

# Experiences of racism within and beyond sexual health settings

Addressing racism in testing spaces is crucial to addressing concerns of Two-Spirit, gay, bisexual, transgender and other queer Black, Indigenous, people of colour (2SGBTQ+ BIPOC). Training providers to practice antiracism, making testing spaces culturally safe and inclusive, and reducing barriers may encourage more 2SGBTQ+ BIPOC to get tested.

## Why did we do this study?

2SGBTQ+ BIPOC experience discrimination because of their race, sexual orientation, and/or gender identities in health care settings. We wanted to know how racism shapes experiences of 2SGBTQ+ BIPOC in Ontario when testing for sexually transmitted and blood-borne infections (STBBIs).

## What we did

We conducted interviews and focus groups with 21 2SGBTQ+ BIPOC in Ontario. We asked them about their experiences getting tested in-person for STBBIs, the barriers they encounter when getting tested, and what their ideal testing spaces are.

## What we found

- 2SGBTQ+ BIPOC experienced judgment and discomfort from providers when getting tested.
- 2SGBTQ+ BIPOC said they would feel more welcome in testing spaces if there were more cultural and community supports provided.
- Participants encountered the following three barriers when trying to access testing:
  - i. Requiring provincial health cards to get tested.
  - ii. Traveling long distances to get tested.
  - ii. Little privacy or confidentiality when getting tested in rural or remote areas.

*“As a queer man, already you have to deal with family doctors and clinicians who might be judgmental about your sexual health. And like also um, uh, not care as much about your sexual health or think, you know, this is something you got yourself into, um, or gaslight you throughout the entire process...especially for, uh well, just men who have sex with men in general but especially like BIPOC men.”*

*“Diverse representation...in terms of imagery is really important.”*



*“I think if we’re talking about inclusivity and like especially through like a race lens, oftentimes people who don’t have status are racialized. So I think if we’re looking at a lens that’s inclusive, then there should be an option for folks who don’t necessarily have like a health card ID.”*

*“A lot of Black and Indigenous people don’t live in the centre of big cities. It’s expensive. It makes it difficult to access testing services without spending money or a lot of time getting there.”*

*“I go into get some sort of testing done and my results come back positive, now this community health nurse knows my status of everything. And maybe she is my best friend’s auntie, right. So, I think like – and it’s just like a small community and now somebody very close to you, who just so happens to be a healthcare worker, knows my status. You know, knows all of my results.”*