Report on the Needs Assessment of the LGBTQ Community of Hamilton

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This important community report has been made possible through the contribution of the following individuals and organizations:

- The Board of Directors of Hamilton Pride Festival Inc. (HPFI) had the vision to address the vacuum in this community when it comes to the needs of the local LGBTQ community. This action shows that HPFI is about more than just organizing and presenting a 1 day festival.

- The Ontario Trillium Foundation provided the financial resources to assist in this work and encouraged the successful partnership between the Social Planning and Research Council of Hamilton (SPRC) and HPFI.

- Over 200 members of the LGBTQ community opened themselves up for this research by sharing their experience of being LBGTQ in Hamilton through surveys, focus groups and key informant interviews. Without these individuals we would not have been able to do this work and assist the community in moving forward to have its needs addressed. As well, a group of service providers from the broader community came together for a focus group.

- Ivy Morton has been a tireless volunteer at the SPRC since 2002 and once again demonstrated her commitment through her contributions to this report in the form of data collection and input. Johanne Kelleher was another great volunteer who assisted with the data input and analysis. Brian Konik was a placement student at The Well, Hamilton’s LGBTQ Community Wellness Centre, when he did an excellent job compiling a literature review for this report.

Thanks for all of your efforts.
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1.0 INTRODUCTION

Hamilton is a city of just over 500,000 people situated in one of the fastest growing areas in Ontario identified as the Golden Horseshoe. Hamilton is not part of the Greater Toronto Area but downtown Toronto is accessible in less than an hour by road travel outside of rush hour. While much of Hamilton is an urban area, it is also comprised of smaller communities including Dundas, Waterdown, Ancaster and Stoney Creek as well as outlying rural communities including Flamborough and Glanbrook.

The Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) community is estimated to be approximately 10% of the population. That means there are approximately 50 thousand members of the LGBTQ community in Hamilton. However, despite the number of people who would likely identify as part of the LGBTQ community, Hamilton lacks LGBTQ identified safe community spaces, services and resources. The reasons for this are complex and inextricably tied to homophobia. (See Attachment B for Glossary of Terms) Although not part of the scope of this research, they will be addressed at various points throughout this document.

This needs assessment came about because of the vision of the Board of Directors for Hamilton Pride Festival Inc. (Hamilton Pride). This organization is mostly thought of as the group responsible for a week-long festival held every June celebrating the local LGBTQ community’s presence. This initiative demonstrates an expansion of Pride’s role in Hamilton. After conducting a short survey at Pride 2005, the board saw a need to expand the scope of their survey and look more broadly at issues for the LGBTQ community in Hamilton. At the same time, they understood their own capacity to conduct this research was limited. Partnering with the Social Planning and Research Council to conduct the data collection, analysis and report writing, resulted in a grant from the Ontario Trillium Foundation.

LGBTQ needs assessments have been done throughout cities in North America and some of them were reviewed prior to the process of this research being undertaken in Hamilton. Conversations with leaders in these communities also took place in order to determine ways to improve the process and to clarify what barriers might be faced in the work. The Public Health branch of the City of Hamilton had attempted a similar needs assessment in 2001, but participation from the community was limited and so the results were not significant except to demonstrate the need for more extensive community outreach in future assessments.

Through surveys, focus groups and key informant interviews, this community based research has helped to articulate some of the many needs of the LGBTQ community in Hamilton with recommendations as to how these could be addressed effectively.

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1 LGBTQ: a commonly used, shortened initialism for lesbian, gay, bisexual, transsexual, transgendered, two-spirit, intersex, queer and questioning individuals/communities. This acronym may or may not be used in a particular community as language continues to evolve. After a 2005 LGBTQ community consultation in Hamilton, the acronym LGBTQ (lesbian, gay, bisexual and transgender, queer) was determined to be most commonly accepted, though many will still have other preferences. (e.g. LGBT, GLBT, LGB, LGBTTTIQQ, QT)

2 Family Therapy Networker, 1991: "from Kinsey’s historic study in the 1940s to the present, surveys consistently show that 10 percent of the population is either gay or lesbian."
2.0 METHODOLOGY

Building on the SPRC’s experience of previous community-based needs assessments and consulting with the board of Hamilton Pride, 3 methods of data collection were chosen for this needs assessment: a survey, focus groups, and key informant interviews. Prior to this data collection a literature review was conducted to inform the work.

Initially, a survey was developed for widespread dissemination during Hamilton Pride Festivities during Pride Week, June 11 – 17, 2006. The survey was developed by the SPRC in consultation with the Hamilton Pride Board and involved some individual pilot testing before wide circulation. The key event at which the survey was disseminated was the marketplace during Pride Festival on Saturday, June 17. Participants in the survey received a free coffee voucher for a local café as an incentive.

The survey was also conducted as a questionnaire in Hamilton’s 3 LGBTQ-identified bars (The Werx, The Embassy and the M Bar which is now closed) by volunteers from McMaster University’s School of Social Work. This action which took place in late September on 2 consecutive Friday nights, netted close to 30 surveys. Although the survey was available on line at Hamilton Pride’s website, only a few surveys were collected from that effort.

Surveys were also left at the Hamilton AIDS Network for people to fill out. Approximately 10 more surveys were collected in this way.

In total, 156 valid surveys were collected. Surveys with postal codes outside of the Hamilton area were not included in the data collection since the questions were specific to experiences of being part of the Hamilton LGBTQ community at the time of the survey.

Following the data collection and initial trends analysis from the surveys using an open coding system, questions were developed to be used in 7 focus groups that could lead to some verification of the information gathered from the surveys. Focus groups were conducted with selected groups from the LGBTQ community: lesbian, gay, bisexual/queer, youth, older adults (over 55), transgender and service providers. The number of participants in each group ranged from 6 – 15. Many avenues of communication were used to find participants including Community Information Services bulletins, e-lists from The Well, mainstream service agencies, and community members, flyers in LGBTQ bars, the library, and other community centres, and The Well’s website.

After the focus groups were completed 6 key informant interviews were conducted with individuals who identified as lesbian, gay, queer/bisexual, youth, two-spirited and intersex. This assisted in bringing further understanding and verification of the information from the surveys and focus groups.

Combining the data from each of the 3 collection strategies, a brief public presentation was made at the Hamilton Pride Gala 2007 to inform the gathering of the initial key findings. These initial findings are confirmed in this final report which was compiled after a deeper look at the results.
3.0 SURVEY FINDINGS

A “Survey of the Hamilton LGBTQ Community” was distributed during Hamilton Pride Festival 2006. (See Appendix 2 for complete survey) It was available at one of the first tables in the festival area as people entered the park. As well, volunteers had the survey available as they moved around the park, offering people the opportunity to complete it throughout the day. An incentive of a free coffee at a local café was offered for each completed survey. There were 156 surveys returned.

There were 4 sections to the survey. The first dealt with demographics including identity and relationship status, while the second part was about community including level of connection to the LGBTQ community and comfort with being out (See Appendix B). The third section was a chart which had respondents rate their satisfaction level to LGBTQ services and resources accessed in the community including Hamilton Pride events. The final section provided an opportunity for respondents to identify barriers and gaps in local LGBTQ services and then suggest ideas for services, resources, programs, and events that could fill the gaps.

There were also approximately 30 surveys completed through McMaster Social Work students who took them to 3 LGBTQ-identified bars. The bars were The Werx, The Embassy Night Club, and the M Bar which is now closed.

3.1 DEMOGRAPHICS

3.1.1 Postal Code
The first question on the survey asked the respondent to identify the postal code of their residence. Based on Hamilton and area postal codes, a total of 156 valid surveys were collected.

3.1.2 Age Range
Respondents chose from 1 of 9 age categories ranging from under 16 to over 75 years of age. Out of the 156 answers to this question, the majority, 78%, fell into the age range of 19 – 44 years of age. More specifically, almost 30% of respondents were between 25 and 34. Approximately 25% were between 19 to 24 and 35 to 44 years of age. Fourteen percent were between 45 and 64, while only 7% fell to in the age range of 18 years or younger. Only 1% were between 65 and 74 years of age and no one identified as 75 or over.

3.1.3 Level of Education
In response to this question about the highest education level achieved, 32% had high school or some high school while 27% had college, trade or technical school. Twenty two percent had an undergraduate degree and 19% of participants had a graduate or professional degree.

3.1.4 Income Bracket
Choosing between 4 income ranges from $0 – over $60,000, the majority of participants, 38%, earned less than $19,000 per year. Twenty eight percent earned between $20,000 to 39,000; 21% earned between $40,000 to 59,000 and only 14% earned $60,000 or above.

3.1.5 Identity
This question was broken down into 3 categories – sexual identity, gender identity and racial identity.

Sexual Identity
For the sexual identity section, respondents could choose from a list of 9 words – lesbian, gay, bisexual, transgender, queer, transsexual, two-spirited, intersex, questioning (see Appendix B) – or use
a blank space available for people who did not identify with any of the listed words. More than one word could be chosen as some people relate to more than one identity.
The majority of respondents identified as gay (44%) or lesbian (31%). Nineteen percent identified as bisexual while 15% chose the term queer. The following table indicates all responses.

### TABLE 1: Sexual identity.

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>PERCENTAGE (%) OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay</td>
<td>44</td>
</tr>
<tr>
<td>Lesbian</td>
<td>31</td>
</tr>
<tr>
<td>Bisexual</td>
<td>19</td>
</tr>
<tr>
<td>Queer</td>
<td>15</td>
</tr>
<tr>
<td>Two-spirited</td>
<td>5</td>
</tr>
<tr>
<td>Questioning</td>
<td>4</td>
</tr>
<tr>
<td>Transsexual</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

**Gender Identity**
Respondents could choose between 4 check boxes – female, male, trans f to m, and trans m to f. (see Appendix B) A blank space was available for individuals who did not identify with the options listed. Fifty two percent of respondents identified as females while 45% participants identified as male. Two participants (1%) identified as trans m to f. Gender queer and trans/gender queer each had one respondent.

**Racial Identity**
Six check boxes were available for respondents to choose from including Aboriginal/Native, African Heritage/Black, Asian (South, East, West), Caucasian/White, Latino/Latina, and Biracial/multiracial. A blank space was available for individuals who did not identify with the options listed.

The vast majority of respondents, 85%, identified as Caucasian/White. All other responses had less than a 5% rate as the table below indicates.

### TABLE 2: Racial Identity

<table>
<thead>
<tr>
<th>IDENTITY</th>
<th>PERCENTAGE (%) OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>85</td>
</tr>
<tr>
<td>Aboriginal/Native</td>
<td>4</td>
</tr>
<tr>
<td>African Heritage/Black</td>
<td>3</td>
</tr>
<tr>
<td>Asian (south, east, west)</td>
<td>1</td>
</tr>
<tr>
<td>Biracial/Multiracial</td>
<td>1</td>
</tr>
<tr>
<td>Latina/Latino</td>
<td>.6</td>
</tr>
<tr>
<td>Other</td>
<td>3.5</td>
</tr>
</tbody>
</table>
3.1.6 What is Your Current Relationship Status?
Respondents could choose from 10 categories of relationship status. The majority of respondents, 47%, identified as single while the next highest category, dating exclusively, had 20% respondents. The chart below indicates the rank of all responses to this question.

**TABLE 3: Relationship Status**

<table>
<thead>
<tr>
<th>RELATIONSHIP STATUS</th>
<th>PERCENTAGE (%) OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>47</td>
</tr>
<tr>
<td>Dating exclusively</td>
<td>19</td>
</tr>
<tr>
<td>Living together</td>
<td>11</td>
</tr>
<tr>
<td>Dating not exclusively</td>
<td>8</td>
</tr>
<tr>
<td>Common law</td>
<td>8</td>
</tr>
<tr>
<td>Polyamorous</td>
<td>7</td>
</tr>
<tr>
<td>Married same sex</td>
<td>5</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
</tr>
<tr>
<td>Married opposite sex</td>
<td>.6</td>
</tr>
<tr>
<td>Widowed</td>
<td>0</td>
</tr>
</tbody>
</table>

3.1.7 Length of Current Relationship
Out of the 132 responses to this question, the majority noted “not applicable”, while 27% of participants indicated they had been in a relationship for 1-7 years. Eighteen percent had been in a relationship for less than a year; 7% of individuals had been in a relationship for 8 to 15 years, and 5% had been in a relationship for between 16 and 24 years.

3.2 COMMUNITY CONNECTIONS

3.2.1 Comfortable Situations Being Out
Respondents were asked to consider 8 different situations and how comfortable they felt being out in them. The majority of respondents, 92%, felt comfortable being out with their friends. When present in LGBTQ-identified spaces, 70% of participants felt comfortable being out. Sixty-seven percent of participants felt comfortable being out with family and only 60% felt comfortable at work.

Feeling comfortable in being out to their doctors was identified by only 57% of the respondents, similar to the percentage of those who felt comfortable being out in the neighbourhood (56%). Finally, just less than half the participants (46%) reported feeling comfortable being out at school, while the place respondents identified as feeling least comfortable being out was in their faith community (31%).

3.2.2 Connection to the Hamilton LGBTQ community
A range of answers from “very connected” to “alienated/unwelcome” were available from which to choose. The majority, just under 35% only felt a little connected to the community, while just over 30% felt somewhat connected. Only 16% felt very connected to the community and the same rate (16%) of respondents indicated they felt not at all connected. Finally, just under 2% felt alienated or unwelcome in the LGBTQ community.
3.2.3 LGBTQ information in Hamilton
Six choices were given for places that respondents might get information about the LGBTQ community in Hamilton including friends, internet, bars, queer publications, LGBTQ social groups or sports leagues, and support services. An option was provided for participants to check that they did not have any information on the LGBTQ community in Hamilton and would like some. They could provide contact information here as well.

The following table illustrates the number of respondents and the avenues through which they found their information on the LGBTQ community in Hamilton. The majority of respondents, 64%, found their information through friends. The least number of respondents, just over 11%, found information on the LGBTQ community in Hamilton from local support services. Ten respondents did not have any information on the community.

![Chart 1: Source of LGBTQ Information in Hamilton](image)

3.3 SERVICES AND ACTIVITIES

3.3.1 Satisfaction/dissatisfaction with Hamilton LGBTQ services
Underneath this question there were 4 LGBTQ services/activities listed that operated in Hamilton (dances, recreational/sports, support services, bars/restaurants) as well as 8 Hamilton Pride activities next to which respondents could rate their satisfaction level (Drag Show, Symposium, Gala/Awards, Women’s Dance, Theatre, March/Parade, Marketplace, Entertainment).

Participants could choose from 4 check boxes: very satisfied, satisfied, dissatisfied, and very dissatisfied. Less than 3% chose very dissatisfied in any question. There was a section after each service or activity to offer a comment as indicated in the question above.

One hundred and twenty four respondents rated their satisfaction level with bars and restaurants in the community and of those 75% were satisfied or very satisfied. There were some comments about the lack of LGBTQ bars and restaurants and that “there could be more.”

Out of the 91 respondents who rated their satisfaction with dances, about 2/3rd’s or 62% were satisfied or very satisfied with the dances. However, about ¼ of the over 40 comments made were about the dances, suggesting ways to improve them such as “better music”, “dances for younger queers”, as well as the need for men’s dances.
Sixty eight respondents rated their satisfaction level with support services and of those 75% were satisfied or very satisfied.

Out of the 62 respondents who rated their satisfaction with recreational/sports activities, just over half (52%) were satisfied or very satisfied with their experience. There were five comments made by participants who wanted to see an increase of activity in this area.

*Pride Services and Activities*

The next part of the chart listed 8 Services or Activities provided by Hamilton Pride in the past year. The following table indicates the satisfaction level of respondents to this question.

**TABLE 4: Satisfaction level by respondents for Pride Services or Activities**

<table>
<thead>
<tr>
<th>Pride Service or Activity</th>
<th>Percentage satisfied or very satisfied (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drag Show</td>
<td>85</td>
</tr>
<tr>
<td>Symposium</td>
<td>68</td>
</tr>
<tr>
<td>Gala/Awards</td>
<td>77</td>
</tr>
<tr>
<td>Women’s Dance</td>
<td>70</td>
</tr>
<tr>
<td>Theatre</td>
<td>71</td>
</tr>
<tr>
<td>March/Parade</td>
<td>80</td>
</tr>
<tr>
<td>Marketplace</td>
<td>74</td>
</tr>
<tr>
<td>Entertainment</td>
<td>78</td>
</tr>
</tbody>
</table>

Some general comments that were offered in this section included the need for more opportunities to meet people in the community and to socialize without alcohol.

### 3.3.2 Barriers to Hamilton LGBTQ services

There were 10 options provided which respondents could check as barriers that have prevented them from using LGBTQ services or participating in LGBTQ activities in Hamilton. The list included: Financial costs; Lack of knowledge of services/activities; Inconvenient time; Fear of homophobia; Fear of transphobia; Fear of biphobia; I don’t need them; Not for my age group; Location; I had a bad experience.

More than half, 52%, identified a lack of knowledge as preventing them from accessing services while 21% noted they did not need the services or activities. Fifteen percent of respondents found each of the following to be barriers equally: services/activities at an inconvenient time; age; and financial costs. Homophobia and location had equal responses by 10% of participants who identified those issues as barriers to services and activities. Biphobia, a previous bad experience and transphobia were identified by less than 5% of respondents as barriers to accessing services and activities in the LGBTQ community.

The following sample comments are from an area left blank to explain any bad experiences: non existent support services; more music and floats for the parade and no bashing; fight gay comments at gay bars; forced to change schools; health care; where are the professionals and outdoor activities?.
3.3.3 Gaps in the Hamilton LGBTQ Community
Participants were given 3 blank spots to write in the top 3 gaps they identified within the LGBTQ community in Hamilton. There were no check boxes.

Approximately 100 responses were given to this question. Grouping the answers together by apparent themes, the following 9 areas were identified. The number of respondents who identified an idea in the theme follows.

- Lack of services; lack of information on services or connection to different support groups/services, gaps in services/activities for youth or older adults – 32
- Communication - access to news and activities including advertising/publicity - 18
- Community, community center, cohesion within and organization of community -17
- Presence - 6
- Political voice - 6
- Not enough safe places for LGBTQ identified - 5
- Diversity within the community, e.g. race, ethnicity, access for disabled persons - 4
- Leadership - 3
- Funding for groups - 2

3.3.4 Address the gaps
Participants were given 3 blank spots to write in the top 3 ideas they had for programs or events that would address the gaps they identified within the LGBTQ community in Hamilton. There were no check boxes.

Approximately 65 responses were given to this question. Grouping the answers together by apparent themes, the following 3 areas were identified. The number of respondents who identified an idea in the theme follows.

- More services/resources/activities – 49
  - Examples of activities included all ages parties, activities for youth, arts/cultural, dances and social events, sports leagues, outdoor group, picnics, potlucks and book clubs, programs and social settings without alcohol, restaurants, singles nights, more events other than drag, more activities on the mountain, discussion groups and listservs, education and information; support groups/call lines
- Community centre – 14
  - Examples of community centre ideas included central space, information centre, and wellness centre/health centre.
- Financial support to the community – 3

3.3.5 Ideas for Hamilton Pride
This question was asked to get concrete ideas from respondents for Hamilton Pride. The following ideas came out of this question: artist's tent/art show, better parade like the Santa Clause parade, boat ride, drag kings, dyke march, competition/games, more exposure, more awards, more community involvement, more merchant venues, more women’s events, movie/film festival, oral history of Hamilton, sport events, support groups, women's rights, longer event, more acts/entertainment, on site ATM, dance with a very broad range of music, literary night, and more impressive entries from groups for floats.
4.0 FOCUS GROUP FINDINGS

Following the survey and an initial analysis of the results, 7 focus groups were conducted with community members from selected groups in the LGBTQ community including lesbians, gay men, bisexual/queer, youth, adults over 55, transgender, and service providers from a variety of agencies in Hamilton.

The same questions were asked of each group from the LGBTQ community. Some questions for service providers were the same and some slightly different and will be discussed throughout this section. The first three questions ask about resources and services in Hamilton. The next three questions address safe and positive spaces for the LGBTQ community from the perspective of the particular identity of the group members, e.g. as an LGBTQ youth.

The responses from each of the groups (lesbians, gay men, youth, older adults, bisexuals/queer, and transgender) were collated and a trends analysis identified the following key points as a summary of the discussion. When the question was asked, the word in square brackets, [ ], was replaced by the word describing whichever group was assembled from the above list.

4.1 AS A [BISEXUAL/QUEER IDENTIFIED INDIVIDUAL] IN HAMILTON, WHAT WORDS BEST DESCRIBE YOUR EXPERIENCES IN ACCESSING RESOURCES AND SERVICES THAT YOU HAVE NEEDED?

There were 3 words that cut across each of the 6 focus groups when responding to this question asking for words that best described the participant’s experiences in accessing LGBTQ resources and services in Hamilton: “laughable”, “frustrating” and “impossible”.

One of the LGBTQ youth participants described her experience as “scary”, saying “I was afraid to pick up the phone.” She said she went to a pay phone to call 411 and ask for information so her parents wouldn’t hear her. She didn’t get any information from 411 on the resources she was seeking.

Many participants went on to talk about resources and services for the LGBTQ community in Hamilton as “non-existent”, and “lacking”. Service providers also described the services and resources available for the LGBTQ community as “scarce”.

“Uninformed” is what one lesbian said about services when talking about her experience of coming out to her family physician. She went on to say she could not find any information about coming out. “No one could tell me anything in the area about coming out.” Her comments echoed what many participants described as “difficult” and “uncomfortable” experiences.

4.2 THINKING OF THE EXPERIENCES DESCRIBED IN THE PREVIOUS QUESTION, WHAT GAPS WOULD YOU IDENTIFY IN RESOURCES AND SERVICES FOR [GAY MEN] IN HAMILTON?

The most common gap identified in resources and services by the selected LGBTQ and service provider focus groups was in the area of social opportunities and recreation. Although the format or venue might be different, participants in each of the 7 groups talked about the need to have places to meet or socialize outside of bars. Many group participants talked about the need for cafes or coffee houses with music and dancing. Other ideas included book clubs, choirs, trans-positive clubs, sports leagues, movie nights and places “where conversation and friendship can build.”
Service providers emphasized a gap in the area of one-on-one counselling and support group opportunities. Some also noted they were not fully aware themselves of what services and resources did exist for the LGBTQ community in Hamilton.

Gaps in education were identified by 5 of the groups. Youth emphasized the need for parent education and additions to the health curriculum about LBGTQ issues. Many participants noted that bisexuality is missed altogether in educational components.

The need for training for health professionals was also raised by a cross section of participants, particularly service providers. In fact, one of the questions for service providers was about their opportunities for training and support within their organizations for working with the LGBTQ community. Most voiced a desire for training opportunities as well as an increase of support resources and referrals for clients.

A gap in resources and information was noted by many participants, with examples including the need for internet resources, e-lists, library (with books on tape), coming out resources, and information for trans-identified youth.

Participants in the bisexual/queer group discussed the issue of healthcare and the gap in “receptive health care providers”. Others said physicians are “not understanding of our issues” and many had “heard homophobic remarks” from health care providers, including physicians and counselors.

An older adult made note of the lack of a bookstore for the community. “You used to be able to get information from the notice board at Gomorrah’s” (bookstore now closed). One youth described her efforts as “unsuccessful” when looking for someone to talk to about coming out. “When I looked in the phone book there was nothing.”

A participant from the transgender group echoed the words of many others in each of the groups when she said, “There’s no central location, no phone lines, no moral support.” A safe and central “meeting space” or “resource centre” with “a location like the 519” was identified by participants as a gap in LGBTQ services and resources in Hamilton, some noting the need for an increased “presence in the community”.

This theme of safe public spaces continued as both the youth and transgender groups identified a gap in accessible public washrooms for transgender individuals. Knowing where safe washrooms exist with “family” or neutral designations is important, especially for the transgender community, and not having this information listed in a publication like the Pride pages was seen as a gap.

Participants across 4 groups noted the need for counselling services specific for the LGBTQ community. This included finding “someone to talk to, just someone to share your experience with”, as well as phone lines with extended hours, and support groups.

Each group talked about the need for support or education groups specific to their particular issues. For example, the bisexual/queer group discussed their invisibility within the LGBTQ community itself with one person noting, “People think we haven’t figured out who we are yet” and another saying “they

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3 The 519 is a community centre in Toronto in the heart of the “Gay” or “Queer” Village which responds to the needs of the local neighbourhood and the broader Lesbian, Gay, Bisexual, Transsexual, Transgender, and Queer (LGBTQQ) communities by supplying resources and opportunities to foster self-determination, civic engagement and community participation. (www.the519.org)
Another youth said he did not feel safe at home, “not even in my room.”

4.3 RESOURCE AND SERVICE LOCATION AND DELIVERY
Although it was noted by participants in the youth and gay men’s groups that there are “no services on the mountain” and Limeridge might be a good location, the majority said any kind of centre for the LGBTQ community should be located downtown where the bus routes converge for easy access.

Accessibility to the physical building was also discussed in most groups noting The Well is in a building that is difficult to get into for people with scooters or wheelchairs and the building is locked after 5:00 p.m., making evening gatherings difficult.

Another idea that was mentioned in each of the groups was the need for a space to allow anonymity for those who are still in the closet. At the same time however, participants spoke of the need for a space to have “a public presence in the community.” “Some components need to be visible while others can be more discrete,” said a participant from the transgender group.

If accessibility issues can be worked out, however, The Well was identified by some participants as the organization best suited to offer many of the resources and services needed for the community.

Another idea was affiliating some services in connection to a health centre. However, discussion in 2 of the groups identified the need for services and resources not to be offered from a medical model or connected to any service that would further stigmatize members of the community.

4.4 FEELING OF SAFETY IN HAMILTON
Because of the individual nature of this question, there was a very mixed response from participants. For example, while some individuals reported feeling safe in bars (identified locally as The Werx and The Embassy) others did not feel safe in those same places. “Leaving the bar I always take a cab because it’s not safe to walk. The location of the bars in “dark and sketchy areas like the back of the Embassy” was noted as making them particularly unsafe. The fact that they are downtown and many participants said they felt unsafe at night in downtown Hamilton added a further dimension to their reality.

Participants from a mix of groups said they did not feel safe in “straight bars.” Hess Village, a downtown area in Hamilton known for its outdoor patios and bars that attract a largely ‘20-something’ straight crowd in the evening, was identified by some participants as an area they did not feel safe in, noting a number of incidences where LGBTQ identified individuals have been verbally and physically assaulted in the area.

However, one theme that ran through the group discussions was the safety that was afforded in a city like Toronto with a large “gay village.” Anonymity was mentioned many times as an indicator of what added to a participant’s experience of feeling safe. Hamilton does not appear to afford that anonymity and easy access to Toronto’s services and resources makes it a community which seems safer according to some participants.

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4 The Well Is Hamilton’s LGBTQ Community Wellness Centre, a new organization started at the same time as this research. The mission of The Well is to create an inclusive and safe space for the LGBTQ community in Hamilton through the provision of services, programs, and resources using an anti-oppressive framework.
At least one participant from each of the groups said ‘home’ was where they felt safest being out. However, many youth participants had a different perspective, with one female saying, “it depends who’s home” as to whether she could feel safe even there. Another youth said he did not feel safe at home, “not even in my room.”

Specific locations or classes at school were identified as safe for some participants. (Participants were reflecting on both high school and university experiences.) “Most of the time I feel safe at school,” said one gay participant. However, another youth participant said he felt very unsafe at his previous Catholic school. This mixed response matches the survey responses in which less than half of the respondents felt safe at school.

Work places also received a mix of responses with some feeling very safe being out and others not even able to access a washroom at work safely, particularly in the transgender community. Many participants were not out at work which again corresponds to the survey findings.

Some participants identified their faith communities as safe spaces while others indicated the need to leave faith communities in order to feel safe. A teacher with experience in a Catholic school setting noted how threatened he felt in the atmosphere and was not able to entertain the notion of coming out.

Some other places and spaces mentioned as feeling unsafe for some participants included doctor’s offices, engineering school at McMaster, the police station, and James St. N. during Pride.

Public washrooms were a particular place of concern around safety for participants in the transgender focus group as discussed in the previous section. Each participant in that group had been asked numerous times to leave a public washroom by people who believed they had entered the wrong one for their gender.

4.5 MAKING HAMILTON A SAFER SPACE

The answers to this question were many but could be broken down into 3 main categories: Education and training for the broader community, including LGBTQ individuals, regarding LGBTQ reality, history issues; Increased visibility of LGBTQ community and individuals; and a central location for LGBTQ services and resources.

Participants across every focus group emphasized the need for widespread education and training in the community, including education for LGBTQ individuals. Examples of educational content needed for LGBTQ individuals included internalized homophobia and LGBTQ history. Another educational or training focus came from the bisexual/queer group in which participants said it was important to “start with the LGBTQ community in trying increase awareness about the legitimacy of bisexuality and experience of bisexuals.”

Training for service providers, with physicians and guidance counsellors identified specifically, was seen as a necessary step for making Hamilton a safer space for members of the LGBTQ community. This included suggestions for anti-racism-anti oppression training, anti-heterosexism and homophobia training.

Many youth said that for them to feel safer they think there should be a part of the sexual health curriculum on LGBTQ issues in every school. Many also noted the need for guidance counsellors to have more information for sharing with youth. “You only ever hear about how not to get pregnant – never anything about queer issues,” said one youth participant.

Participants in the youth and older adults groups said that mentoring programs for the youth are an important facet of making Hamilton a safe place to live, work and play for LGBTQ identified individuals.
Education was seen as key because participants felt it could bring about a “greater understanding of each other’s views” where people can “celebrate all differences”. Education would also increase “solidarity in responding to homophobia or addressing issues in the community”, helping to build a “cohesive community where more people are committed and participating.”

The next category of responses as to how to make Hamilton a more positive and safe space for the LGBTQ community was the need for increased visibility of the LGBTQ community. Participants across every group spoke about the need for increased awareness and knowledge of LGBTQ issues, particularly with exposure through the media and in local politics.

Participants who spoke about the increased need for visibility of the community emphasized the importance of being able to “recognize your own face in the community.” Others noted how difficult it is to live life for “so long and not see anyone that might be going through the same stuff as you.”

This conversation was particularly poignant in the youth focus group as 3 out of 15 participants said they had already attempted suicide in part because of the isolation they feel in the community.

The need for a bookstore or library which could provide awareness-raising resources such as books, videos, and posters was identified. An internet site that provided centralized information for the LGBTQ community and the wider community was also seen as key.

Finally, a central space for the necessary services and resources that had been previously identified was noted as a significant piece for increasing the safety of the LGBTQ community in Hamilton. A space for “queer and trans-positive health care” was clearly articulated as a response to this question. The need for more safe spaces in schools was also noted and connected to this category. In order to achieve this, participants across many groups noted the need for funding to the LGBTQ community and service providers in order to obtain a space and provide the necessary resources and services suggested.
5.0 KEY INFORMANT INTERVIEW FINDINGS

As a final step of confirming the survey findings and focus group discussions, key informant interviews were conducted with 6 members of the community: a youth, a gay identified male, a bisexual/queer individual, a gay identified male from the aboriginal community, an intersex individual and a lesbian.

It is important to note that the gay identified male from the aboriginal community did not identify as two-spirited. Noting, “I don’t feel like I have 2 spirits in me”, he more readily identified as gay or as “a man who likes men.” The interviewee also recalled that the term “two spirited” was coined in the late 1980’s and as an English word “doesn’t capture it [sexual identity] completely.” (see appendix 3 for notes on 2-spirited identity)

Further, the lesbian interviewee made it clear she did not refer to herself as a lesbian but as “queer” or “a dyke”.

The conversations focused on 5 key questions: [square bracketed words or phrases were changed to fit the interviewee]

What services and resources do you think are needed in Hamilton for the LGBTQ community?
What barriers do you face in accessing main stream (not LGBTQ-specific) services in Hamilton as a [gay man]?
Which places to you feel safe in Hamilton as an [intersex individual]?
What has been your experience of homophobia in Hamilton?
What do you think need to happen to make Hamilton a safe space for the LGBTQ Community?

5.1 SERVICES AND RESOURCES
Each interviewee spoke of the need for increased support services, including counselling, health care and support groups. Recreational and social activities that were not always associated with alcohol were also identified by each of the individuals.

Health care was emphasized again as an area of service that needs to respond more effectively to the LGBTQ community. One key informant who identified as bisexual/queer, reported, “I can’t tell you how many times I’ve been to a counselor or health care provider and been pegged as a lesbian… My own doctor originally wrote in my file that I was ‘gay’. It makes it hard to share any other things when she doesn’t understand one central part of you.

The lesbian-identified key informant said she found the entire health care network difficult enough to access but more specifically articulated the need for “queer-positive doctors.” “It’s hard enough to find a doctor to begin with, let alone someone who is aware of the issues that queer people face.”

“It’s hard enough to find a doctor to begin with, let alone someone who is aware of the issues that queer people face...We need queer-positive doctors we can talk to.”

Lesbian Key Informant

It was clear from most interviewees that one key to good service provision was “queer-positive and trans-positive” service provision but that it did not necessarily need to be provided by people who identify as part of the LGBTQ community. “As long as they’re queer friendly,” said gay male participant, “I’m okay with accepting services. It doesn’t need to be from a gay man.”

The two-spirited individual identified the need for local aboriginal service providers to receive training and be able to identify “indigenous safe space, perhaps with a sticker with a feather and a rainbow.”
Having a “social space that is not necessarily an LGBTQ identified bar” would provide a “healthier space where groups can met to support each other” is how one interviewee described what she saw in terms of the need for services and resources.

5.2 BARRIERS TO MAIN STREAM SERVICES
A need for training and education for service providers was reiterated through the discussion around barriers to main stream services for members of the LGBTQ community. “Bad experiences with counselling, the way they responded to what I was saying and denied my experience”, has created a barrier for one participant in trying to access further main stream services. This kind of was incident was reiterated by 2 other interviewees.

Because of his own, “internalized homophobia”, one participant said he is “always working to make others feel comfortable. I don’t want to rock the boat so I end up with inferior service.”

The intersex person identified “gender confusion”, again related to a lack of education and training, as a barrier he faces when accessing services at food banks and other main stream services. Many times he chooses not to use the washrooms at mainstream services because he doesn’t feel safe. This also confirmed the transgender experience previously identified in the focus group.

Lack of knowledge as to what resources exist and where they are located was suggested as a barrier by 2 of the interviewees. “The Hamilton Pride Pages did not have a lot of listings in the areas I was looking for.”

5.3 SAFE SPACES IN HAMILTON
As a newcomer to Hamilton, one interviewee said she felt most safe entering places that are clearly marked as positive spaces. “Hamilton is still a new place for me so I look for a rainbow sticker on the door.” However, the participant also noted that the sticker doesn’t guarantee a safe space saying, “whether or not I’m being treated respectfully by everyone in the establishment is another story.”

Each participant noted they did not feel safe on the streets in downtown Hamilton, “particularly at night”, but went on to say it wasn’t “only about sexuality”. “Downtown doesn’t seem that friendly, it’s a bit sketchy depending on where you are and what time of day.”

Two other participants identified feeling safe at local LGBTQ-identified bars and McMaster’s GLBT Centre.

5.4 EXPERIENCES OF HOMOPHOBIA IN HAMILTON
Two of the six participants reported not experiencing any acts of homophobia against them personally in Hamilton. However, one of those said it was largely because she “passed as straight” and the other noted having homophobic experiences online when he has been involved with gaming he enjoys.

The other 4 interviewees had experienced a range of homophobic verbal abuses in Hamilton from inappropriate labeling or remarks by health care providers to “a kid from my high school coming to my house saying, ‘I hope you die of AIDS.’”

One participant, talking about his experience of being educated in the Roman Catholic school system which is known for having homophobic policies, said when students were verbally abusing him teachers often to the problem. “Instead of teachers calling kids on it when inappropriate things were being said,
they actually added to them. Young people don’t have the tools to protect themselves the way adults do.”

5.5 MAKING HAMILTON A SAFER SPACE FOR THE LGBTQ COMMUNITY

“A more visible queer and trans community” will work toward ending homophobia which was identified by all interviewees as the necessary step to making Hamilton a safer space for the LGBTQ community.

Increased visibility by LGBTQ individuals and in/by organizations that serve the community will “demystify portrayals in the community and make places feel more secure for queer people.” Again, participants identified the need to see their faces reflected in agencies and organizations within the city in order to increase their sense of safety. The idea of individual “champions” who would be willing to be out and act as a mentor in the community was highly recommended.

It was recognized as important for “a lot of institutions, organizations and community groups to be more vocal about whether they provide queer services or not…and more vocal against homophobia and other ‘ism’s’ within their organizations and the community.” Another participant echoed the importance of more diverse identities in “organizations and working environments in the City of Hamilton and in political and educational spheres.”

However, a couple of participants made some provisos about increasing visibility too quickly, fearing that if “we are in your face or push too hard”, the community could experience some backlash. “We don’t want to compromise our long term goals by being impatient.”

There was also a reminder when it came to creating a center for the community that visibility was a “two-edged sword” for people who are still closeted.

Training, education and resources directed toward the LGBTQ community, service providers and the broader community was raised again as necessary for making Hamilton safer for the LGBTQ community.

The need for a centre, “like the Well, a community centre, en educational resource for the greater community”, was reiterated by key informants as it had been heard in focus groups and through the survey.

Under each of the above suggestions however, interviewees stressed the essential need for funding for initiatives to begin in the community. Funding is needed to “address homophobia within organizations”, for resource development such as “website development”, and for “resources for youth” and others in Hamilton for “coming out”.

“Greater anti-homophobic awareness will increase safety for the queer and trans community.”

_Bisexual/ Queer Key Informant_
6.0 DISCUSSION

6.1 SERVICES AND RESOURCES
Throughout each piece of data collection for this needs assessment, participants made it clear that there is an essential need for LGBTQ-specific services and resources in Hamilton for members of the LGBTQ community.

Services and resources were said to be “invisible and nonexistent” for the LGBTQ community in Hamilton. While some mainstream agencies offer some services and resources directed to LGBTQ individuals, until May 2006 there were no LGBTQ specific services offered in Hamilton outside of those at post secondary institutions such as the GLBT Centre at McMaster.

One area that garnered much discussion within the area of services and resources was the need for “queer- [and trans-] positive doctors”. The survey showed that just over half of the respondents were out to their doctors about their sexuality. Focus groups and key informants confirmed experiences of feeling unsafe with health care providers who were often uninformed about LGBTQ realities, were unlikely to be able to offer positive care experiences and were, in fact, in many cases homophobic.

Many of the services and resources that were identified as necessary for filling gaps and increasing the sense of safety in the LGBTQ community were related to having social and recreational space outside of the traditional bar spaces.

It was recognized through the literature search and the conversations for this research that for centuries, LGBTQ bars have provided much of the safe space with information on services and resources for the LGBTQ community in Hamilton and elsewhere. However, it came up in focus groups and key informant interviews that while community bars had provided, and still do provide, essential points of connectivity in the community, there was now a need to have services and resources outside of an atmosphere related to alcohol use. This is due to increased awareness that the LGBTQ community has a higher incident of alcohol and drug use related to systemic homophobia.5

The need for LGBTQ-specific counselling services were identified as essential for people during the coming out process as well as for LGBTQ youth who have high rates of depression and suicidality. Most youth struggling with sexual identity issues experience mild to severe depression at some point and that approximately 1 in 3 LGBTQ youth will make a suicide attempt. This was confirmed in the focus group for LGBTQ youth.

Finally, a lack of information about the LGBTQ community and broader issues and resources, were identified as a gap in service. The need for a comprehensive library, resource centre and website was noted by many participants in the research.

6.2 TRAINING AND EDUCATION
The need for training and education for service providers and members of the LGBTQ community was raised by many in the course of this research. Anti-racism and anti-oppression training, with an emphasis on the realities of heterosexism and homophobia, were identified as essential for Hamilton in terms of decreasing homophobia and increasing the safety of LGBTQ members.

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This training was seen as important not only for service providers, including health care providers and guidance counsellors, but also for members of the LGBTQ community who often have their own experiences of internalized homophobia. This would address issues raised in this research of the invisibility and misunderstanding of certain parts of the community such as bisexual/queer, two spirited and transgender within the broader LGBTQ community.

The need for curriculum additions around LGBTQ information during sexual health courses in high school were also raised in all areas of this research.

6.3 COMMUNITY CENTRE
Like many minority communities, the need for a community centre in which members can find services and resources, including social and recreational opportunities particular to their needs, has been identified strongly in this research. A lack of healthy resources and services for members of the LGBTQ community were specifically noted and seen as needed to be offered in a “one-stop shopping” model at an LGBTQ community centre.

At the same time that this research was funded by the Ontario Trillium Foundation (OTF), a volunteer organization called The Well – Hamilton’s LGBTQ Community Wellness Centre, had just begun. The successes and challenges of that organization, also funded for a one-year pilot project by the OTF, are recorded in another report. However, it is important to note that many of the suggestions for filling gaps of service and resources in the LGBTQ community made through this research, have been worked on within The Well and will be able to offer some reflection on the best delivery of service for some of the identified gaps. Examples of this include anti-heterosexism and homophobia training, specific support groups for various groups in the LGBTQ community, and the development of an informational website.

6.4 HOMOPHOBIA AND VISIBILITY
Because of the nature of the coming out process, visibility and invisibility in the community can be a complicated topic. The coming out process for LGBTQ identified individuals can be a life long experience that occurs, for some, on a daily basis and is filled too many times with the severing of key family and friend relationships because of homophobia.

However, it has been shown in this and other research that, increasing the presence and visibility of the LGBTQ community can work toward decreasing homophobia and transphobia. Balancing the visibility of resources and services in the community will make them more accessible for members of the LGBTQ community who are still closeted.

For those who are unable to feel safe enough to come out, it is important to have community champions who can raise the visibility of the LGBTQ community with minimal threat to their own well being. Organizations who serve the community are also encouraged to raise the profile of their LGBTQ services to send a message out to the broader community about the need and presence of LGBTQ services and resources.

Increases to virtually nonexistent services and resources, training and education, the support of a community centre and the visibility of champion individuals and organizations connected to the LGBTQ community, are all believed to work together toward ending homophobia and increasing the safety of LGBTQ identified individuals.
7.0 RECOMMENDATIONS

7.1 Services and Resources
Throughout each part of the data collection for this needs assessment, participants made it clear that there is an essential need for LGBTQ-specific services and resources in Hamilton. Respondents identified that particular attention needs to be paid to the lack of queer- and trans- positive health care, the need for social opportunities to take place outside of bars and for counselling services related to coming out, especially for LGBTQ youth, to be developed.

- Therefore, it is recommended that funding be allocated from appropriate levels of municipal, provincial and federal governments to support the development of LGBTQ specific services and resources in Hamilton as identified in this report and through further research and evaluation as it becomes available in the community.
- It is recommended that main stream service providers evaluate their services and resources for LGBTQ individuals and identify where and how they can be expanded in response to the needs expressed through this assessment. Sustainable funding from a variety of sources must be made available to organizations that take on this important work.
- Finally, it is recommended that funds be allocated to develop local information tools for LGBTQ individuals and their allies such as a resource centre for knowledge exchange, a 24-hour phone line, and websites with access to local LGBTQ information such as the Pride Pages and links to other relevant services and online resources.

7.2 Training and Education
Many service providers in the community are lacking anti-racism/anti-oppression training that would assist staff and volunteers in offering services and resources that respond more appropriately to the needs of the LGBTQ community and would help to interrupt homophobia. Youth and other participants identified the education system as significantly lacking information and support for LGBTQ-identified students in Hamilton.

- Therefore, it is recommended that all workplaces, but particularly mainstream social service organizations known to provide service to the LGBTQ community, offer anti-racism/anti-oppression training for all staff and volunteers, with an emphasis on heterosexism and homophobia. All levels of government and unions, business and other organizations should provide funding or trained staff to support workplaces seeking to do this work.
- It is further recommended that each of the 4 local school boards in Hamilton encourage and support the development of Positive Space groups in each high school and that LGBTQ resources, such as the Hamilton Pride Pages, are visible and easily accessible in all guidance counselling offices.
- Finally, it is recommended that the sexual health curriculum in secondary schools is made inclusive and teaches LGBTQ sexual health issues along with those related to heterosexual sexual health issues.

7.3 Community Centre and Programming
Like many minority communities, the need for a community centre in which members can find services and resources, including social and recreational opportunities particular to their needs, has been strongly identified in this research.

- Therefore, it is recommended that government funding be made available for an organization or collaborative of organizations to offer resources and services for members of the LGBTQ community in a “one-stop shopping” model at an LGBTQ community centre.
- It is further recommended that Hamilton Pride, The Well, and other queer- and trans- positive service providers form a community partnership to increase the amount of available programming that promotes healthy and active lifestyles for LGBTQ citizens of all ages, including an increase in
physical activity, a reduction in the use of alcohol, cigarettes and drugs, and additional promotion of safer sex practices.

7.4 Visibility
*Increased visibility of the community, along with individuals and organizations that can champion LGBTQ community issues, is necessary to interrupt homophobia in Hamilton. It is also important to note that members of the LGBTQ community come from a spectrum of locations when it comes to visibility or being out in the community.*

- Therefore, it is recommended that leaders in the LGBTQ community seek and encourage champions to come forward to assist in breaking the invisibility and isolation that community members experience.
- It is further recommended that, with support of local media, members of the LGBTQ community and their allies work to bring LGBTQ issues to the public and political sphere to increase the visibility of the community.
- Finally, it is recommended that careful consideration be given to balance in terms of allowing anonymity and confidentiality for closeted individuals seeking to access services and resources at a community agency or future community centre, and the need for such a centre and the LGBTQ community to have a visible presence.

7.5 Homophobia
*Members of the LGBTQ community lack a feeling of safety living in Hamilton because of the reality of homophobia.*

- Therefore, it is recommended that existing LGBTQ organizations and committees such as Hamilton Pride Festival Inc., The Well, the City of Hamilton’s GLBT Advisory Committee, and the Hamilton Police GLBT Task Force, work with community partners to increase the real and perceived safety of Hamilton's LGBTQ community by developing an action plan to reduce the number of LGBTQ-based committed hate crimes and to seek the removal of barriers to reporting LGBTQ-based hate crimes to Hamilton Police Services.
- It is further recommended that key employers in Hamilton such as the City of Hamilton, Hamilton Health Sciences, the Hamilton Wentworth District School Board, Hamilton Wentworth Catholic District School Board, Hamilton Police Services and others, show leadership in their organizations by working actively to end homophobia, ensuring employee anti-racism/anti-oppression training and supporting campaigns that address homophobia such as May 17, the International Day to End Homophobia, and February 14, Pink Triangle Day.

7.6 Research
*As is often the case, the more questions that are asked, the more questions that are raised. It is noted that there are many areas of life in the LGBTQ community that have not been addressed through this initial needs assessment.*

- Therefore, it is recommended that funding be made available from all levels of government and other sources including business, corporations, and private foundations, for more research to look deeper into the realities of life in the LGBTQ community of Hamilton so the needs of the community can be more fully addressed.
8.0 CONCLUSION

Through funding from the Ontario Trillium Foundation, the Hamilton Pride Festival Inc., and the Social Planning and Research Council of Hamilton, have been able to complete this important needs assessment of the LGBTQ community in Hamilton.

One of the key findings of this work is the need for increased visibility of the LGBTQ community in Hamilton in order to address the reality of homophobia. In the sharing of this report, the visibility of the community and its needs have now been articulated in a way not seen in this community before. It is hoped that this research is only the beginning of addressing the needs of the LGBTQ community which will work to create a more inclusive city for all who reside here.
APPENDIX A

LBGJTQ NEEDS ASSESSMENT SURVEY
Thank you for taking time to fill out this anonymous survey. We recognize that completing this survey may seem threatening to you, as homophobia remains a very real threat in our society today. It is also possible that you don’t want to fill out the survey because you don’t think you need any services or connection with the LGBTQ community right now. Although you do not have to complete this survey, please consider doing it for those who do need services. Not only will it help us understand more clearly who we are as an LGBTQ community in Hamilton, it will also help us determine and access funding for necessary programs, services and activities for the community. For more information or assistance in filling out this survey, please call Deirdre Pike, at the Social Planning and Research Council of Hamilton, 905-522-1148, ext. 302, or email dpike@sprc.hamilton.on.ca.

The following question is asked to assist in determining the best locations for LGBTQ services/activities. What is your postal code? ______________________

### Demographics

What is your age range?  
- □ <16  
- □ 16 - 18  
- □ 19 - 24  
- □ 25 - 34  
- □ 35 - 44  
- □ 45 - 54  
- □ 55 - 64  
- □ 65 - 74  
- □ 75 or over

What is the highest level of education you have completed?  
- □ Some high school  
- □ High School  
- □ College, trade, or technical school  
- □ University (undergraduate degree)  
- □ University (graduate or professional degree)

What is your income bracket?  
- □ $0 - 19,000  
- □ $20,000 - 39,000  
- □ $40,000 - $59,000  
- □ 60,000-above

Please check any of the words below that best fit your identity. You may choose more than one.

**Sexual**  
- □ Lesbian  
- □ Gay  
- □ Bisexual  
- □ Transgender  
- □ Queer  
- □ Transsexual  
- □ Two-spirited  
- □ Intersex  
- □ Questioning  
- □ _______________

**Gender**  
- □ Female  
- □ Male  
- □ Trans F to M  
- □ Trans M to F  
- □ _______________

**Race**  
- □ Aboriginal/Native  
- □ African Heritage/Black  
- □ Asian (South, East, West)  
- □ Caucasian/White  
- □ Latino/Latina  
- □ Biracial/multiracial  
- □ _______________

What is your current relationship status?  
- □ Dating exclusively  
- □ Dating but not exclusively  
- □ Polyamorous  
- □ Common law  
- □ Divorced  
- □ Living Together  
- □ Single  
- □ Widowed  
- □ Married Same-sex  
- □ Married Other-sex

Length of current relationship:  
- □ n/a  
- □ <1 year  
- □ 1 - 7 yrs.  
- □ 8 - 15 yrs.  
- □ 16 - 24 yrs.  
- □ > 25 yrs.

In which of the following situations do you feel comfortable being out? (check all that apply)  
- □ With my friends  
- □ With my family  
- □ In my neighbourhood  
- □ At work  
- □ At School  
- □ In my faith community  
- □ To my doctor  
- □ LGBTQ spaces

### Community

How connected do you feel to the LGBTQ community in Hamilton?  
- □ Very connected  
- □ Somewhat connected  
- □ A little connected  
- □ Not at all connected  
- □ Alienated/not welcome

Where do you get information about the LGBTQ community in Hamilton? (check all that apply)  
- □ Internet  
- □ Queer Publications  
- □ LGBTQ Social Group/Sport League  
- □ Bars  
- □ Friends  
- □ Support Services  
- □ I don't have any but would like some (email: ___________________________
Services/Activities
1. Please indicate your level of satisfaction/dissatisfaction with the services or activities you have accessed in Hamilton. Check only one, or check “Not Accessed” where applicable. Please use the comment box for any further information you would like to offer in the particular area.

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<th>Very Dissatisfied</th>
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What barriers prevent or prevented you from using LGBTQ services/activities in Hamilton? (Check all that apply)
- Financial costs
- Didn’t know of services/activities
- Inconvenient time
- Fear of homophobia
- Fear of transphobia
- Fear of biphobia
- I don’t need them
- Not for my age group
- Location
- I had a bad experience (explain): ____________________________________________

From your perspective, what are the three biggest gaps in the LGBTQ Community in Hamilton?
- ______________________  - ______________________  - ______________________

Please list any particular ideas, programs, or events that would address these gaps.
- ______________________  - ______________________  - ______________________

Please list any particular ideas, programs, or events that you would like to see at Hamilton Pride.
- ______________________  - ______________________  - ______________________

Thank you again for completing this survey! Enjoy a coffee on us at the Bad Dog Café!
APPENDIX B

DEFINITIONS OF TERMS RELATED TO SEXUAL ORIENTATION AND GENDER IDENTITY
Changes in thinking and attitudes toward sexual orientation and gender identity are continually taking place in society as a whole and within the LGBTTTIQ communities. These terms and definitions may be used differently by different people and in different regions.

**Asexual**: a word describing a person who is not sexually and/or romantically active, or not sexually and/or romantically attracted to other persons.

**Biphobia**: irrational fear or dislike of bisexuals. Bisexuals may be stigmatized by heterosexuals, lesbians and gay men.

**Bisexual**: Someone who is attracted physically and emotionally to a person of the same and opposite sex.

- Bisexuals are not necessarily attracted equally to both men and women and not always attracted to both men and women at the same time.
- Bisexuality is often thought of as a “phase” on the way to coming out as gay or lesbian, but for many people, being bisexual is a life-long sexual identity.
- Not all people are comfortable with this term because gender is fluid and more varied than this term presumes.

**Coming out**: the process by which LGBTTTIQ people acknowledge and disclose their sexual orientation or gender identity, or in which transsexual or transgendered people acknowledge and disclose their gender identity, to themselves and others (See also “Transition”). Coming out is thought to be an ongoing process. People who are “closeted” or “in the closet” hide the fact that they are LGBTTTIQ. Some people “come out of the closet” in some situations (e.g., with other gay friends) and not in others (e.g., at work).

**Dyke**: a word traditionally used as a derogatory term for lesbians. Other terms include lezzie, lesbo, butch, bull dyke and diesel dyke. Many women have reclaimed these words and use them proudly to describe their identity.

**Fag**: a word traditionally used as a derogatory term for gay men. Other terms include fruit, faggot, queen, fairy, pansy, sissy and homo. Many men have reclaimed these words and use them proudly to describe their identity.

**Gay**: a word to describe a person whose primary sexual orientation is to members of the same gender. This can refer to both males and females, for example “the gay community”, but is increasingly used to refer to men only.

**Gender identity**: a person’s own identification of being male, female or intersex; masculine, feminine, transgendered or transsexual. Gender identity most often corresponds with one’s anatomical gender, but sometimes people’s gender identity doesn’t directly correspond to their anatomy. Transgendered people use many terms to describe their gender identities, including: pre-op transsexual, post-op transsexual, non-op transsexual, transgenderist, crossdresser, transvestite, transgendered, two-spirit, intersex, hermaphrodite, fem male, gender blender, butch, manly woman, diesel dyke, sex radical, androgynist, female impersonator, male impersonator, drag king, drag queen, etc.

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6 Adapted other sources such as the Ontario Public Health Association and the Centre for Addiction and Mental Health
Genderqueer: this very recent term was coined by young people who experience a very fluid sense of both their gender identity and their sexual orientation, and who do not want to be constrained by absolute or static concepts. Instead, they prefer to be open to relocate themselves on the gender and sexual orientation continuums.

Heterosexism: the assumption, expressed overtly and/or covertly, that all people are or should be heterosexual. Heterosexism excludes the needs, concerns, and life experiences of lesbian, gay and bisexual people, while it gives advantages to heterosexual people. It is often a subtle form of oppression that reinforces silence and invisibility for lesbian, gay and bisexual people.

Heterosexual: term used to describe a person who primary sexual orientation is to members of the opposite gender. Heterosexual people are often referred to as “straight.”

Heterosexual privilege: the unrecognized and assumed privileges that people have if they are heterosexual. Examples of heterosexual privilege include: holding hands or kissing in public without fearing threat, not questioning the normalcy of your sexual orientation, raising children without fears of state intervention or worries that your children will experience discrimination because of your heterosexuality.

Homophobia: irrational fear, hatred, prejudice or negative attitudes toward homosexuality and people who are gay or lesbian. Homophobia can take overt and covert, as well as subtle and extreme, forms. Homophobia includes behaviours such as jokes, name-calling, exclusion, gay bashing, etc.

Homosexual: a term to describe a person whose primary sexual orientation is to members of the same gender. Because the term is associated historically with a medical model of homosexuality and has often been used in derogatory, marginalizing and hurtful ways, most homosexual people encourage the use of the terms lesbian, gay and bisexual.

Identity: how one thinks of oneself, as opposed to what others observe or think about one.

Internalized homophobia: fear and self-hatred of one’s own sexual orientation that occurs for many lesbians and gay men as a result of heterosexism and homophobia. Once lesbians and gay men realize that they belong to a group of people that is often despised and rejected in our society, many internalize and incorporate this stigmatization, and fear or hate themselves.

Intersex: a person who has some mixture of male and female genetic and/or physical sex characteristics. Formerly called “hermaphrodites.” Many intersex people consider themselves to be part of the trans community.

Lesbian: a female whose primary sexual orientation is to other women or who identifies as a member of the lesbian community. The term lesbian is derived from Lesbos, a Greek island home to Sappho, a poet and teacher who loved other women.

LGBTTIQQ: a common initialism for lesbian, gay, bisexual, transsexual, transgender, two-spirit, intersex, queer and questioning individuals/communities. This initialism may or may not be used in a particular community. For example, in some places, the acronym LGBT (for lesbian, gay, bisexual and transgendered/transsexual) may be more common.

Out or Out of the closet: varying degrees of being open about one’s sexual orientation or gender identity.
**Queer**: traditionally, a derogatory and offensive term for LGBTTTIQ people. Many LGBTTTIQ people have reclaimed this word and use it proudly to describe their identity. Some transsexual and transgendered people identify as queers; others do not.

**Questioning**: people who are questioning their gender identity or sexual orientation and who often choose to explore options.

**Sexual identity**: one’s identification to self (and others) of one’s sexual orientation. Not necessarily congruent with sexual orientation and/or sexual behaviour.

**Sexual minorities**: include people who identify as LGBTTTIQ.

**Sexual orientation**: a term for the emotional, physical, romantic, sexual and spiritual attraction, desire or affection for another person. Examples include heterosexuality, bisexuality and homosexuality.

**Transgender**: A self-identifying term for someone whose gender identity or expression differs from traditional gender roles

- Can apply to masculine lesbians or effeminate/feminine men who are psychologically and/or physically androgynous.
- Transgender is also often used as an umbrella term in English-speaking North America to refer to everyone who crosses gender roles in one way or another including transsexuals, drag queens, transvestites etc.
- Transgender people, as a rule, do not desire to alter their bodies by means of hormones and/or surgery, focusing instead on expanding their gender identity mentally and expressing their gender role through non-binary (“third gender/third sex”) behaviour. In some cases, however, a transgender person might move through the sexual-gender spectrum to subsequently identify as transsexual.

**Transsexual**: a term for a person who has an intense long-term experience of being the sex opposite to his or her birth-assigned sex and who typically pursues a medical and legal transformation to become the other sex. There are transmen (female-to-male transsexuals) and transwomen (male-to-female transsexuals). Transsexual people may undergo a number of procedures to bring their body and public identity in line with their self-image, including sex hormone therapy, electrolysis treatments, sex reassignment surgeries and legal changes of name and sex status.

Someone who has an intuitive, life-long conviction that he or she is really of the opposite gender to that assigned at birth. A transsexual person experiences acute gender discomfort (“gender dysphoria”) and is thereby driven to change their physical sex by having surgery (known as Sex Reassignment Surgery or SRS) and taking hormones (testosterone or estrogen), and wearing gender specific clothing.

- This process of change is known as transitioning.
- Transsexuals may be referred to as female-to-male (ftm; a transman) or male-to-female (mtf; a transwoman).
- A transwoman should absolutely be referred to as “she” and a transman as “he”.
- Some transsexuals prefer not to “come out”, but instead, to blend in as “regular” men or women.
- TS/TG (short for transsexual/transgendered) people may identify as gay, lesbian, straight, bisexual or otherwise. Many are now “coming out” as transqueers (gay transmen and lesbian transwomen).\
Two-spirit: an English term coined to reflect specific cultural words used by First Nation and other indigenous peoples for those in their cultures who are gay or lesbian, are transgendered or transsexual, or have multiple gender identities. The term reflects an effort by First Nation and other indigenous communities to distinguish their concepts of gender and sexuality from those of Western LGBTTTIQ communities. Two-Spirit people often had elevated status as spiritual healers (sharmans) in their communities.

Transpeople:
An umbrella term which includes those persons who identify as transsexual, transgender, Two-Spirit, intersex, genderqueer, gender-diverse, queer and/or questioning. (Also synonymous with “trans community” or “trans population.”)