
Safe



hiv prevention for
gay, lesbian and
bisexual youth

canadian public health association
august 1998

Spaces



Safe Spaces:

hiv prevention for gay,
lesbian and bisexual Youth

Editing: Elaine Lowe
Design, Illustration and Production: Janice Kenny, CPHA
Translation: Sylvie Lee

copyright 1998, Canadian Public Health Association

The Canadian Public Health Association (CPHA) is a national, independent, not-for-profit, voluntary association representing public health in Canada with links to the international public health community. CPHA's members believe in universal and equitable access to the basic conditions which are necessary to achieve health for all Canadians.

CPHA's mission is to constitute a special national resource in Canada that advocates for the improvement and maintenance of personal and community health according to the public health principles of disease prevention, health promotion and protection and healthy public policy.

ISBN 0-919245-98-6

Funding for this publication was provided by Health Canada under the Canadian Strategy on HIV/AIDS.

The views expressed herein are solely those of the authors and do not necessarily reflect the official policy of the Minister of Health Canada.

Safe Spaces

hiv prevention for gay,
lesbian and bisexual youth



Canadian Public Health Association
August 1998

Preface

Safe Spaces: hiv prevention for gay, lesbian and bisexual youth is the product of a Canadian Public Health Association project which explored issues of multisectoral outreach for gay, lesbian and bisexual youth over a one year period from 1997 to 1998 (CPHA GLB Youth Project).

The Canadian Public Health Association is pleased to present this experience in developing a regionally sensitive best-practices model for reaching out to gay, lesbian and bisexual youth. The Association believes that critical health determinants include (among others) healthy child development and the absence of discrimination based on gender, culture, race and sexual orientation. It is our hope that this document will assist communities and public health professionals across Canada to promote and protect health among youth — all youth.

In this project, the Association worked closely with Mr. Bill Ryan (McGill Centre for Applied Family Studies and Batshaw Youth & Family Centres). The CPHA project was built on information emerging from Project 10 at the Batshaw Youth & Family Centres. This is where Bill Ryan first documented the vulnerability to HIV created by the isolation of gay, lesbian and bisexual youth.

The CPHA GLB Youth Project brought together representatives from youth, public health, social services, education and community-based AIDS service organizations. The knowledge and experience from Project 10 were combined with a youth-centred process of consultation, information-gathering and analysis in four different communities: Halifax, Windsor, Winnipeg and Kamloops.

Over the year, working with Bill Ryan in these four communities, we watched as he started early morning meetings (with doughnuts), thoughtfully shared information and encouraged an open exchange of experiences among participants. A model for practice grew during these months which staff at CPHA gradually came to think of as the “Ryan Model”.

The Canadian Public Health Association wishes to acknowledge all the project participants in Halifax, Windsor, Winnipeg and Kamloops. We also acknowledge the practical help and guidance we received from the project steering group: Sharon Baxter and Marc-André LeBlanc, Canadian AIDS Society; Bill Ryan, McGill Centre for Applied Family Studies and Project 10, Batshaw Youth and Family Centres; Michael Jacino and Angela Favretto, HIV Prevention and Community Action Programs, Health Canada; and Nora Hammell, Canadian Public Health Association AIDS Program. The detailed project report (*Safe Spaces Project Report: Gay, Lesbian and Bisexual Youth Programming: Multisectoral Outreach*) is available on loan from the Canadian HIV/AIDS Clearinghouse (formerly the National AIDS Clearinghouse).



Table of Contents

Glossary	ii
Overview.....	1
Path to acceptance for GLB adolescents (chart)	2
Knowledge	3
Youth-centred multi-sectoral partnership.....	9
Strengthen community action	14
Questionnaire format	21
References	23



Glossary*

Bisexual

To be bisexual is to be a woman or a man and to have feelings of affection and attraction, both emotionally and physically, for both men and women.

Coming out

To be “out” refers to telling others about your sexual orientation. Coming out is a process which takes place over time. There are many things that need to be in place before someone is ready to come out. Some people never fully come out and when they do, they may come out only to a few close friends or family members. Safety is a key issue when telling someone you are gay.

Gay

To be gay is to be a man who has (almost exclusively or exclusively) feelings of affection and attraction, both emotionally and physically, for other men. <Gay> is also an inclusive term used by many people to describe anyone who is not heterosexual. It is sometimes used this way throughout this document.

Homophobia

Homophobia is the fear of homosexuality and homosexuals. It is often visible in individual negative attitudes and prejudice. The term implies that homosexuality itself is not the problem. The problem is other people's prejudices and fears.

Lesbian

To be lesbian is to be a woman who has (almost exclusively or exclusively) feelings of affection and attraction, both emotionally and physically, for other women.

Multi-sectoral

Multi-sectoral refers to a variety of domains in society such as education, health, justice, welfare, governmental and non-governmental, among others.

Two-spirited

Aboriginal people who are attracted, emotionally and physically, to persons of their sex, or to persons of both sexes, are increasingly referred to as two-spirited people. It is a term of ancient usage that is being reclaimed by two-spirited people that invokes a time, before contact with Europeans, when many Aboriginal communities held two-spirited people in esteem.

*adapted from the brochure, *Gender and Sexual Identity: the journey begins*.

Overview

Safe Spaces: hiv prevention for gay, lesbian and bisexual youth is a guide to encourage and help individuals and groups within any community come together to support gay, lesbian and bisexual youth whose particular and unmet needs prevent them from establishing healthy, satisfying lives and which put them more at risk for HIV infection.

This document is presented in three parts, the first of which is **Knowledge**. We know that gay, lesbian and bisexual youth are at increased risk when it comes to HIV. To explain the phenomenon, “determinants of HIV-related risk behaviours” among this population have been identified.

Briefly, isolation is the predominant determining factor. Few peer and social supports results in low self-esteem and a negative identity as gay. While services for GLB youth are sometimes available, specialized programs tend to intensify feelings of ghettoization and alienation. Thus, the environment in which gay, lesbian and bisexual youth live renders them — all too often — invisible and isolated.

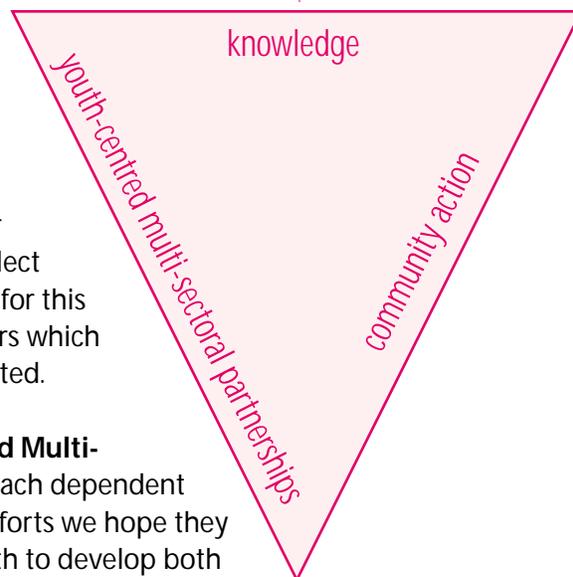
To address this, the second section describes an approach using **Youth-centred Multi-sectoral Partnerships**. These consist of a range of organizations which worked together to explore GLB youth outreach services. Partners included GLB youth themselves and youth-centred groups. Together, they came to understand what it is like to be a young gay, lesbian or bisexual in their community. Together, they identified the determinants of HIV-related risk behaviours.

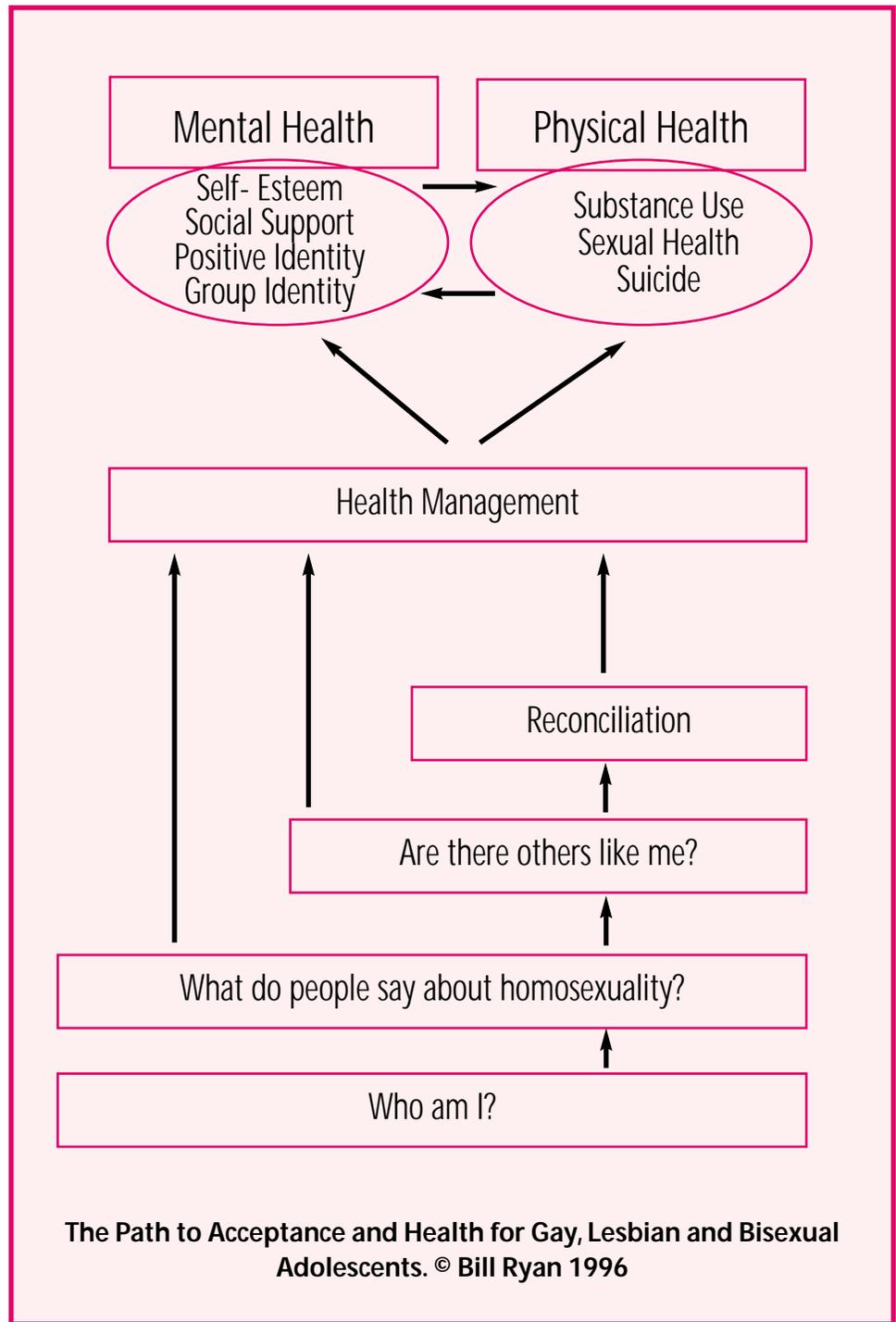
The third section can serve as a guide to **Strengthen Community Action** for outreach to gay youth. Plans for action necessarily emerge from all stakeholders and reflect their particular community’s environment. Suggestions for this process and specific recommendations to various sectors which were identified by participants in the GLB Project are listed.

These three components — **Knowledge, Youth-centred Multi-Sectoral Partnership and Community Action** — are each dependent on the other. Taken together and applied in outreach efforts we hope they will create safe spaces for gay, lesbian and bisexual youth to develop both individual and sexual identities based on respect for themselves and others. With self-esteem, with solid social supports, with positive identities as gay, lesbian or bisexual and with peer groups, GLB youth can enter into healthy relationships that include HIV/STD prevention.

Critical health determinants include (among others) healthy child development and the absence of discrimination based on gender, culture, race and sexual orientation.

CPHA Action Statement for Health Promotion in Canada, 1996





Knowledge

Young gay men, lesbians and bisexuals are at increased risk for HIV

Each year in Canada, the number of new HIV infections increases. In 1996, an estimated 3,000-5,000 people became infected, as much as doubling the average rate of infection. Injection drug users and young gay men account for the majority of new infections.

The overall number of HIV infections and AIDS cases within the gay male community and among men who have sex with men (MSM), while still proportionally the highest group, has been gradually decreasing. At the same time, the average age for all HIV infections has been decreasing since the early 1980s from 29 years to under the age of 25 in 1990. We can thus conclude that we are not reaching youth, especially gay youth, with the HIV prevention message.

Determinants of HIV Prevention

We know that, more and more, older gay men understand the risk behaviours associated with the spread of HIV and practice safer sex. And we know that a gay man's ability to incorporate safer-sex relates to high self-esteem, solid social supports, positive sexual identity and belonging to a peer group.

Young gay men have serious deficits in all of these areas. For many young homosexuals, coming to terms with being gay is a difficult period. HIV prevention is only of secondary concern.

While we know much less about HIV infection among lesbians, woman-to-woman transmission of HIV does occur. Activities such as sharing unprotected, uncleaned sex toys, having unprotected oral sex and lack of awareness of their partner's HIV status, drug history or history of sex with men put them at risk.

But why are gay youth more at risk for HIV?

Six years of silence

Isolation and self-loathing characterize the teenage years and young adulthood of many gay, lesbian and bisexual youth. Most adolescents experience feelings of sexual attraction beginning at around age twelve and a gay adolescent is no exception. The average gay adolescent becomes aware of an attraction to people of the same sex at that time. Yet for a period of at least six years, he or

knowledge

A gay man's ability to incorporate safer-sex is related to high self-esteem, solid social support, positive sexual identity and belonging to a peer group.

HIV prevention programs must look beyond explicit HIV prevention messages and reach out to these youth taking into consideration their entire experience.

The average gay or lesbian youth maintains total silence about their sexual orientation for a period of at least six years, all the while experiencing severe stress related to that orientation.

Not one GLB youth made contact with Project 10 initially looking for HIV prevention information. Their first contact was related to distress about being gay, lesbian or bisexual.

she is likely to maintain total silence about his or her sexual orientation. All the while, the gay adolescent experiences severe stress because of feelings of shame, self-hatred, distress and isolation related to that orientation.

The chart below summarizes some findings of a longitudinal study on the well-being of 200 GLB Montreal youth affiliated with Project 10 — one of the largest GLB service organizations in Canada. It expresses how they felt about their lives when they began to participate in the study.

Feelings and emotions experienced over the last 3 months

	male %	female %	total %
I'm afraid of being rejected	64.5	32.3	53.7
I feel all alone	51.7	45.2	49.5
I feel depressed	56.5	35.5	49.5
I'm afraid to express who I am	50.0	38.7	46.2
I'm afraid of being discovered	50.0	32.3	44.1
I'm uncomfortable talking about who I am	45.2	35.5	42.0
I'm confused regarding my sexuality	38.8	42.0	39.8
I don't like who I am	45.2	25.8	38.7
I think my dreams will never be realized	38.8	22.6	33.3
I feel guilt about the feelings I have	24.2	32.2	26.9
I don't feel accepted by others	43.5	25.8	25.8
I think I am not normal	25.8	25.8	25.8
I don't accept myself	22.6	25.9	23.6
I think it's wrong to be what I am	17.7	22.6	19.4

Project 10 made contact with thousands of GLB youth during the last five years. Not one youth initiated contact with the organization looking for HIV prevention information. They came to Project 10 because of distress about

being gay, lesbian or bisexual — they had questions about the coming out process or suicidal ideation and they were looking for support for difficult moments in the coming out process or for ways to break the isolation.

Four communities – Windsor, Kamloops, Halifax and Winnipeg – were involved in the CPHA Gay Lesbian and Bisexual Outreach Project (CPHA GLB Project). Characteristics and size of each community varied from one another. Yet the environment and experiences of gay, lesbian and bisexual youth in each of these locales and of youth involved with Project 10 were strikingly similar. GLB youth almost universally experienced a sense of isolation. This was reinforced by environmental factors ranging from indifference to hostility.

Isolation

Isolation is the most relentless feature in the lives of most gay, lesbian and bisexual youth. And the isolation they experience is more profound than simply social or physical: it is also emotional and cognitive.

Case in Point...

A sixteen year old girl phones a help line in a large city and tells them that she is considering committing suicide because she believes she is the only lesbian in the city.

Cognitive Isolation — lack of knowledge about one's attractions, identity, and existence. For example, lack of content related to sexual orientation in sexual education courses in high school; censored information on sexual orientation of famous or historic people in history and literature courses and high school libraries; from an HIV prevention perspective, lack of prevention information specific to the behaviours of young gay men and lesbians.

Emotional Isolation — lack of emotional support as a member of a marginalized group; few affirming messages from significant adults; few appropriate counselling interventions; from an HIV prevention perspective, little support in adopting same-sex-safer behaviours.

Social Isolation — lack of a peer group, friends to share their experiences with; from an HIV prevention perspective, no peer forum in which to discuss attitudes and behaviours necessary to prevent HIV.

Improved outreach services to GLB youth will break these three forms of isolation. The effect will be to improve outcomes related to HIV/STD rates, depression, drug and alcohol use, suicide, running away from home, living on the street, survival sex among GLB youth, rates of violence, and still-too-often-tolerated homophobia.

The most relentless feature in the lives of gay, lesbian and bisexual youth is a sense of isolation.

Social isolation leads to a suicide rate among GLB youth estimated to be four times higher than that of their heterosexual peers.

Governments and health service organizations have a responsibility to be pro-active in recognizing the needs of GLB youth.

Case in Point...

For a young person to change how they feel about themselves usually involves an opportunity to meet other GLB youth with the same struggles. Breaking the isolation experienced throughout the coming-out phase is the biggest single contributor to improving self-esteem. At Project 10, this sometimes happened after attending just one support meeting.

Environmental factors contributing to isolation

Lack of services: Where services for gay, lesbian and bisexual youth exist, they tend to be sporadic, under-funded and dependent on volunteerism (accompanied by high rates of turnover and burnout). These factors limit their capacity to reach many gay, lesbian and bisexual youth. GLB services rarely receive funding or support from health and social services organizations, governments and youth organizations. Gay youth do not tend to be clients of Community-based AIDS Organizations, perhaps because of stigma related to AIDS and perhaps because they do not perceive that these organizations have anything to offer them.

Homophobia and human rights: As a rule, governments and health service organizations have not advocated for or defended policies to counteract homophobia. Yet such policies and programs would be in complete conformity with the Canadian Charter of Rights and Freedoms, the Canadian Human Rights Code and human rights legislation in all of Canada's provinces. Failure to adopt legislation which would protect gays, lesbians and bisexuals from discrimination has increased the isolation GLB youth experience and has impeded the coordinated development of services.

Case in Point...

A young boy looking for information and support about being gay went to a local health and social services clinic and was told by the receptionist, "We don't treat that here."

Lack of adult role models: In many cities, adult GLB communities hesitate to develop services or advocate for youth because of a general misconception that the adult gay population is in some way predatory. Publicly organized youth programs which involve adults from the gay community could provide badly needed allies and role models.

In addition, the main form of social organization in large and small communities for adult gays and lesbians tends to be through establishments licensed to serve alcohol. Because of regulations which prohibit serving alcohol to minors, youth are excluded from these establishments. And even at the age of majority, most youth hesitate to frequent gay-identified bars and clubs. They have not reached a point in their self-acceptance where they can feel comfortable in such environments. And if they do go, consuming alcohol can put them even more at risk.

Hostile world of school: Generally, schools — public, private, elementary, secondary and post-secondary — are hostile environments for gay, lesbian and bisexual youth. And schools systems have been almost universally uncooperative in efforts to reach out to gay youth. Any strategy designed to reach out to these young people must strive to develop an affirming school environment. Youth need to feel accepted and valued. But before even that, they need to feel safe — and they do not.

Case in Point...

A fifteen year old high school boy is ridiculed after he tells some of his friends he is gay. He is laughed at in the school yard and in his class by both students and teachers. His parents complain to the principal who tells them to put their son in a psychiatric facility instead of a school. The parents move to another neighbourhood to find a more supportive environment for their son.

Reluctant Aboriginal communities: Gay, lesbian and bisexual youth may be rejected in their communities — whether on or off reserves or in rural or urban settings. Aboriginal communities and their governments may reject homosexuality. They may be reluctant to address sexual orientation and discrimination issues. Aboriginal youth often move to cities looking for acceptance but find they still do not belong because of cultural barriers or racism both within and outside the gay community.

Rejection by religious groups: Gay, lesbian and bisexual youth may be alienated from the support of organized religions because of religious values taught about homosexuality. Despite the hostility GLB youth sometimes experience from religious communities, many still wish to develop some form of spiritual life.

Neglect by child welfare agencies: All services provided by child welfare agencies, including foster homes and shelters, need to affirm and support GLB youth. Because of their legal mandate, child welfare agencies have a special

Publicly organized youth programs which involve adults from the gay community could provide badly needed allies and role models.

GLB youth need to feel accepted and valued. But before even that, they need to feel safe — and they do not.



Some young people become clients who need the protection of child welfare agencies because their families reject, threaten or physically abuse them in response to learning about their sexual orientation.

The youth involved in the GLB Project responded with enthusiasm to being in a room full of people who finally understood or, if they did not quite understand, were listening because they wanted to understand.

responsibility to become aware of GLB issues and know that such youth may be their clients. Some gay young people become clients in need of protection because their families reject, threaten or physically abuse them in response to learning about their sexual orientation.

Lack of training and awareness: Organizations that serve youth may not recognize the particular needs of gay, lesbian and bisexual youth. The professional education of teachers, health care workers and other child and youth workers may not include training related to sexuality and sexual orientation issues. These professionals are unprepared to deal with GLB youth issues. Without training, they may not notice the issues in their practice or they may simply avoid dealing with them.

Case in Point...

A study of physicians indicated that 30 percent would not favour admitting qualified gay applicants to medical school; 40 percent would discourage gay applicants from pediatrics and psychiatry; and 40 percent expressed discomfort with the idea of having gay and lesbian patients.

Where are the safe places?

This is the challenge which gay, lesbian and bisexual adolescents face as they try to find their way through to adulthood. Little wonder they are filled with fear, self-doubt and a need for love and acceptance. Little wonder they frequently look for this love and acceptance in unsafe places. Safe places are so rarely available. And yet when safe spaces are made available — a place where they belong to a peer group — it often takes only a relatively short time to make a huge difference for them to begin a process towards self-acceptance and the development of a positive identity.

Youth-Centred Multi-Sectoral Partnership

youth-centred
multi-sectoral
partnership

Who can reach out?

Far too many gay, lesbian and bisexual youth feel invisible and isolated. They face a range of challenging developmental tasks on their path towards self-acceptance. For HIV prevention to be effective among this population, HIV prevention programs need to offer more than explicit HIV prevention messages. They need to take into consideration GLB youths' entire experience.

Specialized programs only further the ghettoization and alienation of GLB youth. For gay youth to feel less isolated and more visible, services for gay, lesbian and bisexual youth need to reach out across a spectrum of services and agencies, public and private, which attend to the needs of all Canadian youth.

GLB youth need to connect — with people and organizations who care about them and with people and organizations who have responsibility for youth services in their community. And community partners need to listen and see the world from the point of view of these young people.

Case in Point...

Up to the founding of Project 10, it was impossible to say that there was a large, identifiable population of gay, lesbian and bisexual youth in Montreal. These youth were hidden, isolated and unreachable. Smaller community-based outreach programs for GLB youth were relatively unsuccessful in reaching large numbers of GLB youth. Lack of structure, support and connections with public health and social service agencies contributed to their lack of success. More established agencies could have lent support and credibility to the smaller programs trying to reach out to a vulnerable and sensitive population. The success of Project 10 in gaining cooperation from school boards in Montreal, is mainly due to its affiliation with a front-line social services agency with a high-profile public image.

Outreach is the only way to help a reasonable number of GLB youth when they are most isolated.

Community partners need to listen and see the world from the point of view of the young people they are working with.

Creating Healthy Alliances

To be effective in HIV prevention, alliances between public health, social services and HIV prevention education services on the one hand, and gay, lesbian and bisexual youth organizations on the other are essential. The CPHA GLB Youth Project steering group identified potential partners from all key sectors in each of the four chosen project sites. Everyone helped find contacts through their own networks to involve people who were interested and available.

Case in point...

The CPHA Gay, Lesbian and Bisexual Youth Project stands as a concrete example of partnership development. The CPHA GLB Project brought together local representatives from youth, public health, social services, education and community-based AIDS service organizations. Together, they examined existing services offered to GLB youth, barriers to these services and what these findings meant in terms of HIV/STD prevention. Their partnership resulted in recommendations for action and a proposed model for outreach.

Potential Partners

At the end of the project, the participants agreed that involvement and representation from each of the groups listed below is **essential** when a community tries to develop effective GLB youth outreach:

- ▼ gay, lesbian and bisexual youth from cities and rural areas —ideally, GLB youth will make up one quarter to one third of the group)
- ▼ public health officials (those responsible for HIV/STD prevention, youth services or school health)
- ▼ AIDS service organizations
- ▼ gay, lesbian and bisexual association representatives
- ▼ provincial/territorial public health department officials
- ▼ school/school board officials responsible for student health or counselling services

Additional groups to involve might include:

- ▼ Aboriginal organizations
- ▼ multicultural organizations
- ▼ provincial/territorial social services for youth
- ▼ child welfare agencies
- ▼ provincial/territorial departments of justice or human rights commission staff
- ▼ supportive parents
- ▼ supportive religious organizations

Our first meetings with multi-sectorial partners:

- ▼ presented a brief overview of the problems facing GLB youth
- ▼ listened to GLB youth as they discussed the specific problems they experience within the community
- ▼ introduced the four determinants of prevention: social support, peer group identity, positive identity as gay and high self-esteem
- ▼ discussed and reviewed services offered to GLB youth in the community (and to youth from surrounding areas who rely on these services) — emphasized links to health, education, social services and AIDS prevention organizations
- ▼ developed an inventory of needs for health promotion and HIV/STD prevention among GLB youth
- ▼ distributed list of questions to be completed in time for the next meeting. This questionnaire served to identify existing services, identified barriers to these services and an inventory of GLB youth needs.

Working effectively in partnership across diverse sectors requires special skills. We tried to ensure that all participants were equally respected and listened to; professionals in the group (i.e. from education, health, justice etc.) were not encouraged to dominate. Youth were given the group's full attention

Information to gather

It is important to gather information about services targeting gay youth which already exist in your community. Such services might be stand-alone projects or part of larger programs. Include services offered in schools or universities and which target street youth or involve rural, multicultural or Aboriginal outreach.



In the case of the CPHA GLB Youth Project, the meeting was the first time most participants had met one another. It was also the first time most government, health and school officials had ever discussed issues related to gay, lesbian and bisexual youth.

Evaluations by the participants in the CPHA GLB Youth Project repeatedly stressed how much they had gained from each other in knowledge, motivation and partnership. Some urged convening a provincial forum or workshop on GLB issues.

In the CPHA GLB Youth Project, the information gathered about each service included:

- ▼ goals of the service
- ▼ involvement of youth
- ▼ how the service is promoted
- ▼ types and frequency of collaboration with other agencies

This information was used as background to identify factors which create barriers to providing health and other services to GLB youth, to inventory their needs and to make recommendations which, if in place in your community, would create safe spaces for GLB youth. The questionnaire appears on page 21.

The Second Meeting

After about two months, the partners at each site met again. The broad objectives of our second meetings were to:

- ▼ together review information gathered on questionnaires
- ▼ determine whether inviting other organizations could enhance outreach efforts
- ▼ begin to develop recommendations for action

In our development process, we had now:

- ▼ shared information and educated each other about the health and social determinants of HIV-related risk behaviour among gay, lesbian and bisexual youth both in general and specific to your community
- ▼ assessed the needs of gay, lesbian and bisexual youth for health and social services which promote health (including healthy sexuality and safe substance use)
- ▼ determined existing services and gaps and barriers to service
- ▼ developed collaboratively ideas for increasing outreach services through changes to existing programs, shared resources, advocacy and innovation.

The project participants agreed that development of services should focus on:

- ▼ **ending the isolation** that confronts gay, lesbian and bisexual youth in their communities by the provision of support services and accurate information about sexual orientation; the development of a network of peer support; and, the provision of supportive professional services to help youth and families in crisis,
- ▼ **increasing the visibility** and advertising services in culturally appropriate ways, across a broad spectrum in the region served by the organization,

so that youth in schools, youth services agencies, and the general public know what services exist; providing information to youth and to health care providers and educators regarding the healthy development of GLB youth,

- ▼ **involving gay, lesbian and bisexual youth** in the articulation and direction of these services.

There were no prescribed outcomes for youth services in this model — only a process and suggested areas for focus. Community partners determined what was appropriate and feasible after assessing their own local situation.

Strengthen Community Action

Gay, lesbian and bisexual youth are full and equal citizens before the law and have a right to programs and services tailored to their needs.

By now, our youth-centred multi-sectoral partnerships had determined:

- ▼ why GLB youth are at risk for HIV, suicide, homelessness etc.
- ▼ existing community services for GLB youth
- ▼ local conditions which contribute to risk
- ▼ barriers to health and social services
- ▼ changes which would improve local conditions

During the process of sharing and generating information about the needs of GLB youth in their own and in other communities, the participants of the project were drawn repeatedly into discussion of the need for societal change and the roles that could be played by different sectors of society. Gradually these needs for change were transformed into recommendations: those that apply generally and those that are specific to certain sectors such as schools, health service organizations or youth organizations.

Stakeholders need to review these recommendations carefully to determine what responsibility they can take to improve the lives of gay, lesbian and bisexual youth in Canada. It will take the actions of many players to create the safe spaces so badly needed by young people.

General recommendations

It is recommended that

1. Every province have a youth bureau concerned with services to youth and with a mandate to address the needs of GLB youth as part of an overall strategy.
2. Government discourse, policy and funding processes concerning health and youth at all levels — municipal, regional, provincial, aboriginal, territorial, federal — address the mental, psychosocial and physical health needs of GLB youth when considering policy and programming.
3. Agency or organizational policy makers, fiscal decision makers and program planners address the mental and physical health risks of gay, lesbian and bisexual youth when devising policies, programs and initiatives.

4. Governments at all levels fund and evaluate several demonstration projects in different cities which would allow development, implementation and testing of the multi-sectoral model to determine effective strategies for reaching out to gay, lesbian and bisexual youth.
5. Funding be secured through budget areas such as youth programming, health promotion, youth at risk, multicultural programming, Aboriginal program funding, suicide prevention, community appeals (such as United Way) etc. to develop programs and services tailored to GLB needs.
6. HIV prevention among young gay and bisexual men should become and remain a priority in any national and provincial strategies since young gay and bisexual men remain extremely vulnerable to HIV infection, primarily due to their psychological state and social status.
7. Recognizing that gay, lesbian and bisexual youth are present not only in large urban settings, but also in rural settings, in ethnocultural communities and in Aboriginal communities, particular attention be paid to the extreme isolation facing both rural gay, lesbian, and bisexual youth and two-spirited youth in Aboriginal populations.

Studies indicate that gay, lesbian and bisexual youth are at high risk of running away from home, being kicked out of their homes, dropping out of school and thus, finding themselves on the street. Too many of these youth sell their bodies as a means of survival.

Recommendations for key sectors

Health Canada

It is recommended that

1. Health Canada discuss the social status of gay, lesbian and bisexual youth when meeting with the Council of Canadian Ministers of Education, paying particular attention to the high rate of school dropout among gay, lesbian and bisexual youth; the verbal and physical harassment of gay, lesbian and bisexual youth in schools; and the impact these have on mental health — often extending into adulthood.
2. Health Canada discuss with the Council of Canadian Ministers of Education the absence of education related to sexuality and sexual orientation in many professional schools. It is unacceptable that in 1998, medical, nursing, education, psychology, social work, continuing education and other professional curricula ignore discussion of sexual orientation, therefore producing professionals who are ill-prepared to deal with the needs of gay, lesbian and bisexual youth.
3. Health Canada make representations to other federal departments to promote the recommendations contained in this report.
4. Health Canada, in its model of sex education (Framework for Sexual and Reproductive Health), integrate positive content on homosexuality and bisexuality.

Research has shown that many youth make their first disclosure to health professionals, but only when those professionals indicate their openness.

Canadian Public Health Association

It is recommended that

1. The Canadian Public Health Association make representations to other national professional health organizations advocating for the implementation of the recommendations contained herein. This effort should also be directed to national organizations with responsibility for the accreditation of professional training programs.
2. The Canadian Public Health Association advocate to other national HIV prevention stakeholders for implementation of these recommendations.

Youth Service Organizations

It is recommended that

1. Youth service organizations confront the inherent homophobia in our culture and examine the role they can play to make their agencies safe places for gay, lesbian and bisexual youth.
2. Zero-tolerance policies and programs be implemented in youth service organizations, both to promote safe environments for GLB youth and to educate other youth about acceptance and respect.
3. Youth protection services in particular be more sensitive to the needs of gay, lesbian and bisexual youth in evaluating risk and in devising service plans.
4. Services offered to youth such as group home and foster care evaluation and placement address the needs of gay, lesbian and bisexual youth.

Health Service Organizations

It is recommended that

1. Health service organizations (whether public health, acute care or long term care facilities or home care agencies) demonstrate and advertise their openness through staff development, policy decisions and public messages of acceptance.
2. Health professionals take responsibility to create a climate in which gay, lesbian and bisexual youth feel at ease in deciding whether or not to disclose or discuss their sexual orientation.
3. Public health organizations take initiative in multi-sectoral collaboration to assess the need for and develop outreach services for GLB youth.
4. Public health departments enhance or develop opportunities for GLB outreach through sexual health services and clinics.

Case in Point...

A school nurse mentioned in a sex education discussion that some people were heterosexual and some were homosexual. A 15 year old high school girl who had been contemplating suicide because she felt attracted to other women changed her mind. No one had ever legitimized her feelings before.

Schools

It is recommended that

1. Depending on the jurisdiction, courses with names such as Family Life Education, Career Planning, etc., add content which indicates acceptance of and respect for gay, lesbian and bisexual people.
2. Courses in sexual education include positive references to homosexuality and bisexuality.
3. Courses in history, literature etc. include information about the lives of historic people – military figures, writers, statesmen – who were gay, lesbian or bisexual.
4. Adopt Health Canada's model of sexual education (Framework for Action on Sexuality and Reproductive Policy) and integrate positive content on homosexuality and bisexuality.
5. School counselling and health services be seen by all students and professionals as spaces where gay, lesbian and bisexual youth will be received with respect, confidentiality, and understanding. They should also advocate for gay, lesbian and bisexual youth within the school system.
6. When human rights and diversity are discussed in courses and workshops, sexual orientation be included among issues discussed.
7. Schools develop anti-harassment policies which explicitly forbid harassment of gay, lesbian and bisexual students.
8. Teachers and professional staff have in-service training on sexual orientation issues. School staff, including but not limited to the school nurse, need to become competent with sexual orientation issues.
9. Establish and advertise safe zones in high schools so that school professionals can refer gay, lesbian and bisexual youth who experience difficulty or harassment to these zones.
10. Provincial and territorial Ministries of Education and Aboriginal educational authorities ensure that school boards and school principals foster an atmosphere of acceptance so that teachers and professional staff who are gay, lesbian and bisexual can be more easily identified in schools, thereby providing role models to youth.

Often gay, lesbian and bisexual youth who are not directly affected by HIV will not frequent Community-based AIDS Service Organizations because of the stigma related to HIV infection. Yet gay, lesbian and bisexual youth are particularly vulnerable to HIV infection.

Studies indicate that there is very high risk of suicide in youth who are in sexual orientation crisis and who are unaware of any resources where they could get affirmative messages.

Use of alcohol and drugs is a major problem for gay, lesbian and bisexual youth and has a direct impact on rates of HIV transmission. Yet services providing addiction treatment tend to be uninformed and unable to respond to their particular needs. These youth feel they have to hide their sexual orientation to the detriment of their therapeutic progress.

Community-based AIDS Organizations

It is recommended that

1. Organizations involved in HIV prevention be affirmed as key players in a multi-sectoral outreach strategy to gay, lesbian and bisexual youth.
2. New and innovative prevention strategies (including the model presented in this report) be developed and tested to address the social determinants of HIV infection in GLB youth. These strategies should address the social needs of GLB youth from a multi-sectoral perspective.
3. More information be developed and made available to lesbians and bisexual women related to their sexuality and the risks of HIV/STD.

Addiction Treatment Services

It is recommended that

1. Staff development and board of directors' sensitization be offered to centres providing treatment services to youth, so that they may better address the needs of their GLB clientele.
2. Addiction services and harm-reduction strategies be developed to respond to the needs of gay, lesbian and bisexual youth. In these specialized services, GLB youth would be able to deal with the interconnected issues of coming out, family and addiction.

Services for Street-Involved Youth

It is recommended that

1. Street youth agencies make a special effort to explicitly recognize sexual orientation as a major precipitating factor driving youth to and keeping them on the streets. This explicit recognition includes having visible, gay-friendly staff.
2. Many gay, lesbian and bisexual youth do not feel safe in shelters because of a perceived homophobic atmosphere. Specific efforts should be made to provide safe shelter to gay, lesbian and bisexual youth. In larger urban centres, this might mean specific shelters for gay, lesbian and bisexual youth.
3. Child protection and family services address issues related to sexual orientation in order to provide competent services to GLB youth.
4. Develop specific measures to reach out to gay and bisexual men in the sex trade industry.

Suicide Prevention and Mental Health Crisis Services

It is recommended that

1. Personnel and policy makers in suicide prevention organizations promote awareness of the risks related to gay, lesbian and bisexual youth.
2. A suicide prevention strategy for gay, lesbian and bisexual youth be developed, implemented, and promoted across Canada.

Rural Outreach

It is recommended that

1. Governments, schools, health organizations and social service agencies pay particular attention to gay, lesbian and bisexual youth in rural areas and more isolated regions where services offered to gay, lesbian and bisexual youth are marginal.
2. Outreach programs to gay, lesbian and bisexual youth be given specific mandates and resources to reach rural youth.
3. Safe spaces and emergency shelters in rural areas be identified so rural gay, lesbian and bisexual youth in crisis have access to supportive resources.
4. Rural gay, lesbian and bisexual youth be supported in choosing to remain in their communities.

Aboriginal Communities

It is recommended that

1. Specific initiatives be undertaken to sensitize Aboriginal leaders, educators, health and social service providers, traditional healers and community workers about the needs of two-spirited people.
2. The prominent and positive position of two-spirited people in early Aboriginal communities be examined as part of public sensitization within Aboriginal communities.
3. Youth services programs in schools, community health centres and elsewhere in Aboriginal communities support two-spirited youth who choose to remain in their communities.

Ethnocultural Groups

It is recommended that

1. Programs aimed at outreach to GLB youth develop strategies for youth from all ethnocultural backgrounds within the region.

Rural GLB youth are particularly at risk of dropping out of school and running away from home, then finding themselves in urban centres with no support and no means of sustenance.

Historically, before contact with Europeans, the place of two-spirited people in many Aboriginal communities was prominent and positive.

In a multicultural society such as Canada, gay, lesbian and bisexual youth come from all communities and are found within all cultures. These youth face a multitude of issues related to their cultural communities and to their identification as gay, lesbian or bisexual.

2. Programs developed to provide social support to gay, lesbian and bisexual youth be sensitive to the different cultural influences which help or hinder an individual's self-acceptance.
3. Education campaigns undertaken to sensitize the public reflect the cultural diversity of the gay, lesbian and bisexual community in relevant and appropriate ways.
4. Programs developed for use within organizations to serve the needs of GLB youth integrate material that fosters respect for people who come from ethnocultural communities.

Gay, lesbian and bisexual youth: multi-sectoral outreach questionnaire

This tool is designed for partners to inventory and evaluate existing services targeting GLB youth in their community. Give as much detailed information as possible. If a question or part of a question is not relevant to your experience, try to explain how or why it is not relevant.

Send completed questionnaires to the chairperson for collation prior to your next partnership meeting. Completed, collated questionnaires will provide all community partners with a clear picture of what is being done and what still needs doing in outreach efforts to gay, lesbian and bisexual youth.

1. What outreach to GLB youth has already been undertaken in your city?
 - ▼ What were the outreach goals? What services were offered?
 - ▼ Did these programs/projects target:
 - * Young men and women? If not, why not?
 - * Gay, lesbian and bisexual youth? If not, why not?
 - * Rural and urban youth? How?
 - * Youth from different cultural backgrounds? How?
 - * Aboriginal youth? How?
 - ▼ What age groups were targeted?
 - ▼ Were youth involved in the development of the program? What role did they play? Did this role change over time?
 - ▼ Were programs developed specifically for GLB youth? Please describe.
 - ▼ What resources were available for the services? (meeting space, telephone, volunteers etc.)
 - ▼ Did you receive any funding? How much? From what sources?
 - ▼ How did you promote the services to youth?
 - ▼ What documents, pamphlets or advertisements to promote your services were produced? Please provide samples.
 - ▼ Approximately how many youth were reached?
 - ▼ Did you evaluate your outreach program? What were the results?
2. What successes and failures have you had? On what basis do you consider an experience to be a success or failure?

3. Describe any collaboration with the following resources:
 - ▼ social services
 - ▼ health departments
 - ▼ public health
 - ▼ child welfare agencies
 - ▼ school boards (public, private and/or separate)
 - ▼ individual schools
 - ▼ HIV prevention organizations
 - ▼ women's groups
 - ▼ the gay and lesbian community
 - ▼ multicultural or Aboriginal organizations
 - ▼ other
4. What barriers, if any, did you encounter from:
 - ▼ social services
 - ▼ health departments
 - ▼ public health
 - ▼ child welfare agencies
 - ▼ school boards (public, private and/or separate)
 - ▼ individual schools
 - ▼ HIV prevention organizations
 - ▼ women's groups
 - ▼ the gay and lesbian community
 - ▼ multicultural or Aboriginal organizations
 - ▼ other
5. How did you overcome barriers?
6. Did you integrate HIV/STD prevention content?
 - ▼ How did you integrate this material?
 - ▼ How did you structure the HIV/STD prevention information?
 - ▼ Was it youth-driven?
 - ▼ Did it meet the needs of youth participants?
 - ▼ How did participating youth respond to the materials?
7. What relationship do you understand between social support and HIV/STD prevention with GLB youth?
8. What resources do you think are important to put in place to provide effective outreach to GLB youth?

References

AIDS and HIV in Canada. Bureau of HIV/AIDS and STD Update Series. Laboratory Centre for Disease Control, Health Canada. Ottawa, November, 1997.

Critical Work. Canadian AIDS Society. Ottawa, 1997.

Evaluation of the AIDS Prevention Strategy in Switzerland: fifth synthesis report 1993-1995. University Institute of Social and Preventive Medicine, Lausanne. Lausanne, 1995

Gender and Sexual Identity: the journey begins. Health Canada. Ottawa, 1998

Hammelmann TL. Gay and lesbian youth: Contributing factors to serious attempts or considerations of suicide. *Journal of Gay and Lesbian Psychotherapy* 993; 2: 77–89.

Harter S. Causes and consequences of low self esteem in children and adolescents. In: *Self esteem: the puzzle of low self-regard*. Roy. F. Baumeister (ed.), 87–116. New York, Plenum Press, 1993.

HIV and AIDS Among Men who have Sex with Men. Bureau of HIV/AIDS and STD Update Series. Laboratory Centre for Disease Control, Health Canada. Ottawa, November, 1997.

Homophobia and Heterosexism. Canadian AIDS Society. Ottawa, 1992

Kaufman H, Ford PM, Pranger T, Sankar-Mistry P, (1997) Women who have sex with women: Linking HIV, Hepatitis B and C infection with risk behaviours. *The Social Worker* 1997; 65(3): 77–86.

Keuks G. Gay and lesbian homeless/street youth: Special issue and concerns. *Journal of Adolescent Health* 1992; 12: 515–518.

Koweand RFC. Suicide among homosexual adolescents. *Journal of Homosexuality* 1987; 13: 11–117.

Report on Youth Suicide. US Secretary of Health and Human Services, 1989.

Ridge DT, Plummer DC, Minichiello V. Young gay men and HIV: running the risk? *AIDS Care* 1994; 6: 371–378.

Ryan B, Frappier JY. Les difficultés des adolescents gais et lesbiennes. *Le médecine du Québec* 1993; 71–76.

Ryan W, Otis J, Chouinard N. *The Impact of Project 10 on the Well-being of Young Gays, Lesbians and Bisexuals* Montreal: 1997

Sauin-Williams RC. Parental influences on the self-esteem of gay and lesbian youths: A reflected appraisals model. *Journal of Homosexuality* 1989; 17: 93–109.

Sexual Risk Behaviours of Canadians. Bureau of HIV/AIDS and STD Update Series, LCDC, Health Canada. Ottawa, 1997.

The Experiences of Young Gay Men in the Age of HIV. Health Canada. Ottawa, 1996.

