MINIMIZING OPPRESSION AND DISCRIMINATION FACED BY GAY AND LESBIAN YOUTH IN NORTHERN BRITISH COLUMBIA

by

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Abstract

Lesbian, gay, bisexual, transgender questioning (LGBTQ) youth are at high risk of not receiving necessary care as a function of marginalization; anti-LGBTQ violence and abuse; and, social exclusion. This study explores the subjective experiences of gay men and lesbians in Northern British Columbia (B.C.) who self-identified as having difficulties in accessing health care services. An in-depth face to face interview and a critical hermeneutic phenomenological approach were used to share their subjective experience of oppression, and recommendations for future improvements of health-care services delivered to LGBTQ youth in Northern B.C.; five main themes emerged from these interviews: no support for LGBTQ youth, lack of a desire to access health-care services, professional skills, challenges, and services delivery. While these themes overlap and reinforce each other, lack of respect from healthcare professionals was an overwhelming and ongoing concern presented by participants. In addition, I examined thirteen sub-themes in the daily experience of LGBTQ youth: not enough health-care professionals, nowhere to socialize, discrimination and denial of health-care services, fear and internalized homophobia, lack of education on LGBTQ issues, not enough services, no need to access healthcare services, lack of psycho-education program for health-care professionals, equal treatment for everyone, questions and harassment, isolation and depression, lack of support and advocacy services for LGBTQ. These themes offer insight into the everyday effects of multiple forms of oppression and marginalization, and the possibilities for innovative forms of health-care services that could be delivered to LGBTQ youth. The findings from this research can increase understanding for health-care professionals in servicing LGBTQ youth. The findings can also be applied to enhance community outreach, develop services for LGBTQ youth, and improve relationships within and among marginalized communities.

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Chapter One

Introduction

Equitable access to health care and health care entitlements for Lesbian, Gay, Bisexual, Transgender Questioning (LGBTQ) youth continues to be central to health care policy debate in North America regardless of the remarkable efforts by several human rights organizations advocating for equitable care. LGBTQ youth are at high risk of not receiving necessary care as a function of marginalization; anti-LGBTQ violence and abuse; and, social exclusion (Harper, 2003). In this study, I reviewed the existing challenges faced by LGBTQ youth in accessing public services with a focus on access to health care. For this research, the term LGBTQ will be used to describe Lesbian, Gay, Bisexual, and Transgender Questioning youth. The definition of the above terms will be discussed further in my literature review. LGBTQ refers to sexuality and a gender identity-based culture, shared by members of sexual minorities or transgendered people by virtue of their membership in those minorities or their state of being transgendered (Horn, 2006). (Actually, it may be that LGBTQ is a subculture and not a culture). A *subculture* is defined as a set of people with distinct patterns of behaviors and beliefs that differentiate them from the larger culture of which they are a part (Elliott & Urquiza, 2006). Elliott and Urquiza state that subcultures are the basic unit of social interaction in which cultural innovation occurs and that they assimilate into society as they gain wider acceptance. Furthermore, subcultures contain internal rule mechanisms (social rules or norms) that allow members to identify with one another and develop popular generational forms of identification that intersect with other markers of collective identity, such as race, gender, class, and sexuality (Westhaver, 2006).

My involvement with the Teen Health Centre in Ontario and YAP (Youth around Prince George) as a youth care worker has profoundly affected my psychological being. Going by the stories of oppression, discrimination, and marginalization faced by gay men and lesbians, I felt and continue to feel, deep empathy for LGBTQ youth as they struggle over their sexual identity. In addition to the everyday racism and homophobia in the broader society, LGBTQ youth often face overt and subtle forms of racism in the LGBTQ community, and homophobia and heterosexism in communities of color (Crawford, Allison, Zamboni, & Soto, 2002; Greene, 2000). Being a heterosexual researcher and a person of color from Nigeria slowed down the speed of some interviews for the first few minutes. Participants seemed to have knowledge of and be concerned about homophobia in the Black community. This concern created fear among the participants and made me emotionally drained during the interviews. Participants were not sure if I was going to listen to their stories. As I talked with the participants individually, I felt their hurt feelings. I listened to the youth discuss harassment from health care professionals and schools, the lack of parental supports, and all experiences that were not suppose to happen. As a researcher, I was able to apply my new found knowledge, skills, and practice throughout the research process to further assist my participants narrate their lived experience. My experience as a youth care worker has helped me to understand the complexities of meeting the needs of LGBTQ youth and the unfavorable social policies affecting them. I am enthused by the commitment of my colleagues as youth care workers who are committed and devoted to issues of oppression, discrimination, and marginalization faced by LGBTQ youth.

I hope that this thesis will contribute to an improved societal and professional understanding of the realities of the experience of LGBTQ youth having difficulty in

accessing health care services. Also, this thesis may provide better understanding and subsequently lead to more compassion and improvement in the services received by LGBTQ youth as they navigate through the pathway to success.

Theoretical Perspective- Anti-Oppressive Social Work Theory

The theoretical influences on my practice and research are many. However, the guiding paradigm for this thesis is the anti-oppressive social work theory. Anti-oppressive social work theory seeks to identify perceived social inequalities, understand the problem caused by those inequalities, and change or transform the social structures to rectify those inequalities. The means for this change is through the empowerment and emancipation of the group pursuant to increased awareness and critical reflection on the oppressive social structure (Mullaly, 2002). Oppression among LGBTQ youth can be viewed as a mode of human relations involving domination and exploitation (economic, social, and psychological) between individuals, groups, and classes within and beyond the globe (Gil, 1998; Howe, 1985). Within a social work framework, the term "anti-oppressive practice" is commonly understood as an umbrella term that encompasses a variety of practice approaches that include but are not limited to, radical, structural, feminist, anti-racist, critical, and postmodernist frameworks (Dominelli, 1988; Dominelli & McLeod, 1989).

Dominelli (2002) states that anti-oppressive social work is a form of social work practice that addresses social divisions, and structural inequalities, with a focus on strengthening client/worker relationships in the continuum of providing care. To this end, I will briefly explain my assumptions about the implications of anti-oppressive theory for guiding the paradigm of this thesis. Anti-oppressive theory speaks to my desires, and drives my purpose for research, work, and life. Anti-oppressive theory being about a social change,

fits well with my desire to empower LGBTQ youth, and to make the world a better place for my fellow humans. I see pain and despair, inequalities and meanness, and I want to bring about comfort, happiness, and peace to the world.

I see authors demonstrating how and why oppression causes cycles of violence and poverty. This fuels my motivation on the use of anti-oppressive social work theory to bring about a change in behavior and attitude, with a better understanding on how to help the oppressed, including LGBTQ youth. I am comfortable with anti-oppressive theory because it gives me the authority and permission to share with the oppressed ways to live and overcome the oppression. Also, I am adopting the anti-oppressive theory because it challenges me to use what I have learned to work collaboratively with friends, in making the world a better place for all humanity. Mullaly (2002) cautions that the societal context is paramount to the understanding of oppression, and how the "psychologizing of what are essentially social problems contributes to LGBTQ oppression... placing the blame for personal troubles squarely on the shoulder of LGBTQ experiencing them" (p.66). This is a contextual understanding of how oppression is embedded in the experiences of LGBTQ youth trying to access health care services.

Rural Northern British Columbia

Some authors argue that the term 'rural' or the idea of 'north' is elusive and must be defined from a geographical perspective (Conway, Olaveson, & Shaver, 2004; Graham, 2000; Zapf, 1985 as cited in Delaney and Brownlee, 2009; Schmidt, 2001). Booth and Mclaughlin (2000) suggest the need to consider the "underlying dimension of rural life" (p. 1269). The definition of this underlying dimension was based on how community or regionally-based economic disruptions may have a negative impact on the local economy

(Morice, 1971). An important underlying dimension of rural life in Northern British Columbia communities is the almost exclusive economic dependence on natural resources in the regional economy and this is often subject to boom or bust cycles. For the purpose of this thesis, Northern British Columbia is defined as all communities geographically bounded by Highway 16 to the south, Highway 97 to the east, Highway 37 to the west, and Highway 7 to the North. Northern British Columbia is huge, diverse and surrounded by Alaska and the Yukon Territory to the North; the Pacific Ocean to the west; and Alberta and the Rockies to the east.

Statement of the Problem

Homophobia and heterosexism have led to multiple health problems for LGBTQ youth. Kimberly F. Balsam, one of the prominent writers and researchers on gay and lesbian victimization, states that this form of discrimination is pervasive in our social organization and is detrimental to the person whom it targets (Balsam, 2003). Balsam claims that more in-depth research needs to be completed in order for us to be aware of gender orientation and the psychological welfare of LGBTQ people. The health problems, detailed in the following sections, include higher rates of violence, substance use and abuse, mental health problems, and suicide than in the general population. Research has demonstrated that some health-care professionals are not providing adequate levels of care to LGBTQ youth (Appleby, 2001; Brown, 1996; Cramer, 1997; Gruskin, 1999; Pierce, 1996). In order to address the health problems and the discrimination that caused them, mainly in the form of harassment and silence, health-care professionals must not only serve, but advocate for LGBTQ clients.

Purpose of the Statement

The purpose of this thesis is to give voice to the subjective experience of gay men and lesbians in Northern British Columbia identified as having difficulties in accessing health care services. It is hoped that through an in-depth interview process their stories and insights will provide information about the challenges faced in an attempt to access health care services. The interview is based on behavioral-change processes; this is designed to help improve professional behaviors related to creating safe, accepting, and harassment-free environments in health-care settings for LGBTQ youths. Assisting health care professionals to challenge heterosexism and homophobia in their workplaces involves several major issues. In addition, ethnic identity when combined with sexual orientation tends to result in multiple oppressions, which may affect and/or harm the youth well-being.

Significance of the Study

There are several potential benefits of this thesis for health education professionals. The thesis is expected to increase awareness of LGBTQ issues, homophobia, and heterosexism among health-care professionals. Over time, an increased awareness by those health-care professionals may result in a reduction of homophobia and heterosexism in institutions concerned with health promotion and health care services. As the health-care institution reduces homophobia and heterosexism, a reduction of health problems faced by LGBTQ youth is expected to follow, albeit slowly.

This thesis can be used as a model for further training and research. It is expected to increase the examination of behavior change among health-care professionals. This thesis is expected to demonstrate that there are proven research designs that are appropriate for use in everyday teaching and health-care practice settings, bridging the gaps between research and

practice in Northern British Columbia. Finally, this thesis is expected to demonstrate a strategy for integrating health promotion and education with advocacy for minority groups to reduce health problems resulting from discrimination.

Area of Focus

For the purpose of this thesis, the term "youth" used in this study denotes young adults between the ages of 19 to 24 years.

Research Question

This thesis focuses on the challenges and oppression experienced by LGBTQ youth. It also examines the related and existing conflicts faced by this population. To this end, a primary research question and two sub-questions are explored: The primary research question is, "What services are available for LGBTQ youth in Northern British Columbia?" Two sub questions are: "How do we improve the services that already exist?" and "How do we bridge any gaps that emerge between what gay men and lesbians need, and what they get?"

The main objectives of this thesis are as follows:

- To provide health care practitioners, with an understanding of the problems faced by LGBTQ youth in Northern British Columbia;
- To gain a rich and deep understanding of the contextual realities of the lives of LGBTQ youth living in Northern of British Columbia, as defined above, and consider any aspects of their experiences that are specific to Northern BC;
- To ask LGBTQ youth to make recommendations from the perspective of their lived experience of being involved with these systems.

Conclusion

Chapter one discussed the research on minimizing oppression and discrimination faced by LGBTQ youth in Northern British Columbia. This chapter discussed anti-oppressive social work theory as a theoretical framework used to understand social inequalities and the problems that caused those inequalities. Further, the chapter discussed the concept of rural Northern British Columbia along with the statement of the problem, purpose of the statement, significance of the study, area of focus, and research questions. The next chapter will discuss literature relevant to the research question. This literature review consists of the following; definitions of terminologies used in identifying LGBTQ, history of gay and lesbian rights movement, Canadian perspective on gay and lesbian movement, anti-oppressive social work practice theory with LGBTQ, oppression and discrimination faced by LGBTQ, and the three levels of prejudice, discrimination, and marginalization of LGBTQ

Chapter Two

Literature Review

In order to understand the meaning of LGBTQ and the oppression faced by these youth, I have defined some basic terminology as used in this thesis. I have also discussed historical perspectives and many other issues of discrimination, stigmatization, marginalization, and alienation faced by LGBTQ youth. LGBTQ is a sexuality and gender identity-based culture, shared by members of sexual minorities or transgendered people by virtue of their membership in those minorities or their state of being transgendered (Horn, 2006). Going by this description, LGBTQ is a subculture and not a culture. A *subculture* is defined as a set of people with distinct behavior and beliefs that differentiate them from the larger culture of which they are a part (Elliott & Urquiza, 2006). Elliott and Urquiza state that subcultures are the basic unit of social interaction in which cultural innovation occurs and that they assimilate into society as they gain wider acceptance. Furthermore, subcultures contain internal rule mechanisms (social rules or norms) that allow members to identify with one another and be viewed as popular generational forms of identification that intersect with other markers of collective identity, such as race, gender, class and sexuality (Westhaver, 2006).

Definitions of Terminologies Used in Identifying LGBTQ

a) LGBTQ is a common acronym for lesbian, gay, bisexual, and transgender questioning youth.

b) *Homosexual*: Refers to an individual who is primarily attracted to another individual of the same sex. Attraction may be physical, emotional, and/or sexual (Woronoff, & Mallon, 2006).

c) *Homophile:* The term homophile was used in the 1950s, 1960s, and even the 1970s, because it was perceived as less stigmatizing and dangerous for homosexual groups and/or their members. Homophile was used to describe knowledge of or interest in homosexuality rather than one's identification as a homosexual (Kinsman, 1987).

d) Heterosexual: Refers to a person who is attracted to the opposite sex physically, emotionally, and/or sexually (Woronoff & Mallon, 2006).

e) *Lesbian*: Refers to a woman who is attracted to other women physically, emotionally, and/or sexually (Woronoff & Mallon, 2006).

f) *Gay*: Originally this was used to refer to a man who is attracted to other men. Also, it can be used widely for all men and women who are attracted physically, emotionally, and/or sexually. (Woronoff & Mallon, 2006).

g) *Bisexual*: Refers to an individual is who attracted to members of both sexes. Attraction can be physical, emotional, and/or sexual (Woronoff & Mallon, 2006).

h) *Pansexual*: A broader term than bisexual because it includes not only people who are attracted to both men and women, but also transgender people and gender fluid people who do not feel they fit into categories of male and female (Woronoff & Mallon, 2006).

i) *Transsexual*: Refers to people who believe that psychologically, they do not match the biological sex into which they were born. They may or may not choose to change their bodies through hormone treatments and/or surgery to match their psychological gender. Transsexuals may identify as heterosexual, gay or lesbian, or bisexual (Horn, 2006).

j) *Transgendered*: Is a term used to describe individuals who deviate from traditionally accepted gender (male/female) roles. Transgender individuals may be identifying as heterosexual, gay, lesbian, or bisexual (Horn, 2006).

k) Two-Spirited: Is a term used by First Nations People of North America to describe lesbian, gay, bisexual, transgendered, and transsexual individuals. Historically, two-Spirited people were often awarded special status by their communities (Fassinger & Arseneau, 2006).

l) *Intersexed*: An individual born with some combination of male, and female chromosomes, genitals (reproductive organs), and those with ambiguous sex organs at birth (Haldeman, 1994).

m) *Sexual Identity*: Represents a culturally organized conception of one's sexually, for example lesbian (Haldeman, 1994).

n) *Sexual Orientation*: Refers to an individual's consistent, enduring pattern of sexual desire for individuals of the same sex, the other sex, or for both sexes (Haldeman, 1994).

o) *Gender Identity*: Represents a culturally organized conception of one's gender that is not necessarily related to one's physical sex (Haldeman, 1994).

p) *Gender Queer*: Is a term used by youth who completely fall outside the gender binary, or feel that their gender identities, and/or gender expressions do not correspond to the gender assigned to them at birth, but who do not want to transition to the "opposite" gender (Stephen, 2009). These youth characterize themselves as neither female nor male, as both, or as somewhere in between (Woronoff & Mallon, 2006).

q) Black gay: Refers to a man who sees himself as a Black man that happens to be gay and therefore primarily identifies himself with his racial minority group. Gay black, refers to a man for whom a gay sexual identification is the primary identity (Miller & Humphreys, 1992).

r) GALA NORTH: A non-profit organization for gay men and lesbians in Prince George.

History of Gay and Lesbian Rights Movement

The history of lesbian and gay rights movement is as important as the history of sexuality. As social workers, we study history of the past to understand the present; while we understand the present to guide the future and daily practices.

Early models of homosexual identity formation focused primarily on Whites, yet tended to be generalized to all gay men and lesbians (Cass,1979; Minton & McDonald, 1984; Troiden, 1993). Homosexuality in North America has a long history. Cass (1979) states that in 1924, the United States Society for Human Rights in Chicago became the country's earliest known gay rights organization to advocate for a gay rights movement. Many authors like Alfred Kinsey in his publication "*Sexual Behavior in the Human Male*", revealed that homosexuality is far more widespread than was commonly believed (Coleman, 1982).

Between 1950 and 1969 the gay movement erupted and in 1969, the Stonewall riots transformed the gay rights movement from one limited to a small number of activists, into a widespread protest for equal rights and acceptance. In 1973, the American Psychiatric Association removed homosexuality from its official list of mental disorders (Troiden, 1993). In 1993 the "Don't Ask, Don't Tell" policy was instituted for the U.S. military, permitting lesbian and gay people to serve in the military but banning homosexual activity. The intention of the policy was to revoke the prohibition against lesbians and gay men in the military; this was met with stiff opposition. This compromise, led to the discharge of thousands of men and women in the armed forces (Minton & McDonald, 1984; Ruby, 1997). Gay men and lesbians continue to fight for general acceptance and equal benefits in the United States.

In 2003, the Massachusetts Supreme Judicial Court ruled that gay and lesbian couples could no longer be excluded from obtaining civil marriage in Massachusetts. The Massachusetts Chief Justice states that to "deny the protections, benefits, and obligations conferred by civil marriage" to gay couples was unconstitutional because it denied "the dignity and equality of all individuals" and made them "second-class citizens" (D'Augelli, Grossman, & Starks, 2006; NASW, 2003).

Between 2004 and 2008 many states legalized same sex marriage including Massachusetts, Connecticut, New Jersey, New York, and Oregon. In May 2008, the California Supreme Court opened the door to same-sex weddings, when it invalidated an earlier ballot measure called Proposition 22. Since the ruling, there have been more than 18,000 same-sex weddings in California (D'Augelli, Grossman, & Starks, 2008). In November 2008, gay men and lesbians witnessed an unfavourable policy in California. Proposition 8, was over ruled by the Supreme Court causing a controversy over same sex marriage. The ban throws into question the validity of the more than 18,000 marriages already performed, but the Supreme Court reiterated in a news release that it believed the same-sex marriages performed in California before November 4th should remain valid (Szymanski, & Gupta, 2009).

Canadian perspective on gay and lesbian movement.

The history of homosexuality in Canada shares many of the traits of gay history in Australia, but has also been strongly influenced by the experience of gays and lesbians in the United States. Historically, Canada has been culturally divided into two groups: a French-speaking minority population, mostly residing in the Province of Quebec, and the English-

speaking majority. This cultural divide has grown wider over the last forty five years, and it is reflected in the social and political movement that emerged in this context.

The emergence of an organized gay and lesbian movement in Canada can be traced back to the mid-1960s. Embryonic and underground homosexual groups had existed in North American during the early twentieth century and proliferated during the period following World War II (Berube, 1990; Kinsman, 1987). However, it was only during the late 1960s and early 1970s that "homophile" organizations were formally established in cities across Canada. Most, if not all, "homophile" organizational activity was located in larger cities such as Toronto, Montreal, and Vancouver (Kinsman, 1987; p. 147-164). It should come as no surprise that development in the United States around the 1960s deeply influenced the Canadian experience, including the mobilization of homosexuals. The proximity of homosexual/homophile groups in the United States, with which Canadian groups were in contact, as well as the emergence of other social and political movements during that period, provided models of activism for homosexuals in Canada and in Quebec (Kinsman, 1987). The 1960s saw legislation revising laws regarding homosexual activities passed in Canada as well as England.

The trial of Oscar Wilde in London England raised some interest in Canada and exerted influence on Canadian attitudes (Chapman, 1983). Victorian and Edwardian Canadian society had a name for person(s) practicing homosexuality, "the abominable crime of buggery" (Chapman, 1983). Oscar Wilde was punished and sentenced to the maximum penalty of two years imprisonment with hard labor (Chapman, 1983). At this time, homosexuality was viewed as a deviant practice (Chapman, 1983). In 1906, the Edmonton Journal noted that two men had been charged with heinous offences of character unfit for

publication (Chapman, 1983; p.110). Yet, homosexuality could not be written about, it was regarded as a dreadful act to commit, and seen as deviant in nature. In 1965, the "Supreme Court of Canada upheld a ruling that labeled Everett Klippert a 'dangerous sexual offender' and threw him in prison for admitting he was gay and that he had sex with other men." Klippert was not released until 1971 (CBC Archives, 2005).

In 1969, Pierre Trudeau (Justice Minister and Attorney General of Canada) introduced Bill C-150, which decriminalized homosexuality in Canada, and in 1971 Canada's first gay rights march took place in Ottawa (CBC Archives, 1971). In 1977, Quebec became the first jurisdiction (larger than a city or county) in the world to prohibit discrimination based on "sexual orientation" in the public and private sectors. The Quebec Charter of Human Rights and Freedoms prohibits discrimination in employment, housing, and certain services and other activities, but it does not apply to federally regulated activities in Quebec (Legislative Assembly, 2005). The same year, the Canadian Immigration Act was amended, removing a ban on homosexual men as immigrants. In the 1980s a major bathhouse raid occurred in Toronto. This outraged the gay community and an estimated 3000 people poured into the streets of Toronto to protest the raid (CBC Archives, 2005). In 1982, Canada repatriated its Constitution, and created the Canadian Charter of Rights and Freedoms. Section 15 of the Charter guarantees equality "before and under the law" and the "right to the equal protection and equal benefit of the law without discrimination". In 1995, the Supreme Court of Canada ruled that "sexual orientation" should be read into Section 15 (Legislative Assembly, 2005). From 1986 to 2005 Ontario, Manitoba, Yukon, Nova Scotia, New Brunswick, British Columbia, Saskatchewan, Newfoundland, Prince Edward Island, Nunavut, and Northwest Territories added sexual orientation to their Human Rights Acts

(Legislative Assembly, 2005). However, the Supreme Court of Canada decided that Alberta's human rights law should be read and applied as if the words "sexual orientation" were included (Legislative Assembly, 2005).

Bill C-38, the civil marriage act, was a policy implemented to respect certain aspects in the legal capacity for marriage for civil purposes. This bill attracted readings in the House of Commons and was eventually enacted in July 2005, making Canada the fourth country in the world to legalize same sex marriage (Legislative Assembly, 2005). This bill codifies a definition of marriage for the first time in Canadian law and expanded on the traditional common-law understanding of civil marriage as an exclusively heterosexual institution. This gave a new face to civil marriage as "the lawful union of two persons to the exclusion of all others," therefore extending civil marriage to conjugal couples of the same sex. Bill C-38 was designed to grant legal benefits, commonly associated with marriage, to cohabiting same-sex couples and to be free from harassment and societal marginalization. The jurisdiction in Canada prohibits discrimination based on sexual orientation in the provision of services, refugee status based on sexual orientation, accommodation, and employment. The Canadian Charter of Rights and Freedoms provide protections for same sex couple in area of the provision for equality rights, and equitable structure (Legislative Assembly, 2005).

In British Columbia despite the struggle with the Supreme Court and the Court of Appeal over the denial to legalize same sex marriage in 2001 and 2003 respectively, the British Columbia Appeal Court issued another ruling, on July 8th, 2003 lifting the stay it had put on the government in its decision. This made British Columbia the second region in Canada to legalize same-sex marriage after Ontario, following a series of court rulings that ultimately landed in favour of same-sex couples seeking marriage licenses (Legislative

Assembly, 2005). British Columbia was also known to be the first province to grant gay divorce by the British Columbia Supreme Court in June 2005 (Legislative Assembly, 2005).

In my conversation with Emmarex Elemieye, an advocate and a youth care worker in Prince George, he highlighted that despite the public recognition of LGBTQ, the topic of gender identity remains an embarrassment and LGBTQ youth continue to be seen as transients, derelicts, "dirty" and generally not worthy of one's attention (E., Elemieye, personal communication, September 18, 2008). In an interview with Theresa Healy, an advocate and a role model for LGBTQ youth, she stated that, the final report and recommendations from the health and wellness project of the GALA North 2002-2003, focused primarily on the needs and assessment of LGBTQ. From the needs assessment, there was an indication that LGBTQ people require more support groups, and resources, as well as a drop in centre for learning (facilitator skills, peer counseling and support skills). LGBTQ youth lack psycho-education in the community, lack support for "coming out", congregate in segregation (nowhere to hang out), while others are faced with sexual identity crises, they are confused, and have no one to talk to (non-stereotyping role model) (T., Healy, personal communication, October 21, 2009).

Furthermore, Healy stated that LGBTQ residents in Northern B.C. expressed their feelings that their needs and concerns were unrecognized and unaddressed. In addition, she indicated the need to explore the extent of municipal issues with a view to ascertaining the needs and concerns of LGBTQ residents, and their relationship to other levels of government. These issues with LGBTQ need to be on the new council's agenda (T., Healy, personal communication, October 21, 2009). Healy, discussed safety as presented in the final report and recommendations for GALA North; that, LGBTQ residents of Northern B.C.

do not feel safe based on their gender identity, which puts them at risk of discrimination and harassment. She states further that there is an excellent rapport with the Royal Canadian Mounted Police (RCMP) within Northern B.C. Hence, the need to establish a task force or liaison between Northern B.C. and the RCMP to further explore safety concerns among LGBTQ people as well as ways to address discrimination and harassment faced by LGBTQ youth (T., Healy, personal communication, October 21, 2009).

Healy, also discussed recommendations put across to city councils in Northern B.C. on work related matters; that equal rights, and equal opportunity to participate in, and enjoy all aspects of human life must be recognized, be inclusive, and be extended to the LGBTQ community. Further, this recognition enables the individuals, and communities to celebrate their diversity, recognize, and act on their responsibilities. Furthermore, Healy stated "many organizations apply for, and receive without question, they engage in proclamations that promote their issues, public education, and fundraising. But the annual request for a Pride Day proclamation is accompanied by controversy and acrimony, causing strife and divisions within the community." Healy, mentioned the need for city council members in Northern B.C. to be aware of the importance of their support of the Pride Day proclamation, and its role in promoting tolerance and diversity (T., Healy, personal communication, October 21, 2009).

Anti-Oppressive Social Work Practice with LGBTQ Youth

Oppression among LGBTQ youth can be viewed as a mode of human relations involving domination and exploitation (economic, social, and psychological) between individuals, groups, and classes within and beyond the globe (Gil, 1998; Howe, 1985).

Appleby (2001), paraphrasing another author (Pellegrini, 1992), provided an example of what oppression means, noting

> "oppression is all about power: the power to enforce a particular worldview; the power to deny equal access to housing, employment opportunities, and health care; the power alternatively to define and/or to efface difference; the power to maim, physically, mentally, and emotionally. Racism, classism sexism, and heterosexism together form a system of institutionalized domination. Being oppressed means the absence of choices. Power thus defines the initial point of contact between the oppressed and the oppressor" (p. 37).

Within a social work framework, the term "anti-oppressive practice" is commonly understood as an umbrella term that encompasses a variety of practice approaches that include but are not limited to, radical, structural, feminist, anti-racist, critical, and postmodernist frameworks (Dominelli, 1988; Dominelli & McLeod, 1989). The term 'anti-oppressive social work' represents the current nomenclature for a range of theories and practices that embrace a social justice perspective (Chaplin, 1988; Hale, 1984; Hallett, 1990).

Dominelli (2002) states that anti-oppressive social work is a form of social work practice that addresses social divisions and structural inequalities; with a focus on strengthening client/worker relationships in the continuum of providing care. On this note, anti-oppressive social work practice becomes the most ideal model for working and/or supporting LGBTQ youth against the multi-levels of oppression they live with. The anti-oppressive social work practice model aims to provide more appropriate and sensitive services to LGBTQ youth by responding to their needs regardless of their social status. Appleby, (2001) also stated that anti-oppressive practice embodies a person-centered philosophy, an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people's lives. Additionally, Dominelli, (1996), and Howe,

(1994) contend that anti-discriminatory practice is a good practice, and an approach to social work because it seeks to reduce, undermine, or eliminate discrimination and oppression, specifically in terms of challenging sexism, racism, ageism, and other forms of discrimination encountered in social work practice.

Oppression and Discrimination Faced by Gay Men and Lesbians

Previous studies indicate that lesbian, gay, bisexual, transgender questioning (LGBTQ) youth experience a great deal of stigmatization, oppression, discrimination, and prejudice (Balsam, 2003; Balsam, Beauchaine, & Rothblum, 2005; Balsam & Mohr, 2007). Mullaly (2002) termed the oppressive and discriminatory treatment of a subordinate group like the LGBTQ youth as heterosexism. Current research indicates that this form of discrimination is pervasive in our society and it is detrimental to the persons whom it targets (Mullay, 2002; Otis & Skinner, 1996). According to the above description, heterosexism is defined as "an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behaviour, identity, relationship and community" (Herek, 1990, p. 322). Mullay maintains that heterosexism is manifested in both an overt and internalized manner and is damaging to mental well-being, self-esteem, social support structures, interpersonal effectiveness, and psychological welfare of LGBTQ youth.

Tragically, LGBTQ youth are at increased risk for experiencing negative life events related to sexual assault (Balsam, et al,. 2005); the array of these experiences spans from sexual harassment at school and work, physical and sexual abuse during childhood and adolescence, adult sexual assault, domestic, physical, and sexual violence, and hate-related criminal injustices (Meyer, 1995). LGBTQ often experience persecution (at school, at work, and in public gatherings) in the form of verbal abuse and violent threats. Empirical studies of

minority stress show that LGBTQ youth face ill treatment that may result in depression, feelings of isolation, anxiety, anger management, and low self-esteem by virtue of their sexual orientation (Hoi Yan, 2006). On average, others experience two heterosexist hassles (harassment, judgmental, discrimination, victimization, stereotyping, and finger pointing behaviour) per week (Fingerhut, Peplau, & Ghavami, 2005; Mullaly, 2002). The LGBTQ group lack psycho-education in the community, lack support for "coming out", congregate in segregation (nowhere to hang out), and experience oppression among members. Others are struggling with sexual identity, confusion, and have no one to talk to (non-stereotyping role model); they lack honest relationships among youth, experience unemployment problems, and are subjected to legal problems/governmental policies (Hoi Yan, 2006).

In addition, LGBTQ youth experiencing harassment at work and school may also face persecution in their family environment. In fact, the LGBTQ youth may be completely ostracized based on gender identity (Remafedi, 1987 as cited in Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). LGBTQ youth who have been exposed to invisibility and rejection in their family environments are more likely to engage in risk-taking behaviour (such as running away from home, leaving their support systems behind, using substances, and involvement in illicit commerce and engaging in risky sexual behaviours) (Preston, D'Augelli, Kassab, Schulze, & Starks, 2004), which further increases their risk of being sexually victimized (Cochran, Sullivan, & Mays, 2003).

Three Levels of Prejudice, Discrimination and Marginalization of LGBTQ

The relationship between prejudice, discrimination, and racism is often subtle, but always dynamic (Barnes, 1997). Ashmore (1970) defines prejudice as a negative attitude towards a group and any member of that group. Prejudice is generally understood to have a

cognitive component (faulty beliefs regarding a minority group) and an evasion component (avoidance behaviour) dynamic (Barnes, 1997). When a person or group is denied equal treatment, the act of denial is considered as discrimination. Racism can be characterized as prejudiced attitudes and beliefs of a majority group towards a minority group that may manifest itself in the form of oppression or a discriminatory behaviour.

Personal level.

Within the LGBTQ community, some lesbians and gay men lack honest relationships. An honest relationship is a sacred responsibility for both partners. Among LGBTQ youth, lack of honest relationship is oppressive, and can create hatred among members; such that, the individual will lack honesty or trust in their partner, pretending and building up their belief that they are truly in a relationship (Mobley & Slaney, 1996). Herek (2004) states that racial factors are determinants of this kind of oppression; Herek further states that this oppression is mostly common among LGBTQ youth (p. 326).

Racial problems among LGBTQ: Racism can be defined as the "beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation (Andersen, 1993; Aosved, & Long, 2006). Regarding the LGBTQ subculture, findings show that there is a lot of discrimination among these youth. For example, African American gay and bisexual men face a racist/hostile gay community daily (Szymanski, & Gupta, 2009). These African American gay and bisexual men experience homophobia, resulting in discrimination and oppression from the predominantly gay White communities (Aosved & Long, 2006; Szymanski, & Gupta, 2009). Miller and Humphreys (1992) state that the African Americans, when "out of the closet," are derogatorily described in terms such as the "Black gay" and the "gay Black."

Miller and Humphreys explained these terms as follows: the former term refers to a man who sees himself as a Black man that happens to be gay and therefore primarily identifies himself with his racial minority group. The latter term, gay Black, refers to a man for whom a gay sexual identification is the primary identity. Miller and Humphreys concluded that choosing to affiliate primarily with one community is a plausible strategy for dealing with dual sources of oppression (Miller & Humphreys, 1992).

Internalized oppression as illustrated by Mullaly (2002) shows an impact on gay men and lesbians. LGBTQ have so many negative stereotypes which may cause self-hatred, affected their feelings, thoughts, and behaviour that may lead to marginalization and discrimination among members. One can point to the fact that the internalized homophobia faced by LGBTQ means feeling bad about and/or feeling mistreated among popular culture and religion (Balsam & D'Augelli, 2006). Internalization can often take the form of mistreatment, and misinformation about one subgroup, by another subgroup. For example, misinformation often takes this form: "You are not a real/good enough member of this group to be recognized and honored." This "you are not good enough" and "we will ignore you" is an act of discrimination and hatred among LGBTQ youth. Another study shows that messages like "you are not good enough" and "you should be in the kitchen instead of at the political strategy planning table" divides lesbians from gay men (Balsam & D'Augelli, 2006). Balsam and D'Augelli state further that such derogatory and stratifying statements make lesbians feel separated and wanting another identity (Balsam & D'Augelli, 2006).

In the United States, self-disclosure has affected LGBTQ youth in many more ways. Research shows that some LGBTQ youths are homeless or at-risk of being homeless as a result of self-disclosure (Szymanski, & Gupta, 2009). Another form of self-disclosure that is

oppressing LGBTQ is the discrimination and harassment within our ecosystem and school environment. For example, studies show that in California students who identify themselves as gay or lesbian in schools may receive discriminatory treatment from their teachers and they will be labeled as deviant people (Horn, 2006; Szymanski, & Gupta, 2009). In Canada, discrimination and harassment of LGBTQ student is not as pronounced as it is in the United States. In fact, some Canadian researchers found an association called Gay and Lesbian Educators of British Columbia (GALE-BC) with the aim of providing resources for classroom teachers concerned about homophobia and heterosexism in B.C. schools. This organization strives toward the provision of space for LGBTQ youth in schools by working closely with B.C. teacher's federation to offer professional development and training for student teachers and experience teachers on LGBTQ related issues (Carte, 2003).

The presence and growth of HIV/AIDS is also an issue for LGBTQ youth. HIV/AIDS is not a "gay disease" but it can affect gay people and gay people in particular have been the victims of discrimination and social isolation as a result of prejudice and beliefs that they are somehow responsible for HIV/AIDS. HIV is a growing epidemic in the world today; people with HIV are discriminated against, oppressed, and alienated while others say they are deviant. The multiple levels of oppression faced by LGBTQ, come from the accusation and segregation within LGBTQ and the societal harassment (Harper, 2003). Studies show that LGBTQ youth who witness this ill-treatment usually remain in isolation, experience depressed conditions, and may commit suicide (Harper, 2003).

Cultural level.

Over the last twenty years, the issue of homosexuality has been a frequently discussed topic. The increased attention is largely due to the fact that LGBTQ members have not only

been willing to publicly articulate their sexual identity, but have actively struggled against the different forms of prejudice and discrimination that disrupt their lives (Balsam & D'Augelli, 2006; Eliason & Randel, 1991; Norris, 1992). For example, the topic "homosexuality" has not been clearly defined within Christianity; hence some Christians view LGBTQ as evil and immoral people who will hinder our community (Peterkin & Risdon, 2003). In Christianity, there exists a wide diversity of opinions on the question of homosexuality. While nearly all agree with the need to accept homosexual persons, there is no agreement regarding how to regard homosexual behaviour and what is its moral status (Peterkin & Risdon, 2003). Another example illustrated by Rossetti and Coleman (1997) states that some observers of Catholicism insist that a homosexual orientation is a matter of choice and therefore becomes a moral issue. Other Catholics claim that this preference is generally coded and thus pre-determined from conception. While some other Catholics identify early psychological traumas, such as sexual abuse or being rejected by one's peers, as the determining factors of a homosexual orientation (Rossetti & Coleman, 1997). Some Protestant denominations are fully accepting of homosexuals ie. United Church of Canada.

A study by Sakalli (2002) suggested that heterosexual individuals who believe that homosexuality is a choice rather than something one is born with at birth hold gay and lesbian individuals responsible for their lifestyle. Those heterosexual individuals may perceive that gay men and lesbians choose their lifestyle and have control over their sexual preferences. On the other hand, Aguero, Bloch, and Byrne (1984) suggested that the belief that homosexuality is genetic produces attitudes towards gay men and lesbians basically similar to attitudes toward handicapped individuals because, in both cases, people do not perceive determined behaviours as controllable.

Islam is probably the most rigidly anti-homosexual in its practices of all the world religions. Islamic religion continues to oppress LGBTQ youth, arguing that The Koran condemns homosexuality. There is flexibility in most western countries where LGBTQ people can conveniently exercise their rights. In most Muslim countries where Islamic Sharia law is enforced, homosexuality is strictly illegal. The debates in Islam regarding homosexuality are not about whether it is acceptable, but merely about how severe the punishment should be (Peterkin & Risdon, 2003).

Broadly speaking, most groups within Judaism do not accept homosexuality; Judaism is a very diverse religion whose followers can be counted in millions all over the world. Because Jewish congregations vary so widely in questions of doctrine and policy, there is no single definitive Jewish policy regarding homosexuality (Peterkin & Risdon, 2003).

Buddhism is one of the religions that do not have much social and legal prohibition against homosexuality. The Dalai Lama, the most respected leader of a Buddhist sect, is ambiguous on the subject of homosexuality since it is not explicitly mentioned in any of the Buddha's discourses. However, Buddhism has been more gay-friendly than the major Western faiths (Peterkin & Risdon, 2003).

Another factor that has led to the increased discussion about gay and lesbian rights, as well as the rise of violence that has been directed towards homosexual people, is the AIDS epidemic. To be specific, the discussion about gay men in general and their sexual behaviour in particular has increased as educational AIDS programs profile them as being at risk for contracting this disease. The level of violence and discrimination directed towards gay and lesbian people has increased based on the recognition of the AIDS epidemic among LGBTQ

(Sheehan, Ambrosio, McDevitt, & Lennon, 1990; Young, Gallaher, Belasco, Barr, & Ebber, 1991).

Wells and Franken (1987) established that among a group of students in a Midwestern university the level of knowledge held about gay and lesbian persons was directly correlated to their attitudes toward the issue of homosexuality. In particular, individuals having a large amount of information about gay and lesbian persons reported significantly more positive (accepting) attitudes towards the issue of homosexuality. This was relative compared to persons who had little knowledge about gay men or lesbians, and the results from the report show negative attitudes towards issues of homosexuality. As indicated by Wells and Franken (1987) their investigation demonstrated students' attitudes towards homosexuality. This seemed to be strongly correlated with such factors as the major of study, education level, religious background, and knowledge of gay and lesbian persons.

Wells and Franken (1987) provided useful information concerning the ways and manner that homosexuality is viewed by a group of university students. However, their study did not indicate that the impact of the students' culture, ethnic, and racial background could influence their attitudes toward homosexuality. This lack of information unfortunately reflects a general shortcoming in much of the research that has been conducted in this area (Kim, D'Andrea, 1998).

Structural level.

In examining career issues specifically related to sexual orientation, Croteau and Hedstrom (1993) state two key concepts (the management of stigma, and the establishment of gay men and lesbians supportive and affirming environment) that employers need to consider when offering jobs to LGBTQ people, in order to minimize, and/or decrease the

level of vulnerability among gay men and lesbians seeking employment. In North America, the vast majority of LGBTQ youth work to earn a decent living. Employment for LGBTQ youth, however, has been not been without problems (Brotman, Ryan, & Cormier, 2002). In the United States, until early 2000, some parts of the U.S. government, the nation's largest employer, without overt prohibitions, discriminated against lesbian and gay people by refusing to hire them (Brotman, Ryan, & Cormier, 2002). Employment discrimination of LGBTQ youth might increase poverty among this minority group and/or may increase their levels of drug use (Brotman, Ryan, & Cormier, 2002).

As stated above by Croteau and Hedstrom (1993), lesbians and gay men will benefit from the construction of work environments that are supportive or affirming of their gay identity. Assessing work environments before accepting placement can facilitate this. Gay men and lesbians can accomplish this goal by seeking companies with non-discrimination policies, relying on the gay community network for insight about certain company environments, and/or inquiring about the company atmosphere during the job search.

Same sex marriage (SSM) was legalized across Canada by the "Civil Marriage Act" Bill C-38 enacted in July 20, 2005. Court decisions, starting in 2003, had already legalized same-sex marriage in eight out of ten provinces and one of three territories, whose residents comprised about 90% of Canada's population (Balsam, D'Augelli, 2006). Despite the legalization and the equitable structure in place as enacted in bill C-38, gay men and lesbians face excessive struggles and challenges every day of life.

As gay men and lesbians continue to struggle for their rights, equality and an equity for structure, a new decision erupted on Saturday October 11, 2009 when the United States President Barack Obama delivered a rousing speech to the nation's largest gay rights group,

praising the gay community for making strides in equal rights and pledging to deliver on major campaign promises that some said he left on the back burner (Cable News Network [CNN], 2009). President Obama promised to end the Pentagon policy "Don't Ask, Don't Tell" instituted for the U.S. military. In his statement "we should not be punishing patriotic Americans who have stepped forward to serve this country," he said. "I'm working with the Pentagon, its leadership and the members of the House and Senate on ending this policy, legislation that has been introduced in the House to make this happen, I will end 'don't ask, don't tell.' That's my commitment to you" (Cable News Network [CNN], 2009). President Obama signed the Don't Ask, Don't Tell Repeal Act of 2010 into law, ending a policy enacted in 1993 that banned openly gay and lesbian soldiers from military service (Cable News Network [CNN], 2010).

Conclusion

Due to their multiple identities, gay men and lesbians experience oppression, discrimination, marginalization, and prejudice for being a sexual minority and for being an ethnic minority. In addition, gay men and lesbians not only have to experience this dual oppression from society but they also experience prejudice from two communities, the predominantly White LGBTQ community and their own ethnic community. Yet, it is likely unknown how gay men and lesbians effectively cope with heterosexism and racism.

Most research on LGBTQ has focused on risk factors rather than on resiliency or effective coping, although LGBTQ research has shown that some LGBTQ youth face considerable risk for mental health such as depression and hopelessness while others are faced with suicidal behaviours. These risks appear to be offset by factors such as social support from family and friends. Furthermore, despite the speculation about the greater

hardship faced by LGBTQ youth due to racism and family disputes, evidence based on a qualitative study suggests that the experience of racism helps LGBTQ youth to confront heterosexism (Anderson, 1998). While there is a growing body of research on oppression, discrimination, and marginalization of LGBTQ, no studies to date have focused primarily on how lesbians and gay men can be well served in Northern British Columbia. This study will contribute to the knowledge of lesbian and gay societal issues and seek to improve the social services received by LGBTQ youth in Northern B.C.

Furthermore, this study attempts to answer some of those unexplored areas in the literature. The next Chapter of this thesis discusses the methodology used to conduct this research. A critical hermeneutic phenomenology is used to analyze and describe the data gathered in the research. The researcher's personal experience, assumptions and biases are discussed. The following areas of the methodology – participants, sampling method, sampling size, data collection, interview procedure, interview questions, data analysis, verification approach, member checking, and ethical considerations are also discussed.

Chapter Three

Methodology

This qualitative research used the phenomenological method to study and understand the relationship between health care services that are available to gay and lesbian youth and their perceptions of what they actually receive. The study used a structured, in-depth, face-to-face interview tool to investigate health care service and how to improve it. The research instrument consists of open ended questions, that were field tested for fit (Creswell, 1998), to enable confirmation, immersion, and to illuminate the researcher with the facts being studied and described. The critical hermeneutic phenomenological approaches of Heidegger (1962), Ricoeur (1978), and Gadamer (1975) were used to analyze and describe the data gathered within the qualitative research model.

Hermeneutic Phenomenology

The term hermeneutics is derived from the Greek messenger god Hermes, whose task it was to convey understanding of divine matters to the mortals (Rathswohl, 1991). The underlying idea of hermeneutics is to provide a way of understanding texts. This referred originally to divine text, mostly the Bible, and was manifested in an attempt to understand the Bible as it was truly meant to be understood (Ricoeur, 1978). However, contemporary hermeneutics has moved away from the hope of being able to produce a 'correct' understanding and it now focuses on ascertaining a more appropriate interpretation of texts.

Questions may arise when the meaning of a text is not self-evident (Hirschheim & Klein, 1989). This brings us to the phenomenological question of *being-in-the-world* of the text, and in this case, *being-in the-world* of gay men and lesbians who were interviewed. Gadamer, (1975) and Heidegger (1962) wrote on hermeneutic phenomenology and share the

same views about language and understandings being inseparable structural aspects of humans '*being-in-the world.*' Gadamer (1975) stated that "language is the universal medium in which understanding occurs in interpreting" (p. 389). Gadamer, (1975) also agreed with Heidegger (1962) that understanding is always more than just re-creating someone else's meaning. In addition, Gadamer agreed with Heidegger's view that questioning opens up possibilities of meaning, and thus what is meaningful passes into one's own thinking on the subject. Furthermore, reaching an understanding in a dialogue is not merely a matter of putting oneself forward and successfully asserting one's own point of view, but being transformed into a communion whereby we do not remain as we were (p. 375).

Despite the similarities between Gadamer and Heidegger, my work focused on Heidegger's (1962) approach which aims towards illuminating the details and seemingly trivial aspects within experiences in our lives that may be taken for granted (Wilson & Hutchinson, 1991). Heidegger's conception of humans as concerned creatures that face their fates in an alien world interests me (Annells, 1996). Furthermore, Heidegger (1962) claims that to be human is to interpret understanding, and that every encounter involves an interpretation which is influenced by an individual's background or history. He also added that pre-understanding is a structure for being in the world. This pre-understanding is not something a person can step outside of or put aside, as it is understood as already being with us in the world. "Nothing can be encountered without reference to a person's background understanding" (Heidegger, 1962). All understanding is connected to a given set of fore-structures, including one's history, that cannot be eliminated (Heidegger, 1962). The purpose of hermeneutics is not to cover up the difference between author and reader (researcher) but rather to make it explicit, to demonstrate the reasons for the meaning of a text (Myers &

Avison, 2002). Phenomenological hermeneutics does not aim to explain and predict but to understand, describe, and to make sense of phenomena (Myers & Avison, 2002).

Personal background.

Researchers have noted that who they are and their personal experiences during the research impact how they view the processes and outcomes, how they act during the research, and the lens they use to analyze and interpret the research (Stanley & Wise, 1993). Additionally, they noted that these personal experiences should influence and be included in the discussion of the research. This necessitates the discussion of my personal relationship with the research in terms of my previous experience related to the implementation of the research.

As a researcher who is heterosexual, I bring to this study a decade of human service experience. I have worked in the human service field in various capacities. I have worked with the Children's Aid Society in Windsor Ontario as a family support worker for new immigrants; I have counselled youth and their families when there is a report of violence or drug related issues in their household. As a youth care worker, I have also worked with gay men and lesbians who were struggling with their sexual identity, and family conflicts, resulting from their sexual orientation. I have chosen to write my thesis on gay men and lesbians because of the multiple forms of oppression, marginalization, and victimization they face. For example, working in Windsor Ontario and Prince George; I observed that gay men and lesbians have no place to gather, and are faced with discrimination, harassment, and violence from heterosexual youth. I also observed that gay men and lesbians lack appropriate role models. It is consistent in literature that heterosexual bias (a belief system that values heterosexuality is superior to or more natural than homosexuality) will contribute to changes

in question formulation, data collection, and interpretation made in any study on homosexuality (Key, 2002).

Although my research is focused on LGBTQ issues, the larger issue is that of oppression. This oppression not only affects LGBTQ youth, but women and children who hold less power than their oppressors. Therefore, being a fierce advocate of universal rights for gay and lesbian people, I am of the firm belief that all humans are equal and should be given equal opportunity to access all public services. I see myself as an anti-oppressive social worker, a person who is engaging in changing oppressive structures that affect various groups of individuals. I am committed to helping LGBTQ youth, families, and children, of all diverse and oppressed backgrounds, live happy and healthy lives through teaching and public services. It is my belief that oppression affects access to health care, rationing of health services, the quality of health services provided, and the educational and economic opportunities for individuals who do not fall into the dominant category of White, heterosexual, able-bodied, Christian males.

Assumptions and biases.

Since I approached this research from the paradigm of the anti-oppressive social work theory, the goals of delineating assumptions and biases were to inform the readers and participants of my position (Kincheloe & McLaren, 1994). Managing these assumptions and biases in the traditional sense, bracketing or remaining objective, was not the goal. I critically reflected on these assumptions and biases to determine how they might affect my relationship with this value-laden research (Reason, 1994). Additionally, I attempted to use this self-reflection to try to avoid letting my assumptions and biases dominate the experiences of participants and the analysis of their interpretations. The method for critically reflecting on

my assumptions and biases was the maintenance of a self-reflective researcher journal and discussions with the participants. The researcher journal contains personal thoughts and the examination of those thoughts. Additionally, the researcher journal contains analytic thoughts, and examination of those thoughts, about the research project including the formation of themes, analysis of processes, and major findings. The discussions with participants helped me deal with my biases related to diverse groups.

Hermeneutic phenomenology.

For the purpose of this research, I have chosen hermeneutic phenomenology because it is concerned with the life world or human experience as it is lived. Through this means gay men and lesbians will be able to share their lived experience of this world, especially how they perceive discrimination and oppression in an attempt to receive health care services. Hermeneutic phenomenology provides me with the understanding that the way we view the world is how we perceive the world. For example, the way some health care providers see gay and lesbian people as inferior that is how their thinking affects the nature of services provided to them. I feel comfortable with hermeneutic phenomenology because it is interpretative and concentrated on historical meaning of experience, development, and accumulative effects on individual.

The following areas of the methodology – participants, sampling method, sampling size, data collection, interview procedure, interview question, data analysis, limitation, and ethical consideration were addressed. In answering the research questions posed, a qualitative research method was appropriate, primarily because the questions themselves are qualitative in nature (i.e. beginning with the word "what and how"). In addition, this study seeks to

explore the services that are available for gay and lesbian youth to access in Northern British Columbia.

Participants

The participants in this study were gay men and lesbians who self-identify as predominantly gay and lesbian youth accessing services in Northern British Columbia. The rationale for interviewing the key informants was to ascertain their perspective on the experience of accessing health-care services. As indicated above, the research was intended to benefit LGBTQ youth. The participants were asked to share their subjective experience of oppression, and their ideas for improving health care services. I recruited participants for this research using purposive, criterion sampling (Patton, 1990). The voluntary participants were gay men and lesbians, self-identifying participants range between 19-24 years.

Sampling Method

In this study, the participants were interviewed for an hour and a half on the issues and variables relevant to the research topic, reflecting on their experiences and knowledge of the subject matter. In qualitative research, Creswell (2007) advises that the goal is to select a few individuals and conduct in depth interviews in order to explore the full meaning of the phenomenon. Due to the nature of this study and the amount of oppression and discrimination faced by gay and lesbian youth, the researcher developed leads from interviewees as to where to find additional qualified participants. This method of recruiting participants is described as the snowball sampling method within the purposive non-probability sampling method. This method helps to identify other potential participants "... who meet the criteria for inclusion in your study" (Patton, 1990; Trochim, 2001) through the recommendation of those already interviewed.

Sampling Size

The sample size of this study was 8 individual participants which included gay men and lesbians. The exclusion list includes gay men and lesbians who do not access health care services or reside in the pre-defined areas. Transient gay men and lesbians were excluded from the study, since they do not reside within the Northern British Columbia. The general rationale for this exclusion list is that qualitative research is interpretative research, where the inquirer has sustained and meaningful experiences with the participants who can provide appropriate clarification about the constructs/ phenomena being studied (Patton, 2002). Consequently, care must be taken to include only gay men and lesbians who "... have experienced the phenomenon being explored and can articulate their conscious experiences" (Creswell, 1998, p.111). Creswell's viewpoint is crucial to a successful phenomenological study as it enhances the proposed purposive sampling strategy to be used in this study.

In this research, of the eight LGBTQ youth participants interviewed, six identified their gender as male and the other two as female. Further, five identified their sexual identity as Gay. One identified as Gay and Two-Spirited. One also identified as Bisexual, and the other identified as Lesbian, Transgender, Transsexual, Bisexual and Pansexual. This research produced five major themes from the analysis of the eight face-to-face interviews with LGBTQ youth in Northern British Columbia.

Taped oral recording and research instruments.

Note taking can increase the risk of interviewer bias by leading the interviewee to stay on comments perceived as being directly relevant or topics of particular interest (Hancock, 2002). All oral discussions were taped. The use of tape recorders allows the interviewer to concentrate on listening and responding to the interviewee and eliminates the

possibility of being distracted by trying to write down what has been said. Taped recording of the interview ensures that the entire verbal encounter is captured, and provides complete data for analysis. Whatever cues are missed in the initial listening exercise can be regained through a second and a third listening. Questionnaires and transcriptions of these interviews will be stored in a secure locked cabinet in a locker within the researcher's residence for one year post defense to avoid them being compromised. Only the researcher, committee members, and the supervisor have access to these materials. The interviewees were given the opportunity to review and correct their transcripts.

Data Collection

Demographic questionnaire.

The in-depth interview process was the primary data collection technique for gathering data in this qualitative method. Participants were given a short questionnaire that asks the following information: age, race or ethnicity, place of birth, and years living in Northern British Columbia (**see Appendix B**). Participants were asked to provide information affiliated to "family and education" using a scale ranging from 1-4. Serious efforts were made to interview gay men and lesbians who "... have experienced the phenomenon being explored and can articulate their conscious experiences" (Creswell, 1998, p.111). The data was the dialogue ensuing from the interview, which seeks the insider's viewpoint on the question. Detailed data were gathered through open ended questions that sometimes provide direct quotations, since such direct quotations help to articulate the question and keep the response in perspective. Each participant was given a copy of the questionnaire on hand and was encouraged to answer the questions serially, for easier re-

mapping and analysis by the researcher. The result of this process was a focused research design that was valid, real, rich, with deep data (Key, 2002).

Interview Procedure

Informed consent.

Participants were informed that the interviews would be confidential and that their full names would not be used in the transcription and/or in the report. The researcher assured the participants that the paid transcriber will only transcribe the interviews and assign pseudonyms, in order to protect their confidentiality and anonymity (**see Appendix G**). Participants were asked permission to audiotape the interview before proceeding. In addition to a verbal explanation, a consent form detailing confidentiality, its limitations, and their rights as research participants was given to them to read and sign (**see Appendix F**).

Location.

The interviews took place in private locations- which included a participant's home, an unoccupied conference room and office in the social work department at the university. The participants were given a choice as to where they would like to have the interview. Each interview was an hour and a half in duration. Only one interview per participant was conducted.

Procedure.

The researcher conducted all the interviews. His qualifications include formal training in conducting in-depth interviews for qualitative research as well as clinical interviews through several years of work as a counsellor. The interviews began with warm-up questions such as "in your opinion, what are the most important challenges for LGBTQ youth living in Northern British Columbia?" This question was designed in order to help participants slowly

engage in the conversation and open up. Although a list of interview questions (**see Appendix C**) was used, questions that help to clarify responses or probe for a more in-depth response were also asked. Open-ended questions (questions that begin with "what and how") were asked in order to access their subjective experiences, perceptions, and the researcher kept a reflective journal.

Resource list.

Theoretically, resiliency is usually common for participants in this study, indeed resiliency is more a matter of degree rather than an absolute. Nonetheless, as a means of protecting the emotional and psychological well being of participants, at the end of the interview the participants were asked what it was like for them to do the interview. In order to minimize any risk, all participants were given a list of resources in the community, such as community mental health agencies as well as counsellors in private practice should they feel the need to utilize any services for support. These support agencies include:

- Native Healing Centre, 3rd floor, 1600 Third Avenue, 250.564.4324
- Walmsley & Associates, 1512 Queensway, 250.564.1000
- Brazzoni & Associates, 301-1705 Third Avenue, 250.614.2261
- Worth Counselling & Assessment Services Inc, 1717 Third Avenue, 250.563.7331

Data Analysis

Central to this research was one primary question "What services are available for LGBTQ youth in Northern British Columbia?" Followed by two sub questions: "How do we improve the services that already exist?" and "How do we bridge any gaps that emerge between what gay men and lesbians need, and what they get?" The data analysis for this study was centered on the guiding framework of hermeneutic phenomenology. This

framework opens the research to the following: a) exploring the experience of LGBTQ youth accessing health care services in Northern British Columbia; b) reflecting on the themes and patterns that characterized the phenomenological experience of LGBTQ youth in Northern British Columbia; and c) describing the phenomenological experience through the art of writing and rewriting (Heidegger, 1962; as cited in Wilson & Hutchinson, 1991).

Transcription.

Before any formal analysis of data begins, the audio taped interviews were transcribed and saved on a computer hard drive. The transcription did not only include the words spoken by the participants but also pauses and emotional reaction from participants. This approach to transcription, which attempts to recreate the interview experience, helps in the process of analysis (Seidman, 1991). Thematic analysis was used to analyze this data. This type of analysis is highly inductive, that is, the themes emerge from the data and are not imposed upon it by the researcher. Thematic analysis is a qualitative analytic method which aims to uncover patterns or "stories" in data (Fereday & Muir-Cochrane, 2006; Braun & Clarke, 2006). This was conducted over several stages; firstly, a set of codes was defined and each data item was labeled with one of these codes. These code schemes were checked by a supervisor to determine if it was balanced, repeatable, and unambiguous. The codes were refined and reviewed until the researcher and the supervisor reach a pre-determined agreement rate. I chose thematic analysis for its flexibility and usefulness as a research tool in obtaining rich and detailed data from participants (Braun & Clarke, 2006). When conducting my thematic analysis I followed the Braun and Clarke (2006) approach: a) familiarize yourself with the data; b) generate initial codes; c) search for themes; d) review themes; e) define and name themes; and produce the report.

As proposed, a paid transcriber was to transcribe the data gathered in this research. But in order to familiarize myself with the data, I completed all of the transcription verbatim. Transcribing the data allowed me to fully immerse myself in the language and experiences of the LGBTQ youth participants. Transcribing the data myself also allowed me to omit identifying information like names and place of residence within Northern British Columbia. I read the transcripts and notes until a sense of the participants overall experience emerged.

After familiarizing myself with the data, I began to generate a list of initial codes through highlighting with pen and writing notes on the transcripts. I searched across the data set for repeated patterns of meaning highlighting common words such as no support, nowhere to hang out, fear, lack of a desire to access health care service, just to list a few. With an initial set of codes in place, I began to create a table that includes potential themes and subthemes.

I reviewed all potential themes in order to ensure validity of individual themes in relation to the data set. During the process of searching for themes, I used mind-maps (a diagram used to represent words, ideas, tasks or other item linked around a central key word) to generate, visualize and to begin the organization of themes. I then defined and named themes according to the essence of what each theme was about and then I finalized them on a table. Themes included no support for LGBTQ youth, lack of a desire to access of health care services, professional skills, challenges, and health care service delivery. Organizing, defining and naming themes and sub-themes was challenging. Consulting with fellow students and my supervisor was necessary at this point.

My analytical process was very challenging. In some cases, I appeared in my supervisor's office without informing him of my arrival to ask a question. This was to ensure

that I was completing my analysis correctly. I asked questions like, "How many participants need to say a certain thing to make it a theme?" "Can one important word by a participant be a theme?" Some participants seemed to have knowledge of and were concerned about homophobia in the Black community. This concern created fear among the participants and made me emotionally drained during the interviews. Two of my interviews were interrupted; one of them was as a result of "sudden cough" developed by me and the other interruption resulted from an employer seeking employee assistance. I turned off my digital recorder for the interruptions as these were not relevant to the research.

One other challenging aspect of this data analysis was some participants' responses to the question of whether they were denied health care services in Northern British Columbia. In my reflexive journal I questioned, "How is it that LGBTQ youth participants do not appear necessarily interested in accessing health care services" I remembered participants' comments on the need for LGBTQ youth to step up and/or stop availing themselves of health care services. This kept me thinking and asking why LGBTQ youth participants should exclude themselves from public health services.

Verification Approach

This qualitative research was conducted in a rigorous manner. The existence of rigor in this phenomenological research is to provide in-depth understanding of the services available to LGBTQ youth in Northern British Columbia. The rigor presented in this phenomenological research has long been debated by qualitative researchers. All of these debates have contributed to the standard of qualitative research around accuracy and validity. To ensure rigor in the research findings, I utilized several methods that support research validity. These methods include reflexive journaling, candidness, and feedback.

Personal reflexivity is a significant aspect of my research. Being a fierce advocate of universal rights for LGBTQ people, I have developed a passion and strong conviction that LGBTQ youth should have equal opportunity to access all public services. As a researcher, it is unrealistic for me to think I can separate my research from my personal beliefs and values. Thus, it is crucial that I include some trust measures in this research. After each interview with a participant, I wrote in a self reflexive journal recording my thoughts, body language, assumptions, challenges, and perspectives regarding the interview. This process allowed me to reflect back on the interview and ensure that my biases, personal beliefs, and values did not alter the data. I have been very candid with the reader, and I have located myself throughout this research and have been clear about my assumptions and biases in regards to LGBTQ youth in Northern British Columbia. In this qualitative study, being candid "putting yourself as a researcher squarely into the settings or situations being described to whatever extent warranted" is as important as the research (Wolcott, 1994). This process also gives room to feedback in order to ensure accuracy both in reporting and interpretation of data (Wolcott, 1994).

Member (Participant) Checking

After I completed the transcription of the recorded data, I sent a copy of each individual transcript to all my LGBTQ participants for review and I made a follow-up phone call to confirm that my email and the attachment were received. I allotted the LGBTQ youth participants two weeks to respond with feedback in regards to the interview transcripts. Three of the LGBTQ youth participants reviewed and returned transcripts back to me while the other five participants in this research did not respond to the transcripts provided, so I proceeded with the research under the assumption that no changes were needed.

Ethical Considerations

For ethical thoroughness, this researcher conducted this research within the defined ethical parameter of competence: the researcher understood his limitations. Demographic information of individual participants, units of assignment, and employment were made anonymous wherever possible. Special efforts were made to exclude such identifiers from the interview. The choice of location, outside of the normal work environment, further protects their anonymity. Data were stored in a secure locked cabinet in a locker within the researcher's residence. Participants were supported to understand the voluntary nature of the interview and that they could withdraw from the study anytime without penalty (**see Appendix E**).

Finally, the researcher was aware of the confidentiality issues of data and subject, the complications that can result from any conflict of interest, the consent processes, and the responsible conduct in research. There was no deception whatsoever in this research, whether in planning, language, data collection, and analysis or presentation of the findings. The informed consent further detailed those rights and obligations to the participants (**see Appendix F**).

Conclusion

This research used an in-depth face to face interview tool to collect data from participants. The methodological approaches used in this research include but are not limited to the following; hermeneutic phenomenology, and thematic analysis. These approaches tend towards illuminating the details and seemingly trivial aspects within the experiences of LGBTQ youth also, uncover patterns or "stories" in this research. LGBTQ youth participants are the primary focus in this research, their demographic information is analyzed and

discussed in the next chapter. The findings in this research which include themes and sub-themes revealed through the data analysis will be presented in chapter four.

Chapter Four

Research Findings

This study examined LGBTQ youth's lived experiences through an in-depth face to face interview in regard to their subjective lived experiences of accessing health care services in Northern British Columbia. This chapter outlines the results of eight qualitative interviews. Questions were asked in order to gain knowledge and understanding of their stories and insights, as well as to acquire information about the challenges LGBTQ youth faced in an attempt to access health care services. The research findings are based on direct quotes from the qualitative interviews so as to appropriately reflect the experiences of the LGBTQ youth participants. Although some participants' quotes appear to be lengthy, I found it crucial to use tables, and also incorporate as much detail as possible to truly represent the experiences of the LGBTQ youth participants.

Demographics

Eight LGBTQ youth participants completed the basic demographic questionnaire (**see Appendix B**). Of the eight LGBTQ youth participants interviewed, six identified their gender as male and the other two identified as female. Further, five identified their sexual identity as Gay. One identified as Gay and Two-Spirited. One also identified as Bisexual, and another identified as Lesbian, Transgender, Transsexual, Bisexual, and Pansexual. Of the eight LGBTQ youth participants interviewed, three identified as Aboriginal/Métis/First Nations. Two identified as White/European. Two others identified as East Asian/Chinese/Japanese, while one identified as Bi/Multiracial (Chinese/German). The ages of the LGBTQ youth participants ranged from nineteen to twenty-four. With regard to LGBTQ youth participants' living conditions, four identified as living with parents. Two identified as living on their own.

One identified as living with family members other than parents, and another identified as living with a sexual/romantic partner. In regard to educational backgrounds, three LGBTQ youth participants completed some post-secondary education. Two LGBTQ youth participants completed college. Three LGBTQ youth participants graduated grade twelve. Three LGBTQ youth participants are currently employed as full time employees, while the remaining five LGBTQ youth participants were unemployed.

Table 4.1 indicates the people who were aware of the participants' sexuality (**see Appendix B**).

Table 4.1

Family

# of Participants 8	5	1	1	1
Responses	Mother Father All extended families	Mother Stepmother Father Stepfather All extended families	Mother Father All siblings	Mother Stepmother Father All extended families

From the above table, the first category (family) consists of mother/stepmother, father/stepfather, some siblings/all siblings, and some extended family/all extended family. Of the eight LGBTQ youth participants interviewed, five identified as 'out' to mother, father, and all extended families. One LGBTQ youth participant identified as 'out' to mother, stepmother, father, stepfather, and all extended families. One LGBTQ youth participant

identified as 'out' to mother, father, and all siblings, while the last LGBTQ youth participant identified as 'out' to mother, stepmother, father, and all extended families.

Table 4.2

Friends

# of Participants 8	4	2	2
Responses	All heterosexual friends All LGBTQ friends	Some heterosexual friends All LGBTQ friends	All heterosexual friends

From the above table, the second category (friends) consists of some heterosexual friends, all heterosexual friends, some LGBTQ friends, and all LGBTQ friends. Of the eight LGBTQ youth participants interviewed, four LGBTQ youth participants identified as 'out' to all heterosexual friends and all LGBTQ friends. Two identified as 'out' to some heterosexual friends and all LGBTQ friends. Two identified as 'out' to all heterosexual friends only.

Table 4.3

School

# of Participants 8	4	1	1	1	1
Responses	Administrators Teachers Heterosexual students LGBTQ students	Teachers Heterosexual students LGBTQ students	Heterosexual student LGBTQ students	LGBTQ students	

From the above table, the third category (school) consists of administrators, teachers, heterosexual students, and LGBTQ students. Of the eight LGBTQ youth participants, four LGBTQ youth participants identified as 'out' to administrators, teachers, heterosexual students, and LGBTQ students. One LGBTQ youth participant identified as 'out' to teachers, heterosexual students, and LGBTQ students. One LGBTQ youth participant identified as 'out' to heterosexual students and LGBTQ students. Also, one LGBTQ youth participant identified as 'out' to LGBTQ students, while the last LGBTQ youth participant had no signs of indication to show to whom he was 'out.'

Table 4.4

Work

# of Participants 8	4	4
Responses	Employers Managers Heterosexual coworkers LGBTQ coworkers	

From the above table, the fourth category (work) consists of employers, managers, heterosexual coworkers, and LGBTQ coworkers. Of the eight LGBTQ youth participants interviewed, four identified as 'out' to employers, managers, heterosexual coworkers, and LGBTQ coworkers, while four LGBTQ youth participants had no indication to show to whom they were 'out.'

Health concerns of LGBTQ participants were presented in the demographic questionnaire (**see Appendix B**). Stress related issues were discussed, and participant's

experiences within the last six months prior to the interview were also discussed. Below are the tabular interpretations of participants.

Table 4.5

Stress

# of Participants 8	7	1
Responses	Very stressed out because of my sexual identity	No stress

From the table above, of the eight LGBTQ youth participants interviewed, seven identified that their sexual identity had caused stress in their lives, and one participant identified no stress.

Table 4.6

Past six months experience

# of Participants 8	3	2	2	1
Responses	Depression and harassments	Depression and harassments Low self-esteem	Depression and harassments Low self-esteem, drug abuse, alcohol abuse, and work abuse. Anxiety and discrimination	Depression Low self-esteem, drug abuse, work abuse, and unemployment Poverty, housing problems, anxiety, and discrimination

Of the eight LGBTQ youth participants interviewed, three participants identified that, in the past six months, they had experienced depression and harassment. Two LGBTQ youth participants identified that, in the past six months, they had experienced depression,

harassment, and low self-esteem. On the other hand, two other LGBTQ youth participants identified that, in the past six months, they had experienced depression, harassment, low self-esteem, drug abuse, alcohol abuse, work abuse, anxiety, and discrimination. The last LGBTQ youth participant identified that, in the past six months, he had experienced depression, low self-esteem, drug abuse, work abuse, unemployment, poverty, housing problems, anxiety, and discrimination.

In regard to services, LGBTQ youth participants were asked to comment on the kind of services required by youths. The table below shows the services required by LGBTQ youth.

Table 4.7

Services required by LGBTQ youths

# of Participants **8**	5	1	1	1
Responses	Advocacy, drop in space, employment, and support/job training Family counseling, gay/straight alliance, group support, social programming, group counseling, and one-on-one support Financial support, legal assistance, youth specific drug/alcohol treatment, food bank, and LGBTQ youth specific activities	Advocacy Family counseling, gay/straight alliance, group support, social programming, group counseling, and one-on-one support LGBTQ youth specific activities	Family counseling, gay/straight alliance, group support, and group counseling Youth specific drug/alcohol treatment, and LGBTQ youth specific activities	Advocacy, employment, and support/job training, Family counseling and one-on-one support Youth specific drug/alcohol treatment

Of the eight LGBTQ youth participants interviewed, five identified advocacy, drop in space, employment support/job training, family counseling, gay/straight alliance, group support, social programming, group counseling, one-on-one support, financial support, legal assistance, youth specific drug/alcohol treatment, food bank, and LGBTQ youth specific activities/events as specific services required by LGBTQ youth. One LGBTQ youth participant identified advocacy, family counseling, gay/straight alliance, group support, social programming, group counseling, and one-on-one support, as specific services required by LGBTQ youth. Another LGBTQ youth participant identified family counseling, gay/straight alliance, group support, group counseling, youth specific drug/alcohol treatment, and LGBTQ youth specific activities/events as specific services required by LGBTQ youth. Lastly, one LGBTQ youth participant identified advocacy, employment support/job training, family counseling, one-on-one support, and youth specific drug/alcohol treatment as specific services required by LGBTQ youth.

All of the LGBTQ youth participants expressed their deep appreciation for this study and wish to see more of this kind, where LGBTQ youth subjective experience counts and/or brings about a change in professional or academic settings in Northern British Columbia. The merging themes, sub-themes, and self reflexive journal in this research are presented below. The data derived from this research are centered on the identified five themes and quotes of LGBTQ youth participants.

Themes, Sub-themes, and Self Reflexive Journal

From the data collected in the eight interviews, five themes were identified: no support for LGBTQ youth, lack of a desire to access health care services, professional skills, challenges, and health care services delivery. Below are the themes, sub-themes and self

reflexive journal for this research. Each of these themes is divided into the following sub-themes with no specific order:

Table 4.8

Themes, Sub-themes, and Self Reflexive Journal

THEMES	SUB-THEMES	REFLECTION
No support for LGBTQ youth	Not enough health care professionals Nowhere to socialize Discrimination and Denial of health care services Fear and internalized homophobia Lack of education on LGBTQ issues	Yeah, no sense of belonging. I can imagine, only one walk in clinic in town. Self denial
Lack of a desire to access health care services	Not enough services No need to access health care services	How do you determine these services when you don't access them? This is unethical to deny health care services based on sexual orientation. Does doctor realize the implications? Is this ethical conduct for medical practitioners? How do you determine if you are healthy when you don't access health care services? How is it that LGBTQ youth participants do not appear necessarily interested in accessing health care services" Why not change your perceptions?
Professional skills	Be respectful and respect a person's gender identity Lack of psycho-education for health care professionals (best practice with LGBTQ youth) Equal treatment for everyone	Healing will begin by respecting gays and lesbians and their identity. Maybe we need to teach more on sexual orientation. This can't be true, maybe this might be a recall bias.
Challenges	Questions and Harassment, Isolation and Depression Lack of support and advocacy services for LGBTQ	Can this be true?
Health care service delivery	Extremely important services Services not important	Don't see importance until you access the services

Table 4.9

Merging Themes and Sub-themes

No Support for LGBTQ Youth	**Denial of Health Care Services**	**Professional Skills**	**Challenges**	**Health Care Service Delivery**
Not enough health care professionals	Not enough services	Be respectful and respect a person gender identity	Questions & medical examination Harassment	Extremely important services
Nowhere to socialize	No need to access health care services	Lack of psycho-education for health care professionals (best practices for LGBTQ youth)	Isolation and depression	Services are not important
Discrimination And denial of health care services		Equal treatment for everyone	Lack of support and advocacy services for LGBTQ	
Fear and internalized homophobia				
Lack of education on LGBTQ issues				

No Support for LGBTQ Youth

Lesbian, gay, bisexual, and transgender questioning youth participants in this research indicated that, there has not been enough support for youth coming out of the closet. This concern is a challenge for LGBTQ youth coming out in Northern British Columbia. The areas of no support presented by LGBTQ youth participants range from not enough health care professionals, nowhere to socialize, discrimination, fear, internalized homophobia, and lack of education on LGBTQ issues.

Not enough health care professionals.

Two of the eight LGBTQ youth participants interviewed mentioned that there were not enough health care professionals in Northern B.C. Bruno explained what that meant to him.

> ...the most important challenge for me as a transgender youth is that, there aren't enough doctors, psychiatrists, or physicians who are really aware or knowledgeable of trans, transgender care, or more transgender issues or someone even aware of any knowledge relating to trans issues, even just proper addressing. If there was a physician or endo-ecologist in the city that could help me monitor my transitioning then that will be great but since there is not really, then I am forced to keep my endo-ecologist, and physician and psychiatrist in...(Bruno, personal communication, April 2010). ...aside from like the pride services, umm, there are health care professionals who do not really address trans-issues, they really just address broad gay and lesbian sort of focus and I feel that although gay and lesbian is definitely an issue but even though gay and lesbian issues are definitely being addressed, there is not enough focus on transgender kind of awareness or even like just being gender queer.

Elvis who was also transitioning shared what this meant to him,

> ...the fact that some doctors or some health care providers do not know enough about sexual orientation or gender identification and stuff like that (Elvis, personal communication, April 2010) makes it challenging for a transgender person. There might not be any health care providers in Northern B.C. that can help with transgender or transitional people from one sex to another... "...being confident that

you can go to a doctor, any doctor or any health care provider and get the service that you would expect in any other city…" I do not think that is the case in this city.

Nowhere to Socialize.

Three out of eight LGBTQ youth participants shared the importance of having a place to hang out. Abel discussed what hanging out meant to him,

> …resources centre to get information, like I need to talk about this or that or what's not. The services in town is like, maybe there is not enough (Abel personal communication, April 2010) for gay men and lesbians to hang out. Gay men and lesbians do not feel to get what they want... "Umm, yeah having more resources will be good. Outlets, reach outlets, like if you need a place to go and hang out with people…"

For Godfrey, his experience was,

> "…finding a large group of acceptance where you can have your own life and be who you are without fear of discrimination or personal attacks of any sort. …just a place where you can go, or not even a place where you have to go, but where you can be yourself; you are allowed to express your thoughts, your feelings without fear of harassment or physical harm of any sort. …and where you can feel comfortable with yourself."

Loneliness and isolation is a challenge for LGBTQ youth in the north. Henry described what it means,

> "I think it would be feelings, umm, just that they could feel really lonely and isolated and scared of coming out to people. And they could feel like nobody really knows them. Umm... because, they could be bashed physically or verbally, and so I

> think…their social health can be affected… maybe they could turn into a hermit or something... yeah, they need place of their own."

Discrimination and denial of health care services.

Discrimination has severe consequences for the person it targets. Four of the eight LGBTQ youth participants interviewed indicated what this meant to them. For example, Carla said:

> …yea, they will all be laughing at me and that happened more than ones. That is very emotionally damaging, that did feel emotionally damaging to me, I feel like I wasn't worth nothing really, that my opinion worth anything, my thoughts wasn't worth anything because everyone one make fun of them. I felt like a joke, I felt like a joke for years and that really set me back a lot.

For Carla, discrimination meant,

> …depression, major depression, I had no motivation to do anything, extremely low self-esteem. I basically thought I was at the bottom of a food chain for a very long time… when you have that mentality; it can just get worse and worse. It is like a down road, and it is hard to stop yourself and start trying to climb back up again because you are just so deep inside this world. It is like what I am going to do, what do I get out of this? Then you just stock there after a while …whatever, I do not care what happens to me, I will just take drugs whatever. I do not want to deal with anything anymore. That kind leads me to drug abuse for a while…

Elvis discussed his experience of discrimination. He stated,

> …I am a drag queen, so I dress up as a girl. …my friend had been in an altercation before and she had to go to the hospital, she was taken by an ambulance because she

> had a seizure. We got to the hospital, and the health care provider at the time laughed at us and did not really want to see her because she was with me. And she was getting mad and she was getting yelled at by a physician and he was walking around looking for the boy dressed as a girl. ...because she had told the doctor, "my friend who was here is a boy dressed like a girl." So he was walking around the hospital yelling where is the boy dressed like a girl, has anybody seen the boy that is dressed like a girl and laughing about it. And when I came in, he is like oh you are the boy dressed as a girl, your friend is being irate; you are getting kicked out, blah! blah!! blah!!! And she is trying to explain to him that she needed help because she did not feel good. She had a couple seizures, and by then we were getting escorted out of the health care facility by security (Elvis, personal communication, April 2010). By our arms we were escorted out off the property and the doctor was laughing at us and saying, "You know the world is not going to stop revolving because you are sick." And it was in January, the snow was heavy on the ground. I was dressed up so I was like half naked and my friend was just in a shirt because all our stuff was at the club still, where we were. And, they would not let us in so I yelled at them saying, "You know exactly who I am, I am going to have a press conference here tomorrow and have you all fired. Just let us stand inside so we can stay warm while we wait for the cab."

Francis shared his own experience of discrimination. He stated,

> ...well I was doing a fund rising program for school, and the goal was to donate blood with lots of classmates and I was not allowed to because I was a gay and specifically the question they asked me is, if I have had sex with someone in the last

> 6-12 months. I believe I answered truly and I was not allowed to take part in donating blood. I was definitely upset… I was angry umm, that I have been denied the service because I honestly did want to help. I think in this case it was really unfair because based on the assumption that many gay people have HIV/AIDS, which is not true. I think... maybe an actual legitimate blood testing or something. …they could test like everyone else because they do have to test everyone else blood before they take their blood.

For Henry, discrimination meant,

> …I went to get STD testing when I was younger and, I went to this one place. Umm, I think it was like the health unit. And they ask for your sexual history. You are to write it out for them… what your sexuality is… the lady, the nurse was going to offer me a free vaccination, they give to high risk people… the nurse said I guess gay men are high risk for that disease. So, umm, I was a little bit offended when she said that. She said because I chose to have sex with gay men that I cannot have the vaccination for free. …I just thought that was a little bit rude.

Henry discussed a similar experience. He stated,

> …I thought I had like a urinary tract infection… I went to my doctor, and he did some tests and he gave me some medication at that time… I took the medication and my symptoms went away. And then, I thought I should call back eventually, like a month later. I was like or maybe I should call and get my results, so I called and, umm, made an appointment. And he wasn't available but someone else was standing in for him. …I went in… she said like, "You are coming in now, and you had these tests a month ago?", and I said yeah…, like he told me it was, a urinary tract infection

> and gave me some medication and the symptoms went away so... and she was like, that was not a urinary tract infection that was… gonorrhea, that was an STD. And I was like oh; well that is not what he told me. And she was like oh well (mumbling)... And then, I was just curious…, like, I asked her if like, if there is any possible way you can get it from like using public bathrooms? And, she was very rude, she is like, no, it is an STD. You get it from having sex and I was like really offended and she made me feel really horrible going into health care settings for services like that. …I just think they should be a lot more thoughtful about your feelings, when, you know, you are going in for something so personal and that can be embarrassing for you.

Fear and internalized homophobia.

Some LGBTQ youth participants interviewed expressed signs of fear and self-internalization. For Abel, fear and self internalization meant,

> …it was pretty hard being a gay person and growing up in school because I did not know, umm if there was like anybody out there, I felt alone and was afraid, I could not really talk to anybody about it because I felt I would be bulled and picked on. As for services I really did not know of any. …I do not involve myself really with anything, so because I am always afraid that maybe I will be bugged or picked on, or beaten up for something. So I figured it would be safer just to be alone.

Carla discussed how fear made her feel insignificant and worthless, compared to others. She stated what this meant,

> When you are around someone, who does not understand where you are coming from and you cannot relate to them, you feel an instant fear. Then, you feel you cannot talk to them about anything. …when you are coming from a kind of background where it

> is not really normal… then they do not know how to approach you, and they do not have like education, that kind of experience in their head and that kind of way to relate to you. So it is like you cannot really build anything up from that. You are stuck in one seat, you feel like fear and stress, because you cannot talk to people.

Carla further discussed the consequences of what fear meant to her. She stated,

> …makes me feel very insignificant, it makes me feel like I am not worthy of what other people are worthy of, and makes me feel like I am not maturing mentally to the level I should be right now. I am stuck in this mind state that does not let me grow. "…growing mentally means I cannot mature because every time I face a subject, I feel fear and insecurity. I do not know how to deal with it because I cannot talk to anyone." I feel so different when people are around me. It is so different and I cannot relate to them all. I know that they are trying to help me mentally but I keep thinking that they are never going to understand something like that, because they are not lesbians themselves, they do not have the same kind of feelings, the same kind of mindset I do, how can they understand? It is really very hard for me to even go and try to approach a social worker.

For Douglas, fear and self internalization meant,

> …the older generation is almost holding the youth LGBTQ back… sometimes they are discriminatory themselves and/or saying things that put down the whole, everything about lesbian, gay, bisexual, and transgender and questioning youth. …they instill fear in them because they grew up in times of fear. …if you ever try to talk to an adult about, your problems or just being gay or bisexual, lesbian, transgender, or questioning… the things that they say to you are almost like they try

> to, kind of like push you back in the closet a bit, just you know, just kind of stay quiet or whatever…

For Henry, self internalization, and fear of the unknown meant,

> …they could feel really lonely and isolated and scared of coming out to people. And they could feel like nobody really knows them. …because, they could be bashed physically or verbally, and so I think… their social health can be affected by this, I do not know, maybe they could turn into a hermit or something.

Lack of education on LGBTQ issues.

Some of the LGBTQ youth participants indicated that lack of education on LGBTQ issues is a challenge in Northern British Columbia. Bruno described the meaning and need for early education on LGBTQ issues. He stated,

> I think education for early age is a huge thing… not just like sex education… like integrated curriculum, 'a portion of school' like an hour of school time from learning LGBTQ issues. …kind of teaching values and respect, so that you know there are people other than you existing in this world. Also, on a professional level, just awareness training and sensitivity training on how to deal with people …umm the individual who is being trained to, actually understand why LGBTQ people or... are living or experiencing their lives in the way that we are.

For Carla, lack of education meant,

> I think, because so many gay men and lesbians are confused about; why am I like this? They rarely get answers from a psychiatrist. You know, psychiatrists do not know themselves, and it is like okay!!! …so I think if you educate them on the dynamics of what it is like to be gay, what it is to be gay, then you can help them.

Carla further illustrates how people should be treated. She stated,

> I think that, when someone is put in school, there should be a curriculum that explains how to treat someone who is different. I think there should be education, if it is not provided at home already... that it is really not okay to treat someone like this because it can have devastating mental effects on them later. It is just like a butterfly effect; a butterfly flies his wings in one country, piano falls in New York City. That is exactly how it works.

Douglas reflected on the awareness and/or training that some health care professionals have obtained. For him, lack of education meant,

> ...the education that these people are receiving to become health care workers ...there should be at least ...somewhere in their education about how to tolerate with others or how to deal with diversity and things like that. When health care providers lack these training skills, then they need to be re-oriented.

This is what lack of education meant to Elvis,

> ...not necessarily training, because God knows health care professionals go through enough training. But more, maybe like workshops or speaking engagement about awareness to different parts of the community, like different races would need different needs or meet special needs compared to other religions or races. So being convenient to them ...be accepting of all of the community rather than being selective of the community they want to support...

Francis shared similar view with Elvis and discussed what this meant to him,

> I think workshops, something like that will help, deal with these problems not really centered on LGBTQ but maybe just people in general but I think an LGBTQ kind of

> friendly workshops for health care professionals will be greatly needed. ...something that presents the idea of normal social interaction between heterosexual people and LGBTQ people.

For Godfrey, lack of education meant,

> Provide sensitivity training for health care professionals. Umm, I think that would help... because if you have never been around a person before, it is hard to get used to them. And if you are not used to them, you do not want to be around them. So it is just this big long chain of not wanting to be around people you cannot understand or because of how they identify you. Sensitivity training would help in a great deal I think, because sooner or later you are going to realize that they are human beings as well. Sensitivity training and general admission will provide the easiest ways to get used to people you are uncomfortable with.

From Henry's lived experience, this is what lack of education meant to him,

> ...when people are getting training, maybe they need to focus more on dealing with gay people... I took the nursing program. I was kind of a little bit shocked that ...we did have a section on gay people and we did not really go through it at all. We did not really talk about anything. I do not even know why the section was in the book, because my teacher just asked the class if anybody had problems with gay people and everybody, obviously, is going to say no, right? And she is like okay and we just moved on from that whole, like section. And I do not think it is that easy for a group of 30 people. I do not think that was very realistic. A realistic guess of how this random group of thirty people felt was that everybody was fine with it. No one had any issues, misconceptions, or anything. So maybe like in training for health care

professionals, they need to spend more time on the materials and not to make assumptions.

Lack of a Desire to Access Health Care Services

Not enough health care services.

While some of the LGBTQ youth participants found the need to access health care services in Northern B.C., other LGBTQ youth participants did not have the same need. Of the three LGBTQ youth participants who accessed health care services in Northern B.C., two LGBTQ youth participants maintained that there were not enough services for LGBTQ youth. For Bruno, this is what 'not enough health care services' meant,

> ...there are not enough doctors or physicians who are really aware or knowledgeable of transgender care or more transgender issues... Doctors do not have enough awareness and there are not enough services or any endo-ecologists available that can monitor my HRT... the oxygen and saturations are really a critical part of the transgender. If there was a physician or endo-ecologist in the city that could help me monitor my transitioning, then that will be great, but since there is none, I am forced to keep my endo-ecologist, and physician and psychiatrist in [...]

Elvis described his transitioning and what 'not enough health care services' means to him. He stated,

> ...to get information or to get services regarding their lifestyle, regarding their orientation and identity, maybe a big challenge... because of the fact that some might be transgendered, they might not be able to get any health care providers in Northern B.C. that can help transitional people from one sex to another. This is a heartbroken situation; also being confident that you can go to a doctor, any doctor or any health

> care provider and get the service that you would expect in any other city is a challenge here in Northern B.C.

No need to access health care services.

Five of the eight LGBTQ youth participants interviewed indicated no sign of denial of health care services or rejection, based on their sexual orientation. For Carla, not accessing health care services meant,

> I have never really gone after any health care services... Well, I have never felt the need... because I am always scared but I think I had mentioned that there is a stitch in my head that says, the incident will never going to understand this, I feel so different when people are around me... because they are not lesbians themselves, they do not have the same kind of feelings, the same kind of mindset I do, how can they understand? It is really very hard, for me to even go and try to approach a social worker.

For Douglas, I don't access healthcare services meant,

> ...if I do, the issues of me being gay never comes up because they do not know or it is not part of the health care settings... but I think some reason why I have not be accessing health care services is not so much fear that I might be discriminated against but the fact that I do not need the services... for me it is a waste of time.

From Godfrey's experience this is what it meant: ...I have never been denied health care services. ...as a person, I have not had to go to a health care professional or seek services because I am a fairly healthy young aged person. And Henry's view on 'I don't access healthcare services' means: ...I cannot recall a time when I have been denied any services... I am healthy. I do not access services. No, no, I have not had that experience... sorry.

Professional Skills

Be respectful and respect a person's gender identity.

Some of the LGBTQ youth participants interviewed expressed dissatisfaction in regard to health care professionals' behavior and attitude towards LGBTQ youth seeking services. Of the eight LGBTQ youth participants interviewed, four expressed their concerns and the unpleasant attitude of health care professionals. For Bruno, this is what respect meant to him,

> ...my experience with the health care professionals so far has been... they need to be more aware and respectful... respectful of the identity of the person, and not to assume a person's gender and their preferred pronoun. I have been discriminated in that sense. ...to be invalidated by a health care professional is huge... is just not acceptable. It is extremely offensive and I feel like I am not worth the respect as a person or as a human being in the most basic fashion I would want to be addressed.

Bruno described further stating his lived experience with another health care professional. He stated,

> ...the psychiatrist on call did not..., even though I had told him that I am transgender, I am transitioning from male to female, and he still used male pronouns. He just kept on using male pronouns... this was a time when I was feeling suicidal whether to be or not. Validation is a huge thing as a doctor and as a transition person. Like validation is huge for many people, right? Especially when it comes to my basic of who I am... just disrespecting me in that matter makes me feel extremely worthless. Like I was not worth being who I am, even though I tried to be who I am at all times.

> I had gone so upset with that psychiatrist, of his complete lack of respect and rudeness. I saw him being rude and inconsiderate.

Carla's description of respect was "...I think health care professionals should know the variables of what makes a person where they are, considering all the controversy of being gay or the controversy of gender in this liberal society. Health care professionals should respect us for whom we are." Elvis thought respect should be,

> ...just because they are who they are or who they say they are, they do not have a right to be ignorant, discriminate, or rude to anybody. ...everyone has both value and purpose. We should all be respected and be accepted. ...if you are in the business to provide health care or to provide a service to the community, you are out there just like somebody who is in the newspapers, because you have a name that is credible... I think they have a right and obligation to be accepting everyone... not just street people and not just natives that are really drunk, or pregnant women, but everyone.

From Henry's experience, this was what respect meant,

> ...the nurse was going to offer me a free vaccination, which they give to high risk people, saying "I guess gay men are at high risk for that disease." I was disrespected and a little bit offended when she said that. She said that because I choose to have sex with gay men, I can have the vaccination for free. ...I just thought that was a little bit rude. Or maybe, a little bit... because I was not even having sex at that time.

Lack of psycho-education for health care professionals.

Some of the LGBTQ youth participants interviewed believed that health care professionals need formal training through workshops, symposium, speaking engagements, and enlightenment campaigns. For Bruno, psycho-education means,

> Just awareness training and sensitivity training, just training on how to deal with people …umm the individual who has been trained to… actually understands why LGBTQ people are living or experiencing their lives in this manner.

Carla's experience describes her meaning of psycho-education. She stated,

> I think, because so many gay men and lesbians are confused about; why am I like this? They really get answers from a psychiatrist. You know psychiatrists do not know themselves, and it is like okay!!! …so I think if you educate health care professionals on the dynamics of what it is like to be gay, then that helps in their practices.

For Douglas he thinks, "…the education that health care professionals are receiving to become health care workers… there should be at least …somewhere in their education about how to tolerate others, how to deal with diversity, and things like that." From Elvis description, this is what psycho-education meant,

> ...not necessarily training, because God knows health care professionals go through enough training. But more may be like workshops or more talks about bringing your awareness to different parts of the community like, different races would need different needs or meet special needs compared to other religions or races.

Francis described the need for workshops for health care professionals. He stated, I think an LGBTQ kind of friendly workshop for health care professionals will be greatly needed. …something that presents the ideal of normal social interaction between heterosexual people and LGBTQ people. For Godfrey, sensitivity training for health care professionals meant,

> Sensitivity training would help a great deal I think, because sooner or later you are just going to realize that they are human being as well. Sensitivity training and

> general admission will provide the easiest ways to get used to people you are uncomfortable with.

Henry thought educators (lecturers and teachers) should be passionate in teaching LGBTQ issues. He described his lived experience,

> ...when people are getting training, maybe they need to focus more on dealing with gay people... I took the nursing program... ...we did have a section on gay people and we did not really go through it at all. We did not really talk about anything. ...my teacher just asked the class if anybody had problems with gay people and everybody... No one had any issues, misconceptions, or anything. So maybe like in training for health care professionals they need to spend more time on the material.

Equal treatment.

Some of the LGBTQ youth participants interviewed discussed that equal treatment should be provided to everyone, irrespective of their sexual identity. Abel thinks coming together to discuss how to serve LGBTQ people can create conducive atmosphere for growth and wellness of LGBTQ people. He stated: ...maybe they can get together and discuss how to improve the services provided for the gay and lesbian youth. From Douglas's perspective, he described what equal treatment means,

> ...but thinking about the LGBTQ community, I think that there should be services like specific social programming for youth, umm things like counseling for them, even drop off spaces where youth can talk to each other about their experience. Umm I think there should be stuff like... advocacy to get these services known round for LGBTQ youth. ...may be a part of the advocacy can take away this kind of stigma faced by LGBTQ youth when they are going to seek health care services. Then it will

> be confidential, and they will not be ridiculed but feel comfortable being there. As a result, they will be able to discuss their issues and challenges with which they are dealing.

Elvis experience speaks about the meaning of equal treatment. He stated,

> I think they have a right and obligation to be accepting everyone... Not just street people and not just natives that are really drunk or pregnant women, but everyone ...and the fact that everyone lives in the community, if they were not in the community then they have a right to, they have an obligation to work with everyone equally.

For Francis equal treatment meant,

> Maybe an actual legitimate blood testing or something... instead of being discriminated against ...they could test... like everyone else because they do have to test everyone's blood before they take their blood. So they could test mine also which they didn't.

Challenges

LGBTQ youth participants interviewed in this research faced lots of challenges that affect their interactions in everyday life. Some LGBTQ youth participants discussed some challenges related to seeking health care services while others discussed general challenges which include personal affairs, public perceptions and discrimination, bullying in schools, and lack of support group or advocacy group for LGBTQ people.

Questions and harassment.

Some of the LGBTQ youth participants interviewed indicated that once LGBTQ youth disclosed their sexual identity to a health care professional, unending questions and

paper work followed. This became frustrating and they felt like they did not want to take services or come out of the closet. Abel stated: ...felt like getting bombed with questions and tests that I had to go through to get my services. Abel further discussed what he met by challenges. He stated,

> ...no support for the gay men and lesbians in our school because they got bullied..., and there is not always a resource for them to say, "I need to talk about this or that"... There is not enough support for gays and lesbians to hang out. ...like a youth groups or ...maybe clubs like after school clubs where people can go...

From Elvis's experience, this was what he identified as a challenge,

> If you chose to do it, then why can you be rude or arrogant...? I do not understand how... they can get away with that just because they are who they are or they are who they say they are. ...so he was walking around the hospital yelling where is the boy dressed like a girl, has anybody seen the boy that's dressed like a girl and laughing about it.

For Francis, challenges meant,

> ...poor general human interaction, how people are viewed, how people seem, and the kind of education they get. It was really humiliating... I was embarrassed for a while of who I am. It happened three times now to me, twice in the United States airports, once here in... they could have been maybe a little more polite, but officers tend not to do so.

Isolation and depression.

For Bruno, his categorized challenges were,

> ...even just proper addressing, how to address the person, because I have been disrespected and as a transgender person... to be invalidated by a health care professional is huge. It is just not acceptable. It is extremely offensive and it feels like... I am not worth, like I'm not worth the respect as a person or as a human being.

Expression of feelings was a challenge for Carla. She stated,

> ...depression, ill-health, fear, lots of fear, constant fear, constant stress, discrimination, and indirect inability for people to accept...make me feel very insignificant. It makes me feel like I am not worthy of what other people are worthy of and makes me feel like I am not maturing to the level where I should be right now. I am stock in this mind state that does not let me grow.

For Godfrey, finding a larger group of acceptance in Northern B. C. was his challenge. He stated in his words,

> ...finding a large group of acceptance where you can have your own life and be who you are without fear of discrimination or personal attacks of any sort. ...just a place where you can go, or not even a place where you have to go, but where you can be you; where you are allowed to express your thoughts and feelings without fear of harassment or physical harm of any sort.

According to Henry, this was his meaning of challenges,

> ...I could feel really lonely, isolated, and scared of coming out to people. ...I feel like nobody really knows them. ...they could be bashed physically or verbally. ...maybe they could turn into a hermit or something.

Lack of support and advocacy services for LGBTQ.

According to Carla, this is what lack of support meant to her,

> I feel oppressed. I feel like I was keeping everything inside and that caused anger inside of me, and that caused lots of angry issues. That caused my depression, that caused anxiety, that caused my lack of social skills, and that caused my drug abuse… my own family does not understand what I am going through… family has their own problems, and they are kind of stuck on a certain level themselves, and they cannot reach out... I wanted a family where we have charge to ourselves ...they do not even understand basic things… makes me think this is just the way it is. I guess I cannot get any help… I cannot get any help because they do not get any help either, and it does not give me hope at all.

Douglas discussed his challenges and what lack of support meant to him. He stated,

> …the older generation is almost holding the youth LGBTQ back... sometimes they are discriminatory themselves and/or saying things that put down the whole, everything about lesbian, gay, bisexual and transgender questioning youth. …they almost instill fear… because they grew up in times of fear with the community… if you ever try to talk to an adult about your problems or just about being a gay or bisexual, lesbian, transgender or questioning youth, …the things that they say to you are almost like they try to push you back in the closet a bit, just you know. Just kind of stay quiet or whatever, so that does not help other youth that are going through similar things.

Douglas also identified the lack of parental support as a big challenge. He stated what this meant to him,

> ...when I first came out a couple years back to my mother... I talked to her about me being gay and stuff like that. I remember one conversation about that... she is a social worker and I remember that she said something like okay ...if you are looking for... I do not think at that time I was going to be looking for a social worker but... somebody to help deal with my issues or something: "Okay well, if you are going to a counselor or something, do not go to the place where I work." Because she knew all her colleagues, she was scared... because I am part of her personal life, so then she is scared if something has been hidden out there... being the one and only social work place in the town.

Additionally, Douglas stated,

> ...for youth that lack support or face employment discrimination, things like gay straight alliance will be helpful, and that will make LGBTQ people understand more about both sexes. Social programming, one-on-one support, legal assistance, or like a food bank and financial support will also be very helpful. ...when people come out to their family, they are kicked out... being kicked out "you know" in your youth especially when you are still a teenager, first of all, you are dealing with all these issues in your mind about being discriminated against and being kicked out based on your sexual orientation. It could be tough. ...things like group counseling, group support, family counseling, drop-in space, advocacy, and LGBTQ youth activities to help create a sense of community... can be sources of help.

Health Care Service Delivery

Some of the LGBTQ youth participants showed great concern about the importance of health care services, delivered in Northern British Columbia. Despite the fact that some

LGBTQ youth participants interviewed found themselves healthy and do not seek health care services, six of the eight LGBTQ youth participants interviewed indicated that health care services delivery in Northern British Columbia by professionals was extremely important, while two of the eight LGBTQ youth participants indicated that such services were not really important.

Extremely important services.

Bruno discussed what the importance of health care services meant to him. He stated,

> ...it's extremely important because without counselors and psychiatrists helping me deal with these problems, not just my identity but my everyday interaction with people... It is extremely important, and I feel it is unfortunate there were not enough resources available, in the sense that some resources are too broad. ...many of the resources that I have seen and read mainly deal with just the broad gay and lesbian sort of issues, not focused on transgender issues.

For Abel, this was what health care services meant...pretty important because without it I would be like probably on the street or something (Abel, personal communication April, 2010), if I did not have it, and did not have a source of income, my life would have...

From Carla's experience, this was what health care services meant,

> ...start to realize how important they are. They are extremely important. If you do not have that kind of support at home, then where else are you going to get it? I think they are very important if you come across someone who is struggling. They are kicked out by parents and they do not have anywhere to go, then social health care services can be the difference between life and death.

Carla throws more highlights on her statement. In her words, she stated,

> ...if you are kicked out, you have nowhere to go. You lose motivation, you get so oppressed, and you do not want to do anything. You are just living on the street and what are you going to do? You are going to die on time. Winter in [...] is terrible, and you do not have anywhere to go, then you just go to a shelter and that is a social health service itself. I think they are extremely important because they keep giving you second chances.

Health care services are extremely important. Douglas explained what this meant to him,

> ... I think health care services are extremely important to me. I think they are for everybody. I do not access the health care services often. I kind of feel bad about it but I think it is important. It is important to know and understand what is going on with your body, yourself, or with your mind but yes, they are extremely important.

Elvis described the importance of health care services for any growing community. He stated,

> They are very important because they are what keep our communities healthy... because a healthy community is our future. So it is important to have that, as it is important to have a mayor or as it is important to have a university. So it is very important because they help bring the future health care providers into the community and into service. ...it is one of the most important things that the community could have... because it is always going to be around and it is always going to be in need and it is always going to be in demand.

Godfrey thinks health care services are very important and people should not be discriminated in accessing them. He stated,

> Health care services are important to everybody. Everybody will get sick at least once in life. And if a person or LGBTQ youth dies because a health care provider has refused to help them... it's very sad and must be addressed. If somebody dies because they are not willing to get services... it should never happen because negligence should not happen for any reason, let alone a reason as small as being gay, lesbian, bisexual, transgender, or whatever. ... if you are sick, you do need to seek medical help. And if they discriminate against you because of your gender or sexual orientation, then you need to take this up with somebody because it should not be allowed to happen. It is about your own personal rights as being treated properly as human being.

Less important services.

Francis discussed what counseling meant to him. In his words, he stated,

> I think counseling... that really does help when it comes to people who do have problems or families... but I think other things outside health care may have more benefit to the community. I am pretty healthy, so LGBTQ kind of perspective, such as gay/straight alliance or clubs, and so on, will be more beneficial.

Henry shared a similar opinion with Francis, and this is what health care services meant to him. He stated,

> ...they are not really that important to me, I guess, because I do not really go to the doctor that often. I am pretty healthy and I do not really go for counseling.

Conclusion

The themes, sub-themes, and self-reflexive journals in this research were presented in this chapter. These themes range from no support for LGBTQ youth ("not enough healthcare

professionals, nowhere to hang out, discrimination, fear, and lack of education"), denial of health care services ("not enough services" and "I do not access health care services") professional skills ("respect for [or respecting] a person's gender identity, psycho-education for health care professionals," and "equal treatment") challenges ("questions and harassment," "isolation and
depression," and "lack of support and advocacy groups"), to health care service delivery ("extremely important" and "not really important"). The themes and sub-themes consist of the youths' lived experiences, or the lives they have lived. Each of these themes and sub-themes presented in this chapter will be discussed in depth in chapter five.

Chapter Five

Discussion and Recommendations

The primary objective of this thesis was to give voice to the subjective experience of gay men and lesbians in Northern British Columbia, self-identified as having difficulties in accessing health care services. This objective also focused on providing health care professionals with the understanding of the problems faced by LGBTQ youth, as well as gaining a rich and deep understanding of the contextual realities of the lives of LGBTQ youth. It is important to make recommendations from the perspective of the LGBTQ youth who have the lived experiences of being involved with these systems. As reported by Luhrs, Crawford, and Goldberg (1991), researchers found that the overall attitudes towards lesbians and gay men have been negative, despite the exposure to educational materials. The findings in this study reveal that some of the LGBTQ youth who received health care services felt frustration and faced discrimination in the health care services provided. Previous studies indicated that lesbian, gay, bisexual, transgender questioning (LGBTQ) youth experienced a great deal of stigmatization, oppression, discrimination, and prejudice (Balsam, 2003; Balsam & Mohr, 2007; Balsam, Beauchaine, & Rothblum, 2005). This result partially supported the previous research.

The results indicated that there was a marginal difference in attitude of LGBTQ youth towards health care services delivered in Northern British Columbia. Some LGBTQ youth felt fear of discrimination and refused to access the services, while others indicated that they were healthy. Researchers have suggested that discriminatory treatment of a subordinate group like the LGBTQ is pervasive in our society and it is detrimental to the people it targets (Herek, 1990; Mullaly, 2002; Otis & Skinner, 1996). Feeling fear of

discrimination and refusal to access health care services denies, denigrates, and stigmatizes any non-heterosexual person who considers accessing health care services. According to Carla's description, LGBTQ youth feel fear when they are around someone who does not understand where you come from. This fear may affect their thinking and may lead to a perception about certain people. This fear may also tend to hold back LGBTQ youth from normal interaction with heterosexual people, because LGBTQ youth may feel that people (heterosexual) lack education and sensitivity in addressing and/or communicating with them. With this perception, LGBTQ youth are likely to grow up in fear, face depression, be stressed out, and/or be isolated from others.

Mullaly described this kind of fear among marginalized groups as 'heterosexism,' which manifests itself in both an overt and internalized manner; therefore, it will damage mental well-being, self-esteem, social support structures, interpersonal effectiveness, and psychological welfare of a person (Mullaly, 2002). Through the interview process, LGBTQ youth participants were able to share some thoughts on how to improve the services that already exist, how to bridge any gaps that emerge when accessing services, and future recommendations to further meet their needs.

No Support for LGBTQ Youth

Increasing the amount of support provided for LGBTQ youth in Northern B.C. is as crucial as providing health care services for those youth. The support required by LGBTQ youth includes provision of non-discriminatory health care services and creation of a welcoming and inviting place to hang out (socialize) with others, as well as provision of psycho-educational training to help minimize the oppression and discrimination faced by LGBTQ youth in the community. Provision of these supports would be beneficial to the

present and future LGBTQ youth in Northern B.C. Previous studies have indicated that the LGBTQ group lacks psycho-education in the community, lacks support for "coming out", congregates in segregation (nowhere to hang out), and experiences oppression among others (Hoi Yan, 2006).

It can be frustrating to seek out services that are not available within Northern B.C. Two of the three LGBTQ youth participants who accessed services in Northern B.C. found it challenging to meet with a physician who would help them monitor their transitioning (male to female). Apparently, those available physicians do not seem familiar with transgender issues, which make it complex for a transgender youth to access services. From the findings, it was observed that most of the health care services provided in Northern B.C. were centered on the broader gay and lesbian issues, with little or no attention on transgender issues. This may become challenging and expensive for a transgender person who may travel from Northern to Southern B.C. to obtain services, such as HRT (hormone replacement therapy). Having an array of health care professionals in Northern B.C. would allow LGBTQ youth to learn and develop skills on how to monitor their transitioning.

Throughout this research process, there has been a reoccurring theme that LGBTQ youth have no place to hang out. Providing a safe and healthy place for LGBTQ youth would be of benefit, as well as developing the well-being of LGBTQ youth. Remafedi (1987) as cited in Whitbeck, et al. (2004) discussed how LGBTQ people might be completely ostracized in public places, based on their gender identity. The researcher suggested a safe environment outside school and work where LGBTQ people can meet and socialize. In this research, LGBTQ youth participants recommend that professionals help in finding a place where their life will be accepted without discrimination, fear, or attack of any form. This

place to hang out must be LGBTQ friendly; it must be a place where anyone can come, you can be yourself, and you will be allowed to express your thoughts and feelings, without fear of harassment or physical harm of any sort. Providing such welcoming environment for LGBTQ youth to hang out and socialize with one another would reinforce the information obtained in this research.

Discrimination and denial of health care services expose LGBTQ youth to danger and high risk of experiencing negative events. This research shows that the majority of LGBTQ a youth have faced discrimination one way or the other. LGBTQ youth indicated that it is humiliating to be discriminated against. According to Carla's description, laughing at a person because of their sexual orientation is emotionally damaging and this may affect the psychological well being of the person that this discrimination targets. It is very devastating for anyone who is discriminated against or denied health care services because of their preferred gender pronoun or sexual orientation. From Elvis's discussion, laughing and depriving them of health care services for dressing like a 'drag queen' was a concern. It was much more humiliating for a health care professional to use a derogatory name to identify LGBTQ patient seeking health care services. Above all, sending the patients away and escorting them off the hospital property will be emotionally damaging. Previous research describes these kinds of oppression as heterosexism and maintains that heterosexism is damaging to mental well-being, self-esteem, social support structures, interpersonal effectiveness, and psychological welfare of the persons it targets (Mullaly, 2002). It would be helpful to respect a person's gender and/or sexual orientation as it is a crucial component of recovery for an LGBTQ youth coming out of the closet, who intends to receive health care services or who is already receiving health care services. Francis's experience of

discrimination was unique, in the sense that he planned a fundraising program for the school and he was denied involvement in the program, based on his sexual identity and the perception that all gay people have HIV/AIDS. In this case, a legitimate assessment or blood test screening would have been done to determine if he was capable, with or without health conditions to be a blood donor.

Fear and internalized oppression as illustrated by Mullaly (2002) show an impact on gay men and lesbians. From this research, it was observed that fear and self-internalization affected LGBTQ youth feelings, thoughts, and behaviour that may lead to self denial, marginalization, discrimination, and alienation among members. From the above statement, one can point out that the internalized oppression observed in this research leads to self-denial of health care services from LGBTQ youth in Northern B.C. The self-denial of LGBTQ youth would cause feelings of worthlessness, feelings of being mistreated, and misinformation about one subgroup or the general LGBTQ populations. Abel describes as evidence of self-denial in this research that he felt alone and afraid and could not really talk to anybody about his challenges. For Carla, her description of fear caused self-denial from interacting with friends or family and accessing health care services. Fear could make her or anyone feel insignificant and worthless. Fear could also deprive anyone from maturing mentally to the level they should be or cause them to be stuck in one mindset. Growing up in an unsafe environment could create fear, could affect the mental health of a person, and could make anyone develop an unhealthy perception about others. Learning more about others, respecting, and acknowledging the worth of others could decrease discrimination and harassment faced by LGBTQ youth.

What Douglas describes as an agent of fear is an example of internalized oppression observed in this research. For older generational LGBTQ people to instill fear on young adults based on their experience(s) would hold LGBTQ youth back or push them back to closet. This discriminatory act from members of the same sex groups, subgroups, or larger LGBTQ groups tends to use this means to caution or instill fear in LGBTQ youth. This discriminatory act within a subgroup is termed by Mullaly (2002) as "internalized oppression." The advance effect of internalized oppression would increase fear and cause loneliness, isolation, and depression among LGBTQ youth. When LGBTQ youth grow up with these feelings, alongside signs of depression and isolation, the chances of not receiving or seeking out health care services may increase the rate of vulnerability among the LGBTQ people. The discussion around fear and internalized oppression within LGBTQ youth is as crucial as asking the youth to seek healthcare services. This is because their perceptions and beliefs tend to drive their directions and decisions made on a day-to-day basis. Providing an environment which embraces LGBTQ issues and their challenges would foster growth and development of a positive attitude towards the actions and decisions reached by LGBTQ youth.

The findings in the research offer evidence of differences predominantly between the attitude of health care professionals towards services provided and the knowledge acquired to become health care professionals. The variations as indicated by most of the LGBTQ youth showed some indications that those health care professionals in Northern B.C. lack education on LGBTQ issues. Thus, this deficiency on LGBTQ issues affects services rendered by health care professionals in Northern B.C. If training and workshops on LGBTQ issues are encouraged and embodied in their professional practices, then the oppression and/or the lack

of knowledge/education observed from this research would become unpronounced as LGBTQ youth receive help or treatment to manage their challenges.

As stated repeatedly throughout this research, health care professionals lack education and respect on LGBTQ issues. However, the LGBTQ youth made suggestions for improvement on the delivery of health care services, from the process of consultation to provision of services. Like Bruno recommended, education for early ages would be helpful in enlightening people on LGBTQ issues. This may be achieved by integrating LGBTQ training into the school curricula. Not merely sex education, but an hour of school time learning LGBTQ issues. The LGBTQ training would educate, promote, and increase the knowledge of ethnicity and diversity among groups, and introduce values at all levels of interaction. It is believed that through awareness and sensitivity training, health care providers will gain knowledge and the understanding of why LGBTQ people are living or experiencing their lives in this manner. Like Francis suggested, collaboration between health care professionals and LGBTQ people would be effective in a helping relationship or in a treatment plan. This collaboration would be in the form of workshops, speaking engagements, and symposia where the general public and health care providers can come to learn how to deal, respect, and provide services for LGBTQ people. This collaborative process can be viewed as a welcome development to promote a shift in the behaviour and health care services provided to LGBTQ people.

LGBTQ participants in this research also recommended LGBTQ friendly workshops for health care professionals. As Carla described, these workshops would promote the idea of normal social interaction between straight people, health care professionals, and broader LGBTQ groups. Previous research has demonstrated that some health care professionals are

not providing adequate levels of care to LGBTQ youth (Appleby, 2001; Brown, 1996; Cramer, 1997; Gruskin, 1999; Pierce, 1996). In order to address the health problems and the discrimination that caused them, health care professionals require strategies around incorporating sensitivity training and collaborative workshops into their work with LGBTQ people, knowing that collaboration is necessary to ensure success. However, Wilson (2001) warns as to whether health care professionals will accept and acknowledge the patients (LGBTQ youth seeking services) as 'expert'. Education is a key transformer. In order to better support LGBTQ youth, health care professionals need to be educated differently, not just focus attention on broader gay and lesbian issues but include issues with transitioning youth from one sex to another.

Lack of a Desire to Access Health Care Services

As observed from the findings of this research, many LGBTQ youth in Northern B.C. did not access health care services; either because they were unsure of the importance of health care services or they engaged in self-denial attitude (I am healthy, I do not fall sick or health care is not as important as where to socialize). Throughout this research, it is repeatedly observed and noted that self-denial and perceptions of LGBTQ youth were factors that deprived them from accessing health care services.

Statements commonly observed in this research, which include I am healthy, I do not fall sick, and health care services are not as important as where to socialize, refer to LGBTQ youth perceptions and beliefs about their health. The above statement formed LGBTQ youth beliefs that being young adults, they are healthy and do not require health care services. For some LGBTQ youth, accessing health care services was a waste of time. They felt having a place to hang out and socialize with one another would be the most ideal thing to suggest. As

Francis described, LGBTQ kind of perspective, such as gay straight alliance or clubs, would be more beneficial. Some other statements from LGBTQ youth confirmed that the LGBTQ youth in this research were healthy and had no interaction with the health care system. Statements include health care services are not important, health care services are waste of time, I am healthy, and I do not see a counsellor or see a doctor. Also, there were other statements that denote participants' perceptions about health care services delivered in Northern B.C. Such statements about participant's perception include they are not gay or lesbian themselves, they do not have the same kind of feelings, and mindset that LGBTQ people have. How could they understand what we are going through, when they have no knowledge and understanding of our struggles?

Few of the LGBTQ youth who accessed health care services think there are not enough doctors who are aware or knowledgeable of transgender care or transgender issues in Northern B.C. This becomes challenging for a transgender person since the HRT (hormone replacement therapy) are usually not available in Northern B.C. to monitor a youth transitioning from one sex to another. Like Elvis discussed, it is a heartbroken situation for anyone who travels out of town to receive these services elsewhere. Also, knowing that there are not enough health care specialists in Northern B.C. to address transgender issues may affect the thought process of LGBTQ youth, and create negative perceptions about health care services provided by professionals in Northern B.C. Improving the services that already exist, creating and/or employing health care professionals to service LGBTQ people based on their needs will create more interactions and open doors for LGBTQ youth to access health care services.

Professional Skills

As previously discussed, health care professionals should reflect the needs of LGBTQ youth in services provided. While it may not always be possible to meet the needs of all LGBTQ youth, it is crucial to collaborate with LGBTQ people, and engage in more research in areas of needs, program development, and service delivery format. LGBTQ youth participants expressed dissatisfaction in regard to health care professional's behaviour and attitude towards youth seeking services. While this is seen as a challenge, it is unethical for a health care professional to discriminate, to provide unequal treatment, and to disrespect one's sexual identity.

While respect of one's sexual identity has proven to be effective in a healthy relationship, LGBTQ youth participants in this research would appreciate respect, acceptance, and proper pronouns when being addressed by health care professionals. Respect is a reciprocal approach in a therapeutic alliance. If health care professionals respect a person's identity and use the right pronoun when addressing the LGBTQ youth, then they are more likely to comfortably continue seeking or accessing health care services. To invalidate a person's feelings is to deny or discriminate one from accessing healthcare services. As helping professionals, it may be ideal to ask a person for his preferred pronoun and gender, rather than making an assumption about the person. Such assumptions may be unacceptable and also be offensive.

Like Carla and Elvis discussed, health care professionals may need to consider other factors that are embedded in the decisions of LGBTQ people. This consideration may provide a unique opportunity for equal treatment, growth, and human development at every stage in life. Equal treatment may imply general acceptance irrespective of your ethnicity,

diverse background, or gender orientation. Provision of equal treatment or services may not only be centered on street people, pregnant women, and those who misuse substances but must be available to everyone. As indicated by previous research, some health care professionals are not providing adequate levels of care to LGBTQ youth (Appleby, 2001; Brown, 1996; Cramer, 1997; Gruskin, 1999; Pierce, 1996). Informative workshops, conferences, or seminars for health care professionals will provide more knowledge on LGBTQ issues and help open up strategies that are appropriate in working with this at-risk clientele.

The denial of health care services witnessed by LGBTQ youth implies refutation of the basic fundamental human right to access universal health care. In this research, the concerns of some LGBTQ youth participants are that health care services provided in Northern B.C. are not equally accessed. Their concern shows some signs of discrimination based on their sexual identity. Like Douglas's description, when health care services are delivered by health care workers who are lesbians or gay men themselves then LGBTQ youth will become comfortable in dealing with such health care professionals because they share the same or similar sexual identity, and that professional may be familiar with their issues and challenges. We expect health care services to be spread across all levels with no boundaries or limitations. Health care professionals have a right and obligation to accept everyone. They are expected to serve people equally, and create a sense of community in their practice. Discrimination against LGBTQ youth regarding use of health care services can create stigma, and may affect the psychosocial well-being of the person. This research demonstrates the need for equal treatment irrespective of the person's gender or sexual

identity. Previous research indicated that when a person is denied equal treatment, the act of denial is considered as discrimination (Barnes, 1997).

Barriers, Gaps, and Challenges

From the research findings, three main characteristics like barriers, gaps, and challenges were observed and identified. Those aforementioned characteristics can be seen as predicators of denial of health care services. Some of the barriers identified tallies from personal attacks, disrespect, public perceptions, and discrimination, bullying in schools and lack of support groups or advocacy groups for LGBTQ people. These and many others had been highlighted and/or mentioned in this discussion chapter. Previous research identified those attributes as multiple levels of oppression which LGBTQ people may have to live with (Harper, 2003). Other researchers state that derogatory and stratifying statements from the public perceptions and the lack of support makes LGBTQ people feel separated (Balsam & D'Augelli, 2006). Reflecting on their experiences, LGBTQ youth participants provided recommendations to health care professionals on how to improve services and break barriers and gaps faced by LGBTQ youth when seeking health care services.

LGBTQ youth may view excessive questioning when seeking out for health care services as harassment. Participants' descriptions show that when LGBTQ youth disclose their sexual identity to a health care professional, unending questions and paper work follows which becomes frustrating and makes them feel like not accessing health care services anymore. If health care professionals realize their biases, behaviours, and increase their support systems for LGBTQ youth in Northern B.C. in return, these youth will increase their chances of seeking health services and develop a positive attitude towards health care professionals and services delivered in Northern B.C. Indeed, if questions are asked in a

respectful and an orderly manner, more LGBTQ youth are likely to be comfortable in coming out to seek health care services.

Throughout this research the issue of disrespect has been prevalent. Transgender youth have found it challenging to get health care services. While busy searching for services and struggling to resolve the issue of not enough health care services in Northern B.C. for transgender youth, the participants recommended that health care professionals should be respectful, and learn to use appropriate pronouns when addressing a person. The observed feelings of isolation and depression expressed by LGBTQ youth participants resulted from no support of health care professionals on transgender issues. To lack respect or be disrespectful as health care professionals is as bad as not being competent in the field of practice. If health care professionals are culturally sensitive and show some signs of respect, those feelings of isolation and depression expressed by LGBTQ youth will be reduced, and health care professionals could join in the fight against stigma, oppression, discrimination, and harassment, while advocating and continually providing necessary services for LGBTQ youth.

This research shows that LGBTQ youth lack support and advocacy groups and more likely receive hostile treatment than others. It is more challenging when LGBTQ youth face discrimination from immediate family. These challenges lead to the lack of motivation and feeling of oppression with which the youth live. From the participants' point of view, the various social issues and challenges (depression, drug abuse, suicide, anxiety, anger management, alcohol and lack of social skills) faced by youth, as indicated in this research, were a result of the lack of support and advocacy groups for LGBTQ youth. When LGBTQ youth lack support and have no one to advocate for them, the chances of becoming a high

risk youth increase. This becomes more challenging for youth coming out of the closet, or youth who believe that psychologically they do not match the biological sex into which they were born. Having no parental support or anyone who could hear your cry and feelings makes life most challenging. One example is coming from a dominant traditional Christian family home where LGBTQ issues are not welcomed. The youth growing up in that home would face challenges, including family rejection that may affect the youth's mental manifestation and perceptions about people. Further, in many cases, LGBTQ youth have to grow up in a home where the family needs support of their own but is unable to reach out (Carla, personal communication, April 2010) or the family appears stuck on a certain level with no help. This makes the situation worse for LGBTQ youth facing these challenges. From Douglas's description, it appears that the LGBTQ youth lack support from older LGBTQ generation who had suffered from discrimination and harassment in Northern B.C. Hence, those older generational LGBTQ people tend to instigate fear in these young adults coming out of closet.

Participants in this research made a recommendation to all LGBTQ youth who lack parental support or face employment discrimination because of their sexual identity. Gay straight alliance and social programs like one-on-one support, legal assistance, group counseling/support, family counseling, drop-in spaces, and advocacy groups would help to make people understand more about both sides and create a sense of community among people.

Health Care Service Delivery

LGBTQ participants in this research showed great concern about the importance of health care services delivered in Northern British Columbia. In spite of the fact that most

participants did not access health care services, they believed that health care services were extremely important. Such positive comments and recommendations include "It is extremely important." This was because participants in this research believed that without counsellors and psychiatrists helping them deal with social problems, their life would have been at risk. Social workers and psychiatrists in Northern B.C. were helpful not only in assisting participants to identify who they were, but also encouraged them to engage in everyday interaction with people. A participant identified health care services as the difference between life and death. This means that health care services tend to give a second chance to anyone who has been kicked out of his/her family home because of his/her sexual identity, or anyone who has been involved in drug activities. Without health care services, most youth would have been probably on the street or elsewhere engaging in illicit trade and other illegal activities that may increase or make them more vulnerable. Further, health care services tend to provide information on the understanding of physical, emotional, and mental health of the individuals who seek health care services. Finally, health care services contribute to the well-being of a healthy community by providing services to those who reach out for them. LGBTQ youth perceptions, self-negligence, and/or self-denial should not deprive them of the right to access health care services. Health care services are all about one's own rights, and everyone should be respected and be treated properly as human being when seeking out for these services. This research demonstrates the need for LGBTQ youth to access health care services, irrespective of their perceptions, barriers, and personal struggles in life.

Implications for Social Work

Work with LGBTQ youth within the Northern B.C. context can be characterized as problematic for LGBTQ people. Affirming and non-judgmental social workers can be an

important resource. Controversy exists as to whether or not roles differ for social workers in northern communities (Delaney & Brownlee, 2009; Whitaker, 1984; York, Denton, & Moran, 1989). Since Brown (1933) wrote her seminal work on casework in rural communities, most authors writing on the subject have agreed with her that a generalist approach is the essence of rural social work practice (Ginsberg, 1993). Some authors also note that social work services in rural and northern communities are often more indirect, relying on professional consultation and supervision, referrals to informal helping networks, and the utilization of service extenders (self-help groups and volunteers not trained as social workers) (Delaney & Brownlee, 2009; Farley et al., 1982; Webster, 1984).

In order to be effective and engage in "practice wisdom", social workers working with LGBTQ youth must find the importance of understanding their own belief systems, feelings and perceptions about LGBTQ people. Although many people are tolerant of homosexuality as long as it is not discussed (Lindhorst, 1997), from the findings in this research, it is insufficient for helping professionals such as social workers to be tolerant. Social workers should be accepting and willing to provide help to LGBTQ clientele regardless of their sexual identity and/or gender orientation. The concept of affirmation of LGBTQ identity necessitates that social workers be comfortable with their own sexual orientation so they are able to celebrate and encourage the exploration of LGBTQ identity (Lindhorst, 1997). The affirmation of LGBTQ identity will reduce oppression, discrimination, and harassment faced by LGBTQ youth, and will create room for acceptance and self-expression as they seek health care services in Northern B.C. Some LGBTQ participants reported that they wished that health care professionals received training on certain issues affecting LGBTQ people. They felt that it would be helpful if helping

professionals like social workers spent time with them and discussed ways in which they could overcome discrimination and harassment when seeking out health care services. Social workers engaged in policy making should ensure that policies and programs developed are specifically designed to be LGBTQ needs driven. Social workers should ensure that these policies are developed to prevent discrimination and harassment faced by LGBTQ people as they received health care services.

Further, social workers should make sure that sensitivity training is provided for agency workers servicing LGBTQ people. This would promote LGBTQ youth health and wellness as they receive health care services. Social workers engaging in a therapeutic alliance with LGBTQ youth should work closely with the youth and develop a plan, as well as accessing the youth's strengths. Developing a plan together with the youth will be important so that all other health care professionals working with the individual will be aware of the goals that the youth has, and the skills that the youth must learn.

Depression and isolation are vital issues for LGBTQ youth living in Northern B.C. The lack of support was also a key component of the coming out process. Providing therapy groups or support from health care professionals like social workers can be an ideal intervention to address the issues of depression and isolation, and to help normalize the issues experienced as a LGBTQ person (Charde & Viets, 1987; Mancoske & Lindhorst, 1994; Lindhorst, 1997). In conclusion, social workers in the northern remote communities should not only engage in a generalist approach, but also respect and accept LGBTQ youth in order to provide them with ideal health care services irrespective of their sexual identity or gender orientation.

Limitations of the Study

Cross-race interviewing (Black researcher interviewing white people and other people of color) can be seen as a limitation of the study, based on claims that interviewers may gain more accurate information from participants of the same race. However, some researchers (Andersen, 1993; Rhodes, 1994; Twine, 2000) claim that cross-race interviewing can provide an important perspective that may generate different but valuable information. Participants' knowledge that I am conducting this research as a graduate student working toward a graduate degree might have affected our interactions. A participant may explain her experience to her college teacher by putting it into words, using a certain terminology. The participant may also speak to her mother in a different way to explain the circumstances. While these interviewer effects may be seen as limitations of the validity of the research, I believe my location and rapport with participants reveal knowledge that might not have been gained by a researcher with a different social location. This research is limited in that it uses a small sample size. It is also limited in its scope and participants may represent different demographics. Therefore, this raises the possibility that the research may not be generalized to other LGBTQ youth. As an exploratory study, the smaller sample size does support the necessary in depth investigation of experience.

Due to the fact that a majority of the participants indicated that they do not access health care services, and that they were also healthy that surfaced during the course of the eight interviews. It is a possibility that if this study had targeted a different aging population, say participants from 45 - 65 years who interact more often with the health care services, then the findings from this study would have varied significantly from the current findings.

Recommendations for Future Research

This study is one of the first of its kind in research on lesbian, gay, bisexual, and transgender questing youth in Northern British Columbia. Further research is needed in order to have an in-depth knowledge and understanding of the specific needs and health care services of LGBTQ youth. Further research on LGBTQ youth could address the youths' feelings on being with health care professionals who have the same sexual orientation as themselves in comparison to being with health care professionals who are of a different sexual orientation. It could be interesting to evaluate if sexual orientation of the health care professionals impacts the level of support and/or services that the youth feel that they receive. Like Abel suggested,

> Maybe get more gay men and lesbians counsellors or something into the community to work with. So person can feel more comfortable seeing somebody. ...they are like me. So yeah, they probably understand what I am going through.

A larger sample size would also be important in further studies so that results may be more generalized. A more diverse sample size with health care professionals of various educational levels, ethnicity, and socioeconomic levels, would also improve the significance of the results.

Further, it would also be important to evaluate the relationship between ethnicity and sexual orientation and to explore how ethnicity and sexual orientation together, impact the lived experiences of LGBTQ youth in health care settings. Health care professionals in school settings should advocate for LGBTQ youth to minimize bullying, harassment, and discrimination experienced by these young adults and then create a safe place for them to hang out and socialize.

Educating health care professionals is the best method for preparing transitioning LGBTQ youth for emancipation from barriers from health care services. Health care professionals need to be respectful since they are at the frontlines of service delivery. They spend time with different clientele and have the opportunity to work with them and prepare them individually. Training and workshops on LGBTQ issues, and signs of respect from health care professionals would better enable health care professionals work with LGBTQ youth and pass knowledge to the youth that will be useful to them as they transition into the adult world. In conclusion, as stated by one of the participants, "...they need to be more aware and respectful definitely, respect a person's identity and never assume a person's gender and their preferred pronoun" (Bruno, personal communication, April 2010).

Conclusion

Conducting this research was stimulating both intellectually and emotionally. As I talked with my participants individually, I felt their hurt feelings. I listened to youth discuss harassment from health care professionals, schools, and the lack of parental supports, all experiences that are not suppose to happen. As a researcher, I was able to apply my new found knowledge, skills, and practice throughout the research process to further assist my participants narrate their lived experience. This study was under supervision as stated in the ethics approval. I consulted with my thesis supervisor many times for guidance and direction especially in terms of my method and thematic analysis. The responses from my thesis supervisor and the knowledge obtained from my literature review built my confidence as a researcher.

The purpose of this research is to give voice to the subjective experience of gay men and lesbians in Northern British Columbia self-identified as having difficulties in accessing

health care services. The hermeneutic phenomenological approach created by Heidegger (1962) was used as it is concerned with human experience as it is lived. Participants in this research shared personal lived experiences and offered recommendations to improve the services that already existed. Hopefully the recommendations in this research will serve to bridge gaps that may emerge between what LGBTQ youth need and what they actually get from the services provided to them.

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Appendices

Appendix A: UNBC Research Ethics Board Approval Letter

UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Julius Okpodi
CC: Glen Schmidt

From: Henry Harder, Chair
Research Ethics Board

Date: March 31, 2010

Re: **E2010.0308.045**
Minimizing oppression and discrimination faced by gay and lesbian youth in Northern British Columbia

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Thank you for submitting the above-noted request and amendments to the Research Ethics Board. Your proposal has been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the Research Ethics Board.

Good luck with your research.

Sincerely,

Henry Harder

Appendix B: Demographic Questionnaire

Participant demographic Questionnaire

Age: _____

Gender:

Female	Male	Intersexual
Transgender	Transsexual	Two-Spirited
Other *(please explain)* _____		

Sexual identity:

Asexual	Bisexual	Gay	Heterosexual/Straight
Intersexual	Lesbian	Queer	Questioning
Two-Spirited	Transgender	Transsexual	Unsure
Decline	Other *(please explain)* _____		

Ethnicity:

White/European	Black/African/Caribbean
Latin/South American	East Asian/Chinese/Japanese
South Asian/Indian/Pakistani	Aboriginal/Métis/First Nations
Middle Eastern	
Bi/Multiracial *(please explain)* _____	
Other *(please explain)* _____	

Do you live in North Region of British Columbia? Yes No

With whom or where do you live?

On your own	With parent(s)/step-parents(s)		
With a friend(s)	With a sexual/romantic partner		
With a family member other than a parent/step-parent			
Foster home	Hostel	Couch surfing	On the street
Other *(please explain):* _____			

What level of education have you completed?

what grade? 7 8 9 10 11 12 some post-secondary

College University

Are you employed? Yes No

If yes, what is your job? _____

Of the following people, who are you 'out' to? *(Check all boxes that apply to you)*

Family:	*Friends:*	*School:*	*Work:*
Mother and/or Stepmother	**Some heterosexual friends**	**Administrators**	**Employer**
Father and/or Stepfather	**All heterosexual friends**	**Teachers**	**Manager**
Some of your siblings **All of your siblings**	**Some LGBTQ friends**	**Heterosexual students**	**Heterosexual coworkers**
Some of your extended family **All of your extended family** **(ie., uncles, aunts, cousins, grandparents)**	**All LGBTQ friends**	**LGBTQ students**	**LGBTQ coworkers**

Do you feel any stress about your sexual identity? Yes No

If you answered yes, please answer the following questions:

How much stress do you experience? (*Please circle the number that best suits you)*

1	2	3	4	5
Very little stress				A lot of stress

Do you know where you can go for help about these issue(s)? Yes No

Have you gone for help about this issue? Yes No

Within the last six months have you experienced any of the following?

Depression	Sexual Abuse/Sexual Assault	Anxiety
Harassment /Bullying	Low self-esteem	Discrimination
Anger management problems		Legal problems
Pregnancy	Housing problems	STD/HIV
Poverty	Alcohol abuse	Unemployment

Drug abuse Work stress Physical Abuse
Other issues we have not listed *(please explain):* _____

_____

Which of the following services do you think would helpful to LGBTQ youth?

Advocacy	Drop in space
Employment support/job training	Family counseling
Gay/Straight Alliance	Group support
Social Programming	Group Counseling
One-on-one support	Financial support (i.e., social assistance)
Legal assistance	Youth specific drug/alcohol treatment
Food bank	LGBTQ youth specific activities/events

Other *(please explain):* _____

Appendix C: Interview Questions

Semi-structured interview questions

Please answer these questions to the best of your ability. If you choose not to answer a question please indicate that you want to pass this question and move on to the next.

1). In your opinion, what are the most important challenges for lesbian, gay, bisexual, transgender, and questioning youth living in Northern British Columbia?

2). Have you ever been denied of health care services because of your sexual orientation?

3). How was the experience for you as a LGBTQ youth?

4). What do you want health care professionals to know from your experience?

5). Have you ever been called a derogatory name in attempt to receive health care services?

6). Describe the most vivid experience you might have had in getting the services?

7). Have you ever been rejected by social workers, nurses and other health care professionals because of your sexual orientation?

8). Have you ever felt implicit rejection. i.e. a look, ridiculed, indirect insult, mocked and discriminated against?

9). How was this experience for you as a LGBTQ youth?

10). What could be done to reduce discrimination and barriers in receiving health care services?

11). Relative to other activities in your life, how important are these health care services to you?

12). Is there anything else about accessing services as a LGBTQ youth that you think I should know about?

Appendix D: Letter of Introduction

Key Informant Letter of Introduction

Julius Okpodi, MSW Student
3333 University Way, Prince George, B.C. V2N 4Z9
Cell Phone 250.552.5172 email: Okpodi@unbc.ca

Dear _____

As a graduate social work student at the University of Northern British Columbia I am required to conduct research and develop a thesis based on my findings. I would like to invite you to consider participating in this research.

The purpose of this research is to give voice to the subjective experience of gay men and lesbians in Northern BC who have difficulties in accessing health care services. It is hoped that their stories and insights will provide information about the challenges faced in attempts to access healthcare services. Self-identified gay men and lesbians who agree to participate in this study will be asked to share their own understanding of what would be helpful to them, and possibly other gay men and lesbians. Gay men and lesbians will be asked what changes should take place in order to improve the current services. All participation is completely voluntary and individuals are welcome to withdraw from the study at any time.

All participants can choose or will be assigned fictitious names to protect their identities, and confidentiality will be maintained. If you have additional questions or concerns, please feel free to contact me via phone or email.

Your support is sincerely appreciated,

Julius Okpodi, MSW Student, UNBC

Appendix E: Project Information Sheet

Graduate Student Thesis Researcher: Julius Okpodi, Master of Social Work Student
c/o University of Northern British Columbia, School of Social Work,
3333 University Way, Prince George, B.C. V2N 4Z9
Cell Phone 250.552.5172 email: Okpodi@unbc.ca

Thesis Title: Minimizing Oppression and Discrimination Faced by Gay and Lesbian Youth in Northern British Columbia

Supervisor: Glen Schmidt, Associate Professor School of Social Work, UNBC

Purpose of the Research:

The purpose of this research is to give voice to the subjective experience of gay men and lesbians in Northern BC who have difficulties in accessing health care services. It is hoped that their stories and insights will provide information about the challenges faced in an attempt to access healthcare services. Self-identified gay men and lesbians who agreed to participate in this study are asked to share their own understanding of what would be helpful to them, and possibly other gay men and lesbians. Gay men and lesbians will be asked what changes should take place in order to improve the current services.

Respondents will be asked to:

- contact the researcher at the cell phone number above to arrange a time and place for an interview;
- commit about one and the half hours of time for the interview process;
- answer demographic questions and questions about your experience of healthcare services provided in Northern Region of B.C.;
- give consent (in writing) to be interviewed, and have the interview recorded by hand and on a digital voice recorder;
- allow the researcher to use quote and demographic information from your interview that does not identify you personally;

Potential benefits and risks to participants:

- There may be some risk to participants of this study. These risks could include concerns about confidentiality regarding both the location of the interview, and their personal information. Also participants could become emotionally upset because of the subject matter in question. An additional risk is that participants may disclose information about harm to self or others, which will necessitate a report to authority. To address the risk of confidentiality with respect to the location of the interview, they will only take place in a setting where participants feel comfortable. Participants will also be concerned about what will happen to their information.
- Interviews will be manually or digitally recorded with the permission of the participants;
- Only the researcher, paid transcriber and his supervisory committee of three UNBC professors (who are all obliged to respect your confidentiality) will have access to the information provided in the interviews;

- The manual or digital recordings of the interviews will be vaulted in my supervisor's office for one year post defense to avoid them being compromised, and the voice recordings will be transcribed into computer files. The computer files and transcripts will be protected by password and firewalls. The computer files and transcripts will be destroyed after one year when this student researcher has successfully defended the proposed thesis;
- Any potentially identifying information will be removed or altered when inputting data into the computer, participants will be encouraged to identify a pseudonym to protect their identity;
- There will be no identifying information included in the final study findings, however personal experience shared may be familiar to people you know;
- The final study will be published as a thesis and possibly published in relevant journals, or presented at conferences. No information that could identify participants will be included in the final study;

The risk of a participant becoming emotionally upset will be addressed as follows:

- Participants can decline to answer any questions that they choose not to answer, can decline to continue with the interview, can ask that any information they provide be removed from the study;
- At any time that a participant is emotionally distressed he/she will be provided with a referral to appropriate services that can provide counseling or support;

Support Agencies

- **Native Healing Centre**, 3rd floor, 1600 Third Avenue, 250.564.4324
- **Walmsley & Associates**, 1512 Queensway, 250.564.1000
- **Brazzoni & Associates**, 301-1705 Third Avenue, 250.614.2261
- **Worth Counselling & Assessment Services Inc**, 1717 Third Avenue, 250.563.7331

Benefits

There are many benefits to participating in this study. Participants will have the opportunity to think about their lived experience, and consider what worked for them and what did not. This may provide participants with a better understanding of their own needs in relation to these experiences, and help them to express those needs. Participants will have the opportunity to 'give voice' to gay men and lesbians who are working hard to manage their challenges in accessing health care services. Participants will help this researcher and other researchers to gain a better understanding of the process of involvement with these service systems in Northern B.C. Researchers can use this knowledge to recommend changes to health care providers whose responsibility it is to help and support those gay men and lesbians.

Participants can request and receive a copy of the study from this researcher when it is completed. Should participants require any additional information at any time before, during or after the study they can contact the student researcher Julius Okpodi by email at Okpodi@unbc.ca or call cell phone at 250.552.5172, or my supervisor, Dr. Glen Schmidt by email at schmidt@unbc.ca or phone at 250.960.6519. Any complaints about the research project should be made to the Office of Research, University of Northern British Columbia 250.960.5650, or by email reb@unbc.ca

Appendix F: Research Informed Consent

Informed Consent

I understand that Julius Okpodi, who is a graduate student in the Master of Social Work Program at the University of Northern British Columbia, is conducting a research project on minimizing oppression and discrimination faced by gay men and Lesbians.

I understand that the purpose of this research project is to give voice to the subjective experience of gay men and lesbians in Northern BC who have difficulties in accessing health care services.

I understand that I am agreeing to participate in this study.

I have myself read, or the researcher has read the attached information sheet to me and I have received a copy.

I understand that the researcher will record some information, and that the interviews will be digitally voice recorded.

I understand the benefits and risks involved in participating in this study.

I have had the opportunity to ask questions and discuss the study with the researcher.

I understand that my participation in this study is voluntary and I can withdraw from the study at any time.

I understand that the researcher is obliged to maintain my confidentiality, and that no personally identifying information will be used in the final report.

I understand that only the student, paid transcriber and his supervisory committee (consisting of three UNBC professors) will have access to identifying information about me.

I understand that if I have any comments or concerns, I can contact the UNBC Office of Research at 250.960.5650 or email at reb@unbc.ca.

PARTICIPANT:

_____SIGNED_____DATE_____

RESEARCHER:

_____SIGNED_____DATE_____

Appendix G: Pledge of Confidentiality

I, _____ (paid transcriber) solemnly declare that I will not disclose any personal information ("the information") released to the "Researcher" for research or statistical purposes under the authority of section 35 of the BC *Freedom of Information and Protection of Privacy Act.*

I understand that I am a paid transcriber and I am agreeing to transcribe the interviews.

I understand that a paid transcriber is obliged to maintain confidentiality, and that no personally identifying information will be shared to a third party.

I acknowledge that I have read and will abide by the terms and conditions of the Confidentiality Agreement between the researcher and the paid transcriber and I have received a copy.

I make this declaration knowing it is of the same legal force and effect as if made under oath.

PAID
TRANSCRIBER:_____SIGNED_____DATE_____

(Witnessed by)
RESEARCHER:_____SIGNED_____DATE_____