



NEEDS AND GAPS IN SERVICES OF EDMONTON'S LGBTQ POPULATION

Final Report to the Edmonton Community Foundation
(ECF)

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Executive Summary

Canada's lesbian, gay, bisexual, transgender, and queer (LGBTQ) population has gained significant legislative protections since the 1970s. However, challenges remain for LGBTQ people in multiple spheres in Canadian society, including in the city of Edmonton, impeding adequate and appropriate service delivery and access. Through a three-method qualitative research study, this report outlines key needs, gaps in services, and possible solutions of Edmonton's LGBTQ communities.

The research methods used in this report include a literature review, 16 key informant interviews, and focus group sessions with a total of 43 focus group participants. This report is based on three research questions. 1) What are the specific needs of the LGBTQ community that are not being met? 2) Are there gaps in programs and services within the larger Edmonton community, and if so, what are they? 3) How can existing community support services be more responsive to the needs of the LGBTQ community?

The findings of this report indicate that there are vast gaps in adequate services and service provision for LGBTQ people across a wide variety of sectors. The literature shows that these barriers have to do with the heteronormativity that exists in society—that is societal assumptions of heterosexuality as the norm—and the heterosexism and LGBTQ-phobia that results from this. Key areas of concern for LGBTQ people found in the literature include within: health care; athletics/sports; domestic violence supports; homeless youth supports; seniors' housing; education; labour market; and refugee supports.

Many of the findings of the literature review were echoed in the key informant interviews and focus group discussions. The Edmonton-specific needs and concerns mentioned by both focus group participants and key informants include:

- Establishing LGBTQ-inclusive policies and practices across service agencies, including providing cultural competency training to staff and professionals.
- Meeting diverse and holistic needs of LGBTQ people, including taking into consideration the intersections of gender/sex/ethnicity/culture/age/socio-economics.
- Increasing program access, including providing information on what programs are LGBTQ-affirming; and having diverse locations for programming.
- Increasing program sustainability, including providing more predictable funding to existing programs.

- Increasing collaborations and partnerships at multiple levels of society, including within existing LGBTQ organizations, and between the private, public, and non-profit sectors.
- Establishing specialized services for LGBTQ people in key areas, including: health care; housing/shelters; athletics/sports; networking/mentorship opportunities; newcomer/minority supports; and family/youth programming.
- Sharing and continuing research on the LGBTQ population of Edmonton.

Based on the findings of the research report, five key recommendations are put forward for government, organizations, and agencies to better meet the needs of Edmonton’s LGBTQ communities. The recommendations are as follows:

- I. The Government of Alberta, City of Edmonton, and Edmonton Community Foundation should mandate that all funded institutions, organizations, agencies, and programs implement inclusive LGBTQ policies and practices.
- II. The City of Edmonton, Edmonton Community Foundation, and other funding organizations in Edmonton, should provide sustainable funding to Edmonton’s LGBTQ organizations by implementing a “Rainbow Fund” within their association.
- III. The City of Edmonton should facilitate the establishment of an LGBTQ advisory committee that is representative of the diverse communities, organizations, and people that make up this population.
- IV. LGBTQ organizations in Edmonton should mutually establish a one-stop online resource that provides the public with information on current and available LGBTQ-affirming supports.
- V. Research relating to Edmonton’s LGBTQ communities should be disseminated and continued.

Introduction

The lesbian, gay, bisexual, transgender, and queer (LGBTQ)¹ population in Canada have made significant strides in equality and legislative protections since the 1970s. Several anti-discrimination policies and legislative measures have been implemented to protect lesbian, gay, bisexual (LGB) people, including through changes to the *Canada Human Rights Act* in 1996 and to the *Criminal Code of Canada* in 2004 (Makarenko, 2007; Alberta Employment, 2010, p. 3). Additionally, in Alberta the government amended the *Alberta Human Rights Act* in 2015 to include gender identity and gender expression as prohibited grounds of discrimination, thereby expanding provincial protections to transgender individuals (Alberta Human Rights, n.d.).

In terms of the statistical representation of the LGBTQ population, data varies from different sources, and is significantly limited. Limitations relate to the discrimination and prejudice LGBTQ people face, making them less likely to disclose information on their sexual orientation or gender identity (Lorenzetti, Wells, Callaghan, & Logie, 2015, p. 8). In addition, because of the very recent progress in legislation, data on this population has only recently been collected.

The federal government provides data on same-sex couples through the Census. For Edmonton, 2011 Census of Canada data indicates that there are 2,315 same-sex couple families, the majority of which (2,120) live without children (Statistics Canada, 2015). However, this information leaves out individuals that identify as bisexual, but may be in an opposite-sex relationship, as well as single individuals and people that identify as transgender or queer. Alternatively, data from the 2003 Canadian Community Health Survey found that 1.2 percent of Albertans (or 23,400 individuals) identified as LGB (Statistics Canada, 2004).

This research report uses three research questions to analyze the needs, gaps in services, and possible solutions, for Edmonton's LGBTQ communities. As will be explored in detail in this report, despite progress in legislation, challenges remain for LGBTQ people in attaining adequate and appropriate services. The findings of this report were gathered through a literature review, key informant interviews, and focus group discussions.

¹ Please see Appendix I for a full list of definitions and terminology.

Methodology

The qualitative research report is based on findings gathered through three methods. First, an extensive literature review was conducted, which highlighted key themes to needs and gaps in services for LGBTQ individuals. While finding literature with an Edmonton context was often difficult or nonexistent, the available research shows that much of the barriers LGBTQ individuals face in other Canadian cities are relevant to Edmonton as well.

Second, 16 key informant interviews were conducted from mid-March to mid-April 2016.² These interviews were conducted with individuals that either had a history of advocacy among Edmonton's LGBTQ communities; had professional backgrounds that fit with the themes revealed from the literature review; and/or directly provided services to LGBTQ individuals in Edmonton. Some suggestions on key informants were also provided by the Edmonton Community Foundation, as well as individuals who had either been in contact with us to learn about the project or who had participated in a key informant interview themselves. The key informant interviews were conducted either by telephone or in person, and followed a semi-structured outline with the same questions asked in the focus group interviews (outlined below).

Third, four 90-minute semi-structured face-to-face focus group sessions were held from April 5, 2016 to April 12, 2016. In total, there were 43 focus group participants, with nine to 12 participants per focus group.³ The call for focus group participants was sent two-to-three weeks in advance of each group. After an initial call out, times for some of the groups were moved from an afternoon slot to an evening slot, to better meet the schedules of more participants. Notice of focus groups were sent to all major LGBTQ service providers, as well as to LGBTQ-friendly services.⁴ In addition, key informants distributed our call for focus group participants among their networks; and we also distributed the call among our network at the Edmonton Social Planning Council, as well as through our social media (Twitter, LinkedIn, and Facebook).

² Please see Appendix II for list of key informants.

³ Two of these focus group interviews were conducted over the phone to accommodate individuals unable to make the group in person.

⁴ These services were identified through the Family Centre's Rainbow Pages: http://www.the-family-centre.com/tinyimageuploads/source/LGBTQ_Rainbow_Pages_Edition2_WEB.pdf.

The focus groups were split into four different categories to create environments that foster discussion while allowing participants to feel comfortable. One potential problem identified was having advocates/experts in the same group as marginalized/minority individuals, and having some voices silenced over others. Therefore, we split these groups into two separate categories, and also created a youth group following the request of the Edmonton Community Foundation.⁵ Finally, in order to have voices that were outside of these groups represented, and also taking into consideration the research limitations of this study (time, funds, space, etc.), we created a group titled “Other” to encompass all other individuals. Individuals were asked to self-identify with which group they felt they were a member of and wanted to participate in. Three of the focus groups were held at the Edmonton Social Planning Council office, while the youth group was held at the Pride Centre of Edmonton, following efforts to select safe and appropriate spaces. Consent forms were provided to participants of each of the focus groups. In addition, participants were provided with a \$50.00 honorarium to a major retailer for their contributions.

Research Questions

1. What are the specific needs of the LGBTQ community that are not being met?
2. Are there gaps in programs and services within the larger Edmonton community, and if so, what are they?
3. How can existing community support services be more responsive to the needs of the LGBTQ community?

Ethics

This study received ethics approval through a Second Opinion Review by ARECCI: A Project Ethics Community Consensus Initiative on March 14, 2016.

⁵ Youth are identified in this study as individuals between 16 to 24 years of age, in accordance with definitions of the Alberta government: <http://www.humanservices.alberta.ca/documents/Enhancement-Act-Policy-Manual.pdf>

Findings

Cultural Competency and Sensitivity Training

Having holistic LGBTQ sensitivity and cultural competency training for support workers and staff across service agencies was identified by most informants as key to properly address and meet the needs of LGBTQ individuals. Individuals noted that such training should enable providers to address multi-faceted concerns, to mitigate the dominant heteronormativity that exists in service agencies, and to establish environments that celebrate LGBTQ people in all of their diversity.

A few informants noted that while many providers in non-LGBTQ specific services understand their knowledge gaps, they are afraid to disclose such information because of fears of being labeled “offensive”; or may not know how to get the training they need. In addition, several informants noted that while there is a high demand for competency training, the resources are not often available within workplaces, which means the burden falls on the individuals. Therefore, mandatory LGBTQ sensitivity and cultural competency training across services was recommended by most informants. Informants recommended that this training take place on an active bases to address staff turn-overs, and keep remaining staff knowledgeable.

Program Access

Many informants and focus group participants noted barriers in access to existing services for LGBTQ people. Challenges such as navigating systems and getting information on what services currently exist for LGBTQ youth in particular were mentioned as key concerns. Improving access to existing services through information sharing between organizations and with the public was noted as important to mitigating this problem. Several recommendations were provided to this effect:

- A public resource list of LGBTQ-affirming service providers should be developed.
- Information on sexual and gender minorities, including resources available for LGBTQ people, should be included in all existing sources distributed by service providers (such as pamphlets, tool-kits, and online sources), to universally help those in need through relatively low-cost and effortless means.

In addition, several focus group participants and key informants recommend that organizations review their policies and practices to ensure that LGBTQ individuals have equal access to services and

feel welcome and comfortable accessing services. Individuals noted that if there exist barriers to service because of one's sexual or gender identity/expression, then changes need to be made at an internal level. To this end, several policies and practices were recommended:

- Anti-discrimination policies should be implemented within organizations to prevent discrimination based on sexual or gender identity/expression and allow LGBTQ individuals to feel welcome within institutions.
- In-take forms should include more than binary options; and staff should use inclusive language, such as asking for pronoun preferences.
- Programs and facilities should be more inclusive and not be segregated in binary genders.
- Organizations should hire LGBTQ-identifying individuals, or those who have experience working with LGBTQ individuals, to create more inclusive environments.
- LGBTQ competent organizations should identify themselves as safe spaces.
- Organizations should show solidarity by supporting and mainstreaming LGBTQ programs through participation in, and support for, LGBTQ initiatives in the city.
- Images advertised by organizations should be representative of diverse sexual/gender/ethnic/cultural identities, including representations of diverse family models.
- Service agencies should provide evaluation forms to anyone who uses their service so that LGBTQ individuals can provide feedback on whether their experience was inclusive and sensitive to their needs.

Program Diversity

The need for services that can target and be encompassing of diverse and holistic sexual/gender/ethnic/age/geographic/socio-economic needs was also noted by many informants and focus group participants. Indeed, the significance of viewing the LGBTQ population not as a coherent “community,” but as diverse “communities” with diverse needs was mentioned as very important.

Youth:

Many key informants and focus group participants spoke of gaps in youth services. For instance, one participant stated that parental permission requirements and lack of information on services create barriers for youth, including barriers to ID access. Additionally, one participant noted the need for more on-call youth workers to help struggling youth.

Minorities:

Many key informants and focus group participants noted gaps in intersectional services that are inclusive of both LGBTQ identities and diverse ethnic/cultural identities. Participants noted the need to establish more diverse LGBTQ supports that can meet the needs of ethnic minorities, indigenous people, refugees, individuals with religious values, and marginalized and impoverished people.

“There’s a lot of diversity in the community but is not seen because the poster child for a gay person is a 20-year old white male.”

Seniors:

A few key informants and focus group participants spoke of gaps in support services for LGBTQ seniors, and particularly for seniors experiencing poverty.

Families:

Family supports were identified as a need by a few informants and focus group participants. These include parent groups, couple groups, and children groups (particularly for transitioning children). In addition, a few focus group participants noted gaps in access to fertility clinics.

LGBTQ:

A few key informants and focus group participants spoke of gaps in diverse LGBTQ supports that meet the needs of transgender individuals, queer males and queer females, aromantic and asexual individuals, non-binary and questioning individuals, and intersex individuals.

Location:

A few participants and one informant also noted the need for more geographically diverse services that operate outside of the downtown core and university campus. For instance, a few participants spoke of the gaps in supports for LGBTQ individuals in rural towns and small cities, stating that LGBTQ individuals have to travel long distances to get supports in Edmonton which “can be dangerous for a kid.” On the other hand, one focus group participant stated the need for services to be more centralized and operate from a single location.

Program Sustainability

Access to sustainable funding was identified by most informants and focus group participants as very important to maintaining and further developing existing community programs and services.

Individuals noted that because funding is largely short-term and donor or grant based, meeting the holistic needs of vulnerable individuals, and/or addressing systemic issues, becomes difficult. One participant recommended creating a “rainbow fund” within funder organizations to provide the LGBTQ communities the funding they need for services

Several informants provided recommendations on areas funders, including the Edmonton Community Foundation, should take into consideration when providing funding in the community. First, informants recommended that funders only work with those organizations that are LGBTQ-competent and have a real interest in serving the LGBTQ population. Second, informants recommended that funders ensure that the programs they are funding are not in competition with existing programs. Finally, informants recommend that funders mandate that those who receive funding make real efforts to collaborate with existing LGBTQ organizations in the community, and provide evidence of this collaboration, as informants noted LGBTQ organizations have valuable knowledge on this population that they can share.

Program Collaboration and Partnerships

Most key informants and several focus group participants noted the importance of collaboration and partnerships at different levels of service provision as very important to meeting the needs of LGBTQ communities and providing effective responses. This includes collaboration not only between community agencies, but holistic partnerships that include the non-for-profit, public, and private sectors.

Holistic Partnerships:

Holistic partnerships was noted as important on several grounds. First, it was noted this would prevent duplication of LGBTQ-specific programs and services. Second, collaboration between agencies would increase capacity since a single organization would not have to provide all the work in an area. Third, such partnership would spread greater awareness between service providers on the resources that currently exist, and therefore fill information gaps and create better access to services. Finally, collaboration would increase public understanding of LGBTQ issues and create more inclusive environments for LGBTQ people.

Government and LGBTQ Communities' Collaboration:

Recommendations were also provided on ways in which collaboration efforts can be increased between different levels of government and LGBTQ communities. For instance, one informant

recommended establishing an LGBTQ Advisory Committee within the City of Edmonton. Additionally, another informant recommended having an LGBTQ “advocate” represented within the Government of Alberta, to ensure the needs of LGBTQ individuals are met.

LGBTQ Communities’ Facilitation:

Recommendations were also provided on ways in which existing LGBTQ organizations can increase facilitation efforts. For instance, one informant recommended establishing a “United Way” model for the LGBTQ community, whereby executives from each of the LGBTQ organizations work together to mutually undertake needs assessments and advocate for funding. Moreover, another informant recommended creating a “one stop” HUB model for services, which would provide LGBTQ individuals access to multiple services and connect them with the resources they need.

Health Care

The need for more health care professionals serving LGBTQ people was identified as critical by many informants and focus group participants, who noted long waiting lists for anyone trying to receive such services in Edmonton. This is problematic, as research shows that LGBTQ people are significantly disadvantaged in health when compared to the broader Canadian population, including being at increased risk of physical and mental health concerns, and face unique sexual health challenges (Mulé, 2015; Public Health, 2012; Globerman & Mitra, 2014). Specific health care needs mentioned by focus group participants include: mental health and counselling supports; sexual health, including STI testing services; gender reassignment surgery (GRS) specialists that can serve transgender individuals; end-of-life care; and more supports and awareness around intersex individuals.

Health concerns of LGBTQ individuals are negatively impacted by the discrimination and harassment they face in society, including as a result of environments that foster homo/bi/transphobia, and from individuals internalizing these forms of discrimination. Indeed, research has found that Canadians who identify as LGBTQ are more likely to utilize mental health services, suggesting that mental health concerns are more common among the LGBTQ population than in the general population (Public Health, 2012; Globerman & Mitra, 2014). In particular, suicide among LGBTQ youth is of particular concern, and is found to be the leading cause of death among this population (Wells, 2015). In fact, a recent Government of Alberta publication found that 18 percent more LGBTQ youth had suicidal thoughts, and 15 percent more “LGBTQ students reported self-harming,” when compared to responses from heterosexual youth (Alberta Human Services, n.d.).

Transgender individuals face unique health challenges as they make their transition, including particular services required for this transition. In Alberta, the government funds the final stage of gender reassignment surgery (GRS) through the GRS Program for Alberta residents who are 18 years of age or older and who are diagnosed with Gender Identity Disorder (GID) (Alberta Health, 2012). Barriers in service for transitioning individuals in Alberta include long wait lists to see a psychiatrist for transition purposes, because of the limited number of specialized practitioners providing this service (Schowalter, 2014). These barriers were echoed by several focus group participants.

There are also concerns when LGBTQ individuals reach out to health care providers for their sexual health needs, as they encounter stigma and discrimination because they do not conform to stereotypical notions of femininity and masculinity (Public Health, 2012). Such stigma and discrimination leads LGBTQ individuals to withhold information on their sexual health status and sexual orientation, which compromises health practitioners' ability to provide adequate health care services for these individuals (Public Health, 2012; Beagan, Fredericks, & Bryson, 2015). Such instances increase the vulnerability of LGBTQ individuals, exposing them to a higher risk of STI/HIV infection (Public Health, 2012). In fact, Alberta Health (2015) found that Edmonton has the highest rate of HIV infections in Alberta, with 8.8 cases per 100,000 people. Of the findings, men who have sex with men were found to be more highly at-risk to getting the infection.

Other barriers for adequate health care relate to health care practitioners' lack of knowledge, biases, and negative attitudes towards LGBTQ people (Globerman & Mitra, 2014; Mulé & Smith, 2015). For instance, one key informant identified the lack of training medical professionals receive on LGBTQ issues as impeding adequate health care because of doctors being uncomfortable treating patients, and patients withholding information on their LGBTQ identity. In fact, focus group participants noted that this lack of training creates barriers because patients "are not asked the right questions," and are also not coming "out" to their health care provider, which impedes the level of care physicians can provide.

"The conversation I had with my doctor was very absurd because she was asking me bizarre questions. Even as someone who has so many supports and advocates for these things, I don't want to talk to my doctor about that because she's a jerk."

Several informants and focus group participants recommended that a LGBTQ health resource or program be established to address holistic health care needs of individuals. Several examples of such a resource were provided. For instance, developing a centralized medical database or facility with “LGBTQ friendly staff” was identified as a resource that could serve the comprehensive needs of transgender individuals. Additionally, developing a “specialized helpline” to answer the questions of LGBTQ people was also identified. Moreover, establishing services that address the holistic health needs of youth, including sexual and mental health, was also noted.

Housing:

Safe and affordable LGBTQ housing options was mentioned as a gap by many informants and focus group participants, who stated that individuals currently face discrimination and harassment in existing systems. In particular, the need for holistic or life-cycle housing options was noted as very important.

Seniors:

Several focus group participants and key informants noted gaps in safe and inclusive LGBTQ seniors housing. In Canada, there are currently no facilities that are specifically targeted for LGBTQ seniors (Tang, 2015, p. 4), although there are currently efforts underway to implement LGBTQ-exclusive seniors housing in Edmonton (Dubois, 2015).

A few participants and informants noted that seniors are going “back into the closet” because they are placed in residence that increase their vulnerability and expose them to “bullying.” These findings are consistent with the literature, as research shows that LGBTQ seniors receive inadequate care because of the discrimination and prejudice they face. For instance, LGBTQ seniors feel pressured to conceal their sexual orientation and gender identity from staff and residents in seniors housing, and are less trustful of medical professionals, because of the wrongs they have historically been subjected to. Moreover, heterosexism and cis-genderism exists in services, for example through in-take forms that ask about a wife or husband rather than a partner. Finally, LGBTQ seniors face discrimination in nursing homes, including as a result of staff members requesting they conceal their LGBTQ identity for the comfort of others, thereby pressuring LGBTQ seniors “back into the closet” (Tang, 2015).

A report titled Pride Seniors Project was completed in Edmonton, Alberta to assess the housing needs and preferences of LGBTQ peoples aged 55 and older in the city. The researchers identified four key implications of their study, including: a diversity in the needs of this population; more favourable preferences among respondents to living at home (or in a similar environment); and the importance of having inclusive living environments for LGBTQ seniors (Goldblatt & Horne, 2015).

Youth:

Many informants and focus group participants spoke of gaps in safe and inclusive LGBTQ youth housing. Research shows that LGBTQ youth face high rates of homelessness, with around 30 to 50 percent of homeless youth self-identifying as LGBTQ (Alberta Human Services, n.d.). The significance of this issue extends beyond just youth, as it has been found that many adults who are homeless first became homeless as young people (Collins, 2013).

Informants and focus group participants mentioned specialized housing option as a need for LGBTQ youth who flee their homes because of unsafe family circumstances, and who become further segregated because current shelter systems are either unsafe for them or filled to capacity. These findings are similar to those from other research studies. For instance, Abramovich (2012) completed an extensive literature review of LGBTQ youth homelessness in Canada, and found that family is the main cause of youth homelessness. Moreover, LGBTQ homeless youth face unique threats on the streets and in the shelter system because of their LGBTQ identity, including homo/bi/transphobia that results in discrimination, harassment, and assault. In fact, it has been reported that agencies deny services to youth for reasons relating to their LGBTQ identity.

Moreover, gaps were mentioned in housing support for youth who reach the age of majority and are no longer accepted by youth shelters. In particular, one informant mentioned that such factors as particularly problematic for in-care youth who lose government assistance at age 18, and are not accepted by youth shelters either. Hence, establishing independent living and housing options for youth between 18 to 24 years of age was mentioned as another gap that needs to be addressed.

“I’ve been in-care for years through youth services and struggled with people threatening me for who I am. When I talked to the staff they did not know what to do with it. It’s hard in general to go to youth shelters because they don’t have a lot of beds or spaces. It’s hard, really hard.”

Domestic Violence:

A few informants and focus group participants noted gaps in LGBTQ-inclusive domestic violence supports, such as shelters. Research shows that the rate of domestic violence amongst LGBTQ couples is as high, or even higher, a rate than in heterosexual relationships (Ristock, 20015). This is demonstrated by Government of Alberta figures, which indicates that 21 percent more bisexual individuals, and eight percent more gay and lesbian people reported domestic violence victimization when compared to figures of heterosexual individuals (Alberta Human Services, n.d.).

In their report, Lorenzetti, Wells, Callaghan, & Logie (2015) note unique risks that LGBTQ people face which may lead to relationship violence. These have to do with heteronormativity in society and the corresponding heterosexism, homo/bi/transphobia associated with it. Such oppression may be internalized by individuals resulting in hatred of one’s self and/or partner, and ultimately contribute to relationship violence.

Informants and focus group participants noted that because services currently operate through heterosexist frameworks, they do not serve the needs of LGBTQ people. In particular, several people mentioned challenges for lesbian couples who may come in contact with their partner in current shelter systems; as well as challenges for male victims who lack domestic violence supports due to programming being “gendered.”

This scenario is also demonstrated in the literature. For instance, Ristock (2005) notes that because language is often presented in heteronormative terms, services fail to consider LGBTQ relationship violence. These factors lead to society neglecting LGBTQ experiences in relationship violence, and thus hinders “both prevention and intervention efforts” (Lorenzetti, Wells, Callaghan, Logie, & Koziy, 2014, p. 4). In addition, Lorenzetti, Wells, Callaghan, Logie, & Koziy (2014) note that

because domestic violence support and intervention services are framed by traditional notions of male as abuser and female as victim, it can deter LGBTQ people from seeking such services.

Other barriers to service provision include LGBTQ-phobia and discrimination within services and social systems, which may deter victims from seeking help from service providers and authorities (Ristock, 2005). Moreover, having to “come out” about one’s LGBTQ identity when obtaining services may make those individuals who are “in the closet” reluctant to seek such supports (Lorenzitti, Wells, Callaghan, Logie, & Koziey, 2014).

Transgender:

A few informants spoke of the need to house transgender people in particular. For example, one informant mentioned that housing for adults who transition later in life is a “huge problem” as these individuals will often lose resources, such as their jobs and family supports, when they begin their transition. Informants also noted barriers transgender individuals face in existing shelter systems, including through in-take forms that only have binary gender options, and spaces that are gendered (such as washrooms and sleeping areas). One informant stated such barriers are leading some transgender people to “sleep rough” instead of accessing existing shelters. Indeed, research shows that for transgender homeless youth in particular, discrimination from shelter systems is a real concern, and is compounded when staff are not properly trained or know how to approach transgender-specific needs (Abramovich, 2012).

In addition, one informant noted gaps in access to identity documents (ID) for transgender individuals who require legal name changes or gender marker changes. The informant stated that because of the cost of changing ID information, barriers are created for transgender individuals, including barriers in employment, mental health issues, and homelessness. The informant recommended that ID changes should be provided at no cost for transgender individuals.

Refugees:

Housing supports for homeless LGBTQ refugees was also noted as important by one informant.

Athletics and Sport

Several informants noted gaps in athletics and sports options for LGBTQ people. One informant stated that such options are necessary because individuals “don’t feel safe” participating in current

environments. While there are some programs being delivered specifically for LGBTQ people through Team Edmonton, several informants noted the need for additional support. In addition, one informant noted that while current programming provided by Team Edmonton is “trans-friendly,” it is also sex-segregated, which creates barriers for transgender people.

Griffin (2012) argues that sports and athletics are mired in sexist paradigms that bolster stereotypical notions of masculinity and femininity. Krane, Barak, & Mann (2012) state that the division of teams in female/male binaries means that players must conform as one of the two and behave in ways that correspond to stereotypical gender and sexuality norms. Such factors have negative implications for LGBTQ peoples who contravene normative notions of sexuality and gender, exposing them to homo/bi/transphobia through harassment, discrimination, and even assault in sporting environments (Griffin, 2012, p. 7; Birch-Jones, 2014). Such prejudice can lead to health concerns for LGBTQ individuals, such as “victimization, substance abuse, and suicide” (Block, 2014, p. 21).

A recent study examined the inequities LGB people face in sports in several English-speaking countries, including Canada. It found “consistent homophobic discrimination in sporting culture,” along with substantial barriers for LGB participation in sport (Denison & Kitchen, 2014, p. 72). A key problematic area for instances of homophobia in Canada was found to be in physical education classes. Canadians surveyed in the above mentioned study were more likely than those surveyed in other countries to say that physical education classes were homophobic (Out on the Fields, 2014).

Scholars have indeed found that physical education curriculum “supports hegemonic masculinity and drives some students to underperform” (Block, 2014, p. 21-22). Some scholars argue that physical education bolsters normative gender and sexuality roles and relations, instilling these behaviours in students. Such practices can lead to negative implications for LGBTQ students and deprives them of meaningful experiences for learning and growth (Block, 2014).

Focus group participants and informants put forward recommendations to address gaps LGBTQ individuals face in sports and athletics. First, businesses and gyms should dedicate “safe times” for LGBTQ programming. Additionally, having services available across Edmonton rather than just the city core, and having a broad range of hours, was noted as important to create more accessibility and serve a diversity of individuals. Moreover, one informant mentioned the need for gender neutral change rooms and “dividers” in existing change rooms as a gap in services.

Networks and Mentorships

The need to connect with like-minded individuals in safe environments was noted by many informants and focus group participants as very important. Informants stated that developing such relationships are crucial to building one's identity and bettering one's health, and noted the importance of connecting people through current activities available or services provided. Indeed, several participants stressed the need for alcohol-free networking opportunities for a variety of age groups.

In addition, several informants and focus group participants identified the need to help youth in their identity development through mentorship opportunities as very important. Individuals noted that forming one's identity in a largely LGBTQ-phobic society, and in unsupportive family environments, leads to significant risks for youth, including mental health issues and homelessness. In addition, it was noted that LGBTQ youth are often void of role-models, which contributes to their further isolation and vulnerability. It was also mentioned that current opportunities are "sexually charged" with a lot of "drugs and substance use."

Recommendations on youth mentorship programming were identified by focus group participants and informants. First, one informant recommended that healthy relationship opportunities should be provided for all youth that "lack supportive relationships," and not just youth that identify as LGBTQ, since some young people will not self-identify until later in life. Moreover, few focus group participants noted "intergenerational" mentorship opportunities between youth and seniors as something that would be beneficial. In addition, another informant recommended peer-to-peer mentorship opportunities for vulnerable youth, stating:

"I will find young adults who have succeeded through our program to come back—through volunteer or part-time work—and mentor youth. It is credible because they were there. We need to think about those kinds of models. We need to build on the successes in the city. Help those young adults now and build sustainable programming."

Employment and Professional Development

Many focus group participants noted gaps in supports for LGBTQ people in the workplace, particularly in the private sector. Participants stated that anti-discrimination policies and practices need to be established in the private sector to protect LGBTQ individuals. Indeed, several participants spoke of the barriers they have personally experienced in employment because of their LGBTQ identity, with one participant stating: “My previous employers didn’t accept me. I was fired because of my sexuality.”

Research indicates that discrimination against LGBTQ people in the work environment can arise in the form of “hostility, unequal treatment, social isolation, homophobia, transphobia and violence” (LGBTQ, n.d.). In the workplace, formal discrimination can be perpetrated in how employment decisions are made, including in “hiring, same sex partner benefits, and wages” (Alberta Employment, 2010, p. 12). In addition, informal discrimination can be perpetrated through adverse work environments that foster “verbal harassment, damage of personal property and disrespect” (Alberta Employment, 2010, p. 12).

In Canada, barriers continue for LGBTQ people in the labour market, which is demonstrated in one study that analyzed the experiences of LGBTQ employees. The study found that the main contributors that impeded career development for LGBTQ people were: a gap in understanding of LGBTQ issues; unfair treatment; and being left out of networking opportunities. However, researchers indicated that individuals hired in companies with inclusive policies and practices were more likely to be happy with their employee experiences and work environments (Silva & Warren, 2009).

In an additional study, researchers used data from the 2006 Census of Canada to determine wage gaps among sexual minority individuals. Waite & Denier (2015) found that differences exist in wages based on sexual orientation. They noted that “disadvantage by sexual orientation is nested within gender,” with men making more than women, heterosexual men making more than gay men, and lesbians making more than heterosexual women (p. 14-15). The researchers indicate, however, that the public sector provides more equal wage distribution because of the vast anti-discrimination legislation and “less discretionary remunerative policies” (Waite & Denier, 2015, p. 15).

In addition, a few focus group participants spoke of gaps in professional development training for LGBTQ individuals, particularly for youth. For instance, one participant noted the need to create more opportunities for youth to develop professional skills, build confidence and therefore prevent high levels of drug use amongst this demographic.

Newcomer Supports

Several informants and focus group participants noted challenges in access to resources for LGBTQ newcomers. Individuals stated this as particularly important because of the increase in refugees arriving in Edmonton.

Informants identified several barriers to service access for these populations. First, newcomers face challenges because of language barriers and not having information on available services. Second, newcomers may be reluctant to access existing refugee services because of the religious affiliation of some services. Finally, existing resources fail to address the diverse identities of newcomers—including cultural/ethnic and LGBTQ identities—while existing LGBTQ community services seen as “too Anglo-Saxon or white.”

A study based on experiences in the Greater Toronto Area (GTA) observed LGBTQ refugees’ access to services after being settled in Canada. Areas of consideration that were noted by refugees include within the housing sector, labour opportunities, as well as health and mental health care. Participants of the study noted that their ability to attain services and employment was impeded by their status as an LGBTQ person, a refugee, or being on social assistance. In addition, unemployment, instability, and a general lack of access to services was noted as leading to considerable mental health problems for refugees (Canada Research, 2015).

Other issues noted by refugees included having to re-experience past traumatic events because of the burden of proof placed on them to provide evidence of their LGBTQ identity and the related persecution they went through in their country of origin. Refugees also noted providing such evidence as incredibly difficult. Moreover, refugees noted the challenges of having to choose between their LGBTQ identity and their ethno-cultural or religious identities when settling in Canada and seeking services and supports, which leads to further “isolation, violence and emotional distress” for refugees (Canada Research, 2015, 32-33).

Public School Supports

Supports for LGBTQ students, particularly transgender students, in the K-12 public education system was noted as a need by a several informants and focus group participants. Specifically, informants noted the Catholic School system as a place where these needs exist, and stated that a lack of education by staff and leaders on LGBTQ issues as the main reason barriers exist for LGBTQ youth. In

addition, one informant mentioned the need for comprehensive sexual health education for youth in the public education system as a need, stating that requirements for parental consent create barriers. Finally, one focus group participant identified the need for LGBTQ-inclusive education in the K-12 public school system as important to educating youth early on and exposing them to “LGBTQ values.”

In a report that analyzed the experiences of LGBTQ high school students in Canada, the authors put forth key findings on homophobic and transphobic experiences in the school place. Taylor & Peter (2011) observed responses from both LGBTQ and non-LGBTQ youth and found key concerns in school environments, including high rates of homophobic and transphobic comments, as well as verbal, physical, and sexual harassment against students because of their actual or perceived sexual and gender identity or gender expression. Students of LGBTQ status (64 percent) and those with LGBTQ parents (61 percent) also reported high rates of feeling unsafe at school. In particular, students mentioned physical education change rooms and washrooms as two places that were of primary concern for safety.

The formation of gay-straight alliances (GSAs) in the school place has particularly been noted as a positive development, creating safe and inclusive environments for both LGBTQ youth and their heterosexual counterparts (Fetner & Elafros, 2015). One study that analyzed the impacts of GSAs in schools found that those schools that had a GSA were also more likely to have supportive staff, and to have environments that were more inclusive and that fostered a diversity of friendship groups; while those without GSAs had students who reported feeling more secluded. Other benefits of GSAs in schools include: lower incidence of suicidal thoughts and behaviours among participants, and lower incidence of mental health problems and substance abuse among LGBTQ youth (Fetner & Elafros, 2015).

The establishment of LGBTQ-inclusive education in K-12 curriculum, policies, and practices was observed in a report titled “Every Teacher Project.” The project found that there existed a great deal of support and desire from teachers to implement LGBTQ-inclusive education across Canada, but that educators often lacked the knowledge and resources to implement such practices. In fact, the project found that while most assume religion prevents teachers from implementing LGBTQ-inclusive education, it was a “lack of training and fear of backlash” that impeded this (Taylor et al., 2015, p. 154-155).

In Edmonton, a public event titled “We are Listening—Sparking Public Conversation on GSAs” was presented in early 2015 by the City of Edmonton Youth Council, Pride Centre of Edmonton, Edmonton Social Planning Council, and Public Interest Alberta. The event allowed the public to provide input on their lived experiences of having, or being without, a GSA in schools (Edmonton, 2015). Shortly

thereafter, the Alberta provincial government passed legislation that required the implementation of GSAs in schools whose students ask for them (CBC, 2015). In addition, the province recently passed a new set of guidelines that directs school administrators to create inclusive environments through respecting “diverse sexual orientations, gender identities and gender expressions” (Alberta Education, 2016, p. 1).

Legal Supports

A few focus group participants noted gaps in legal supports for LGBTQ individuals.

Domestic violence cases:

A few participants stated that LGBTQ domestic violence cases are not given the same due process as heterosexual domestic violence cases are. In particular, one participant spoke of the fact that if the abuser is not a male, then “the violence is not taken as seriously.”

Correctional system:

A few participants spoke of gaps in supports for LGBTQ people in correctional systems, stating that current environments are not safe and inclusive to LGBTQ individuals. In particular, a few participants noted issues for transgender individuals who are either placed with a gender they do not identify with, or are placed in mental health facilities. Additionally, resources for LGBTQ individuals “transitioning back into the community” was also noted by one participant as a gap.

Common law:

One participant spoke of the need to ensure common law is applied to LGBTQ partners as well, so that couples can “be a part of the decision making when necessary.”

Media Representations

A few focus group participants spoke of problems LGBTQ people face because of representations in the media. For instance, a few participants noted that while LGBTQ people are being mainstreamed through media representations, giving the impression that things are “getting better,” there is a disconnect with reality, with one participant citing increases in murder of transgender individuals as evidence of that. Additionally, a few participants noted problems with the types of images representing LGBTQ populations, with one participant stating that media images of “fit bod[ied] white men ... exasperates a lot of other problems, like body image.”

Prevention Efforts

The need to reduce risk factors—or prevention over intervention efforts—and therefore reduce societal costs, was noted as important by several informants. Informants noted that reducing risks (such as mental health problems, homelessness, and suicide) involves creating more awareness, understanding, and welcoming environments for LGBTQ people at different levels of society, including within the family. To this end, one informant recommended that service agencies create environments that celebrate LGBTQ people, and provide families the information and support they need around LGBTQ youth, so that youth do not become homeless. Moreover, “connectedness, healthy relationships, [and] awareness of services” was noted as important to mitigating risks.

Research Dissemination and Continued Research

Most key informants and a few focus group participants stated that sharing research findings was very important for organizations to better provide services. In particular, there was an overwhelming interest by informants, as well as those who made inquiries with ESPC, that the information in this report be made public. Informants from a variety of fields, including at the non-profit, public, and academic level, noted a keen interest in the findings of this report for bettering service delivery, and providing community organizations with research-based evidence to support their advocacy efforts. In addition, one informant noted that research findings on the LGBTQ community should be archived through the City of Edmonton so that information on this population does not get lost.

Finally, several informants and a few focus group participants recommended that research on the LGBTQ population be continued so that diverse and changing needs may be addressed. Informants noted the importance of collecting data on the number of LGBTQ people accessing existing services and facilities; and hosting more focus groups so specific programs can be established to meet the needs of sub-populations, such as youth or seniors. Informants also noted the importance of such research being done by organizations across the city, and not only be the responsibility of the LGBTQ communities. Moreover, informants noted the importance of asking survey questions that are non-binary and inclusive so that diverse needs are addressed.

Recommendations

The following recommendations are based on the findings gathered in this report.

Recommendation I:

The Government of Alberta, City of Edmonton, and Edmonton Community Foundation should mandate that all funded institutions, organizations, agencies, and programs implement inclusive LGBTQ policies and practices.

This mandate should include holistic LGBTQ cultural competency and sensitivity training for professionals, staff, and frontline support workers. For instance, such training should be provided to physicians and physicians in-training. Furthermore, this training should be provided on an ongoing basis to address staff turn-overs and keep remaining staff knowledgeable; and should focus on both the diversities within the LGBTQ communities, as well as how intersecting social identities impact service provision and service access. Finally, this training should contribute to concrete changes in the policies and practices of organizations, ensuring that service providers create inclusive and celebratory environments for LGBTQ people.

Recommendation II:

The City of Edmonton, Edmonton Community Foundation, and other funding organizations in Edmonton, should provide sustainable funding to Edmonton’s LGBTQ organizations by implementing a “Rainbow Fund” within their association.

This funding should address the multi-faceted needs and concerns of the city’s LGBTQ communities, many of which were mentioned in this report. Additionally, funders should ensure that the programs they are funding are not in competition with existing programs; that those who receive funding have a genuine interest in serving the needs of the LGBTQ population; and that funded programs/organizations collaborate with existing LGBTQ organizations in the community, and provide proof of collaboration.

Recommendation III:

The City of Edmonton should facilitate the establishment of an LGBTQ advisory committee that is representative of the diverse communities, organizations, and people that make up this population.

This committee should increase collaborative efforts between different LGBTQ organizations, including facilitating mutual advocacy efforts for funding, and thereby eliminate competition between the various LGBTQ bodies. In addition, the committee should work with non-for-profit organizations, government, academia, and the private sector, to establish partnerships and ensure that the needs of LGBTQ communities are being taken into consideration at multiple levels in society.

Recommendation IV:

LGBTQ organizations in Edmonton should mutually establish a one-stop online resource that provides the public with information on current and available LGBTQ-affirming supports.

LGBTQ organizations should direct all individual and organizational inquiries to this online resource to increase public awareness of existing LGBTQ-affirming supports and services in the city. Additionally, the information from this online resource should be universally provided to all frontline Edmonton service agencies so that they may distribute the information to the public. Moreover, the online resource should have a live-chat option available so that individuals who wish to remain anonymous and have questions can talk to someone through a safe and discretionary medium.

Recommendation V:

Research relating to Edmonton's LGBTQ communities should be disseminated and continued.

Research undertaken on LGBTQ communities should be utilized at multiple levels in society, including at the public, private, academic, and non-profit sectors, to establish more efficient and inclusive policies and practices that will help alleviate many of the needs and concerns facing this population. Additionally, research on Edmonton's LGBTQ communities should be continued so that diverse and changing needs can be addressed; and so that professionals in multiple sectors have relevant and up-to-date data to improve service provision.

Appendix I: LGBTQ Terminology and Definitions

“LGBT, LGBTQ, LGBTQA, TBLG: These acronyms refer to Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Asexual or Ally. Although all of the different identities within “LGBT” are often lumped together (and share sexism as a common root of oppression), there are specific needs and concerns related to each individual identity” (Student Life).

“Ally: Typically any non-LGBT person who supports and stands up for the rights of LGBT people, though LGBT people can be allies, such as a lesbian who is an ally to a transgender person” (Student Life).

“Asexual: A person who generally does not feel sexual attraction or desire to any group of people. Asexuality is not the same as celibacy” (Student Life).

“Biphobia: Aversion toward bisexuality and bisexual people as a social group or as individuals. People of any sexual orientation can experience such feelings of aversion. Biphobia is a source of discrimination against bisexuals, and may be based on negative bisexual stereotypes or irrational fear” (Student Life).

“Bisexual: A person who is attracted to both people of their own gender and another gender. Also called “bi”” (Student Life).

“Cisgender: Types of gender identity where an individual's experience of their own gender matches the sex they were assigned at birth” (Student Life).

“Coming Out: The process of acknowledging one’s sexual orientation and/or gender identity to other people. For most LGBT people this is a life-long process” (Student Life).

“Gay: A person who is attracted primarily to members of the same sex. Although it can be used for any sex (e.g. gay man, gay woman, gay person), “lesbian” is sometimes the preferred term for women who are attracted to women” (Student Life).

“Gender expression: A term which refers to the ways in which we each manifest masculinity or femininity. It is usually an extension of our “gender identity,” our innate sense of being male, female, etc. Each of us expresses a particular gender every day—by the way we style our hair, select our clothing, or even the way we stand. Our appearance, speech, behavior, movement, and other factors signal that we feel—and wish to be understood—as masculine or feminine, or as a man or a woman” (Student Life).

“Gender identity: The sense of “being” male, female, genderqueer, agender, etc. For some people, gender identity is in accord with physical anatomy. For transgender people, gender identity may differ from physical anatomy or expected social roles. It is important to note that gender identity, biological sex, and sexual orientation are separate and that you cannot assume how someone identifies in one category based on how they identify in another category” (Student Life).

“Genderqueer: A term which refers to individuals or groups who “queer” or problematize the hegemonic notions of sex, gender and desire in a given society. Genderqueer people possess identities which fall outside of the widely accepted sexual binary (i.e. "men" and "women"). Genderqueer may also refer to people who identify as both transgendered AND queer, i.e. individuals who challenge both gender and sexuality regimes and see gender identity and sexual orientation as overlapping and interconnected” (Student Life).

“Heteronormativity: Lifestyle norm that insists that people fall into distinct genders (male and female), and naturalizes heterosexual coupling as the norm” (LGBTQ Campus).

“Heterosexism: Prejudice against individuals and groups who display non-heterosexual behaviours or identities, combined with the majority power to impose such a prejudice” (LGBTQ Campus).

“Heterosexual: A person who is only attracted to members of the opposite sex. Also called “straight”” (Student Life).

“Homophobia: A range of negative attitudes and feelings toward homosexuality or people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBT). It can be expressed as antipathy, contempt, prejudice, aversion, or hatred, may be based on irrational fear, and is sometimes related to religious beliefs” (Student Life).

“Homosexual: A clinical term for people who are attracted to members of the same sex. Some people find this term offensive” (Student Life).

“Intersex: A person whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male." For example: people born with both "female" and "male" anatomy (penis, testicles, vagina, uterus); people born with XXY” (Student Life).

“In the closet: Describes a person who keeps their sexual orientation or gender identity a secret from some or all people” (Student Life).

“Lesbian: A woman who is primarily attracted to other women” (Student Life).

“Non-binary: Describes a gender identity that is neither female nor male; 2) Gender identities that are outside of or beyond two traditional concepts of male or female” (LGBT Campus).

“Queer: 1) An umbrella term sometimes used by LGBTQA people to refer to the entire LGBT community. 2) An alternative that some people use to "queer" the idea of the labels and categories such as lesbian, gay, bisexual, etc. Similar to the concept of genderqueer. It is important to note that the word queer is an in-group term, and a word that can be considered offensive to some people, depending on their generation, geographic location, and relationship with the word” (Student Life).

“Questioning: For some, the process of exploring and discovering one's own sexual orientation, gender identity, or gender expression” (Student Life).

“Pansexual: A person who experiences sexual, romantic, physical, and/or spiritual attraction for members of all gender identities/expressions, not just people who fit into the standard gender binary (i.e. men and women)” (Student Life).

“Sexual orientation: The type of sexual, romantic, and/or physical attraction someone feels toward others. Often labeled based on the gender identity/expression of the person and who they are attracted to. Common labels: lesbian, gay, bisexual, pansexual, etc” (Student Life).

“Transgender: This term has many definitions. It is frequently used as an umbrella term to refer to all people who do not identify with their assigned gender at birth or the binary gender system. This includes transsexuals, cross-dressers, genderqueer, drag kings, drag queens, two-spirit people, and others. Some transgender people feel they exist not within one of the two standard gender categories, but rather somewhere between, beyond, or outside of those two genders” (Student Life).

“Transphobia: The fear or hatred of transgender people or gender non-conforming behavior. Like biphobia, transphobia can also exist among lesbian, gay, and bisexual people as well as among heterosexual people” (Student Life).

“Transsexual: A person whose gender identity is different from their biological sex, who may undergo medical treatments to change their biological sex, often times to align it with their gender identity, or they may live their lives as another sex” (Student Life).

“Two-Spirit: American Indian/First Nations/Native American persons who have attributes of both men and women, have distinct gender and social roles in their tribes, and are often involved with mystical rituals (shamans). Their dress is usually mixture of men’s and women’s articles and they are seen as a separate or third gender. The term “two-spirit” is usually considered to [be] specific to the Zuni tribe. Similar identity labels vary by tribe and include “one-spirit” and “wintke”” (Gender Equity).

“Please Note: It is very important to respect people’s desired self-identifications. One should never assume another person’s identity based on that person’s appearance. It is always best to ask people how they identify, including what pronouns they prefer, and to respect their wishes” (Student Life).

The above list is not meant to be a comprehensive one, and does not include the full-range of definitions and terminology used by the LGBTQ population. Therefore, we encourage you to visit additional sources for more comprehensive and updated definitions and lists of terminology.

Appendix II: List of Key Informants

Andre Grace, Director of Research, Institute for Sexual Minority Studies and Services (iSMSS)

Brian Hansen, Research Associate, SHIFT: The Project to End Domestic Violence

David Rust, Coordinator, Mental Health Community Action Plan

Ghalib Ahmed, Physician

Jackie Lee, Treasurer, Team Edmonton

Katie Wallbaum, Developer, Family Centre's Rainbow Pages

Kerry Maguire, Diversity Consultant, Edmonton Public School Board

Kris Wells, Faculty Director, Institute for Sexual Minority Studies and Services (iSMSS)

Kristy Harcourt, Education Coordinator, Pride Centre of Edmonton

Lane Gagnon, Developer, Family Centre's Rainbow Pages

Michael Phair, Coordinator, Pride Edmonton Seniors' Group

Mickey Wilson, Executive Director, Pride Centre of Edmonton

Murray Billet, Educator/Human Rights Activist

Patricia Grell, Trustee, Edmonton Catholic School Board

Sam Leibel, President, Society for Safe Accommodations for Queer Edmonton Youth (SAFQEY)

Shelley Williams, Executive Director, HIV Edmonton

References

- Abramovich, I. A. (2012). No Safe Place to Go: LGBTQ Youth Homelessness in Canada. *Canadian Journal of Family and Youth*, 4(1), 29-51. Retrieved from <https://ejournals.library.ualberta.ca/index.php/cjfy/article/view/16579/13220>.
- Alberta Education. (2016). Guidelines for Best Practices: Creating Learning Environments that Respect Diverse Sexual Orientations, Gender Identities and Gender Expressions. Retrieved from <https://education.alberta.ca/media/1626737/91383-attachment-1-guidelines-final.pdf>.
- Alberta Employment and Immigration. (2010). *What Works: Career-building strategies for people from diverse groups. A Counsellor Resource. Sexual Minorities*. Edmonton: Alberta Government. Retrieved from https://alis.alberta.ca/pdf/cshop/whatworks/ww_sexualminorities.pdf.
- Alberta Health. Alberta Health Care Insurance Plan. (2012). *Bulletin: Final Stage Gender Reassignment Surgery Program*. Retrieved from <http://www.health.alberta.ca/documents/AHCIP-Bulletin-Med-166A-2012.pdf>.
- Alberta Health. Surveillance and Assessment Branch. (2015). *Notifiable Sexually Transmitted Infections & Human Immunodeficiency Virus - 2013 Annual Report*. Edmonton: Government of Alberta. Retrieved from <http://www.health.alberta.ca/documents/STI-ND-Annual-Report-2013.pdf>.
- Alberta Human Rights Commission. (n.d.) In *Alberta Human Rights Commission*. Retrieved April 12, 2016, from <http://www.albertahumanrights.ab.ca/>.
- Alberta Human Services. (n.d.) *LGBTQ supports infographic*. Retrieved from <http://www.humanservices.alberta.ca/documents/LGBTQ-supports-infographic.pdf>.
- Beagan, B., Fredericks, E., & Bryson, M. (2015). Family physician perceptions of working with LGBTQ patients: physician training needs. *Canadian Medical Education Journal*, 6(1), e14–e22. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4563618/>.
- Birch-Jones, J. (2014). *Leading the Way: Working with LGBT Athletes and Coaches*. Canada: Canadian Association for the Advancement of Women and Sport and Physical Activity. Retrieved from http://www.caaws-homophobiainsport.ca/e/resources_caaws/documents/CAAWS_LeadingtheWay.pdf.

- Block, B. A. (2014). Supporting LGBTQ Students in Physical Education: Changing the Movement Landscape. *Quest*, 66(1), 14-26. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/00336297.2013.824904>.
- Canada Research Team of Envisioning Global LGBT Human Rights. (2015). *Envisioning LGBT Refugee Rights in Canada: Is Canada a Safe Haven?* Retrieved from <http://yfile.news.yorku.ca/files/2015/09/Is-Canada-A-Safe-Haven-Report-2015.pdf>.
- CBC News. (2015, March 11). Bill 10 to allow gay-straight alliances for any student in Alberta schools. *CBC News Edmonton*. Retrieved from <http://www.cbc.ca/news/canada/edmonton/bill-10-to-allow-gay-straight-alliances-for-any-student-in-alberta-schools-1.2989399>.
- Collins, S. D. B. (2013). From Homeless Teen to Chronically Homeless Adult: A Qualitative Study of the Impact of Childhood Events on Adult Homelessness. *Critical Social Work*, 14(2), 61-81. Retrieved from http://www1.uwindsor.ca/criticalsocialwork/system/files/Baker_Collins.pdf.
- Daley, A. E., & MacDonnell, J. A. (2011). Gender, sexuality and the discursive representation of access and equity in health service literature: implications for LGBT communities. *International Journal for Equity in Health*, 10(40), 1-10. Retrieved from http://download.springer.com/static/pdf/198/art%253A10.1186%252F1475-9276-10-40.pdf?originUrl=http%3A%2F%2Fequityhealth.biomedcentral.com%2Farticle%2F10.1186%2F1475-9276-10-40&token2=exp=1460146696~acl=%2Fstatic%2Fpdf%2F198%2Fart%25253A10.1186%25252F1475-9276-10-40.pdf*~hmac=9a9d734e7e215d4d772fcc4053ac3012d0b91197294843b4ba9e78859b3ce1a9.
- Denison, E., & Kitchen, A. (2014). *Out On The Fields: The First International Study on Homophobia in Sport*. Retrieved from <http://www.outonthefields.com/media.html>.
- Dubois, S. (2015, June 2). Facility for Edmonton LGBTQ seniors in the works. *Metro Edmonton*. Retrieved from <http://www.metronews.ca/news/edmonton/2015/06/02/facility-for-edmonton-lgbtq-seniors-in-the-works.html>.
- Edmonton Social Planning Council. *A summary of what was said on January 31, 2015: Winspear Theatre, Edmonton, Alberta*. Retrieved from <http://www.edmontonsocialplanning.ca/index.php/resources/digital-resources/a-escp>

[documents/a04-workshops-and-conferences/245-we-are-listening-sparking-public-conversation-on-gsas/file.](#)

Fetner, T., & Elafros, A. (2015). The GSA Difference: LGBTQ and Ally Experiences in High Schools with and without Gay-Straight Alliances. *Social Sciences, 4*, 563-581. doi: 10.3390/socsci4030563.

Gender Equity Resource Center. *Definition of Terms*. Retrieved from the University of Berkley website: http://geneg.berkeley.edu/lgbt_resources_definition_of_terms#heterosexism.

Globerman, J., & Mitra, S. (2014). *Facilitators and barriers to health care for lesbian, gay, and bisexual (LGB) people*. Retrieved from <http://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR79.pdf>.

Goldblatt, A., & Horne, T. (2015). *An Assessment of Housing Needs and Preferences among LGBTQ2S Seniors and Soon-to-be Seniors in Edmonton*. Retrieved from <http://www.ismss.ualberta.ca/sites/www.ismss.ualberta.ca/files/IntotheClosetAgainPrideSeniorsReport.pdf>.

Griffin, P. (2012). LGBT Equality in Sports: Celebrating our Successes and Facing our Challenges. In Cunningham, G. B. (Ed.), *Sexual Orientation and Gender Identity in Sport: Essays from Activists, Coaches, and Scholars* (1-13). Texas: The Center for Sport Management Research and Education. Retrieved from: <https://static1.squarespace.com/static/53e51960e4b0f38ca4081a61/t/53e827c1e4b00c61990ad538/1407723457426/Sexual+Orientation+and+Gender+Identity+in+Sport.pdf>.

Huncar, A. (2016, March 22). Advocates tackle LGBTQ discrimination in Edmonton seniors' homes. *CBC News Edmonton*. Retrieved from <http://www.cbc.ca/news/canada/edmonton/advocates-tackle-lgbtq-discrimination-in-edmonton-seniors-homes-1.3501497>.

Krane, V., Barak, K. S., & Mann, M. E. (2012). Broken Binaries and Transgender Athletes: Challenging Sex and Gender in Sports. In Cunningham, G. B. (Ed.), *Sexual Orientation and Gender Identity in Sport: Essays from Activists, Coaches, and Scholars* (1-13). Texas: The Center for Sport Management Research and Education. Retrieved from: <https://static1.squarespace.com/static/53e51960e4b0f38ca4081a61/t/53e827c1e4b00c61990ad538/1407723457426/Sexual+Orientation+and+Gender+Identity+in+Sport.pdf>.

LGBTQ. (n.d.) In *Canadian Labour Congress*. Retrieved April 12, 2016, from <http://canadianlabour.ca/issues-research/issues/lgbtq>.

LGBTQ Campus Center. *Trans, Genderqueer, and Queer Terms Glossary*. Retrieved from the University of Wisconsin website: https://lgbt.wisc.edu/documents/Trans_and_queer_glossary.pdf.

Lorenzetti, L., Wells, L., Callaghan, T., & Logie, C. (2015). *Domestic Violence in Alberta's Gender and Sexually Diverse Communities: Towards a Framework for Prevention*. Retrieved from http://preventdomesticviolence.ca/sites/default/files/research-files/Shift_Prevention_of_Domestic_violence_in_Gender_and_Sexually_Diverse_Communities_Feb2015_0.pdf.

Lorenzetti, L., Wells, L., Callaghan, T., Logie, C., & Koziy, L. (2014). *Preventing Domestic Violence in LGBTQ Communities*. Retrieved from <http://preventdomesticviolence.ca/sites/default/files/research-files/Preventing%20Domestic%20Violence%20in%20LGBTQ%20Communities.pdf>.

Makarenko, J. (2007). *Same-Sex Marriage in Canada*. Retrieved from <http://mapleleafweb.com/features/same-sex-marriage-canada>.

Mulé, N.J. (2015). Much to be Desired: LGBT Health Inequalities and Inequities in Canada. In J. Fish and K. Karban, (Eds.), *Lesbian, Gay, Bisexual and Trans Health Inequalities: International Perspectives in Social Work*. (pp. 27—43). Bristol: Policy Press.

Mulé, N. J., & Smith, M. (2015, April 15). LGBT People and Federal Health Policy: An Invisible Population? [Web log post]. Retrieved from <https://impactethics.ca/2015/04/15/lgbt-people-and-federal-health-policy-an-invisible-population/>.

Out on the Fields. (2014). *Summary for Canada on Homophobia in Sports*. Retrieved from <http://www.outonthefields.com/files/Summary%20of%20Canadian%20Results%20-%20Out%20on%20the%20Fields.pdf>.

Public Health Agency of Canada. Chief Public Health Officer. (2012). *The Chief Public Health Officer's Report on the State of Public Health in Canada, 2012*. Retrieved from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2012/index-eng.php>.

- Ristock, J. (2005). Relationship Violence in Lesbian/Gay/Bisexual/Transgender/Queer [LGBTQ] Communities: Moving Beyond a Gender-Based Framework. *Violence Against Women Online Resources*, 1-19. Retrieved from <http://www.mincava.umn.edu/documents/lgbtqviolence/lgbtqviolence.pdf>.
- Schowalter, K. (2014). State of Trans* in Alberta: Trans Day of Visibility Report 2014. *Trans Equality Society of Alberta*. Retrieved from <http://www.tesaonline.org/uploads/4/1/5/5/4155431/tesa-tdov-report-2014.pdf>.
- Silva, C., & Warren, A. K. (2009). *Building LGBT-Inclusive Workplaces: Engaging Organizations and Individuals in Change*. New York: Catalyst. Retrieved from http://www.catalyst.org/system/files/Building_LGBT_Inclusive_Workplaces_Engaging_Organizations_and_Individuals_in_Change.pdf.
- Statistics Canada. (2004, June 15). *The Daily. Canadian Community Health Survey*. Retrieved from <http://www.statcan.gc.ca/daily-quotidien/040615/dq040615b-eng.htm>.
- Statistics Canada. (Last updated 2015, November 6). *2011 Census of Canada: Topic-based tabulations*. Retrieved from [http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/tbt-tt/Rp-eng.cfm?TABID=2&LANG=E&APATH=7&DETAIL=0&DIM=0&FL=C&FREE=0&GC=0&GK=0&GRP=1&PID=102659&PRID=0&PTYPE=101955&S=0&SHOWALL=0&SUB=0&Temporal=2011&THEME=0&VID=0&VNAMEE=Conjugal%20status%20\(3\)&VNAMEF=](http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/tbt-tt/Rp-eng.cfm?TABID=2&LANG=E&APATH=7&DETAIL=0&DIM=0&FL=C&FREE=0&GC=0&GK=0&GRP=1&PID=102659&PRID=0&PTYPE=101955&S=0&SHOWALL=0&SUB=0&Temporal=2011&THEME=0&VID=0&VNAMEE=Conjugal%20status%20(3)&VNAMEF=).
- Student Life Spectrum Center. *LGBT Terms and Definitions*. Retrieved from University of Michigan website: <https://internationalspectrum.umich.edu/life/definitions>.
- Tang, K. (2015). *LGBTQ Seniors: Health, Housing and Social Support*. Retrieved from <http://www.ismss.ualberta.ca/sites/www.ismss.ualberta.ca/files/LGBTQSeniorsHealthHousingandSocialSupport.pdf>.
- Taylor, C., Peter, T., Campbell, C., Meyer, E., Ristock, J., & Short, D. (2015). *The Every Teacher Project on LGBTQ-inclusive education in Canada's K-12 schools: Final report*. Winnipeg, MB: Manitoba Teachers' Society. Retrieved from <http://egale.ca/wp-content/uploads/2016/01/Every-Teacher-Project-Final-Report-WEB.pdf>.

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. Retrieved from <http://egale.ca/wp-content/uploads/2011/05/EgaleFinalReport-web.pdf>.

Waite, S., & Denier, N. (2015). Gay Pay for Straight Work: Mechanisms Generating Disadvantage. *Sage*, 29(4), 561-588. doi: 10.1177/0891243215584761.

Wells, K. (2015). *GSA's and QSA's in Alberta Schools: A Guide for Teachers*. Edmonton: The Alberta Teachers Association. Retrieved from http://www.teachers.ab.ca/SiteCollectionDocuments/ATA/Publications/Human-Rights-Issues/PD-80-6_GSA-QSAGuide2015_Web.pdf.