



National Action Plan

FOR LGBTQI2S RIGHTS IN CANADA



Acknowledgements

This report was authored by:

2 Founded in 1986, Egale is Canada's national LGBTQI2S human rights organization. Egale works to improve the lives of LGBTQI2S people in Canada and to enhance the global response to LGBTQI2S issues by informing public policy, inspiring cultural change, and promoting human rights and inclusion through research, education, awareness and legal advocacy. Egale's vision is a Canada, and ultimately a world without homophobia, biphobia, transphobia, and all other forms of oppression so that every person can achieve their full potential, free from hatred and bias.

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Introduction

Following the 2019 federal election, Egale Canada has updated the National LGBTQI2S Action Plan in January, 2020, for the Federal Government to ensure actions are brought forward for the inclusion of LGBTQI2S people. This 'LGBTQI2S Action Plan' explains how we must advance the rights of LGBTQI2S people both at home and abroad, and improve inclusion across all public services.

The National LGBTQI2S Action Plan addresses 12 priority areas across government that impact LGBTQI2S people. Along with each priority area, there are tangible action items for the government to prioritize as it moves into planning for the next 2-4 years. The action items contained in this plan are the result of extensive literature reviews, assessments of current policy and legislation, and findings from Egale's national research studies along with outcomes from the 2018 national IDENTITY conference.

A population health approach was used in the development of these recommendations to shed light on the various ways that LGBTQI2S communities are effectively left behind in key priority areas of the federal government. The 12 priority areas for the purpose of this report, include;

- Healthcare
- Mental Health
- Poverty Reduction
- Housing and Homelessness
- Employment Access
- Education
- Sports Inclusion
- Seniors
- Justice Reform
- Intersex Rights
- Asylum System Reform
- International Assistance

The plan presents opportunities for the Canadian Government to improve on areas such as data collection, healthcare, racism, Indigenous relations, accessibility, homelessness, justice reform, discrimination (federal, institutional and social), gender equity, and poverty reduction, specifically speaking to LGBTQI2S people's

experience across the board.

There are persisting social inequities that continue to exist for LGBTQI2S people in Canada, indicating that current federal supports are insufficient, as is the Federal Government's inaction concerning legislative reform. Within this National LGBTQI2S Action Plan, each of the priority areas are presented with the action items needed to create a more inclusive Canada for LGBTQI2S people.

Following the submission of this National LGBTQI2S Action Plan, Egale Canada calls for subsequent consultative meetings with individual federal ministries and community stakeholders to discuss these recommendations in detail – along with ministry mandates and concrete steps towards implementation of our recommendations as the Federal Government sets its budgets and priorities. These meetings will be an opportunity for federal ministries to collaborate with and learn from LGBTQI2S subject matter experts, including Egale Canada, on how these recommendations can be effectively and meaningfully put into practice. We are also calling on the Federal Government to establish an LGBTQI2S action plan implementation fund of \$12 million over two years. This funding will be allocated accordingly to enable civil society organizations to facilitate and deliver projects that respond to the action items in this plan.

The acronym 'LGBTQI2S' is used throughout this report to reference all people with diverse gender identities and experiences of attraction (sexual orientation), including those who identify as lesbian, gay, bisexual, trans, Two Spirit, intersex, queer or questioning. The terms LGBTQI2S, LGBTI, queer and sexual and gender minorities will be used interchangeably throughout this paper. However, the terms gay, lesbian, bisexual, transgender, intersex or Two Spirit people will be used to refer to specific identities and populations.

The National LGBTQI2S Action Plan is a result of community input and will continue to be developed as such. If you have a recommendation to put forward, please contact us at info@egale.ca.

Our Analytic Frameworks

i. Intersectional Analysis

It is important to acknowledge multiple identities that represent people's lived experience such as, but not limited to, race, ethnicity, attraction (sexual orientation), gender identity and gender expression, class and ability. The principle of universality fails to highlight the impact of the marginalization of identities, or how experiences of violence occur in a way that is compounded, rather than additive¹. Acknowledging intersectionality as a lens for analysis widens our ability to address the ways in which the binary conceptions of sex and gender renders trans and gender diverse people invisible throughout the budget as well as federal programming.

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ii. Social Determinants of Health

Health equity is crucial in examining the state of population health, as it impacts various aspects of participating in the Canadian economy. Within a population health approach, the concept of Social Determinants of Health (SDOH) recognizes that people's health goes beyond personal lifestyle choices and seeking medical treatment within our healthcare system to emphasize people's living conditions as the key factors of one's health². There are several factors that impact population health, as an individual's health directly relates to their income and wealth distribution, employment status and work conditions, their connections to social networks and community, the state of the environment in their neighbourhood, as well as access to economic and social resources.

This action plan uses a population health approach, with a focus on LGBTQI2S communities, taking note of significant gaps in the creation of program development or existing supports that meaningfully improve the living conditions of LGBTQI2S people. Our recommended commitments speak to the ways that the Federal Government can take action to alleviate these gaps.

¹ Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, 43(6), 1241-1299.

² Mikkonen, J., & Raphael, D. (2010). Social determinants of health: The Canadian facts. Retrieved from York University, School of Health Policy and Management website: http://www.thecanadianfacts.org/the_canadian_facts.pdf

Healthcare

Actions

Egale recommends the following actions to adequately respond to the health needs of LGBTQI2S communities in Canada:

1. **Implement** a universal, national gender affirming healthcare strategy to support trans and gender diverse communities across Canada, including a commitment to care that is:
 - a. competent, transparent, and accessible within a reasonable time period;
 - b. accessible without a mental health diagnosis of gender dysphoria;
 - c. comprehensive in covering all gender-affirming care expenses.
2. **Immediately dismantle** the discriminatory practices related to blood donation, anonymous sperm donation, and tissue donation for men who have sex with men (MSM) and trans people.
3. **Provide** federal support to supplement the severe financial deficits present in provincial disability support programs.
4. **Incorporate** measures that help to assess, integrate, and provide funding for the healthcare needs of LGBTQI2S people within the New Health Accord.
5. **Allocate** specific funding within the New Health Accord towards services that attend to the mental health needs of diverse LGBTQI2S people across the country.
6. **Implement** a national pharmacare program that provides access to PEP and PreP for all populations, including newcomers who access healthcare through the Interim Federal Health Program (IFHP).
7. **Meaningfully engage** LGBTQI2S persons with disabilities to develop and implement national accessibility policies and programming leading to the development of a National Disabilities Act.
8. **Collect** essential data for LGBTQI2S health inclusion by offering a range of gender identity options in the upcoming census, Canadian Community Health Survey (CCHS) and the General Social Survey (GSS).

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Context

Significant health inequities persist for LGBTQI2S people: Lesbian, gay, bisexual, and trans communities experience higher rates of mental health issues including mood disorders, anxiety, and depression than their cisgender heterosexual counterparts (Law et al., 2015; McNamara and Ng, 2016; Bauer et al., 2015). These rates are even higher among Indigenous, racialized, and newcomer LGBTQI2S populations (Logie et al., 2016). Lesbian, gay, bisexual, and trans communities are more likely to experience suicidal ideation and attempts, where 75% of trans adults have considered suicide and 43% have attempted suicide at some point in their lives (Bauer et al., 2015). It is vital to understand that these sobering statistics are a direct result of inadequate access to affirming care and that these issues stem from LGBTQI2S people's experiences of ongoing systemic oppression, erasure, and exclusion. LGBTQI2S communities have led a long battle against medicalization and pathologisation – where the medical system and categorization of sexual difference or gender diversity have caused an immense amount of harm. Further, we want to express that improving the health, safety, and well-being of LGBTQ persons is an essential component of improving population health (“Healthy People 2020,” 2010).³ In this section, we hope to make explicit the gaps in healthcare and medical services for LGBTQI2S people across Canada and offer the necessary actions to move forward.

Key Issues in Healthcare

LGBTQI2S Canadians experience stigma and discrimination within the healthcare system, which exacerbates their difficulties in accessing appropriate care. We understand that this issue is rooted in both insufficient training for health professionals in population-specific health considerations, and in the limited or inconsistent coverage for therapeutic care and medically necessary surgeries associated with gender-affirming transition.^{4,5,6,7} One 2017 study on healthcare experiences among LGBTQ adults notes “10% of LGB and 21% of transgender patients experience harsh or abusive language; and 8% of LGB patients and 27% of transgender patients having been refused care”.⁸ These alarming statistics provide insight into rates of immediate identity-based discrimination in healthcare practice, but fail to account the ways in which LGBTQI2S people's health is impacted by systemic discrimination or exclusion across the healthcare system.

Practicing health care professionals and trainees are often lacking knowledge or cultural competence in addressing a variety of health issues facing LGBTQ populations.⁹ As a result of limited training, many practitioners attempting to provide sensitive care to these communities often experience fear, anxiety and hesitance (Rachlin & Lev, 2011).¹⁰ Gahagan & Subirana-Malaret's recent work (2018) across Nova Scotia further suggests that primary health for LGBTQ populations must be improved both at the individual level (e.g. additional training and awareness) and at macro systems level (e.g. health care systems, processes and procedures):¹¹

3 Quoted in Aleshire, M. E., Ashford, K., Fallin-Bennett, A., & Hatcher, J. (2019). Primary Care Providers' Attitudes Related to LGBTQ People: A Narrative Literature Review. *Health Promotion Practice*, 20(2), 173–187, at page 185.

4 Logie C.H., Lys, C. (2015). The process of developing a community-based research agenda with lesbian, gay, bisexual, transgender and queer youth in the Northwest Territories, Canada, *International Journal of Circumpolar Health*, 74:1, 28188.

5 Gahagan, J., & Subirana-Malaret, M. (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *International journal for equity in health*, 17(1), 76. BMC Open.

6 Mulé, N. J., Ross, L. E., Deeprose, B., Jackson, B. E., Daley, A., Travers, A., & Moore, D. (2009). Promoting LGBT health and wellbeing through inclusive policy development. *International journal for equity in health*, 8, 18. BioMedCentral Open.

7 Macapagal, K., Bhatia, R., & Greene, G. J. (2016). Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. *LGBT health*, 3(6), 434–442.

8 Quoted in Rossman, K., Salamanca, P., & Macapagal, K. (2017). A Qualitative Study Examining Young Adults' Experiences of Disclosure and Nondisclosure of LGBTQ Identity to Health Care Providers. *Journal of homosexuality*, 64(10), 1390–1410. Author Manuscript, pp. 2–3.

9 Gahagan, J., & Subirana-Malaret, M. (2018). Improving pathways to primary health care among LGBTQ populations and health care providers: key findings from Nova Scotia, Canada. *International journal for equity in health*, 17(1), 76. BMC Open.

10 Rachlin, K., & Lev, A. I. (2011). Challenging cases for experienced therapists. *Journal of Gay and Lesbian Mental Health*, 15(2), 180–199.

11 Gahagan, J., & Subirana-Malaret, M. (2018), at page 4.

54.7%

Over half of respondents reported having never received training for cultural competence in relation to LGBTQ populations.

60.4%

Reported having never received training for cultural competence regarding trans populations.

43.4%

Considered inclusive signs and posters to be very important.

49.1%

Considered the language used in medical intake forms to very important.

More than 50% of the health care provider respondents who did not self-identify as LGBTQ identified the need for further education regarding LGBTQ populations (e.g. CME LGBTQ knowledge, communication skills, etc.) as very important to enhance healthcare services.

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Another Canadian study (Giblon and Bauer, 2017) of health care inequalities between trans and cisgender Ontarians suggested that transgender individuals in Canada are a '*medically underserved population*', both from lack of knowledge related to trans issues on the side of provider and refusal of care. In this study, 21% of trans people in Ontario reported having avoided going to the emergency department in a medical crisis specifically because they were trans, and 42.3% of trans men and 36.4% of trans women reported having unmet healthcare needs in the past year.¹² These statistics speak to the significant barriers that trans and gender-diverse people experience in accessing healthcare when it is available to them. Equally concerning is the amount of healthcare supports that are not available or accessible to transgender people across Canada. Healthcare coverage falls under provincial legislation, where the regulations and requirements are non-standardized and confusing to access, and further, a number of gender-affirming medical transition costs may not be covered provincially (for example, costs associated with breast augmentation are not covered). Under the current Interim Federal Health Plan (IFHP), gender affirming medical care is explicitly excluded from the scope of coverage, which creates a significant access barrier for trans and gender diverse asylum seekers, refugees and protected persons in Canada.¹³

LGBTQI2S Reproductive Health

Given the prevalence of low-income households and complex employment challenges, inclusive access to incentives that impact the affordability of raising a family have the potential to mitigate some of the economic disparities experienced by LGBTQI2S parents and guardians. Many LGBTQI2S families who are planning to use assisted human reproductive technology such as IVF now have access to already-existing fertility tax credits. For many other LGBTQI2S families, however, particularly people who are using known sperm donors from cisgender gay or bisexual men, it is still illegal for men who have sex with men (MSM) to donate sperm or blood under the archaic state of the Assisted Human Reproduction Act (AHRA). MSM sperm must be tested and submitted alongside an application to the Minister of Health for approval. We call for the immediate removal of barriers to blood and/or sperm donation that perpetuate the stigmatization of HIV.

¹² Quoted in Giblon, R., Bauer, G. R. (2017). Health care availability, quality, and unmet need: a comparison of transgender and cisgender residents of Ontario, Canada. *BMC health services research*, 17(1), 283, BioMed Central Open, p. 7.

¹³ Medavie Blue Cross (2016). Information handbook for Interim Federal Health Program health-care professionals. Retrieved from Immigration, Refugees and Citizenship Canada website: <http://providerifhpen.medavie.bluecross.ca/wp-content/uploads/sites/5/2016/09/IFHP-InformationHandbook-for-Health-care-Professionals-April-1-2016.pdf>

For many LGBTQI2S families, there remains systemic and legal barriers to accessing the Fertility Tax Credit. Accessed through the completion of federal taxes, the Fertility Tax Credit is a reimbursement for those who have already paid out of pocket to access assisted human reproductive technology, perpetuating the economic barrier for those who are unable to afford the upfront cost.

Mental Health

Actions

Egale recommends the following actions to adequately respond to the mental health needs of LGBTQI2S communities in Canada:

1. **Allocate** funding to mental health services specific to diverse LGBTQI2S people across the country, with a focus on expanding services beyond major urban centers.
2. **Mandate** inclusion training for all regulated service providers to ensure that they have knowledge and resources to serve and respond to the needs of LGBTQI2S people.
3. **Develop** a National Harm Reduction Strategy with specific allocated funding that addresses the mental health and addiction needs of LGBTQI2S individuals.
4. **Incorporate** measures that support LGBTQI2S individuals living with mental illness and in the criminal justice system within the development of a National Harm Reduction Strategy.
5. **Ensure** that evaluation and data collection in the healthcare sector includes attraction, gender identity and gender expression as well as disaggregated data speaking to the intersections of identity.
6. **Follow** the action items solidified in the Missing and Murdered Indigenous Women Report, work with community partners, scholars, and inquiry staff to develop programming to address the specific mental health needs of LGBTQI Indigenous People and Two Spirit people.

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Context

As LGBTQI2S people experience a greater prevalence of mental health issues including depression and suicide that is related to life stress and discrimination,¹⁴ access to inclusive and affirming mental health services is crucial. While the LGBTQI2S community in general experiences an increased prevalence of mental health issues, diverse sub-populations within the LGBTQI2S community experience this uniquely and at differing rates based on their particular or intersecting identity.

¹⁴ Bauer, G. R., & Scheim, A. I. (2015). Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy. For the Trans PULSE Project Team. *Trans PULSE*. London, ON. 1 June 2015. 1-11.

Key Issues in Mental Health

LGBT people are at increased risk of depression, anxiety, and suicide attempts.¹⁵ Studies from United States and the United Kingdom, as well as from regions in Canada (Ontario, British Columbia and Quebec) show LGBTQI2S people experience greater health disparities than their heterosexual, cisgender peers.¹⁶ Discrepancies in mental health are rooted in systemic and cultural discrimination and prejudice against LGBTQI2S people show that significant inequalities exist in relation to mental health:

- LGBT people are twice to three times more likely to report enduring psychological or emotional problems compared to the general population.

- Suicide attempts, suicidal ideation, depression and anxiety disorders were 1.5 times higher for LGB people compared to heterosexual peers.

- Disparities related to mental distress were most pronounced for LGB people under the age of 35, and people over the age of 55.

- Intersex people also showed a raised incidence of suicide attempts at 19%, with 60% having considered suicide compared to 3% in mainstream populations.

- Bisexual and trans people showed even greater disparities in mental health compared to lesbian and gay counterparts, increasing the need for specialist mental health services and counselling support.

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Lee, C., Oliffe, J. L., Kelly, M. T., & Ferlatte, O. note that gay men attempt suicide more often than heterosexual men, and that they present higher rates of depression.¹⁷ Suicidality and depression may also increase risk of causes for alcohol and drug overuse, unprotected anal intercourse and human immunodeficiency virus (HIV).¹⁸ Also, there is a heightened risk of suicidality among LGB youth in rural settings in comparison to their urban peers.¹⁹

Importantly, transgender older adults report a higher rate of suicide ideation compared to older cisgender LGB individuals, and they present higher risk for poor physical health and disability compared to cisgender adults. Trans youth are more likely to engage in self-injury²⁰ and higher body dissatisfaction and disordered eating tendencies.²¹ Trans people who wish to medically transition, but have not yet begun, are 27 times more likely to attempt suicide or self-harm than those who have completed medical transition.²² Transgender community members may have limited access to social services, such as homeless shelters, counselling services and affordable housing projects, due to a number of factors (lack of knowledge, discrimination, denial of care etc.)²³ which may directly affect their health and mental health.

For many Indigenous youth, the prevalence of suicidality is indicative of the health disparities that exist in their social and physical environment. According to a study conducted by National Aboriginal Health Organization (NAHO), 8% of trans and Two Spirit people in Ontario had attempted suicide due to the

15 Puckett, J. A., Horne, S. G., Herbitter, C., Maroney, M. R., & Levitt, H. M. (2017). Differences Across Contexts: Minority Stress and Interpersonal Relationships for Lesbian, Gay, and Bisexual Women. *Psychology of Women Quarterly*, 41(1), 8–19, at page 8.

16 Colpitts, E., & Gahagan, J. (2016). I feel like I am surviving the health care system: understanding LGBTQ health in Nova Scotia, Canada. *BMC public health*, 16(1), 1005.

17 Lee, C., Oliffe, J. L., Kelly, M. T., & Ferlatte, O. (2017). Depression and Suicidality in Gay Men: Implications for Health Care Providers. *American Journal of Men's Health*, 910–919, at page 910.

18 Lee, C., Oliffe, J. L., Kelly, M. T., & Ferlatte, O. (2017), at page 910.

19 Poon, C. S., & Saewyc, E. M. (2009). Out-Yonder: sexual-minority adolescents in rural communities in British Columbia. *American Journal of Public Health*, 99(1), 118–124.

20 Walls, N. E., Laser, J., Nickels, S. J., & Wisneski, J. (2010). Correlates of cutting behavior among sexual minority youths and young adults. *Social Work Research*, 34(4), 213–226.

21 Witcomb, G. L., Bouman, W. P., Brewin, N., Richards, C., Fernandez-Aranda, F., & Arcelus, J. (2015). Body image dissatisfaction and eating related psychopathology in trans individuals: a matched control study. *European Eating Disorders Review*, 23(4), 287–293.

22 Bauer G.R., Pyne J., Francino M., Hammond R. (2013). Suicidality among trans people in Ontario: Implications for social work and social justice. *Service social*, 59(1):35–62.

23 Giblon, Rachel E. (2016). Inequalities in Social Determinants of Health in the Ontario Transgender Population. Electronic Thesis and Dissertation Repository. 3875. *The University of Western Ontario*, at page 3.

treatment they received as a gender minority.²⁴ Additional key indicators linked to Indigenous and Two Spirit youth suicidality include: substance use/abuse, lateral violence, generational trauma and gender-based violence, breakdown and/or loss of cultural values and belief systems, rapid cultural change (colonization, erosion of traditional practices, dislocation from land, and barriers to accessing support.²⁵ What is important here is that LGBTQI2S people of colour experience discrimination based on their race as well as their LGBTQI2S identity, which negatively impacts mental health.²⁶

Egale Youth Outreach (EYO) mental health and counselling centre is one area where we see firsthand the impacts of larger systemic discrimination on youth in our community. Since Egale Canada opened EYO in 2016 we have seen thousands of visits each year, averaging over one hundred unique clients per month – with new intakes increasing by 127% and therapeutic interventions increasing by 417%. In 2018, over half of the youth visiting EYO were lesbian or gay, while one third were transgender and/or non-binary. The top three presenting concerns among youth were mental health, employment, and family/relationship issues. A significant number also expressed they were at some level of risk for suicidality. These concerns mirror key areas in other research, where the health-related topics perceived as most important by LGBTQ-identifying healthcare providers include supports for: a) anxiety/stress, b) depression, self-harm and suicidal ideation, c) positive body image, self-esteem and coping strategies, d) sexual health, and e) transition services for trans individuals.²⁷ Other concerns included housing, social isolation and substance use, which speak to the importance of mobilizing a support approach rooted in the social determinants of health.

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Overall, LGBTQI2S youth are more likely to exhibit depression symptoms based on stress influenced by stigma, discrimination and victimization.²⁸ An additional factor, as touched on above, included the multiple layers of minority stress for LGBTQI2S people of colour that may result in increased anxiety, depression, suicidal ideation, and decreased satisfaction with life.^{29 30} The LGBTQI2S community requires dedicated, supportive, and affirming medical resources and structural supports – specifically resources that are dedicated to trauma-informed, anti-racist and anti-oppressive approaches to care.

24 First Nations Centre (2012). Suicide prevention and two-spirited people. Ottawa: National Aboriginal Health Organization.

25 Health Canada. (2013) Reports and Publications – Health Promotion – First Nations and Inuit. Hc-sc.gc.ca.Health Canada. Retrieved 1 March 2017, from http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_suicide/strat-prev-youth-jeunes-eng.php.

26 Sutter, M., & Perrin, P. B. (2016). Discrimination, mental health, and suicidal ideation among LGBTQ people of color. *Journal of Counseling Psychology*, 63(1), 98-105.

27 Quoted in Gahagan, J. & Subirana-Malaret, M. (2018). BMC Open, at page 6.

28 Lucassen, M. F., Stasiak, K., Samra, R., Frampton, C. M., & Merry, S. N. (2017). Sexual minority youth and depressive symptoms or depressive disorder: A systematic review and meta-analysis of population-based studies. *Australian & New Zealand Journal of Psychiatry*, 51(8), 774-787, at pages 774-775.

29 O'Donnell, S., Meyer, I. H., & Schwartz, S. (2011). Increased Risk of Suicide Attempts Among Black and Latino Lesbians, Gay Men, and Bisexuals. *American Journal of Public Health*, 101(6), 1055-1059.

30 Sutter, M., & Perrin, P. B. (2016). Discrimination, mental health, and suicidal ideation among LGBTQ people of color. *Journal of Counseling Psychology*, 63(1), 98-105.

Poverty Reduction

Actions

Egale Canada recommends the following actions to adequately respond to the employment needs, challenges, and barriers of LGBTQI2S communities in Canada:

1. **Explore** where vulnerable members of the LGBTQI2S community experience gaps in support when switching from federal to provincial benefits as part of Canada's Poverty Reduction Strategy.
2. **Ensure** that the Canada Revenue Agency (CRA) works in partnership with agencies serving LGBTQI2S communities.
3. **Ensure** that LGBTQI2S people are able to access income supports without fear of discrimination, including support for families with children regardless of parental gender and/or marital status.
4. **Increase** mechanisms of federal income support to working age adults without children, such as the Canada Housing Benefit, that can work towards a basic income to enable LGBTQI2S people to afford basic needs.
5. **Ensure** that the National Food Policy contains a plan to address food insecurity among LGBTQI2S populations, including those living in poverty as well as those living in Indigenous and isolated, remote communities.

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Context

Poverty reduction in Canada requires attention not only in budgeting priorities and social assistance supports, it also requires a full systems evaluation that understands the ways in which identity and barriers- to-access heavily influence how people in Canada navigate the systems currently set in place to offer protection and support.

The Government of Canada has shown continuous effort toward poverty reduction in its "Investing in the Middle Class: Budget 2019", highlighting key areas for improvement including Good Jobs, Housing, Pharmacare, Youth and Seniors issues. The budget also included the explicit use of a Gender Based Analysis Plus (GBA+) to report on varying groups of women, men and gender-variant people's experiences of policies and program areas, first implemented in 2017.^{31 32} At the same time, LGBTQI2S communities continue to experience the largest gaps in housing access and income equality measures, and available data representing the needs of LGBTQI2S people remains limited. In the following report and recommendations about poverty reduction, it is important to note that LGBTQI2S youth and senior populations are especially vulnerable to experiencing income and housing gaps, as are LGBTQI2S black, indigenous and Two Spirit, and people of colour communities.

Issues in Poverty Reduction

While there is a lack of population-based data in Canada to adequately illustrate the extent of poverty faced by LGBTQI2S communities nationwide, population-based surveys in the U.S. show

³¹ Government of Canada. Budget 2019: Investing in the Middle Class (2019). Accessed: <https://www.budget.gc.ca/2019/home-accueil-en.html>

³² Egale Canada Human Rights Trust (2017). Budgeting for Inclusion, 2017.

that poverty rates for LGBT people are disproportionately high.³³ U.S. data shows that 9.1 per cent of elder lesbian and 4.9 per cent of elder gay couples live in poverty, compared to 4.6 per cent of heterosexual couples.³⁴ US-based study also found that 34% of African American trans communities and 28% of trans Latino communities live in poverty.³⁵ While ranked tenth globally for MPI, one in seven (14.3%) Canadians currently live below the LICO (low income cut-off), and this rate is significantly higher among marginalized populations including LGBTQI2S communities, Indigenous Peoples and persons with disabilities.³⁶ Existing research on this issue in Canada points to LGBTQI2S people disproportionately live in poverty.^{37 38}

Ontario-based research found that, on average 34% of trans Ontarians³⁹ and 25.7% of bisexual adults⁴⁰ in Ontario live below the LICO.

The data that is available is largely insufficient insofar as understanding poverty levels across intersecting identities within LGBTQI2S populations, as an example there is no data available on poverty rates among trans people of colour. It is for this reason that we continue to assert that collecting data inclusive of LGBTQI2S identities is essential to providing meaningful supports for all LGBTQI2S people in Canada and across all federal research and programs.

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In some cases, the ability to access federal income benefits that already exist is also limited for those in LGBTQI2S communities with intersecting identities. For instance, some may miss out on the full range of federal programs and supports they are entitled to because of lack of awareness, limited access to technology, or administrative barriers in the tax filing process. Populations such as single parents, people with physical or mental health challenges, and newcomers are vulnerable to missing out on benefits and may require targeted approaches in order to help address this.⁴¹ Egale Canada calls on the Federal Government to take into account that increasing accessibility to available income benefits can be just as important as the benefits themselves.

33 Badgett, M.V.L., Durso, L.E., and Schneebaum, A. (2013). *New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community*. Los Angeles, CA. The Williams Institute, UCLA School of Law, June 2013. 1-45.

34 Quoted in Ross, L.E., & Khanna, A. (2017). Joint submission on poverty among LGBTQ+ Canadians: What are the needs of lesbian, gay, bisexual, trans, and queer (LGBTQ+) people that should be addressed by Canada's Poverty Reduction Strategy (CPRS). Campaign 2000, June 2017. Page 8. Retrieved from: <https://lgbtqhealth.ca/projects/docs/prsjointsubmission.pdf>

35 Center for American Progress, & Movement Advancement Project (2015). *Paying an unfair price: The financial penalty for LGBT people of color in America*. Retrieved from <http://www.lgbtmap.org/file/paying-an-unfair-price-lgbt-people-of-color.pdf>

36 Dignity for All (2015). *A national anti-poverty plan for Canada*. Retrieved from <http://www.cwp-csp.ca/wpcontent/uploads/2015/12/Dignity-for-All-A-National-Plan-for-Poverty-in-Canada.pdf>

37 Ross, L.E., & Khanna, A. (2017). Joint submission on poverty among LGBTQ+ Canadians: What are the needs of lesbian, gay, bisexual, trans, and queer (LGBTQ+) people that should be addressed by Canada's Poverty Reduction Strategy (CPRS), p.11.

38 For further reading, please see also paper which is presents the first systematic review of the LGBTQI2SS+ employment literature in Canada: Waite, S., Ecker, J., & Ross, L. E. (2019). A systematic review and thematic synthesis of Canada's LGBTQI2SS+ employment, labour market and earnings literature. *PLoS one*, 14(10), e0223372.

39 Bauer, G. R., Travers, R., Scanlon, K., & Coleman, T. A. (2012). High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. *BMC public health*, 12, 292.

40 Ross, L. E., O'Gorman, L., MacLeod, M. A., Bauer, G. R., MacKay, J., & Robinson, M. (2016). Bisexuality, poverty and mental health: A mixed methods analysis. *Social Science & Medicine*, 156, 64-72., at page 71.

41 Prosper Canada (2016). *Breaking Down Barriers To Tax Filing For People Living On Low Incomes*.

Housing and Homelessness

Actions

Egale Canada recommends the following revisions to adequately respond to the housing needs of LGBTQI2S communities in Canada:

1. **Allocate** specific funding for targeted housing and housing related services for vulnerable populations including LGBTQI2S youth and seniors, and ensure that these services are accessible and inclusive of the diverse needs within the community.
2. **Ensure** that services for those experiencing homelessness or housing insecurity are inclusive and affirming for LGBTQI2S people across all sectors through policy development and training of staff in shelters, transitional housing, drop-in services, social housing and rent-geared-to-income (RGI)/affordable housing.
3. **Meaningfully consult** with LGBTQI2S stakeholders and organizations throughout the process of revising the Homelessness Partnering Strategy in order to be inclusive of LGBTQI2S communities and address their needs.
4. **Continue to develop** Canada's National Housing Strategy and allocate targeted funding for policy, programming, and training development that is specific to LGBTQI2S communities. This strategy should emphasize the needs of LGBTQI2S youth and seniors, LGBTQI2S communities of colour, Two Spirit and LGBTQI Indigenous communities, LGBTQI2S persons with disabilities and LGBTQI newcomers and asylum seekers.

14

Context

Access to safe and affordable housing is a significant concern across LGBTQI2S populations in Canada. LGBTQI2S people in Canada experience homelessness⁴² at increased rates because of discrimination, and often encounter this same discrimination while accessing services and within the shelter system.⁴³ While the LGBTQI2S population in general experiences a higher prevalence of homelessness compared to cisgender, heterosexual populations, diverse groups of people within the LGBTQI2S community experience homeless and housing precarity differently and at varying rates.

Key Issues in LGBTQI2S Housing and Homelessness

Housing is a vital part of advocacy to support LGBTQI2S people due to the increased rates of homelessness experienced within the community. LGBTQI2S youth are often placed within this vulnerable position due to discrimination and family violence, whereas LGBTQI2S seniors may find themselves living in situations where it feels unsafe to live publicly in their affirming sexuality or gender. Additionally, homophobia, biphobia and transphobia remain prevalent within the rental housing market. A recent study from the US revealed that landlords and housing providers often discriminate against same-sex couples and trans individuals looking for housing by quoting higher rent costs and disclosing a lower availability of units.⁴⁴

42 Egale uses the Canadian Observatory on Homelessness' definition of homelessness, defined as "a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other" (Canadian Observatory on Homelessness, 2012).

43 Gaetz, S. A. (2014). Coming of age: Reimagining the response to youth homelessness in Canada. Page 11. Retrieved from Canadian Observatory on Homelessness website.

44 Levy, D. K. et al (2017). A paired-testing Pilot Study of Housing Discrimination against Same-Sex Couples and Trans Individuals. Urban Institute, accessed: https://www.urban.org/research/publication/paired-testing-pilot-study-housing-discrimination-against-same-sex-couples-and-transgender-individuals/view/full_report

These statistics represent a larger national trend as affordable housing and poverty become national level crises that require multipronged approaches by all levels of government.

Egale Canada's 2012 research study, 'Not Under My Roof', identified that LGBTQI2S youth are severely overrepresented in the homeless youth population (over 23–25%).⁴⁵ Another national study produced similar results, where LGBTQI2S youth were shown to represent 25–45% of Canada's homeless youth population.⁴⁶ Despite a lack of current data on LGBTQI2S seniors homelessness in Canada, there are still concerns about the potential impact that discrimination will have on the housing needs of this population. Access to safe housing for LGBTQI2S seniors is a key issue especially because they are at a higher risk of experiencing issues with mobility, they access limited earning opportunities, and they struggle to connect with social supports.⁴⁷

Most LGBTQI2S service users experience discrimination from shelters and housing services. They may encounter an overall lack of appropriate services,⁴⁸ or experience discrimination in the form of victim blaming, denial of access to services, and the devaluing of legitimate violence.⁴⁹

Shelter systems and service agencies are not structured to be inclusive of the experiences of queer, trans, gender diverse, intersex, and Two Spirit service users despite the protection of LGBTQI2S people within provincial/territorial human rights legislation. Homophobia, biphobia, and transphobia within the shelter system and service agencies may result in the denial of access to services, victim blaming, and the devaluing of legitimate violence.⁵⁰ While there is no available Canadian data, research from the US-based Williams Institute highlights that, while in care, 12.9% of LGBTQ youth report being treated poorly by the foster care system compared to 5.8% of non-LGBTQ youth.⁵¹

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As both LGBTQI2S youth and seniors become increasingly vulnerable members of the community, they would exponentially benefit from immediate increases in funding to various shelters and transitional housing programs. With that said, many LGBTQI2S youth do not feel safe within the shelter system, nor does it offer a permanent solution for people living under precarious conditions. While the temporary housing and shelter system in Canada desperately requires funds to make space for more people, and to implement training, policy, and frameworks for LGBTQI2S inclusion, this system is, by definition, impermanent. Immediate action must be taken on the part of the Federal Government's National Housing Strategy to include safe, permanent living solutions for homeless and/or precariously housed LGBTQI2S people.

"In cases of violence against racialized LGBTQ homeless youth, it is often an intersection of various markers of "otherness" that make these youth "too visible" and easy targets" – Daniel & Cukier (2015)⁵²

Housing precarity is not a stand-alone issue. LGBTQI2S people in Canada experience an increased prevalence of homelessness due to discrimination at individual and societal levels,⁵³ and thus any analysis of LGBTQI2S homelessness or housing precarity must mobilize a broader, intersectional framework for poverty reduction.

45 Egale Canada Human Rights Trust. (2012). "Not Under My Roof": Homeless LGBTQ Youth in Toronto – A Needs and Supportive Housing Demand Analysis (pp. 1–18). Toronto, ON.

46 Egale Canada Human Rights Trust (2017). Queering the Sustainable Development Goals in Canada.

47 Choi, S.K. & Meyer, I.H. (2016). LGBT Aging: A Review of Research Findings, Needs, and Policy Implications. Los Angeles: The Williams Institute, August 2016. 1–54.

48 Ard, K. L., & Makadon, H. J. (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *Journal of general internal medicine*, 26(8), 930–933.

49 Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2015). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 17(5), 585–600.

50 Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2015). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 17(5), 585–600.

51 Wilson, B., Cooper, K., Kastanis, A., & Nezhad, S. (2014). Sexual & gender minority youth in Los Angeles foster care. Retrieved from The Williams Institute website: https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_ExecutiveSummary_Aug_2014.pdf

52 Daniel, L., & Cukier, W. (2015). The 360 project: Addressing racism in Toronto.

53 Gaetz, S. A. (2014). Coming of age: Reimagining the response to youth homelessness in Canada (11). Retrieved from Canadian Observatory on Homelessness website: http://homelesshub.ca/sites/default/files/ComingOfAgeHH_0.pdf

Due to the compounding effects of experiencing discrimination across multiple identities, some LGBTQI2S community members face more barriers to economic security, including housing, than others. For example, 34% of trans Ontarians live below the low-income cut-off (LICO), more than twice the rate of Canadians generally;⁵⁴ and 47% of Indigenous gender diverse Ontarians live below the poverty line.⁵⁵ The United Native Nations Society⁵⁶ notes that “Aboriginal homelessness is rooted in historical and structural factors ... from the effects of colonization and whose current social, economic, and political conditions have placed them in a deeply disadvantaged position”.

The ongoing effects of colonization and homo/bi/transphobia result in vulnerable societal conditions for those who are both Indigenous and LGBTQI2S. Among Indigenous gender diverse people studied, 34% were experiencing homelessness or unstable housing, and 29% did not have enough food in the past year.⁵⁷ Further, discrimination and violence deeply affect services’ users trust and safety in the services that are available to them. As an example, racialized (Indigenous, Black, and people of colour) LGBTQI2S youth experiencing homelessness are more likely to be criminalized or arrested when homeless than their non-racialized (white) peers.⁵⁸

Employment Access

Actions

Egale Canada recommends the following actions to adequately respond to the employment needs, challenges, and barriers of LGBTQI2S people in Canada:

1. **Increase** the labour force participation of underrepresented groups, in which the federal government must:
 - a. Develop a comprehensive national implementation strategy for Bill C-16 that targets funding for the development of comprehensive and inclusive policies, programs, and training around gender identity and expression;
 - b. Provide support and funding to organizations looking to develop trans inclusive policies and programming in workplaces.
2. **Include** sexual orientation, gender identity and gender expression as protected grounds in the federal Employment Equity Act, and collect data that is inclusive of LGBTQI2S communities that accurately reflects the lived employment realities of LGBTQI2S people across the country.
3. **Earmark** targeted social assistance funding to subsidize the income of trans and gender diverse employees who experience employment disruption while they are recovering from gender affirming procedures.
4. **Provide** incentives for employers to establish LGBTQI2S-focused Employee Resource Groups (ERGs), which play an important role in creating safer spaces in organizations for LGBTQI2S people and advocating for changes in organizational policies and practices.

54 Bauer, G. R., Travers, R., Scanlon, K., & Coleman, T. A. (2012). High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. *BMC Public Health*, 12(1).

55 Scheim, A., Jackson, R., James, L., Sharp Dopler, T., Pyne, J., & R. Bauer, G. (2013). Barriers to wellbeing for Aboriginal gender-diverse people: results from the Trans PULSE Project in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care*, 6(4), 108-120.

56 United Native Nations Society (2001). “Aboriginal homelessness in British Columbia: A report / by United Native Nations Society”. Canadian Human Resources Development Canada. Vancouver, British Columbia. 44p.

57 Scheim, A., Jackson, R., James, L., Sharp Dopler, T., Pyne, J., & R. Bauer, G. (2013). Barriers to wellbeing for Aboriginal gender-diverse people: results from the Trans PULSE Project in Ontario, Canada

58 Daniel, L., & Cukier, W. (2015). The 360 project: Addressing racism in Toronto.

Context

A healthy and efficient economy is highly dependent on optimum economic participation and a diverse labour force. Creating conditions for as many members as possible to be integrated within Canada's labour force via calculated and specific employment measures is one of the key ways to fuel meaningful economic growth. For LGBTQI2S communities, these are preventative measures for maintaining a livable income and ensuring job security in the long term.

Key Issues in LGBTQI2S Employment and Workplace Violence

LGBTQI2S people continue to experience discrimination in the workplace or the workforce. This remains especially true for transgender Canadians, where:

49% of trans people polled in Ontario earn less than \$15,000/year and 34% live in poverty below low income cut-off (LICO), despite the fact that over 70% have completed at least some college or university education.⁵⁹

Many LGBTQI2S Canadians feel unsafe disclosing their identities in the workplace, or perceive a lack of opportunities to disclose their orientation or gender identity at work. Further, approximately one third of LGBT+ employees have reported experiencing or witnessing discrimination toward LGBT+ people in their workplace at least a few times a month.⁶⁰

17 LGBTQ community members more broadly rank starting salaries and advancement potential lower than their heterosexual counterparts. It is important to note, however, that GBTQ men's starting salaries are not statistically different from heterosexual men's starting salaries.⁶¹ What this statistical contradiction suggests is that while GBTQ men's experiences of homo/bi/transphobia in the workplace may have a significant impact on their ability to work once they are in a position, they continue to access a significant amount of privilege in hiring processes compared to other members of the LGBTQI2S community. Research shows that transgender and Two Spirit people's experiences of discrimination and transphobic violence can result in exclusion from various social spaces—and this includes the workplace.⁶² Canadian researcher Dan Irving notes:

“gender alterity often renders individuals vulnerable to physical and sexual assault on the job, as well as open to bullying and other forms of emotional harassment”.⁶³

The Ontario Tran PULSE survey (2015) provided key insights into workplace discrimination among trans Ontarians: 13% had been fired for being trans, while another 15% were fired and believed it might be because they were trans. While 18% were turned down for a job; another 32% suspected that their trans identity was why they were turned down. Additionally, 17% declined a job they were offered because of the lack of a trans-positive and safe work environment.⁶⁴ This data suggests that the impact of transphobic violence both within workplaces and in hiring process is severe, despite Bill C-16's amendments to the *Canadian Human Rights Act* and the *Canadian Criminal Code*, including gender identity and gender expression as prohibited grounds for discrimination. It is of great concern that sexual orientation, gender identity, and gender expression are not currently included in the federal *Employment Equity Act*.

59 Bauer, G. R., Travers, R., Scanlon, K., & Coleman, T. A. (2012). High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. *BMC public health*, 12, 292, at page 5. See also Table 2: Demographics: Weighted frequencies for trans people in Ontario, Canada, at pp. 6-7.

60 Sasso, T., A. Ellard-Gray. (2015). In & Out: Diverging perspectives on LGBT Inclusion in the Workplace. Canadian Center for Diversity & Inclusion, in partnership with Pride at Work Canada and The Sexual And Gender Diversity Research Lab, University of Guelph. P. 20

61 Lewis, G. B., & Ng, E. S. (2013). Sexual orientation, work values, pay, and preference for public and nonprofit employment: Evidence from Canadian postsecondary students. *Canadian Public Administration*, 56, 542– 564.

62 Bauer, G. R., & Scheim, A. I. (2015). Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy. For the Trans PULSE Project Team. Trans PULSE. London, ON. 1 June 2015. 1-11.

63 Irving, Dan (2015). Performance Anxieties: Trans Women's Un(der)-employment Experiences in Post-Fordist Society. *Australian Feminist Studies*, Vol. 30, No. 83, 50–64: 50.

64 Bauer, G. R., & Scheim, A. I. (2015), at page 3.

In addition to direct discrimination in the workforce, transgender people experience structural barriers to employment as bureaucratic systems are not designed for the possibility of trans experience. For example, nearly half of trans Ontarians are unable to obtain employment references or academic transcripts with their correct name, pronoun, and/or sex designation.⁶⁵ The impacts of the above experiences of violence within the workplace compounded with discrimination in accessing employments are severe, where only 37% of trans people in Ontario surveyed had succeeded in obtaining full-time employment.⁶⁶ Egale Canada calls on both federal and provincial governments to consider how systemic barriers to access gender-affirming documentation affects LGBTQI2S people's ability to navigate other gender-affirming documentation like transcripts, insurance forms, and banking information. These effects can be understood as a form of systemic violence as trans and gender non-conforming people bear the burden of navigating complex bureaucratic systems while simultaneously seeking employment, housing, or other forms of economic justice.

Education

Actions

Egale Canada recommends the following actions to support LGBTQI2S people and LGBTQI2S youth in providing cohesive national strategies for LGBTQI2S inclusion in schools:

1. **Ensure** that First Nations children on reserves receive a quality education. In partnership with national Two Spirit organizations, the government should take the lead in developing curriculum to ensure that the government's historical role in persecuting Canada's LGBTQI2S communities is included. This commitment should include endowing a fund to develop such material and other educational projects that generate awareness of historical injustices faced by Canada's LGBTQI2S communities, and address the impacts of colonization on Two Spirit culture and identities.
2. **Work** with provincial governments to ensure LGBTQI2S inclusion at all levels of the K-12 educational curriculum as well as post secondary institutions, particularly:
 - a. Ensure that lesson plans and school curriculum across disciplines and grade levels meaningfully integrate learning objectives that affirm and reflect LGBTQI2S identities and experiences and challenge unconscious biases and discriminatory behaviours, practices and systems.
 - b. Ensure protection (explicitly) for LGBTQI2S students and educators in school policies and codes of conduct with clear definitions of harassment and discrimination based on attraction, sexual orientation, gender identity and expression. Clear protocols for filing complaints or grievances, and outlines for conciliatory measures should be created, as well as federally protected guidelines for sexual health and physical education that reflect Canada's diversity of families and family structures, sexuality, and gender identity.

⁶⁵ Ibid., p. 3.

⁶⁶ Trans PULSE (2011). We've Got Work to Do: Workplace Discrimination and Employment Challenges for Trans People in Ontario. Trans PULSE E-Bulletin Volume 2, Issue 1, May 30, 2011. 1-3, at p.1

Key information in LGBTQI2S Specific Education

In Canada, education is the exclusive responsibility of provincial governments, but there are a number of opportunities for the Federal Government to provide support to LGBTQI2S students and educators across the country. The Federal Government can provide consistent, coherent education and learning resources in LGBTQI2S inclusion and equity without interfering with provincial education ministries themselves. Providing national support in gender diversity and equity trainings and policy implementation can help to remove the barriers and concerns that teachers across the country have about providing safe and informed support to students. Without national supports and frameworks to facilitate improvements in LGBTQI2S equity, inclusion, access, and knowledge, provincial supports will remain fragmented, non-cohesive, and unreliable. Further, providing a national framework for LGBTQI2S equity and inclusion would offer the opportunity for provinces to communicate and learn from other provinces' approaches and successes.

The lack of research in Canada demonstrating instances of homophobia, biphobia, and transphobia in schools has been a major impediment for educators and administrators when trying to understand the situation of LGBTQ students in order to respond appropriately. Research on LGBTQ students can also show school communities that homophobic and transphobic bullying are neither rare nor harmless, but are major problems that schools need to address.⁶⁷ It is for this reason that Egale is conducting our Second National Climate Survey on Homophobia, Biphobia, and Transphobia in schools (Report forthcoming, 2020). This nationwide research will provide the information needed to create formal, national supports for LGBTQI2S students and educators.

19 Sports Inclusion

Actions

Egale Canada recommends the following actions to support LGBTQI2S people in providing cohesive national strategies for LGBTQI2S inclusion in sports:

1. Administer funding and support for the creation of a National Sports Inclusion Task Force to act as a formal coalition to end LGBTQI2S bias in sport at the recreational, community, and national level.
2. Include LGBTQI2S people in the *National Code of Conduct to Eliminate Harassment, Abuse and Discrimination in Sport*, using definitions of terms that describe the identities and experiences of the LGBTQI2S community including the explicit use of the words gender, gender expression and attraction as prohibited grounds of discrimination.
3. Work with the LGBTQI2S community to develop and deliver training materials focused on creating safer and more inclusive sport spaces and facilities, geared to coaches, athletes, spectators and sport enthusiasts at any level.
4. Ensure the official development of an LGBTQI2S assessment tool to address harassment, abuse and discrimination, to monitor, keep accountable and track LGBTQI2S-phobic incidents.

⁶⁷ Taylor, C. & Peter, T., with McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin, S., & Schachter, K. (2011). Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report. Toronto, ON: Egale Canada Human Rights Trust.

5. Appoint an LGBTQI2S representative to the Centre for Sport and Human Rights advisory council.
6. Appoint LGBTQI2S representation to the national Sport Canada body to represent the LGBTQI2S community in order to develop, implement and monitor a LGBTQI2S equity strategy for sport in Canada.
7. Appoint an LGBTQI2S representative to the national Gender Equity working group.
8. Implement nation-wide sport policies to prohibit abuse, harassment and discrimination based on gender, gender identity and expression, sexual orientation. All national sport organizations must have strong policies that foster inclusion and ensure opportunity and accessibility for all to participate, including LGBTQI2S people.

Context

The Honourable Kirsty Duncan, former Canadian Minister of Science and Sport, recognizes that all Canadians have a right to participate in sport in an environment that is safe, welcoming, inclusive, ethical and respectful. One that protects the dignity, rights and health of all participants – ridding sport from harassment, abuse, unethical behaviour, and discrimination, regardless of one’s sex, gender or gender expression, attraction or any other biases. Currently, however, LGBTQI2S people in Canada continue to experience exclusion from and violence within the world of sport at all levels.

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Key Issues

LGBTQI2S people in Canada continue to experience barriers to participation in both formal and informal sporting organizations and opportunities. This is particularly concerning as “significant disparities in sports and PA participation between heterosexual and sexual minority youth over time are persistent or are widening”.⁶⁸ The benefits of participating in sporting communities are many. Research consistently confirms the numerous and growing physical and social benefits that sports offer: physical activity has long-term health benefits that include stress and anxiety reduction, cardiovascular benefits, and improvements in self esteem and confidence. The social nature of sports further points to benefits in self esteem.⁶⁹ When the benefits of sport are contextualized within a broader frame of LGBTQI2S health, it is vital to recall findings from previous chapters in this report, where LGBTQI2S people are more likely to experience health disparities compared to their cisgender and heterosexual peers, including experiencing higher rates of depression, chronic disease, and limited mobility later in life.^{70 71 72}

68 Doull, M., Watson, R. J., Smith, A., Homma, Y., & Saewyc, E. (2018). Are we leveling the playing field? Trends and disparities in sports participation among sexual minority youth in Canada. *Journal of Sport and Health Science*, 7(2), 218–226. doi: 10.1016/j.jshs.2016.10.006

69 Doull, M., Watson, R. J., Smith, A., Homma, Y., & Saewyc, E. (2018). Are we leveling the playing field? Trends and disparities in sports participation among sexual minority youth in Canada. *Journal of Sport and Health Science*, 7(2), 218–226. doi: 10.1016/j.jshs.2016.10.006

70 Colpitts, E., & Gahagan, J. (2016). I feel like I am surviving the health care system: understanding LGBTQ health in Nova Scotia, Canada. *BMC public health*, 16(1), 1005.

71 Puckett, J. A., Horne, S. G., Herbitter, C., Maroney, M. R., & Levitt, H. M. (2017). Differences Across Contexts: Minority Stress and Interpersonal Relationships for Lesbian, Gay, and Bisexual Women. *Psychology of Women Quarterly*, 41(1), 8–19, at page 8.

72 Herrick, S. S., & Duncan, L. R. (2018). A Qualitative Exploration of LGBTQ and Intersecting Identities Within Physical Activity Contexts. *Journal of Sport and Exercise Psychology*, 40(6), 325–335. doi: 10.1123/jsep.2018-0090, p.325

When interviewed, transgender participants noted that they “keenly felt the absence of... the social, health and wellbeing benefits associated with participation in sport” where “respondents felt they suffered physical and mental health problems as a result of this exclusion”.⁷³ Intersex athletes experience further disenfranchisement from sports when their bodies and performances are called into question and subject to testing simply because of the makeup of their sex characteristics. These considerations suggest that efforts to remove the barriers that LGBTQI2S people experience in accessing sports are a necessary intervention toward the overall health, wellness, inclusion and safety of LGBTQI2S people in Canada.

LGBTQI2S people in Canada, specifically intersex, transgender and gender-diverse people, experience barriers to sport on multiple levels, with some areas of focus:

i. Experiencing violence and feeling unsafe in the sports community

Demers (2017) reports that “30% of heterosexual athletes, 67% of LGB athletes, and 85% of trans athletes experiences at least one homophobic episode,” suggesting that experiences of harassment and bullying are extremely prevalent in LGBTQI2S people’s sporting experiences. In school contexts, “almost 30% of sexual minority young people were bullied or harassed while playing on a school sports team, and just over 50% were harassed in physical education because of their sexual orientation or gender expression,”⁷⁴ which may be indicative of LGBTQI2S people’s aversion to participating in sports from school-aged and into adulthood.

21

Unsurprisingly, Egale Canada’s ‘Every Class in Every School’ study (2010), shows that nearly half of LGBTQI2S youth and more than two-fifths of youth with LGBTQI2S parents identified change rooms and locker rooms as being unsafe.⁷⁵

Literature further demonstrates that discomfort with communal changing rooms and showers continues to be the largest barrier in sports participation for transgender people, continuing into adulthood,⁷⁶ and further, transgender athletes are concerned that their existences, which pose a threat to toxic masculinity or norms in public space, make them specific targets of aggression in sports.⁷⁷

ii. Structural and systemic barriers to participation in sport

While sport is “widely viewed as having the capacity to help combat social exclusion/promote social inclusion”⁷⁸ these arguments risk minimizing the ways in which some people experience barriers to participation in sport based on their access to power, social capital, etc. Discourses surrounding LGBTQI2S inclusion in sports often omit the consideration that LGBTQI2S athletes may experience financial barriers to sports inclusion.⁷⁹

73 Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2016). ‘People have a knack of making you feel excluded if they catch on to your difference’: Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport*, 52(2), 223–239. doi: 10.1177/1012690215583283, p. 232

74 Kosciw in Doull, M., Watson, R. J., Smith, A., Homma, Y., & Saewyc, E. (2018). Are we leveling the playing field? Trends and disparities in sports participation among sexual minority youth in Canada. *Journal of Sport and Health Science*, 7(2), 218–226. doi: 10.1016/j.jshs.2016.10.006 p. 224

75 Taylor, C. & Peter, T., with McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin, S., & Schachter, K. (2011). Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report. Toronto, ON: Egale Canada Human Rights Trust.

76 Herrick, S. S., & Duncan, L. R. (2018). A Qualitative Exploration of LGBTQ and Intersecting Identities Within Physical Activity Contexts. *Journal of Sport and Exercise Psychology*, 40(6), 325–335. doi: 10.1123/jsep.2018-0090

77 Ibid., p.330

78 Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2016). ‘People have a knack of making you feel excluded if they catch on to your difference’: Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport*, 52(2), 223–239. doi: 10.1177/1012690215583283, p. 223

79 Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2016). ‘People have a knack of making you feel excluded if they catch on to your difference’: Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport*, 52(2), 223–239. doi: 10.1177/1012690215583283,

As we have previously established, LGBTQI2S people, and specifically trans and gender-diverse people, experience significant income disparities when compared to their cisgender, heterosexual peers.⁸⁰ This is especially salient when we consider LGBTQI2S youth participation in sports, where access to parental support (secure housing, or finances) can be especially fraught.⁸¹ Structural barriers to sport also include physical and administrative infrastructure. Limited access to safe, single-stall gender non-specific restroom and change room facilities; being presented with a lack of gender-affirming registration documentation; having to undergo team selection and recruitment limited by binary gendered categories would all be examples of structural barriers to LGBTQI2S inclusion in sport. LGBTQI2S people in Canada reserve the right to accommodations that allow fair access to sports without explicitly having to self-advocate for those accommodations every time they choose to access such spaces. The burden to provide safe accommodations and affirming policies and processes needs to rest on sporting organizations and organizing bodies, rather than on the LGBTQI2S people accessing their services.

iii. Social exclusion from sports

LGBTQI2S people's experiences of exclusion from sports operate beyond specific instances of aggression or harassment. When surveyed, transgender athletes remark that their distrust in sporting institutions cannot always be connected to a specific instance of violence, but instead a cumulative effect of indirect, or subtle instances of exclusion, erasure, or discrimination – what are commonly understood as 'microaggressions'.⁸² Herrick and Duncan further remark that these instances extend beyond heterosexist or cissexist microaggressions, where LGBTQI2S people of colour's experiences of racist microaggressions further affects their relationship to sport.⁸³ Strikingly, Hargie et al. (2018) note that in research with transgender athletes, "actual experiences of transphobia (as opposed to the fear of transphobia) was not a major theme in [the] research because the main method used by interviewees to reduce stressors was to self-exclude."⁸⁴ This is not to say that experiences of transphobia are not prevalent in sport – as established above and by earlier research, but rather that the 'moral' dimensions of social exclusion influence participation in sport. LGBTQI2S people, specifically transgender people's felt sense of social exclusion and fear of marginalization – within and beyond their participation in sports – heavily influences their ability to safely participate in the realms of public life, including sports.⁸⁵

This brings our analysis to a pivotal frame in LGBTQI2S sports inclusion – that a marked shift in socio-cultural attitudes of acceptance and welcoming of LGBTQI2S people and more specifically transgender, gender-diverse people, is essential to approaches in LGBTQI2S sports inclusion. As long as LGBTQI2S people continue to self-exclude from sporting spaces, any internal actions taken up by sporting organizations toward LGBTQI2S inclusion will have limited effects on the overall inclusion of LGBTQI2S people in sports. Sporting organizations must move beyond increasing punitive measures, securing change room availability, or shifting their policies. As such, LGBTQI2S sport inclusion at the federal level must focus in two key areas; (1) increasing public support and commitment to the safety of LGBTQI2S people, especially trans and gender-diverse people, in all areas of public life and recreation, and (2) encouraging shifts in sporting infrastructure and policy on the national level.

80 Ross, L.E., & Khanna, A. (2017). Joint submission on poverty among LGBTQ+ Canadians: What are the needs of lesbian, gay, bisexual, trans, and queer (LGBTQ+) people that should be addressed by Canada's Poverty Reduction Strategy (CPRS), p.11

81 Egale Canada Human Rights Trust. (2012). "Not Under My Roof": Homeless LGBTQ Youth in Toronto – A Needs and Supportive Housing Demand Analysis (pp. 1–18). Toronto, ON.

82 Herrick, S. S., & Duncan, L. R. (2018). A Qualitative Exploration of LGBTQ and Intersecting Identities Within Physical Activity Contexts. *Journal of Sport and Exercise Psychology*, 40(6), 325–335. doi: 10.1123/jsep.2018-0090,p.328

83 Ibid., p. 329

84 Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2016). 'People have a knack of making you feel excluded if they catch on to your difference': Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport*, 52(2), 223–239. doi: 10.1177/1012690215583283, p. 232

85 Ibid., p. 231

In Canada, only a small minority of national sporting organizations have specific policies related to trans inclusion and accommodation in sport, where even fewer organizations have updated their language to include gender identity and gender expression.

Policies such as the International Olympic Committee's Stockholm Consensus (2004), that allow for transgender athletes to participate only if they have 'completed' a physical gender reassignment process, continue to perpetuate the harmful regulation of transgender people's bodies and serve to reinforce a binary construction of gender. Further, this approach to transgender inclusion does not challenge the harmful gendered stereotypes that are often perpetuated in sports – that women in particular, "require protection from unfair disadvantage through segregation from men in sport."⁸⁶ Rather, they result in the continued exclusion of transgender people, including those without access to medical transition and those who choose not to medically transition – simultaneously excluding non-binary and gender-diverse people from sports entirely by requiring 'proof' of an embodied adherence to binary genders.⁸⁷

In considering LGBTQI2S inclusion in sports, we also must call to attention how intersex athlete's participation in sport are heavily scrutinized, regulated, and questioned across sports institutions. Intersex people continue to experience discrimination, exclusion, and stigma in sports. Policies built to require a binary and biologically centered approach to sports inclusion risk erasing the experiences of intersex athletes. Intersex athletes should not be required to medically modify any aspect of their bodies, nor should they be responsible for the burden of proof in showing how their bodies perform in relation to their sex characteristics. We call for the immediate end to subjecting intersex athletes to tests that evaluate their characteristics, where athletes are regulated according to the arbitrarily-set categories that make up either 'male' or 'female' sex characteristics.

23

It is vital that policy is invested in the protection and safety of transgender athletes regardless of the status of their medical or social transition. The development of a Universal Code of Conduct, a project currently being undertaken by the federal government, is an opportunity to reinforce measures of inclusion. However, with the current state of LGBTQI2S inclusion in sport, more intentional additional actions are required if we are to see progress in this area. Sport Canada should mandate a complete review of all NSO policies and move to require that organizations supported by federal funding adopt an LGBTQI2S inclusion policy⁸⁸ that specifically addresses trans exclusion and cissexist exclusion across their organization's activities.

Sport must be free from harassment, abuse, unethical behaviour, and discrimination, regardless of sex, gender identity or expression, ethnicity, religion, language, age, sexual orientation, ability, or any other basis.

It is important to note that prohibiting exclusion and discrimination is an approach that demonstrates the bare minimum commitment to LGBTQI2S safety. If the realm of sports is to adhere to the ideological values that we have attributed to it, including its capacity to combat overall social exclusion and promote social inclusion,⁸⁹ leaders in sporting organizations must take initiative by publicly supporting, celebrating and welcoming the existence of LGBTQI2S, in particular transgender and gender-diverse people into their programs.

86 Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2016). 'People have a knack of making you feel excluded if they catch on to your difference': Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport*, 52(2), 223–239. doi: 10.1177/1012690215583283 p. 225

87 Ibid, p. 225

88 Demers, G. (2017). SPORTS EXPERIENCES OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER ATHLETES. Sport Information Resource Center. sircuit.ca/sport-experiences-of-lgbt-athletes/

89 Hargie, O. D., Mitchell, D. H., & Somerville, I. J. (2016). 'People have a knack of making you feel excluded if they catch on to your difference': Transgender experiences of exclusion in sport. *International Review for the Sociology of Sport*, 52(2), 223–239. doi: 10.1177/1012690215583283p 227

Seniors

Actions

Egale recommends the following actions to adequately respond to the needs of LGBTQI2S Seniors in Canada:

1. **Collaborate** with local organizations serving LGBTQI2S seniors in order to ensure they are able to access the range of federal benefits they are entitled to such as OAS and GIS, as part of the federal commitment to provide increased support to Community Volunteer Income Tax Program.
2. **Fund** programs that provide cultural competency training to care providers about issues specifically faced by LGBTQI2S seniors living with dementia, as part of the federal commitment to improve ways to address dementia.
3. **Dedicate** funds to the creation of LGBTQI2S-centered long-term care facilities, as well as models of cooperative housing that specifically include LGBTQI2S seniors, as part of the prioritization of seniors as part of the National Housing Strategy.
4. **Support** further research to evaluate the needs of LGBTQI2S seniors.
5. **Increase** funding for LGBTQI2S seniors advocacy groups.
6. **Support** low-income seniors and link with existing local LGBTQI2S organizations with outreach and support for programs such as access to LGBTQI2S friendly home care, end of life planning, cultural competency training for service providers, and financial and legal support. This can coincide with the federal commitment to work with the provinces and territories in the coordination of programs.

24

Context

Seniors are now the fastest growing demographic in Canada, with this segment of the population expected to double over the next two decades. By then, one in four people living in Canada will be older than 65 years of age. Prior to the addition of sexual orientation as a prohibited ground of discrimination under the Canada Human Rights Act (1996), historical social exclusion of LGBTQI2S people in Canada is evident. LGBTQI2S seniors lived through an immense amount of systemic and interpersonal oppression and discrimination, the effects of which many are still trying to live through today. The lingering effects of social and cultural exclusion and systemic violence heavily impact LGBTQI2S seniors' ability to navigate social programming, healthcare systems, and long-term care. As a result of these previous negative experiences combined with the trauma resulting from the history of pathologization and institutionalization within the medical community, there is significant mistrust of healthcare practitioners within LGBTQI2S communities.⁹⁰ In addition to LGBTQI2S people's mistrust of social supports, and despite changes to Canadian human rights legislation and other public markers of progress, LGBTQI2S seniors also continue to experience discrimination, bias, and gaps in health care and social services access represented in earlier in this document.

90 Egale Canada Human Rights Trust. *Queering the Sustainable Development Goals in Canada, 2017*, at page 36. For further reading see: Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697.; Bolderston, A. and Ralph, S. (2016). Improving the health care experiences of lesbian, gay, bisexual and transgender patients. *Radiography* 22(3): e207-211.; Quinn, G. P., Sanchez, J. A., Sutton, S. K., Vadaparampil, S. T., Nguyen, G. T., Green, B. L., ... Schabath, M. B. (2015). Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA: a cancer journal for clinicians*, 65(5), 384–400.

Key Issues for LGBTQI2S Seniors

There is need for immediate government intervention to support LGBTQI2S seniors. This support includes further research evaluating the needs of LGBTQI2S seniors, a drastic increase in funding for LGBTQI2S seniors advocacy groups, and a push across all governments to ensure further education of culturally competent and LGBTQI2S-friendly services. These actions should take a broad approach and be widely promoted across LGBTQI2S seniors communities so that LGBTQI2S seniors are informed of the changes in supports and care available to them. Further, LGBTQI2S seniors should be included from the start in consulting on large-scale projects concerning their care – this may include competency trainings or assisted-living supports. Meaningful inclusion in the process of building services is a necessary component of building community trust that is so desperately needed by LGBTQI2S seniors.

American studies showed over 75% of LGBTQI2S seniors would be interested in affordable LGBT-inclusive housing in the future.⁹¹ Housing for LGBTQI2S seniors is a key issue as they are at a high risk of experiencing issues with mobility, limited earning opportunities, and access to social support.⁹² While there is limited Canadian data available on the specific needs faced by LGBTQI2S seniors, U.S. data quantifies anecdotal evidence we hear through Egale’s National Seniors Advisory Council.

A SAGE (Services and Advocacy for GLBT Elders) survey demonstrated that:

42% of LGBT older people are very or extremely concerned that they will outlive the money they have saved for retirement, as compared to 25% of non-LGBT older people.⁹³

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Jillian Ruth Watkins notes that the lack of recognition of LGBT seniors’ identity prevents their full participation in society. This lack of affirmation and acknowledgement can lead to powerlessness, feelings of voicelessness, and economic vulnerability.⁹⁴ Almost 50% of service users feared that they would lose the respect of their service providers should they come out.⁹⁵

In Watkins research, she notes that a fear of discrimination may lead to stress and prevent older LGBT people to enter long-term care facilities. Some transgender people would even rather die by suicide than go to a service center:

Older adults share many hopes and fears at the end-of-life, but LGBT older adults have unique needs, which research has helped to elucidate. For example, LGBT individuals more often prefer the presence of non-biological social support during end-of-life, compared to preferences of their heterosexual peers [...]. Furthermore, feelings of disenfranchisement, isolation, and anxieties of being discriminated against due to sexuality have been identified in previous research as negative emotions that older LGBT adults may experience as they near end-of-life (Arthur, 2015; Brotman et al., 2007; Kimmel, 2014).

91 SAGE (2014). Full Report, Out & Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75.

92 Choi, S.K. & Meyer, I.H. (2016). LGBT Aging: A Review of Research Findings, Needs, and Policy Implications. Los Angeles: The Williams Institute, August 2016. 1-54., at p. 10.

93 SAGE (2014), at page 15.

94 Watkins, Jillian Ruth (2015). Setting the Balance of Care for Sexually Diverse Seniors: The Social Exclusion of LGBT Seniors in Home and Community Care, Master Thesis, Institute of Health Policy, Management and Evaluation, University of Toronto, pp. 21-22.

95 Daley, A., MacDonnell, J.A., & St. Pierre, M. (June 2016). LBTTQI Communities and Home Care in Ontario: Project Report. York University, Toronto, Canada. 1-36.

Older LGBT adults have also expressed fear about receiving care within institutionalized settings, such as long-term care (Witten, 2014). In particular, research has identified fears about harassment and discrimination that are directly related to sexual orientation or gender identity by service providers or residents of homes; this perceived discrimination can lead to stress, which decreases the quality of care received (Arthur, 2015). It can also discourage older LGBT persons from accessing long-term care facilities if they believe they will be mistreated (Brotman et al., 2007). Work emerging from Alzheimer’s Australia (2014) indicates that some trans older adults would rather take their own lives than risk entering long-term care.⁹⁶ – Jillian Ruth Watkins [Emphasis added]

Research through Egale’s National Seniors Advisory Council affirmed that a top issue of concern among both LGBTQI2S seniors and service providers was the fear of being forced back into the closet when they get into residential care.⁹⁷⁹⁸ Service providers and allies were most concerned with the institutional impacts of homophobia, biphobia, lesbophobia and transphobia on LGBTQI2S seniors, a lack of designated support spaces for trans and Two Spirit elders, continued gaps in training for LGBTQI2S seniors’ direct needs, and discrimination in intake/sign-up forms that can further the bureaucratic erasure of LGBTQI2S seniors’ identities.

Dementia

26

In 2016, 564 000 Canadians aged 65 and over were living with dementia, and it is predicted that this number will rise to 937 000 by 2031.⁹⁹ In 2014, 3% of Canadians aged 18 to 59 self-identified as lesbian, gay or bisexual,¹⁰⁰ but some reports, including the work of Mélanie Le Berre, stresses that closer to 13% of Canadians fall within the spectrum of LGBTQ2.¹⁰¹ It is likely that a similarly high proportion of Canadians living with dementia identify in some way as LGBTQ2. Given that there is no available data regarding Canadians aged 65 and older who identify as LGBTQ2 community members at all,¹⁰² their experiences living with dementia risk being erased or understated.

96 Quoted in Wilson, K., Kortess-Miller, K., Stinchcombe, A. (2018). Staying Out of the Closet: LGBT Older Adults’ Hopes and Fears in Considering End-of-Life. *Canadian Journal on Aging / La Revue canadienne du vieillissement* 37 (1) : 22–31, at page 23.

97 Egale Canada Human Rights Trust (2018). Community Engagement Consult For LGBTQI2S Seniors. Online Consultation Results: June 2017.

98 The online consultation was open for 6 months, from September 2016 to March 2017, and received responses from 192 seniors, and 33 allies and service providers.

98 Egale Canada Human Rights Trust (2018). Community Engagement Consult For LGBTQI2S Seniors. Online Consultation Results: June 2017.

99 The online consultation was open for 6 months, from September 2016 to March 2017, and received responses from 192 seniors, and 33 allies and service providers.

99 Quoted in Giguere, A., Lawani, M. A., Fortier-Brochu, É., Carmichael, P. H., Légaré, F., Kröger, E., ... Rodríguez, C. (2018). Tailoring and evaluating an intervention to improve shared decision-making among seniors with dementia, their caregivers, and healthcare providers: study protocol for a randomized controlled trial. *Trials*, 19(1), 332.

100 Government of Canada (2018). Social isolation of seniors—Supplement to the social isolation and social innovation toolkit: A Focus on LGBTQ seniors in Canada. See Demographic profile: Canada’s LGBTQ seniors.

101 Le Berre, M. (2018). Current Knowledge on Alzheimer’s Disease or Related Disorders and Sexual minorities, in Commissioned Reports. Appendix F, Addendum to the CAHS Assessment on improving the quality of life and care of persons living with dementia and their caregivers, Canadian Academy of Health Sciences, pp. 38–43., at page 38.

102 Government of Canada (2018). Social isolation of seniors—Supplement to the social isolation and social innovation toolkit: A Focus on LGBTQ seniors in Canada.

Limited access to assessment, diagnostic, treatment and management services was identified as an issue for the people living with AD and their caregivers. The access to appropriate care could be even more limited for LGBTQ2 individuals as the reports of general fear of accessing healthcare, being denied healthcare or being provided with inferior healthcare due to the perception of their sexual or gender identities still remain a concern in the recent literature from United States and Canada.¹⁰³

- Mélanie Le Berre

In research focused on Alzheimer's disease (AD), Le Berre further estimates that 1.1 million projected Canadians will present with AD or related disorders in 2038. Of this number as much as 143,000 will be cases of sexual minorities. These estimates are generated with an understanding that risk factors for developing AD are most prevalent to LGBTQ2 community members.¹⁰⁴ The common risk factors that affect many LGBTQ people with AD include significant rates of depression, anxiety, hypertension, stroke and cardiovascular disease, among other factors.

In addition to the disproportionately high individual risk factors for AD that are present for members of the LGBTQ2 population, the community continues to face systemic and structural discrimination within healthcare environments based on their sexual orientation and gender identities, among other facets of their identity. Older LGBTQ2 people face a disproportionate amount of health inequities than their non-LGBTQ2 peers, and older LGBTQ2 people of color experience even greater health disparities compared with their white LGBTQI2S counterparts.¹⁰⁵

27 Older LGBTQ2 people tend to wait until their health deteriorates before seeking healthcare support, because of previous stigmatization and discrimination they have either witnessed or experienced.¹⁰⁶

Many LGBTQ2 people avoid accessing necessary care due to fears of discrimination or violence within healthcare systems. This is one key area in which a national strategy for dementia could intervene. With appropriate training, policy, and intervention, service providers would be better equipped to meet the needs of older LGBTQ2 people and provide the critical supports that increase older LGBTQ2 people's feelings of safety. A pointed commitment to changing healthcare environments can help to build the necessary trust to repair the LGBTQ2 community's long-standing and rightful mistrust in healthcare systems.

There is often a lack of trust towards the healthcare system from the LGBTQ2 older adults, who report avoiding formal care despite identified needs for services [...] This fear of disclosure is associated with high levels of anxiety, further enhanced by the reduced ability to manage sensitive information about oneself or their partner and to remember 'who knows what' due to AD [...] The fear of having to leave their home is even greater. LGBTQ2 older adults are worried about possible discrimination and mistreatment but also about the more subtle phenomenon of invisibility, isolation and barriers to connect with others [...] Mistreatment in alternate living facilities can include verbal/physical harassment from residents/staff, restriction of visitors, refusal to use the name/pronoun in accordance with their gender identity, refusal to provide basic services or care, denial of medical treatment, and threats to disclose identity.¹⁰⁷ -Mélanie Le Berre

103 Quoted in Le Berre, M. (2018), at page 38.

104 Quoted in Le Berre, M. (2018), at page 38.

105 SAGE and Alzheimer's Association (2018). Issue Brief: LGBT and Dementia, at page 3.

106 SAGE and Alzheimer's Association (2018). Issue Brief: LGBT and Dementia.

107 Quoted in Le Berre, M. (2018), at page 39.

Researchers estimate that in the US there are over 2.7 million LGBTQ2 people above the age of 50 across a large representation of racial, cultural, ethnic and religious diversity.¹⁰⁸ More than 200 000 sexual minority people in the US have dementia, which is approximately 1 out of 13 lesbian, gay or bisexual seniors in the US.^{109 110} While cultural attitudes nationally are shifting positively toward the acceptance of most LGBTQ2 people, older LGBTQ2 people are still less likely to grow old without a partner or children because of the lingering effects of past stigma and discrimination. Many older LGBTQ2 people have also lost contact with their legal or biological families for that same reason. This results in older LGBTQ2 people's experiences of precarity in accessing support and care networks, which is especially detrimental to the safety and wellbeing of older LGBTQ2 people with dementia.

In a recent survey, Giguere et al. identified the following 5 obstacles that people living with dementia and their informal caregivers have to surpass:¹¹¹

1. Choosing a support option to reduce the burden of the informal caregivers
2. Choosing a treatment to keep the nerves calm
3. Deciding whether to stop driving following diagnosis
4. Choosing an option that will ensure comfort
5. Deciding whether or not to prepare advance directive

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The above obstacles involve the implementation of long-term care plans, where memory problems create additional barriers to care work. As an example, people with dementia may not remember which providers are aware of their sexual orientation or gender, resulting in feelings of fear or anxiety about how their disclosures may be received. Additionally, historical contexts of violence and social isolation have led older LGBTQI2S people to develop networks of chosen families as caregivers to share information about their experiences and needs. In care contexts, members of older LGBTQI2S people's support networks may also be experiencing health disparities, and have similar relationships to accessing care. Additionally, negative attitudes, bias, and discrimination within the care industry is ongoing. LGBTQI2S people's relationship networks may not be taken as seriously as birth-family or parent-child relationships, creating additional barriers to advocacy and support.

40% of LGBT older people in their 60s and 70s say their health care providers don't know their sexual orientations (SAGE, 2014).¹¹²

Despite all of the work that has been done to identify gaps in knowledge about LGBTQI2S people's needs in Canada, there continues to be limited information on older LGBTQI2S people's health, due to difficulties in accessing information about them, or in meaningfully including their identities into care frameworks. A national dementia strategy would provide a necessary call to action to meaningfully include data collection and knowledge-sharing about marginalized people's experiences with dementia. A focus on inclusive research practices within a national dementia strategy could serve a dual benefit, resulting in not only better care for all people with dementia (and particularly, older LGBTQI2S people), but also in generating knowledge and awareness about protective factors for dementia and elder care.

108 SAGE and Alzheimer's Association (2018). Issue Brief: LGBT and Dementia, at page 2.

109 HealthDay News (2018). By Robert Preidt. How Common Is Dementia Among LGBT Seniors?

110 Science News (2018). First dementia prevalence data in lesbian, gay and bisexual older adults.

111 Quoted in Giguere, A., Lawani, M. A., Fortier-Brochu, É., Carmichael, P. H., Légaré, F., Kröger, E., ... Rodríguez, C. (2018). Tailoring and evaluating an intervention to improve shared decision-making among seniors with dementia, their caregivers, and healthcare providers: study protocol for a randomized controlled trial. *Trials*, 19(1), 332, at page 2.

112 Quoted in SAGE and Alzheimer's Association (2018). Issue Brief: LGBT and Dementia, at page 6.

Factsheet on Seniors

- » Older LGBTQ adults more often prefer the presence of non-biological social support during end-of-life (Wilson, Kortés-Miller & Stinchcombe, 2018).¹¹³
- » LGBTQI2S older adults are worried about possible discrimination and mistreatment but also about the more subtle phenomenons of invisibility, isolation and barriers to connect with others.¹¹⁴
- » A sizeable amount of research has documented issues of homophobia, biphobia, and lack of LGBTQ cultural competence among health care and social services providers (Erdley, Anklam, & Reardon, 2014; Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, & Hooyman, 2014; Morales, King, Hiler, Coopwood, & Wayland, 2014; Orel, 2014).¹¹⁵
- » Negative emotions that older LGBTQ adults may experience as they near end-of-life are feelings of disenfranchisement, isolation, and anxieties of being discriminated against due to sexuality (Arthur, 2015; Brotman et al., 2007; Kimmel, 2014).¹¹⁶
- » Fears can also discourage older LGBT persons from accessing long-term care facilities if they believe they will be mistreated (Brotman et al., 2007).¹¹⁷
- » LGB adults face a greater fear of discrimination from service and health providers (Bolderston & Ralph, 2016; Fredriksen-Goldsen et al., 2011; Whitehead, Shaver, & Stephenson, 2016).¹¹⁸
- » When they do not feel they can trust health care providers, LGB older adults are less likely to disclose their sexual orientation (Boehmer & Case, 2004; St. Pierre, 2012).¹¹⁹
- » LGBTQI2S older adults are in greater fear of being re-closeted in residential care. Particularly in cases of dementia and/or Alzheimer's disease, many LGBTQI2S seniors worry about whether their identities will be honoured, affirmed, and respected (Egale Canada 2018).¹²⁰
- » LGBT individuals with dementia may be triply marginalized within care settings due to the intersection of their age, dementia/cognitive status, and sexual identity, leading to poor quality care (Stinchcombe et al. 2017).¹²¹

29

113 Quoted in Wilson, K., Kortés-Miller, K., Stinchcombe, A. (2018). Staying Out of the Closet: LGBT Older Adults' Hopes and Fears in Considering End-of-Life. *Canadian Journal on Aging / La Revue canadienne du vieillissement* 37 (1) : 22–31, at page 23.

114 Quoted in Le Berre, M. (2018), at page 39.

115 Quoted in Seelman, K. L., Lewinson, T., Engleman, L., Maley, O. R., & Allen, A. (2017). Coping Strategies Used by LGB Older Adults in Facing and Anticipating Health Challenges: A Narrative Analysis. *Journal of gay & lesbian social services*, 29(3), 300–318. Author manuscript, p. 2.

116 Quoted in Wilson, K., Kortés-Miller, K., Stinchcombe, A. (2018), at page 23.

117 Quoted in Wilson, K., Kortés-Miller, K., Stinchcombe, A. (2018), at page 23.

118 Quoted in Seelman, K. L., Lewinson, T., Engleman, L., Maley, O. R., & Allen, A. (2017). Author manuscript, p 2.

119 Quoted in Seelman, K. L., Lewinson, T., Engleman, L., Maley, O. R., & Allen, A. (2017). Author manuscript, pp. 2–3.

120 Quoted in Egale Canada Human Rights Trust (2018). Community Engagement Consult For LGBTQI2S Seniors.

121 Quoted in Stinchcombe, A., Smallbone, J., Wilson, K., & Kortés-Miller, K. (2017). Healthcare and End-of-Life Needs of Lesbian, Gay, Bisexual, and Transgender (LGBT) Older Adults: A Scoping Review. *Geriatrics (Basel, Switzerland)*, 2(1), 13, p. 4.

Justice Reform

Actions

Egale recommends the Government of Canada implement the following actions toward the justice system and LGBTQI2S violence prevention:

1. Reform of the Criminal Code provisions and prosecutorial practices, to make the criminal justice system more equitable. This should include:
 - a. Implement a nationwide ban on conversion therapy in Canada, and any other practice by the health care system or religious community that intends to change someone's sexual orientation, gender identity, or gender expression.
 - b. Repeal of sex work laws that harm workers.
 - c. Amend the exception under the genital mutilation law to proscribe the ongoing harmful mutilation of intersex babies.
 - d. Add intersex status to the protections of the Canadian Human Rights Act and Criminal Code.
 - e. Restrict the prosecution of HIV non-disclosure cases under aggravated sexual assault.
2. Include a range of gender identity options in the upcoming census and within the Canadian Community Health Survey (CCHS) and the General Social Survey (GSS), including non-binary options.
3. Provide funds for programs that specifically address violence experienced by vulnerable members of the LGBTQI2S community, especially racialized and disabled trans and gender diverse communities.
4. Review recommendations put forward by the independent investigation into missing persons led by Honourable Judge Gloria Epstein (forthcoming, January 2021) and implement the recommendations on a national scale.
5. Develop an action plan to train police, prosecutors and judicial officials, about the LGBTQI2S community's needs in order to address the lingering, toxic effect of criminalization of LGBTQI2S people as part of the federal government commitment to ensure effective gender and culturally sensitive training policies for federal front-line law enforcement officers.
6. Prioritize research and program development in the areas of cyberbullying and online harassment as a part of the government's commitment to Gender Based Violence prevention, with the intentional inclusion of information about LGBTQI2S people's experiences of violence online.
7. Ensure that ministers responsible for emergency management will work collaboratively with LGBTQI2S organizations and communities to develop an inventory of emergency management capability in LGBTQI2S communities across Canada, advocating for provinces to include LGBTQI2S people in their safety planning.

Context

Violence in all forms – physical, mental, and emotional – poses an issue for people in Canada from the perspective of health, well-being, and productivity. As this government expands their knowledge on the complexities of gender, we see a need to broaden our understanding of the intricacies of how gender-based violence affects trans and gender diverse people and how to provide more holistic approaches to ending this type of violence. Moreover, we assert that the federal government must be accountable to processes that further criminalize LGBTQI2S people, including the criminalization of HIV non-disclosure and the ongoing criminalization of sex workers.

HIV/AIDS in Canada

Stemming from a 2012 Supreme Court of Canada ruling, individuals living with HIV/AIDS are required to disclose their status prior to engaging in sexual activity.¹²² Those found guilty of non-disclosure can be charged with aggravated sexual assault and may be required to register as a sex offender.¹²³ Rates of prosecution among men of colour and gay men are disproportionately high and continue to increase, suggesting the law targets marginalized communities.¹²⁴ Since 1989, more than 180 people in Canada have faced criminal charges related to HIV nondisclosure.¹²⁵

The ongoing criminalization of HIV/AIDS non-disclosure acts as a significant deterrent to seeking healthcare support,¹²⁶ where fear of prosecution becomes a major factor in potential disclosure of HIV status.

31 As women living with HIV/AIDS are also more likely to experience intimate partner violence,¹²⁷ fear of prosecution acts as a barrier to ending abusive relationships and seeking trauma-informed support.

We call on the Federal government to repeal laws that criminalize and further stigmatized HIV positive people across Canada.

Sex Work in Canada

While there is limited Canadian-based research on the number of self-identified LGBTQI2S sex workers, demographic data from the *2014 International Symposium on the Sex Industry in Canada* found that 77% of sex workers identify as women, and 6% as genders other than men or women, including those who see themselves as trans or as gender-fluid. Moreover, 38% identified as bisexual or bi-curious, 6% as gay or lesbian, and 11% reported other sexual orientations.¹²⁸ Currently, LGBTQI2S sex workers, along with cisgender and heterosexual sex workers, are unable to benefit from health and safety regulations, labour laws, and human rights protections. As people who experience barriers to formal employment, LBT women, gender diverse and Two Spirit people are harshly affected by legislation criminalizing sex work.

122 Patterson, S. E., Milloy, M. J., Ogilvie, G., Greene, S., Nicholson, V., Vonn, M., ... Kaida, A. (2015). The impact of criminalization of HIV non-disclosure on the healthcare engagement of women living with HIV in Canada: a comprehensive review of the evidence. *Journal of the International AIDS Society*, 18(1), 20572. See also: Patterson, S., Kaida, A., Ogilvie, G., Hogg, R., Nicholson, V., Dobrer, S., ... Milloy, M. J. (2017). Awareness and understanding of HIV non-disclosure case law among people living with HIV who use illicit drugs in a Canadian setting. *The International journal on drug policy*, 43, 113–121.

123 Hastings, C., Kazatchkine, C. and Mykhalovskiy, E. (2017). HIV Criminalization in Canada: Key Trends and Patterns. Reports. March 17, 2017.

124 Hastings, C., Kazatchkine, C. and Mykhalovskiy, E. (2017). HIV Criminalization in Canada: Key Trends and Patterns. Reports. March 17, 2017.

125 Kilty, J. M., & Bogosavljevic, K. (2019). Emotional storytelling: Sensational media and the creation of the HIV sexual predator. *Crime, Media, Culture*, 15(2), 279–299. See also: Hastings, C., Kazatchkine, C. and Mykhalovskiy, E. (2017), at pages 2 and 5.

126 Patterson, S., Milloy, M.-J., Ogilvie, G., Greene, S., Nicholson, V., Vonn, M., Hogg, R. (2015).

127 Centers for Disease Control and Prevention (2014). Intersection of Intimate Partner Violence and HIV in Women. February 2014.

128 Benoit, C., Atchison, C., Casey, L. Jansson, M., McCarthy, B., Phillips, R., Shaver, F.M. (2014). A “working paper” prepared as background to Building on the Evidence: An International Symposium on the Sex Industry in Canada. November 18, 2014 (updated).

Racialized homeless LGBTQ youth face structural barriers to securing formal and stable employment. As a result of these barriers, homeless youth are more likely to participate in informal economic activities in order to earn a tangible income to meet their immediate survival needs. This may include quasi-legal and illegal activities. This participation in informal economies, combined with the realities of systemic racism and bias, increases both police surveillance and police violence directed at racialized LGBTQ homeless youth.¹²⁹ In a study examining the lived realities of homeless racialized LGBTQ youth in Toronto, researchers found that participants were at heightened risk of experiencing police violence and targeted police intervention.¹³⁰

Current legislation regarding sex work in Canada, specifically Bill C-36 the Protection of Communities and Exploited Persons Act, places LBT women, gender diverse and Two Spirit people who engage in sex work in harmful and unsafe circumstances. Moreover, the Canadian Public Health Association has noted that:

Indigenous women are among the most marginalized populations in Canada and are overrepresented as sex workers.¹³¹[...] Broadly speaking, First Nations, Inuit and Métis women in Canada experience rates of violence 3.5 times higher than non-First Nations, Inuit and Métis women – a risk further heightened for First Nations, Inuit and Métis sex workers.¹³² – Canadian Public Health Association

32

The decriminalization of sex work is a pivotal issue for LGBTQI2S communities and LGBTQI2S people's work. Criminalization can further stigmatize and isolate people engaging in sex work – where sex workers avoid reporting experiences of violence, resulting in further marginalization and decreased access to supports.¹³³ As we have noted above, LGBTQI2S people experience significant barriers to access employment through the formal economy, and laws that impact sex workers' autonomy and ability to work safely have a significant impact on the LGBTQI2S community.

Hate Crimes: LGBTQI2S context

The current political climate in Canada toward LGBTQI2S people is shifting, where we are currently witnessing a rise in radicalized homophobic, biphobic, and transphobic rhetoric across the country. This grave problem moves beyond rhetoric, where police-reported hate crimes targeting sexual orientation rose to 204 in 2017, compared with 176 reports in 2016, which represents a 47% increase before dropping to 173 in 2018.¹³⁴

129 Daniel, L., & Cukier, W. (2015). The 360 project: Addressing racism in Toronto.

130 Daniel, L., & Cukier, W. (2015). The 360 project: Addressing racism in Toronto.

131 Quoted in Canadian Public Health Association – CPHA (2014). Sex Work in Canada: The Public Health Perspective, Position Paper. Canadian Public Health Association, December 2014. 1-14, at page 4.

132 Quoted in Canadian Public Health Association – CPHA (2014). Sex Work in Canada: The Public Health Perspective, Position Paper, at page 6.

133 Krüsi A, Pacey K, Bird L, et al. Criminalisation of clients: reproducing vulnerabilities for violence and poor health among street-based sex workers in Canada—a qualitative study. *BMJ Open* 2014

134 Moreau, G. (2019). Juristat: Police-reported crime statistics in Canada, 2018. *Canadian Centre for Justice Statistics*, July 22, 2019. Published by authority of the Minister responsible for Statistics Canada © Her Majesty the Queen in Right of Canada as represented by the Minister of Industry. Catalogue no. 85-002-X, ISSN 1209-6393. 1-67.

Crimes motivated by hatred of sexual orientation made up 10% of all police-reported crimes in 2017, and 85% of these crimes specifically targeted the gay and lesbian community.¹³⁵

It is also important to note that hate crimes directed at LGBTQI2S people are more likely to be physically violent. In 2017 53% of crimes targeting sexual orientation were violent violations, compared to 47% of hate crimes targeting ethnicity and 24% targeting religion.¹³⁶ The Trans PULSE study revealing that 20% of all trans Ontarians polled “had been physically or sexually assaulted for being trans, and another 34% had been verbally threatened or harassed but not assaulted” (Bauer & Scheim, 2015).¹³⁷ Trans women are more likely to experience physical violence and discrimination within an intimate relationship, and more likely to experience police violence when interacting with the authorities following an incident (National Coalition of Anti-Violence Programs, 2014).¹³⁸

The vast majority of people accused of hate crimes targeting race, religion and sexual orientation were male.¹³⁹ This is important because it speaks to a larger trend that has been identified within the realm of gender-based violence prevention, recognizing the “violent, harmful and controlling aspects of masculinities which are the result of patriarchal power imbalances”¹⁴⁰ as learned behaviours that must be addressed at a systemic level through anti-violence education and community engagement.

The above statistics represent only police-reported crimes. This is a valuable distinction because these incidences of violence are likely much higher in reality. LGBTQI2S people rightfully experience mistrust in the police or policing systems, due to both a history of persecution and police violence and the current realities of the policing systems that do not adequately meet the needs of the LGBTQI2S community. Specifically, Black, Indigenous and people of colour LGBTQI2S community members, homeless LGBTQI2S people, sex workers, disabled, or gender non-conforming and transgender people have been gravely underserved by the police system and continue to experience police violence. As previously mentioned in this report, racialized and homeless LGBTQI2S youth are more likely to be persecuted and targeted by police than their non-racialized (white) peers.¹⁴¹ Addressing police bias and violence must be a top priority for the Federal Government.

Further, LGBTQI2S people’s concerns continue to be dismissed by police, exacerbating feelings of mistrust in the system. One recent and accessible example of police dismissal of community concerns can be witnessed in the 2018 investigations into the death and disappearances of Selim Esen, Soroush Mahmudi, Dean Lisowick, Abdulbasir Fairzi, Skandaraj Navaratnam, Andrew Kinsman, Kirushna Kanagaratnam, and Majeed Kayhan, along with Alloura Wells and Tess Richey in Toronto, Ontario between 2010 and 2018. These tragic deaths resulted in the formation of an Independent Civilian Review into Missing Persons Investigations, led by the Honorable Judge Gloria Epstein, the results of which will be published no later than January 31st, 2021. Egale recommends that the Federal Government take national action based on the results of this research, community consultation, and report.

Indigenous women and Two Spirit people encounter discrimination, stigmatization, and traumatic

135 The increase in incidents between 2016 and 2017 was greatest in the provinces of Ontario (+38) and Quebec (+15). This was tempered by 18 less hate crimes targeting sexual orientation in British Columbia, decreasing from 36 incidents in 2016 to 18 in 2017. See in Armstrong, A. (2019). Juristat: Police-reported hate crime in Canada, 2017. *The Canadian Centre for Justice Statistics*, April 30, 2019. Published by authority of the Minister responsible for Statistics Canada © Her Majesty the Queen in Right of Canada as represented by the Minister of Industry. Catalogue no. 85-002-X, ISSN 1209-6393. 1-29.

136 See Table 8 (Police-reported Crime Severity Indexes, by province or territory, 2018) and Table 9 (Police-reported crime rate, by province or territory, 2018) in Armstrong, A. (2019). Juristat: Police-reported hate crime in Canada, 2017.

137 Bauer, G. R., & Scheim, A. I. (2015). Transgender People in Ontario, Canada: Statistics from the Trans PULSE Project to Inform Human Rights Policy. For the Trans PULSE Project Team. *Trans PULSE*. London, ON. 1 June 2015. 1-11.

138 National Coalition of Anti-Violence Programs. (2014). Intimate partner violence in lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected communities in the United States. Retrieved from http://www.avp.org/storage/documents/ncavp2013ipvreport_webfinal.pdf.

139 For more, see Table 8 (Police-reported Crime Severity Indexes, by province or territory, 2018) and Table 9 (Police-reported crime rate, by province or territory, 2018) in Armstrong, A. (2019). Juristat: Police-reported hate crime in Canada, 2017.

140 Minerson, T., Carolo, H., Dinner, T., and Jones, C. (2011) “White Ribbon Campaign Issue Brief: Engaging men and bow to Reduce and Prevent Gender-Based Violence”. Status of Women Canada. Accessed via www.whiteribbon.ca

141 Daniel, L., & Cukier, W. (2015). The 360 project: Addressing racism in Toronto.

experiences of violence at disproportionately higher rates than all other people (Hunt, 2016).^{142 143} In the Missing and Murdered Indigenous Women Report, Commissioner Michele Audette notes that

Indigenous women and girls are 12 times more likely to experience violence than non-indigenous women”, with homicide rates nearly 7 times higher than non-indigenous women.¹⁴⁴ - Commissioner Michele Audette

This report further described instances of police violence, death in police custody, and consistent police ignorance. It also described inaction in addressing indigenous people’s concerns about their safety needs, missing loved ones, and experiences of violence.¹⁴⁵ The extreme forms of violence that indigenous women and gender-minority people experience, and instances of police inaction toward indigenous women and LGBTQI2S peoples safety are rooted in Canada’s history of colonial violence and its ongoing legacy. In order to protect indigenous LGBTQI2S people, we recommend the federal government follow the powerful calls to action written within the Missing and Murdered Indigenous Women Report, including a call to create a national police task force through which families and survivors can access support.¹⁴⁶

LGBTQI2S Community & Cyberbullying

Cyberbullying is a unique area of emphasis in violence prevention specifically because technologies shift and change extremely quickly to adapt to our modern world and needs. Online and social media platforms have shown to be an extremely valuable resource for LGBTQI2S people to access knowledge about their identities and community, but it may also be a source of bullying or violence.¹⁴⁷ Research suggests that experiencing cyberbullying - which may look like ‘outing’, threats, or harassment - is nearly inescapable for LGBTQI2S youth, and that its effects may impact youth’s self-esteem, academic performance, mental health, and suicidality.¹⁴⁸

According to Statistics Canada (Dec 2016):

Nearly one out of five internet users aged 15 to 29 reported cyberbullying or cyberstalking,

from which 36% had been cyberbullied but not cyberstalked, 33% had been cyberstalked but not cyberbullied and 31% had experienced both. It is important to note that internet victimization is more prevalent for 15–20 year olds. Experiences of violence online mirror already-existing systems of oppression and violence, and as a result, affect people from marginalized communities more frequently. Specifically, Black youth, Indigenous youth, and youth of colour, and Muslim youth are more likely to be cyberbullied or cyberstalked than their white peers.^{149 150 151} Further, LGB youth are more than twice as likely to experience online harassment than their straight peers.^{152 153 154}

Online harassment does not only affect youth. It can also be understood as a form of violence that is particularly appealing to abusers because of the physical and spatial distance between abusers and

142 Andrew Woolford & Jeff Benvenuto (2015) Canada and colonial genocide, *Journal of Genocide Research*, 17.4, 373–390,

143 Egale Canada Human Rights Trust (2017). Budgeting for inclusion.

144 National Inquiry into Missing and Murdered Indigenous Women (2019). Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls” p.7. Accessed: https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf

145 Ibid., n.p.

146 Ibid., p.70

147 Meyer, M. (2019). The Impact of Social Media on Non-Monosexuals’ Responses to Discrimination: A Co-Cultural Approach. *Social Media + Society*.

148 Abreu, R.L. & Kenny, M.C. (2018). Cyberbullying and LGBTQ Youth: A Systematic Literature Review and Recommendations for Prevention and Intervention. *Journal of Child & Adolescent Trauma*, 11(1):81–97, pp.81–82.

149 Statistics Canada (2016). Study: Cyberbullying and cyberstalking among Internet users aged 15 to 29 in Canada. Monday, December 19, 2016.

150 Hango, D. (2016). Insights on Canadian Society: Cyberbullying and cyberstalking among Internet users aged 15 to 29 in Canada. Published by authority of the Minister responsible for Statistics Canada © Minister of Industry. December 19, 2016. Catalogue no. 75-006-X, ISSN 2291-0840. 1-17.

151 See Table 1, Hango, D. (2016). Insights on Canadian Society: Cyberbullying and cyberstalking among Internet users aged 15 to 29 in Canada, page 5.

152 Statistics Canada (2016). Study: Cyberbullying and cyberstalking among Internet users aged 15 to 29 in Canada.

153 Hango, D. (2016). Insights on Canadian Society: Cyberbullying and cyberstalking among Internet users aged 15 to 29 in Canada.

154 See Table 1, Hango, D. (2016). Insights on Canadian Society: Cyberbullying and cyberstalking among Internet users aged 15 to 29 in Canada, page 5.

their victims. Cyberbullying or harassment can further be understood as an avenue that appears free of consequences, while being disconnected from the outside world. The effects of online harassment, however, can have very serious consequences, including increased risk of mental health issues, depression, anxiety, and suicidal ideation.¹⁵⁵ Because the use of cyberbullying and online harassment is relatively new, the risks and consequences on a national scale require further research on the part of the Federal Government.

Gender Based Violence and the LGBTQI2S Community

LGBTQIA2S+ youth are at a higher risk than their peers for dating violence, a particularly concerning issue because of the other forms of bullying, discrimination and violence sexual minority youth face.¹⁵⁶ Unfortunately, much of the research on discrimination faced by LGBTQIA2S+ youth focuses on the broader issues of harassment and violence rather than dating violence. This may leave youth vulnerable to the specific forms of coercion that someone in an intimate relationship can leverage against them.¹⁵⁷ For example, the threat of ‘outing’ the victim and publicly disclosing their sexual orientation or gender may be used as coercion. Adolescence is already a delicate period of identity formation, and working to develop a positive sexual minority identity provides additional challenges and stressors.¹⁵⁹

LGBTQIA2S+ youth may also have fewer options for support, because disclosing the intimate details of their romantic and sexual relationships also means disclosing their orientation or gender identity. Youth may also be affected by the homophobic and transphobic nature of society around them, and internalize negativity about their own sexual identity which puts them at a greater risk of dating violence.¹⁶⁰ High rates of dating violence begin in adolescence for LGBTQI2S youth and have been reported to continue up into their adult life.¹⁶¹ This suggests that there are currently insufficient services for LGBTQI2S youth who experience dating violence, or alternatively that the existing services are not effective.

Service providers who are not members of the LGBTQI2S community themselves may still strive to provide effective care for LGBTQI2S clients. However, service providers are rarely trained in gender and sexual orientation issues and in some instances they are actively encouraged to prevent discussion of these topics.¹⁶²¹⁶³ This points to a need for more LGBTQI2S counseling and service workers. Counselors and intervention specialists have also identified the need to have service providers who share the characteristics of the affected population.¹⁶⁴

Ecological / Environmental Justice

On an international scale, Canada positions itself as a world leader in environmental justice and

155 Puckett, J. A., Horne, S. G., Herbitter, C., Maroney, M. R., & Levitt, H. M. (2017). Differences Across Contexts: Minority Stress and Interpersonal Relationships for Lesbian, Gay, and Bisexual Women. *Psychology of Women Quarterly*, 41(1), 8–19, p. 8.

156 Epelage, D. L., Merrin, G. J., & Hatchel, T. (2018). Peer Victimization and Dating Violence Among LGBTQ Youth: The Impact of School Violence and Crime on Mental Health Outcomes. *Youth Violence and Juvenile Justice*, 16(2), 156–173.

157 American Bar Association. (2013). LGBT Youth Face Higher Rate of Dating Abuse. *Child Law Practice Newsletter*, 32(10), 153.

158 Dank, M., Lachman, P., Zweig, J., & Yahner, J. (2014). Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. *Journal of Youth and Adolescence*, 43(5), 846–857.

159 Gillum, T. L., & DiFulvio, G. T. (2014). Examining Dating Violence and Its Mental Health Consequences Among Sexual Minority Youth. In D. Peterson & V. R. Panfil (Eds.), *Handbook of LGBT Communities, Crime, and Justice* (pp. 431–448).

160 Gillum, T. L., & DiFulvio, G. T. (2014). Examining Dating Violence and Its Mental Health Consequences Among Sexual Minority Youth. In D. Peterson & V. R. Panfil (Eds.), *Handbook of LGBT Communities, Crime, and Justice* (pp. 431–448).

161 Gillum, T. L., & DiFulvio, G. T. (2014). Examining Dating Violence and Its Mental Health Consequences Among Sexual Minority Youth. In D. Peterson & V. R. Panfil (Eds.), *Handbook of LGBT Communities, Crime, and Justice* (pp. 431–448).

162 Weisz, A. N., & Black, B. M. (2009a). Diversity Issues in Prevention Programs. In B. M. Black (Ed.), *Programs to Reduce Teen Dating Violence and Sexual Assault: Perspectives on What Works* (pp. 126–138). New York: Columbia University Press.

163 Taylor, C., & Peter, T. (2011). “We Are Not Aliens, We’re People, and We Have Rights.” Canadian Human Rights Discourse and High School Climate for LGBTQ Students. *Canadian Review of Sociology/Revue canadienne de sociologie*, 48(3), 275–312.

164 Weisz, A. N., & Black, B. M. (2009b). Qualities of Ideal Prevention Educators. In *Programs to Reduce Teen Dating Violence and Sexual Assault: Perspectives on What Works* (pp. 213–232). New York: Columbia University Press.

action. We hope to witness the same leadership on a national scale as Canada works toward the 2030 Agenda for Sustainable Development. The United Nations' Sustainable Development Goals (SDGs) were generated during the 2012 United Nations Conference on Sustainable Development, under the professed theme that sustainable development should "Leave No One Behind". LGBTQI2S communities were not explicitly acknowledged in the SDGs document, however, work toward the safety of LGBTQI2S people in Canada is necessary to the success of Canada's Implementation of the 2030 Agenda for Sustainable Development.

In Canada's 2030 Agenda National Strategy, we recommend that Canada continue their charge in 'leaving no one behind', which requires prioritizing the safety and wellbeing of people who have been historically left behind – including women, Indigenous peoples, newcomers, people with disabilities, seniors, LGBTQI2S people, and youth. Action toward extending the sustainable development goals in Canada to members of the LGBTQI2S community can be found across this document. The first sustainable development goal, ending poverty, is particularly important to the safety and inclusion of LGBTQI2S people, where

one in seven (14.3%) Canadians currently live below the LICO (Low income cut-off).

This rate is significantly higher among marginalized populations including LGBTQI2S communities, Indigenous peoples and persons with disabilities (Dignity for All, 2015).¹⁶⁵ Existing research on this issue in Canada points that LGBTQI2S people disproportionately live in poverty in Canada.¹⁶⁶

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It is similarly vital for Canada's 2030 national strategy to focus on LGBTQI2S people's health, as studies from across Canada (Ontario, British Columbia and Quebec) show LGBTQI2S people experience greater health disparities than their heterosexual, cisgender peers.¹⁶⁷ Sustainable Development goal 5, achieving gender equality, is an area of focus wherein the Federal Government must immediately take action toward the inclusion of LGBTQI2S people. Frameworks for gender equality, both in Canada and in international treaty bodies, risk erasing the experiences of gender-diverse people when they employ a binary gendered logic. We believe that to achieve gender equality, governing bodies need not use the same historical language that was used to create this current system through which we experience gender inequality. We call on the government of Canada to incorporate a gender expansive approach to gender equality – through which we can more meaningfully engage with the historical effects of harmful gender roles and expectations, including discrimination, exclusion, and violence – for all people in Canada.

LGBTQI2S communities will be positively impacted by Canada's efforts to meet all of the UN's Sustainable Development goals, but risk experiencing some of the most damaging consequences if we are not successful in meeting them by 2030.

Climate change has increased the frequency of hazards such as floods, wildfires, drought, extreme heat, tropical storms, melting permafrost, coastal erosion, and, in Northern Canada, damage to seasonal ice roads.¹⁶⁸ These changing conditions affect all people in Canada, and the continued effects will have a profound impact on a global scale. These conditions require planning and

¹⁶⁵ Dignity for All (2015). A national anti-poverty plan for Canada.

¹⁶⁶ Ross, L.E., & Khanna, A. (2017). Joint submission on poverty among LGBTQ+ Canadians: What are the needs of lesbian, gay, bisexual, trans, and queer (LGBTQ+) people that should be addressed by Canada's Poverty Reduction Strategy (CPRS), p.11.

¹⁶⁷ Colpitts, E., & Gahagan, J. (2016). I feel like I am surviving the health care system: understanding LGBTQ health in Nova Scotia, Canada. *BMC public health*, 16(1), 1005.

¹⁶⁸ Public Safety Canada (2019). Emergency Management Strategy for Canada: Toward a Resilient 2030.

intervention, as witnessed with Canada’s Emergency Management Strategy (Toward a Resilient 2030). Reckien et al. (2017) note that climate change has a more profound effect on low-income residents and women,¹⁶⁹ and while this analysis does not explicitly state how LGBTQI2S people or gender-diverse populations will be affected by impending climate change, we assert that LGBTQI2S people will experience similar disparities.¹⁷⁰ We ask that Canada lead by example in implementing culturally sensitive, strengths-based and LGBTQI2S inclusive emergency plans within its own jurisdiction and across the globe.

Conversion Therapy

The practice of “conversion therapy” has been defined by the *United Nations Independent Expert on sexual orientation and gender identity* (“Independent Expert”) as: “any purported treatment having the objective or presenting itself with the objective to change a person’s sexual orientation or gender identity.”¹⁷¹ The practice of “conversion therapy” is abhorrent. It is premised upon the notion that sexual and gender minorities suffer from an illness that must be corrected.

The Independent Expert has further explained:

Forms of ‘C.T.’ have been condemned by world health associations, United Nations entities and human rights mechanisms such as the Committee against Torture, which have expressed that the practice can amount to torture, cruel, inhumane or degrading treatment. It appears to produce long-lasting negative effects on individuals subjected to the practice, as it can lead to physical and deep psychological harm, such as depression, anxiety, drug use, homelessness, and suicide. It also appears that children under legal age are especially vulnerable to it.¹⁷² – United Nations Independent Expert

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There is no federal legislation banning conversion therapy in Canada. The Federal Government has deferred the issue to the provinces and territories on the basis that the practice of “conversion therapy” falls under the umbrella of healthcare, which is a matter of provincial jurisdiction. At present, the practice of conversion therapy has been banned in the provinces of Ontario, Nova Scotia, and Manitoba, the cities of Vancouver and Edmonton, and the municipality of Strathcona County.

This approach has been criticized by the Canadian Bar Association:

We commend the Federal Government’s recent position that “conversion therapies are immoral, painful, and do not reflect the values of our government or those of Canadians”. However, we do not agree that combatting conversion therapy is largely a provincial and territorial issue or that existing Criminal Code offences are sufficient to prevent its practice in Canada. [...] This approach creates a patchwork of legislative responses with no guarantee of equal protection across the country.¹⁷³ – Canadian Bar Association [emphasis added]

Egale Canada takes the position that federalism must not constitute a barrier to human rights protection. The absence of federal legislation banning “conversion therapy” in Canada sends a message to sexual and gender minorities that “cruel [and] inhumane”¹⁷⁴ treatment will be tolerated if you reside in a province or territory that has not yet banned the practice.

169 Reckien, D., Creutzig, F., Fernandez, B., Lwasa, S., Tovar-Restrepo, M., Mcevoy, D., & Satterthwaite, D. (2017). Climate change, equity and the Sustainable Development Goals: an urban perspective. *Environment and Urbanization*, 29(1), 159–182, p. 171.

170 As previously noted, the lack of gender-expansive frameworks in Canada’s national strategies, data collection, or research production limits the ways that we can ensure the safety and resilience of LGBTQI2S people.

171 See United Nations Human Rights Office of the High Commissioner, “Call for inputs: Report on so-called ‘conversion therapy’ (deadline 21 December 2019)”, online: UN <https://www.ohchr.org/Documents/Issues/SexualOrientation/Call_for_Inputs_EN.docx>.

172 Ibid.

173 Salimah Walji-Shivji and Dorianne Mullin on behalf of the Canadian Bar Association, “Letter to The Honourable Bill Casey, M.P., re. LGBTQI2S Health in Canada”, *Canadian Bar Association*, 01 May 2019, online: CBA <<http://www.cba.org/CMSPages/GetFile.aspx?guid=da2fdb2a-11ec-4420-9121-842e93db093d>>.

174 *Supra*, Calls for inputs, note 174.

We are mindful of the fact that the Government of Canada intends to implement federal legislation banning the practice of conversion therapy in 2020.¹⁷⁵ As we noted in our response to the Mandate letter from the Minister of Justice, Honourable David Lametti, this legislation cannot come soon enough. We implore the Government of Canada to take immediate action to ban the practice of conversion therapy in Canada, and stress that there remains much to do – aside from banning conversion therapy – to ensure that the human rights of LGBTQI2S persons are protected in Canada.

Intersex Rights

Actions

Toward the immediate support of intersex people in Canada, we call on the Federal Government to:

1. **Align** the criminal code of Canada with its treaty body obligations under the UN CAT; prevent and prohibit all non-consensual, cosmetic, surgeries on intersex children.
2. **Ensure** section 7 Charter protection to all intersex persons in Canada
3. **Amend** Subsection 268(3) to include IGM (Intersex Genital Mutilation) as aggravated assault under the criminal code in order to provide legal redress to victims of IGM.
4. **Amend** Subsection 268(3) to include standards of informed consent at par with the Malta model, wherein;
 - a. “It shall be unlawful for medical practitioners or other professionals to conduct any sex assignment treatment and, or surgical intervention on the sex characteristics of a minor which treatment and, or intervention can be deferred until the person to be treated can provide informed consent”
 - b. The Malta model, keeping with its treaty body obligations under UN CAT, gives the agency to grant informed consent to the individual in question itself.
5. **Provide** PHAC (Public Health Agency of Canada) and Health Canada access to:
 - a. Provincial records for all paediatric data on the surgical management of intersex children;
 - b. Data to the current implementation of pre-natal screening and termination for intersex fetuses.
6. **Anonymize** data to ensure availability for secondary research purposes on frequencies and adherence to standards relating to intersex surgeries.

38

Context

Canada is currently failing to engage with formal or substantive accounts of equality in its treatment of intersex people. Given that Canada has displayed tremendous leadership in the promotion and protection of Sexual Orientation and Gender Identity rights on the global stage, we call on the federal government to reflect those values and protections for intersex people within its national legislation.

The government can reflect this positive change by challenging section 268(3) of the Canadian Criminal Code, which exempts doctors from punishment for enacting coercive and medically unnecessary surgeries on intersex infants – a practice that amounts to torture per normative human rights standards. Canada’s neglect towards intersex issues is evidenced by the fact that other jurisdictions have already taken note of the issue and have begun work on reconciling normative

¹⁷⁵ See Justin Trudeau Prime Minister of Canada, “Minister of Justice and Attorney General of Canada Mandate Letter”, Government of Canada, 13 December 2019, online: Government of Canada < <https://pm.gc.ca/en/mandate-letters/minister-justice-and-attorney-general-canada-mandate-letter> >.

human rights standards as contained in the UN CAT with domestic law. Given this jurisprudential analysis by the apex court, we ask for interpretation of domestic law to be reconciled with the International Human Rights standards.

Key information on Intersex Rights

‘Intersex’ refers to a person whose chromosomal, hormonal or anatomical sex characteristics fall outside the conventional classifications of male or female. The designation of “intersex” can be experienced as stigmatizing given the history of medical practitioners imposing it as a diagnosis requiring correction, often through non-consensual surgical or pharmaceutical intervention on infants, children and young adults (some people may not be identified as “intersex” until puberty or even later in life).

Section 268(3) of Canada’s Criminal Code continues to allow medically unnecessary and non-consensual surgery and medical intervention on the bodies of infants and children whom have been identified as having ambiguous genitalia and/or diagnosed with a disorder of sex development (DSD). This non-consensual and unnecessary intervention from medical professionals interferes with the child’s right to exercise bodily autonomy and preserve their identity.

We assert that section 268(3) of the Canadian Criminal Code is in violation of a number in international and national human rights documents. Specifically, we understand Section 268(3) of the Canadian Criminal Code is in direct violation of the UN Convention Against Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment (UN CAT).

39

For the purpose of the UN CAT the term “torture”, as stated in Article 1, means:

Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.¹⁷⁶

The UN CAT establishes a positive obligation of the state to:

[...] prohibit, prevent and redress torture and ill-treatment in all contexts of custody or control, for example, in prisons, hospitals, schools, institutions that engage in the care of children, the aged, the mentally ill or disabled... and other institutions as well as contexts where the failure of the State to intervene encourages and enhances the danger of privately inflicted harm.¹⁷⁷

In addition to violating the bodily rights of intersex people and infants by enacting non-consensual surgeries – the coercive nature through which these surgeries assign gender is equally harmful for intersex people. Article 8 of the UN’s Convention on the Rights of the Child calls on States Parties to “respect the right of the child to preserve his or her identity,”. This convention furthers that “where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity”.¹⁷⁸

For this reason, not only do we call on the Federal Government to immediately prohibit non-consensual and medically unnecessary surgeries on intersex infants, but we also call on the government to provide

¹⁷⁶ UN General Assembly, Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 10 December 1984, United Nations, Treaty Series, vol. 1465, p. 85.

¹⁷⁷ Para 15, UN Committee Against Torture (CAT), General Comment No. 2: Implementation of Article 2 by States Parties, 24 January 2008, CAT/C/GC/2.

¹⁷⁸ Article 8.2, UN General Assembly (1989). Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3.

active supports, education, and resources for all intersex people who have been affected by these rights violations. To make these changes is to respect the rights that intersex infants are entitled to under section 7 of the Canadian Charter of Human Rights and Freedoms.

Asylum System Reform

Actions

Egale recommends the following meaningful actions through which Canada can address the systemic issues facing LGBTQI refugee claimants and asylum seekers and reform the immigration and refugee processes:

1. **Commit** to long-term investments and consistent funding that supports the ongoing support of refugees at all stages of the settlement process, including:
 - a. Crisis and ongoing trauma counselling;
 - b. Mental health counselling;
 - c. Housing support workers to help LGBTQI refugees find inclusive housing;
 - d. Subsidized legal support to aid LGBTQI refugees with legal issues, especially as it relates to their status; and
 - e. Settlement workers to help with comprehensive needs related to the settlement process.
2. **Develop and implement** a national, large-scale needs assessment to determine the needs of LGBTQI refugees that will empower these individuals and better support them throughout the settlement process with components that:
 - a. Collect and ethically store relevant, inclusive, and disaggregated data;
 - b. Inform decision makers and program design;
 - c. Establish meaningful evaluation parameters; and
 - d. Disseminate findings to community agencies and service providers.
3. **Make direct investments** into systems innovations and sustainability by:
 - a. Supporting the development of innovative ways to provide support (both in person as well as online) as well as different modalities of therapy such as somatic, online counselling, and peer support
 - b. Developing and implementing training for other community agencies and housing services to provide inclusive support so that staff are educated and familiar with practices when supporting LGBTQI refugees.
4. **Review and expand** the IFHP to include medical care directly relevant to LGBTQI people, such as hormone therapy and gender affirming surgery, making it available to asylum seeking gender minorities - a step that aligns with many provincial health policies that ensure gender affirming medical care is covered by government-issued health insurance.

Context

In today's geopolitical context, there has been a significant rise in refugee claims as well as asylum seekers to Canadian borders, including those who flee their country of origin because of violence and persecution related to their attraction (sexual orientation) or gender identity. Canada's notable diasporic populations are pivotal and a strength on the international stage; however, Canada's refugee system has been in constant need of revisions over the last decade.

Key information on LGBTQI2S Asylum System

In 2016, the government addressed backlash from immigrant communities as well as the medical community stemming from the cancellation of health benefits programs by implementing the Interim Federal Health Program Policy (IFHP). This health program provides limited, temporary coverage of health-care costs for refugees including resettled refugees, refugee claimants, and rejected refugee claimants during their period of ineligibility for provincial or territorial health insurance. While the Interim Federal Health Program (IFHP) provides temporary health coverage for individuals not covered by provincial and federal health programs, the IFHP insurance explicitly excludes any coverage of transition-related health care including access to specialist healthcare providers, hormone prescriptions, and surgery.¹⁷⁹

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LGBTQI asylum seekers who are fleeing persecution often face barriers to accessing safe environments and social support services.¹⁸⁰ With difficulty accessing safer spaces alongside experiencing social isolation, LGBTQI asylum seekers lack the support and resources to process their experiences of trauma and address their mental health concerns. While there are some resources to support this particular population, they are concentrated in large urban centres (such as Toronto, Ottawa, or Vancouver) leaving a substantial gap in services across the country.¹⁸¹

Canadian research exploring the experiences of LGBTQI asylum seekers highlights a lack of safe, affirming, and affordable housing. As a result, LGBTQI asylum seekers have reduced options for accessing housing and often must live in situations where they experience stigma and violence (Mulé & Gates-Gasse, 2012).¹⁸²

179 Medavie Blue Cross (2016). Information handbook for Interim Federal Health Program health-care professionals. Retrieved from Immigration, Refugees and Citizenship Canada website.

180 Hall, S., & Sajjani, R. (2015). Mental health challenges for LGBT asylum seekers in Canada. Retrieved from Rainbow Health Ontario website.

181 Hall, S., & Sajjani, R. (2015). Mental health challenges for LGBT asylum seekers in Canada. Retrieved from Rainbow Health Ontario website.

182 Mulé, N. J., & Gates-Gasse, E. (2012). Envisioning LGBT Refugee Rights in Canada: Exploring Asylum Issues. Retrieved from Ontario Council of Agencies Serving Immigrants website.

International Assistance

Actions

In September 2016, Egale Canada submitted a consultation paper to Global Affairs Canada as part of Canada's Overseas Assistance Review. In our submission, Egale Canada highlighted several areas where LGBTQI2S people are "left behind" when tackling the United Nations' 2030 agenda on accomplishing Sustainable Development Goals, emphasizing the following action:

1. **Provide** core funding to organizations globally that have equity practices and engage with marginalized communities, as their work demonstrates their ability to foster initiatives which prioritize the perspective of impacted communities.
2. **Ensure** LGBTQI issues are integrated into all areas of Canada's international and humanitarian strategies.
3. **Canada's international assistance** should scale back funding to homophobic and transphobic organizations as well as develop explicit terms of reference within policies to prohibit funded organizations from spreading homophobia and transphobia. This should be done through consultation with civil society organizations working in LGBTQI rights.
4. **Provide** evaluation and monitoring support to organizations by equipping them with the appropriate tools to ensure that indicators are relevant and meaningful to the impacted communities.
5. **Globally**, LGBTQI2S people continue to experience deeply embedded forms of discrimination and stigma, particularly within the healthcare system. Include LGBTQI2S people in their commitment to sexual health and reproductive health and rights overseas.
6. **Reinstate** the role of LGBTQI2S Special Advisor to the Prime Minister.

Globally, LGBTQI2S human rights are becoming increasingly prominent due to the advocacy efforts of civil society organizations, activists, and non-governmental organizations (NGOs) such as ILGA the International Lesbian and Gay Association. Over the past decade, progressive shifts have been observed within LGBTQI2S international human rights, included below.

We assert that Canada's international assistance should develop explicit terms of reference in their policies that prohibits funded organizations from spreading homophobia and transphobia in their values and project implementation in the Global South. The metrics through which we offer assistance to international organizations should mirror Canada's national human rights values, policies, and priorities, however, our international assistance allocations should prioritize the work of grassroots organizations with strong local leadership and local knowledge mobilization.¹⁸³

183 Bergenfield, R., & Miller, A. M. (2014). Queering International Development? An Examination of New 'LGBT Rights' Rhetoric, Policy, and Programming Among International Development Agencies. *LGBTQ Policy Journal*.

International Advocacy Landmarks

Advocacy efforts of civil society organizations, activists, and non-governmental organizations (NGOs) toward the rights of LGBTQI2S people

<p>2006</p>	<p>Signing of the Declaration of Montreal and the Yogyakarta principles, which recognizes both “sexual orientation” and “gender identity” as part of international human rights discourse.</p>
<p>2012</p>	<p>The UN Human Rights Office of the High Commissioner’s release of <i>Free and Equal: Sexual Orientation and Gender Identity in International Human Right Law</i>, a report which reiterates the rights and protections of “all people, irrespective of sex, sexual orientation or gender identity”.¹⁸⁴</p>
<p>2015</p>	<p>The United Nations adopted Sustainable Development Goals (SDG)¹⁸⁵ towards ending poverty and inequality by 2030, including key initiatives to measure global LGBT inclusion.</p>
<p>2016</p>	<p>The UN Human Rights Council appointed an Independent Expert on Sexual Orientation and Gender Identity (SOGI). The mandate of the Independent Expert includes the assessment of the implementation of human rights instruments, existing gaps, and best practices in overcoming violence and discrimination of persons on the basis of SOGI as well as consulting with state governments, civil society, and multiple stakeholders to develop implementation measures to address the issues of violence and discrimination of persons on the basis of SOGI.¹⁸⁶</p>

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Key Information on International LGBTQI2S Human Rights

As we provide a review of Canada’s international assistance programs, we want to make explicit that working toward the elimination of homophobia, biphobia, transphobia, and discrimination on the grounds of gender identity and sexual orientation must be a national priority as we prioritize LGBTQI2S rights on a national scale. The Government of Canada’s implementation of a Gender Based Analysis (GBA+) lens to look at issues related to gender inequality in setting both national and global priorities is still framed along cisgender and heteronormative narratives, though there is evidence to suggest that this is changing.

184 UN Office of the High Commissioner for Human Rights – OHCHR (2012). *Born Free and Equal: Sexual Orientation and Gender identity in International Human Rights Law*. September 2012, HR/PUB/12/06.

185 UN General Assembly, *Transforming our world : the 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1.

186 UN Office of the High Commissioner for Human Rights – OHCHR (2016). *Independent Expert on Sexual Orientation and Gender Identity: Introduction*.

As a result of these gendered limitations:

Gender is represented as conceptually rigid and binary within our most recent national and international research and policy initiatives.

With intersecting identities removed from the analysis, marginalized groups within lesbian, gay, bisexual, trans, queer, intersex, and Two Spirit (LGBTQI2S) communities are effectively erased.

Many nation states in the Global South have a strong presence of conservative Christian sects, both Catholic and Evangelical, which has presented challenges to progressive changes in attitudes towards LGBTI rights and social inclusion. In South Africa, both legislative changes and the campaigning of religious leaders such as Desmond Tutu have challenged the narrative of homosexuality and transgender identities as “un-African”. There have been few public education initiatives championed by government entities throughout the Global South, despite advocacy by local queer communities. As a result, state legislative reforms continue to be viewed as Western-centric values imposed by the Global North’s “gay agenda”.

In Latin America,

Argentina provides a key example of how both legislative change and the advocacy work of local queer communities has ushered significant social and cultural change on a national level.

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Many activists and national NGO networks have engaged with the religious and cultural values of their society in order to foster greater acceptance of queer peoples’ lives in Argentina.¹⁸⁷ Largely, public opinion in the majority of the states within Latin American, African, Middle Eastern, and East Asian regions is strongly homophobic and transphobic, which has attributed to the rise of hate crimes and violence perpetrated towards queer and gender diverse people.

Another case, in Ghana, many activists have propagated that homophobia and transphobia are “un-African” to promote the acceptance of difference, inclusion, and peace as continental values.¹⁸⁸ In Asia, India recently decriminalized homosexuality as a result of the activism from men who have sex with men (MSM) HIV/AIDS and Hedra (non-binary people) sex worker groups.¹⁸⁹ In the Middle East, diasporic Islamic communities engage in dispelling the notion of Islam as a monolithic community. As a result, many queer immigrant Muslim activists have engaged in discussing the diversity within Islamic culture to create space that validates their LGBTI identities outside of the Western-centric standpoint of gay and lesbian human rights.¹⁹⁰

Within the Global North, queer and trans people of colour and Two Spirit communities face additional barriers as they are even more likely to be refused treatment¹⁹¹ or receive inadequate primary health care. The World Professional Association of Transgender Health (WPATH) has pointed to the lack of research on trans people’s reproductive health, especially in relation to trans people who are receiving hormone therapy as a part their transition (Nixon, 2013).¹⁹²

187 Pousadela, I. M. (2013). From embarrassing objects to subjects of rights: the Argentine LGBT movement and the Equal Marriage and Gender Identity laws. *Development in Practice*, 23(5-06), 701-720. ; D’Amico, F. (2015). in Thiel, M. & Lavinias Picq, M. (Eds). *Sexualities in World Politics. LGBT and (Dis)United Nations: Sexual and gender minorities, international law, and UN politics*. Taylor and Francis. Chapter 3, pp. 54-71.

188 Baisley, E. (2016). Reaching the Tipping Point?: Emerging International Human Rights Norms Pertaining to Sexual Orientation and Gender Identity. *Human Rights Quarterly*, 38(1), 134-163.; D’Amico, F. (2015). *LGBT and (Dis)United Nations: Sexual and gender minorities, international law, and UN politics*. pp. 54-71.

189 Jolly, S. (2011). Why is development work so straight? *Heteronormativity in the international development industry*. *Development in Practice*, Vol. 21, No. 1, pp 18- 28.

190 Rahman, M. (2015). in Thiel, M. & Lavinias Picq, M. (Eds) *Sexualities in World Politics: Sexual Diffusions and Conceptual Confusions: Muslim homophobia and Muslim homosexuality in the context of modernity*. Taylor and Francis. Chapter 5, pp. 92- 103.

191 Nixon, L. (2013). The right to (Trans) parent: A reproductive Justice Approach to Reproductive Rights, Fertility, and Family-Building Issues Facing Transgender People. *William & Mary Journal of Women and the Law*, 20(1), 73-103.

192 Nixon, L. (2013). The right to (Trans) parent: A reproductive Justice Approach to Reproductive Rights, Fertility, and Family-Building Issues Facing Transgender People. *William & Mary Journal of Women and the Law*, 20(1), 73-103.

Conclusion

With this updated action plan, we have provided areas of emphasis and opportunity for the Government of Canada that address the challenges that remain for LGBTQI2S people across the country in multiple spheres. With it, we ask the government to ensure adequate and appropriate actions at the federal level in order to establish new priorities, re-prioritize key needs, recognize the gaps in services, and provide solutions for improvement of life for members of the LGBTQI2S community. Strong federal commitment and leadership, including comprehensive and more systematic commitment to policies that enable the promotion of human rights and freedoms, can foster a culture that fully respects and accepts human rights and inclusion for all.

Marriage equality is positioned as the pinnacle achievement in the gay rights movement in Canada and beyond. With Canadians for Equal Marriage and Egale at the forefront, Canada passed the Civil Marriage Act in 2005, becoming the first country in the Americas to legalize same-sex marriages. Landmark legislative changes, such as the decriminalization of homosexuality through the passing of bill c-150 in 1969, or the Marriage Equality Act passed in 2005, have offered significant benefits for members of the LGBTQI2S community. It is vital for us to recognize that the cultural and societal shifts toward LGBTQI2S equality were built through the tedious and tiresome commitments of activists and community organizations across the country.

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While these struggles of LGBTQI2S activism rightfully warrant celebration, it is equally important to note that despite significant victories, there are vast gaps in adequate services and equality across a wide variety of sectors. The disproportionate representation of the LGBTQI2S community in data relating to poverty, homelessness, unemployment, illiteracy and hate crime statistics provides enough evidence to confirm continuing identity based discrimination. The brunt of this discrimination and marginalization severely impacts the most vulnerable populations such as queer and trans people of colour, Indigenous and Two Spirit community members. Suffice to say, there is still work that needs to be done. This document, informed by community input, offers a wide scope of achievable recommendations and actions that present an opportunity for the government to improve on the areas of:

- Healthcare
- Mental health
- Poverty reduction
- Housing and homelessness
- Employment access
- Education
- Sports inclusion
- Seniors
- Justice Reform
- Intersex rights
- Asylum system reform
- International Assistance

By following these recommendations and actions to ameliorate inequalities and barriers at an institutional level, the Government of Canada will fulfill its responsibility to improving and supporting the lives of the LGBTQI2S living in Canada.

Appendix

Glossary of Terms

The following terms recognize that gender is a result of self-identification that does not necessarily correspond to sex assigned at birth; physical appearance and genitalia are not the only determinants of gender. It also recognizes that there are many ways to experience and express gender and is intended to include the diverse range of gender identities.

Sex Definitions

Intersex (adj): Refers to a person whose chromosomal, hormonal or anatomical sex characteristics fall outside the conventional classifications of male or female. The designation of “intersex” can be experienced as stigmatizing given the history of medical practitioners imposing it as a diagnosis requiring correction, often through non-consensual surgical or pharmaceutical intervention on infants, children and young adults (some people may not be identified as “intersex” until puberty or even later in life).

Attraction Definitions

Bisexual (adj): A person who experiences attraction to both men and women. Some bisexual people use this term to express attraction to both their own gender, as well as to people of a different gender.

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Gay (adj): A person who experiences attraction to people of the same gender—gay can include both men-identified individuals and women-identified individuals, or refer to men-identified individuals only.

Heterosexual: A person who experiences attraction to people of a different gender. Also referred to as “straight”.

Lesbian (adj or n): A woman-identified person who experiences attraction to people of the same gender.

Pansexual (adj): A person who experiences attraction to people of diverse genders. The term pansexual reflects a desire to recognize the potential for attraction to genders that exist across a spectrum and to challenge the sex/gender binary.

Gender Identity Definitions

Cisgender (adj): A person whose gender identity corresponds with the sex assigned to them at birth (e.g., a cisgender man is someone who identifies as a man and who was assigned male sex at birth).

Gender Diverse (adj): An umbrella term for gender identities and/or gender expressions that differ from cultural or societal expectations based on assigned sex.

Transgender (adj): A person who does not identify either fully or in part with the gender associated with the sex assigned to them at birth—often used as an umbrella term to represent a wide range of gender identities and expressions.

Trans (adj): Often used as an umbrella term to encompass a variety of gender-diverse identities, including transgender, transsexual and genderqueer. Some people may identify with these or other specific terms, but not with the term trans. Similarly, some people may identify as trans, but not with other terms under the trans umbrella.

Definitions related to both gender identity and attraction

Queer (adj): A term used by some in LGBTQ communities, particularly youth, as a symbol of pride and affirmation of diversity. This term makes space for the expression of a variety of identities outside of rigid categories associated with sex, gender or attraction. It can be used by a community to encompass a broad spectrum of identities related to sex, gender or attraction (as with the acronym LGBTQ), or by an individual to reflect the interrelatedness of these aspects of their identity. Queer was historically a derogatory term for difference, used in particular to insult homosexuality and LGBTQ people. Although sometimes still used as a slur, the term has been reclaimed by some members of LGBTQ communities.

Two Spirit (or 2-spirit) (adj): An English umbrella term that reflects the many words used in different Indigenous languages to affirm the interrelatedness of multiple aspects of identity—including gender, sexuality, community, culture and spirituality. Prior to the imposition of the sex/gender binary by European colonizers, some Indigenous cultures recognized Two Spirit people as respected members of their communities. Two Spirit people were often accorded special status based upon their unique abilities to understand and move between masculine and feminine perspectives, acting as visionaries, healers and medicine people. Some Indigenous people identify as Two Spirit rather than, or in addition to, identifying as lesbian, gay, bisexual, trans or queer.

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