

outsideIN BEST PRACTICES

Healthcare Providers

INTENDED AUDIENCE

This document is intended to support sexual healthcare providers (such as physicians, nurses, administrators, etc.) who work with gay, bisexual, trans, Two-Spirit and queer male (**GBT2Q**) clients, whether or not those clients have disclosed their sexuality.

INTRODUCTION

For the purposes of this document, we use the term **more out** and **less out** to distinguish between groups of people whose experiences of **outness** differ.

When meeting a client for the first time, we may not know what life experiences they've had or what circumstances they will be returning to when they're out the door. As we assist someone who may be **less out** with issues as sensitive as their sexual practices and related health routines, it is important that they feel as comfortable as possible and have a safe and positive experience. Making assumptions, and acting on those assumptions may deter clients who are **less out** from continuing to seek medical support in the future.

Certain assumptions can make GBT2Q who are **less out** feel uncomfortable, silenced, and isolated. Experiences like these can discourage clients from accessing sexual health services, while the data shows that **less out** GBT2Q men are in great need of it.

MORE THAN 1 IN 4 (27.2%) MEN WHO HAVE SEX WITH MEN IN CANADA SAY THEY HAVE NEVER 'COME OUT' TO ANYONE, INCLUDING ANY HEALTHCARE PROVIDER. [SEX NOW 2014-5]

HOW CAN YOU HELP

We encourage service providers to interrogate assumptions about clients' **outness**, along with the concept of outness as a whole. We hope to help foster an environment where **less out** community members feel more comfortable accessing the services and supports they need.

AUTHORS

This document is written by GBT2Q-identified health promotion specialists located in Vancouver, BC and is based on multi-level consultation with healthcare practitioners.

UNIQUE HEALTH NEEDS OF THOSE OF US WHO ARE LESS OUT

Health Initiative for Men (HIM) conducted an extensive literature review on outness, self-identification, and sexual health practices.

This literature review found that less out GBT2Q people experience unique negative sexual health outcomes compared to their more out GBT2Q counterparts:

Lower sexual health literacy, including less knowledge about the effectiveness of ARV medication for people living with HIV, and of the existence of PEP and PrEP (Sex Now 2014-2015).

Less likely to be aware of their positive HIV status. GBT2Q continue to constitute the majority of new and existing HIV diagnoses in British Columbia. GBT2Q men who are **less out** are less likely to know of their positive HIV status and may be having sex with others who similarly do not know their HIV status. (Blas et al., 2010).

Significantly less likely to have ever tested for HIV and other STBBIs, and not to have been tested in the last 12 months (Goldenberg et al., 2016; Sex Now 2014-2015).

Social inequities including intimate partner violence and weak support networks, which are associated with increased feelings of isolation and participation in 'riskier' sexual activity. Those who are **less out** reported higher rates of condomless and unprotected anal sex with a person whose sexual health status is unknown, and are less likely to report intimate partner violence when compared to GBTQ men who experience similar violence and isolation and are **more out** (Pitpitan et al., 2016; Goldenberg et al., 2016).

Inaccurately low perception of their risk of coming into contact with, or passing HIV based on their sexual activities and behaviours (Shehan et al., 2003).

WE NEED TO SIMULTANEOUSLY RECOGNIZE THE UNIQUE STRESS RELATED TO BEING LESS OUT WHILE RECOGNIZING THAT THAT COMING OUT IS NOT THE SINGULAR SOLUTION.

BEST PRACTICES

The following practices on working with clients who are **less out** and/or have a complicated relationship with **outness** are based on: key-informant interviews and focus groups with **less out** community members and focus groups with sexual health-care service providers.

WHEN DISCUSSING SEX

MIRROR CLIENTS' LANGUAGE ABOUT THEIR SEXUAL ACTIVITIES AND BEHAVIOURS.

While it is important to assess a person's sexual behavior to determine their healthcare needs, we can do so in a way that doesn't risk inaccurately labelling and alienating the client. For example, using "sex with a man/guy" rather than generalizing as "gay sex" allows clients to label themselves, or not. If someone is clear about their sexual identity, it is appropriate to speak on those terms.

TRY NOT TO MAKE ASSUMPTIONS ABOUT A CLIENT'S SEXUALITY AND IDENTITY BASED ON THE SEX THAT THEY'RE HAVING.

Instead of relying on restrictive categories, give clients space to choose their words and identifiers. This may mean using unconventional labels such as 'brosexual' or 'heteroflexible' or not using any particular word at all for their identity.

WHEN DISCUSSING OUTNESS

CREATE A SPACE THAT WELCOMES THE CLIENT TO RETURN.

Regardless of the setting, it is important that the client feel as comfortable as possible and leaves wanting to come back to seek your support, or the support of another healthcare professional. This might mean using the client's own words/language to describe their problem, and/or learning current and appropriate language that demonstrates our commitment to compassionate understanding.

CONCEPTUALIZE OUTNESS AS BEING ON A SPECTRUM RATHER THAN A BINARY OF 'IN' OR 'OUT' OF THE CLOSET.

For example, someone is not "in" one day and "out" the other, but rather is faced again with the decision to disclose with every new person they meet. A spectrum that takes into account different situations better reflects this important nuance.

WHEN DISCUSSING OUTNESS IN PARTICULAR CIRCUMSTANCES OR WITH SPECIFIC PEOPLE, FRAME IT AS 'BEING OUT' RATHER THAN 'COMING OUT'.

"Have you come out to...?" or "Have you told your parents that...?" paint sexual disclosure as inevitable. "Are you out to...?" Or "Do your parents know...?" is descriptive and more accurate in that it is limited to the client's current situation.

AVOID ASSUMING THAT THE SEX A CLIENT IS CURRENTLY HAVING IS SOMETHING THEY ALWAYS DO.

Sex with other men may only be a small or infrequent part of a client's sexual preferences. Or maybe they only have sex with other men for work. Or maybe gender doesn't matter to them when choosing our sexual partners.

TALK ABOUT SEX WITH CONFIDENCE AND COMPASSION.

By avoiding certain terms, or making heteronormative assumptions about sex and relationships, we can inadvertently create a relationship permeated with sex-negativity. When we speak freely about sex knowledgeably and confidently, we create a space for the client to feel held and supported to speak freely.

A CLIENT'S EXPRESSION OF OUTNESS MAY LOOK MARKEDLY DIFFERENT THAN SOMEONE ELSE'S DEPENDING ON MANY DIFFERENT FACTORS INCLUDING CULTURE, RELIGION, CLASS, CAREER, AMONG OTHERS.

We may make certain assumptions because someone is wearing makeup, or wearing a turban, if they work in construction, or works at a gay bar, but it is better to listen to them about what being out means to them, depending on where, with whom, and in what situations.

NORMS AROUND SEXUALITY AND OUTNESS VARY VASTLY AMONG DIFFERENT CULTURES.

There are cultures in which a person can live a queer life but isn't expected to 'come out' to family and friends. In other cultures, people may have sex and share intimacy with people of the same gender-binary but not identify as queer orGBT2Q. Some people are private about their sexual and romantic lives in order to follow familial and community customs and traditions important to them.

BEING LESS OUT, DOESN'T MAKE A PERSON LESS THAN.

'Coming out' is often seen as an important milestone for everyGBT2Q person. This monolithic idea affects **less out**GBT2Q people by minimizing or erasing their experiences and resiliencies. When supporting **less out** clients, recognize that there are manyGBT2Q people who are in similar situations and **outness** does not determine a person's worth as members of a queer community, should they choose to see themselves as such.

CITATIONS

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Questions or queries? Contact us at outness@checkhimout.ca

Health Initiative for Men (HIM) is a peer-based organization that serves the unique sexual, mental, social, and physical health needs of GBT2Q in Vancouver's Lower Mainland and across British Columbia.

HIM operates five health centres where we offer sexual health testing (including vaccination, treatment and prevention options), as well as professional counselling, sexual health education, and support groups. HIM is dedicated to strengthening the health and wellness of GBT2Q through trusted, tailored, targeted health promotion.