

CONNECTION & ACCEPTANCE:

A RESOURCE GUIDE FOR PROVIDERS
SERVING INTERNATIONAL LGBTQ+ STUDENTS



GLOSSARY

Definitions

Gender Identity - is a person's deeply felt internal and individual experience of gender,¹ which may or may not correspond with the sex assigned at birth. It includes the personal sense of the body, which may involve – if freely chosen – modification of bodily appearance or function by medical, surgical or other means. Gender identity exists on a spectrum, so it is not necessarily linked to a single gender. And it can be fluid, evolving over the course of a person's life.

Homophobia² - negative attitudes, feelings, or irrational aversion to, fear or hatred of gay, lesbian, or people and communities, or of behaviours stereotyped as “homosexual.” It is used to signify a hostile psychological state leading to discrimination, harassment or violence against gay, lesbian or people.

Racism³ - ideas or practices that establish, maintain or perpetuate the racial superiority or dominance of one group over another.

Sexual and gender minorities are individuals whose sexual orientation is not exclusively heterosexual and whose gender identity and/or gender expression is different than the sex assigned at birth. Sexual and gender minorities may or may not identify with a particular identity or term, such as LGBTQ+.

Sexual orientation - is a person's physical, romantic, and/or sexual attraction (or lack of it) to other people. It includes three elements: sexual attraction, sexual behaviour, and sexual identity^{4,5}. For some, sexual orientation is fluid and changes over time. For others, it is experienced as deeply innate and does not change over time. Sexual orientation and gender identity are distinct, and one cannot be inferred from the other.

Transgender - (often shortened to trans) and **gender-diverse** are umbrella terms for people whose gender identity, gender roles or gender expression do not conform to the norms and expectations traditionally associated with the sex assigned to them at birth. It includes people who are transsexual or otherwise gender-diverse. Transgender people may identify as transgender, female, male, trans woman or trans man, transsexual, or using other terms. **Gender-diverse** includes people who identify as **gender-fluid** or **gender non-binary**. Trans and gender-diverse people may express their genders in a variety of masculine, feminine and/or androgynous ways. This is irrespective of whether they have undergone gender transition, such as hormonal or surgical interventions, to align their physiology with their gender identity. While these terms are increasing in familiarity in many countries, in a number of cultures other terms may be used.⁶

Transphobia² - negative attitudes and feelings and the aversion to, fear or hatred or intolerance of trans people and communities. Like other prejudices, it is based on stereotypes and misconceptions that are used to justify discrimination, harassment and violence toward trans people, or those perceived to be trans.

Abbreviations

- **ART** – antiretroviral therapy
- **LGBTQ+** – lesbian, gay, bisexual, transgender and queer
- **PrEP/PEP** – Pre-exposure prophylaxis/Post-exposure prophylaxis
- **OHIP** – Ontario Health Insurance Plan
- **TRS** – Transition Related Surgery
- **UHIP** – University Health Insurance Plan

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¹ Gender refers to the socially constructed norms that impose and determine power, roles and relationships between women, men, boys, girls and trans and gender-diverse people, including people with non-binary gender identities. Gender norms, roles and relations vary from society to society and evolve over time. For more information, see WHO's **Q&A: Gender and Health**, at: <https://www.who.int/news-room/q-a-detail/gender-and-health>.

² <https://www.rainbowhealthontario.ca/news-publications/glossary/>

³ OHTN Action Plan to Confront Anti-Black Racism - <https://www.ohcn.on.ca/action-plan-to-confront-anti-black-racism/>.

⁴ Defining sexual health: report of a technical consultation on sexual health. Geneva: WHO; 2006 (<https://www.cesdas.lu/perch/resources/whodefiningsexualhealth.pdf>, accessed 17 November 2022).

⁵ Born free and equal: sexual orientation, gender identity and sex characteristics in international human rights law, 2nd ed. Geneva: Office of the High Commissioner of Human Rights; 2019 (https://www.ohchr.org/Documents/Publications/Born_Free_and_Equal_WEB.pdf, accessed 17 November 2022).

⁶ Specific indigenous terms include “hijra” (India), “meti” (Nepal), “skesana” (South Africa), “motsaalle” (Lesotho), “kuchu” (Uganda), “waria” (Indonesia), “kawein” (Malaysia), “muxé” (Mexico), “fa’afafine” (Samoa), “fakaleiti” (Tonga), “tarajens” (Iran) and “two-spirit” (some North American indigenous peoples).

I WORK WITH INTERNATIONAL STUDENTS AND SOME NEED RESOURCES I DON'T ALWAYS HAVE - PARTICULARLY IF THEY'RE PART OF A SEXUAL OR GENDER MINORITY.

First, thank you for the work that you do! You likely already know that international students can experience challenges adjusting to life in Canada that may impact their academic performance and ability to socialize with their peers. More specifically, sexual and gender minority students may not know when or where it's safe to be themselves. This uncertainty creates psychosocial vulnerability and can be a barrier to accessing sexual or mental health services.

Throughout this resource, we use the term LGBTQ+ to refer to individuals who identify socially and trans people and the term gbMSM to refer to gay, bisexual, and other men who have sex with men.



WHAT DO I NEED TO KNOW ABOUT SUPPORTING LGBTQ+ INTERNATIONAL STUDENTS?

Canada is seen as a desirable destination for many international students to pursue their studies, including those who are LGBTQ+. Once students arrive and learn more about the LGBTQ+ community and its visibility, some come to appreciate that they can safely explore their identities during their studies and while they are away from home.

Despite this sense of new opportunity, the *International Student Health Study (2019)*⁷ confirms that this LGBTQ+ students are particularly likely to experience:

- Loneliness and multiple stigmas
- Distrust about confidentiality within social services
- Challenges with family expectations
- Precarious financial access to health care, laboratory testing (i.e., blood work), and medications (i.e. health insurance plans for students may not cover all costs).

Because of internalized stigma and fear of judgement, rejection, and persecution, many LGBTQ+ students may not be forthcoming about their identities, challenges, and needs. They may also be very anxious about having to eventually return home, especially if they are from one of **70 countries** where it is a criminal offence to identify as LGBTQ+. Students may also fear that coming out as LGBTQ+ will create shame and ostracization for their families back home.

Gay, bisexual, and other men who have sex with men (gbMSM) students may be particularly vulnerable because there has been a number of HIV diagnoses in this community in the last few years, while the overall infection rate among gbMSM has been slowly declining⁸.

Trans and nonbinary students may or may not be part of the gbMSM community but will certainly have unique service needs. For example, they may be interested in attending programs like Gender Journeys (via Canadian Mental Health Association, Sherbourne Health, and other organizations) to explore their gender and talk to peers about their experiences of social and medical transitioning. They may also benefit from speaking to a mental health professional about managing gender dysphoria or being connected to knowledgeable physicians who can prescribe hormone replacement therapy. Rainbow Health Ontario has put together a **Trans Health Knowledge Base** for health care providers and service users that may be helpful. Rainbow Health Ontario also has a **Trans Health Mentorship Call** which is a bi-weekly teleconference for Ontario health professionals to connect with peers who have experience with providing care for trans and non-binary service users.

⁷ Li, A., Nam, S., Wong, J., Owino, M., Sutdhibhasilp, N., Cheng, E., and Vijayanathan, H. (2019). International Student Health Study. Committee for Accessible AIDS Treatment.

⁸ Asian Community AIDS Services. (2020). 2019/2020 Community-based Needs Assessment. Retrieved from <https://acas.org/publications/>



HOW DO RESEARCHERS, HEALTH CARE PROFESSIONALS, AND COMMUNITY ORGANIZATIONS MAKE SENSE OF THE INCREASE IN HIV INFECTIONS WITHIN THE INTERNATIONAL STUDENT COMMUNITY OF GBMSM?

A combination of factors may make gbMSM international students more vulnerable to HIV, including:

Culture

- International students may assume that HIV is not particularly prevalent in Canada. This misunderstanding can give them a false sense of safety and keep them from practising safer sex.
- Some students may come from cultures and families where sex and sexuality are not talked about, which means they may not have the skills to negotiate sexual preferences and risks.
- Students may feel that purchasing or accessing free condoms is shameful.
- Students may not be accustomed to navigating the gbMSM online dating and hookup culture in Canada, which often includes recreational drug use with few opportunities to have conversations about risk. Drug and alcohol use can reduce people's inhibitions, making students more vulnerable.

Exclusion

- Students who are longing to connect with a community may fear they will be rejected if they insist on using condoms.
- Students who are feeling isolated or lonely that may prioritize connection over communication about risk.
- **Sexual racism** among gbMSM communities, including online forums and dating apps can take a number of forms, including rejection, exotification, and stereotyping (i.e.)
 - **Rejection:** It is not uncommon to find dating profiles that declares disinterest in men from a particularly racial group. When people experience harsh rejection in sexual contexts as a result of their race or ethnicity it directly feeds into isolation, depression, lower self-esteem, and feelings of inferiority. It makes it harder for them to seek, find, and build supportive relationships, or be engaged in their own health and well-being.
 - **Exotification:** In sexual encounters, racialized gbMSM are sometimes reduced to their racial identity or subject to racial stereotypes, and not seen as whole people.
 - **Stereotyping:** Racial stereotypes can play out in unique ways on the psyche of racialized men who are objectified, resulting in limitations on their ability to meet new friends and sexual partners. For example:
 - East and Southeast Asian gbMSM may be stereotyped as passive and feminine, which can result in them feeling disempowered in sexual relationships or taking sexual risks to assert their masculinity.
 - Latino American and Black gbMSM can be stereotyped as dominant and hypersexual which can result in them feeling pressured to take sexual or drug-related risks to gain sexual currency and connection.

Access to Services

- LGBTQ+ students may face challenges finding appropriate sexual health information/testing, community groups, counselling, and health care
- They may also have limited access to HIV prevention medication (pre-exposure prophylaxis or PrEP) because they aren't aware it is available, don't know where to find a provider who will prescribe it, or their student health and drug benefits plans won't cover the cost.



WHAT ARE THE PSYCHOLOGICAL IMPLICATIONS FOR INTERNATIONAL STUDENTS WHO TEST POSITIVE FOR HIV?

HIV is now a treatable manageable disease. Someone diagnosed today with HIV who is on treatment to suppress the virus can live a normal lifespan and cannot pass the virus to sexual partners. However, testing positive for HIV still has significant implications for someone's life and be emotionally destabilizing. It can affect their perception of their own health and well-being, as well as their relationship with the health care system and sexual partners. It can compound their existing experiences of exclusion (rooted in racism and homophobia). They may also experience other forms of HIV stigma. For example, there are still a small number of countries that do not welcome travellers with HIV.

International students diagnosed with HIV may also fear going home and be uncertain about whether they are able to remain in Canada. The impact of an HIV diagnosis can shift their focus away from school and toward finding ways to access support and treatment, and to remain in Canada



WHAT ARE THE PRACTICAL CONCERNS FACING INTERNATIONAL STUDENTS WHO TEST POSITIVE FOR HIV?

Students diagnosed with HIV will face practical concerns related to their HIV care, personal issues, and immigration/legal issues.

HIV Care

- Finding a knowledgeable primary care provider or an HIV specialist who can prescribe HIV medications, order necessary tests and bloodwork, and monitor their health.
- Managing the cost of HIV care. Many international students learn that the health insurance plans they were required to purchase are often NOT adequate to cover the cost of HIV medication or health services.
 - Note: international students with a valid student visa can order HIV medications from outside Canada at considerably lower cost than purchasing them here.

Note: Clinical guidelines recommend that people with HIV start antiretroviral therapy as soon as possible after being diagnosed – both to protect their own health and to prevent HIV transmission to their sexual partners. When the cost of medication is a barrier, some students may decide to delay starting treatment or to skip doses, which is bad for their health and increases the risk that they could pass HIV to their sexual partners.

Interpersonal Issues

- Dealing with a range of emotions and stresses including:
 - a. sadness and fear of rejection
 - b. the intensification of their own internalized stigma and shame related to being a member of a sexual minority
 - c. a potential sharp increase in symptoms of anxiety and/or depression and in substance use
- Deciding who to tell about their HIV status – including family, friends and sexual partners – and how to tell them. Note: it is particularly important for students to decide how they will disclose to sexual partners so as to avoid the risk of being criminally charged for non-disclosure.
- Making strategic decisions about whether or not it is tenable to remain enrolled in a school program.

- All international students will have a Study Permit that shows that they've met the requirements for admission to Canada as temporary residents. According to the temporary resident visa rules, students have to leave Canada when their studies end. If HIV-positive students want to remain in Canada, their options include: extending their studies, finding employment, applying for permanent residence, or claiming asylum.
 - a. Extending their studies can mean they continue to have access to a health insurance and drug benefit plans associated with the school, even if its coverage is inadequate. It can also mean they have to continue to pay international student tuition fees: a situation that is untenable for most students who are largely being supported by their families back home.
 - b. Finding employment is difficult for most new graduates and even harder for people with undervalued international experience. The student would have to find an employer who: a) provides an adequate health benefits package; and b) is willing to take on the responsibility and administrative work required to apply for an employer-specific work permit. For students who take this route, staying in Canada beyond the study period can be financially onerous and difficult to justify to their family back home – especially when they are not transitioning immediately into a job.
 - c. Open-work permits may be an option for a select few students, particularly if they can provide evidence that they are temporarily destitute.^{9, 10} In these cases, the students would have to show that the loss of financial support was outside their control or the control of their financial sponsor. If successful, the HIV-positive international student would have the possibility of working while completing their education. However, open-work permits do not provide a direct route to permanent residence status or adequate health care.
 - d. Applying for permanent residence may be an option for students who meet the residency requirement.¹¹ Most people who apply to become permanent residents of Canada must undergo an immigration medical examination, which includes an HIV test. However, the medical exam results are not a barrier for most HIV+ applicants. If an applicant's annual health care costs, including the cost of their HIV medication, do not exceed CAD \$24,057 (as of January 2022), the person will not be found medically admissible to Canada on the basis of "excessive demand". Please note that "excessive demand" does not impact medical inadmissibility determinations for refugee claimants, protected persons, and some people under the family member class for sponsorships.
 - e. Refugee claimants living with HIV can also access medication without being evaluated for "excessive demand". They may also qualify for refugee status in Canada if they are able to demonstrate that they would be subject to persecution based on sexual orientation, gender identity and/or extreme HIV related stigma in their country of origin. Additional information on the application process is available at: [The Law Foundation of Ontario](#).
 - f. There may also be other pathways to permanent residence depending on a person's individual circumstances. The best way for an individual to determine if they may be eligible under one of these pathways is to speak with an immigration lawyer. They may be able to receive free legal advice at their local [community legal clinic](#).

⁹ Immigration, Refugees and Citizenship Canada. (2021). Work permit: About the process - Canada.ca. Retrieved December 6, 2021, from Canada.ca website: <https://www.canada.ca/en/immigration-refugees-citizenship/services/work-permit-temporary/work-permit.html>

¹⁰ Immigration, Refugees and Citizenship Canada. (2021). Humanitarian reasons [R208 – H81 and H82] - International Mobility Program - Canada.ca. Retrieved December 6, 2021, from Canada.ca website: <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/publications-manuals/operational-bulletins-manuals/temporary-residents-foreign-workers/humanitarian-reasons-r208.html>

¹¹ What are the residency requirements for permanent residents (PRs)? (nd). Retrieved December 6, 2021, from Settlement.org website: <https://settlement.org/ontario/immigration-citizenship/permanent-residence/permanent-resident-pr-status/what-https://settlement.org/ontario/immigration-citizenship/permanent-residence/permanent-resident-pr-status/what-are-the-residency-requirements-for-permanent-residents-prs/>



HOW CAN A SCHOOL COUNSELLOR, TEACHER OR ADMINISTRATOR HELP INTERNATIONAL STUDENTS WHO ARE PART OF THE LGBTQ+ AND GBMSM COMMUNITIES?

1. Recognize and appreciate that educational institutions benefit from international students and the high tuition fees they pay relative to many Canadian students. Providing this community of students with high-quality services and helping them navigate the social and health care service system is a priority. It's a matter of accountability and equity. Schools should provide support for students in terms of information about how to access sexual health, including HIV and STI prevention and treatment services as well as gender-affirming support.
2. Build cross-sectoral relationships and invest in sexual health and HIV prevention education and support for all sexual and gender minority international students.
3. Create and share existing information, resources, and system navigation supports related to sexual health, mental health, primary care, and settlement programs.
4. Make it clear that students can be open with you about who they are; and work to intentionally create welcoming and confidential spaces on campus where students can seek support.
5. Share appropriate sexual health information:
 - [For trans guys](#)
 - [For trans women](#)
 - [For women into women](#)
 - [For guys into guys](#)
 - [HQ Sexual and Mental Health Clinic](#)
 - [PrEP Online](#)



CANADA GIVES THE IMPRESSION OF BEING A HARMONIOUS CULTURAL MOSAIC. NOW, HOW DO WE STAY REAL ABOUT RACISM?

As people who live and work in Canada, it's really important that we "stay real" about racism. Here's a starting point: If you're not racialized, acknowledge that it might be hard for you to see racism when it's happening. It is also important to note that racism can be institutional or systemic. For example, certain groups, businesses, or organizations may be predominantly led by one racial group and not create adequate opportunities for everyone to participate and lead. If you are racialized and have lived here for a long time, acknowledge that you may be somewhat removed from the specific experience of being a newcomer. Racism and racial discrimination have a significant impact on the mental health of international students, and we must talk about this reality with students to reduce their isolation and foster a safe space for communication about their lived experiences.

When service providers attempt to support international students who are part of the LGBTQ+ community, one common pitfall is to simply refer them to another service that we assume is competent in serving this community. This falls short because not all LGBTQ+ groups and organizations are aware of racism and the newcomer experience, and not all settlement services may be LGBTQ+ positive spaces.

Advice: learn as much as you can about relevant services and then make "warm referrals" to providers with whom you have a relationship and who you know can provide a specific service to meet the needs of LGBTQ+ international students.

In addition, if a student discloses that they have experienced discrimination, you may want to suggest that they consider seeking legal advice, such as the free hotline at Ontario's Human Rights Legal Support Centre or the HIV/AIDS Legal Clinic of Ontario (if they experience discrimination based on HIV-positive status).^{12,13}

¹² Human Rights Legal Support Centre (HRLSC). Open 9:00 – 17:00, Monday – Friday. Free hotline: 1 866-625-5179. Additional information on services is available at: <https://hrisc.on.ca/>.

¹³ HIV/AIDS Legal Clinic of Ontario. Additional information available at: <https://www.halco.org/>.



This resource was developed through a collaboration among a broad range of community representatives, organizations and networks dedicated to the sexual and mental health needs of international students in Ontario.