Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Peoples' Experiences in Oxford County

Oxford County Rainbow Coalition Survey

Research Report
Oxford County Public Health
March 2017

About Oxford County

Located in the heart of southwestern Ontario at the crossroads of Highways 401 and 403, Oxford County has a population of approximately 114,000 people across eight municipalities that are “growing stronger together” through a partnership-oriented, two-tier municipal government incorporated as the County of Oxford.

Oxford County is emerging as a leader in sustainable growth through the Future Oxford Community Sustainability Plan and County Council’s commitment to becoming a zero waste community and achieving 100% renewable energy by 2050. Situated in one of Ontario’s richest areas for farmland, agriculture is a key industry that serves as a springboard for some of the sustainable industries that are steadily diversifying the local economy. Oxford County offers a thriving local arts, culture and culinary community, as well as conservation parks, natural areas and more than 100 kilometres of scenic trails.

The Oxford County Administration Building is located in Woodstock, Ontario. Visit www.oxfordcounty.ca or follow our social media sites at www.oxfordcounty.ca/social. Oxford County’s Strategic Plan is at www.oxfordcounty.ca/strategicplan.

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We gratefully acknowledge the participants who shared their personal information with us to promote the health and well-being of Oxford County's lesbian, gay, bisexual, transgender and queer (LGBTQ) population.

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We also thank Deborah Carr for her early contribution in the development of the project.

Contents

Glossary

The following descriptions provide a general understanding of terms people may use to describe their gender identity and/or sexual orientation. These descriptions may change and evolve over time and be used differently by different people.

Agender: Someone who does not identify as having a gender, someone who has an undefined or unknown gender or someone who does not fall into the gender binary of man or woman but may still have a gender (i.e., gender neutral).

Androphilic: Someone who is attracted to men or masculinity.

Asexual: Someone who is not sexually or romantically active and/or does not experience sexual or romantic attraction but may experience love and affection.[1]

Bi-gender: A combination of male/man and female/women identities.[2]

Bisexual: Someone who is sexually attracted to or is not prevented from being sexually attracted to both men and women.[3]

Cisgender: Someone whose gender identity is the same as their assigned sex at birth (i.e., someone who is not trans).[4]

Crossdresser: Someone who sometimes takes on the appearance of a different sex/gender.[1,2]

Cryptogender: Someone whose gender cannot be discerned or described.

Demi-boy/girl: Someone who partially identifies as a man/boy/masculine or woman/girl/feminine regardless of their assigned sex at birth.

Female-to-male: See transgender.

Gay: Someone who is attracted emotionally, romantically or sexually towards individuals of the same sex.

Genderfluid: A gender identity that may change over time.

Genderqueer: Someone who feels like their gender does not fall into one category or is between or beyond genders.[2]

Homoflexible: Someone who is mostly attracted to people of the same sex and sometimes people of different sex.

Intersex: Someone who has external or internal sexual organs that are not typically understood to be male or female. This is largely based on what the medical system considers to be normal sexual anatomy.[5]

Lesbian: A woman who is attracted emotionally, romantically or sexually towards other women.

Male-to-female: See transgender.

Pansexual: Someone who recognizes gender and is attracted to all or many genders.[2] This is often interchanged with the terms omnisexual and polysexual.

Person with same sex attraction (SSA): A term predominantly used in religious institutions to describe someone who is attracted to individuals of the same sex.

Polysexual: See pansexual.

Queer: An umbrella term that encompasses people who identify as non-heterosexual. This term has been reclaimed by some from being a derogatory term for sexual and gender minority people, although some trans people may not feel included.[4]

Questioning: Someone who is either unsure or exploring their gender, sexual orientation or identity or someone who may not want to apply a label to themselves.

She-male: Someone who identifies as female and may have transitioned to become biologically female in all aspects except for reproductive organs.

T Girl: Abbreviation for trans girl.

Transgender: Someone who does not fall into traditional gender binaries of masculine/feminine or whose gender identity is not the same as their assigned sex at birth. A trans man (female-to-male) is someone who was assigned female sex at birth but identifies and may have transitioned to a male identity. A trans woman (male-to-female) is someone who was assigned male sex at birth but identifies and may have transitioned to a female identity.[4]

Trans man/woman: See transgender.

Two-spirit (2-spirit): A sexual orientation and gender identity that represents the presence of two spirits (male and female) in First Nations or Aboriginal communities. This term may be a source of empowerment used to reclaim one's cultural identity through mixed gender roles, attributes, dress and attitudes for personal, spiritual, cultural, ceremonial, or social reasons.[6]

Summary

This report summarizes the experiences and needs related to health and well-being of the Oxford County lesbian, gay, bisexual, transgender and queer (LGBTQ) community. The findings are based on the Oxford County Rainbow Coalition Survey conducted from February 25, 2016 to July 4, 2016, including those aged 16 and older that self-identify as LGBTQ and live, work or go to school in Oxford County. The outcomes were considered by both sexual orientation and gender identity. Key findings include:

- Participants generally reported a great deal of social support from family and friends; however, the broader community of Oxford County was perceived to be unsupportive (i.e., not accepting) of LGBTQ people.
- Many participants experienced homophobia, transphobia, harassment or violence at some point in their life and did not report the incidents to anyone.
- Only one quarter of participants felt a sense of belonging to the community.
- Nearly half of participants experienced hospital staff or regular primary health care providers incorrectly assuming they were heterosexual/straight.
- Transgender (trans) participants reported that they had to educate health care professionals about their specific needs as a trans person, and about one third had a primary health care provider tell them that they did not know enough about trans-related care to provide it.
- Most participants were not aware of LGBTQ-friendly services/agencies or spaces to socialize in Oxford County.
- Many participants reported that it is important for them to be a member of a LGBTQ-specific organization and most would be likely to attend events such as Pride, LGBTQ-safe community centres and LGBTQ support groups.

These findings highlight that opportunities exist to decrease health inequities and improve communication, acceptance and comfort within Oxford County related to a diversity of sexual orientations and gender identities. Areas are identified where there is a need to better communicate those services that already exist or add additional services.

LGBTQ Peoples' Experiences in Oxford County: Rainbow Coalition Survey

Introduction

Research suggests that lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals may face greater health risks due to stigma, discrimination and barriers to health service access.[7] Increasing awareness of local health inequities and enhancing efforts to improve the health and well-being for all people in Oxford County is important to the mandate of Oxford County Public Health and to all of Oxford in achieving its vision for vibrant communities.

However, very little information is available on the needs of the LGBTQ community in Oxford County. This is the first comprehensive report to provide local data on the experiences and needs related to the health and well-being of the Oxford County LGBTQ community (see the Glossary for gender identity and/or sexual orientation terminology). It summarizes the results of the survey commissioned by the Oxford County Rainbow Coalition (Coalition). Previously, the Coalition was limited to using anecdotal information and provincial or national data for their initiatives, which may not be representative of the local picture. The goal of the Coalition is to use this information to collaborate with the community on initiatives that promote the health and well-being of Oxford County's LGBTQ population.

The Coalition is a working group of representatives from the Canadian Mental Health Association, Ingamo Homes, Oxford County Community Health Centre, Oxford County Public Health, Woodstock General Hospital, Woodstock Public Library and volunteers from the community. This group meets regularly to support the LGBTQ community by addressing issues of homophobia, transphobia, heterosexism[a] and cisnormativity[b]. Their mission is to create a safer and more supportive Oxford County for all people to live, work and play.

[a] Heterosexism is discrimination based on the assumption that heterosexuality is the social and cultural norm.
[b] Cisnormativity is the assumption that all, or almost all, individuals are cisgender (i.e., not trans) unless otherwise specified. This can contribute to the erasure of trans experiences.

Initially, a working subgroup of the Coalition met to discuss and put together the questions that were included in the survey. The survey was then further developed and conducted with the assistance of the Equity, Sexual Health and HIV Research Group at Wilfrid Laurier University. The purpose of the survey was to gather data that would help assess the needs of the LGBTQ community in Oxford County. In order to do this, the survey gathered information about the LGBTQ community's experiences and needs. This included experiences with their health and health services, coming out, life experiences such as harassment and violence, social support and community involvement. A more detailed description of the purpose and objectives of the survey can be found in Appendix A.

Methods

Data Collection

Data were collected online using FluidSurveys from February 25, 2016 to July 4, 2016. Participants were recruited through word of mouth and advertisements posted at community agencies (see Appendix B), as well as through Coalition members' email contact lists and social networks, including posts to the Oxford County Rainbow Coalition Facebook page and partner agencies' websites and Facebook pages. Advertisements were also shared on local radio stations (*104.7 Heart FM*, *Easy 101 FM* and *Country 107.3*), through an interview with *CBC Afternoon Drive* on *CBC Radio One London 93.5*, and through local newspapers (*Woodstock Sentinel Review)* and news networks (*Blackburn News*). Participants were encouraged in the cover letter of the survey to forward the survey or information about the survey to others they knew that identified as LGBTQ. During the last two weeks of data collection, a paid Facebook advertisement was used to increase recruitment. During this time, 83 additional participants were recruited; this was 47% of the participants who started the survey (N=171). However, the Facebook advertisement alone may not account for the increase in recruitment. Around the same time, there was an incident in Ingersoll that was widely covered in the media, where a Pride flag was ripped down and thrown into the trash. Reactions to this incident may have encouraged LGBTQ people to voice their experiences in the survey.

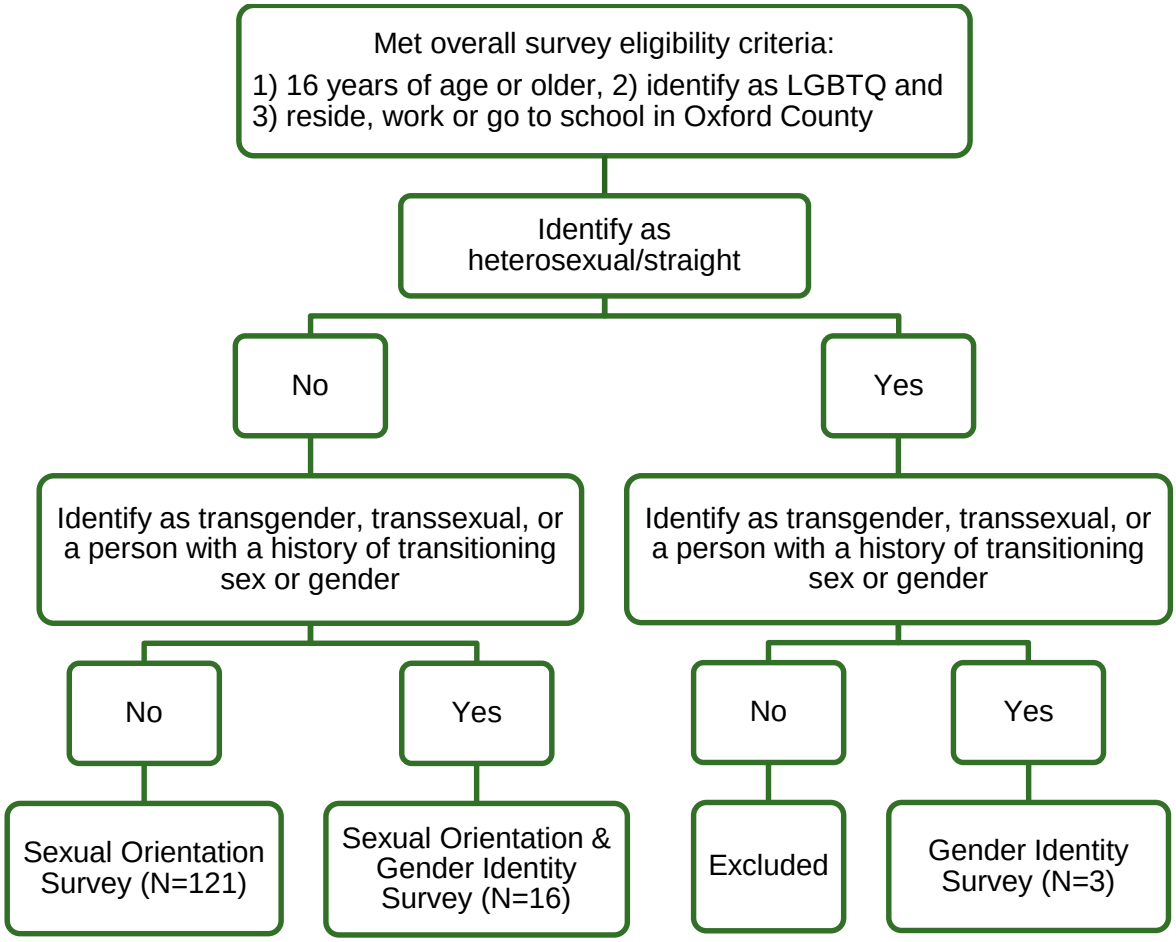
The questions included in the survey were based on existing surveys conducted in LGBTQ populations in Ontario, including Health in Middlesex Men Matters (HiMMM)[8] and Trans Pulse[9] in addition to input from members of the Coalition subgroup. This survey was reviewed and approved by the Research Ethics Board at Wilfrid Laurier University (REB #4749), which receives funding from the Research Support Fund. In total, there were 246 questions and the survey was estimated to take 20 to 30 minutes to complete. However, based on the skip-patterns in the survey, participants may not have completed all 246 questions (see Figure 1). Of those who completed their survey, the actual completion time ranged from 12 minutes to 2 hours 50 minutes, with an average time of 22 minutes. There was no compensation for completing the survey.

Participants were eligible to participate in the survey if they were 16 years of age or older; identified as lesbian, gay, bisexual, transgender, or queer; and either resided, worked, or went to school in Oxford County. As outlined in Figure 1, depending on the participants' responses to the questions "Are you heterosexual/straight?" and "Are you transgender, transsexual, or a person with a history of transitioning sex or gender?" (i.e., trans[c]), they were directed to complete one of three surveys that included different components or a combination of the two components:

1. Sexual Orientation Survey
2. Gender Identity Survey
3. Sexual Orientation & Gender Identity Survey

[c] The term 'trans' will be used throughout this report to encompass all people who are trans, transgendered, crossdressers, transsexual, genderqueer, or those who have transitioned and identify as 'women' or 'men', although it is recognized that this term may not be inclusive of all identities.

Figure 1. Survey allocation based on eligibility criteria



The Sexual Orientation Survey consisted primarily of questions related to sexual orientation whereas the Gender Identity Survey covered topics related to gender identity. The Sexual Orientation & Gender Identity Survey included questions from both the Sexual Orientation Survey and the Gender Identity Survey. Splitting the participants into three different surveys was done to simplify the skip-patterns that would be needed if all participants completed one survey. This process is illustrated in Figure 1. It was important to look at sexual orientation and gender identity separately as these are widely considered within the LGBTQ community as distinct concepts. Despite this, trans individuals are often grouped regardless of their sexual orientation with lesbian, gay, bisexual and queer individuals.

Since there was an increase in the number of respondents who completed the survey after the Facebook advertisements were implemented, many participants may have been recruited through this advertising method. Therefore, it is possible that the sample may have been biased

towards more socially connected participants who may also be younger participants. Socially connected LGBTQ people may have different experiences than isolated LGBTQ people. It may also bias the sample by including more people who are "out" as the advertisement targeted people who had liked Pride pages and similar types of interests on their profile page. However, given that specific web links referring participants to the online survey were not tracked, it was not possible to identify if the Facebook advertisements alone accounted for this spike in respondents. During this time, the incident involving the destruction of the Pride flag that affected the LGBTQ community garnered significant media attention. It is not known whether or not this incident prompted respondents to complete the survey. The survey was quite long and as a result many participants did not complete the whole survey and a number of individual questions were not completed particularly near the end of the survey. It is possible that the participants who did not complete the items were different in some way from those who did, for example, in terms of disposition, education level, income or gender.

Data Analysis

Data analysis was completed by Oxford County Public Health on behalf of the Coalition. The Sexual Orientation Survey was combined with the sexual orientation questions from the Sexual Orientation & Gender Identity Survey to provide an overall picture of LGBTQ experiences related to sexual orientation. There were 137 participants who met the eligibility criteria and completed all or some of these two surveys (N=121 from the first survey and N=16 from the second). Similarly, the Gender Identity Survey was combined with the gender identity questions from the Sexual Orientation & Gender Identity Survey to provide an overall picture of experiences related to gender identity among trans participants. This included both heterosexual/straight and non-heterosexual/straight trans participants. Overall, 19 participants met the eligibility criteria and completed all or some of these two surveys (N=3 from the first survey and N=16 from the second).

Based on the 2015 population estimates for people aged 16 years and older in Oxford County (N=91,152), our sample of LGBTQ participants (N=140) makes up about 0.2% of the population.[10] This survey could also include people who work or go to school in Oxford County. This is lower than expected based on previous national estimates of the proportion of the population that is LGBTQ and an assumption of a 30% response rate. The prevalence of

LGBTQ people has been found to vary based on geography and definition, for example, self-identification versus sexual attraction. Based on the 2003-2005 Canadian Community Health Survey, national estimates for the population indicated that 0.9% of women self-identified as bisexual and 0.8% identified as lesbian, whereas 1.4% of men identified as gay and 0.7% identified as bisexual.[11] Even this estimate is thought to be an underestimate as people may be uncomfortable disclosing their sexual orientation over the telephone if they are unsure how it will be used. It is difficult to measure the prevalence of LGBTQ people as there are many different terms that individuals may use and some people may not be willing to be labelled or categorized by others, especially if they are stigmatized and marginalized.[12]

The survey data were extracted from FluidSurveys on November 7, 2016 and was cleaned (i.e., formatted labels and response options) using Microsoft Excel 2010. Data analysis was performed in IBM SPSS Statistics 23, which included descriptive statistics for all items in the survey. Where it was of interest to the Coalition, items were examined by age and gender. Significance tests were conducted using analysis of variance (ANOVA) with Scheffe's post-hoc tests to compare averages from continuous variables across categories. Chi-square tests were used to compare categorical variables. Differences were considered statistically significant with a p-value of ≤0.05. There were four validated scales included in the survey and several items from each are included in the report to illustrate the concept. However, all of the scale items and overall scale scores are included in the appendices. The scales include the Rosenberg self-esteem scale,[13] the external homophobia scale,[14] the transphobia scale[12] and the multidimensional scale of perceived social support.[15]

The last question in the survey was an open text field that allowed participants to share any final thoughts. Portions of these comments are used in the report to further illustrate the findings and to enhance the discussion. Any identifiable information was removed. In addition to this report, the data was also analyzed separately to support the completion of a thesis. This analysis focused on experiences of victimization and health care access and used a different methodological approach to item non-response in the analysis as described elsewhere.[16]

Results

The results were analyzed from two basic perspectives: sexual orientation and gender identity. Similar outcomes were reported on for each of these two perspectives, with the exception of some questions that were specific to trans individuals (such as use of surgery and/or hormones which are captured in the gender identity section).

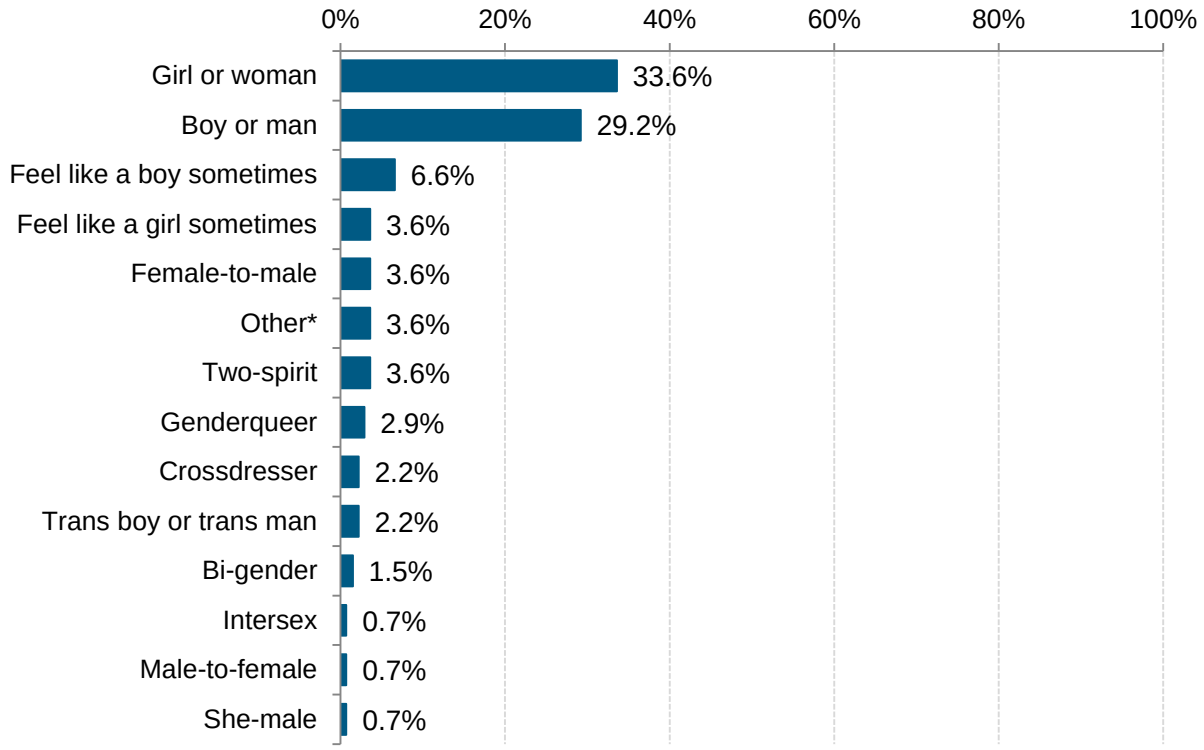
Experiences Related to Sexual Orientation (N=137)

Demographics

This section describes the LGBTQ participants by their age, sex at birth, gender identity, sexual orientation, ethnic or racial identity, spirituality, relationship status, sex partners, sexual attraction, employment status, education level, income and mode of transportation. Participants ranged in age from 16 to 72 years, with an average age of 34 years and a median (i.e., middle number) of 29 years. More LGBTQ participants reported that they were assigned female at birth compared to male at birth (41.6% versus 29.9%, respectively; 28.5% did not answer this question).

Among participants, the most common gender identities were girl or woman followed by boy or man (Figure 2), although several additional gender identities were also represented.

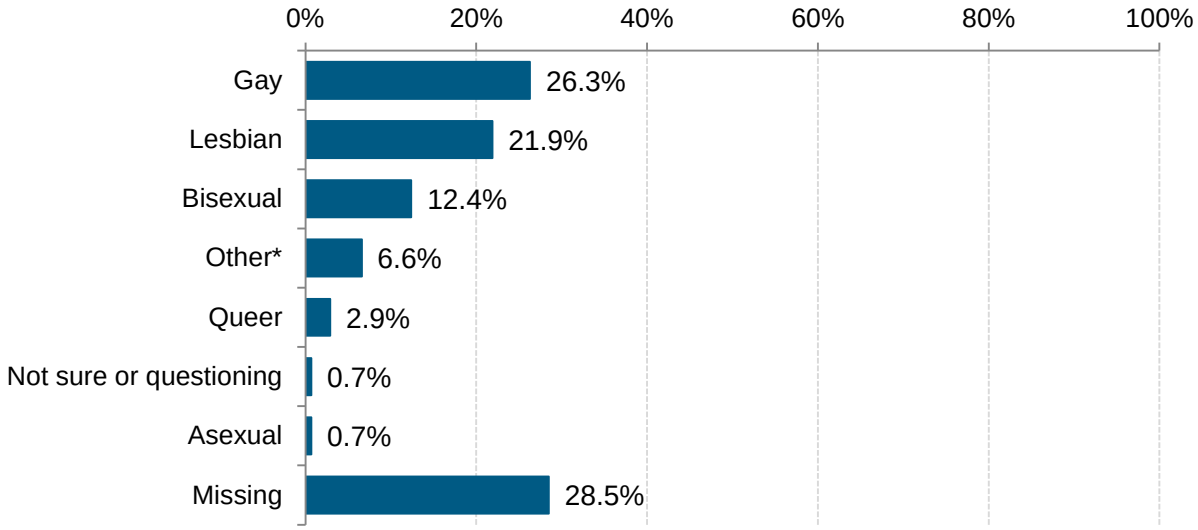
Figure 2. Gender identity, LGBTQ participants (N=137)



*Other responses included: agender; cryprogender, demi-boy; demi-girl; genderfluid; and unsure. Respondents could check all that apply so totals may not equal 100%.

The majority of participants identified as gay, followed by lesbian and bisexual (Figure 3). Many of the gender identities and sexual orientations are described in the Glossary.

Figure 3. Sexual orientation, LGBTQ participants (N=137)

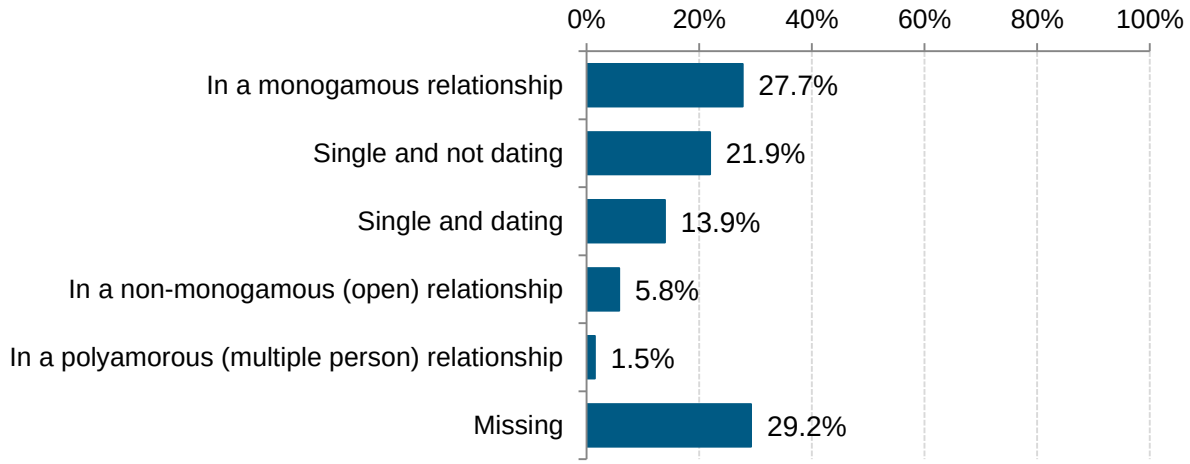


*Other responses included: homoflexible; pansexual; person with same sex attraction (SSA); and polysexual androphilic.

Over half (67.9%) of participants were born in Canada (28.5% did not answer this question) and just over half identified as Caucasian/white (53.3%), followed by European (5.1%; 35.0% did not answer this question). The most common religious or faith practices of participants' families were Catholicism (15.3%), Christianity (10.2%), Baptist (8.0%), although 43.8% of participants did not answer this question. The majority of participants (66.4%) did not respond to the question asking about their current religious or faith practices; however, the most common were Christian (5.8%) and United (4.4%). Over a third (36.4%) of participants reported that they were somewhat to extremely religious or spiritual (29.9% did not answer this question).

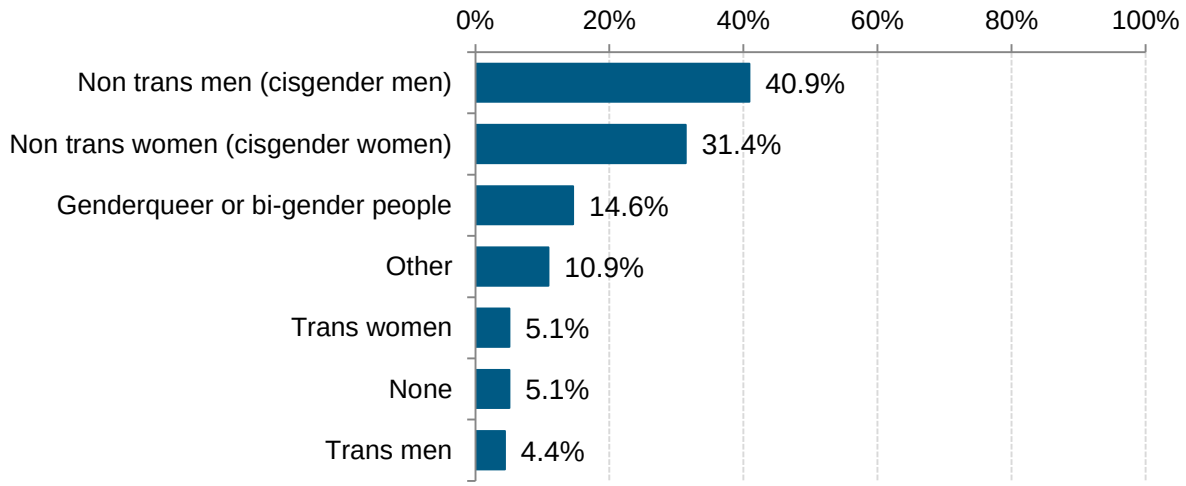
About one quarter (27.7%) of participants reported that they were in a monogamous relationship, followed by single and not dating and single and dating (Figure 4). The most common legal statuses were never married (32.1%), living common-law (16.1%) and married (11.7%), although 29.2% did not answer this question.

Figure 4. Relationship status, LGBTQ participants (N=137)



Participants were asked about the gender identities of their sex partners over their lifetime. The most common gender identities of sex partners were cisgender men followed by cisgender women (Figure 5).

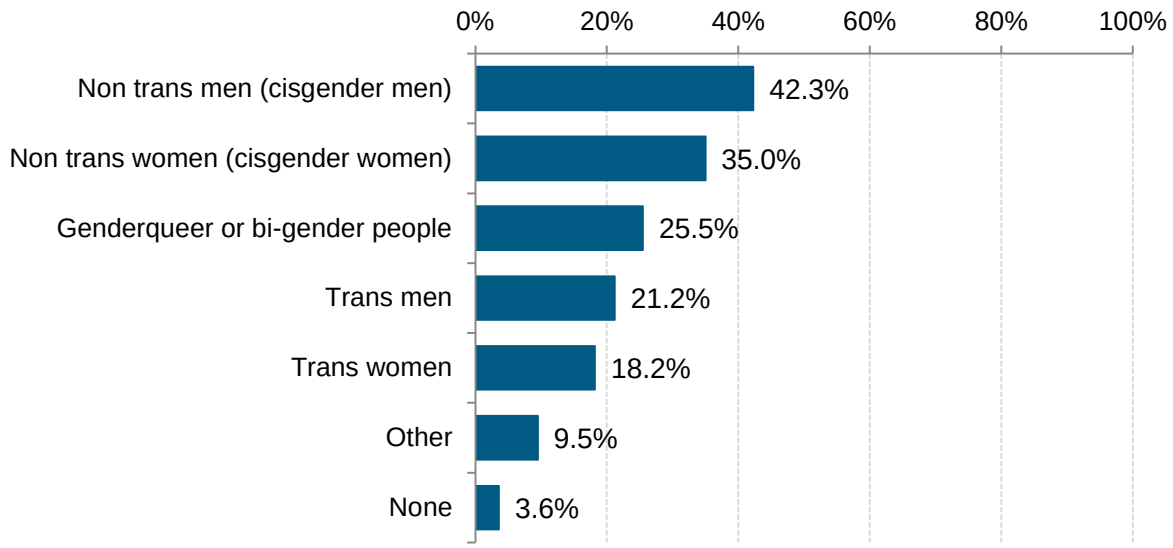
Figure 5. Sex partners' gender identities, LGBTQ participants* (N=137)



*Respondents could check all that apply so totals may not equal 100%.

Similarly, the most frequently reported gender identities to which participants reported being attracted were: cisgender men, followed by cisgender women and genderqueer or bi-gendered people (Figure 6).

Figure 6. Sexual attraction, LGBTQ participants* (N=137)

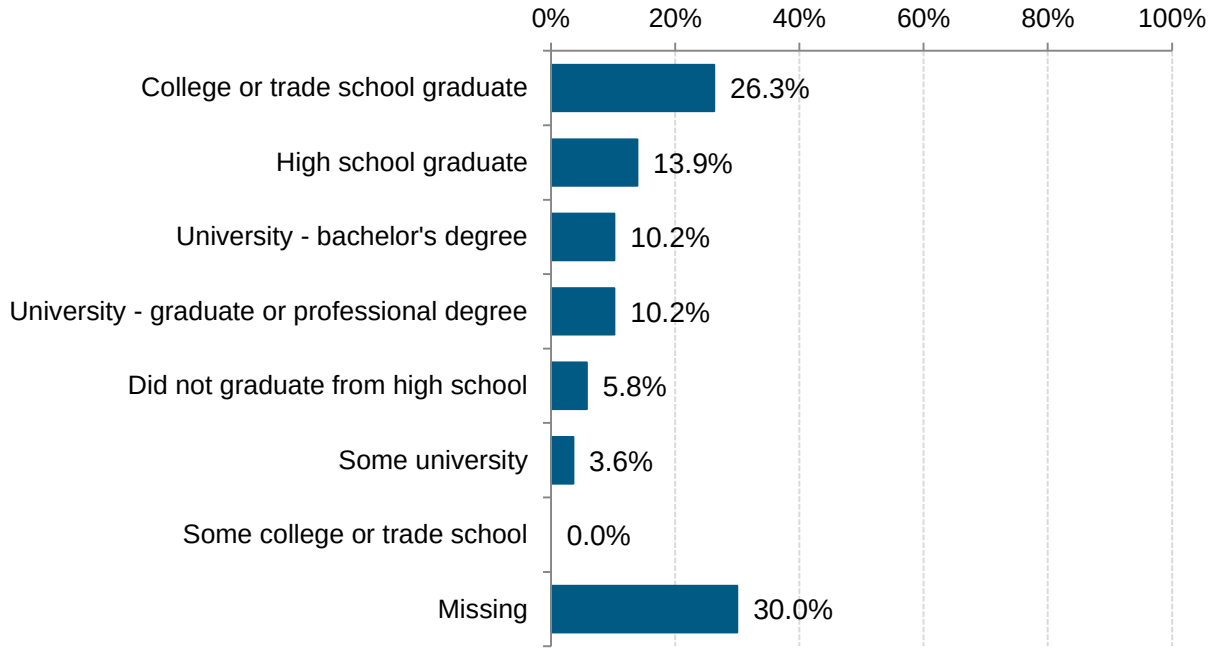


*Respondents could check all that apply so totals may not equal 100%.

Over half of participants (53.2%) were employed full-time or part-time, 5.1% of participants were retired and 8.7% were not employed (28.5% did not answer the question). Almost one fifth reported that their total household income before taxes in the past 12 months was $80,000 or more and 16.8% reported a total household income of $29,999 or less (37.3% did not answer this question).

The highest level of education that the majority of participants completed was college or trade school followed by high school (Figure 7). An additional 13.1% of participants were enrolled in high school, college, trade school or university, either full-time or part-time. Of the 18 participants enrolled in school, 89.5% reported that their school has a Gay Straight Alliance (GSA) or similar group and 41.2% attended that group.

Figure 7. Highest education level, LGBTQ participants (N=137)

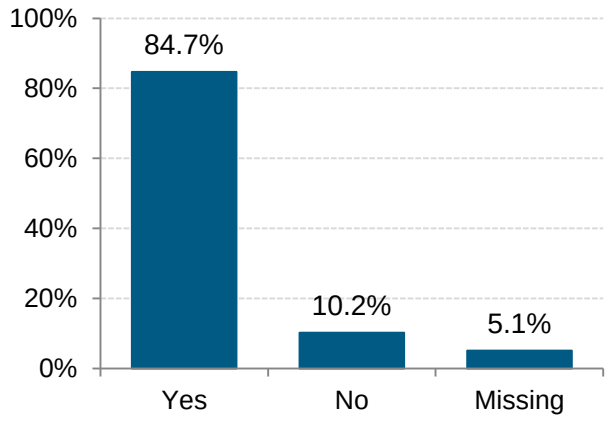


Participants were asked to select their primary mode of transportation. The most common methods were personal automobile (55.5%), followed by a friend, relative, or neighbour's automobile (10.9%) and public transportation (8.8%).

Health and health services

This section describes participants' access to and experiences with health services such as primary care providers, hospitals and mental health services as well as participants' self-esteem. As shown in Figure 8, the majority of participants had a regular primary health care provider, such as a family doctor or a nurse practitioner, or had access to a walk-in clinic or an interdisciplinary health centre.

Figure 8. Regular primary health care provider, LGBTQ participants (N=137)

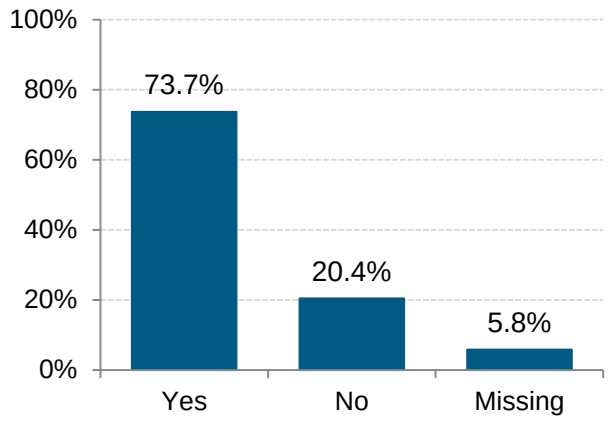


Of the 116 participants who had a regular primary health care provider (provider), 75.0% felt comfortable sharing their sexual orientation with them and 56.0% had disclosed their sexual orientation to them. However, only 27.6% talk to their provider about health issues specific to their sexual orientation. Participants were asked about negative interactions with their provider and the three most common issues identified were:

- Assumed they were heterosexual/straight (44.8%)
- Made assumptions about them or their health based on their sexual orientation (9.5%)
- Assumed they had a lot of sex partners based on their sexual orientation (7.8%)

About three quarters of participants have accessed health services at a hospital in Oxford County (Figure 9).

Figure 9. Health services accessed at a hospital in Oxford County, LGBTQ participants (N=137)



Of the 101 participants who have accessed health services at a hospital in Oxford County, the five most common negative interactions identified were:

- Assumed they were heterosexual/straight (46.5%)
- Made assumptions about them or their health based on their sexual orientation (9.9%)
- Made negative comments or gestures about LGBT people (6.9%)
- Made negative comments or gestures related to gender, race, religion, culture or ethnicity (5.9%)
- Assumed they had a lot of sex partners based on their sexual orientation (5.0%)

The most common settings where mental health services were accessed in the last two years were hospitals, followed by private counsellors and adult community mental health services (Table 1).

Table 1. Mental health services settings accessed in Oxford County in the last two years by type of service, LGBTQ participants (N=137)

Type of service	Number	Per cent
Hospital in Oxford County	26	19.0
Private counsellor	14	10.2
Adult community mental health service	13	9.5
Family health team	9	6.6
Child/youth community mental health service	7	5.1
Employee Assistance Program (EAP)	6	4.4
Community health centre	2	1.5
Other*	9	6.6
Have not accessed any mental health services in the last two years	70	51.1

*Other write-in responses included: Board of Health Clinic, Canadian Mental Health Association, crisis line, school counsellor, Woodstock mental health unit and Young Men Christian's Association (YMCA). Respondents could check all that apply so totals may not equal 100%.

Participants were asked about negative interactions with a mental health care provider. Of the 46 participants who have accessed mental health services in Oxford County in the last two years, the four most common issues identified were:

- Assumed they were heterosexual/straight (39.1%)
- Made assumptions about them or their health based on their sexual orientation (10.9%)
- Made negative comments or gestures about LGBT people (8.7%)
- Assumed they had a lot of sex partners based on their sexual orientation (8.7%)

Additionally, 4.3% of participants noted that a mental health care provider made negative comments or gestures related to gender, race, religion, culture or ethnicity; belittled or made fun of the participant for their sexual orientation; and refused to discuss or address concerns related to their sexual orientation.

Self-esteem

Self-esteem was measured using the Rosenberg self-esteem scale which has been validated by research.[13] Participants were asked to rate how much they agree/disagree with 10 statements. Full details on the scale and individual items can be found in Appendix C. Based on the overall scale score, 19.0% of participants had low self-esteem, 47.4% had normal self-esteem and 16.1% had high self-esteem (17.5% were missing data and could not be categorized). These cut-offs and category names are suggested by the Rehabilitation Measures Database, developed by the Rehabilitation Institute of Chicago and Northwestern University Feinberg School of Medicine.[17] Participants typically agreed or strongly agreed with the positive statements, such as: "I feel that I have a number of good qualities", as can be seen in Figure 10. They also tended to disagree or strongly disagree with the negative statements: "All in all, I am inclined to feel that I am a failure" and "I feel I do not have much to be proud of". However, a higher per cent of participants agreed or strongly agreed with the statements: "I wish I could have more respect for myself", "I certainly feel useless at times" and "At times, I think I am no good at all".

Figure 10. Agreed/strongly agreed with the following statements, LGBTQ participants* (N=137)

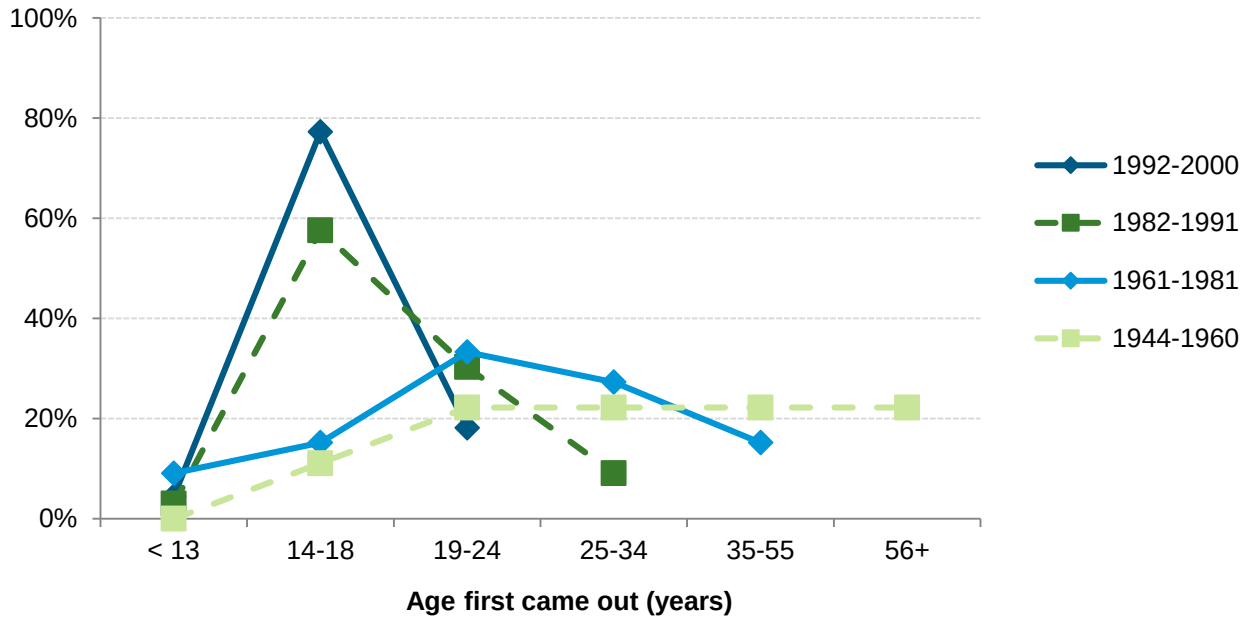
*Green bars indicate positive statements and blue bars indicate negative statements.

Coming out

This section is about participants' experiences with coming out. Coming out is when an individual tells someone (or people) about their sexuality or gender identity. Over one quarter of participants (30.7%) came out to someone when they were 14 to 18 years old and about one fifth (19.7%) came out to someone when they were 19 to 24 years old. Fewer people came out to someone when they were 25 to 34 years old (10.2%), 35 to 55 years old (5.1%) and 56+ years old (1.5%). This response indicates that participants have come out to someone at that age, but may not be out to everyone.

There was a visible trend, with younger participants coming out earlier than older participants (Figure 11). However, as each cohort ages, the proportions would be expected to shift towards to the right. Overall, if younger cohorts of people are coming out at younger ages, this may be a positive trend; however, this depends on whether their experiences with coming out were positive and if there were adequate supports and services available to them.

Figure 11. Age first came out regarding their sexual orientation to someone by age cohort (year of birth), LGBTQ participants (N=137)



Participants were asked if they have told, plan to tell, or do not plan to tell groups of people about their sexual orientation. The majority of participants have told many groups of people in their life (Table 2), with the most disclosing to LGBTQ friends (97.0%) and the least disclosing to religious institutions (64.5%).

Table 2. Told their sexual orientation to the following groups of people, LGBTQ participants

Group of People	Per cent*
LGBTQ friends (n=100)	97.0
Spouse or partner(s) (n=75)	96.0
Roommate(s) (n=38)	94.7
Straight friends (n=107)	91.6
Sibling(s) (n=100)	86.0
Parent(s) (n=104)	85.6
Classmates (n=40)	77.5
Coworkers (n=88)	73.9
Extended family (n=103)	72.8
Supervisor/boss (n=84)	71.4
Child(ren) (n=33)	69.7
Teacher(s) (n=42)	69.0
Cultural community (n=42)	69.0
School (n=39)	66.7
Employer(s) (n=83)	65.1
Church/Temple/Mosque (n=31)	64.5

*Based on the total number of participants that the question applies to (e.g., if a participant had no siblings, they were not included in the denominator for sibling(s)). The denominator is represented by the "n" in each row.

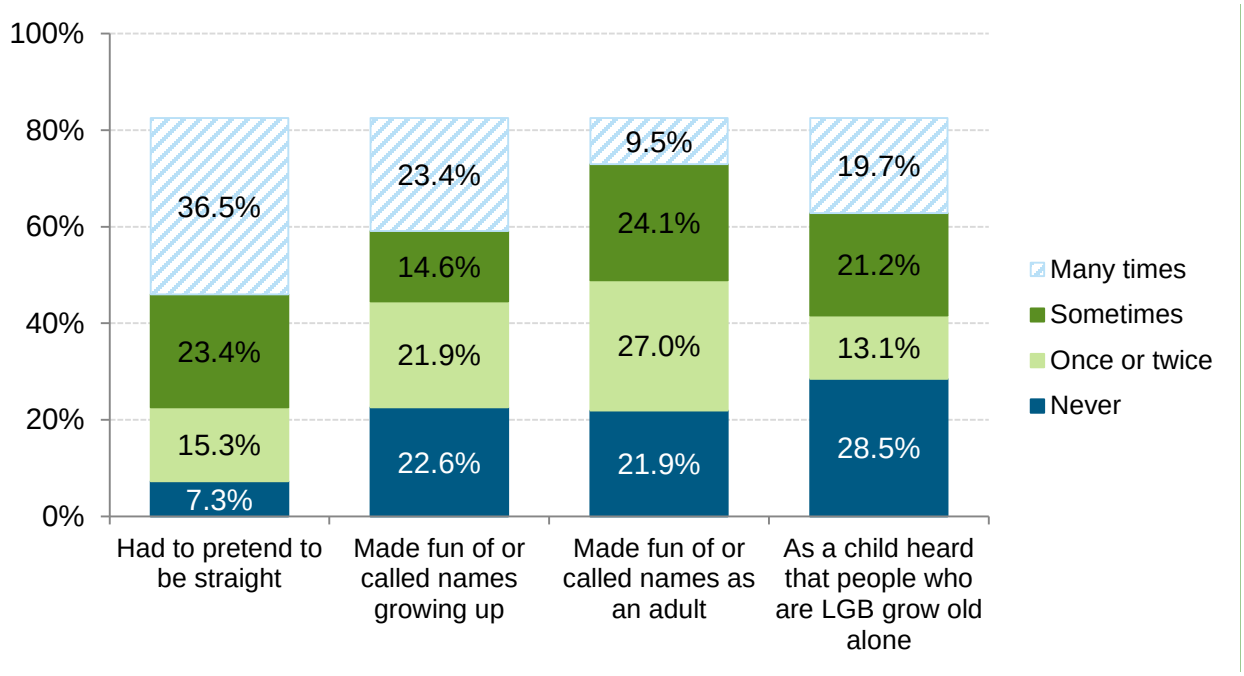
Since coming out, 42.3% of participants noted that the number of people they would call close friends stayed about the same, whereas 19.7% noted a decrease and 16.8% noted an increase. However, many participants (21.2%) did not answer this question.

Life experiences

This section includes LGBTQ people's life experiences, specifically related to homophobia, harassment and violence. It also includes experiences with avoiding locations in Oxford County because of fear of being harassed, read as LGB, or being outed.

Homophobia was measured using the External Homophobia scale which has been validated by research.[14] Participants were asked to answer 10 questions about their current and previous experiences related to their sexual orientation. They rated these experiences by how often they happened (i.e., never, once or twice, sometimes, or many times). The most common experience reported was "had to pretend to be straight"; 75.2% of participants reported having to do this at least once or twice in their lifetime. Many were made fun of or called names growing up and in adulthood (Figure 12). Full details on the scale and individual items can be found in Appendix D.

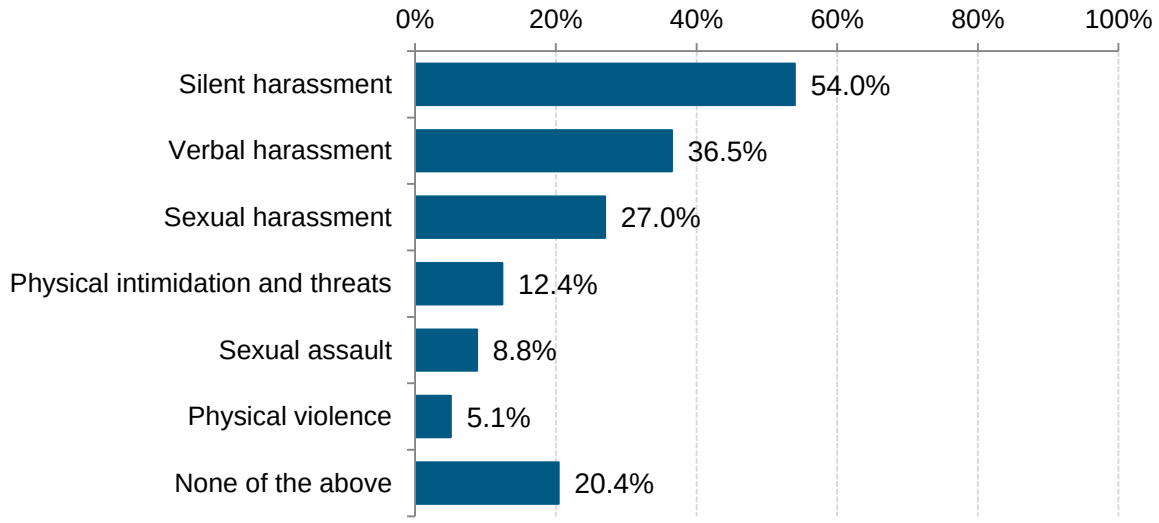
Figure 12. Homophobia experienced by type, LGBTQ participants* (N=137)



*Note that the per cents do not add up to 100 due to missing responses.

Participants were asked about experiences of harassment and violence in Oxford County based on their sexual orientation. Over half of participants (54.0%) reported experiencing silent harassment, such as being stared at and being whispered about (Figure 13). Verbal harassment and sexual harassment (e.g., being cat-called and propositioned) were also common experiences. The per cent of participants who experienced sexual harassment did not differ by gender (i.e., boy or man vs. girl or woman; p=0.145).

Figure 13. Harassment and/or violence based on sexual orientation, LGBTQ participants* (N=137)



*Respondents could check all that apply so totals may not equal 100%.

Of the 15 participants who experienced physical violence and/or sexual assault because of their sexual orientation, only four (26.7%) reported any of the incidents to the police in Oxford County. Similarly, of the 64 participants who experienced other forms of harassment or intimidation in Oxford County because of their sexual orientation, only five (7.8%) reported these incidents to anyone. There were six participants (4.4%) who have been asked in their lifetime to leave their place of residence because of their sexual orientation.

Participants were also asked if they have ever avoided locations in Oxford County because of fear of being harassed; read as lesbian, gay, or bisexual; or being outed. The five most common locations that participants reported avoiding were:

- Church/Temple/Mosque or other religious institutions (23.4%)
- Clubs or social groups (20.4%)
- Restaurants or bars (17.5%)
- Public washrooms (13.9%)
- Gyms (12.4%)

Social support

Social support can be thought of as the help or assistance people received from those around them. This can include things such as emotional support (e.g., having someone to talk to) and physical support (e.g., helping with housekeeping).

> **"When I came out, I lost most friends and family members. Thanks to my employer, I was able to get into work sponsored counselling while I worked through this… If I did not have the supervisors and employers that I had, I probably would not be here today."**

Participants were asked how supportive of their sexual orientation the people in their lives are. The majority of groups were somewhat or very supportive (Table 3), with the exception of religious institutions; only 31.0% of participants reported that they were somewhat or very supportive.

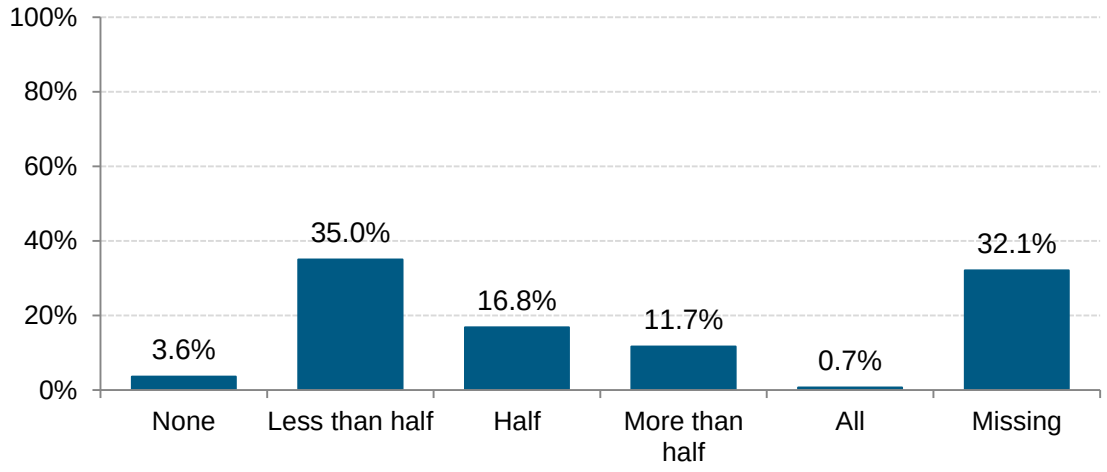
Table 3. Groups of people that are somewhat or very supportive of sexual orientation, LGBTQ participants

Group of People	Per cent*
Straight friends (n=102)	97.1
LGBTQ friends (n=98)	96.9
Spouse or partner(s) (n=64)	93.7
Teacher(s) (n=27)	92.6
Classmates (n=27)	92.6
Coworkers (n=67)	88.0
Roommate(s) (n=22)	86.3
School (n=28)	85.7
Sibling(s) (n=93)	85.0
Employer(s) (n=60)	85.0
Parent(s) (n=93)	84.9
Supervisor/boss (n=60)	83.3
Extended family (n=82)	82.9
Child(ren) (n=27)	77.8
Cultural community (n=37)	67.5
Church/Temple/Mosque (n=29)	31.0

*Based on the total number of participants that the question applies to (e.g., if a participant had no siblings, they were not included in the denominator for sibling(s); if they have not shared their sexual orientation then they were not included). The denominator is represented by the “n” in each row.

Participants were also asked how many close friends and close relatives they have that they feel at ease with and can talk about what is on their mind. The number of people ranged from 0 to 100; the average was 11 people and the median was five people. About one third of participants reported that less than half of their friends are LGBTQ (Figure 14).

Figure 14. Amount of friends who are LGBTQ, LGBTQ participants (N=137)



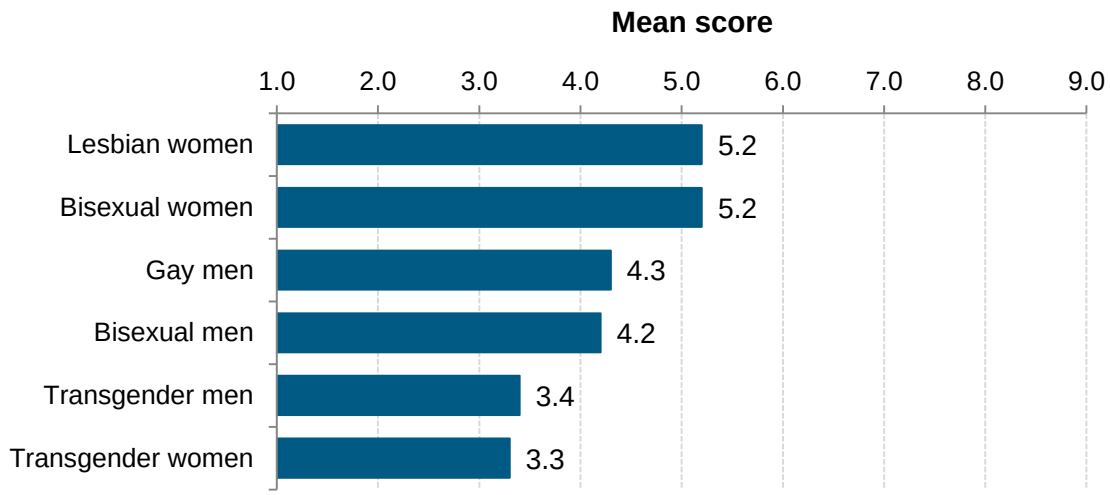
A social support scale called the Multidimensional Scale of Perceived Social Support was included to assess the general social support received from family, friends and significant others (i.e., not just related to sexual orientation).[15] This scale is made up of 12 items with responses based on a 7-point Likert scale (ranging from very strongly disagree to very strongly agree). On average, participants agreed with all items. For example, their family really tries to help them, there is a special person who is around when they are in need and they can count on their friends when things go wrong. See Appendix E for complete details, including the average scores for each item.

Community

This section of the survey addressed issues such as the level of acceptance of LGBTQ people in Oxford County, participation in voluntary organizations or associations, methods of connecting with other LGBTQ people and the likelihood that participants would attend events or services (such as Pride and LGBTQ-safe community centres) and factors that would increase attendance.

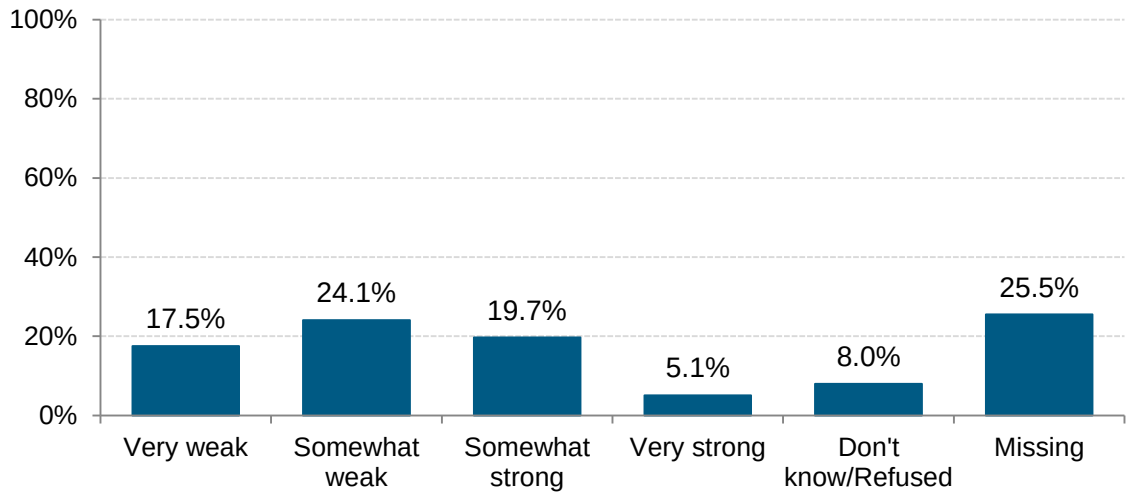
Firstly, participants were asked to indicate the level of acceptance that exists for different LGBTQ identities in the broader community in Oxford County. Based on this phrasing, who was included in the broader community was left to the participant's interpretation. Responses could range from 1 to 9 (not at all accepting to completely accepting) with a score of 5 indicating that acceptance is neutral. The mean (average) scores were calculated for each LGBTQ identity. As shown in Figure 15, the broader community of Oxford County is perceived to be most accepting of lesbian women and bisexual women, but only slightly more than neutral. All other LGBTQ identities were perceived to be less accepted.

Figure 15. Mean score for perceived level of acceptance of LGBTQ people in Oxford County by LGBTQ identity, LGBTQ participants (N=137)



Only 24.8% felt that their sense of belonging to their local community was somewhat or very strong whereas 41.6% felt that their sense of belonging was somewhat or very weak. Figure 16 shows this finding broken down into additional categories.

Figure 16. Sense of community belonging, LGBTQ participants (N=137)



Participants were also asked a series of questions about their awareness and use of LGBTQ-friendly agencies and LGBTQ-friendly spaces. Only 26.3% of participants were aware of any LGBTQ-friendly agencies or services in Oxford County (48.2% were not aware and 25.5% did not answer this question). Of the 36 participants that were aware of LGBTQ-friendly agencies or services, only 13 (36.1%) had accessed them.

The per cent of participants that were aware of LGBTQ-friendly spaces to socialize in Oxford County was even lower at 8.8% (65.7% were not aware and 25.5% did not answer this question). Of the 12 participants that were aware of LGBTQ-friendly spaces, only six (50.0%) had accessed them. The majority (67.2%) of participants felt like there is a need for LGBTQ-friendly spaces to socialize in Oxford County (25.5% did not answer this question).

> **"Your central problem will be that LGBT people tend to leave Oxford. Even those that stay leave to socialize."**

Almost half of participants (47.4%) reported that it is somewhat or very important for them to be a member of an LGBTQ-specific organization (27.7% did not answer this question). Table 4 shows the number of participants that are involved in different voluntary organizations or associations in Oxford County and whether they are non-LGBTQ-specific, LGBTQ-specific, or both. Table 5 shows the same information for organizations or association outside of Oxford County.

Table 4. Involvement in voluntary organizations or associations in Oxford County by type of organization, LGBTQ participants*

Organizations	Non-LGBTQ-specific (%)	LGBTQ-specific (%)	Both (%)
Advocacy group (n=18)	38.9	33.3	27.8
Art-based group (n=13)	84.6	7.7	7.7
Community group (n=21)	57.1	14.3	28.6
Ethnic or cultural associations (n=6)	66.7	0.0	33.3
High school student group (n=11)	18.2	54.5	27.3
Religious groups (n=14)	85.7	0.0	14.3
Civic or service clubs (n=6)	66.7	0.0	33.3
Social clubs (n=13)	46.2	30.8	23.1
Sporting group (n=27)	88.9	0.0	11.1
Support group (n=14)	64.3	7.1	28.6
University and/or College student group (n=7)	42.9	14.3	42.9
Workplace or professional group (n=23)	82.6	4.3	13.0

*Per cent is based on the total number of participants that the question applies to. The denominator is represented by the “n” in each row. Only two participants were part of a newcomer to Canada group so these per cents were not reported.

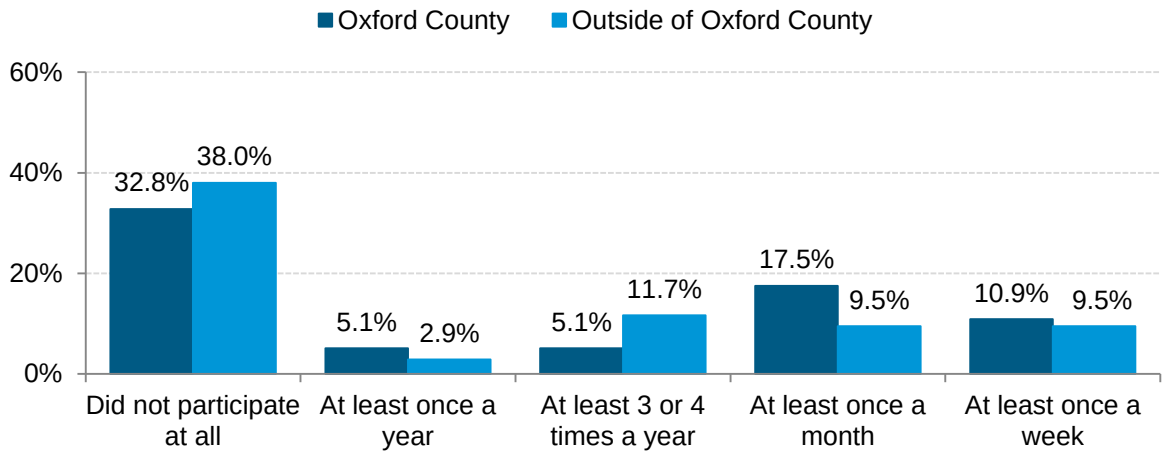
Table 5. Involvement in voluntary organizations or associations outside of Oxford County by type of organization, LGBTQ participants*

Organizations	Non-LGBTQ-specific (%)	LGBTQ-specific (%)	Both (%)
Advocacy group (n=18)	22.2	38.9	38.9
Art-based group (n=7)	42.9	14.3	42.9
Community group (n=13)	30.8	30.8	38.5
Ethnic or cultural associations (n=6)	33.3	16.7	50.0
High school student group (n=7)	28.6	42.9	28.6
Religious groups (n=13)	69.2	7.7	23.1
Civic or service clubs (n=5)	80.0	0.0	20.0
Social clubs (n=20)	40.0	30.0	30.0
Sporting group (n=16)	62.5	6.3	31.3
Support group (n=13)	38.5	23.1	38.5
University and/or College student group (n=9)	22.2	33.3	44.4
Workplace or professional group (n=17)	70.6	11.8	17.6

*Per cent is based on the total number of participants that the question applies to. The denominator is represented by the “n” in each row. Only two participants were part of a newcomer to Canada group so these per cents were not reported.

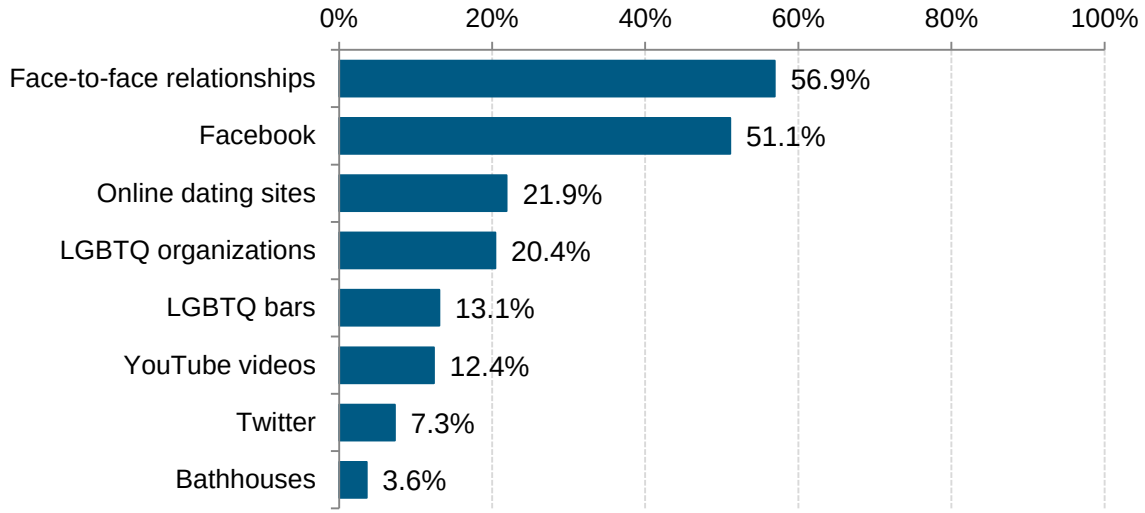
Figure 17 shows how often participants took part in these organizations or associations in the past 12 months.

Figure 17. Frequency of participation in organizations or associations, LGBTQ participants



Participants were asked how they currently connect with other LGBTQ people. As can be seen in Figure 18, the most common way was through face-to-face relationships, followed by Facebook.

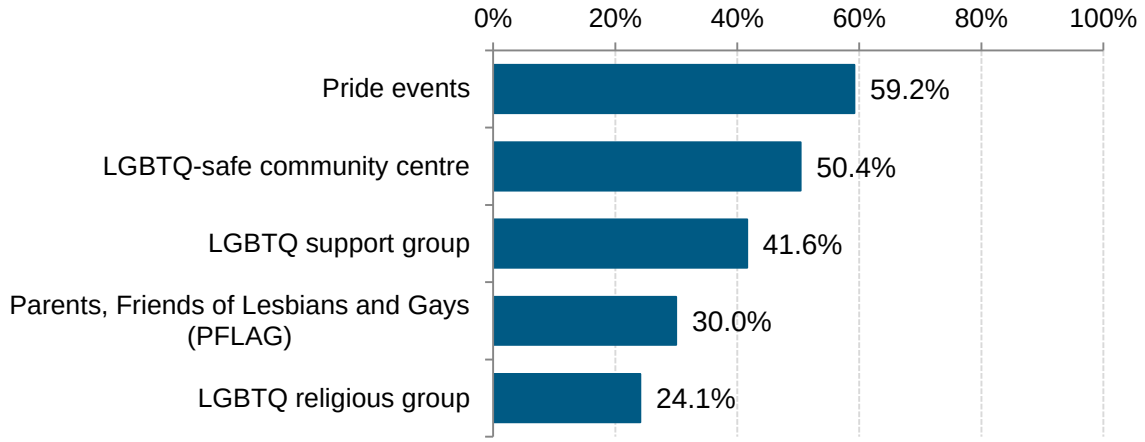
Figure 18. Method of connecting to other LGBTQ people, LGBTQ participants* (N=137)



*Respondents could check all that apply so totals may not equal 100%.

Participants were also asked a series of questions about how likely they would be to attend or access events and services in Oxford County (Figure 19). More than half (59.2%) would be likely to attend Pride events and about half would be likely to access a LGBTQ-safe community centre. The per cent of participants who would be likely or very likely to attend LGBTQ support groups differed by age, with youth aged 16 to 24 years being more likely to attend than non-youth aged 25 years and older (76.0% vs. 52.1%, respectively; p=0.036).

Figure 19. Likely or very likely to attend or access events and services, LGBTQ participants* (N=137)



*Respondents could check all that apply so totals may not equal 100%.

The most frequently selected items (selected by 20% or more participants) that were noted to be helpful in a LGBTQ-friendly space or event that would increase attendance were:

- Location in Woodstock (51.8%)
- No cost to attend/participate (43.8%)
- Low cost to attend/participate (42.3%)
- Food/refreshments (33.6%)
- Located at a safe non-health related location (33.6%)
- Location at Library/Community Centre or Hall (20.4%)

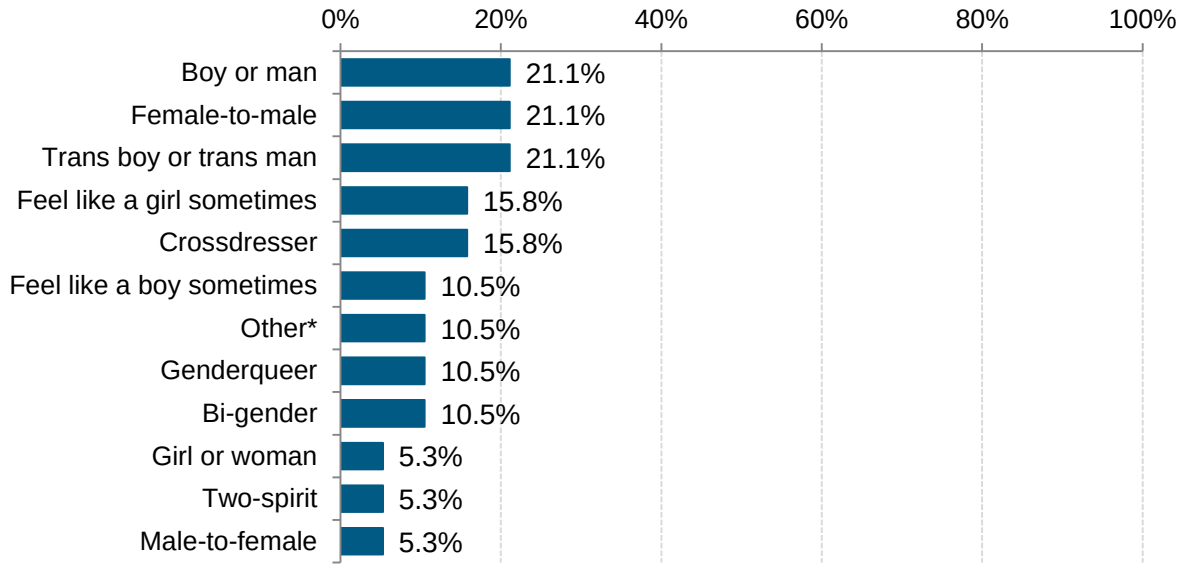
Over half of participants (56.2%) have not had a lack of transportation affect their ability to attend social activities. However, 16.1% of participants have not attended social activities at least once a month because they had no access to transportation (27.7% did not answer this question).

Experiences Related to Gender Identity (N=19)

Demographics

This section describes the trans participants by their age, sex at birth, gender identity, sexual orientation, ethnic or racial identity, spirituality, relationship status, sex partners, sexual attraction, employment status, education level, income and mode of transportation. Participants ranged in age from 16 to 41 years, with an average age of 24 years and a median age of 21 years. More trans participants reported that they were female at birth compared to male at birth (42.1% vs. 26.3%, respectively; 31.6% did not answer this question). Among participants, the most common gender identities were boy or man, followed by female-to-male and trans boy or trans man (Figure 20).

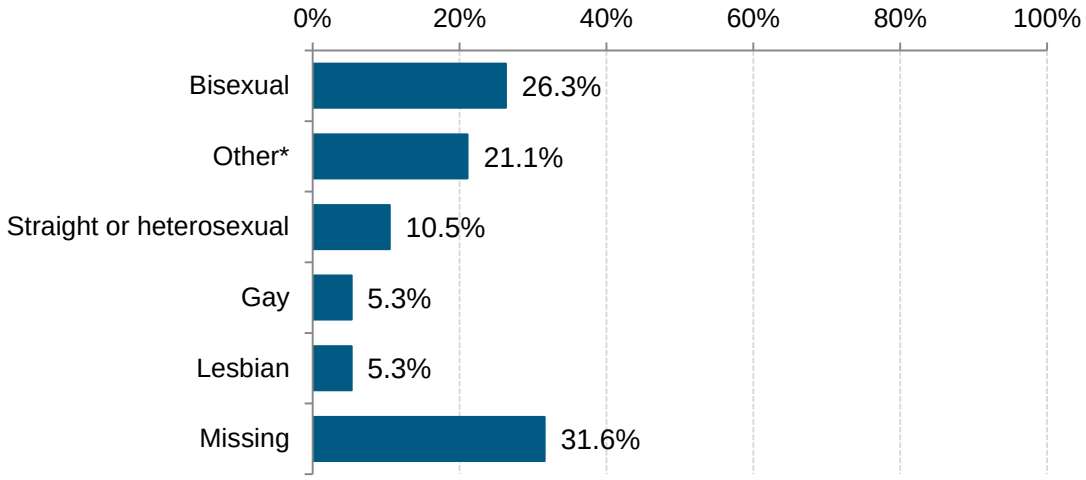
Figure 20. Gender identity, trans participants (N=19)



*Other responses included: agender and cryprogender, demi-boy. Respondents could check all that apply so totals may not equal 100%.

About one quarter of participants (26.3%) identified as bisexual (Figure 21). Many of the gender identities and sexual orientations are described in the Glossary.

Figure 21. Sexual orientation, trans participants (N=19)

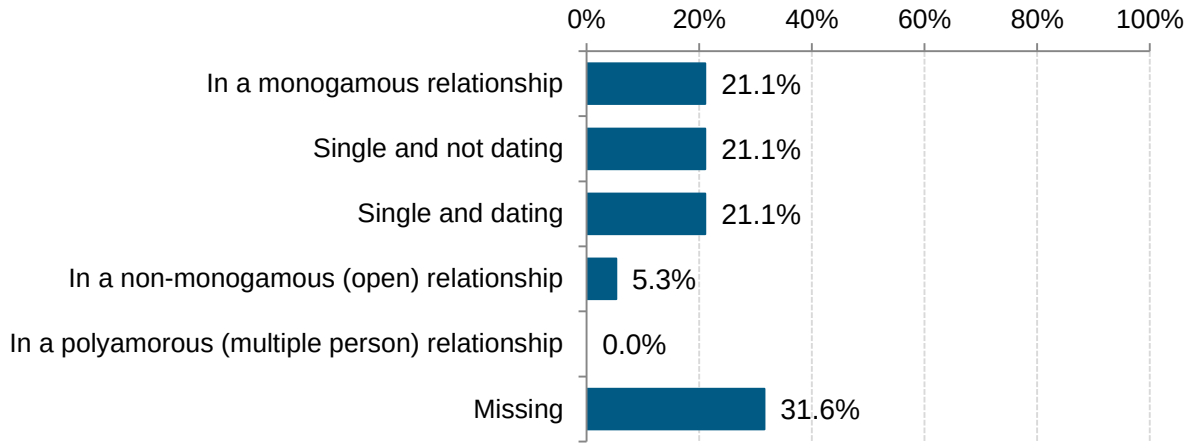


*Other responses included: homoflexible; pansexual; and polysexual androphilic.

Over half (63.2%) of participants were born in Canada (31.6% did not answer this question) and just over half identified as Caucasian/white (52.6%; 36.8% did not answer this question). The most common religious or faith practices of participants' families were Christianity (26.3%), followed by no religion (15.8%); however, many participants (42.1%) did not answer this question. The majority of participants (73.7%) did not respond to the question asking about their current religious or faith practices. Only 36.9% of participants reported that they were somewhat to extremely religious or spiritual (36.8% did not answer this question).

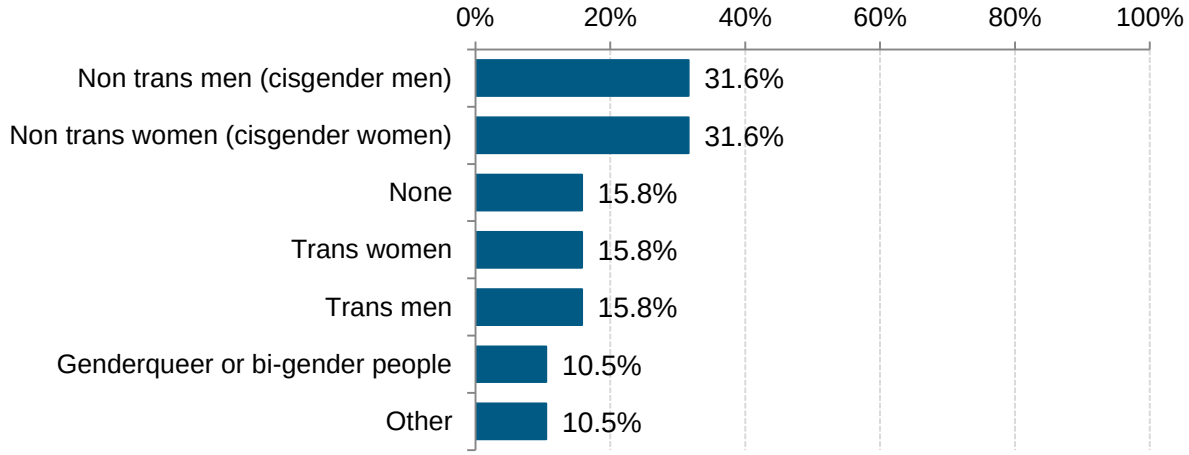
About one fifth (21.1%) of participants reported that they were in each of the following types of relationships: a monogamous relationship, single and not dating and single and dating (Figure 22). The most common legal statuses were never married (47.4%) and married (10.5%), although 31.6% did not answer this question.

Figure 22. Relationship status, trans participants (N=19)



Participants were also asked about the gender identities of their sex partners over their lifetime. The most common gender identities of sex partners were cisgender men and cisgender women (Figure 23).

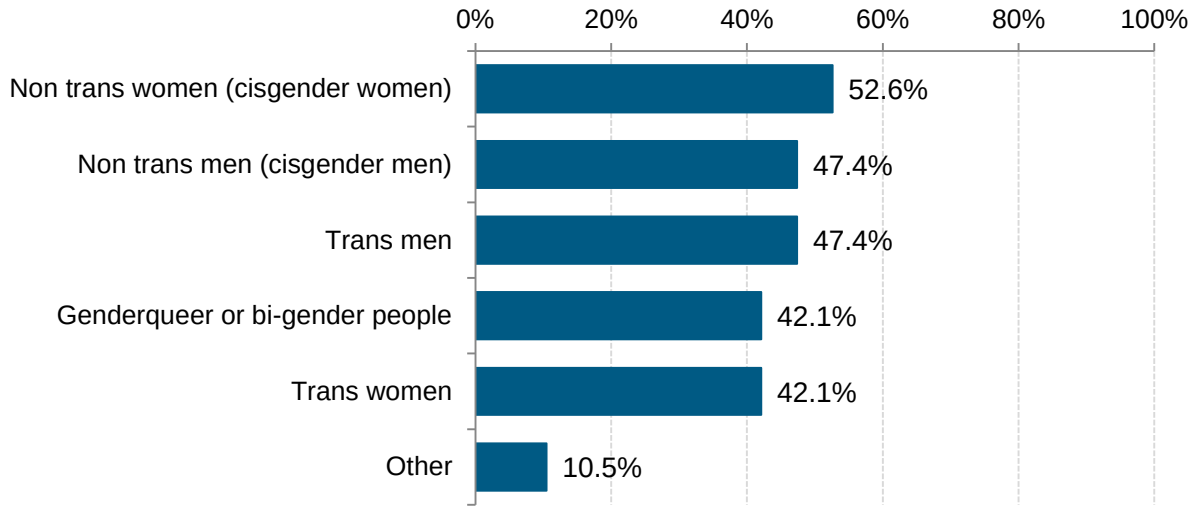
Figure 23. Sex partners' gender identities, trans participants* (N=19)



*Respondents could check all that apply so totals may not equal 100%.

Similarly, the most frequently reported gender identities that participants reported being sexually attracted to were cisgender women, followed by cisgender men and trans men (Figure 24).

Figure 24. Sexual attraction, trans participants* (N=19)

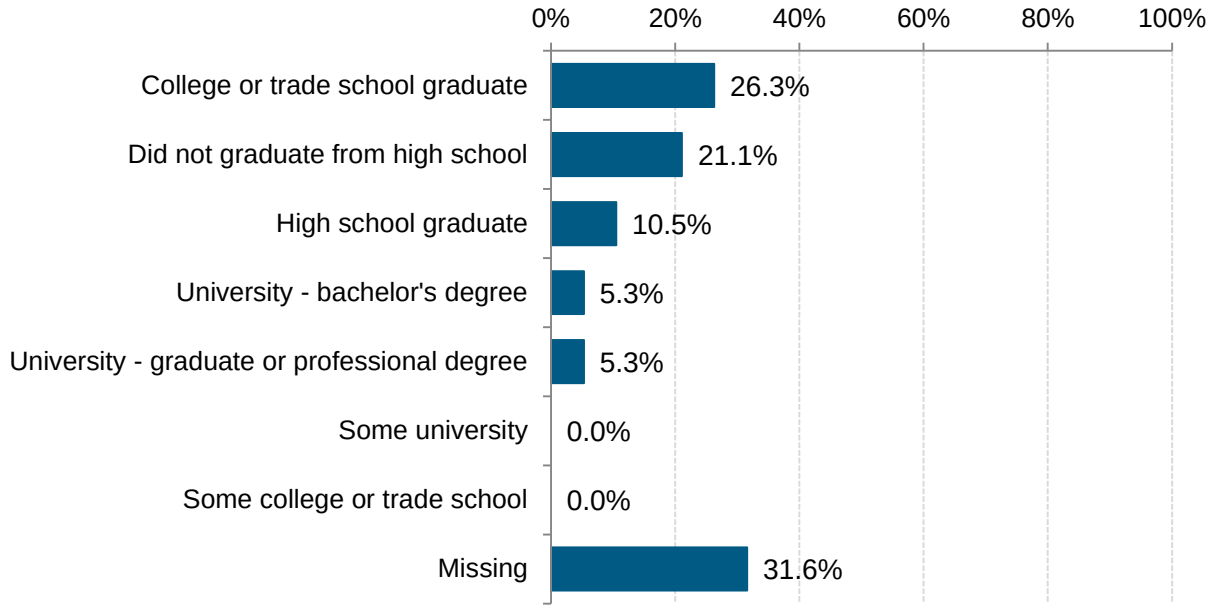


*Respondents could check all that apply so totals may not equal 100%.

In regard to employment status, 36.9% of participants were employed full-time or part-time, 26.3% were not employed and 5.3% were on disability (31.6% did not answer the question). The most commonly reported total household income before taxes in the past 12 months was $60,000 to $69,999 (47.4% did not answer this question).

The highest level of education that participants completed is shown in Figure 25. About one quarter completed college or trade school (26.3%) and about one fifth (21.1%) did not graduate from high school. About one quarter of participants (26.3%) were enrolled in high school, college, trade school or university, either full-time or part-time. Of the five participants enrolled in school, 60.0% reported that their school has a GSA or similar group.

Figure 25. Highest education level, trans participants (N=19)

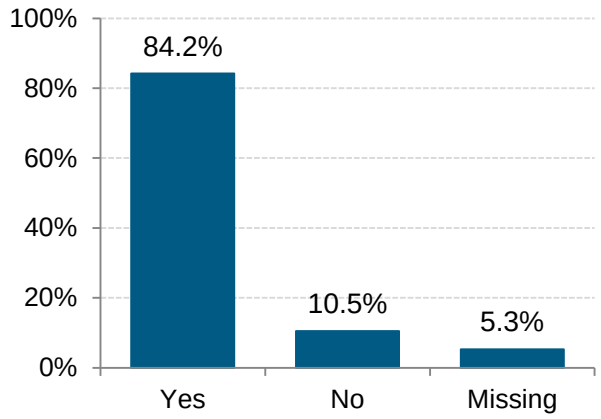


Participants were also asked to select their primary mode of transportation. The most common methods were personal automobile (31.6%), followed by a friend, relative, or neighbour's automobile (21.1%), public transportation (5.3%) and taxi (5.3%).

Health and health services

This section describes participants' access and experiences with health services such as primary care providers, hospitals and mental health services as well as participants' self-esteem. As shown in Figure 26, the majority of participants had a regular primary health care provider, such as a family doctor or a nurse practitioner, or had access to a walk-in clinic or an interdisciplinary health centre.

Figure 26. Regular primary health care provider, trans participants (N=19)

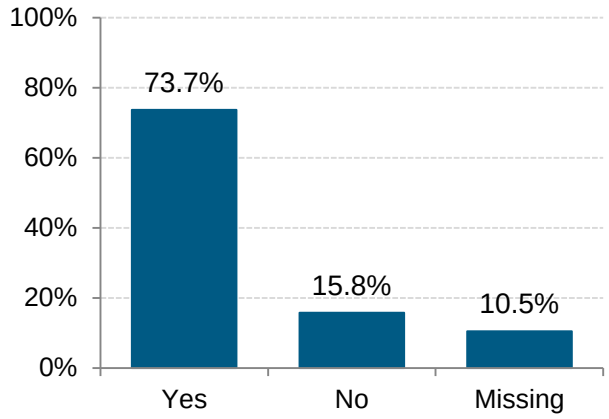


Of the 16 participants who had a regular primary health care provider, 50.0% felt comfortable sharing their gender identity with them and 56.3% have disclosed their gender identity to them. Only half of participants talk to their provider about health issues specific to their gender identity. Participants were also asked about negative interactions with their provider. The only issues identified were:

- Told them they don't know enough about trans-related care to provide it (31.3%)
- Used hurtful or insulting language about trans identity or experience (6.3%)

About three quarters (73.7%) of trans participants have accessed health services at a hospital in Oxford County (Figure 27).

Figure 27. Access of health services at a hospital in Oxford County, trans participants (N=19)



Of the 14 participants who have accessed health services at a hospital in Oxford County, 14.3% reported that the staff at the hospital used hurtful or insulting language about trans identity or experience. The following experiences were reported by 7.1% (i.e., one participant, but not necessarily all responses were noted by the same participant):

- Refused to discuss or address trans-related health concerns
- Told them that they were not really trans
- Discouraged them from exploring their gender
- Told them they don't know enough about trans-related care to provide it
- Thought the gender listed on their ID or forms was a mistake

The most common settings where mental health services were accessed in the last two years were hospitals, followed by private counsellors (Table 6).

Table 6. Mental health services settings accessed in Oxford County in the last two years by service type, trans participants (N=19)

Type of service	Number	Per cent
Hospital in Oxford County	6	31.6
Private counsellor	4	21.1
Family health team	3	15.8
Child/youth community mental health service	3	15.8
Employee Assistance Program (EAP)	3	15.8
Adult community mental health service	2	10.5
Community health centre	0	0.0
Other*	1	5.3
Have not accessed any mental health services in the last two years	5	26.3

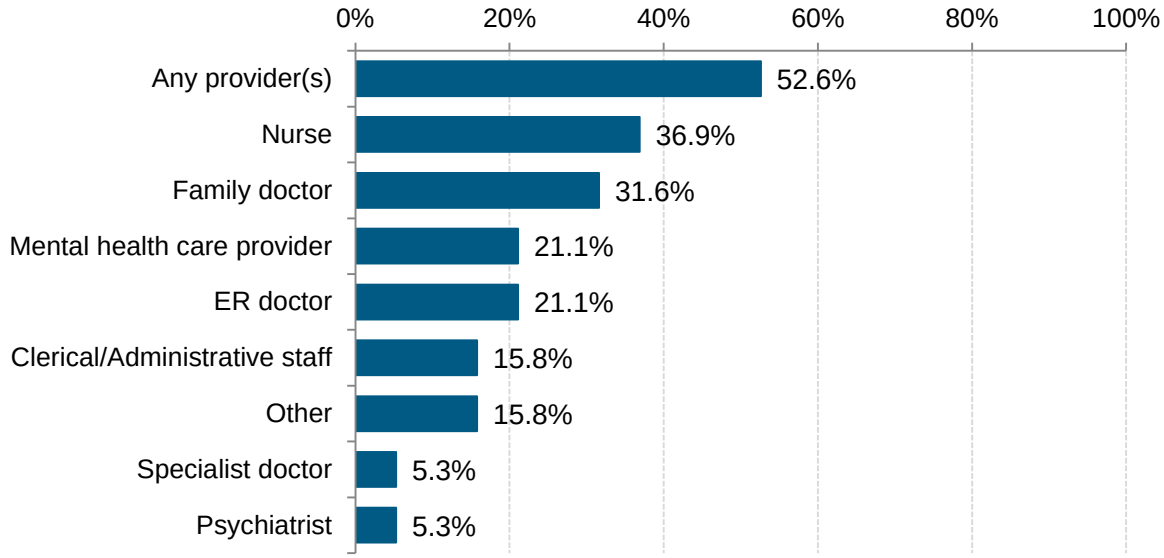
*No write-in response was given for the "other" option. Respondents could check all that apply so totals may not equal 100%.

Participants were asked about negative interactions with a mental health care provider. Of the 11 participants who have accessed mental health services in Oxford County in the last two years, the issues identified were:

- Discouraged them from exploring their gender (18.2%)
- Used hurtful or insulting language about trans identity or experience (9.1%)
- Told them that they were not really trans (9.1%)

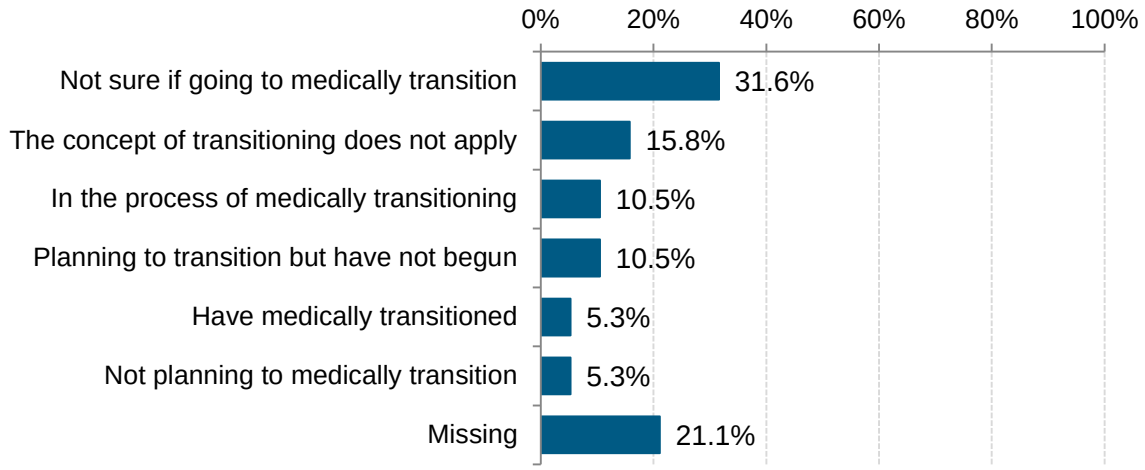
Participants were asked if they ever had to educate various health care providers regarding their needs as a trans person and how much education they provided. Overall, 52.6% of trans participants reported having to educate a provider(s) either a little, some or a lot in their lifetime. Trans participants most often reported educating nurses and family doctors (Figure 28).

Figure 28. Health care providers ever educated by a trans participant about trans needs, trans participants (N=19)



Participants were asked about their current situation regarding hormones and/or surgery. Over one quarter of participants (31.6%) were not sure if they were going to medically transition (Figure 29).

Figure 29. Current hormones and/or surgery situation, trans participants (N=19)



Overall, the most common services accessed by trans participants in Oxford County were:

- Mental health (36.8%)
- Trans-related hormone therapy (10.5%)
- Support group (10.5%)
- Trans-related electrolysis (5.3%)
- Pap test (5.3%)

Participants were asked about the furthest distance they have ever travelled to receive care. While living in Oxford County, 31.6% of participants have travelled to another city or town in Ontario (ranging from a 1 to 5 hour drive away) to receive trans-related physical health care and 10.5% have travelled within their city, town or township. Similarly, 31.6% of participants have travelled to another city or town in Ontario (ranging from a 1 to 3 hour drive away) to receive trans-related mental health care. Again, 10.5% have travelled within their city, town or township and 5.3% travelled to another province.

Self-esteem

Self-esteem was measured using the Rosenberg self-esteem scale which has been validated by research.[13] Participants were asked to rate how much they agree/disagree with 10 statements. Full details on the scale and individual items can be found in Appendix C. Based on the overall scale score, 21.1% of participants had low self-esteem, 36.8% had normal self-esteem and 5.3% had high self-esteem (36.8% were missing data and could not be categorized). Over half of participants agreed or strongly agreed with the positive statements: "I feel that I have a number of good qualities" and "I'm a person of worth, at least on an equal place with others", as can be seen in Figure 30.

Figure 30. Agreed/strongly agreed with the following statements, trans participants* (N=19)

*Green bars indicate positive statements and blue bars indicate negative statements.

Coming out

This section is about participants' experiences with coming out as trans. Coming out is when an individual tells someone (or people) about their gender identity. Participants were asked if they have told, plan to tell, or do not plan to tell groups of people about their gender identity. All participants reported disclosing their gender identity to their LGBTQ friends and spouse or partner(s) and many have come out to their family (Table 7). About half of participants have come out at work and less than half have come out at school or to teachers.

Table 7. Told gender identity to the following groups of people, trans participants

Group of People	Per cent*
LGBTQ friends (n=9)	100.0
Spouse or partner(s) (n=6)	100.0
Sibling(s) (n=10)	88.9
Parent(s) (n=10)	80.0
Straight friends (n=9)	77.8
Extended family (n=8)	75.0
Classmates (n=6)	50.0
Coworkers (n=6)	50.0
Supervisor/boss (n=6)	50.0
Employer(s) (n=6)	50.0
Teacher(s) (n=7)	42.9
School (n=7)	42.9

*Based on the total number of participants that the question applies to (e.g., if a participant had no siblings, they were not included in the denominator for sibling(s)). The denominator is represented by the "n" in each row. Groups with a denominator less than 5 are not shown.

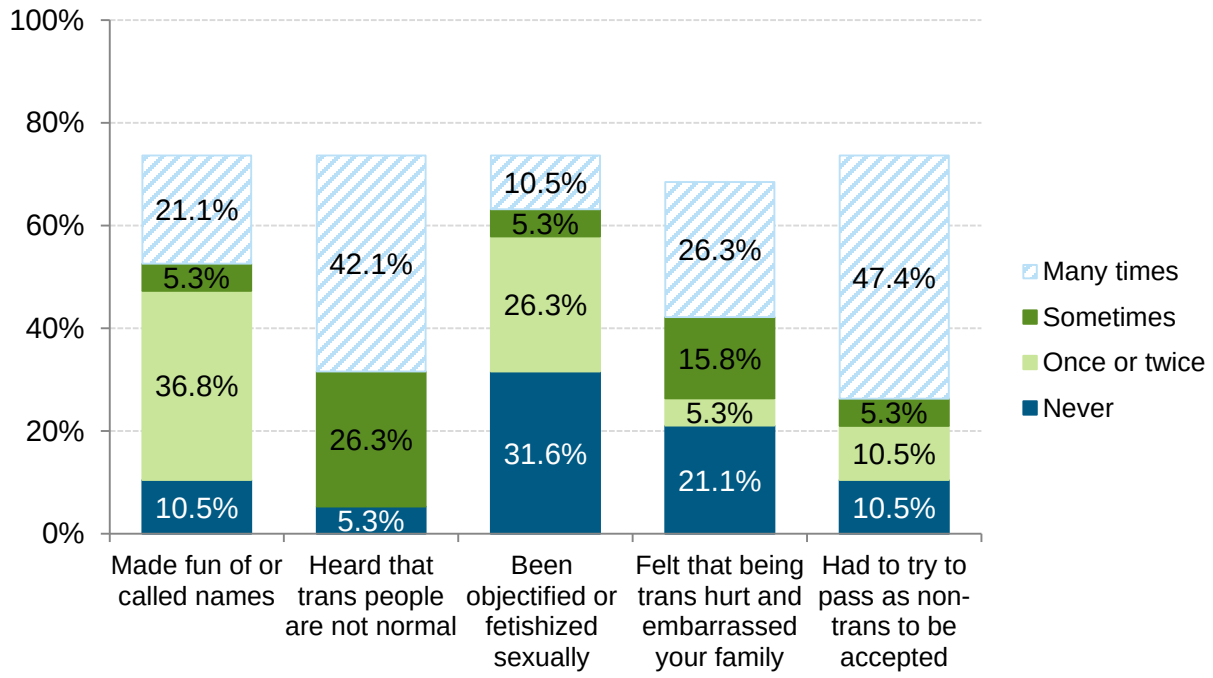
Since coming out, 36.8% of participants noted that the number of people they would call close friends stayed about the same, whereas 15.8% noted that the number decreased somewhat. However, many participants (27.4%) did not answer this question.

Life experiences

This section includes trans people's life experiences, specifically related to transphobia, harassment and violence. It also includes experiences with avoiding locations in Oxford County because of fear of being harassed, read as trans, or being outed.

Transphobia was measured using the transphobia scale which has been validated by research.[12] Participants were asked to answer 10 questions about their current and previous experiences related to their gender identity. They rated these experiences by how often they happened (i.e., never, once or twice, sometimes, or many times). The most common experience reported was hearing that trans people are not normal (68.4% of participants reported hearing this sometimes or many times). Many also felt that they had to try to pass as non-trans to be accepted and reported being made fun of or called names (Figure 31). Full details on the scale and individual items can be found in Appendix F.

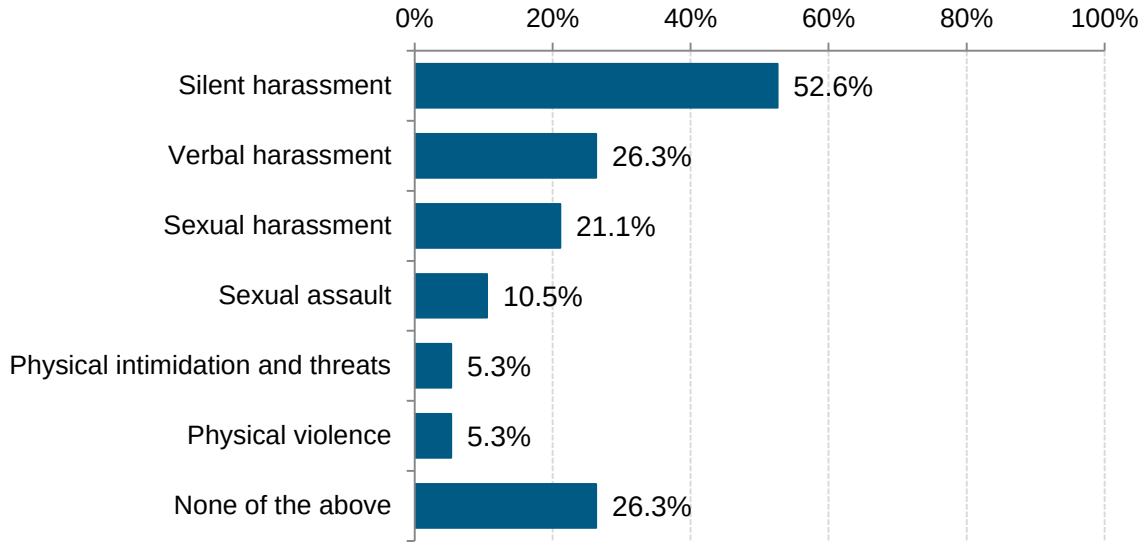
Figure 31. Transphobia experienced by type, trans participants* (N=19)



*Note that the per cents do not add up to 100 due to missing responses.

Participants were also asked about experiences of harassment and violence in Oxford County based on their gender identity. Over half of participants (52.6%) reported experiencing silent harassment, such as being stared at and being whispered about (Figure 32). Verbal harassment and sexual harassment (e.g., being cat-called and propositioned) were also common experiences.

Figure 32. Harassment and/or violence due to gender identity, trans participants* (N=19)



*Respondents could check all that apply so totals may not equal 100%.

Participants were asked if they have ever avoided locations in Oxford County because of fear of being harassed; read trans; or being outed. The most common locations that participants reported avoiding were:

- Public washrooms (52.6%)
- Gyms (36.8%)
- Schools (36.8%)
- Grocery store or pharmacy (31.6%)
- Malls or clothing stores (31.6%)
- Clubs or social groups (31.6%)

Social support

Social support can be thought of as the help or assistance people received from those around them. This can include things such as emotional support (e.g., having someone to talk to) and physical support (e.g., helping with housekeeping). Participants were asked how supportive of their gender identity the people in their lives are. The majority of groups were somewhat or very supportive (Table 8).

Table 8. Groups of people that are somewhat or very supportive of gender identity, trans participants

Group of People	Per cent*
LGBTQ friends (n=12)	100.0
Straight friends (n=12)	91.7
Spouse or partner(s) (n=8)	87.5
School (n=7)	85.7
Teacher(s) (n=6)	83.3
Sibling(s) (n=11)	81.8
Extended family (n=9)	77.8
Parent(s) (n=11)	72.8
Classmates (n=7)	71.5
Employer(s) (n=6)	66.6
Supervisor/boss (n=6)	66.6
Coworkers (n=6)	50.0

*Based on the total number of participants that the question applies to (e.g., if a participant had no siblings, they were not included in the denominator for sibling(s); if they have not shared their sexual orientation then they were not included). The denominator is represented by the "n" in each row. Groups with a denominator less than 5 are not shown.

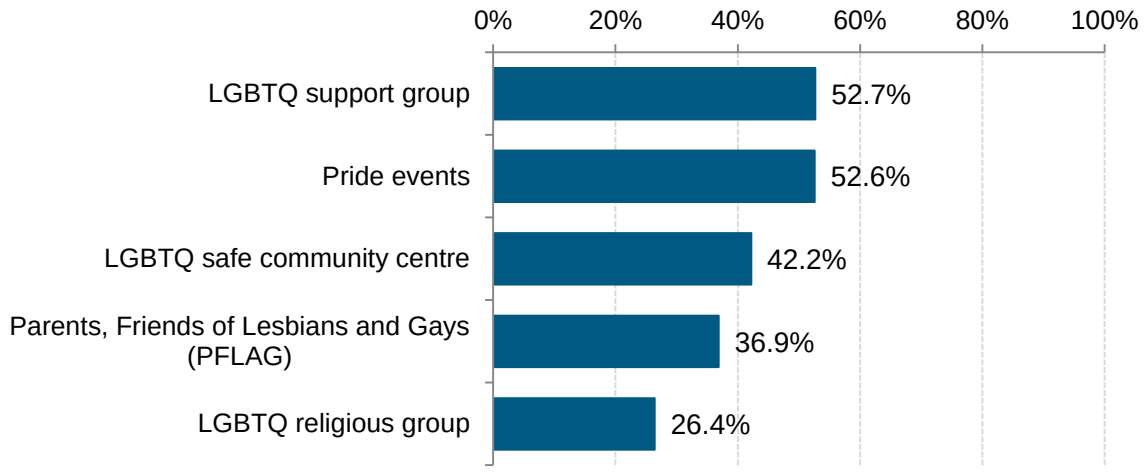
Participants were also asked how many close friends and close relatives they have that they feel at ease with and can talk about what is on their mind. The number of people ranged from 0 to 100; the average was 15 people and the median was 10 people.

A social support scale called the Multidimensional Scale of Perceived Social Support was included to assess the general social support received from family, friends and significant others (i.e., not just related to gender identity).[15] This scale has been validated by research and is made up of 12 items with responses based on a 7-point Likert scale (ranging from very strongly disagree to very strongly agree). On average, participants tended to agree with items that represented social support from friends. For example, they can talk about their problems with their friends and they have friends with whom they can share their joys and sorrows. See Appendix E for complete details, including the average scores for each item.

Community

This section of the report examines how likely trans participants would be to attend or access events and services in Oxford County. Slightly more than half would be likely to attend a LGBTQ support group and Pride events (Figure 33).

Figure 33. Likely or very likely to attend or access events and services, trans participants* (N=19)



*Respondents could check all that apply so totals may not equal 100%.

The five most frequently selected items that were noted to be helpful in a LGBTQ-friendly space or event that would increase attendance were:

- No cost to attend/participate (47.4%)
- Location in Woodstock (42.1%)
- Food/refreshments (42.1%)
- Located at a safe non-health related location (36.8%)
- Location at Library/Community Centre or Hall (31.6%)

About one third (31.6%) of participants have had a lack of transportation affect their ability to attend social activities, at least once a month to every day. Slightly more participants (36.8%) reported that transportation was not an issue (31.6% did not answer this question).

Discussion

This is the first survey to collect data from the LGBTQ community about their experiences in Oxford County. Previously, the Coalition was limited to using anecdotal and provincial or national data to inform their initiatives, which may not always be representative of the local picture. Participants who completed the final open-ended question in the survey generally felt that the survey was an important step for understanding the needs of the community. Some of our findings were comparable to other studies conducted in LGBTQ communities in Ontario. For example, in an older survey completed by lesbians in Ontario from February to July 1995, 78.5% reported regular health service use which is similar to our findings where 84.7% of LGBTQ participants reported having a regular primary health care provider and 73.7% reported accessing health services at a hospital. However, a much lower per cent of LGBTQ participants in our study reported disclosing their sexual orientation to their regular primary health care provider (56.0%) as compared to 75.8% of lesbians in the survey in Ontario.[18] These findings suggest opportunities exist to improve patient-provider communication particularly related to sexual orientation.

> **"Hopefully this survey will be the harbinger that begins the process of bringing real change to Oxford County."**

There were several areas where it was identified that services could be improved or there was a need for additional services in the community. In the area of health services, almost half of LGBTQ participants noted that their regular primary health care provider and hospital staff assumed they were heterosexual/straight. This was also a common experience noted with mental health care providers. Clients may be hesitant to correct their health care provider, which can have repercussions such as feeling invisible or unwelcome and having their partner(s) excluded from important decision making (for example, if they are asked whether or not they have a husband versus partner(s)).[19] For these reasons, it is important for health care providers to ask inclusive questions and to avoid making assumptions about sexual orientation.[20]

Trans participants reported some similar experiences to those of LGBTQ participants more broadly. For example, about one third of trans participants felt that their regular primary health care provider did not know enough about trans-related care to provide it and about one fifth of participants reported that their mental health care provider discouraged them from exploring their gender. About one third of participants reported that they have had to provide education to nurses and family doctors about their needs as a trans person. Having to educate health care providers can be burdensome on the client and may result in people being reluctant to seek medical care when they need it.[20]

Many participants reported experiences of homophobia, harassment and violence. For example, most LGBTQ participants felt that they had to pretend to be straight at some point in their life and about half reported experiencing silent harassment, although verbal and sexual harassment were common experiences. Many participants did not report their experiences of harassment and/or violence to anyone, including the police. A national report noted the predominance of violence experienced by LGBTQ people; specifically, in 2008, 16% of hate crimes were reportedly motivated by sexual orientation and 75% of these incidents involved a violent offence.[21]

Similarly, many trans participants reported experiences of transphobia and harassment; over half of trans participants reported avoiding public washrooms due to fear of being harassed, read as trans, or being outed. Similar findings were reported among trans Ontarians; for example, 57% reported avoiding public washrooms and 44% reported avoiding gyms for the same reasons mentioned above (compared to 52.6% and 36.8% in Oxford County, respectively).[22] Additionally, in their lifetime, 96% of trans Ontarians have heard that trans people are not normal and 73% have been made fun of (compared to 68.4% and 63.2% in

Oxford County, respectively).[23] These additional life stressors related to sexual orientation can compound general life stressors, such as employment instability and poverty, and lead to negative mental health outcomes. The process by which this can happen has been well documented and is referred to as minority stress.[24] Social support is one factor that may lower the negative effects of minority stress, such as discrimination, violence, expectations of rejection, concealment, and the internalization of society's negative attitudes.

On this note, it was positive that participants generally reported lots of support from their family and friends. However, they felt that there was very little support from religious institutions and trans participants, in particular, reported little support from coworkers. Overall, LGBTQ participants' sense of belonging to the local community was low – only 24.8% felt that their sense of belonging was somewhat or very strong. This is low compared to the 55% of residents in Oxford County who felt that their sense of belonging was strong based on the Oxford County Community Well-being Survey[25] and the 70% of Oxford County residents aged 12 years and older who felt that their sense of belonging was somewhat or very strong based on the 2014 Canadian Community Health Survey (CCHS).[26] It will be important to consider ways to strengthen community belonging among the LGBTQ community of Oxford County to have an impact overall on related mental and physical well-being.[27]

> **"We really need more public awareness being done to bring to light that there is an LGBT community here. There are no spaces for us, extremely little support and no one talks about it."**

Similarly, participants (on average) felt that the broader community of Oxford County was neutral or slightly accepting of lesbian and bisexual women and non-accepting of gay and bisexual men. The broader community was perceived to be the least accepting of trans men and women. This perceived hierarchy of acceptance within the LGBTQ community has also been documented among gay and bisexual men in Middlesex-London, who perceived gay men to be the most accepted, followed by bisexual men and lastly, trans men and women.[28] However, that study did not include lesbian or bisexual women. This low level of perceived acceptance was noted by one participant to be a particular problem in the industrial sector, such as in factories, "I think this reflects very poorly overall on the greater Oxford community due to industries being a huge part of our economy and demographic." Improving the perceived acceptance level of LGBTQ individuals in Oxford County will be a long-term process that

involves culture change within organizations, such as the health care system and industry (e.g., factories). In general, past research has shown that it will be essential for these organizations to identify appropriate leadership, develop a shared vision and to have the will to change.[29]

There was also a lack of awareness of LGBTQ-friendly agencies or services in Oxford County as well as LGBTQ-friendly spaces to socialize. As such, most participants felt like there is a need for LGBTQ-friendly spaces to socialize in Oxford County. This lack of awareness and sense of need may indicate that there are currently very few LGBTQ-friendly agencies/services or spaces available in Oxford County. In order to address this, the Coalition is developing a plan for a local safer space training program that would be easily accessible to service providers and agencies. Several safer space training events have happened at a community level and many agencies have conducted their own training programs for their staff.

Conclusion

This report presents the findings from the Oxford County Rainbow Coalition Survey, which was the first survey of its kind to be conducted in Oxford County. This was an important first step to help understand the experiences, health and well-being of the local LGBTQ community. Findings suggest that many people within the LGBTQ community have encountered negative experiences, such as harassment and assumptions within the health care system. There was also a sense of need for more LGBTQ-friendly services as well as interest in participating in LGBTQ-focused events. Developing local strategies to improve the experiences of LGBTQ people in Oxford County will be important to support the mission of the Oxford County Rainbow Coalition – to create a safer and more supportive Oxford County for all people to live, work and play.

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Appendix A: Purpose and Objectives

The following paragraph describes the overall purpose and objectives of this survey as was approved by the Research Ethics Board (REB) at Wilfrid Laurier University. These objectives may not be entirely met within this report.

“The purpose of this research is to conduct a survey of Lesbian, Gay, Bisexual, and Transgender people in Oxford County, Ontario. The main objectives are A) Document and quantify disparities (i.e., homophobia, transphobia, and social isolation or exclusion) that exist in the LGBTQ communities in Oxford County; B) Assess the health and mental health care experiences of the LGBTQ communities in Oxford County; C) Analyze homophobia, transphobia, isolation, social exclusion, and communication, and determine whether they are predictors of mental health and health care utilization in Oxford County; and D) Assess the programs and services that the LGBTQ communities would like to have in Oxford County.”

Appendix B: Advertising

Are you Lesbian Gay Bisexual Transgender or Queer (+) and living, working, or going to school in Oxford County, Ontario?

Are you over 16 years old? If so, have your voice heard!

Take part in a 20-30 minute anonymous online survey to tell us about being LGBTQ+ and living in Oxford County, your health and wellbeing concerns, and services you'd like to see.

We are hoping to collect 200 surveys.

Go to: **https://fluidsurveys.com/s/rainbow/** to take the survey and learn more about the Rainbow Coalition.

Oxford County's Rainbow Survey is a partnership between Oxford County Public Health and Wilfrid Laurier University.

Project title: Oxford County LGBTQ Needs Assessment
REB #4749

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Oxford County Public Health & Emergency Services: Deborah Carr (dcarr@oxfordcounty.ca), Gayle Milne (gmilne@oxfordcounty.ca) and Rob Haile (rhaile@oxfordcounty.ca)

Equity Sexual Health & HIV

Wilfrid Laurier University LAURIER Inspiring Lives.

Oxford County's Rainbow Coalition

For more information, call Public Health 519-539-9800 ext. 3451

Oxford County's Rainbow Survey
For more information or to complete the survey
http://fluidsurveys.com/s/rainbow/

Appendix C: Rosenberg Self-Esteem Scale

The Rosenberg self-esteem scale consists of 10 items that are answered on a four-point Likert scale (strongly disagree to strongly agree).[6] These items can be summed to range from 0 to 30, with a higher score indicating higher self-esteem. Participants were included in the total score if they answered at least 80% of the items. The average score among LGBTQ participants was 18.9 (SD=6.9). The individual scale items and the per cent of participants responding by each level of agreement can be seen in Table 9.

Table 9. Level of agreement of LGBTQ participants (N=137)

Scale item	Strongly disagree	Disagree	Agree	Strongly agree	No response
On the whole, I'm satisfied with myself	5.8	13.1	34.3	29.2	17.5
At times, I think I am no good at all*	15.3	22.6	31.4	13.9	16.8
I feel that I have a number of good qualities	0.7	6.6	38.7	37.2	16.8
I am able to do things as well as most other people	2.9	15.3	22.6	40.9	18.3
I feel I do not have much to be proud of*	26.3	34.3	16.8	6.6	16.0
I certainly feel useless at times*	17.5	16.1	34.3	15.3	16.8
I'm a person of worth, at least on an equal place with others	0.7	9.5	32.1	39.4	18.2
I wish I could have more respect for myself*	11.7	19.7	30.7	19.7	18.2
All in all, I am inclined to feel that I am a failure*	25.5	40.1	9.5	7.3	17.6
I take a positive attitude toward myself	2.9	16.1	34.3	26.3	20.4

*When calculating the overall score, these items were reverse scored so that a higher score indicated higher self-esteem.

The average score among trans participants was 16.2 (SD=6.4). The individual scale items and the per cent of participants responding by each level of agreement can be seen in Table 10.

Table 10. Level of agreement of trans participants (N=19)

Scale item	Strongly disagree	Disagree	Agree	Strongly agree	No response
On the whole, I'm satisfied with myself	10.5	15.8	31.6	10.5	31.6
At times, I think I am no good at all*	0.0	15.8	31.6	26.3	26.4
I feel that I have a number of good qualities	0.0	10.5	42.1	26.3	21.1
I am able to do things as well as most other people	0.0	21.1	15.8	31.6	31.6
I feel I do not have much to be proud of*	15.8	15.8	26.3	15.8	26.4
I certainly feel useless at times*	10.5	15.8	31.6	21.1	21.1
I'm a person of worth, at least on an equal place with others	0.0	10.5	26.3	31.6	31.6
I wish I could have more respect for myself*	10.5	5.3	31.6	31.6	21.1
All in all, I am inclined to feel that I am a failure*	10.5	36.8	15.8	15.8	21.1
I take a positive attitude toward myself	0.0	21.1	31.6	15.8	31.6

*When calculating the overall score, these items were reverse scored so that a higher score indicated higher self-esteem.

Appendix D: External Homophobia Scale

The external homophobia scale was developed to examine the impact of homophobia, poverty and racism on the mental health of gay and bisexual Latino men.[7] The scale consists of 10 items that are answered on a four-point scale based on how often participants experienced the event (never to many times). These items can be summed to range from 0 to 30, with a higher score indicating more homophobia. Participants were included in the total score if they answered at least 80% of the items. The average score among LGBTQ participants was 10.7 (SD=5.7). The individual scale items and the per cent of participants responding by how often they experienced the event can be seen in Table 11.

Table 11. Frequency of occurrence among LGBTQ participants (N=137)

Scale item	Never	Once or twice	Sometimes	Many times	No response
As you were growing up, how often were you made fun of or called names?	22.6	21.9	14.6	23.4	17.5
As you were growing up, how often were you hit or beaten up?	59.9	11.7	7.3	3.6	17.5
As an adult, how often have you been made fun of or called names?	21.9	27.0	24.1	9.5	17.5
As an adult, how often have you been hit or beaten up?	73.0	7.3	0.7	1.5	17.5
As a child, how often did you hear that people who are LGB grow old alone?	28.5	13.1	21.2	19.7	17.5
As a child, how often did you hear that people who are LGB are not normal?	7.3	12.4	19.0	43.8	17.5
As a child, how often have you felt that being LGB has hurt your family?	38.7	13.9	13.1	16.8	17.5
How often have you had to pretend to be straight (heterosexual)?	7.3	15.3	23.4	36.5	17.5
How often have you had to move away from your family of friends?	62.0	13.9	3.6	2.2	18.2
How often have you experienced some form of police harassment?	71.5	4.4	2.9	2.9	18.2

Appendix E: Multidimensional Scale of Perceived Social Support

This validated scale measures perceived social support from family, friends and significant others.[8] It consists of 12 items that are answered on a 7-point Likert scale (very strongly disagree to very strongly agree). The authors who developed this scale averaged the items to calculate a total score that ranges from 1 to 7, with a higher score indicating more social support. Participants were included in the total score if they answered at least 80% of the items. The mean (average) score among LGBTQ participants was 5.2 (SD=1.3). The individual scale item means can be seen in Table 12.

Table 12. Mean scores for social support items among LGBTQ participants

Scale item	Mean (SD)
My family really tries to help me	5.0 (1.9)
I get the emotional help and support I need from my family	4.6 (1.9)
I can talk about my problems with my family	4.3 (2.0)
My family is willing to help me make decisions	4.6 (1.8)
There is a special person who is around when I am in need	5.4 (1.7)
There is a special person with whom I can share my joys and sorrows	5.5 (1.6)
I have a special person who is a real source of comfort to me	5.6 (1.6)
There is a special person in my life who cares about my feelings	5.6 (1.7)
My friends really try to help me	5.4 (1.3)
I can count on my friends when things go wrong	5.4 (1.3)
I have friends with whom I can share my joys and sorrows	5.5 (1.5)
I can talk about my problems with my friends	5.4 (1.5)

The mean (average) score among trans participants was 4.7 (SD=1.2). The individual scale item means can be seen in Table 13.

Table 13. Mean scores for social support items among trans participants

Scale item	Mean (SD)
My family really tries to help me	4.5 (2.1)
I get the emotional help and support I need from my family	3.9 (2.2)
I can talk about my problems with my family	3.3 (2.2)
My family is willing to help me make decisions	4.3 (1.6)
There is a special person who is around when I am in need	4.8 (1.8)
There is a special person with whom I can share my joys and sorrows	4.5 (2.1)
I have a special person who is a real source of comfort to me	5.1 (1.9)
There is a special person in my life who cares about my feelings	4.8 (1.8)
My friends really try to help me	4.4 (1.5)
I can count on my friends when things go wrong	5.2 (1.1)
I have friends with whom I can share my joys and sorrows	5.2 (1.6)
I can talk about my problems with my friends	5.5 (1.3)

Appendix F: Transphobia Scale

The transphobia scale consists of 10 items that are answered on a four-point scale based on how often participants experienced the event (never to many times).[5] These items can be summed to range from 0 to 30, with a higher score indicating more transphobia. Participants were included in the total score if they answered at least 80% of the items. The average score among participants was 12.7 (SD=6.4). The individual scale items and the per cent of participants responding by how often they experienced the event can be seen in Table 14.

Table 14. Frequency of occurrence among trans participants (N=19)

Scale item	Never	Once or twice	Sometimes	Many times	No response
How often have you been made fun of or called names because of gender identity?	10.5	36.8	5.3	21.1	26.3
How often have you been hit or beaten up for being trans?	68.4	0.0	5.3	0.0	26.3
How often have you heard that trans people are not normal?	5.3	0.0	26.3	42.1	26.3
How often have you been objectified or fetishized sexually because you are trans?	31.6	26.3	5.3	10.5	26.3
How often have you felt that being trans hurt and embarrassed your family?	21.1	5.3	15.8	26.3	31.6
How often have you had to try to pass as non-trans to be accepted?	10.5	10.5	5.3	47.4	26.3
How often have you had to move away from your family or friends because you are trans?	42.1	26.3	0.0	5.3	26.3
How often have you experienced some form of police harassment for being trans?	63.2	5.3	0.0	5.3	26.3
How often do you worry about growing old alone?	21.1	10.5	15.8	26.3	26.3
How often do you fear you will die young?	31.6	5.3	10.5	26.3	26.3

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