceptance, inclusion and safety is essential to support the health and wellbeing of Queer persons and communities.

Homonegative: a negative attitude toward homosexuality or homosexual people

Transphobic: irrational fear or aversion toward transgender people (The 519, n.d.)

2SLGBTQ+ populations were identified as a priority population for Public Health Sudbury & Districts through the 2018 program planning process. Priority populations are defined in the Ontario Public Health Standards (Ontario Ministry of Health and Long-Term Care, 2018) as "those that are experiencing and/or at increased risk of poor health outcomes due to the burden of disease and/or factors for disease; the determinants of health, including the social determinants of health; and/or the intersection between them" (p. 19).

The Ministry of Health and Long-Term Care's (2018) Health Equity Standard requires boards of health to engage priority populations to understand their unique needs, histories, cultures, and capacities to design strategies to decrease the health inequities experienced by priority populations while improving health across the entire population (MOHLTC, 2018). To achieve health equity, all people must be able to reach their full health potential without disadvantage due to social position or other socially determined circumstances, such as ability, age, culture, ethnicity, family status, gender, language, race, religion, sex, social class, or socioeconomic status (MOHLTC, 2018).

Engaging populations meaningfully to understand their perceived concerns, gaps in care, as well as potential solutions to reduce barriers to their health and wellbeing requires deep, purposeful listening. The lived realities of 2SLGBTQ+ populations in Sudbury and districts are undocumented. Limited local engagement has shown that social exclusion, stigma, and racism are pressing issues for 2SLGBTQ+ populations (Health Quality Ontario, 2018). However, despite the diverse and multi-faceted lived experiences of 2SLGBTQ+ people, this population tends to share remarkably similar experiences related to stigma, discrimination, rejection, and violence across cultures and locales (Meyer, 2013).

To address this local gap in engagement and understanding, Public Health Sudbury & Districts' Knowledge and Strategic Services department partnered with the School of Social Work at Laurentian University with the goal of understanding the experiences of 2SLGBTQ+ individuals across the life course in Northeastern Ontario. The research project specifically sought to understand social and cultural challenges experienced by 2SLGBTQ+ community members in Northern Ontario with the goal of addressing the gaps in research on this important group and to inform public health policy and practice to better support 2SLGBTQ+ community members in meeting their full health potential. The project used digital storytelling as a method to explore the health-related concerns of 2SLGBTQ+ participants.

Research question:

What are some of the social and cultural challenges experienced by 2SLGBTQ+ individuals as they relate to public health needs of this population across the life span within Sudbury and districts?

Background and Rationale

To better understand 2SLGBTQ+ as a priority population and its implications for public health practices, a literature review was completed. Five key areas were identified in the review, including social determinants of health, intersectionality, minority stress theory, invisible and silent minority, and terminology and identity.

Social Determinants of Health

The health of Canadians is not determined primarily by lifestyle choices and access to medical care; it is the conditions under which we live that have the greatest influence on health (Mikkonen & Raphael, 2010). The social determinants of health as a conceptual framework invites policymakers and healthcare practitioners to include an understanding of structural aspects of societal inequality when addressing healthcare (Mikkonen & Raphael, 2010). According to the Ontario Ministry of Health and Long-Term Care (2018), key social determinants include:

- Access to health services
- Culture, race, and ethnicity
- Disability
- Early childhood development
- Education, literacy, and skills
- Employment, job security and working conditions
- Food insecurity
- Gender identity and expression
- Housing
- Income and income distribution
- Indigenous status
- Personal Health practices and resiliency
- Physical environments
- Sexual orientation and attraction
- Social inclusion/exclusion
- Social support networks.

Gender identity and expression, as well as sexual orientation and attraction speak specifically to 2SLGBTQ+ populations. The concept of "people under threat" (McGibbon, 2012, p.32) is fundamental to understanding the experience of queer people in Sudbury through the framework of the Social Determinants of Health (SDOH). Social exclusion in addition to the obvious threats of violence, verbal harassment, bullying and sexual harassment, are experiences that have negative influences on the potential for a productive, happy, and healthy lifestyle (Galabuzi,

2012). The systematic oppression of 2SLGBTQ+ populations across multiple social aspects of life results in poorer mental and physical health outcomes (McGibbon, 2012).

Intersectionality

The concept of intersectionality, as developed by Crenshaw (1989), suggests that structural oppression and discrimination can target several different identities at the same time. Burnes and Singh (2016) wrote that the intersection of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) with social class (e.g., levels of income, education, and employment type) affect both mental health and the ability to access medical services. In addition, McGarrity (2014) noted that Queer individuals living with low income may live in an environment more hostile to Queer identity and expression, face stricter standards for gender role conformity, and experience isolation from the mainstream Queer community. When examining the list of social determinants above, it is evident 2SLGBTQ+ individuals could experience multiple intersections at once creating more complex and compounding barriers across their life course.

Minority Stress Theory

Minority stress theory is a body of knowledge that identifies unique forms of continuous social stressors experienced by oppressed groups, including the 2SLGBTQ+ community, which contribute to impacts on physical and mental outcomes (Cox, Dewaele, VanHoutte, & Vincke, 2011). Within minority stress theory, four sources of social stressors have been identified within the 2SLGBTQ+ community: discrimination, hiding sexual orientation, anticipating events of prejudice, and homophobia (and homonegativity) expressed by individuals, family, and institutions (Cox, Dewaele, VanHoutte, & Vincke, 2011; Sterzing, Gartner, Woodford, & Fisher, 2017).

Microaggressions such as social snubs, homophobic slurs and other negative social interactions are identified as making a significant contribution to 2SLGBTQ+ persons developing internal narratives involving feeling inferior to heterosexuals. These aggressions are often considered unintentional, but over time, influence Queer individuals' sense of self-esteem (Sterzing et al., 2017). A decreased sense of safety and confidence in one's environment will impede the coming out process and challenge or reinforce internalized homophobia (Cox et al., 2010). Repeated negative interactions cause stress on the individual increasing their likelihood of developing stress-related symptoms such as anxiety, depression, and addictions, as well as related physical stress related symptoms and risk behaviour (Meyer, 1995; Meyer, 2003; Dentato, 2012).

From a health perspective, evidence suggests that healthcare providers need to be prepared to address experiences of minority stress, like internalized homophobia and trauma to better support patient comfort and engagement across the healthcare spectrum (Cosis Brown & Crocker, 2011; Durso & Meyer, 2013).

> **Internalized Oppression (homophobia):** When members of a marginalized group accept negative aspects of stereotypes assigned to them by the dominant group and begin to believe that they are inferior. The incorporation by individuals within an oppressed group of the prejudices against them within the dominant society can result in self-hatred, self-concealment, fear of violence, feelings of inferiority, resignation, isolation, and powerlessness. It is a mechanism within an oppressive system for perpetuating power imbalance. (The 519, n.d.)

Invisible and Silent Minority

Invisibility is one of the mechanisms of marginalization in the disenfranchising of Queer communities, advocates, and activists (Mulé, 2016). Queer people are taught from early on in their lives to stay closeted and invisible. Specific mechanisms for this include forced or enforced closeting through subtle and overt social pressure from family, classmates, coworkers, and friends (Stern, 2015). The unwritten policy of "Don't ask, don't tell" is enforced.

"I secluded myself in expressing who I truly was." (Light)

Imposed invisibility or concealing an identity restricts people from developing healthy and functional social networks. Invisibility prevents recognition and valuing of self while at the same time marginalization further encourages invisibility. This can become a reinforcing cycle that results in individuals and small groups isolating themselves from social networks (McGrath et al., 2015). Youth and older adulthood are transitional and vulnerable periods in the life course where additional social, emotional, and health-related supports are often needed and periods when isolation can be particularly detrimental. 2SLGBTQ+ youth and older adults often receive fewer inclusive and appropriate supports, including from their family and community supports and networks. Educational institutions and older adult residences can enforce invisibility and internal oppression through isolation, silencing, and lack of acknowledgment and acceptance within the broader setting (Hulko, 2015; McGrath et al, 2015; Müller, 2018). Living a life where an important part of your identity is made to be invisible makes requesting inclusive health services impossible and overwhelming.

Terminology and Identity

Terminology used in this research to categorize individuals connected with the community is evolving and may change as identities may evolve and understanding increases. The understanding of what it means to be part of this community and have an identity of Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, non-heteronormative or CIS-normative self-understanding, continues to shift as history and knowledge evolves (Lee & Kanji, 2017). In this research project, the initials 2SLGBTQ+ are used to denote the intended population focus of this

research. The rationale for this is to be as inclusive as possible given the broad and flexible identity potentials that compose the sexual and gender divergent realities of Queer people.

Two-Spirit: a term used by Indigenous People to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex.

Bisexual: A person who is emotionally, physically, spiritually and/or sexually attracted to people of more than one gender, though not necessarily at the same time.

Gay: A person whose enduring physical, romantic, spiritual, emotional, and/or sexual attractions are to people of the same gender. The word can refer to men or women, although some women prefer "lesbian." Sometimes used as an umbrella term for the LBGTQ community.

Trans/Transgender: Umbrella terms that describe people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl or woman and boy or man in society. Trans identities include people whose gender identity is different from the gender associated with their birth-assigned sex.

Queer: Formerly derogatory slang term used to identify LGBT people. Some members of the LGBT community have embraced and reinvented this term as a positive and proud political identifier when speaking among and about themselves. (Adapted from: The 519, n.d.)

Lesbian: A woman who is emotionally, physically, spiritually and/or sexually attracted to women.

Two-Spirit (2S) has been placed at the front of 2SLGBTQ+ to recognize the position of Indigenous people as the first people of this land and to promote a valuable cultural and traditional understanding of what it can mean to be Queer in a cultural context other than western colonial ideals (Baskin, 2016; Driskill et al., 2011). The term Two-Spirit was developed as a translation from several Indigenous languages at Native American Gay and Lesbian International gatherings in 1988 and 1990 in Minnesota and Winnipeg, respectively. It is considered a concept that correlates with Indigenous world views and embodies a certain interrelatedness of all aspects of one's identity, including sexuality, sex, and gender fluidity (Baskin, 2016; Driskill et al., 2011).

Caution and careful thought must be given when using categorizing terminology as it relates to labelling people in the 2SLGBTQ+ communities. These identities are often fluid and resist or defy the heteronormative thinking that functions to separate people according to gender expression and sexual behaviour. This fluidity is represented by the "+" in 2SLGBTQ+.

The letter Q at the end of the initials represents the term Queer which is a broad terminology that functions as an umbrella and inclusive identifier for all gender nonconformist and sexual divergent people (Lee, & Kanji, 2017). Queer is a reclaiming of a negative pejorative as a term of activism and empowerment, a unification of people into a community. It must be seen as an attempt at creating community and a sense of social unity amongst 2SLGBTQ+ people; Queer theory is also an academic approach. The combination of these approaches can create real social change potential (Mulé, 2016, Yorke et al 2016)". A more complete list of definitions can be found in Appendix A.

> **Heteronormativity:** refers to the commonplace assumption that all people are heterosexual and that everyone accepts this as "the norm." The term heteronormativity is used to describe prejudice against people that are not heterosexual and is less overt or direct and more widespread or systemic in society, organizations, and institutions. This form of systemic prejudice may even be unintentional and unrecognized by the people or organizations responsible. (The 519, n.d.)

Methods

Digital storytelling was chosen for this research project to meaningfully engage members of the 2SLGBTQ+ community. Digital storytelling is a qualitative method of gathering data in the form of images, video, audio, and narrative samples that capture the experiences of people in their own voices. It provides group interaction and a cooperative learning process. Digital storytelling reflects the voices and experiences of participants accurately and holistically and is considered a valuable method for combining research with the potential for social justice and social change (Lambert, 2009; Gubrium & Harper, 2013; Heinonen, Halonen, & Krahn, 2019).

This project received approval from the Public Health Sudbury & Districts ("Public Health") and Laurentian University research ethics boards. Two digital storytelling workshop series were conducted by the research team in the fall of 2019. Participants were recruited using social media posts, community advertising, and personal networks of the research team. Participants received an honorarium of $20 for each of the four workshop sessions for a potential total of $80 for each participant. In total, two workshops involving four sessions each were completed with self-identified 2SLGBTQ+ adults (18+) to explore their health experiences. A group dialogue about public health needs and experiences was held at the end of each video-making process. This group dialogue was audio-recorded and transcribed. A movie screening event and celebration closed each session. In all, thirteen 3-to-5-minute vignettes were produced with the support of a professional documentary filmmaker. A thematic analysis was conducted by the research team from transcripts of the group sessions and the videos. Follow-up was conducted after analysis to confirm findings with 12 of the participants.

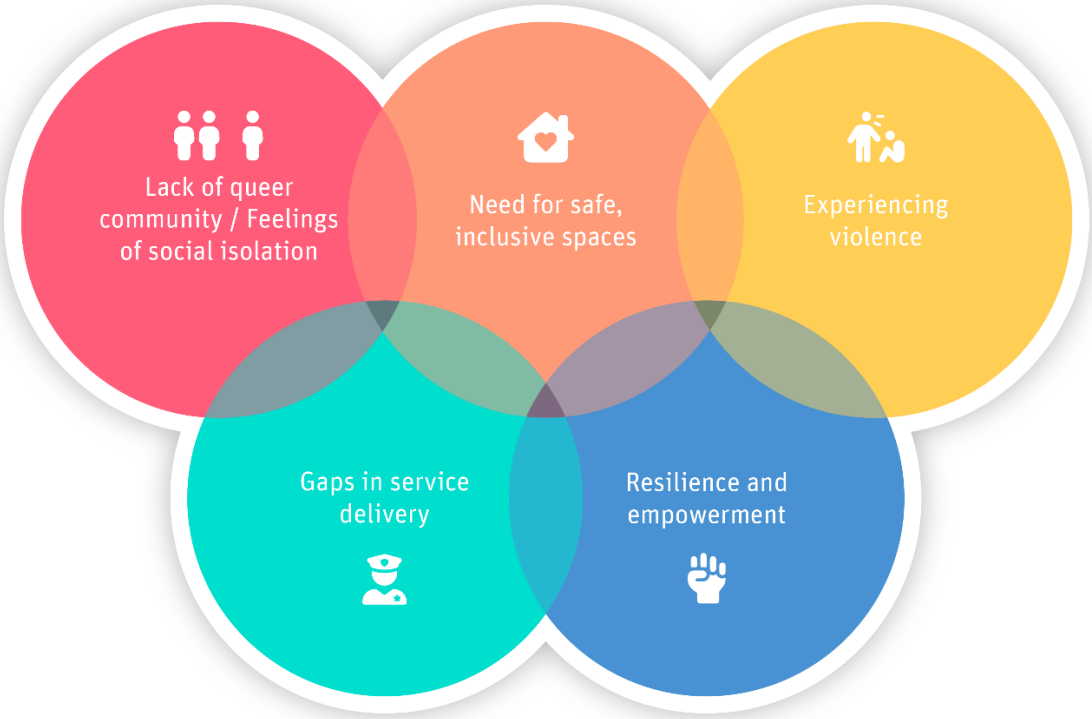
Participants

Fourteen participants took part in the initial introductory focus groups. They ranged in age from 20 to 77. Six identified as gay men, three as male to female transgender, one as lesbian and one as a bisexual woman. Two of the participants identified as non-binary, female leaning to male. One participant was a trans man. Of the fourteen who took part, three identified as Indigenous, and one identified as Asian.

Results:
What 2SLGBTQ+ Residents of Sudbury and Manitoulin Districts Told Us

The following section describes the five main themes that emerged from the thematic analysis, namely lack of Queer community and social isolation; the need for safe, inclusive spaces; emotional and physical violence; gaps in service delivery; and resilience and empowerment. These themes must be perceived as three-dimensional and interconnecting. Subthemes such as coming out, staying closeted, suicide, mental health, family relations, and religion weave through all the themes as experiences that connect the themes and the lives of the participants to the social systems and rural/northern geo-cultural matrix of Sudbury and districts. These intersecting themes can be seen in Figure 1. Direct quotes from participants have also been included to illustrated each of the themes. Pseudonyms have been used for participants and they are most often referred to by the title of their digital story.

Figure 1: Key Themes



Theme 1: Lack of Queer Community/Feelings of Social Isolation

Participants spoke at length about the lack of a cohesive 2SLGBTQ+ community in northern Ontario. They shared how their experiences of social isolation negatively impacted their overall holistic health and wellbeing. The social and cultural atmosphere of Northern Ontario was described as not conducive to the health of Queer persons and communities.

Participants outlined several systemic barriers to achieving a sense of belonging and building strong social connections, including lacking community and social supports. For example, participants shared their negative histories with religion and religious institutions that both isolated and traumatized them. Schools were identified as locations for rejection and bullying. Medical institutions and security services were other systems that were mentioned by several participants as exclusionary.

This quote outlined systems that created more barriers than supports.

"Religion set up a barrier by exclaiming I was going to hell, and sinful. Education refused to acknowledge that I existed, and when I tried to come out, I was institutionalized as being a so-called threat to myself for trying to come out." (Handbook)

Another participant related their story of being rejected by the church.

"I grew up in a catholic home. It was unacceptable. No one ever talked about it. I never heard the terminology homosexual. I tried to pray the gay away. … First time I went to a gay bar someone tattled to my parish priest. He asked me to leave the parish. I left the church." (Bear)

Older participants shared how hiding or being closeted was the only way to avoid legal and societal punishments for being gay. One stated, *"we were so hidden for so long and as an older gay man, there was no such thing as gays in my life". (Irish)* Even after leaving a marriage, another participant felt the need to keep people believing that he and his male partner were just *"two straight guys sharing a house." (Pets)*

Participants of a certain age also had the experience of living through the AIDS crisis. This lived history has a specific and unique set of traumas attached to it. One participant shared:

"I was convinced that I was going to die. I was a gay man during the AIDS crisis, and I had accepted a death sentence. I believed this mostly for the fact that as a gay man I was only worthy of death. I was part of a societal system that conceived of homosexuals as immature degenerates that lived to party, debauch, and be irresponsible only to die young and alone." (PRP)

Participants emphasized the need for supportive opportunities to create a cohesive 2SLGBTQ+ community and 2SLGBTQ+-dedicated services. One participant summed it up well when they said,

"We need that place where we're not "the one," where we're part of a group, where you can recharge. Where's that place? I mean it's either out in the community with straight people or alone at home. It's the isolation, and that always being alone, is really challenging and draining." (PRP)

Participants discussed the need for services for the 2SLGBTQ+ community overall, and especially for young people to prevent the next generations from experiencing the challenges that they had,

"I don't want the next LGBTQ generation to grow up with that torture. I want to be there for them. I use my personal connections to help the younger generation. We need community resources." (Number 1)

Most participants expressed feelings of social isolation or becoming "reclusive" in reaction to threats they experienced in their familial and social surroundings. Living under the direct and potential threat of oppressive actions from others excludes people from healthy interaction and support. Participants discussed how loneliness contributed to mental health challenges such as anxiety, depression, and thoughts of suicide. As discussed above, the themes are interconnected and, in this case, violence (e.g., psychological, sexual, and physical), described below is contributing factor to isolation.

Early awareness and recognition of being different was a common thread among the participants. Most of them had felt out of place and/or unsafe throughout their lives. All the storytellers indicated, either in their digital story or in the story circle discussions, an early understanding of their lack of fit with the rest of their social milieu. Many knew as children, often as young as three or four, that they were different and felt that they did not fit in and were always an outsider. They used terms such as weird, gay, effeminate, and tomboy to describe themselves.

One participant expressed how they felt "abandoned and humiliated" by cross-dressing, which was often carried out in secrecy as a result. Another made it clear that their attractions were not respected: *"As I entered my adolescence, I started to question why I was attracted to the same sex. As I cautiously asked questions, I quickly learned that no one had answers for me and that it was very much frowned upon." (Unwrapping)*

Suicide ideation and serious suicide attempts are also part of the experience of most of the study respondents. Narratives around coming out indicate high stress around this process and the events that surround it, and this caused significant mental anguish leading to becoming suicidal. Coming out is a flash point that triggers social control and negative reactions/stress both internally and from others. One participant shared how coming out in school sparked bullying and harassment and parental support was withheld as her mother became silent and uncommunicative for a period. Another storyteller reported that school bullying intensified to the point of physical and sexual assault after they came out as trans. One reported their early suicidal thoughts:

"When I was in grade 5, I experienced a lot of bullying because I was more masculine than the other girls. Because of this, I considered suicide for the first time… Halfway through grade 9 I realized I was trans. I attempted suicide because of it. I thought this made me a freak, and that my life was over." (Fire)

Others spoke to the need for connection and networking: *"We are so isolated and disenfranchised and separated that we can't bring it all together. And that's the problem in this city when it comes to Queer things." (PRP)*

These experiences of social isolation, abuse, and harassment were often exacerbated by a lack of a Queer community.

Theme 2: Need for Safe, Inclusive Spaces

Following from the theme above, participants made clear the need for safe, inclusive spaces. These spaces are described as places to feel part of a community, gather information, create social networks, and improve health and well-being.

Participants described frequent barriers and challenges to accessing support from various social agencies and institutions. Perceptions of safety and being unsafe in social service agencies, health care settings, and institutions like schools were common. They also discussed how many institutions that claim to be safe and inclusive, like the safe space stickers displayed by different agencies, often were not in reality once entering and accessing services. Participants also

expressed feeling discouraged when they see organizations invest in initiatives like safer spaces training and policies, but then fail to act on or respond to claims of unsafe behaviours or attitudes of colleagues or other service users.

"I see [the safe space sticker] and I feel almost betrayed by it. Because I've been lied to, right on the front door. Here I am being told this is going to be a safe space, and yes maybe the staff or people who work there are safe individuals. But the people who go there aren't. I felt so betrayed and lied to." (Wolf)

Another participant expressed how training, like the Safe Space training, is only a piece of the broader picture:

"Having that safe space sticker doesn't make it—it seems like it just stops there. And I think it needs to continue up the ladder to where it's actually a policy and procedure. That LGBTQ rights are human rights and that we have the right to exist in peace." (Bear)

School environments were identified as a key space with the potential to make difference in the lives of 2SLGBTQ+ community. Participants spoke of schools as a source of bullying and exclusion. Some participants, however, found solace in their school environments: *"That school saved my life. Everyone was really supportive. I was the first student to come out and transition at that school, and it was a really positive experience." (Fire)*

Discussions also centred on how creating safe spaces works to create more equity within the broader community: *"Creating a safe place is not a special right, it's an equal one we want to create for everyone." (Labels)*

Theme 3: Experiencing Violence

Most participants articulated how violence, and especially the threat of violence, permeated the experience of growing up as Queer children and youth. Participants reported physical, sexual, and psychological abuse because of the differences they and others perceived in their sexuality. Participants often described how abuse and violence first happened in the home. One participant was told *"to keep my mouth shut or CAS [Children's Aid Society] will take us away"* (Unwrapping), while another remembered hearing how *"dirty I was"* (Handbook). Threats of bodily harm and actual physical assault were also reported in the family system.

"Grandpa took me into the barn. He lifted these huge, gritty, and heavily used horse clippers. He looked at me and said, "If you are gay, I will cut your balls off with these." [Then later when] my father discovered I was gay he beat me uncontrollably. I will never forget this moment." (Number 1)

Participants reflected on how their early awareness excluded them from mainstream family and community and elicited negative attention from family members and society in general. The resulting lack of physical and psychological safety – both actual and perceived – is a significant theme that emerged from the workshops. Every one of the 14 participants shared narratives through their digital stories that included forms of anti-gay, homonegative, trans-oppressive

threats, and harassment. For many, the abuse for being "different" started in early life. They reported being harassed, insulted, belittled, bullied, and assaulted as children/youth.

The school systems were also described as places of trauma and fear for queer kids. Participants described how pressure began early on to conform to gender and sexual behaviour roles. Many of the participants shared how bullying, harassment, violence, and even sexual assault was a routine part of their schooling experience.

"School was also a place where bullying and harassment was common for someone who was too sensitive and nowhere near masculine enough." (PRP)

One expressed a particularly painful memory: *"Kids in my class started handing me knives and telling me to kill myself. The abuse worsened…and I couldn't take it anymore. I snapped." (Shad)* Suicide was also discussed among the group, with two participants talking about being hospitalized. Violence was described as rampant within their communities; individuals had threats made against their lives, and there was a feeling that the police would not protect them if needed. One participant said they felt they *"had accepted a death sentence." (PRP)* Another participant stated that they were *"verbally and emotionally attacked every day for years." (Bear)*

"Naturally, I went silent, I became reclusive, contemplated suicide. I stayed in the shadows and any time I stepped into the light, I was kicked back into the shadows." (Wolf)

Unaddressed bullying and harassment escalated to serious violence and sexual assault.

"I received threats against my life. … When I reported the abuse to the principal their response was "get a thicker skin" … Having no support from teacher and the principal the student behaviours towards me worsened. I was assaulted in the boys' locker room." (Wolf)

The above results highlight how abuse, harassment, and the pervasive threat of violence and rejection are factors in the lives of Queer people that negatively impact Queer community health and well-being.

Theme 4: Gaps in Service Delivery

Participants shared in group discussions that they saw an apparent lack of support from agencies and systems that could be expected to be more supportive. Educational, medical, policing, and other service organizations were among those reported as being remiss in how they service Queer clients, students, and patients.

Teachers and school administrators were implicated in neglect and abuse…. *"Teachers refused to take action… Again, when I reported this atrocious act, I was denied any justice or support by principal and police." (Wolf)*

After an experience of same sex spousal abuse a participant described how *"the cop came to the door. I was all bloody. The cop said, 'what do you expect when you put two men together" (Handbook)* Another participant stated, *"And there's no recourse. You can't even go to the law.*

No. Because they're completely… they're so inept in what they can do." (Bear) Most participants agreed that the policing service was not a safe and supportive place to seek help or support during emergency or abusive situations.

One way to address these issues related to health equity and safety is through appropriate programming and support. As one participant suggested,

"…Have a program or initiative or something that could give the LGBT community in Sudbury a sense of community. It's like a support group or something for transgender people, or a social thing for elderly LGBT people, or a place for people to feel a sense of community and be able to get information about research or about programs and other initiatives that are here." (Wolf)

Inclusive, youth-centred programming also plays a critical role: *"Thankfully, though, through the youth program I was able to meet other people in my community and maintain those friendships." (Red)*

Currently, in Sudbury and area, there are a limited number of social organizations or community-based groups that are mandated to support the health and community wellness of 2SLGBTQ+ populations specifically. Nonspecific healthcare and mental health supports are offered through a widely dispersed and broadly targeted array of service providers, none of which are specifically designed to meet the service needs of Queer service users.

Most participants reported having been let down by institutions and the helping system in Greater Sudbury at one time or another, leading to ongoing mistrust. One participant questioned the motives of policies that support 2SLGBTQ+ communities, asking, *"Is the policy realistic and is it actually for the person, or is it really to protect the institutions?" (Handbook)*

Another participant expressed the need for a network of community health service providers that includes allies in the field:

"We need to have more of a network, and a list of mental health advocates that we can access who will support us. (Shad) The other thing we need in Sudbury is a 2SLGBTQ+ health clinic. And one that doesn't only work with MSM [men who have sex with men] populations. Because trans women do not fall under the MSM category, lesbian women don't, bisexual people don't, trans men who are straight don't." (Fire)

Participants were hopeful that the process of creating their digital stories would be a catalyst to trigger policy changes meant to support 2SLGBTQ+ groups and individuals.

Theme 5: Resilience and Empowerment

Social Connections and Evidence of Resiliency

Despite experiences of social isolation and marginalization, participants also demonstrated their capacity to navigate through threats and demonstrate resilience. They spoke about how social interaction and connections were significant in reducing the feeling of threat and anxiety and serve as important coping strategies. Social connection and shared identity created an increased

feeling of self-acceptance. Having the strength and support to come out speaks to these self-affirming behaviors and resilience.

One participant shared their personal moment of acceptance: *"The moment I slipped on those heels I felt empowered beyond anything I had ever felt before." (Wolf)* Another spoke to intergenerational resilience: *"Taking the time to listen and learn and talk to many age groups in our community is what binds the quilted threads together." (Labels)*

Another spoke about how their healing journey was successful

"In October I had my final psychiatrist appointment and filled them in on which avenues I've trialed. (Self-care, learning and growing mindfully). By the end of the session, they told me "you don't have any more diagnoses. You have no longer have depression, anxiety, PTSD or mood disorder. All the self-care you've been doing; pulling it forward and putting it into practice. New chapter, keep doing what you're doing! Gender fluid and able to spread my wings and be who I really am. An individual living with no diagnosis just a unique being! … free, learning my Indigenous culture diving in. I've been meditating a lot and when I reach troubles, I try to seek support within my community. I'm a healer and a source of light and always growing." (Light)

Educational institutions were also locations of support and a place to build resilience….

"That school saved my life. Everyone was really supportive. I was the first student to come out and transition at that school, and it was a really positive experience." (Fire)

Some community agencies have been successful in developing safe and supportive programming.

"Eventually, I found the Sudbury Action Centre for Youth and started attending groups and volunteering when I could. … I found a place where I was respected, appreciated for who I was and treated like a regular human being and not some alien entity." (Wolf)

Advocating for Change: 2SLGBTQ+ Advisory Group

As illustrated in the sections above, participants identified a need for additional resources to support 2SLGBTQ+ individuals across the lifespan. Participants also have gaps with respect to truly safe spaces in schools, health care clinics, and other public-serving agencies and groups. Participants identified the need for 2SLGBTQ+ friendly mental health services that are inclusive of the whole community. One participant articulated the need for action.

"Words are just words without action. I don't offer an answer as of yet, but the invitation to walk together to meaningfully challenge the realistic results of barriers put in front of us; suicide, mental health issues, bullying, substance misuse, isolation, and the crushing of someone's spirit. I am a proud, gay man. Although it has been a rough journey, I am aware it has helped make me the way I am today. Yet, saddened that many will have that journey ended if we do not take this challenging journey together. The change we need is so much more than a singular solution. It needs to be hand in hand with educational, justice, political, cultural, and health institutions." (Handbook)

Participants also acknowledged that they needed to be part of the change and wanted others to support them in promoting systemic change and mutual support within the community:

"I really believe we, as 2SLGBTQ+ people, can become a force to promote our own healthy community. We cannot always rely on service providers to offer us the safe spaces and supports we need. I am convinced that we, as Queer people know what's best for us and I am ready to begin this project." (PRP)

Other recommendations focused on addressing social isolation and loneliness:

"I think we need to have more of a network. To be able to have that open discussion, and be able to say, "hey do you have information on this," and actually be able to network and say, okay well your strong suits are in this, I think you can reach out for me. So that way we can have that dialogue and network to start building it up." (Shad)

There was significant motivation amongst several participants that spoke to a unified voice for the queer community and an agreement that community unity and action were the future action.

"… who's going to be that voice for us? Well, we need to be that voice for us. It's like, we're not so broken that we can't articulate our needs and our complaints. Except that we are so isolated and disenfranchised and separated that we can't bring it all together. And that's the problem in this city when it comes to queer things." (PRP)

Moving Forward: Discussion and Key Recommendations

As illustrated in the results, the digital stories and group discussions articulated experiences and views of the social and cultural atmosphere of northern Ontario among participants, and how it is considered not conducive to the health of Queer persons and communities.

This quote articulates the general sentiment expressed among participants.

"So, I wanna see changes happen within organizations here locally. And I wanna see how this can inspire policy change because there were things in all of our stories that speaks to a system that failed us. Whether it's school system, medical system, policing… There are different systems that didn't support us in our journeys and the connection that that had to the hardship that followed. So, I think seeing these videos being used to inform those systems would be helpful." (Fire)

The findings of this research study point to key recommendations for Public Health that can also be applied to other health and social service sectors and providers to begin to address the social and cultural challenges experienced by 2SLGBTQ+ community as identified by the participants. Although these recommendations have been framed as recommendations for Public Health, they are appropriate and transferrable for all health, social services, or educational agencies or institutions.

1. Amplify the voices of 2SLGBTQ+ community members to health and social service providers

2. Review and modify existing agency policies, procedures, and practices to become more inclusive, welcoming, and equitable for 2SLGBTQ+ community. This includes a focus on recruitment and retention.
3. Identify resources and workforce development initiatives to build internal capacity to foster safe, inclusive spaces for 2SLGBTQ+ staff and community members.
4. Identify and promote education and resources to raise awareness across communities to promote understanding, inclusion and promote destigmatization of the 2SLGBTQ+ population.
5. Identify initiatives to enhance supports across the life course for 2SLGBTQ+ community members, including vulnerable periods like during youth and older adulthood.
6. Advocate for improved mental health supports and services for 2SLGBTQ+ populations.
7. Advocate for greater opportunities for quality social interaction within safer and more inclusive spaces to promote and enhance social connections and reduce isolation across Queer communities.

> **Ally:** A person who works to end a form of oppression that gives them privileges. Allies listen to, and are guided by, communities and individuals affected by oppression. (The 519, n.d.)

Future Research Considerations

There is a lack of data on Queer experiences in northern and rural environments. Additional research is needed to better understand the experiences of the 2SLGBTQ+ population in the culture of northern and rural locations. This includes broader attention to understanding the impact of heterosexual 'norms' on the wellbeing of Queer populations. Rather than taking these 'norms' at face value, we should aim to understand their prevalence and the degree to which these social narratives exist in agencies and in the general public (Aguinaldo, 2008). Further, additional quantitative research into specific populations of Queer populations in certain sectors like schools, healthcare, and other service facilities would is needed to have a more complete picture of barriers and opportunities to advance 2SLGBTQ+ health equity. This includes data on violence, harassment, and experiences seeking health and other programs and services.

Conclusion

The key findings from these narratives demonstrate that Queer people in Sudbury and districts have been under threat throughout their lives through oppressive environments and actions. Individuals' experience the threat of oppressive actions and socially imposed stigma from social systems. These multiple and prolonged exposures to social stigma, harassment, abuse, and violence often occur throughout the lifespan of 2SLGBTQ+ individuals, which impact overall health outcomes.

The findings of this work and previous research indicate that anti-Queer stigma and oppression can adversely impact the health of individuals, as well as the community. In addition, oppressions impose differential access to power and resources within society. This results in inequitable economic opportunities, social engagement, political relations, life chances, and health outcomes.

The voices of community members, through digital stories, have outlined their experiences of being Queer in Sudbury and districts. These poignant narratives articulate how the social and cultural atmosphere of northern Ontario can be hostile to the health of Queer people. Their ideas and suggestions provide insightful recommendations for the creation of safe spaces, education, and systematic change for healthcare providers, institutions, and organizations.

The positive aspects emerging from the digital stories illuminate how Queer people in northern Ontario demonstrate resilience as they seek to create safe and accepting environments.

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Appendix A:

Ally
A person who works to end a form of oppression that gives them privilege(s). Allies listen to, and are guided by, communities and individuals affected by oppression. Forms of oppression include: able-ism, ageism, audism, classism, biphobia, homophobia, transphobia, racism, sexism, and others.

Asexual
A sexual orientation where person who experiences little or no sexual attraction.

Bisexual
A person who is emotionally, physically, spiritually and/or sexually attracted to people of more than one gender, though not necessarily at the same time.

Cis/Cisgender
Cisgender is used to explain the phenomena where a person's gender identity is in line with or "matches" the sex they were assigned at birth. Cis can also be used as a prefix to an assortment of words to refer to the alignment of gender identity and the assigned at birth sex status including cisnormativity, cissexual, cisgender, cis male, and cis female.

Discrimination
Any form of unequal treatment based on a ground protected by human rights legislation that results in disadvantage, whether imposing extra burdens or denying benefits. Discrimination can be intentional or unintentional; and it may occur at an individual or systemic level. It may include direct actions or more subtle aspects of rules, practices and procedures that limit or prevent access to opportunities, benefits, or advantages that are available to others.

Equity
The practice of ensuring fair, inclusive, and respectful treatment of all people, with consideration of individual and group diversities. Access to services, supports and opportunities and attaining economic, political, and social fairness cannot be achieved by treating individuals in the same way. Equity honours and accommodates the specific needs of individuals/groups.

Gay
A person whose enduring physical, romantic, spiritual, emotional, and/or sexual attractions are to people of the same gender. The word can refer to men or women, although some women prefer "lesbian." Sometimes used as an umbrella term for the LGBTQ community.

Gender
Gender is based on the expectations and stereotypes about behaviours, actions, and roles linked to being a "man: or "woman" within a particular culture or society. The social norms related to gender can vary depending on the culture and can change over time.

Gender Expression
How a person publicly expresses or presents their gender. This can include behaviour and outward appearance such as dress, hair, makeup, body language and voice. A person's chosen name and pronoun are also common ways of expressing gender. Others perceive a person's gender through these attributes. All people, regardless of their gender identity, have a gender expression and they may express it in any number of ways. For trans people, their chosen name, preferred pronoun, and apparel are common ways they express their gender. People who are trans may also take medically supportive steps to align their body with their gender identity.

Gender Identity
A person's internal and individual experience of gender. It is a person's sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex. A person's gender identity is fundamentally different from and not related to their sexual orientation.

Heteronormativity
Refers to the commonplace assumption that all people are heterosexual and that everyone accepts this as "the norm." The term heteronormativity is used to describe prejudice against people that are not heterosexual and is less overt or direct and more widespread or systemic in society, organizations, and institutions. This form of systemic prejudice may even be unintentional and unrecognized by the people or organizations responsible.

Heterosexism
The assumption that everyone is heterosexual, and that heterosexuality is superior and preferable. The result is discrimination against bisexual, lesbian and gay people that is less overt, and which may be unintentional and unrecognized by the person or organization responsible for discrimination.

Homophobia
Negative attitudes, feelings, or irrational aversion to, fear or hatred of gay, lesbian, or people and communities, or of behaviours stereotyped as "homosexual." It is used to signify a hostile psychological state leading to discrimination, harassment, or violence against gay, lesbian or people.

Inclusion
An approach that aims to reach out to and include all people, honouring the diversity and uniqueness, talents, beliefs, backgrounds, capabilities, and ways of living of individuals and groups.

Internalized Oppression
When members of a marginalized group accept negative aspects of stereotypes assigned to them by the dominant group and begin to believe that they are inferior. The incorporation by individuals within an oppressed group of the prejudices against them within the dominant society can result in self-hatred, self-concealment, fear of violence, feelings of inferiority, resignation, isolation, and powerlessness. It is a mechanism within an oppressive system for perpetuating power imbalance.

Intersectionality
When two or more oppressions overlap in the experiences of an individual or group, created interconnected barriers and complex forms of discrimination that can be insidious, covert, and compounded.

Intersex
A term used to describe a person born with reproductive systems, chromosomes and/or hormones that are not easily characterized as male or female.

Lesbian
A woman who is emotionally, physically, spiritually and/or sexually attracted to women.

Marginalization
To relegate individuals or groups to an unimportant or powerless position within a society or group by excluding them from meaningful participation and/or confining them to the outer edges of society.

Prejudice
A negative prejudgment or preconceived feelings or notions about another person or group of persons based on perceived characteristics, rather than empirical evidence.

Privilege
Unearned power, benefits, advantages, access and/or opportunities that provide unfair advantage for members of the dominant group(s) in society. People are not always aware of the privileges they have. Examples include cissexual privilege, straight privilege, male privilege, white privilege.

Queer
Formerly derogatory slang term used to identify LGBT people. Some members of the LGBT community have embraced and reinvented this term as a positive and proud political identifier when speaking among and about themselves.

Questioning
A period where a person explores their own sexual and/or gender identity, reflecting on such things as upbringing, expectations from others, and inner landscape. The person may not be certain if they are gay, lesbian, bisexual, or trans and may be trying to figure out how to identify themselves.

Sex
The classification of people as male, female or intersex. Sex is usually assigned at birth and is based on an assessment of a person's reproductive systems, hormones, chromosomes, and other physical characteristics.

Sexual Orientation
The direction of one's sexual interest or attraction. It is a personal characteristic that forms part of who you are. It covers the range of human sexuality from lesbian and gay, to bisexual and straight.

Stigma
Severe social disapproval or discontentment with a person or group on the grounds of their circumstance, usually based on differences from social or cultural norms.

Straight
A person who has romantic or sexual attractions to people of another gender.

Trans/Transgender
Umbrella terms that describe people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl or woman and boy or man in society. Trans identities include people whose gender identity is different from the gender associated with their birth-assigned sex.

Two–Spirit
A term used by Indigenous People to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex. It is used to capture a concept that exists in many different Indigenous cultures and languages. For some, the term two-spirit describes a societal and spiritual role that certain people played within traditional societies; they were often mediators, keepers of certain ceremonies; they transcended the accepted roles of men and women, and filled a role as an established middle gender.

Adapted from:
The 519. (n.d.). The 519's glossary of terms, facilitating shared understandings around equity, diversity, inclusion, and awareness. https://www.the519.org/education-training/glossary