

The Children's Aid Society of Toronto

Out and Proud AFFIRMATION GUIDELINES

Practice Guidelines for Equity in Gender and Sexual Diversity

EXPANDING the CIRCLE

Listening

Affirmation

Person-Centred

Equity



Because children depend on all of us



Written by Lorraine Gale
Coordinator, Out and Proud Program

Out and Proud Affirmation Guidelines:

Practice Guidelines for Equity in Gender and Sexual Diversity

The Children's Aid Society of Toronto (CAS of Toronto) is one of the largest board governed child welfare organizations in North America. Our vision is: "Leading with excellence and working in partnership, we will create a city where children are safe, families are strong, and communities are supported."

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Out and Proud Affirmation Guidelines

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Executive Summary

“When we hold our baby in the nursery for the first time, no one tells us that our baby might be gay. By the time we know who our children are, we may have hurt them in many ways. No one teaches us how to help and protect our gay or transgender children. We may think we can help by trying to change them – but we need to love them for who they are.”

*Mother of a 14-year-old transgender youth
(Ryan, 2009a, p. 1)*

Why do we need Guidelines?

When we see a new baby, we glance into the future. We want to know if the baby is a girl or a boy. Knowing this will shape how we view that child and what path we visualize for her or him.

We draw on vivid images to paint that future – we may see ourselves helping her make cookies or roti, or teaching him to play hockey or cricket. We see Adam and Eve, not Adam and Steve. We see a white wedding dress or a red wedding sari for a baby girl, not a tuxedo or kippah.

We have all absorbed variations of these themes from the broader society, our own cultures and faith traditions, and our own families. Whether the baby is a boy or a girl changes how we relate to the child, and what messages we instil about who she or he is, who she or he can be and what she or he can do.

As service and care providers at the Children’s Aid Society of Toronto (CAS of Toronto), we carry these ideas with us in every interaction with every child, youth or family we meet. While these ideas can open up a future to a child, they can just as easily close doors and constrain an emerging sense of self.

Our job in providing service and care to a child, youth or family is to open possibilities and encourage the best possible outcomes. Some of those outcomes will depend on whether the doors that relate to gender, sex or sexual orientation are opened up wide or shut tight.

Purpose of the Out and Proud Affirmation Guidelines

The *Out and Proud Affirmation Guidelines (Guidelines)* shape our work with children, youth and families. They are intended to guide us in four ways:

- (1) To reflect and **“re-vision” our ideas about girls and boys** – what they can do, who they can be, who they can grow up to love, and what messages we give a child about who they are.
- (2) To ensure our **practices promote positive outcomes** for all children, youth and families by being respectful, effective and encouraging authenticity, especially for those who may be lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer, questioning (LGBTIQ) or gender independent¹.

¹ We use “LGBTIQ” to refer to lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer, questioning, and other people who fall outside the expected “norms” relating to gender, sex and sexual orientation. “Gender independent” refers to individuals who do not conform to gender stereotypes and who do not currently identify as LGBTIQ; they may or may not adopt an LGBTIQ identify in the future. These terms are explored further in Chapter 2.

- (3) To create safe, affirming, inclusive **positive spaces** for children, youth and families to flourish in who they are and to express their genuine gender and sexual identities.
- (4) To eliminate stigma, bias, discrimination and oppression based on gender and sexual diversity, and to **achieve equity**, especially for LGBTIQ and gender independent people we serve.

The fundamental goal of the *Guidelines* is to ensure positive outcomes for all the children, youth and families we serve, in relation to gender and sexual diversity.

The *Guidelines* challenge us to create service and care supports that go beyond the “absence of discrimination” or a “tolerance” for diversity. Rather, we take the next step to value and nurture the uniqueness of who each child, youth or family is in relation to their gender and sexual identity and expression. The *Guidelines* further challenge us to explore and eliminate barriers inherent in the ways we do things that fail to recognize or value those unique qualities.

It is ultimately about “**re-visioning**” a kind of world that includes and values everyone in the circle, as they are, with all their uniqueness.

Who are the Guidelines for?

The CAS of Toronto developed these *Out and Proud Affirmation Guidelines* in response to queries from staff and foster parents for practical information about how to shape our policies into reality. They are intended for all staff, resource families (including foster, kin

and adoptive families) and volunteers who provide service or care for the children, youth and families we serve.

These *Guidelines* are also designed to be easily adaptable by other organizations and sectors serving or caring for children, youth and families.

About this initiative

The CAS of Toronto has a 20-year history of leadership within Canadian child welfare focused on striving for excellence in service and care for LGBTIQ and gender independent children, youth and families.

Through the specialized expertise we have developed through our *Out and Proud Program*, CAS of Toronto has worked to create positive spaces for all LGBTIQ people we serve or care for. This occurs within the context of an intensive anti-oppression/anti-racism policy and initiative at CAS of Toronto.

The *Out and Proud Program* researched and developed these *Out and Proud Affirmation Guidelines*, and continues to provide consultation, information, referrals, resource development, policy development, training, celebration and support within CAS of Toronto, as well as to external organizations.

We have endeavoured to create an approach to service and care that is:

- Evidence-based (to the greatest degree possible at this time, within the context of some gaps in research)
- Strength-based
- Rooted in anti-oppression and a commitment to pursue equity
- Based in values we already hold

- Comprehensive and broad in scope, applying not just to LGBTIQ children, youth and families, but to ALL those we serve and care for
- Practical in application
- Designed to produce positive outcomes
- Visionary

Finally, the *Guidelines* reflect the voices and experiences of young people served by the child welfare system.

The *Guidelines* represent the next step in our agency’s work to support and affirm all children, youth, families and communities. These *Guidelines* are designed to support the CAS of Toronto and other organizations to develop safe, inclusive, affirming, positive spaces and to ensure equity and positive outcomes for all children, youth and families we serve.

Let us recall the faces of the young child, the adolescent and the youth – and know that one of the greatest gifts we can give them is to look directly into their hearts, see them for who they are, and celebrate their true spark within.

A Summary of the Out and Proud Affirmation Guidelines

Affirmation Framework

The *Out and Proud Affirmation Guidelines* present an Affirmation Framework to guide how we think about serving and caring for children, youth and families.

Theme – “Expanding the Circle”

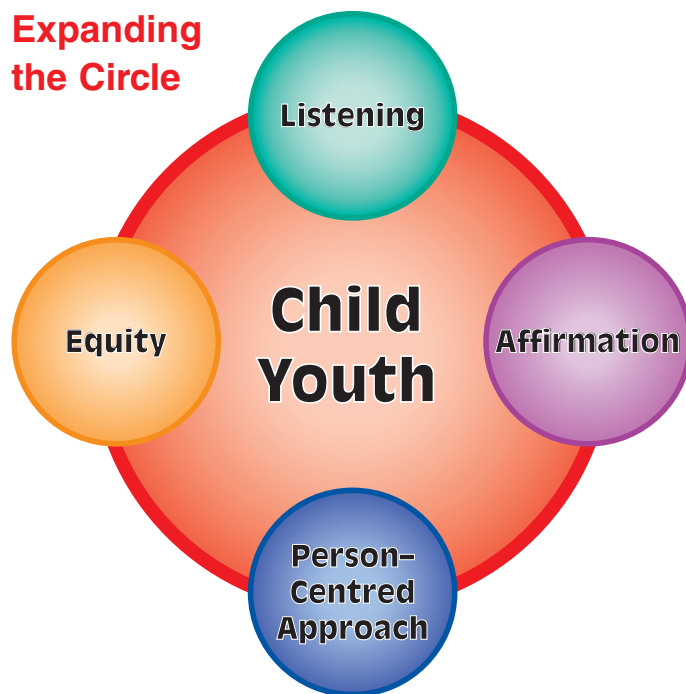
The theme that underpins the Affirmation Framework is “expanding the

circle,”² that is, broadening the scope of our families, our services and our communities to make room for everyone to be free to simply be who they are, as they are.

Key Pillars

The Affirmation Framework rests on Four Key Pillars:

1. Listening
2. Affirmation
3. Person-Centred Approach
4. Equity.



² We give appreciation to First Nations communities for sharing the circle image and the wisdom inherent in the traditional aboriginal principle that “we are all part of the circle.”

Practice Guidelines – Personal, Direct Service and Organizational

The *Key Pillars* in the *Guidelines* serve as the foundation for a series of 20 Practice Guidelines that articulate principles on how we work with all children, youth and families, particularly those who are LGBTIQ or gender independent.

The Guidelines are grouped into three distinct sets:

(1) Looking Within – Personal Guidelines for Everyone

These Guidelines cover what **every individual** in the organization needs know, regardless of their role:

1. Educate yourself and reflect
2. Be an ally
3. Create positive spaces.

(2) Working with Children, Youth and Families – Direct Service Practice Guidelines

These Guidelines indicate how **direct services** should be carried out when working with children, youth or families:

4. Affirm diversity
5. Promote dignity, respect and human rights
6. Foster self-actualization and expression
7. Support empowerment and self-determination
8. Ensure safety
9. Build resilience
10. Connect to resources – Affirming information, services and health care

11. Build community
12. Protect confidentiality
13. Support families to affirm their children.

(3) Setting the Stage, Walking the Talk – Organizational Practice Guidelines

These Guidelines point to **actions that organizations must take** at an agency-wide management level to secure the success of this direction:

14. Promote a positive organizational environment
15. Develop policies
16. Develop best practices
17. Implement an effective process
18. Ensure education and professional development
19. Monitor and evaluate
20. Advocate systemically.

The *Out and Proud Affirmation Guidelines* serve as a practical roadmap to ensure our services are positive, inclusive, affirming, safe and equitable for all children, youth and families, particularly those who may face marginalization based on their actual or perceived gender identity, gender expression, sex or sexual orientation³.

Advancing this issue continues to establish the CAS of Toronto on the leading edge of creating safe, affirming, equitable and positive spaces where children, youth and families are affirmed and can maximize their potential, build resilience, and overcome obstacles and oppression. It is hoped that these *Guidelines* will benefit other organizations also serving

³ “Gender identity” refers to one’s inner feeling of being male, female, both or neither, regardless of one’s physical sex. “Gender expression” refers to how we express our gender feelings through mannerisms, voice inflection, stance, gait, etc. “Sex” refers to one’s physical sex. “Sexual orientation” refers to who one is commonly attracted to emotionally, romantically and/or sexually. These concepts are explored more fully in Chapter 2.

children, youth and families.

There is much more to learn in our field of work on how to support children, youth and families in a way that recognizes and values gender and sexual diversity, and that promotes equity. Through the Out and Proud Program, the CAS of Toronto will continue to update and develop resources for these *Guidelines* as a living document. We will continue to assist service and care providers through consultations, meetings and training to support all of our children, youth and families.

Dedication

To Adam, Jasmine, Valerie, Sean, Liang, Dionne, Cheryl, Erica, Felisha, Martin, Kristopher, Edwin, Joseph, Josie, Angel, Justin, Hosein, Peter, Johnathan, Moses, Malcolm, Sarah, Vlad, Shawn, Kyle, Oneil, Shanice, Finesse, Conall, Johnny, Sam, Ashley, Keynen, Rainbow, Romeo, Kyle, Tina, Jake...and the many other LGBTIQ and gender independent young people who dare to be who they are in spite of a hostile world. They are the inspiration for all the words in these pages and have taught me so much about courage, resilience and the power of the human spirit.

Also to Jacqui, Ruth, Katya and all the other loving parents, foster parents and care providers who instinctively know how to “expand the circle” in their families to embrace and love the uniqueness of these amazing young people.

Lorraine Gale, MSW

Coordinator, Out and Proud Program
Children's Aid Society of Toronto
Fall, 2011.

Acknowledgements

Although this resource was written by a single author, it is really a compilation of the collective efforts and contributions from a great many people.

Deep appreciation goes to Krin Zook, fellow Coordinator of Out and Proud Program; Ann Fitzpatrick, Supervisor of Community Development and Prevention Services; Sharron Richards, former Director of Community Development and Prevention Services; and Heidi Kiang, Director of Volunteer Services, Community Development and Prevention Services and the Children's Transportation Centre.

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Special recognition belongs to various leaders at CAS of Toronto, whose vision has always integrated affirmation of diversity – David Rivard, Nancy Dale, Carolyn Buck and Bruce Rivers, as well as the Service Management Committee who adopted these

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John McCullagh paved the way for this work as the first champion for the rights and needs of LGBT youth at CAS of Toronto in the early 1990's.

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It is the stories and voices of courageous youth, children, families, staff, foster parents and volunteers who live between the lines of every page, and who inspire the vision we have humbly attempted to articulate. They deserve the greatest credit.

Lorraine Gale, MSW

Coordinator, Out and Proud Program
Children’s Aid Society of Toronto
Fall, 2011.

Using the Affirmation Framework and Guidelines

This document articulates “best practices” that have been approved by CAS of Toronto. All CAS of Toronto staff, management, care providers and volunteers should become familiar with the information in these Guidelines.

It is expected that outside service providers with whom we contract to provide care to children and youth on our behalf, such as residential services, will also ensure their services adhere to the practices outlined herein.

We recommend that the entire document be fully reviewed to ensure the concepts are sufficiently integrated into how we think about, relate to and serve children, youth and families. The document is also designed to be referred to periodically, when specific information is required.

Note that, in order to make the language in this document simpler, instead of saying “he or she”, we will say “they”, even if we are referring to just one person. Similarly, we will say “them” instead of “him or her”; and “their” instead of “his or hers.” This approach is inclusive of everyone with any sex or gender.

To support the integration of the approach used in these Guidelines, staff, residential, program and foster parent teams at CAS of Toronto are encouraged to invite Out and Proud Program staff to team meetings for

special consultation. In addition, individual service and care providers may consult with the Out and Proud Program about specific cases or about how to create positive spaces.

As always, staff and care providers are encouraged to attend training provided by the Out and Proud Program to enhance their awareness and skill base.

Outside organizations and individuals are invited to attend Out and Proud Program training through the CAS of Toronto's Child Welfare Institute. The Out and Proud Program can also provide specialized training for other organizations.


Contact the Out and Proud Program at the Children's Aid Society of Toronto for resources, information or consultation at:

- www.torontocas.ca or
- outandproud@torontocas.ca or
- 416-924-4640 x2986 or x2987.

Contact the Child Welfare Institute at the Children's Aid Society of Toronto for training or professional development at:

- www.childwelfareinstitute.torontocas.ca or
 - 416-924-4640 x2790 or
 - 1-866-527-0833.
-

1. Introduction



*The fact is, there
are gay and lesbian and
bisexual kids on our
caseloads. They're really
afraid to be who they are.*

*Worker – (Children's Aid Society of
Metropolitan Toronto (CASMT),
1995, p. 18)*

Underlying Beliefs and Key Questions – Framing the Guidelines

“The fact is, there are gay and lesbian and bisexual kids on our caseloads. That’s a fact and we can deny it as much as we want, but those kids are there... They’re really afraid to be who they are.”

Worker – (Children’s Aid Society of Metropolitan Toronto (CASMT), 1995, p. 18)

There is no getting around it. The way we think about boys and girls – what they are like, who they can be, what they can do, who they can love, masculinity and femininity – can evoke deeply personal beliefs, feelings and responses.

We may have good intentions but fear saying the “wrong” thing...or we just don’t know what to do.

“This girl is very masculine. I’ve wondered for a while if she might be a lesbian or bisexual, or maybe even trans – but I just don’t know how to get her to open up.”

We may feel it’s unnatural for kids to fall outside the gender norms. We want to help them “fit in” so they don’t get harassed.

“This boy is a sissy and getting teased all the time. We better toughen him up a little for his own good. He’ll thank us for it later.”

We may feel uncomfortable with homosexuality or believe it is unnatural or sinful.

“My religion teaches me homosexuality is a sin...how am I supposed to tell this girl it’s OK to be a lesbian when I really want to send her to a program to cure her?”

We may be too busy “putting out fires” in our work to find the time and energy to learn about or work on gender, sex⁴ or sexual orientation issues.

“I know this kid says he’s gay, but we have to put that on the back burner right now to stabilize all his other acting out behaviours first.”

We may miss clues that children and youth give us about their personal gender or sexual identity feelings because of our beliefs or our own discomfort.

“This kid says she’s bisexual now, but she’s all over the map. It’s another flavour of the month, so why should I give it the time of day? She’s just trying to get attention again.”

“There are no gays in my culture. Homosexuality is just a white North American thing that comes from the loss of real family values.”

We may wonder how we can support the LGBTIQ youth we serve, when we feel undermined by the attitudes or behaviours of our co-workers.

“How am I supposed to help this kid feel OK about being trans, when other staff keep calling him by the legal girl’s name on his file, instead of his chosen boy’s name?”

We may find the whole topic confusing or irrelevant...we may think we don’t work with any kids or youth who are “like that”.

⁴ In this document, the term “sex” refers to biological sex, that is, a male body, a female body or an intersexed body with some male and some female characteristics. When we refer to sexual relations, such as “having sex” or “making love”, we make that clear in the context.

“What’s the difference between gay and trans and intersex and Two-Spirit and queer? It’s all so confusing! Anyway, I don’t have any kids like that on my caseload.”

We may hold an LGBTIQ identity, but fear being “found out”, or dislike feeling pressured to speak on behalf of the entire community.

“What do these *Guidelines* mean for me? Do I have to come out now to all my co-workers? That could change everything!”

Being aware of the ways we think about gender, sex and sexual orientation, and learning new ways of engaging with children, youth and families around these issues can evoke even bigger beliefs, feelings and responses.

These beliefs, feelings and responses can be intense, conflicted and complex, and can vary widely from person to person. They are affected by societal and cultural beliefs, values and expectations connected to being a girl and being a boy.

It all revolves around how we think and feel about fundamental questions like,

1. “Who is a girl?”...“Who is a boy?”
Who gets to decide?
2. “What can they say or do, as a girl?...as a boy?”
3. “Who can they be as a girl?...as a boy?”

4. “Who can they love when they grow up, as a girl?...as a boy?”

5. “How do we treat them, as a girl?...as a boy?”

How do we re-think the ideas we have all learned, and begin to expand our ability to support all children and youth with all variations of gender and sexual identities and ways of expressing gender?

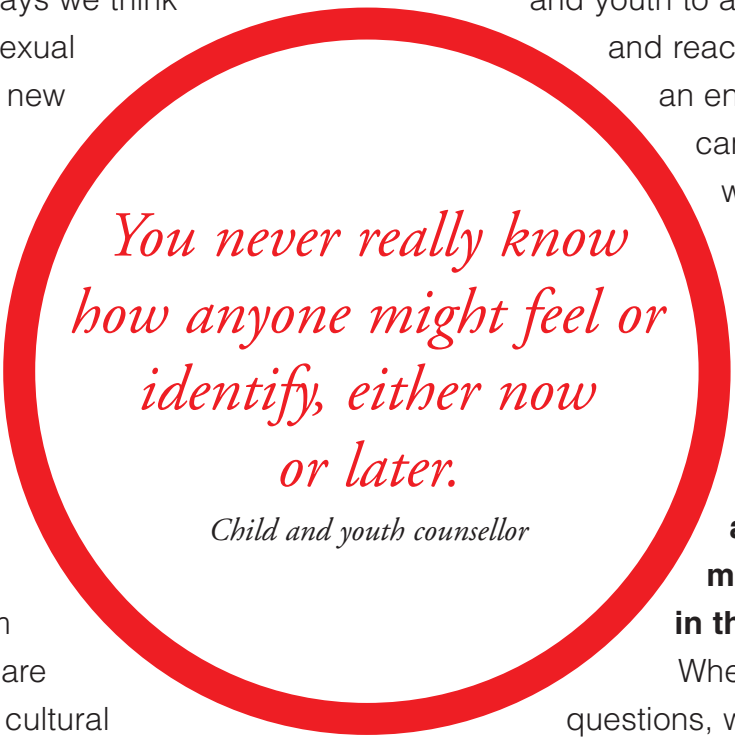
Finally, how do we encourage all children and youth to achieve their aspirations

and reach their full potentials in an environment where they can truly be themselves – where they don’t have to change fundamental parts of who they are to fit other people’s expectations?

6. “How do we expand our ideas about girls and boys to make room for *everyone* in the circle, as they are?”⁵

When we consider these questions, we need to reflect on how they relate to all children and youth, and how we interact with them.

We also need to consider how these questions relate to those children and youth who are marginalized because they are deemed to be not the “right kind” of girl or boy. Some of these children and youth may be lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer,



*You never really know
how anyone might feel or
identify, either now
or later.*

Child and youth counsellor

⁵ We acknowledge, with appreciation, the contribution from First Nations communities for sharing the “circle” image and the value of including everyone in a community. First Nations communities have articulated the responsibility we all share about making room for everyone in the circle.

questioning (LGBTIQ)⁶ or gender independent, or may otherwise fall outside the expected “norms” relating to gender, sex and sexual orientation. How are they affected by messages from the broader community, society, media and even ourselves about what is a “normal” girl or boy?

To respond to these questions and guide our work, the Children’s Aid Society of Toronto (CAS of Toronto) has developed the *Out and Proud Affirmation Guidelines – Practice Guidelines for Equity in Gender, Sex and Sexual Orientation*, also known as the *Guidelines*.

This initiative is about more than “tolerating difference” or even the absence of discrimination, although these are critical steps. What we are really talking about is digging deeper to **re-vision what it means to be a girl or a boy**, who they can be, what they can do, who they can grow up to love, and what messages we convey to children, youth and families.

This re-visioning requires us to consider how we can **expand the circle** to make room for everyone in the community. The circle is elastic, flexible, dynamic and changeable. The circle stretches and expands its borders to embrace everyone in all their uniqueness, rather than excluding some by indicating they have to change who they are in order to fit in.

By this we mean looking at how we as service or care providers, and service organizations can create the kind of **safe,**

positive, affirming and equitable spaces that will support all children, youth and families to be who they are, develop to their fullest potential and achieve the best outcomes.

We have developed these *Guidelines* to support CAS of Toronto staff, care providers, volunteers, management and the Board of Directors. The *Guidelines* are designed to address these questions, so that we will collectively be better able to meet the needs of the children, youth and families we serve and care for. In turn, better service is designed to produce better outcomes for young people, and ultimately, better lives.

About the *Out and Proud Affirmation Practice Guidelines*

“There was a kid in the group home who we all thought might be gay. So we made sure to include lots of discussions with all the kids about how it was ok to be gay and why homophobic jokes were so un-cool.

“One day, years later, I ran into another kid who was in the same group home back then. He came out to me as gay and said it really helped him that we talked so openly about being gay – it gave him the safety to listen to his own feelings. But you know, we never actually thought he might be gay...we were only thinking about the other boy.

⁶ We use “LGBTIQ” to refer to lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer, questioning, and other people who fall outside the expected “norms” relating to gender, sex and sexual orientation. “Gender independent” refers to individuals who do not conform to gender stereotypes and who do not currently identify as LGBTIQ; they may or may not adopt an LGBTIQ identify in the future. These terms are explored further in Chapter 2.

“It just goes to show – you never really know how anyone might feel or identify, either now or later.”

Child and youth counsellor

Purpose

The ultimate goal of the *Out and Proud Affirmation Guidelines* is to ensure positive outcomes for the children, youth and families we serve or care for, particularly in relation to gender and sexual diversity. We want our young people to live happy, healthy, positive lives, integrated within supportive communities.

The *Guidelines* serve several purposes:

1. They challenge us to go beyond the absence of discrimination. This document is about **re-visioning how we think about gender, sex and sexual orientation**, what kind of messages we give to the children, youth and families we serve or care for, and how we interact with them.
2. They help us **understand how to best serve and care for ALL children**, youth and families in relation to gender and sexual identity, especially those who may be LGBTIQ or gender independent. The *Guidelines* help us ensure our **practices promote positive outcomes** by being respectful, client-centred, affirming, anti-oppressive, strength-based, evidence-based, effective and encouraging authenticity.
3. They help us create safe, affirming, inclusive, **positive spaces** for children, youth and families to flourish in who they are and to express their genuine gender

and sexual identities.

4. They help us to eliminate stigma, bias, discrimination and oppression based on gender and sexual diversity, and to **achieve equity**, especially for LGBTIQ and gender independent people.

The *Guidelines* are ultimately about “**re-visioning**” a kind of world that “**expands the circle**” to include and value everyone, as they are, with all their uniqueness.

This initiative is one part of an ongoing strategy at the CAS of Toronto relating to our *Anti-Oppression/Anti-Racism Policy*, adopted by the Board of Directors in 2006.

The *Guidelines* are designed primarily for direct service and care providers within CAS of Toronto, but are also important for non-direct service staff, members of the Board of Directors and volunteers. The *Guidelines* are also intended to be useful to other organizations serving children, youth and families.

What issues do these Guidelines address?

All of us are affected by gender stereotypes and messages from a young age. Many of these stereotypes and messages are restrictive and limiting. However, children do best when they are not restricted by messages that hinder who they are. Rather, they can flourish when they are encouraged to explore their feelings and their true nature, and allow their own authentic self to emerge...when they can simply be themselves.

These *Guidelines* are intended to encourage the development of safe, positive

environments where children and youth can explore who they are and allow their true selves to emerge, within the safety of an affirming family or surrogate “family” and community. This can promote positive outcomes and equity for them.

Specifically, the *Guidelines* incorporate a strength-based *Affirmation Framework* that addresses **three aspects of human identity and diversity**. These three aspects are much more varied than most of us imagine, and they naturally exist across wide spectrums.

1. **Gender** – gender identity, gender expression; impact of gender roles
 - This area includes our internal sense of our own gender, how we express it and the impact of societal messages about gender.
 - Do I feel like a boy or a girl or both or neither? How do I like to express my own sense of masculinity and/or femininity?
2. **Sex, including Sex Development** – the range that exists in physical sex, beyond simply male or female.
 - “Sex” is used in this document to mean what physical sex our bodies are – male, female, or some combination.
 - “Sex Development” indicates how an individual’s physical sex characteristics develop. For example, people with intersex conditions have some combination of male and female sex characteristics.
3. **Sexual Orientation** – what sex or gender we are romantically, emotionally or sexually attracted to.
 - Am I primarily attracted to women or men

or both or potentially anyone or no one?

It is true that all of these parts of identity are distinct. Some would argue that it is confusing to address all of them within the same resource, or that they should at least be dealt with in separate sections. In fact, when a resource or service addresses LGBT issues, typically trans, intersex and Two-Spirit issues are almost never actually addressed.

However, these *Guidelines* attempt to intentionally focus on all of these aspects in an integrated way, while holding the distinct realities for each of these parts of identity. While the differences are important and risk getting glossed over, it is also true that there are many common concerns, which can get overlooked and lead to splintering within the community when resources are always separated.

Most importantly, when we are working with children in particular, as well as youth, identity is still emerging, and a young person’s understanding of who they are can fluctuate. For example, when we see a gender independent child, we have no idea how they will grow up to identify, or whether this part of who they are involves sexual orientation, gender identity, gender expression or sex development, or a combination – that is, will they be gay or trans or bisexual or genderqueer or discover an intersex condition, or several of the above?

How are the Guidelines set up?

The *Guidelines* consist of two major complementary components:

1. The **Affirmation Framework** (Chapter 4)

is a guidepost for understanding our work. It rests on a **theme of “expanding the circle”** to include everyone as they are.

Four Pillars indicate how we can re-think gender and sexual diversity when we interact with children, youth and families:

- (1) Listening
- (2) Affirmation
- (3) Person-centred Approach; and
- (4) Equity.

2. A series of **20 Practice Guidelines** (Chapter 5) are based on common principles valued within social service fields. They provide practical **tools** to support organizations and service and care providers to:

- (1) Effectively serve and care for children, youth and families in ways that can produce positive outcomes, recognizing and affirming diversity in relation to gender, sex and sexual orientation
- (2) Create “positive spaces” for children, youth and families to be themselves, and
- (3) Achieve greater equity in these areas.

Each guideline includes extensive practice examples, quotes and stories.

Furthermore, there are additional supporting sections in the manual containing:

- **Background information** about gender and sexual diversity and LGBTIQ identities (Chapters 2 and 3)
- Deeper information for working with children, youth and families who face

marginalization on multiple levels

(Chapter 6)

- **Appendices**, including a glossary, key resources and services, and a list of references (Chapter 7).

Who should read and practice these Guidelines?

The *Out and Proud Affirmation Guidelines* are intended to be read, understood, implemented and integrated into daily practice by all staff, service and care providers, management, volunteers and Board of Directors within CAS of Toronto.

These *Guidelines* are also intended as a resource for the broader child welfare system, as well as other sectors and systems that serve or care for children, youth and families. These sectors include, but are not limited to, health, mental health, education, child and youth care, children’s services, youth services, family services, corrections, other social and recreation services, etc.

The Roots of the Out and Proud Affirmation Guidelines

CAS of Toronto has two decades of experience and leadership in striving for excellence and positive outcomes in providing service and care for children, youth and families who may be LGBTIQ or “gender independent”.

We are proud of the specialized expertise we have developed, through the “Out and Proud Program”, developed in 1996, and initially funded by the Children’s Aid Foundation. Through this program’s

leadership, the agency has moved forward in creating positive spaces for all LGBTIQ people served by or involved in CAS of Toronto.

The Out and Proud Program developed these *Guidelines* over several years, in consultation with key community leaders, youth served by the child welfare system, as well as CAS of Toronto staff, foster parents and managers. An Advisory Committee, including LGBTIQ community services and members, as well as child welfare staff, provided valuable input into the development of this document. Other child welfare staff, residential staff, foster parents and youth were consulted at various points. Various external stakeholders with specialized expertise in serving LGBTIQ and gender independent children and youth were also consulted.

In 2011, the *Guidelines* were adopted by CAS of Toronto's Service Management Committee. In response, training provided by the Out and Proud Program has been expanded to a more comprehensive level to integrate gender-related issues.

The Out and Proud Program continues to provide consultation, information and referral, resource development, policy development, training and support to CAS of Toronto service and care providers, as well as to external organizations.

In 2006, the CAS of Toronto adopted an *Anti-Oppression/Anti-Racist Policy*, which serves as a framework that shapes our organizational culture and indicates how services are to be delivered. These *Guidelines* are one component of this anti-oppression initiative, and were approved by CAS of

Toronto's Service Management Committee in 2011.

The *Out and Proud Affirmation Guidelines* are also a response to CAS of Toronto's ground-breaking policy, *Equitable Child Welfare Services Relating to Sexual Orientation and Gender Identity/Expression*, adopted in 2008.

Here is a thumbnail sketch of some of CAS of Toronto's related policies and initiatives:

- Servicing Street Youth: A Feasibility Study – 1990
- Same Sex Fostering and Same Sex Adoption Policies – 1994
- We are Your Children Too: Accessible Child Welfare Services for Lesbian, Gay and Bisexual Youth – Report, 1995
- Accessible Services for Lesbian, Gay and Bisexual Youth Policy – 1995
- Interviews with trans youth involved in child welfare – 1999
- Interviews with staff who served trans youth – 2001
- Practice Guidelines for Sexual Orientation Inclusion – 2006
- Anti-oppression/Anti-racism Policy – 2006
- Equitable Child Welfare Services Relating to Sexual Orientation and Gender Identity/Expression Policy – 2008
- LGBTIQ Resource Parents Policy – 2011
- Out and Proud Affirmation Guidelines – Practice Guidelines for Equity in Gender and Sexual Diversity – 2011
- Training and education for staff and foster parents on serving LGBTIQ youth since 1992; later also anti-oppression/anti-racism training.

The development of the *Out and Proud Affirmation Guidelines* is a critical step in our work to support and affirm all children, youth, families and communities. These *Guidelines* translate policies into day-to-day practice realities. They are designed to support the CAS of Toronto and other organizations to develop safe, inclusive, affirming, positive spaces and to ensure equity for all children, youth and families with whom we work. These new *Guidelines* build on and replace the *Practice Guidelines for Sexual Orientation Inclusion* of 2006.

These *Guidelines* continue to be dynamic, growing and changing in an emerging field. More information will be incorporated into future revisions as it is learned.

Limitations of the Out and Proud Affirmation Guidelines – Two-Spirit Aboriginal People

There is a limitation to this document in relation to Two-Spirit people. The CAS of Toronto is not mandated to serve Aboriginal children, youth and families, who are instead ably served by Native Child and Family Services in Toronto. We acknowledge that we have neither the direct experience with Two-Spirit children, youth or families, nor the mandate to be able to recommend best practices for this community.

However, based on education we have received from the community about Two-Spirit traditions and present-day realities, as well as past participation by Native Child and Family Services on our earlier Advisory Committee, we have included some general information about

Two-Spirits from Aboriginal sources in our *Guidelines*. It is in a spirit of respect and inclusion that we integrate references to Two-Spirit communities wherever possible.

We refer those interested in Two-Spirit concerns to the Two-Spirited People of the First Nations at www.2spirits.com. We highly recommend their website for information, and especially their guide, *Our relatives said: A wise practices guide: Voices of Aboriginal trans-people*, regarding services for Two-Spirit and trans Aboriginals (www.2spirits.com). For those interested in child welfare services for Aboriginal communities, we refer them to Native Child and Family Services of Toronto at www.nativechild.org.

We also honour, with appreciation, the contribution Two-Spirits have made to the broader understanding of gender and sexual diversity, in particular the traditional teachings about the value placed on Two-Spirits historically within many First Nations communities. We respectfully borrow from those traditions in shaping our own vision for LGBTIQ and gender independent children, youth and families.

Canada's Foundation – Equality, human rights and the law

The way we serve, care for and work with LGBTIQ and gender independent people is fundamentally a human rights issue. In many areas of the world the most basic human rights, even the right to live, does not necessarily exist for many LGBTIQ people.

In Canada, we have relatively progressive laws in place designed to protect people from

discrimination, to various degrees. CAS of Toronto and other organizations in Ontario must follow Canadian and Ontario laws regarding human rights.

The *Canadian Charter of Human Rights and Freedoms* guarantees equality rights to every individual and prohibits discrimination based on race, national or ethnic origin, colour, religion, sex, age, and mental or physical disability. Sexual orientation and gender identity are not directly named in the Charter; however, sexual orientation is treated as covered, and receives similar protections as other forms of discrimination.

The *Canadian Criminal Code* has a hate crime provision. If an “offence is motivated by bias, prejudice or hate based on...sexual orientation” or other similar factors, then that crime is sentenced more severely (*Canadian Criminal Code, s. 718.2*).

Canadian provinces also have human rights protections. *The Human Rights Code of Ontario* states,

“Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability.”

(Human Rights Code of Ontario, rev. 2009, 1.1)

The Ontario Human Rights Commission developed a *Policy on Discrimination and Harassment Because of Gender Identity* (Revised, 2009). Although the *Code* does not directly cover gender identity or gender expression, this Policy indicates that they are to be treated as if they are directly covered

under the *Code*.

These *Guidelines* should be considered a best-practice document for all agencies serving children, youth and families to ensure we comply with human rights legislation.

Unfortunately, there are also gaps in terms of whose human rights are protected, how those laws get applied, and how effective they are at achieving equity. Greater advocacy efforts are required to ensure all members of the LGBTIQ community are equally and effectively protected by human rights aspects of Canadian and provincial legislation. In particular, human rights protections must be strengthened for those who are transgender, transsexual, Two-Spirit, or have intersex conditions, or whose gender expression does not conform to social expectations.

Taking further steps toward Anti-oppression and Equity at CAS of Toronto

Policies and legislation prohibiting against discrimination are important, but can only go so far in actually achieving equity. How organizations like CAS of Toronto implements policies and serves children, youth and families in our day-to-day practice affects how equitably people are treated.

CAS-Toronto is one of an increasing number of organizations, institutions and companies that are committed to making positive changes to advance our work on equality and equity in our services to all people.

As a key part of this work, CAS of Toronto has been developing policies, practices and

initiatives that go beyond protection against discrimination. These steps seek to create an environment in which, not only is there no discrimination, but in which there is also no oppression or systemic barriers. In this vision, systemic barriers are identified and eliminated, and every individual is valued, has a “voice”, shares in benefits, and is fostered to participate to their fullest extent. This is what is meant by striving toward “equity.”

To be effective in achieving anti-oppression and equity, an organization needs to understand how things work to foster oppression and how it is embedded in procedures and practices. One of the main tenets in an anti-oppression approach is in identifying that the “problem” is in society’s difficulty in fully valuing diversity and ensuring equity for everyone, rather than seeing the problem as the individual who does not “fit in” to the expected “norm.”

The *Out and Proud Affirmation Guidelines* is a tool that can increase our capacity as individuals and as an organization to address the barriers we erect to provide equitable services and care. By doing so, we can support the optimal development of all children, youth, families and communities, especially those who may be LGBTIQ or gender independent.

Our vision

“After having been to the training, I then started thinking of more and more clients that I’ve come across in my work who could perhaps have had sexuality issues that I didn’t address because they flew over my head.”

Worker (CASMT, 1995, p. 13)

When we talk about **re-visioning** our work, what we really mean is re-thinking what it means to be a girl or a boy – who they can be, what they can do, who gets to call themselves a girl or boy, who they can grow up to love, and what messages we convey to all children, youth and families we serve.

Rather than confining young people’s emerging selves into a narrow box, we can begin to “think outside the box” that limits who they can be.

This re-visioning demands that we consider how we can **expand the circle** to make room for everyone, including every young person’s full and authentic self, as they are.

We do this by looking at how we, as service or care providers, and as service organizations, create the kind of **safe, positive, affirming and equitable spaces** that will support all children, youth and families to be who they are, develop to their fullest potential and achieve the best outcomes.

Finally, we are called to directly address harmful biases, stigma, discrimination and oppression that people face if they do not conform to social expectations about gender, sex and sexual orientation. We proactively integrate positive intention with conscious strategies designed to achieve **equity** in relation to gender and sexual diversity.

2. What is a Girl? What is a Boy?

– Introduction to Gender and Sexual Identity



What is a girl? What is a boy?

– Introduction to Gender and Sexual Identity

Gender and Sexual Identity

What makes a boy a boy? What makes a girl a girl?

Knowing what makes one person a boy and another person a girl may seem simple – a basic anatomy check at birth sets the stage for the child’s future.

In fact, who we all are in terms of boys or girls, men or women is a complex relationship

between **four distinct, but inter-related aspects** of ourselves that together form our **gender and sexual identity**. “Identity” refers to core parts of who we are.

Table 1: Gender and Sexual Identity

Sex

our body’s physical sex

Everyone has a **sex**

- Physiological components of our body that indicate whether our body is intended to make sperm or eggs – includes genitalia, hormones, chromosomes, reproductive organs, secondary sex characteristics.
- Usually manifested “between the legs.”
- **Sex development** refers to the diverse ways that sex characteristics may develop. People with intersex conditions have some combination of male and female physiological attributes, such as an external vulva with internal undescended testicles.



Gender identity

how we feel in our gender

Everyone has a **gender identity**

- An internal sense of being female, male, or both or neither.
- Manifested in the psyche “between the ears” (or in one’s “heart”).



Table 1: Gender and Sexual Identity

Gender expression

the cues we give to express our gender

Everyone has **gender expressions**

- Preferred ways of *expressing* femininity, masculinity, both or neither.
- Manifested in our mannerisms, interests, dress, adornment, hair style, voice inflections, gestures, ways of relating to others, and ways of moving or holding our bodies.
- There may be a conflict between how we *feel* most comfortable expressing our gender vs. messages about how we *should* express our gender.

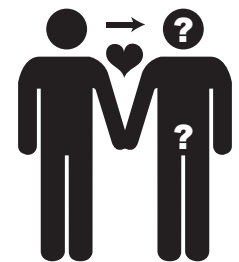


Sexual orientation

who we love

Everyone has a **sexual orientation**

- Sexual, romantic or emotional attractions to women or men or both or neither.
- Manifested by who we fall in love with or want to have sex with.



Even young children have these components. They are integral parts of our identity ...part of our make-up, part of who we are as unique individuals. Each aspect represents a **broad spectrum of diverse possibilities** that together make up our **gender and sexual identity.**¹

What we often don't realize is that the physical body we are born with does not mean nearly so much about who we are as we may think. We tend to think that one's physical sex will determine all of the other aspects of our sexual and gender identity and that they are aligned in a linear way.

For example, people tend to believe that if one's physical sex is female, ...then she will feel like a girl/woman, and ...she will grow up to identify as a woman, and ...she will express our notion of femininity, and ...she will grow up to be exclusively attracted to men.

Let's examine the range of diversity that can exist in relation to gender and sexual identity.

Gender and Sexual Diversity

In fact, there is a **broad spectrum** of possibilities along each of these parts of

¹ Note that we use "**gender and sexual identity**" in this document to refer to the combination of sex, gender identity, gender expression and sexual orientation. We use "**gender and sexual diversity**" to refer to the broad range of diversity that exists in relation to sex, gender identity, gender expression and sexual orientation.

ourselves – our sex, our gender, our gender expression and our sexual orientation.

"There's no such thing as boy things or girl things anyway, and some people are boys who become girls, and some people are girls who become boys, and some people are both boys and girls."

(Child, age 4)

Some of these variations along each spectrum can include:

1. Sex Spectrum

- We think there are only male and female sexes, as polar opposites.
- Although most people's sex is clearly male or female, there is, in fact, variation in how sex may develop in individuals.
- **For example**, some men have breast tissue, breast cancer, or unusually small penises. Some women have small breasts, more facial hair than usual or large clitorises. Some people have **"intersex conditions"** with some degree of both male and female chromosomal, reproductive, hormonal or anatomical characteristics.

2. Gender Identity Spectrum

- We think there are only male and female genders, that they are polar opposites and that they must "match"

one's physical sex.

- In fact, there is a wide variation in gender identity. Many people feel both male and female, or neither, or feel that social definitions of male or female do not describe them. Others feel that their gender does not "match" their physical sex or is "opposite" to their sex, such as **transsexuals**.

3. Gender Expression Spectrum

- We think the way we express our gender should match both our sex and our inner sense of our gender. We also think it should conform to society's ideas about **gender roles**, that is, social expectations about what boys, girls, men and women are like, how they should behave, and what tasks they should do.

- In fact, how we express gender varies greatly across individuals, families and cultures. **For example**, there are many strong, confident women with "masculine" mannerisms or who like to fix things; and there are many nurturing, gentle men with "feminine" mannerisms or who enjoy caring for children...and many other variations.
- How much we are able to *express* our gender in the way we prefer is affected by how strongly a society enforces its

*There's
no such thing as boy
things or girl things
anyway, and some people are
boys who become girls, and
some people are girls who
become boys, and some
people are both boys
and girls.*

(Child, age 4)

gender roles – that is, how we live and carry out tasks based on our (presumed) gender and our physical sex.

- We refer to children or youth who do not conform to gender stereotypes as **gender independent** (also known as “gender variant” or “gender non-conforming.”) Their less common ways of expressing gender can *sometimes* indicate an LGBTIQ identity, but may not always.
- Gender conforming children and youth may also have an LGBTIQ identity.

4. Sexual Orientation Spectrum

- We think boys will (or should) grow up to fall in love only with girls, and have sex with and marry only women, and vice versa (**heterosexual**).
- In fact, many people are attracted to the same sex or gender (**lesbian or gay**), or to “both” men and women (**bisexual**) or to all gender variations (**pansexual**). Others prefer to have no sex (**asexual**) or sex alone (**autosexual**).

For more complete definitions, see the Glossary in the Appendices.

Furthermore, **one part of our gender and**

sexual identity does not automatically determine another part. They are related but distinct.

For example, for a child born with a female physical sex, that child ...may or may not feel exclusively like a girl/woman; ...may or may not later identify as a girl or woman; ...may or may not express our notion of femininity;

...may or may not grow up to be attracted to men; and ...her body may or may not be a completely female sex.

All these parts of who we are as gendered and sexual beings can come in many different variations, which form part of our unique individuality.

All of these diverse ways of being have existed across all

humanity and cultures, throughout human history, in all areas of the world, and even across species. This diversity is natural, normal, positive and healthy for us as individuals. What is more *common* is not necessarily *better*. Communities are stronger and healthier when diversity is recognized and valued, as it was traditionally in most Aboriginal peoples in North America (“Turtle Island”). A balance between similarity and diversity is a pillar of life, integral to the survival



of all species. Diversity enables life forms to evolve to adapt to changing conditions (Roughgarden, 2004).

When we think about children and youth who seem “different” from what we have grown to expect, we need to consider the broader concepts about diversity as a core element in any species...and remember that diversity is both “normal” and positive.

“I would of [sic] liked something else for me – I mean, is it possible to have a home and loving parents and be gay?” 15-year-old gay youth in foster care

(Retrieved from www.familyproject.sfsu.edu on November 14, 2011)

How Girls and Boys may be Treated Differently

Most societies have deeply ingrained ideas about what it means to be a “boy” and what it means to be a “girl.” These ideas affect how we think they should be raised, valued and treated. These ideas also affect what we think they can and should do.

We give messages to children and youth about who they are every day. We convey subtle and not-so-subtle cues about what we expect about their behaviour, their feelings and their futures. These cues are heavily weighted by the powerful ideas of what we think boys are like and girls are like, and what we think they can or should do. These ideas in turn are heavily weighted by our families, our cultures, our communities, media images and the broader society.

A quick glance at a baby’s genitals at birth sets the stage. If a baby is born with a penis,

we cheer, “it’s a boy!” Or if the baby is born with a vulva, we cheer, “it’s a girl!” However, we would very likely think about and treat these two children in markedly different ways as they grow (Mackoff, 1996; Orenstein, 2010).

For example, Olga Silverstein reports that, even before birth, families who know they are carrying a boy typically talk to the unborn baby less and stroke the mother’s belly less often than families who know they are carrying a girl. (Mackoff, 1996, p. 26).

Subconsciously, we tend to hold strong ideas that boys should not be “molly-coddled” by their mothers, out of a fear they will become “sissies” or gay.

In Canadian mainstream society, and in many cultures, we typically think about and raise boys in ways that encourage our notions of “masculinity.” In contrast, we think about and raise girls in ways that encourage what we think of as “feminine.”

By defining and encouraging ideas about masculinity and femininity, societies prescribe **gender roles**. These are expectations about what girls/women and boys/men should be like and how they should behave. In many present-day societies, including Canada, gender roles tend to be somewhat inflexible, to varying degrees, depending on the culture and society. We expect all parts of the gender and sexual identity of a person to align. Our gender roles may not allow for wide variation within each part of our identity.

Let’s consider some of the common gender roles in Canada in the following table.

Table 2: Common Gender Roles in Canada

ASPECT	BOYS	GIRLS
Skills	<p>We encourage action skills, rough-and-tumble activities, skill mastery, early exploration and independence, physical strength, achievement, but probably not domestic or care-giving skills. Encouraged to physically defend himself (and girls/women). “Machismo” is often encouraged. Less focus on image or looks.</p> <p>– “What a big strong boy you are!”</p>	<p>Girls receive less focus on skill-building, achievement, mastery, early independence or physical strength than boys. Girls are taught more verbal, domestic and care-giving skills. High focus on image and looks, rather than thoughts, achievements or skills. May be seen to need to be soothed, protected, defended or rescued, rather than taught self-defence skills.</p> <p>– “Oh you poor thing!”</p>
Personality	<p>Boys are expected to be authoritative, decisive, bold, tough, confident, aggressive, and take up physical and social “space.”</p> <p>– “Boys will be boys!”</p>	<p>Girls are expected to be quiet, caring, obedient, deferring, passive, supportive, dependent, accommodating and to take up little physical and social “space.”</p> <p>– “Settle down, be a good girl!”</p>
Expressiveness	<p>Not acceptable to cry, or be “too” sensitive or emotional. Expected to walk boldly with a swagger, not a swish; use authoritative not flowing expressions; use a firm hand, not a “limp wrist;” be angry or aggressive</p> <p>– artistic may be “too feminine.”</p> <p>– “Don’t be a sissy...stand up like a man!”</p>	<p>It is more acceptable for girls to cry, plead, and be sensitive or emotional, as opposed to boys. Girls may walk with a swish, not a swagger; be expressive and emotional; not be very strong; use more expressive mannerisms and voice inflection. Anger is criticized.</p> <p>– “What a sweet child!”</p>

Table 2: Common Gender Roles in Canada

ASPECT	BOYS	GIRLS
Clothing and adornment	<p>Clothes are typically plain, practical in dark or bold colours – images of “authoritative” or “tough.” Simple, large or “bold” adornment. Less focus on sexual enhancement. Strong prohibition against “feminine” clothing or makeup – eg. delicate, soft, pink, flowery, elaborate, skirts. Body and facial hair is permitted or valued. Often short, simple hair style. Less emphasis on appearance than girls/women.</p> <p>– “There’s our little man!”</p>	<p>Clothing may be bright, pastel, colourful, delicate, elaborate, flowery, flowing, lacy or pink. Often sexually enhancing and impractical (high heels, short skirts, plunging neckline). “Masculine” clothing is tolerated or discouraged. Often elaborate jewellery, footwear, accessories, hair style. Long hair and makeup are desirable. Facial and body hair considered disgusting. High emphasis on “looks”, beauty, presentation, size, image.</p> <p>– “How pretty you are!”</p>
Toys and play	<p>Steered toward “boy” toys that are active and focused outside the home, such as trucks, tools, trains, building blocks, sports, electronics. Encouraged to explore, be independent, and play competitive team sports (soccer, hockey). Less concern for safety than for girls.</p> <p>– “Go out and burn some energy!”</p>	<p>Raised with more passive “girl” toys focused on home and nurturing relationships, like dolls, stuffed animals, playing “house,” make-up, cooking, jewellery, crafts. Encouraged to stay closer to caregiver or home; greater focus on safety, caution; less focus on independence or competitive sports than boys.</p> <p>– “Be careful!”</p>
Goals, careers	<p>Steered toward higher-paying careers requiring physical strength, mechanical or electronic skills, intelligence, leadership, aggression or ambition, rather than expressive</p>	<p>Steered towards family and lower-paying careers providing service, nurturance or care; and away from those requiring mechanical or electronic skills, strength,</p>

Table 2: Common Gender Roles in Canada

ASPECT	BOYS	GIRLS
	<p>or care-giving skills. Career may be emphasized over marriage.</p> <ul style="list-style-type: none"> – “Look at that tower you made ...you can be an architect!” – “Meet my son, the lawyer!” 	<p>intelligence, leadership, aggression, ambition. May be steered toward marriage over career OR toward the “supermom” role.</p> <ul style="list-style-type: none"> – “Look at the little Mommy!” – “Meet my beautiful daughter!”
Value	<p>Boys may be more highly valued than girls, especially in some sub-cultures. Their opinions, ambitions and achievements may be more valued. Traditional male roles are viewed as more valuable than traditional female roles.</p> <ul style="list-style-type: none"> – “Here, I’ll teach you to fix it.” 	<p>Girls may be less valued than boys, especially in some sub-cultures. Girls’/women’s opinions and achievements may receive less value or recognition than those of boys and men. Typical female roles (care-giving) are seen as less valuable than “male” roles.</p> <ul style="list-style-type: none"> – “Here, let me fix it for you.”
Role models and media images	<p>Role models and media images include “macho” action superheroes who are strong, powerful, confident, smart, capable and invincible rescuers. Self-assurance is encouraged over image. Role models, authority figures and successful people are usually men.</p> <ul style="list-style-type: none"> – “Be brave!” 	<p>Role models are beautiful, thin, weak, powerless, vulnerable princesses and dolls who need to be rescued by a man. Girls receive marketing messages that sexualize them and encourage thinness, beauty, sexual attraction (“what others think of me”), rather than messages that encourage self-assurance (“what I think or can do”). Few successful women role models or authority figures.</p> <ul style="list-style-type: none"> – “Be nice! Be beautiful!”

Table 2: Common Gender Roles in Canada

ASPECT	BOYS	GIRLS
<p>Love, sexuality and family</p>	<p>Boys are expected to grow up to marry a woman, father children and be the family’s primary breadwinner. Sexual activity is expected – the “stud” who “sows his wild oats” (with women). His marital or family status is less important in his overall image than for women (eg. Mr.). He takes a secondary care-giving role with children, if at all.</p> <p>– “He’s a man’s man!”</p>	<p>The “good girl” should marry a man, bear children, care for aging family, hold family as highest priority, be the primary care-giver, do more household tasks and provide “supplemental” income – “Supermom.” The “bad girl” is sexually available for men, but her self-determination, intelligence and skills are minimized. Marital/ family status and sexual activity are seen as more relevant and judged more harshly than for boys/men (Miss vs. Mrs.)</p> <p>– “She’s a slut!”</p>
<p>Access to power, resources</p>	<p>More likely to earn higher incomes, accumulate more wealth, access higher career levels, and have more access to resources than women. More likelihood of greater power and dominant roles within family, relationships and work settings than women. Much more likely to abuse women in families and intimate relationships than women are to abuse men.</p> <p>– “Be a real man...show her who’s boss!”</p>	<p>Traditional women’s careers earn less money and social status than traditional men’s careers. Less access to resources, power and wealth. Most girls and women experience some form of violence, abuse, domination, degradation or sexual harassment/abuse by males, especially within families or intimate relationships – and she may be blamed for it afterwards.</p> <p>– “She brought it on herself!”</p>

We acknowledge that these images are oversimplified and there are many exceptions. There are also significant variations across individuals, families, cultures, faiths, places of origin and socio-economic classes. In some circles, these divisions between boys and girls are less emphasized, while in others they are even more marked. Within any culture there is wide variation. Many of these tendencies are clearly shifting, particularly as women gain greater equality in society and in the workplace.

Despite this reality, these images remain stubbornly prevalent across many sectors of Canadian society. They reflect deeply entrenched **sexism**, which, while shifting in some ways, still retains a strong hold in other ways.

We tend to think that “who is a girl?” and “who is a boy?” are simple questions, but our responses are strongly influenced by these images of boys and girls that permeate across our communities.

It is true that some differences between girls and boys may be innate. However, it is difficult to know how much is actually due to “nature” when the ways we socialize children begin so early and are so prevalent.

In any case, no matter how much difference we believe is innate, it remains true that the differences in the ways we think about and socialize boys and girls from birth (or earlier)

have a profound influence on them as they grow.

“The biggest difference between boys and girls is the way we treat them.”

(Mackoff, 1996, p. 15)

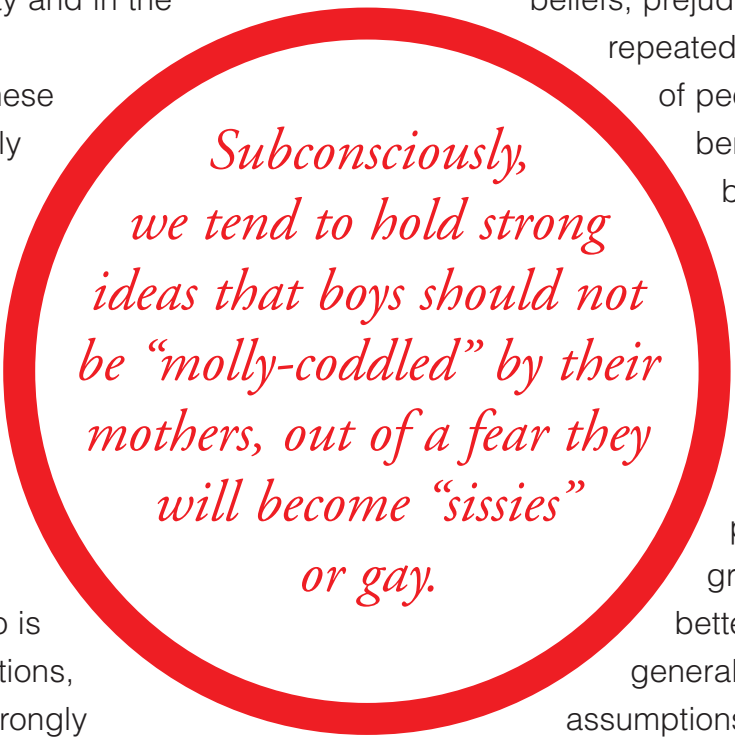
Oppression Based on Gender and Sexual Diversity

What is oppression?

“Oppression” occurs when there are beliefs, prejudices and practices that repeatedly benefit some groups of people over others. These benefits are not earned, but are simply based on who someone is – identity. Oppression can be deliberate or unintended.

Oppression sets up a hierarchy among people, so that some groups are ranked as better than others. It is generally based on faulty assumptions that some groups are more highly valued, more capable or more entitled than others. Oppression is systemic – it typically pervades all systems, institutions and cultural practices within a society and creates inequity and discrimination against certain groups.

For example, racism is a widespread oppression that benefits white-skinned people over all others. Men gain more benefit from sexism than women.



*Subconsciously,
we tend to hold strong
ideas that boys should not
be “molly-coddled” by their
mothers, out of a fear they
will become “sissies”
or gay.*

What is LGBTIQ Oppression?

When all aspects of our gender and sexual identity align together in the way society expects, then we fit into the prescribed gender role. We are deemed to be “normal” and society rewards us with approval.

However, when any of these aspects of our gender and sexual identity do NOT align with common expectations, then society will usually disapprove, pressure us to change, and exert some kind of penalty.

For example, women with a masculine gender expression may be accused of being “dykes” or lesbians; gay men may be unfairly suspected of molesting children; people refuse to call transsexuals by their chosen name and gender.

LGBTIQ oppression systematically provides benefits to heterosexuals and people whose gender conforms to their sex, and who have a typical sex development. LGBTIQ oppression results in disadvantages to people of other sexual orientations, gender identities, gender expressions or whose sex development is not typical.

LGBTIQ oppression is based on the belief that heterosexuality and gender conformity are normal, natural and preferred. It includes the pervasive assumption that an individual is (and should be) heterosexual and gender conforming, unless otherwise indicated.

Many children and youth do not fit into prescribed gender roles.

For example, ...the boy who likes princess dresses,
...the girl who is a “tomboy” and likes rough-and-tumble play,

...the adolescent boy who is attracted to other boys,

...the 16-year-old with a boy’s body who feels like a girl,

...the 14-year-old who feels both masculine and feminine

...the youth who is attracted to all sexes and genders

...the Aboriginal youth with both male and female “spirits”

...the child whose reproductive organs and sex characteristics have both male and female components.

LGBTIQ and gender independent children and youth also face LGBTIQ oppression. They may be viewed as “abnormal,” evil, sinful, mentally ill, or “gross.” They may be judged, ostracized, despised, harassed, bullied and/or punished.

There are high risks related to how they are treated, as well as high risks in the strategies they may use to cope with this treatment. Other children and youth may also be targeted if they have an LGBTIQ family member or friend, or if they challenge homophobia or transphobia. Some are arbitrarily “accused” of being LGBTIQ and punished.

This reflects an extensive kind of **oppression** that many children and youth are subjected to because they do not fit within socially prescribed expectations relating to their gender or sexual identities.

There are a several kinds of oppression that relate specifically to LGBTIQ and gender independent people (and those “accused” of being LGBTIQ). They tend to overlap and reinforce each other. Teasing them apart in a

given situation can be complex.

Let's examine them briefly one by one.

Sexism

Sexism is the widespread **system of beliefs, prejudice, institutions and practices that primarily benefits boys and men over girls and women**. It is based on the historical **belief that boys and men are more valuable**, more capable and more entitled than girls and women. It relies on rigid separation and ranking of gender roles.

Even though some gains have been made in Canada for women and girls, there are many ways that they still suffer from sexism. Girls and women face much greater rates of family violence, sexual harassment, sexual assault, greater responsibility for domestic tasks and childcare, and less earning power than boys and men.

Boys and men conversely are more likely to experience privileges compared to girls and women, such as independence, income, authority and access to relative power.

When raising boys, adults tend to encourage active play, achievement, self-assurance, competition and access to greater power. By contrast, girls tend to be encouraged toward nurturance, relationships, compliance, looks/image and are granted less access to power.

For example, “Stand up like a man!” to a boy, versus “What a pretty little girl!” to a girl.

Sexism is closely linked to the following oppressions.

Homophobia/Bi-phobia

Homophobia is the **irrational fear, hatred or intolerance of lesbians, gays and bisexuals**, and others perceived to be, including pansexuals. It is based on ignorance, stereotypes and prejudice

related to ideas that lesbians, gays and bisexuals are inferior to heterosexuals.

“Bi-phobia” is similar, but relates specifically to bisexuals and those perceived to be, including pansexuals.

Bi-phobia is strong both in the heterosexual community, as well as in lesbian and gay communities. It is

especially expressed through the belief that bisexuality is not a legitimate identity and through persistent invisibility.

Homophobia and bi-phobia operate at individual, social and systemic levels. They involve values, beliefs, attitudes and actions that indicate hate, discrimination and “othering” of people who do not fit the prescribed heterosexual sexual identity.

Children and youth frequently receive messages from their culture, faith, schools, peers and families, as well as from media and



The biggest difference between boys and girls is the way we treat them.

(Mackoff, 1996, p. 15)

the broader society, that being lesbian, gay or bisexual is completely unacceptable.

For example, “No kid of mine is a flaming homo!” “Dyke!” “You FAG!” “That’s so gay!” “It’s just a phase.” “Fence-sitter!”

Children and youth typically absorb and believe most, if not all, of the myths and stereotypes about lesbians, gays and bisexuals. This is called “**internalized homophobia**” or “**internalized bi-phobia.**” It contributes to low self-esteem and high risks, such as suicide.

Heterosexism

Heterosexism is the set of **systemic beliefs, prejudice, institutions and practices that benefit heterosexuals over people of other sexual orientations.** It is based on the **assumption that heterosexuality is normal, natural and preferred,** that is, that a given individual is or should be heterosexual.

This is a more pervasive and more subtle source of discrimination against lesbians, gays and bisexuals than homophobia. It is often unrecognized and may be unintended.

Children receive clear messages from families and most other sources that it is expected they will grow up to be attracted to and involved with the “opposite” sex.

For example, (to a girl), “When you grow up and marry a nice man...” or (to a boy), “Do you have a girlfriend?”

Transphobia

Like homophobia, transphobia is the **irrational fear, hatred or intolerance of trans**

people, including those who are gender independent, or those perceived to be so. It is based on the **assumption that gender must agree with one’s physical sex** and that everyone must only express their gender in certain ways that society decides.

Children and youth are taught distinct cues and codes for girls and for boys, which are viewed as polar opposites. There is little room for flexibility. Gender expression is usually rigidly controlled, and diversions are frequently punished.

For example, “Look at the f___ing tranny! Let’s get him after school!” “Hey you, you’re in the wrong washroom!” “What are you!...a boy or a girl or an ‘it!’?”

Genderism

Like sexism, genderism² is a widespread **system of beliefs, prejudices, institutions and practices that presumes there are only two sexes and genders, and that one’s physical sex pre-determines one’s gender...** that is, the assumption that physical sex and gender identity and gender expression must all agree. The system benefits people whose sex and gender are congruent (gender conforming), and greatly disadvantages those whose gender identity and/or gender expression is different from their physical sex (ie. trans or gender independent).

Sexism and genderism are very closely tied – both rely on rigid gender rules. Children and youth receive clear messages very early on about what is expected for boys versus what is expected for girls.

² Thanks to Kyle Scanlon of the 519 Church St. Community Centre for this useful concept.

For example, (to a boy), “Be brave...Don’t be such a sissy!” “Don’t be silly...pink is for girls, not boys!” You can’t be a girl...you have a penis so that makes you a boy!”

Oppression related to sex development differences

Unfortunately, oppression related to the expectation that one’s physical sex be entirely consistent as fully male or fully female, does not even seem to have a name yet, to our knowledge. However, the expectations are real nonetheless that one’s physical sex characteristics must be consistent. It is based on the assumption that there are only two polar opposite sexes, with no room for any sort of variation.

Children and youth with intersex conditions receive messages that their bodies are shameful or horrific. These messages fuel the sense of panic that the medical system sometimes feeds by advising parents to agree to immanent “normalization” surgeries to make their children’s genitals appear more typical. In fact, such drastic interventions are controversial and are not evidence-based.

For example, “Freak!” “Gross!”

How these oppressions work together

All of these different oppressions – **sexism**,

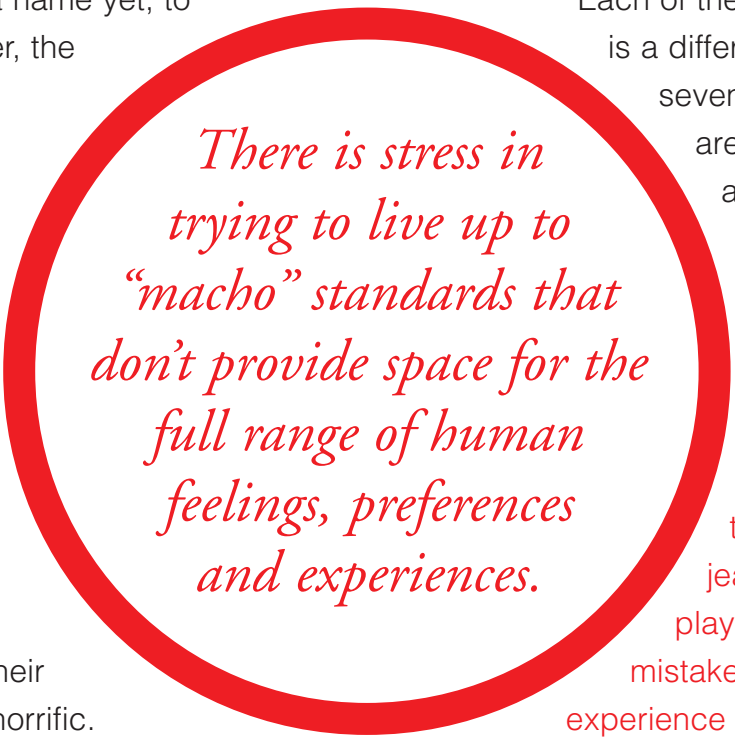
homophobia, bi-phobia, heterosexism, transphobia, genderism and oppression related to sex development – are closely intertwined together. Although each is distinct, they overlap tremendously and reinforce each other.

Each of these oppressions bolsters society’s rigid notions about who can be a girl or boy, what they are like, who they can love, and what they should and should not do.

Each of these seven oppressions is a different side of the same seven-sided figure...they all are rooted in narrow ideas about who is a girl or boy and what society determines they should be like and do.

For example, when a girl does not like typically “girly” things, but likes loose jeans and T’s, wants to play hockey and gets mistaken for a boy, she may experience a number of these

oppressions. She may face criticism for playing hockey as a girl, since it may be viewed as a “boys’” sport (sexism, genderism). Her hockey team may get terrible times for ice practice, as girls’ teams are notoriously short-changed in ice time (sexism). She may be told to dress, walk and style her hair in a more feminine way (sexism, genderism). This pressure to be more feminine may be partly based in a fear that she may grow up to be a lesbian (homophobia) and an assumption that



There is stress in trying to live up to “macho” standards that don’t provide space for the full range of human feelings, preferences and experiences.

being a lesbian is very negative (heterosexism). If she ever said that she feels more like a boy, “he” may get rejected, harassed and beaten for it by his family or peers (transphobia, genderism). If she discovered she had an intersex condition, she may feel shame, dread and fear resulting from the expectation that this kind of sexual diversity is unacceptable.

It is clear that these systems of beliefs, prejudices and discriminatory behaviours provide significant disadvantages and risks to some kinds of people, and benefits to others. However, the full impact is less clear-cut. Even though some people who fit social expectations typically get certain clear benefits, there are other ways that EVERYONE suffers from the ways these oppressions work.

For example, a heterosexual boy who feels like a boy and has a masculine gender expression would experience substantial advantage or “privilege” in relation to his gender and sexual identity and expression. However, even he may lose out on opportunities to explore who he is more deeply, or develop interests that may be criticized as “too soft.” There is stress in trying to live up to “macho” standards that don’t provide space for the full range of human feelings, preferences and experiences. He may be terrified if he finds himself feeling any sexual or romantic interest in another boy. Even if there was no such interest, he knows he must be vigilant about not expressing any kind of affection or positive emotion toward another boy, for fear it may be interpreted as romantic or sexual. And he almost certainly

cannot become friends with a gay or trans youth, if he wants to maintain his “macho” image, or he will be accused of also being gay or trans himself.

Therefore it is important to understand that the problem is not with people who fit the majority and meet social expectations – guilt is not useful here. Rather, the problem is with the beliefs and the social systems that reward some and punish others based on somewhat arbitrary ways of dividing people up.

The focus here is not in *who* any of us is (even if we are heterosexual and gender conforming)...rather, the focus lies in how we respond to these beliefs and practices, as an individual, as part of a community and as part of social institutions that often perpetuate oppression. By actively choosing to be an ally, even in small ways, we directly work to interrupt the cycle of oppression, regardless of how we may identify.

Re-visioning Another Reality

Fortunately, oppression is not the only possible future for children and youth who do not fit society’s gender and sexual identity expectations. With support, they can flourish as happy, healthy, well-adjusted, contributing members of society who have a positive sense of self.

What we say and how we respond to young people who may be LGBTIQ or gender independent matters – we have an impact on their lives.

When the way we serve and care for children and youth includes judgement, rejection, strong expectations to be

heterosexual and gender-conforming, pressure to change who they are, or discrimination, then we unwittingly contribute to negative, unhealthy outcomes for these young people.

Instead, when children and youth are affirmed for who they are in terms of sex, gender identity, gender expression and sexual orientation, this is a healthy, positive and supportive response that can lead to healthy, positive outcomes (Ryan, 2009a; Ryan, 2009b; Brill & Pepper, 2008; Lev, 2004; Wilber, Ryan & Marksamer, 2006).

We need a way to become more conscious about how we think and feel about who is a boy, who is a girl, what are they like, what can they do...and how we communicate these ideas and feelings to the children and youth we serve or care for.


We need a way to communicate messages to all children and youth that they are unique individuals, that they do not need to contort themselves to fit cookie-cutter moulds of who they can be, that they are lovable just as they are, and that they are valuable members of our communities who have much to offer.

The *Affirmation Framework* outlined in this document guides us to **re-vision our ideas about “girls” and “boys” and affirm all children, youth and families as they are** in terms of their gender and sexual identity. The

Affirmation Framework also gives us tools to transform our environments, creating positive, safe, equitable spaces for them to be who they are, and thereby achieve healthier outcomes.

“At one point the thought hit me – what difference does it really make? I mean all I’ve really wanted is for my kids to be happy. Why should being transgender change that? It was so clear all of a sudden.”

*Father of a 17-year-old trans youth
(Retrieved from
www.familyproject.sfsu.edu
on November 14, 2011)*




*At one point the
thought hit me – what
difference does it really
make? I mean all I’ve really
wanted is for my kids to be
happy. Why should being
transgender change that?*

www.familyproject.sfsu.edu

3. *We Are Your Children Too*

– Understanding LGBTIQ and Gender Independent Children and Youth



*My dream is to
live in a family that
will accept me and where
I can just be a kid.*

*Youth in Care
(Woronoff, Estrada, & Sommer,
2006, p. 86)*

We Are Your Children Too – Understanding LGBTIQ and Gender Independent Children and Youth

“Admit that we exist.”

Trans youth in care

- Who are the children and youth we serve and care for, when we think about gender and sexual diversity?
- Who are LGBTIQ and gender independent children and youth?
- What challenges and opportunities do they face?
- What is similar among all these groups? What is unique to each group?

“My dream is to live in a family that will accept me and where I can just be a kid.”

Youth in Care (Woronoff, Estrada, & Sommer, 2006, p. 86)

Children and youth are wonderfully diverse in terms of their gender identity, sexual orientation, physical sex, and how they express their gender. Even among those who are LGBTIQ and gender independent, there is wide diversity. One might wonder why we even put them together in the same document. What is common, for example, between a small child with an intersex condition, and a Two-Spirit youth?

These groups share many similar issues, while other issues are distinct. Note that even heterosexual and gender conforming children

and youth may share these experiences if they are “accused” of being LGBTIQ or targeted for having a family member who is.

Let’s first examine what kinds of experiences are common among those who are LGBTIQ or gender independent – systemic barriers and risks; and strengths and opportunities.

Then we will separate each of the main gender and sexual identities and indicate specific differences among them.

Common Experiences

Systemic Barriers and Risks

There are clear patterns in how LGBTIQ and gender independent children, youth and families are commonly treated by others that reflect pervasive systemic bias and barriers. These infuse the broader society, various cultural and faith communities, services and societal institutions.

Our own service and care delivery deserves careful examination about how these biases, systemic barriers and risks may play out with those we serve and care for.

1. Stigma

There is a consistent message, repeated from many sources, that how LGBTIQ and gender independent children and youth feel and who they are is abnormal and less valuable – that there is something “wrong” with them and they are “less than.” These messages are based in negative stereotypes that marginalize them. They learn that they should change who they are and behave in ways that fit

with what people around them expect. They may learn to hate themselves even before they know they are part of the LGBTIQ community.

2. Invisibility

Service and care providers are often unaware that they are working with LGBTIQ children and youth, especially if they are gender conforming or do not fit stereotypes about LGBTIQ people. Families may not realize their child may be LGBTIQ or struggling with identity, stigma and oppression.

In service organizations, invisibility may be both caused by and reinforced by a lack of organizational recognition of LGBTIQ children and youth. Examples could include failing to ensure positive spaces and inclusive discussions about diverse gender and sexual identities are woven into all services and care for all children, youth and families.

This invisibility results in specific needs not being identified or addressed, which increases risks substantially. Children and youth may be isolated to sort out their feelings and identities, and to deal with

stigma and oppression all alone.


3. Secrecy, based in fear

Many LGBTIQ and gender independent children and youth understand that being open about how they feel can bring on disapproval and harsh treatment. Many will hide their feelings and maintain a “secret.” This can create stress, anxiety, fear of being “found out”, heightened vigilance, lack of honesty in

relationships, and a deep sense of being “not good enough.”

Some lack the language to describe how they feel.

Some cannot or will not hide their feelings, but even they may sometimes *wish* they could hide because the punishment is so harsh.



*By pointing at
some other kid and
shouting ‘look at the fag!,’
it draws attention away
from me and makes people
a lot less likely to think I
might be gay!*

4. Pathologizing treatment

LGBTIQ and gender independent children and youth often receive direct or indirect messages that they have a psychological disorder, that being LGBTIQ is not normal, that this is “just a phase” or results from having been abused, or that they are confused, or they need to be “fixed,” or that they are too young to know who they are, or that other factors make them unable to understand their feelings. They receive pressure to conform to social expectations about who

they are. They may be subjected to treatment aimed at trying to make them heterosexual or conform to gender stereotypes. These treatments are based in the bias that values heterosexuality and gender conformity over diversity.

5. Denial of access to LGBTIQ information and community

LGBTIQ youth need to find a community of others like them to develop friendships or age-appropriate romantic relationships, just as heterosexual and gender conforming youth routinely do. They need role models to offer positive images about adulthood as an LGBTIQ person. They need information about different LGBTIQ identities, about dealing with oppression, about “coming out” and coming of age as an LGBTIQ person.

If such relationships and information are denied, their isolation is intensified and they lose opportunities to develop important interpersonal skills or find community. LGBTIQ people are one of the few communities who do not usually grow up in a family with others like themselves, to help them develop a strong sense of self and resilience against stigma and discrimination.

6. Denial of the right to self-determination

LGBTIQ and gender independent children and youth often receive messages that they cannot be who they are. They may be told they need to be heterosexual in

order to be accepted. A girl may be told she has a vagina, so she can't be a boy. An intersex child may be told the shape of their genitals must be changed so they can look like a real boy or girl. A gender independent girl may be told she must wear dresses and pigtails or face punitive consequences. A transsexual adolescent may be told he will not be supported in his desire to transition and access cross-sex hormones.

LGBTIQ and gender independent children and youth routinely are denied the right to explore who they are, determine their own identity and find ways to express who they are.

7. Risks – Tolerance of anti-LGBTIQ behaviour and lack of safety

Risks that are related to how others respond to LGBTIQ and gender independent children and youth can be intense and can be dangerous. These risks can come from many different sources, including families, foster parents, peers, teachers, cultural or faith communities, spiritual leaders, coaches, health care providers and service providers.

Often one child will experience many of these negative treatments from many different sources. These experiences may occur on an ongoing basis, and may seem relentless.

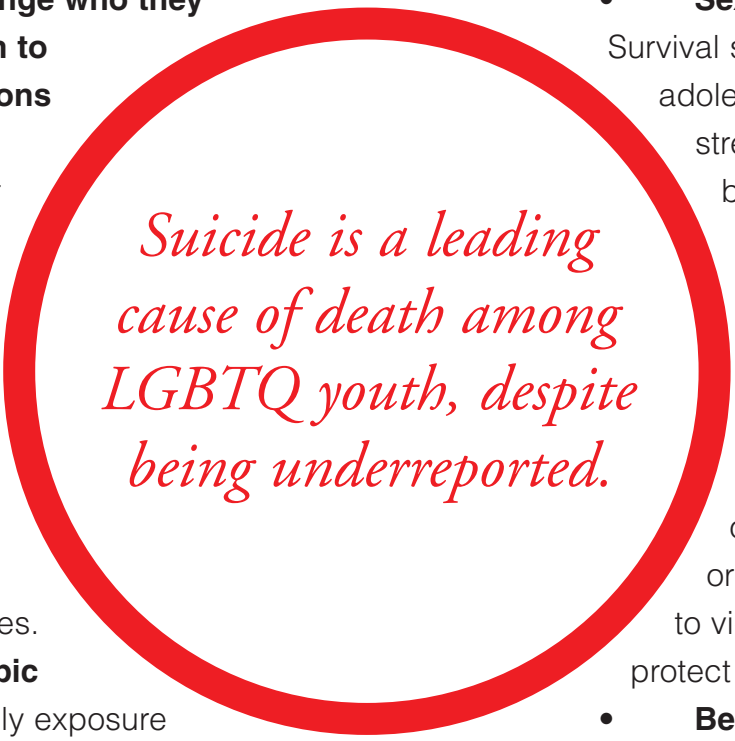
- **Judgement** – Hatred, assumptions,

disdain, belief in stereotypes; belief the individual is sick, sinful, disgusting, abnormal, inferior

- **Invisibility** – Being overlooked, dismissed or told their reality cannot be true, such as “it’s a phase;” “you’re too young to know;” “no child of mine is a _____;” “you can’t be trans, you just need to get over your homophobia and come out as gay;” “it’s a phase.”
- **Pressure to change who they are and conform to social expectations**
 - Pressure to suppress gender nonconformity and to eradicate any same-sex interest or signs can be frequent, intense and may come from many sources.
- **Homo/transphobic comments** – Daily exposure to homophobic or transphobic put-downs, insults, name-calling, derision, even if they are not directed at the youth – eg. “fag”, “battiman” “lezzie” “that’s so gay!”
- **Ostracism** – Exclusion, alienation, isolation, marginalization – by family, friends, peers, teachers, coaches, spiritual leaders, etc.
- **Harassment** – Name-calling, threats, targeting, mocking, cyber-bullying,

defacing property (eg. “fag” on their locker), spreading rumours, stalking.

- **Family conflict, rejection** – Family may reject youth, put them down, exclude them, throw them out of the home or make life very uncomfortable. Parent/teen conflict may be high.
- **Violence** – Physical assault, sexual harassment or assault, emotional abuse, threats, bullying.
 - **Sexual exploitation** – Survival sex or sex work, as adolescents, especially if street-involved or rejected by family.
 - **School** – Peer harassment, alienation, and violence can be extreme. Failure of school administration or other adults to prevent or respond appropriately to victimization; failure to protect the youth.
 - **Being “outed”** – Someone else may “out” a youth, that is, tell others that they are LGBTIQ when the youth has not chosen to share that information. Being “outed” can profoundly impact relationships with families, peers, teachers, etc., and can affect safety.
- **Discrimination** – In various systems, such as education, community services, health care, employment, housing, child welfare, etc. Blaming



Suicide is a leading cause of death among LGBTQ youth, despite being underreported.

the youth for “causing” themselves to be harassed by not “fitting in.” Failure to protect the youth, or to prevent or respond to victimization.

- **Inadequate and biased service delivery** – Health care and other service providers may lack knowledge about LGBTIQ health or social issues and risks. They may presume heterosexuality and gender conformity, or express judgement or bias. Many are especially reluctant to learn about or serve trans youth.

LGBTIQ and gender independent children and youth may feel unsupported by teachers, staff, foster parents or other adults who do not seem to notice or take their fears seriously, or who fail to respond effectively. They may learn that their safety is not important to others, and that they do not matter.

The greatest risk comes when these behaviours are tolerated by families, schools, services, organizations and institutions, which ultimately allow these behaviours to flourish.

(See Appendices for more LGBTIQ youth risks and statistics)

8. Risks – Responses that can lead to unhealthy outcomes

When LGBTIQ or gender independent

children or youth are exposed to the kinds of oppression and risks noted above, they may experience fear, panic, despair, depression, hopelessness and low self-esteem. They may respond in certain ways out of fear, or in an attempt to try to cope with or escape the immediate pain.

Unfortunately, these responses can then create other problems or unhealthy outcomes.¹

- **Internalized oppression** – Believing negative stereotypes about LGBTIQ people and assuming it to be true about oneself; self-hatred, sense of being worthless or unlovable. Common among LGBTIQ youth, including those with intersex conditions. This risk is critical and should not be overlooked, as it can underpin many of the following risks.
- **Mental health concerns** – Depression, anxiety, fear, despair, low self-esteem, hopelessness, withdrawal, self-isolation, self-denial; hiding the truth about oneself; burying feelings and part of oneself as a way to conform to expectations. Lack of any positive vision or hope for the future.
- **Ways to dull the pain, self-harm** – Substance use/abuse (smoking, alcohol, drugs), “acting out”, unsafe sex, engaging in risky situations. Pregnancy rates are higher among

¹ Note that these risks clearly apply to “LGBTQ” children and youth, but it is less clear whether they apply to children and youth with intersex conditions, as little outcome research has been conducted to understand their experiences. However, we know that many intersex young people grow up internalizing messages that there is something terribly wrong with them and this is a big secret. We also know that youth who grow up with negative internalized beliefs are at high risk for many of these ways of coping. However, more research is needed directly about risks faced by intersex young people.

LGBTQ youth than heterosexual youth, sometimes as a way to try to make themselves heterosexual or to hide their identity from others.

- **School underachievement or drop-out** – Especially related to harassment and bullying at school, particularly if it is not effectively addressed by teachers and school administrators. May also relate to depression, despair and self-hatred.
- Engaging in homophobic and transphobic behaviour – Usually as a result of self-hatred or as a way to deny or hide who they are.
For example, “By pointing at some other kid and shouting ‘look at the fag!’, it draws attention away from me and makes people a lot less likely to think I might be gay!”
- **Avoid seeking health care or services** – May avoid coming out to health care providers due to fear of judgement, rejection, discrimination or lack of awareness of LGBTIQ health needs. This increases health risks, including sexually transmitted infections (STI’s), such as HIV/AIDS, as well as unintended pregnancy.

...before I came out, I was afraid they would reject me...But they didn't. They supported me and my parents told me they loved me.

*14-year-old Chinese-American gay youth
www.familyproject.sfsu.edu*

- **Street involvement** – Running away from home or placement, unsafe sex, “survival” crime, homelessness, poverty. Risk of encountering violence, assault, street drugs.
- **Sex work or sexual exploitation** – Especially if street-involved. May be for survival. May also be one of the few ways trans youth may be appreciated for who they are. Further risk of violence, assault, exploitation, unsafe sex, sexually transmitted infections, including HIV/AIDS.
 - **Conflict with the law** – Due to street involvement, “survival” crime, sex work, homo/transphobic targeting and violence by peers. LGBTQ youth, especially trans youth, report targeting by police and correctional officers.
 - **Sexually Transmitted Infections (STIs)** – Including HIV/AIDS. May engage in unprotected sex, sharing dirty needles, especially if they have low self-esteem or internalized homo/transphobia.
- **Possible involvement in Corrections systems** – Targeting and violence by inmates can be high against LGBTQ youth, especially for trans youth if placed in a detention centre that matches their legal sex rather than the

gender that they present or identify as.

There have also been reports of harassment by Corrections staff.

- **Suicidal thoughts and/or attempts** – Suicide is the highest cause of death among LGBTQ youth, despite being underreported.

It is critical to understand that there is nothing inherent about being LGBTIQ or gender independent that causes these concerns or behaviours. Rather, these behaviours are a **direct response to negative stigma, prejudice and discrimination – oppression** – these children and youth experience on an ongoing, often daily, basis. This is referred to as the “Minority Stress Model (Mayer, 2003). This is true even if those experiences are indirect, such as witnessing homophobic comments or actions even if one is not directly targeted.

It is also critical to shift the lens through which we view any youth who exhibit any of these risks. We may have no idea that a youth may be LGBTIQ. However, whenever we see ANY of these risk signs, we need to explore whether challenges relating to gender or sexual identity COULD be a factor.

(See Appendices for more LGBTQ youth risks and statistics)

Strengths and opportunities

9. “Coming Out”

There is usually some kind of process of “coming out” that generally involves certain stages. “Coming out” refers to the expression, “coming out of the closet,” that is, recognizing one’s feelings and who one is, and telling others.

Making the decision to “come out” can be a critical and positive step involving strength and pride – an important decision to refuse to accept shame and stigma. The order of these stages and the process may vary.

- **Denial or hiding**
 - ▶ Pushing away uncomfortable feelings or trying to convince myself that I am heterosexual and gender conforming, despite my feelings (denial)
 - ▶ Pretending to others that I am heterosexual and gender conforming, even though I know I feel different (hiding)
- **Recognition**
 - ▶ “My feelings are not what people expect. I am somehow ‘different’ from others.” This stage may involve challenging past attempts to push away feelings or deny who they are.
- **Self-exploration**
 - ▶ Questioning, reflection. “Who am I? What do these feelings mean about me?”

² (Note that this stage may not necessarily occur for someone who has an intersex condition and does not necessarily choose to identify as “intersexed”).

- **Self-acceptance**
 - ▶ Refusing to deny who I am – “This is how I feel and who I am. I can’t make myself be someone I am not.”
- **Self-identification**
 - ▶ “I am a _____” or “I am someone who _____.”²
- **Coming out**
 - ▶ First coming out to oneself (self-Identification), then telling others – “I have something to tell you...”
 - ▶ With every new experience, deciding whether to come out, to whom, when and how – it is an ongoing process.
- **Identity integration and pride**
 - ▶ “I know who I am, I’m proud to be me.”

Not everyone will move through all of these stages. Some may bury their feelings and deny who they are, which may create inner conflict or get expressed in unhealthy ways. Some may accept who they are but view it as shameful.

Identity is something that usually emerges over a period of time. Adolescents develop identity related to many aspects of who they are. They may “try on” different identities to see how well they fit. They may explore

and experiment, and there can be fluidity in identity development.

Many youth experiment with same-sex sexuality, but may not necessarily be lesbian, gay, bisexual or pansexual. Others may have same-sex feelings but never come out or identify as LGBQ due to fears related to stigma and oppression.

Some trans youth first come out as lesbian, gay or bisexual, and then realize the issue is really about gender rather than sexual orientation...or both. Some intersex youth may feel like a “freak” and then develop pride in their unique sexual features.

Many young people are terrified to “come out” to parents, other adults or peers. They fear rejection and punishment. While these fears are generally well-founded, more and more families, adults and peers are responding positively with acceptance, support, love...and even affirmation.

“I always had a good relationship with my family. So before I came out, I was afraid they would reject me since that’s what I heard would happen. But they didn’t. They supported me and my parents told me they loved me.”

My daughter is a hero. I was so proud when she stood up in school for the other kids who were being abused. I’ve learned a lot from her.

*Father of a 16-year-old rural lesbian
www.familyproject.sfsu.edu*

*14-year-old Chinese-American gay youth
(Retrieved from www.familyproject.sfsu.edu
on November 14, 2011)*

10. Resilience and positive outcomes

The LGBTIQ community is strong and resilient, despite the pervasive oppression and challenges faced. We are an amazing community!

LGBTIQ and gender independent children and youth need to know they have the possibility of a bright, hopeful, healthy, vibrant future. Sometimes the reason adults tell them they need to be heterosexual and conform to gender stereotypes is because they mistakenly fear LGBTIQ young people cannot be happy or build positive futures for themselves. Furthermore, when we see the extent of the risks and oppression, we may be tempted to only envision a negative future.

In fact, a happy, healthy, positive future is absolutely possible, and we have a significant role in creating that positive future.

Clinical experience and research demonstrate that many positive outcomes are possible for LGBTIQ and gender independent children and youth, especially if they receive support, affirmation, safety and community (Ryan, 2009; Brill & Pepper, 2008; Lev, 2004; Ryan, Russell, Huebner, Diaz & Sanchez, 2010).

- Strong sense of self, positive self-esteem, pride
- Resilience, strength, courage, survival skills, self-awareness that can come from overcoming adversity. Learning to thrive.
- Healing, empathy, ability to relate to suffering and oppression others face
- Commitment to fairness, justice, equity. Ability to stand up for others and be an ally, mentor and advocate
- Positive relationships, love, partnership
- Sense of community, close friendships
- Innovative ways to create family or mentor younger people
- Happy, well-adjusted, healthy, productive life; positive contributions.
- Dramatically reduced rates of negative risks.

Chapters 4 and 5 will explain how to create the conditions for that positive future to evolve for LGBTIQ and gender independent children and youth.

“My daughter is a hero. I was so proud when she stood up in school for the other kids who were being abused. I’ve learned a lot from her.”

*Father of a 16-year-old rural lesbian
(Retrieved from www.familyproject.sfsu.edu
on November 14, 2011)*

What's the difference? – More on Gender and Sexual Diversity

Now let's take a look at the experiences and challenges that are unique and distinct among the various gender and sexual identities.

There are **five tables** relating to the five spectrums we examine in these Guidelines:

- **Table 3 – Sexual Orientation**
- **Table 4 – Gender Identity**
- **Table 5 – Gender Expression**
- **Table 6 – Physical Sex or Sex Development**
- **Table 7 – Identities that may Relate to Both Sexual Orientation and/or Gender**

There can be overlap between these parts of who we are, and an individual may hold more than one of these identities – for example, a trans youth could also be bisexual. These tables represent broad spectrums or ranges of how diverse people can be.

For each identity, we examine several questions:

- **Is this a self-identity?** – Is this how an individual may self-identify? OR is this a description of characteristics or behaviours that others may use to understand someone? OR is this an

unwelcome label imposed by others?

- **Brief definition** – What does this term mean?
- **Unique concerns or challenges** – What is unique to this group that may not necessarily be experienced by other identities?

We compare a wide range of identities, including those who adhere to social expectations (eg. heterosexual, gender conforming), to reflect most of the spectrum.

Although many terms are briefly defined in these tables, please refer to the Glossary in the Appendices for further explanations.

“My daughter came out at 17. She cut her hair and changed how she dressed. I had a hard time with that before I understood she feels more comfortable that way. Now I help other families accept their gay children.”

*Mother of a 21-year-old African-American lesbian
(Retrieved from www.familyproject.sfsu.edu on November 14, 2011)*

Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted...without success...Such treatment is no longer considered ethical.

(WPATH, 2011, p. 16)

Comparing Gender and Sexual Identities and Expressions

Table 3: Sexual Orientation

Lesbian, gay	Is this a self-identity?	Brief Definition
<ul style="list-style-type: none"> Some lesbians and gays try to “hide” or pass as heterosexual, and may succeed if their gender expression conforms to social expectations. However, hiding has its own risks, such as fear of being found out, and lack of honesty or authenticity in relationship with others. Gay men’s communities have been hard hit by HIV/AIDS and related homophobia, experiencing a wide-spread, long-term grief. Gay men’s communities tend to be more dominant and more visible than lesbians or bisexuals, therefore exerting more influence on political and advocacy directions. Sexual orientation is a more dominant theme within the LGBTIQ community than gender identity/expression, and whites are more dominant than racialized people. This leaves many sectors more marginalized and invisible than others within the LGBTIQ community. High rates of new HIV infection among young gay men indicate some may practice unsafe sex if they have low self-esteem, believe negative stereotypes, lack a sense of hope for the future, or if they lack access to free condoms. 	<p>Yes</p> <p>“Homosexual” is a medical term that was imposed on the community, and often feels less respectful than “lesbian” or “gay.” It is not recommended.</p>	<p>Attracted primarily to the same sex or gender. This attraction is usually romantic, emotional and/or sexual.</p>
Bisexual, pansexual	Is this a self-identity?	Brief Definition
<ul style="list-style-type: none"> “Bisexual” implies there are only two genders or sexes; “pansexual” is a more inclusive term, recognizing a spectrum of diverse gender identities and sexual bodies, including trans and intersex people. Pansexual is a newer, emerging identity especially 	<p>Yes.</p> <p>“Bisexual” or “queer” are more common ways to self-identify than “pansexual.”</p>	<p>Attracted to “both” sexes or genders (bisexual) or to all sexes or genders (pansexual). This attraction is usually romantic, emotional and/or sexual.</p>

among youth, but is not yet widely recognized.

- Bisexuals are frequently “invisible”, not recognized as a real identity, accused of being confused or of being afraid to make a choice between gay or straight. Also treated like something “exotic,” or unfairly blamed for “spreading” HIV/AIDS.
- My face lack of acceptance by both gay/lesbian and heterosexual communities.
- Risks for bisexuals are frequently *higher* than for lesbians and gays, probably due to the invisibility, marginalization and lack of acceptance within both LGBTIQ and straight communities.

Heterosexual

Is this a self-identity?

Yes.
Sometimes referred to as “straight.” People may not always claim it as an identity...it is simply presumed.

Brief Definition

Attracted primarily to the “opposite” sex. This attraction is usually romantic, emotional and/or sexual.

- Heterosexuals adhere to social expectations in terms of sexual orientation within most, if not all, societies.
- Does not face stigma, negative judgement, secrecy, discrimination or oppression related to sexual orientation. Does not typically need to “come out” since people are usually presumed to be heterosexual.
- Receives benefits, known as “heterosexual privilege”, but may be unaware of these benefits, as they are so ingrained as “normal” – **For example, can hold hands in public with a partner or spouse without fear of judgement or attack.**
- Heterosexuals often fear being accused of being gay or lesbian, especially if they do not conform to gender expectations – “What are you...some kind of homo?” This kind of “gay-baiting” is used to keep people “in line,” conforming to social expectations. They may curb any cross-gender expressions that could suggest a lesbian or gay identity, such as femininity in a male.
- Being heterosexual is presumed. Exploration or reflection about sexual identity or gender expression is discouraged and judged. This can limit who they are.

<p>Queer</p>	<p>Is this a self-identity? Sometimes. Includes lesbian, gay, bisexual and pansexual (and sometimes trans).</p>	<p>Brief Definition Attracted to the same and/or diverse sexes or genders. This attraction is usually romantic, emotional and/or sexual.</p>
<ul style="list-style-type: none"> • “Queer” is often used as an “umbrella term,” as a way to be inclusive of lesbian, gay, bisexual and pansexual people. May sometimes be used to include trans people, “straight allies” or children with LGBTQ parents. It can also be used to designate the community broadly, as in the “queer community.” “Queer” also allows for greater fluidity in how people behave and identify. • Some lesbians, gays and bisexuals are not comfortable with identifying as “queer”, as it may still be used in a derogatory way. Others “reclaim” the word with pride for their own identity, particularly youth. • It is recommended that people who are not part of the LGBTIQ community avoid this term unless referring to how a specific individual self-identifies, or perhaps when citing the broader “queer community.” Ensure the listener understands your meaning. 		
<p>Men who have sex with men (MSM); Women who have sex with women (WSW)</p>	<p>Is this a self-identity? No. This is a description of behaviour, not an identity.</p>	<p>Brief Definition Sexual behaviour includes some same-sex sexual activity, which may or may not relate to sexual orientation. May or may not adopt an LGB identity.</p>
<ul style="list-style-type: none"> • Behaviour does not always match how we self-identify. Some people identify as heterosexual but still have some sexual involvement with people of the same sex, such as a man with a wife and family who publicly identifies as heterosexual, but who sometimes has sex with men, usually secretly. Or a male youth who is exploring sexuality and identity, who may have sex with other boys sometimes, but identifies as heterosexual. • There are many reasons for the apparent contradiction, such as internalized homophobia, fear of cultural or family rejection, or a differentiation between romantic and sexual attraction. For example, a man may fall in love with women, and also enjoy occasional sex with men. Others may prefer not to feel confined by any identity. • Many youth who are sorting out their feelings and who they are may identify as heterosexual, but still engage in same-sex 		

sexual relations. They may be simply exploring sexuality and identity by “trying on different hats” – some may later decide they are really most comfortable with the “opposite” sex. Some may be lesbian, gay or bisexual, but fear negative reactions. They may be bisexual, but not understand this is a viable and legitimate identity. They may feel conflicted or confused by their feelings and need time to sort them out. They may not understand what it means to be lesbian, gay or bisexual, having been exposed only to negative stereotypes – they may not realize that these identities may actually be a positive way to describe how they feel.

- Youth of all identities are at risk of sexually transmitted infections (STI's), including HIV/AIDS, when we presume heterosexuality and when we don't examine homophobia during discussions about sex. If we presume girls have sex with boys and need birth control pills to prevent pregnancy, then information about same-sex sexuality and safer sex does not get addressed. When we fail to examine homophobia during discussions about sex, youth with same-sex feelings may not ask safer sex questions, placing them at risk for STI's. ALL sex education needs to cover safer sex with diverse sexualities, such as sex with both men and women. ALL sex education needs to explore and normalize same-sex interest, regardless of identity. Don't wait for a youth to “come out” as gay before discussing same-sex sexuality. Some heterosexual youth have contracted HIV/AIDS in the mistaken belief that AIDS is a “gay disease” – and because they do not identify as “gay”, they think they won't get AIDS and that they do not need barrier protection during sex.

Table 4: Gender Identity

Transsexual or Trans	Is this a self-identity?	Brief Definition
<p>(1) Male to Female (MTF) – Someone who has or is transitioning from male to female. May also identify as trans, trans-woman, M2F. Referred to as “she.” She likely identifies as heterosexual if she is attracted primarily to men.</p> <p>(2) Female to Male (FTM) – Someone who has or is transitioning from female to male. May also identify as trans, trans-man, F2M. Referred to as “he.” He likely identifies as heterosexual if he is attracted primarily to women.</p> <ul style="list-style-type: none"> Transsexuals are one group of “trans” or transgender people, and usually view themselves as the “opposite” gender to their physical sex. For example, if a transsexual has a male body and a female gender, then she may feel her body is the “wrong” sex and identifies as female, wants to dress and appear as female, take a female (or gender-neutral) name, be referred to as “she,” and may want to make her body appear more feminine. “Transition” is the process trans people engage in to begin presenting publicly as their gender, rather than as what is expected for their physical sex. It can be experienced as difficult, risky, scary, but can also be exhilarating, comfortable, a relief, and like coming “home.” Transition can include social, medical and legal dimensions. Some transsexuals may not desire all aspects. Many are unable to access all aspects desired due to barriers, especially financial. There may be a period of “social transition,” with or without medical interventions. The trans person begins to present as the desired gender through how they dress, adorn themselves, and identify their name and gender pronouns. For example, a female-to-male transsexual may dress in male clothing, take on a male name and bind his breasts. Transsexuals frequently desire medical interventions to support the physical transition of their body to align with their gender, such as cross-sex hormones and possibly sex reassignment surgery. While medical interventions carry a level of complexity 	<p>Yes.</p> <p>“Trans” is usually short for transsexual, or transgender or other related identities.</p>	<p>Someone whose sense of gender is usually “opposite” to their physical sex, and who likely desires to identify and present to the world as their gender most or all of the time. Frequently wishes to change their body to align with their gender.</p>

and risk, they can make “passing” as the desired gender much more believable, increase acceptance by others, and increase the sense of satisfaction and wholeness within the transsexual person. Some risks decrease after transition, or even after beginning cross-sex hormones. Some medical interventions are fully reversible, some are partially reversible, and others are irreversible.

- **Cross-sex hormones** for an FTM will make a female body become more masculine with more muscle mass, broader shoulders, cessation of menses.
- Cross-sex hormones for an MTF will make a male body become more feminine, such as growing breasts, more curves, less muscle mass.
- Cross-sex hormone therapy is most successful if started early as a teenager (usually age 16+, sometimes earlier), particularly if puberty is first suppressed with **puberty-blocking hormones**. In that case, when the puberty blockers are ceased, cross-sex hormone therapy is begun, and puberty proceeds in the desired gender, resulting in greater client satisfaction and less physical intervention required later during transition. Puberty blockers are fully reversible. Some physical effects of cross-sex hormones are reversible; other effects are irreversible.
- **Fertility** issues should be explored before beginning cross-sex hormones. Some transsexuals wish to biologically produce children. Sperm or eggs may be extracted and frozen for future use, or medical transition may be delayed, if desired.
- Some transsexuals desire **sex reassignment surgery (SRS)** to make chest and/or genital areas align with their gender, which can be considered at age 18+. Unfortunately the cost is prohibitive for many. Although SRS is now covered by public health care in Ontario (OHIP), wait lists are long, competent health care providers in this field are scarce, and the approval qualifications and procedures can be difficult or serve as substantial barriers.
- **Other supplementary treatments** may be desired, such as electrolysis, voice training, shaving of the “adam’s apple” for MTF’s. FTM’s may seek “binding” (to hide breasts) and “packing” (a bulge in the crotch under clothing). Financial barriers affect access to some of these treatments.
- Transsexuals also require **competent health care services**.
 - ▶ Counselling from an affirming mental health clinician trained and experienced in transgender issues may be very valuable in supporting the individual and family.
 - ▶ Primary health care from a primary care physician or nurse practitioner with training in transgender health can be very effective, including management of hormone therapy, and other health issues.

- ▶ Involvement of a pediatric endocrinologist is recommended for adolescents when physical interventions are considered.
- ▶ Good communication among all practitioners is essential.
- Health care providers can access information and support to serve trans clients from:
 - ▶ Rainbow Health Ontario at www.rainbowhealthontario.ca
 - ▶ Sherbourne Health Centre in Toronto, including a mentoring program for health care providers, at www.sherbourne.on.ca
 - ▶ Vancouver Coastal Health at www.vch.ca/transhealth
 - ▶ Canadian Professional Association for Transgender Health (CPATH), for provider information, referral and support, at www.cpath.ca
 - ▶ World Professional Association for Transgender Health (WPATH), for assessment criteria, at www.wpath.org
- **Standards of Care, v. 7 (SOC, v7)**, produced by the World Professional Association for Transgender Health (WPATH, 2011), outline assessment and treatment protocols for accessing medical interventions to support transition, including medical, endocrinological and mental health assessments.
- Transsexuals need **legal support** to change the sex and name on their identification and legal documents. They may need support during transition for identification purposes. Some carry a letter at all times from a medical doctor explaining that they are a transsexual in transition.
- Once gender transition is substantially completed, especially if the trans person is able to access all desired components of transition, **satisfaction rates** are very high, risks usually decrease significantly, and they can move forward with attending to the rest of their lives, which may have been on hold during transition. Some no longer identify as “transsexual,” but simply as a man or woman, and do not remain involved in the trans community. Others continue to identify as trans (eg. transman or transwoman) after transition, and may remain involved in the community, perhaps as mentors, advocates or activists.
- Transsexuals face many **risks** that are similar to lesbians, gays and bisexuals (as noted above), but the risks for trans people are typically at much higher rates:
 - ▶ Extreme risk of rejection, harassment, violence by family, friends, peers, teachers, service and care providers
 - ▶ Extreme discrimination – can be nearly impossible to find employment or attend school if they do not “pass” as their gender
 - ▶ Very high risk of suicide – 75% of trans people in Ontario consider suicide and 43% have attempted suicide...youth rates are much higher (Scanlon, Travers, Coleman, Bauer, & Boyce, 2010).
 - ▶ High risks of adopting coping strategies that can create additional problems, such as substance use, street involvement,

mental health concerns, unsafe sex, sex work or sexual exploitation, etc.

- **Additional risks unique to transsexuals include:**

- ▶ Frequent barriers to accessing quality health care and cross-sex hormones, including: financial barriers; lack of knowledgeable and competent health care providers willing and able to prescribe and monitor hormone treatment, especially outside Toronto; health provider bias; long wait lists.
- ▶ Cross-sex hormones must be medically monitored to avoid serious health risks. Hormones accessed from the streets or internet pose high health risks due to poor quality and lack of health monitoring. Even with monitoring, there are certain health risks associated with hormone therapy. These risks must be balanced with the risks associated with NOT proceeding with hormone therapy if it is desired, such as mental health risks, intense unhappiness with one's body ("gender dysphoria"), self-harm and increased risk of transphobic targeting.
- ▶ Difficulty accessing hormones if the youth is not stable or reliable enough to attend health monitoring appointments. These may be especially challenging if there is substance abuse or Fetal Alcohol Spectrum Disorder (FASD).
- ▶ Certain health conditions may require special consideration due to possible contraindications with cross-sex hormones. However, if they are denied outright, the risk of unsafe street or internet hormone usage may also increase health risks. A harm reduction approach may be effective.
- ▶ There are numerous barriers to accessing SRS surgeries – financial, challenges to qualify, long wait lists, shortage of programs and care providers to assess and approve SRS.
- ▶ Transition can be a risky time, as they may not "pass" yet as their presenting gender, thereby placing them at higher risk for transphobic harassment, violence and discrimination. They may be challenged or targeted for using a public gendered washroom or locker-room. They may develop health risks from infrequent elimination.
- ▶ They may lose their job or it may be too dangerous to stay in school, causing interruptions or under-achievement in school or career.
- ▶ Possible conflict with the law, especially if they are street-involved. Possible police charges related to "impersonation", "public mischief" or presenting a "false identity" if the gender they present as does not align with the legal sex on their identification papers.
- ▶ Discrimination, financial barriers and difficulty accessing hormones, surgery and health care increases the likelihood of street involvement, substance use, sex work and sexual exploitation. Many trans youth engage in sex work to pay for

hormones or surgery, or simply to survive. Sex work can be dangerous. Trans sex workers may be specifically targeted for violence or even murder. Despite the risks, sex work for some transsexual young adults can be experienced as positive and validating...this may be one of the few ways they are appreciated for being trans.

Transgender or Trans

Is this a self-identity?

Yes.
Can include a range of gendered identities.
Trans is usually short for transsexual, transgender or other related identities.

Brief Definition

An umbrella term for a broad range of people who diverge from society’s rigid gender norms and who encompass the diversity of gender identity and expression.

- There is a wide spectrum of transgender people’s sense of their own gender – some feel androgynous (between male and female), or some combination of male and female; some feel their gender is more fluid and can fluctuate at different times. Some feel neither male nor female.
- Unlike transsexuals, transgender people are less likely to want to live full-time as the “opposite” gender. They may or may not want to physically change their body to align with their gender. However, sometimes “transgender” is used to mean “transsexual,” and they may want to live full-time as the “opposite” gender and medically alter their body to align with their gender.
- Transgender people may seek full or partial transition with or without medical supports (cross-sex hormones and/or SRS), while others do not. There may be a social transition period with or without medical interventions.
- Many trans people reject the idea that there are only two genders, and some may adopt gender-neutral pronouns, such as “hir” to replace “his” or “her.”
- Can include those who identify as MTF, FTM, genderqueer, genderfluid, gender bender, cross-dresser, bi-gender, transgenderist, transman/woman, masculine-identified female, feminine-identified male, androgynous, etc. Sometimes includes “drag kings/queens” or people with intersex conditions. Transgender may also refer to the broader “trans” community.
- Trans people face many barriers within the LGBTIQ community. The “LGB” portion typically dominates and trans people may experience transphobia, invisibility and lack of acceptance from LGB sectors. This increases isolation and risks, and contributes to community decisions that prioritize sexual orientation issues over gender identity or gender expression.
- Risks are similar to those cited for transsexuals, depending to some extent on whether medical supports for transition are

desired. More research is needed to distinguish risks related to being transgender vs. transsexual, and risks related to whether medical supports for transition are desired, and/or accessed or neither.

Genderqueer, genderfluid, gender bender

Is this a self-identity?

Yes.
Indicates some kind of gender crossing or gender flexibility. See “transgender” section above.

Brief Definition

Someone whose sense of gender falls outside gender lines or social expectations. Their gender is more complex than simply “male” or “female.”

- These terms usually reflect a rejection of the “gender binary” i.e. male and female as polar opposites. They include people with some kind of gender crossing, such as both feminine and masculine gender feelings/expressions. Many may identify within the “trans” or transgender umbrella.
- They may challenge socially prescribed gender norms in how they appear and in their mannerisms. They may appear androgynous, or may combine distinctly male and female gender expressions at the same time.
- Some experience their gender to be fluid or changeable – they may feel more masculine sometimes and more feminine at other times. Others may simply feel both male and female at once. Some may feel neither male nor female.
- Often presumed to be gay or lesbian, although they may or may not be.
- As a distinct group, there has been very little research into their specific needs, concerns or risks; however, as a “trans” sub-group, it is believed their risks would be similar to the risks identified for trans youth generally.

Table 5: Gender Expression

Gender independent	Is this a self-identity?	Brief Definition
<ul style="list-style-type: none"> Often presumed to be gay or lesbian. They may or may not be LGBTIQ, but we usually don't know the identity or outcome at this time. <i>For example, effeminate boys/men or masculine girls/women are often perceived to be gay or trans, and are harassed as if they are. They may later take on one or more of the LGBTIQ identities, or they may be heterosexual and not trans at all.</i> Gender expression gets confused with sexual orientation because of stereotypes about gays and lesbians. Gender expression does not determine sexual orientation, although it can be related. Most gender independent children grow up to be lesbian, gay or bisexual; others cease to be gender independent, and do not identify as LGBTIQ; others later identify as trans. Negative messages and targeting about being LGBTIQ may make coming out more difficult if they do have feelings related to being LGBTIQ. They may be unable or unwilling to conform to gender expectations, but suffer targeting, alienation, bullying and harassment for being who they are. They may be pressured to suppress their cross-gender feelings and expressions, and to conform to rigid social expectations. This can cause a child to “cut off” and bury a part of who they are, which can lead to inner conflict, loss of sense of self, low self-esteem, a feeling of being fundamentally flawed, isolation related to carrying a “terrible secret” about themselves, mental health concerns, or other negative outcomes. Many fear being “found out.” 	<p>No, not likely.</p> <p>We use this term to describe children and youth who do not conform to typical gender expectations and who do not identify (yet?) along LGBTIQ spectrums. The main spectrum we are aware of is “gender expression,” but other spectrums may be involved, like sexual orientation and/or gender identity. We won't know until the child later self-identifies.</p>	<p>Someone (usually a child or youth) whose way of expressing gender differs from societal expectations and who has not otherwise self-identified along LGBTIQ spectrums.</p> <p><i>For example, an unusually feminine boy or an unusually masculine girl.</i></p>

- They may experience **rejection and alienation** not only from the broader society, but also from their own family and community. Some may be forced to experience and respond to oppression all alone, perhaps without a single ally.
- Many are isolated and prevented from forming any community with others like them or other LGBTIQ people, in the mistaken belief that they will be “negatively influenced.” They may feel like there is no one else like them in the world, and lose any support and coping strategies they could gain from peers.
- Some pre-puberty children may feel very clearly and strongly that their gender is starkly different from what is expected for their physical sex, and this sense may be persistent over a long time.
For example, a biological boy may have felt for many years that “she” is really a girl – and may wish to dress like a girl, play “girl” kinds of activities, use “girl” mannerisms and voice inflection, adopt a girl’s name and be referred to as “she.” This may be an intense and persistent desire. For some children, it may be sufficient if we provide affirmation and safe spaces for the child to cross-dress and enjoy presenting as a girl in certain situations (eg. at home or with friends who understand).
- However, for some children, over time, their sense of gender is so intense that even these safe spaces are inadequate, and there is an explicit desire to live full-time as their gender. We can explore with the child the possibility of a “**social transition**” before puberty, whereby the child then presents to others as their gender, rather than as their physical sex. The child is then an “**affirmed girl**” (female gender with a male body) or vice-versa as an “**affirmed boy**” – although publicly they would just be a girl or boy, respectively. If the child proceeds with a social transition, it is important to ensure they are clear that SOME children may later wish to transition back; that some children later continue to pursue full transition as a transsexual; and that some will identify as lesbian, gay or bisexual, but not necessarily trans. Be clear that ANY of these options are acceptable.
- **Puberty** is often a time of crisis, especially if the child’s distress is over the *direction* of physical change. **Gender dysphoria** may be intense – severe distress and intense dissatisfaction over their physical sex, which feels markedly different from their gender.
- **Puberty suppressants (blockers)** may be used to allow time to explore feelings, identity and options. Puberty blockers are fully reversible – once they are stopped, puberty will proceed normally for their sex, unless they begin cross-sex hormones, in which case puberty will proceed in many ways as for the “opposite” sex.
- At or before puberty, the child needs clear information about possible identities, coming out, myths dispelled, medical interventions to support trans identities, as well as information about risks, challenges and opportunities. They need support, access to others like them, role models, and possibly LGBTIQ-competent counselling. The family also needs information and support.

- Outcome research on gender independent children is limited, although early research and clinical experience about puberty suppression indicates that it can provide significant positive benefits for the child related to the relief that comes from halting puberty that feels in the “wrong direction, and in allowing time for the child and family to explore identity and options.
- “Treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success, ...particularly in the long term...Such treatment is no longer considered ethical.” (World Professional Association for Transgender Health, 2011, p. 16)

Gender conforming

Is this a self-identity?

No.
This term is used to describe behaviour.
Also known as “cisgendered” or “cissexual.”
These may be self-identities, but are not commonly used or recognized.

Brief Definition

Someone whose gender identity and expression conforms to social expectations.

- Conforms to social expectations in terms of gender identity and gender expression. **For example, a man with a male body who feels like a man and has masculine gender expressions; a girl who dresses and behaves in ways society expects girls to dress and behave.**
- Does not face stigma, judgement, secrecy, discrimination or oppression related to gender identity or expression. Does not typically need to “come out” since their gender was presumed and “assigned” at birth. (Note that women and girls typically face stigma, discrimination and oppression based on their sex, but that is distinct from oppression related to having a different gender identity or expression from their sex).
- They receive benefits for having a gender identity and gender expression that matches their sex; however, they may be unaware of these benefits, as they are so ingrained as “normal.” – They can generally walk comfortably into a public washroom without fear of being accused of being in the “wrong” one.
- As noted above, many people fear “gay-baiting”, that is, being accused of being gay or lesbian. Even those who are gender conforming may suppress any “cross-gender” expressions, such as femininity in a male or masculinity in a female, out of fear they could be interpreted as indicating a lesbian or gay identity. Any exploration or reflection about one’s gender identity, or

how one prefers to express gender, tends to be discouraged, judged and may be punished. This can limit who we are, and some of us may pass on these expectations and judgements to others.

For example, many men avoid developing friendships with other men, or physical contact with men (except in very limited circumstances) for fear they will be accused of being gay. Sometimes when two men pat each other on the back in a congratulatory manner, they will even declare “no homo” to indicate they are not gay.

- Some gender conforming children or youth may, in fact, be LGBTIQ, but they are often presumed to be heterosexual and not trans. Their needs may go unmet. While they may receive certain advantages for being able to pass easily as “straight” and gender conforming, they may also face invisibility.

For example, a feminine girl with long hair, skirts and make-up may not be believed or accepted as a lesbian. Or a youth who was gender conforming as a child may shock parents when they come out as trans, apparently “out of the blue.”

Table 6: Physical Sex or Sex Development

Intersex	Is this a self-identity?	Brief Definition
<ul style="list-style-type: none"> • People with intersex conditions have variations in their reproductive and sexual systems that can include their genitalia, reproductive organs, chromosomes and/or endocrine system, which differ from most people. There are many medical conditions that fall under the “intersex” umbrella, and they can manifest in many different ways. Eg. Androgen Insensitivity Syndrome, Klinefelter Syndrome, Turner Syndrome, Congenital Adrenal Hyperplasia, etc. • Some children with intersex conditions are born with atypical genitalia that make the determination of sex difficult at birth. In other children, their intersex condition may not manifest until later, such as at puberty, when a “boy’s” body may feminize or a “girl’s” body may masculinize. • When babies are born with atypical genitalia, doctors may suggest immediate genital surgeries to make them look more “normal.” The focus is generally on appearance rather than function. There is no medical urgency for this kind of genital “normalization” surgery in very young children. These surgeries are “cosmetic” in nature, rather than functional or health-related, and can carry long-term risks, such as urinary problems, loss of sexual function/pleasure, pain, technical error, and they are irreversible. The child’s gender cannot be known, so the gender may be incorrectly “assigned.” Sometimes secrecy is advocated, and the child may be unaware of the surgeries, even as adults, and even while coping with lasting ill effects. • There are serious ethical considerations related to these surgeries. The child cannot consent; the parents may not be fully informed of the risks, issues and options involved; the doctor may demonstrate bias not based in evidence; there is risk of long-term harm and pain; and the child may later feel betrayed by those who made questionable decisions made on their behalf. 	<p>No.</p> <p>People with intersex conditions identify as male or female. Some people also “reclaim” being intersex as an additional part of their identity, such as “an intersexed man”.</p>	<p>Physical sex is unclear or has mixed male and female characteristics, which can be physiological, chromosomal and/or hormonal. Intersex conditions may be referred to as “Disorders in sex development.” Formerly referred to as “hermaphrodite”, but this term is inaccurate, stigmatizing and disrespectful – it should never be used.</p>

- The best course of action is generally to assign a sex based on best evidence and wait until the child can make an informed choice before considering possible genital surgical alterations. Ensure the family and child receive ongoing support to manage concerns that may arise from having a sexual body that differs from social expectations. View the child first and foremost, as a healthy and vibrant whole. Other medical issues related to being intersex are often present, which should be addressed separately from genital appearance.
- At puberty, there may be a crisis if an intersex condition begins to manifest (eg. the body starts to develop in the “opposite” direction to what is expected), or if the child’s sense of gender differs from how they were raised, regardless of whether cosmetic genital surgery was performed or not. The child and family need support and medical information to make the best health care and social choices. The child needs support to explore and identify their gender feelings, recognizing that sex is distinct from gender. Puberty suppression may allow time to explore feelings, issues and options.
- People with intersex conditions are on the extreme margins of the LGBTIQ community. There is little awareness of intersex people, they are usually not recognized or included as part of the LGBTIQ community, and not all intersex people even want to be part of this community. The intersex community is newly emerging in Canada, and is not (yet) well organized or visible.
- Outcome research on children with intersex conditions is scant. However, intersex adults indicate that, as children, social stigma, concealment, social barriers and the medicalization of their physical variations have been very harmful (Intersex Initiative, 2007).

Typical sex development

Is this a self-identity?

No
This is only a description.

Brief Definition

Someone whose physical sex (sex development) develops as expected – that is, someone who does not have an intersex condition.

- An individual’s physical sex develops in the way that is typically expected.
For example, the external genitalia, internal reproductive organs, and endocrine system all develop “normally,” consistently and as expected.
- They do not usually face stigma, judgement, secrecy, discrimination or oppression about how their physical sex develops; nor do they need to “come out” or hide who they are.
- They receive benefits for a typical appearance, but may be unaware of these benefits, as they are so ingrained as “normal”.

For example, many can change or shower in group settings, such as locker rooms, without fear that the appearance of their sex characteristics will be seriously considered “abnormal.”

- There is wide diversity in the appearance of sex characteristics, most of which are considered within the “norm.” However, the closer on the spectrum that an individual comes to what is considered “not normal,” then the more likely they will be subjected to derision, such as a man with an unusually small penis or a woman with facial or chest hair.

Table 7 – Identities that may Relate to Both Sexual Orientation and/or Gender

Two-Spirit	Is this a self-identity?	Brief Definition
	<p>Yes.</p> <p>Aboriginal term used instead of, or in addition to, LGBTIQ, etc. However, many Aboriginal people are still unfamiliar with the term “Two-Spirit” or the related history.</p>	<p>An Aboriginal person who identifies as, or may be thought of as, LGBTIQ.</p> <p>The spectrum may involve sexual orientation and/or gender identity and/or gender expression.</p>
<ul style="list-style-type: none"> • “Two-Spirit” is a contemporary English term that refers to Aboriginal and Métis people who, in the mainstream society, might be thought of as LGBTIQ. Two-Spirits were traditionally honoured and valued as special people in many First Nations communities. They were seen to hold both male and female spirits (“two spirits”) and could bridge the gap between men and women. They held respected or spiritual roles in the community, such as teacher, healer, shaman, leader, mediator, artist, seer, spiritual guide, social worker, visionary, warrior, or “foster/adoptive” parent. • Colonization and European settlement brought hatred against Two-Spirits, who were seen as a threat to European domination, which relied heavily on sexism and rigid gender roles. Two-Spirits were despised, hunted and brutally targeted by colonizers. • Homophobia and transphobia are therefore now very high in Aboriginal communities. Two-Spirits typically feel alienated and targeted by their Aboriginal communities, LGBTIQ communities and the mainstream broader society. There is little awareness or respect for Two-Spirit identities and histories. This creates invisibility, alienation, shame and internalized oppression for Two-Spirit young people. They may not have words or awareness of Two-Spirit traditions to describe how they feel or who they are. • All of the risks noted above that are common to the LGBTIQ communities exist for Two-Spirit children and youth, although likely at higher rates than LGBTIQ non-Native children and youth. Research on this community is woefully inadequate. • All of the LGBTIQ risks are layered with additional challenges related to Aboriginal and First Nations histories and oppressions, such as systematic “cultural genocide” (<i>No Quiet Place</i>, 1995) and near annihilation that has been imposed by various Canadian and provincial governments against First Nations. This includes the residential school system and the “60’s scoop.” In the latter, it was the child welfare system that deliberately removed thousands of Aboriginal children from their families, communities and heritage with disastrous effects that remain prevalent today. These policies and practices resulted in widespread loss of traditional culture, language, practices, teachings and way of life, in addition to extreme stress, poverty, oppression and the lack of access to resources, opportunities, justice or equity experienced by Aboriginal communities. It is 		

critical for agencies serving Aboriginals to understand this context, particularly those providing child welfare services. (2-Spirited People of the First Nations, (1) 2008 and (2) *A history of 2 Spirited people*, at www.2Spirits.com)

- Services for Two-Spirits are also greatly inadequate, although there is tremendous experience and expertise at 2-Spirited People of the First Nations in Toronto (www.2Spirits.com).

Questioning

Is this a self-identity?

Sometimes, but not usually.

Brief Definition

Someone who is exploring their sexual orientation, gender identity and/or gender expression.

- This term is mainly used to describe people, especially youth, who are exploring or unsure of their sexual orientation, gender identity and/or preferred gender expressions, but is not commonly used as an identity.
- It is healthy for all children and adolescents to question their gender and sexual identities. This allows them to honestly examine their feelings and authentically declare who they are with awareness of a spectrum of possibilities, rather than out of a sense of social pressure or fear.
- A positive space with an atmosphere that is open, accepting, affirming and positive toward gender and sexual diversity best allows this process of exploration to occur among all children and adolescents.

As noted above, there is incredible diversity among LGBTIQ and gender independent children and youth. **For example**, they can include:

- A 20-year-old transsexual youth preparing for sex reassignment surgery
- a bisexual coming out at age 14
- a four-year-old boy who loves sparkles, princesses and playing with dolls
- a 16-year-old youth who feels both masculine and feminine and who identifies as genderqueer
- a seven-year-old girl who is daring, boisterous, “scrappy” and tomboyish
- a baby born intersex, whose parents consider “cosmetic” genital “normalization” surgery.

What all these young people have in common is that they challenge our notions about boys and girls, male and female. They bring us face to face with our preconceived beliefs and our deepest feelings about sex, about gender, about sexuality and about identity. And all may be punished by society for failing to adhere to social expectations related to who they are as gendered and sexual beings.

Our Role in Supporting Children, Youth and Families

The system has failed us in a fundamental way, in not providing a sense of family, belonging and support to help us get through.”

LGBTIQ youth (CAS-Toronto, 1995, p. 10)

The Family Acceptance Project has conducted extensive, large-scale research demonstrating direct links between family responses to their LGBT children and later risks and outcomes for those young people.³

When LGBTQ young people are rejected by their families and not supported to be who they are, the risks dramatically increase and the outcomes tend to be very poor, including high risks of poor health, depression, substance use, street involvement, self-harm, suicidal thoughts and attempts, risky sexual activity, as well as poor self-esteem and lack of general wellbeing.

The system has failed us in a fundamental way, in not providing a sense of family, belonging and support to help us get through.

LGBTIQ youth (CAS-Toronto, 1995, p. 10)

Family rejection dramatically increases risks

In fact, the Family Acceptance Project found that LGBT young people who were rejected by their families during adolescence were:

- over 3 times more likely to use illegal drugs;
- over 3 times more likely to be at risk for

³ (Ryan, 2009a; Ryan, 2009b; Ryan, Huebner, Diaz & Sanchez, 2009; Ryan, Russell, Huebner, Diaz & Sanchez, 2010; Russell, Ryan, Toomey, Diaz & Sanchez, 2011)

HIV/AIDS and other sexually transmitted infections (STI's);

- over 6 times more likely to experience serious depression; and
- over 8 times more likely to attempt suicide than those whose families accepted them for who they are (Ryan, 2009b, pp. 5-7; Ryan, 2009b, pp. 4-5).

Family acceptance protects youth

Conversely, when LGBTQ young people receive acceptance, affirmation and support from their families, then positive outcomes are dramatically increased. Affirming responses help to build a strong and positive sense of self, high self-esteem, hope for the future, a sense of connection and of being cared about. Family acceptance helps protect young LGBTQ people from risks.

The Family Acceptance Project found that LGBT young people who were accepted by their families during adolescence were nearly

- 3 times more likely to believe they can be a happy LGBT adult
- 7 times more likely to want to become a parent than those whose families rejected them (Ryan, 2009b, pp. 5-7; Ryan, 2009b, pp. 4-5).

When young people have this kind of strong foundation, they are more able to make positive choices for themselves and develop resilience to withstand the challenges they face. They are more adaptable, and show much lower rates of substance abuse, conflict with the law, unsafe sex, self-harm, street involvement and suicidal thoughts or attempts. They are much more likely to lead stable, well-adjusted lives and

contribute to society as happy, healthy adults.

“The most important way that parents, families and foster families can help their gay or transgender children is to support that child. This helps their LGBT child develop a deep sense of self-worth and self-esteem... Building a child’s inner strength by helping them learn to value themselves can help your gay or transgender child deal with discrimination and rejection from others. How you react to your gay or transgender children has a deep and lasting impact on their lives... Your reactions affect your child’s health and well-being.”

(Ryan, 2009b, p. 9)

Furthermore, Ryan adds that family acceptance is important not only for sexual or gender *identity*, but also for an adolescent’s unique *gender expression*:

“supporting an adolescent’s gender expression is among the most important family response in reducing risk and promoting well-being in adulthood.

“In addition, we have done analyses which show that high levels of family/parental pressure to enforce gender conformity in LGBT youth is related to very high levels of depression, attempted suicide, illegal drug use and risk for HIV in young adulthood.”

(Ryan, 2011)

How families can accept and support their LGBTIQ children

The Family Acceptance Project identifies a number of ways that families can show they accept their LGBT children and therefore enhance their health outcomes and well-being. These are noted below.

Supportive Behaviors That Help Families Promote Their LGBT Child's Well-Being

- Talk with your child or foster child about their LGBT identity
- Express affection when your child tells you or when you learn that your child is LGBT
- Support your child's LGBT identity even though you may feel uncomfortable
- Advocate for your child when he or she is mistreated because of their LGBT identity
- Require that other family members respect your LGBT child
- Bring your child to LGBT organizations or events
- Connect your child with an LGBT adult role model to show them options for the future
- Work to make your faith community supportive of LGBT members or find a supportive faith community that welcomes your family and LGBT child
- Welcome your child's LGBT friends and partner to your home and to family events and activities
- Support your child's gender expression
- Believe your child can have a happy future as an LGBT adult

(This Table was reproduced from Ryan, et al., 2010, p.211)

*...supporting
an adolescent's
gender expression is
among the most important
family responses in reducing
risk and promoting well-
being in adulthood.*

(Ryan, 2011)

The Family Acceptance Project has provided education and support to many families of LGBT youth and young adults. They have found that, regardless of faith, race, culture, socio-economic or immigrant status, families have the capacity to unlearn myths and stereotypes, re-learn accurate information, and learn to support their children.

The Family Acceptance Project has also learned that even when a family makes *some* movement toward becoming more accepting of their LGBT child, this has an impact on the outcomes for that young person.

“At first my parents tried to make me straight and I was so depressed because I thought they would never support me. But the Family Acceptance Project showed my parents how rejection really hurts gay youth. It’s been like night and day. Thank you!!!”

*16-year-old Latina lesbian youth
(Retrieved from www.familyproject.sfsu.edu
on November 14, 2011)*

We are family

We can say that, as child welfare organizations, we are in the “family business.” We act as substitute families when a child is in care. We create new families through fostering and adoption. And we support families to support their children when we serve them in the community.

Therefore, the results reported by the Family Acceptance Project have direct implications for the work at CAS of Toronto, as well as other child welfare agencies and organizations serving children, youth and families.

This means that, whether we directly play

the role of “parent,” or we create a new family, or we coach the parents and family, we must promote accepting and affirming support for LGBTIQ and gender independent young people in order to secure the best possible outcomes and the least risk for them.

For More Information

The above sections provide a very brief overview of some of the key issues relating to gender and sexual diversity.

Staff, residential, program and foster parent teams at CAS of Toronto are encouraged to invite Out and Proud Program staff to team meetings for special consultation. In addition, individual service and care providers may consult with the Out and Proud Program on specific cases.


As always, staff and care providers are encouraged to attend training provided by the Out and Proud Program to enhance their awareness and skill base. At the CAS of Toronto, this training is considered “core” training, and is therefore mandatory for all residential and service staff and foster parents.

Outside organizations and individuals are invited to attend Out and Proud Program training through the Child Welfare Institute at the CAS of Toronto for a nominal fee. Brief telephone consultation is also welcome. More extensive case consultation or organizational change consultation may be negotiated.

“We tell parents and caregivers to be honest about their feelings, because children know how their parents really feel...And be sure to tell your child that you love them.”

(Ryan, 2009b, p. 11)

4. *Expanding the Circle* The Affirmation Framework



*You can explore
who you are, be
yourself, decide how you
want to identify and
express who you are,
based on your own
feelings.*

Expanding the Circle – The Affirmation Framework

“This little boy just loves dressing up in bright, sparkly, swirling ‘girls’ clothes, and he is so happy dancing about the house. When he got to go ‘trick or treating’ dressed as a princess for Halloween, the sun just came out on his face! He was so different, so relaxed...it was like he finally found his own skin.”

Residential child and youth counsellor

To support and include all children and youth, we need to break out of our mould about how we think about girls and boys and what we think they should do or not do. We need to expand the community circle to include ALL kinds of children and youth, in their own way of being a girl or boy (or both or neither).

In order to **re-vision** a more affirming way to support all our children, youth and families, we have developed an **Affirmation Framework** to guide us in our mutual learning about how to best sustain those we serve and care for.

The *Affirmation Framework* provides an anti-oppressive lens to guide how we think about gender and sexual diversity, and how we apply this vision to our interactions with all children, youth and families.

Many First Nations communities have taught that “we are all part of the circle.” In other words, we all belong in our communities, as we are, with all our unique characteristics

and “gifts.” This traditional teaching offers a foundation for the development of the Affirmation Framework and the guidelines in this document. It is with appreciation to First Nations communities that we “borrow” the circle image.

The theme of the Affirmation Framework is “**expanding the circle**” so that our communities can embrace every kind of girl or boy, child or youth. The circle is elastic. It stretches to welcome and include all diverse gender and sexual identities...whether they feel some combination of male and female, whether they are attracted to the same sex, whether they like to do things typically thought of as “opposite” to their sex, and whether their physical sex has some male and some female characteristics.

All these young people are important parts of the circle, as they are, with valuable gifts and perspectives to contribute to the community.

Jeremy Vincent is a kindergarten teacher in the Toronto District School Board who speaks openly about growing up as a gender independent child and then identifying as gay. When he was 4 years old, he knew he was different from other little boys and liked to do “girl” activities; when he was 6, he knew he really “liked” boys; growing up he knew he could not tell his parents how he felt. He says,

“As a child I thought, ‘how do I fit into this little space when I am really this big?’”

*Teacher who grew up gender independent
(Vincent, 2011)*

What values underpin the Affirmation Framework?

As service and care providers, we espouse certain values. We may have taken training or formal education in a social service discipline. We may belong to a professional association related to human services. Whether we work in social services, foster children or volunteer with people, in all these settings various principles and values are articulated.

While they may vary in detail, most of these principles and values revolve around certain common themes, such as:

- Respecting the individual
- Promoting positive self-esteem
- Respecting autonomy and self-determination
- Appreciating diversity
- Supporting human rights and non-discrimination
- Eliminating oppression
- Striving for equality and social justice.


These are values most of us already hold. Sometimes it is difficult to know how to put these values into practice when we are confronted with controversial issues like sexual orientation or gender identity. We can return to these values and use them to connect to new information.

The *Affirmation Framework* pulls many of those principles and values together and

applies them to children, youth and families we may serve or care for when we are looking at gender, sex or sexual orientation issues.

The *Affirmation Framework* is based on the following values.

1. All people are unique. We have unique bodies, minds, DNA, personalities, preferences and ways of being in the world.
2. We value all persons as unique individuals.
3. Gender identity, gender expression, sexual orientation and physical sex are core parts of the individual self and are naturally varied within all communities.
4. Diversity is normal, positive and valuable. People have a right to be free to be who they are. Communities benefit from broad diversity.
5. We value people, not “in spite of” their unique variations, but partly “because of” their unique variations, which are viewed as positive attributes or gifts. We value diversity, rather than merely “tolerate” it.
6. The “problem” is not with the individual who is “different” from the majority. The “problem” is with a society that does not truly respect and value diversity.
7. Individuals have a right to respect, freedom, autonomy, self-determination and self-actualization.



*...the sun just
came out on his face!
He was so different, so
relaxed...it was like he
finally found his
own skin.*

*Residential child and youth
counsellor*

8. Individuals are part of communities. Healthy communities are diverse, and can recognize, support and value all their unique members.

Based on all of the above values, we can add a final value that underpins the *Affirmation Framework*:

9. Diversity is healthy and positive for communities along the spectrums of gender identity, gender expression, physical sex and sexual orientation. Less common variations are neither pathological nor less valuable...they are simply less frequent or less visible, particularly in societies that punish these variations.

In order to transform these values into reality, we distil them into **four key pillars** that form the foundation of the Affirmation Framework.

The Four Pillars of the Affirmation Framework

The *Affirmation Framework* consists of **Four Key Pillars** or principles that serve as the foundation for the *Guidelines*. They articulate the critical values that guide us in the work we do in relation to gender and sexual diversity.

They are followed by a series of **20 practice guidelines** that flow from the Four

Pillars to translate those principles into day-to-day practice.

The *Affirmation Framework* is especially designed to counteract any negative messages received by any children or youth who do not fit within the socially expected “norm”, such as those who may be LGBTIQ or gender independent. It incorporates approaches that are **strength-based, evidence-based, person-centred and anti-oppressive** in considering how we

serve and care for children, youth and families.

Moreover, the *Affirmation Framework* is intended to be applied to ALL children, youth and families we serve and care for, so that all can develop to their fullest potential within an environment that provides the greatest affirmation of who they are as unique individuals within a supportive community.

The *Affirmation Framework* builds the child’s or youth’s sense of who they are, encourages the emergence of their authentic self, and creates a safe and positive environment based on respect and equity that enhances positive outcomes.

The **Four Pillars** that form the foundation of the *Guidelines* are:

1. Listening

“Explore who you are.”

“...expanding the circle” so that our communities can embrace every kind of girl or boy, child or youth. The circle is elastic. It stretches to welcome and include all diverse gender and sexual identities...

2. Affirmation

“You are wonderful and valuable as you are.”

3. Person-centred Approach

“You can explore who you are, be yourself, and decide how you want to identify and express who you are, based on your own feelings.”

4. Equity

“You deserve a world that is safe, fair, loving and respectful...and where you can be yourself with dignity.”

Expanding the Circle



This circle is like a spiral. As a young person learns and grows and explores deeper parts of their identity, they return to similar themes over and over. They may return to themes they previously explored, such as self-acceptance or coming out, but may deal with them at deeper levels.

As service and care providers, we also need to keep returning to these foundations, or

“pillars,” in the circle as we progress through our stages of work with any particular child, youth or family.

Let’s explore these Four Pillars further, first with a summary statement, and then in more detail.

(1) Listening

- *“Explore who you are.”*
- Listening with an open mind. Noticing the uniqueness in each child or youth. Creating awareness of different ways of being. Providing safe spaces and invitations for the child or youth to talk and be listened to. Sensitively asking questions to help all children and youth explore how they feel and who they are. Listening with “open curiosity” and exploring “clues” about who they are rather than telling them who they should be.

First we need to listen to what children and young people tell us. Children and youth often give “clues” or signals about how they feel or who they are. Watch for clues in their words, questions and behaviours.

For example, perhaps a boy is drawn to pink mittens, ballet, or says he likes boys. Perhaps a youth exhibits risk factors, such as running away, substance abuse and suicidal thoughts. Sometimes a child stops giving direct “clues” or even withdraws, perhaps believing it is pointless or too risky to reveal too much about how they feel. Even withdrawal can be a clue.

Children and youth often receive messages or admonishments to be a certain way. Too

much of this can damage a child's ability to listen to their own feelings or understand who they are. These external messages can be verbal or non-verbal. If we give a look of shame, embarrassment or negativity, or even if we just don't pick up on the clue, we can shut down a child or youth who may be seeking approval, trying to connect with us or testing our reaction.

When we consistently create a safe, non-judgmental environment that communicates acceptance and open curiosity, children and youth may be able to allow their true feelings to emerge and can learn to express and understand their feelings.

For example,
"that's awesome that you are figuring out how you feel! When you say you like boys, do you mean just boys or both boys and girls? Either way is great!"

By acknowledging and understanding their feelings, young people can begin to know who they are. We can be proactive in indicating our openness to diverse sexual and gender identities, and we can ask questions to help all children and youth explore who they are.

(2) Affirmation

- "You are wonderful and valuable as you are."

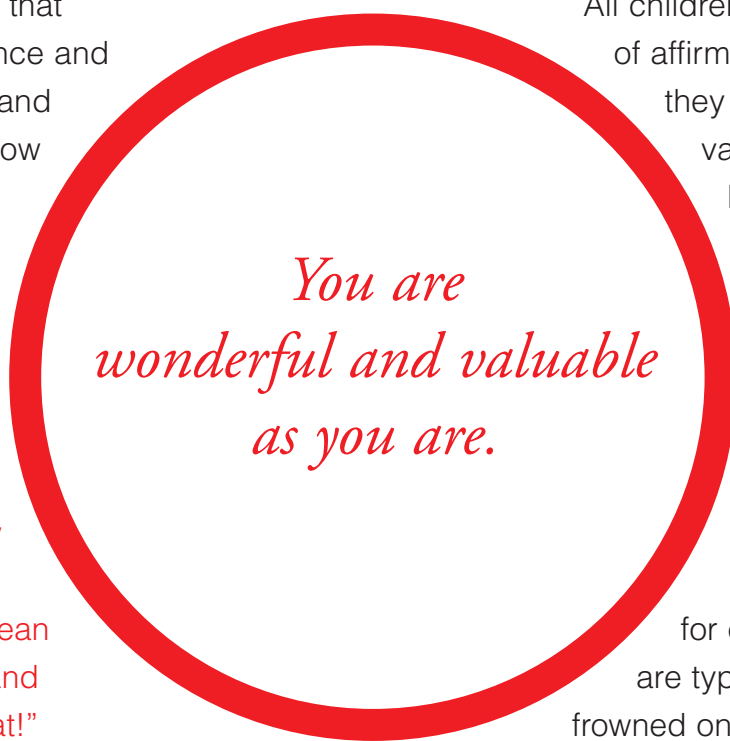
- Accepting and valuing all children and youth as they are, and without judgement. Building a positive sense of self. Affirming the ways they are unique. Commending and encouraging their strengths, capacities, interests and talents. Supporting them to explore, understand and value how they feel and who they are, even in the face of being "different" from what others expect.

All children and youth need plenty of affirmation for who they are, as they are...to be accepted, valued, respected and loved as their authentic self with positive support and encouragement. They need affirmation to help them be their true self, valuing all aspects of their identities.

This is especially true for children and youth who are typically misunderstood or frowned on by the broader society, like LGBTIQ children and youth, or those who do not conform to gender stereotypes.

It is critical that these children and youth receive affirmation for who they are, as they are. We appreciate them, not just *in spite* of their unique variations, but also *because* of their unique variations. They need this affirmation in direct ways from those of us who serve and care for them. And they need us to help them learn to affirm themselves.

This means, for example, that we don't just



“tolerate” effeminate boys and tomboyish girls...we go further to appreciate and celebrate their unique differences as valuable contributions to our society.

For example, “it’s healthy for boys and men to cry and not feel pressured into a ‘macho’ role. It’s healthy for girls and women to be strong and confident, and to not feel pressured into a weaker, subservient or highly sexualized role.”

We recognize that these courageous children and youth have much to teach the world about the expanding possibilities around what gender can mean for all of us. And we tell them so.

(3) Person-centred Approach

- *“You can explore who you are, be yourself, and decide how you want to identify and express who you are, based on your own feelings.”*
- Focusing on the child’s and youth’s own feelings, identities, needs, experiences, aspirations, challenges and well-being, rather than on other people’s expectations about who they can be. Exploring options. Promoting dignity, self-expression, self-determination, autonomy, the authentic self.

As professionals and care providers working in the human service field, we value services and care that are person-centred, placing the needs and well-being of those we serve at the forefront. We value evidence-based practice that leads to the best outcomes for those we serve and care for. We ensure our own personal biases and society’s

biases do not interfere.

When we commit to a person-centred approach to how we provide service and care, we recognize that, when given information, support, affirmation and encouragement, children and youth can know a great deal about who they are and what they need.

We learn to trust and support children and youth to allow their gender and sexual identities to emerge naturally. We encourage them to recognize and value all parts of their identities.

In a person-centred approach, we support and encourage **empowerment**, including the right to autonomy and self-determination. We encourage children and youth to self-identify and self-actualize. We support them to explore options and make healthy personal choices to the best of their ability, especially about identity, privacy, coming out, gender expression, sexuality and possible body modification related to self-identity.

Children and youth are actively supported to gradually acquire the skills to exercise these rights, develop pride in who they are, and make choices for themselves, as they are able. We openly support access to affirming information, resources, services, health care and community to support the development of these skills. We provide safety, protection and advocacy as needed.

For example, when a child does not conform to gender stereotypes, we may be tempted to discourage the behaviours that draw the most attention, and otherwise hope the issue will go away. We may forget that children need information about the wide

range of people who may be like them, and encouragement to explore who they are within a safe, supportive environment.

When we believe children can't cope with this information, we discredit their intelligence, hinder their capacity to articulate who they are, and isolate them in the belief that they are fundamentally too flawed to be worthwhile.

Instead, we can be open with children and youth about how there are many different kinds of people who might be like them – including lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer and questioning people, and those who may not be LGBTIQ at all but simply don't have the same gender expressions as the majority.

(4) Equity

- *"You deserve a world that is safe, fair, loving and respectful...and where you can be yourself with dignity."*
- Actively striving to ensure safe, fair and equitable places for the child or youth to live, learn, work and play. Working to create "positive spaces" for children and youth that are free from discrimination, harassment, systemic bias or barriers.

We recognize that the world is not always fair to everyone. We know that some groups of people repeatedly face judgement, harassment, hatred, discrimination and systems filled with barriers and oppression. This oppression is usually based on who they are – attributes like race, faith, culture, ability, sex, sexual orientation, gender identity or gender expression.

We want equality, fairness and positive

opportunities for the children, youth and families we serve and care for. When they do not conform to gender stereotypes or are LGBTIQ, they need and deserve equity. Unfortunately, they tend to face enormous oppression, often in many areas of their lives.

To work toward equity, it is important to understand the cycle of oppression. See the diagram on page 9.

Whenever possible, we work to interrupt this cycle of oppression. We develop strategies to create more equitable environments for the children, youth and families we serve.

Equitable care and services

These children and youth need us to commit to changing the world to make it more equitable...one bit at a time. They need us to ensure our care and services are:

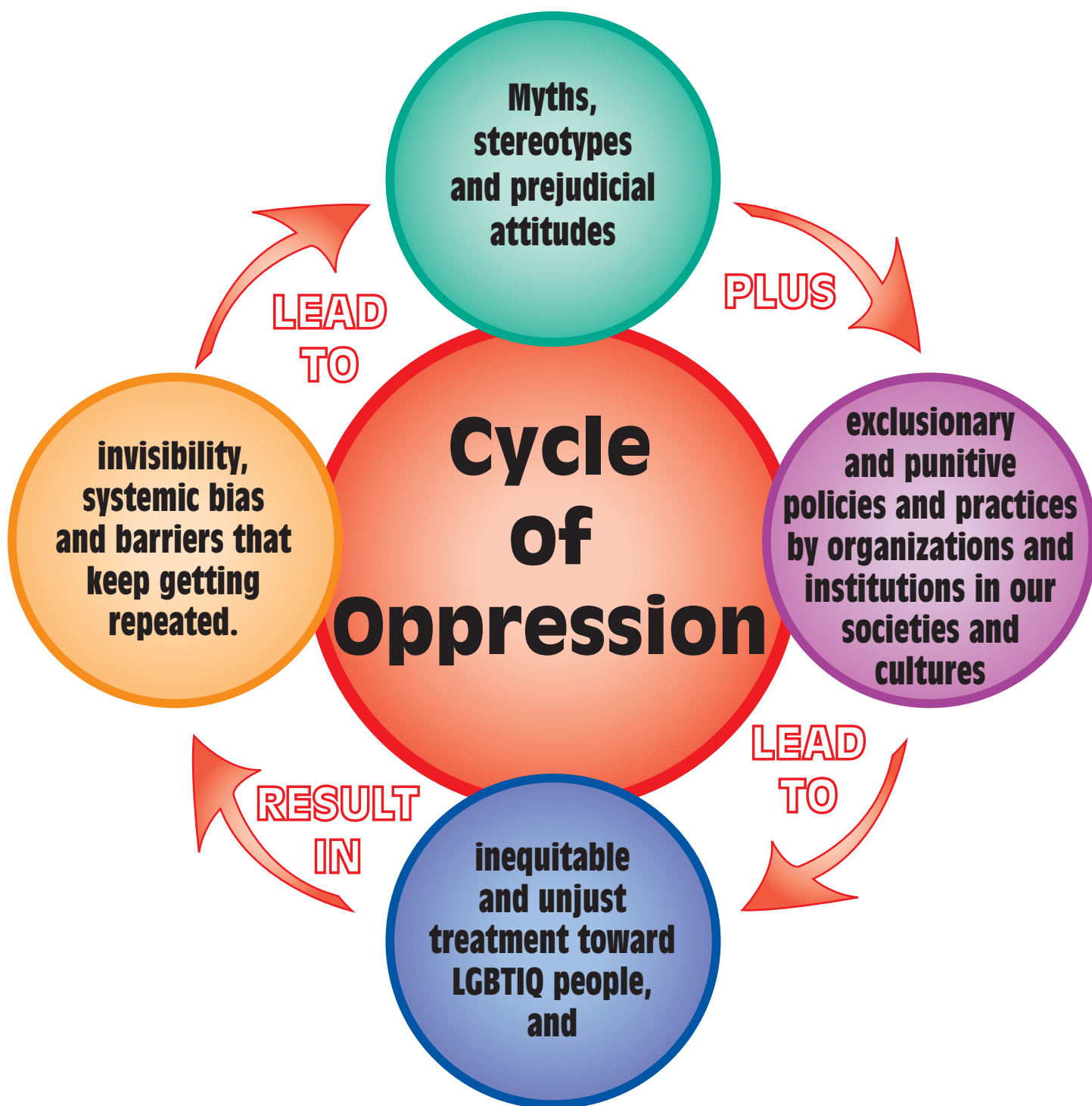
- Equitable and fair
- Positive and respectful
- Free from judgement and bias
- Free from discrimination
- Free from systemic barriers.

Creating positive spaces

However, equity is more than just providing the same service or care to all young people and families. It is about ensuring the *outcome* is positive and equitable. It is about pro-actively creating "positive spaces" wherever any child, youth or family is, that are safe, inclusive, affirming, respectful and equitable.

Advocacy

Equity is also about advocating for change



within our own systems and in other systems, such as education, to ensure greater equality and fairness for children, youth and families right in the places where they live, play, learn, work, gather and grow.

Empowerment

Equity is also about empowerment for these children, youth and families. We respect their own sense of personal agency and power. We make room for it to emerge, so that they can make their own choices and decisions, whenever possible, with information, resources and support. We foster their own autonomy and self-determination.

When we work with an equity lens, we remember that the problem is not located in the unique individual who must change to fit the narrow, judgemental expectations of a harsh and rejecting society...this would be “blaming the victim.”

Rather, we become clear that the problem is located in a rigid and punitive society that must expand to make space for all its members to participate fully, equally and with dignity, just as they are.

Applying the Affirmation Framework

The *Affirmation Framework* invites all of us to “think outside the box” about sex, gender

and sexual orientation. If we just operate from the standard assumptions we have all learned about boys and girls, we will miss the mark, and the children, youth and families we serve and care for may suffer.

When we think about gender and sexual diversity, the **Four Pillars – listening, affirmation, person-centred approach, and equity** – articulate the values we strive toward that we identified earlier, such as: respect, self-esteem, autonomy, self-

determination, diversity, human rights, non-discrimination, anti-oppression, equality and social justice.

These values are about letting children, youth and families know,

“You can be your own unique self. You are wonderful as you are. I’m on your side and you can count on me.”

We provide the best service and care when we can:

- **Reframe the situation** – We use an anti-oppression framework to look at the issues related to gender and sexual diversity. We understand that narrow ideas about girls and boys limit who they can be and can cause harm.
- **Re-vision our goals** – Rather than a goal of attempting to get a child or youth to “fit in” because we believe they are not the “right kind” of girl or boy, we see our goal as affirming who the child or youth is. We



identify and eliminate the oppression they face by “expanding the circle” to make room for every kind of girl or boy, child or youth.

- **Revise how we do our work:**
 - **Listening to the child**
 - **Affirming who they are**
 - **Using a person-centred approach**
 - **Ensuring equity in their environments.**

When we can do this, then we are able to think through and respond to different situations in ways that are most supportive and effective to children, youth and families, especially in relation to gender and sexual diversity. This will promote more positive outcomes for those we serve and care for, especially those who may be LGBTIQ or gender independent.

What we do makes a big difference... especially to a kid who feels judged for being “too different” or for not being the “right kind” of girl or boy.

While we may not be able to single-handedly change the entire world, we can often make enough difference in that child’s life that their reality is substantially shifted. This reality shift can greatly impact on their experiences now and their outcomes later.

What we do matters.

Gender and Sexual Diversity with Other Complexities

“I’ve heard that Two-Spirit people used to be honoured in Aboriginal communities, but now there is a lot of homophobia on the Reserve. How do I talk about that when I am a white social worker?”

Caseworker

“The kids we work with have special needs due to disabilities. How do I talk to them about sexuality or gender when most people don’t even see them as sexual beings?”

Residential worker

No child, youth or family member deals with gender and sexuality issues in isolation. Each one is a whole person and has many other parts of who they are.

One of the delightful things about humans is that there is so much that makes up who we each are, to produce truly unique individuals. Each person is a complex combination of many diverse factors that can all vary in many ways – culture, history, race, physical ability, intellectual ability, sex, size, personality, income, gender identity, aspirations, mental health capacity, gender expression, strengths, challenges, sexual orientation, and many other factors which make each individual distinct.

Everyone also has an internal sense of gender (“gender identity”), a way of expressing that gender (“gender expression”), a physical sex and a sexual orientation. These are four pieces in the puzzle of what makes up an individual.

Some of these many aspects of who we are, especially certain identities, may repeatedly result in being treated negatively,

such as black people who experience racism over and over. When we experience disadvantages, unfavourable treatment and barriers, based on who we are, this is what we mean by **“oppression.”**

Some of us may have these disadvantages based on more than one part of who we are...such as an East Asian girl with a disability. This is called **“multiple oppressions.”**

Many of us also have aspects of who we are that repeatedly result in certain advantages that we would usually just take for granted as “normal”. For example, a white person might feel fairly comfortable, or have an advantage, in a job interview with a white interviewer, compared to a racialized applicant.

Some of the people we serve and care for may face complex challenges, such as mental health challenges, physical or intellectual disabilities or substance use concerns. Many children and youth served within the child welfare system have special needs related to Fetal Alcohol Spectrum Disorder (FASD, a condition resulting from exposure to alcohol while growing in their mother’s uterus before birth). Many children and youth we serve and care for have experienced trauma, including physical, emotional and/or sexual, and are recovering from the impact.

When we serve or care for children, youth or families, we are challenged to find ways to address the full context and complexity of who the whole person is and what is going on for that person in ways that recognize where they may experience oppression. This means using an **“anti-oppressive” approach.**


Similarly, when we apply the *Out and Proud Affirmation Guidelines* to our work, we also need to do so in an anti-oppressive way that integrates all of these factors and

recognizes the full person for who they are. Looking at the whole person includes considering all the relevant factors that make up the individual or family and what they are dealing with, including gender or sexuality issues.

For example, a South Asian gay youth-in-care may deal with both racism and homophobia on a regular basis. When we are

planning his care, we will need to integrate considerations about his race and his sexual orientation into those plans, and ensure we address both the racism and homophobia he experiences.

It is important to remember that gender and sexual identity issues are not minor or somehow secondary to other issues. They can be significant, even if the young person does not say they are.



The kids we work with have special needs due to disabilities. How do I talk to them about sexuality or gender when most people don't even see them as sexual beings?

Residential Worker

For example, sometimes gender and sexual identity issues are at the root of other problems, such as behaviour issues, running, street involvement, substance abuse or suicide attempts. We may miss the mark if we only focus on the presenting problems or on modifying behaviours, without digging deeper to explore feelings, identity issues and experiences of oppression. We may think we need to stabilize the young person *first*, but stability may be elusive if we fail to *simultaneously* explore the deeper issues that cause the instability.


At other times, gender and sexual identity issues combine with other issues in ways that can create a level of complexity that may feel overwhelming for us.

For example, we may think that a young person with mental health concerns or FASD has too many other issues going on and does not have the capacity to deal with gender and sexual identity issues. In fact, these issues may already elicit powerful and confusing feelings for the youth. Our job is not to ignore the gender and sexual identity issues, but to help the young person explore and understand both their feelings and their experiences.

It is, admittedly, demanding to hold all these realities of who a person is and what challenges and experiences they are dealing with...especially when there are many of them and when they are profound. However, when we can hold these realities, then we deepen the benefits of what we do, enrich the lives of those we serve and care for, and produce more positive outcomes.

For more information about diverse identities and multiple oppressions, see Chapter 6, *Seeing the whole person*.

5. Practice Guidelines for Equity – Gender and Sexual Diversity



*I wanted to
make sure we mattered
and to ensure no one else
walked alone as I did, lost
and making so many
mistakes.*

Youth in care

Practice Guidelines for Equity – Gender and Sexual Diversity

Introduction to the Guidelines

Looking Within

– Personal Guidelines for Everyone

1. Educate yourself and reflect
2. Be an ally
3. Create positive spaces

How we Work with Children, Youth and Families

– Direct Service Practice Guidelines

4. Affirm diversity
5. Promote dignity, respect and human rights
6. Foster self-actualization and expression
7. Support empowerment and self-determination
8. Ensure safety
9. Build resilience
10. Connect to resources – Affirming information, services and health care
11. Build community
12. Protect confidentiality
13. Support families to affirm their children

Setting the Stage, Walking the Talk

– Organizational Practice Guidelines

14. Promote a positive organizational environment
15. Develop policies
16. Develop best practices
17. Implement an effective process
18. Ensure education and professional development
19. Monitor and evaluate
20. Advocate systemically

Introduction to the Guidelines

“Not ever finding a gay or queer staff who was 'out' in my journey of youth services, I jumped at the opportunity to...offer up some sound advice on young queer issues in the service community. I felt I could open the eyes of service providers to let them see the importance and impact on queer youth that they serve. I wanted them to protect the youth in care from the homophobia directed by other young people in their care. I wanted to make sure we mattered and to ensure no one else walked alone as I did, lost and making so many mistakes.”

*Youth-in-care, CAS of Toronto
Steering Committee Member*

The guidelines are divided into three sets:

1. Looking Within – Personal Guidelines for Everyone

This first section of the Practice Guidelines, *Looking Within - Personal Guidelines for Everyone*, includes Guidelines #1-3. They are intended for everyone involved in the organization. This includes those **people who provide direct service or care** to children, youth or families, such as: social workers; child and youth counsellors; child protection staff; and resource parents (including foster, kin and adoptive parents).

These guidelines are also written for **everyone who provides supports to direct services staff and who supports the functioning of the organization**, such as administrative, financial, systems, security or

property staff.

When dealing with issues of diversity and oppression, we need to be **self-aware** about our own identity and the pre-conceived notions we have all learned from the society around us. This self-awareness is key to creating **Positive Spaces for all children, youth and families** that are safe, affirming, inclusive, person-centred and equitable. This environment will help to ensure the best outcomes for children, youth and families who may experience oppression based on gender or sexual diversity.

2. How we Work with Children, Youth and Families – Direct Service Practice Guidelines

The *Direct Service Practice Guidelines* include Guidelines #4-13. This section focuses on **how we directly serve and care for all children, youth and families**.

This main focus is on services and care for gender independent and LGBTIQ children and youth. However, there is also information on **supporting families** to accept and love their LGBTIQ children, as well as brief information about **servicing LGBTIQ families**.

These guidelines are targeted to all direct service and care providers, and should be integrated into all care and service delivery, including Plans of Care, on an ongoing basis, in order for the best outcomes to be realized.

3. Setting the Stage, Walking the Talk – Organizational Practice Guidelines

The final Guideline set, *Organizational Practice Guidelines*, includes Guidelines #14-

20. This section identifies key, agency-wide strategies to support the organization to engage in a strategic change process toward achieving greater equity in terms of gender and sexual diversity.

The organizational guidelines in this section are targeted primarily to management and Boards of Directors. However, they are useful for everyone involved within the organization to understand, as they provide an overall map for how we make lasting change.

A commitment to embark on an equity-focused organizational change process can be complex. These guidelines provide an overview of the kinds of efforts that are needed at an organizational level. It is recommended that organizations also seek further information, guidance and expertise in these areas.

Each Guideline follows a structure that outlines:

- a problem
- a goal
- a guideline, indicating a best practice in delivering service or care
- various practice examples.

The practice examples discuss specific kinds of situations that might arise in child welfare work, most of which would also apply to other kinds of services for children, youth and families.

All of the guidelines flow from the *Affirmation Framework* (Chapter 3) including the theme of **“expanding the circle” and the Four Pillars in the model:**

- **Listening**
- **Affirmation**
- **Person-centred Approach**
- **Equity.**

Guidelines 1-3


Looking Within – Personal Guidelines for Everyone



*My main concern
with the social service
system is the lack of
understanding of transgender
issues. As a transgender woman,
my experiences and needs are
different from gay and lesbian
youth in care.*

*Youth (Woronoff, et al.,
2006, p. 80)*

1.



Educate yourself and reflect.
Eliminate harmful biases, beliefs, attitudes,
prejudices and behaviours about gender
and sexual diversity.

“The most inopportune time to increase one’s knowledge about a service population is to learn when they arrive at the agency in a crisis and are in need of immediate assistance.”

(Mallon, 1999a, p. 132)

The Problem

All of us have learned inaccurate beliefs and stereotypes about LGBTIQ people. We all have feelings as well about LGBTIQ people, which are sometimes negative, conflicted, or intense. These beliefs and feelings can develop into negative attitudes and prejudices about LGBTIQ people.

These beliefs, stereotypes, feelings, attitudes and prejudices are **biases** that can lead to negative behaviours, ranging from unintended exclusion, to discrimination, alienation, hatred and violence against LGBTIQ people.

For example, even simple questions like asking a teenage girl if she has a boyfriend or inviting a teenage boy to join the football team, without *first* knowing their preferences, can inadvertently send messages that we are not safe for them to share their innermost feelings. This is especially true if they already feel excluded and afraid of judgement or punishment.

By asking these questions without thinking about what they really mean, we show a **bias**...we make an assumption about this young person that may or may not be accurate, and we imply that one way of being is better than another.

Many of us are heterosexual, and our gender conforms to what people expect of us, and our bodies fit social expectations for our sex. Those of us who fit these social norms tend to have certain social advantages or “privileges”, based on who we are. We did nothing to “earn” them; we just got them at birth.

We each need to examine our own biases and areas of privilege or advantage related to gender and sexual diversity.

For example, if you personally are heterosexual, your body matches expectations for your physical sex (for example, you do not have an intersex condition) and your sense of gender matches your physical sex, then you may not realize that you have “privilege” in the areas of sexuality and gender...that is, you probably don’t constantly feel you are “different” in these areas, or wonder how people may react to you.

Your experience of “fitting in,” at least in the areas of gender and sexuality, shapes your feelings, your point of view and the way you understand certain things.

A “privilege” is an advantage that we may take for granted if we fit in with social expectations of what is commonly considered “normal” or preferred. This privilege is often invisible until we examine certain assumptions.

The most inopportune time to increase one’s knowledge about a service population is to learn when they arrive at the agency in a crisis and are in need of immediate assistance.

Gerald P. Mallon
(Mallon, 1999a, p. 132)

If you feel uncomfortable with the idea that you may have “privilege” in the areas of sexuality and gender, this is a natural reaction to something that may seem surprising. However, it is important to explore and resolve that discomfort so that it does not negatively impact on your work

When those of us who directly serve or care for children, youth or families are unaware of our biases or privileges, they can seep into the service and care we provide, without our knowledge. We can unwittingly harm the children and youth we are here to help, even with the best of intentions.

Even those of us who do *not* provide direct service or care also need to be aware of and check our biases. If we express a bias that excludes LGBTIQ people, this can contribute to an environment that feels unsafe for some, and this can trickle down to those our organization serves.

For example, if someone makes a homophobic joke in the lunchroom, this may make it difficult for an LGBTIQ staff to “come out” at work. When LGBTIQ staff feel uncomfortable coming out in the agency, this lack of safety tends to permeate the entire organization, and LGBTIQ clients may be able to sense that. They may feel that if it’s not safe for staff to be out, then it sure won’t be safe for

them to come out!

The Goal

The goal is to eliminate harmful behaviours that may alienate a child, youth or family, or move us away from equity. We can do this by becoming aware of the biases, assumptions, beliefs, attitudes and prejudices we may hold, even inadvertently.

To do this we continue to learn and reflect on gender and sexual diversity issues. This is ongoing, personal work in which we challenge ourselves to seek accurate information, understand the biases and privileges we may hold and how those biases and privileges impact on what we do.

“It became real clear to me that my caseworker wouldn’t be able to handle it if I came out and told her I was gay. A couple of times I tried to hint about it, but she just wasn’t hearing any of it. And she was always asking me about my ‘girlfriends’. So when she found me a foster home, I knew I couldn’t count on her to have made sure they’d be cool with my being gay. I was afraid to tell my foster family too. So, more time in the closet for me.”

Youth (Woronoff, Estrada & Sommer, 2006, p. 2)



The Guideline

Educate yourself and reflect. Eliminate harmful biases, beliefs, attitudes, prejudices and behaviours about gender and sexual diversity.

- 1.1 **Expand your knowledge** and understanding of gender and sexual diversity on an ongoing basis.
 - Read and consult affirming educational **resources** that embrace gender and sexual diversity.
 - Attend affirming **training** and educational opportunities
- 1.2 **Examine the powerful messages** about sexuality and gender that we have all absorbed from the broader society:
 - **Identify myths**, beliefs, perceptions, attitudes, prejudices, systemic barriers and various kinds of oppression.
 - Challenge yourself to **unlearn the prejudices, stereotypes** and negative ideas about being LGBTIQ which we have all internalized from the broader societies and cultures we live in.
 - **Avoid making assumptions** about anyone's identity. Sometimes there are "clues" about gender or sexual identity, but sometimes there are no clues at all.
 - Be aware of myths and **stereotypes relating to other kinds of oppressions**, such as racism, ableism, and how those beliefs intersect with gender and sexual identities.
For example, remember that anyone

can be LGBTIQ or gender independent, including those who are racialized, newcomers or live with disabilities. They can be any age.

- 1.3 Examine how narrow social expectations negatively **impact on everyone** in a community, including those who *do not* significantly differ from social expectations, as well as those who do.
- 1.4 **Examine your own biases** and recognize where you may have **privilege or disadvantage** in relation to your own gender and sexual identity. Reflect on how your biases, privileges and disadvantages may **impact** on what you do.
For example, even people who are heterosexual and gender conforming face a lot of pressure to fit in because they fear being accused of being gay or of not fulfilling their prescribed gender role. A boy who hesitates to jump into a cold swimming pool might hear "Come on, don't be a sissy! What are you, gay?"
- 1.5 **Understand and integrate** an anti-oppressive framework into your understanding of gender and sexual diversity:
 - There is **wide spectrum of gender and sexual diversity** that spans all cultures, races, faith groups and other communities. This diversity is normal, healthy and positive.
 - Most contemporary societies hold **negative beliefs and attitudes** about people who vary from social expectations, such as LGBTIQ and gender independent people. However, many

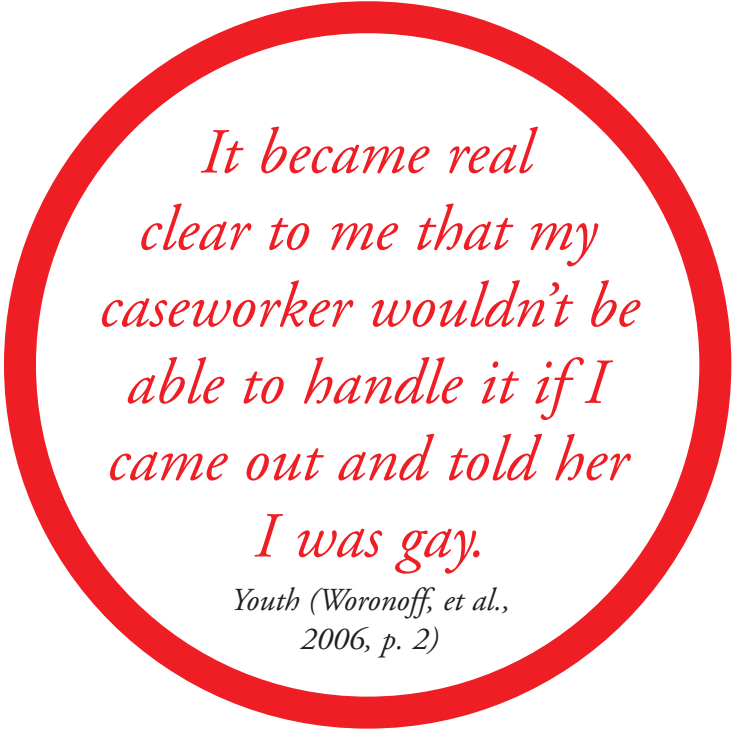
cultures and societies once accepted gender and sexual diversity as normal. European colonization has embedded a great deal of prejudice against gender and sexual diversity into many cultures and societies that previously accepted this kind of diversity.

- There are widespread **systemic biases and oppressions** that are deeply entrenched in systems, institutions and traditions that negatively affect LGBTIQ and gender independent people.
- These beliefs, attitudes and behaviours often **permeate most areas** of an individual's life...family, school, work,

peers, faith group, community, etc. They can have a **profound impact** on an LGBTIQ or gender independent individual.

- The **onus is on the broader society, institutions, organizations and individuals, that is, ALL of us**, to transform environments, systems and services to embrace gender and sexual diversity, and to become inclusive, positive and equitable for all LGBTIQ and gender independent people.

- 1.6 **Recognize and acknowledge your limitations.** Freely admit what you do not know, but indicate you are willing to learn.



*It became real
clear to me that my
caseworker wouldn't be
able to handle it if I
came out and told her*

I was gay.

*Youth (Woronoff, et al.,
2006, p. 2)*

Practice Examples

“My main concern with the social service system is the lack of understanding of transgender issues. As a transgender woman, my experiences and needs are different from gay and lesbian youth in care.”

Youth (Woronoff, et al., 2006, p. 80)

DO...	AVOID...
<p>Examine common myths and stereotypes related to LGBTIQ people. Be able to refute them with facts and more accurate points of view. Recognize why myths and stereotypes are harmful, even the ones that may seem “positive,” such as “Gays are good hairstylists.”</p>	<p>Avoid thinking we know enough about gender and sexual diversity already. There is always more to learn.</p>
<p>Examine our own biases and areas of privilege or advantage related to gender and sexual diversity, as well as our areas of disadvantage.</p> <p><i>For example,</i> if you are heterosexual, you may feel completely comfortable holding your partner's or spouse's hand in public. You don't think about it...it just feels normal and not like a privilege at all...until you realize that people with same-sex partners may need to consider their safety before holding hands. If you are heterosexual, you have the “privilege” of holding hands without fear.</p> <p><i>For example,</i> if your gender matches your physical sex, you probably don't think twice about which public washroom to use...you just always head for the right one. If your gender is different from your physical sex, how do you define the</p>	<p>Avoid thinking it's enough to simply accept everyone.</p> <p>While accepting everyone is a wonderful step, we need to stretch to the next step to look at:</p> <ul style="list-style-type: none">• what we actually believe about LGBTIQ people (bias), and• where we get advantages for being who we are, that we may not recognize (privilege), as well as• where we get disadvantages for being who we are (oppression).

DO...

“right one?” Do you use the one that matches what gender you feel? Or the one that matches your identification papers? Or the one that matches how most strangers view you? Or do you just avoid using a public washroom altogether and risk harming your body due to infrequent elimination? If your gender matches your body, you have the “privilege” of not being questioned or harassed when you use a public washroom.

For example, if you identify as part of the LGBTIQ community, how comfortable do you feel within the organization? Is it safe to be “out” about who you are? If not, why not? How might this affect the LGBTIQ or gender independent clients your organization serves?

Anyone can be LGBTIQ and we may have no idea at all. Sometimes we can pick up on “clues” if we watch and listen carefully, but sometimes there are none. And sometimes clues do not mean what we think they mean.

Children or youth who exhibit cross-gender behaviours and interests may grow up to hold an LGBTIQ identity...or they may not. We don’t know, and we won’t know until they get older and explore who they are and self-identify. Similarly, children and youth who fit in with gender expectations may actually be LGBTIQ, even if we don’t expect it.

However, those who exhibit cross-gender interests and behaviours will often be *presumed* to be gay and will typically be targeted and harassed as if they are gay.

AVOID...

Avoid assumptions about anyone’s gender or sexual identity. In reality, we just don’t know.

DO...

Conversely, some children who express no cross-gender interests or behaviours may suppress their feelings and gender expressions out of fear of being “accused” and targeted as gay. We may have no idea they could be LGBTIQ and they may not get the support and information they need to be able to explore their feelings and identity.

In practice, then, we need to **explore gender and sexual feelings with every child and youth**, careful to convey a spirit of “open curiosity” and acceptance of many feelings, so that they will know we will not judge or punish them for how they feel.

Dig deeper. Find out information that specifically **addresses marginalized sub-communities** within the LGBTIQ community.

- Be aware that **any child or youth could be LGBTIQ**, including those who are racialized, newcomer, Aboriginal, disabled or hold a strong religious faith...even if you do not see any “clues” that they could be questioning their gender or sexual identity.
- Explore the unique **myths that link gender/sexual diversity with other identities or oppressions**. Be able to counter myths that suggest:
 - ▶ “There are no gay or trans people in my race/culture/faith/community.”
 - ▶ “There are too many other complexities in this case for us to open up gender or sexual identity issues.”
 - ▶ “People with intellectual disabilities can’t understand gender or sexual diversity issues...they don’t need to explore their

AVOID...

Avoid assumptions about gender and sexual identity based on another part of someone’s identity.

For example:

Don’t assume that a racialized person is necessarily heterosexual or gender conforming.

Don’t assume that entire racialized, faith or newcomer communities will not support gender and sexual diversity. Even among cultures and faiths that express high levels of homophobia, there are sectors that are open, positive and affirming of gender and sexual diversity.

Don’t assume that children and youth with disabilities are asexual, heterosexual or that their sexuality should be suppressed.

DO...

own gender or sexual identities...they don't need safer sex education.”

(See Chapter 6 for more information).

- Seek LGBTIQ information and resources that focus on the more **marginalized sectors** of the community, such as trans, bisexual, intersex or Two-Spirit youth, and children who do not conform to gender expectations. These groups often get lumped in under the terms “LGBT”, “LGBTQ” or even “LGBTTIQQ2”, but their unique issues rarely get addressed.
- Seek LGBTIQ resources that address **multiple oppressions**, such as LGBTIQ young people who are also newcomers, racialized, Aboriginal, street-involved, homeless, disabled, low-income, or who have a non-Christian or strong faith.

AVOID...

Examine how **narrow social expectations negatively affect everyone** in a community, including those who do not significantly differ from social expectations.

For example, even if you have always had a fully male body, you grew up always feeling like a boy/man, and you have always been attracted to women, you may still have been affected by common ideas that encourage boys and men to be and behave in certain ways.

You may have grown up in a society where you were taught to be tough and not cry. You may have learned to bury your feelings. You learned that you should not like dolls or pink or “playing house” or knitting as a child. You learned it is better for you to walk with a swagger, not a lilt

Don't assume that **narrow social expectations** only harm the ones who don't easily fit into those expectations. **They affect everyone** in the community.

DO...

and that you should not swivel your hips or gesture with a “limp wrist.”

If you disobeyed any of these social “rules” publicly, for example, if you were a sensitive boy who cried sometimes, you may have been called a “homo”, harassed, ostracized or beaten. You may have learned the fear of being accused of being a “fag” or a “sissy”, even if you are not actually gay or trans.

How do you now affirm and encourage an effeminate boy who breaks all these taboos, when you just want to protect him by telling him to “toughen up”...perhaps because you “know” about this from your own experience?

- Recognizing how these narrow social expectations have affected us personally and shaped our own beliefs is a critical first step to considering how to affirm that effeminate boy.

Find ways to expand your learning about gender and sexual diversity.

- Attend training about gender and sexual diversity, such as Out and Proud training at CAS of Toronto.
- To find local training or workshops in your community, contact: local LGBTIQ groups, the Ontario Association of Children’s Aid Societies, or Rainbow Health Ontario. See Resource list in Appendices.
- Access information resources, such as the Out and Proud Program at CAS of Toronto, which has print, film and online resources,

AVOID...

Don’t assume there is no training available, even if your organization is outside major centres like Toronto.

DO...

resource lists, and an internal lending library. Also, Rainbow Health Ontario has a wide array of resources.

- Initiate discussions with your service team, foster parent resource group, peers or your supervisor. Don't be afraid to ask questions respectfully.
 - Invite Out and Proud Program staff to your team meeting at CAS of Toronto or near the Greater Toronto Area.
-

AVOID...

2.

Be an ally.

Seize opportunities to be an LGBTIQ ally.
Eliminate systemic biases and barriers.

“At first, I really opposed that lesbian family adopting my foster child. It’s against my religion. But you know, after I saw how loving they were and how that child just blossomed with them, I went back to talk to my pastor at my church. And I told him he was WRONG! I told him that all he said about homosexuals being sinful and a bad influence on our children wasn’t true, and that he better start thinking twice about what he says in the pulpit! I think I really shook him up some!”

Foster parent

The Problem

As with any marginalized group, we can easily slip into viewing LGBTIQ people in ways that fail to understand them or grant them the full respect they are due. Some examples of disrespectful ways of dealing with LGBTIQ people include:

- **Invisibility or lack of recognition** – “I don’t have anyone like that on my caseload.”
- **Patronizing pity** – “You need us to tell you what to do and look after you.”
- **Blame** – “You brought the targeting on yourself by ‘flaunting it!’”
- **Assimilation**, that is, attempts to change who they are or make them hide – “Just blend in and everything will be fine.”
- **Judgement, disdain** – “LGBTIQ people are sinners/sick/gross!”

These approaches can be experienced by LGBTIQ people as patronizing, disrespectful, hostile and ultimately harmful. Lack of recognition increases LGBTIQ invisibility and isolation. LGBTIQ children and youth may develop “internalized oppression” – they may believe the negative messages about people

like themselves and develop a deep sense of shame about who they are.

We need a fundamental shift in focus away from these approaches. It is not about “fixing” people who we think need treatment to become more “normal,” that is, “like us.” Rather, the focus is about seeing all of us as equal partners in a community in which we are all unique individuals. It is about recognizing that the community benefits from those unique differences and gifts we each bring. It

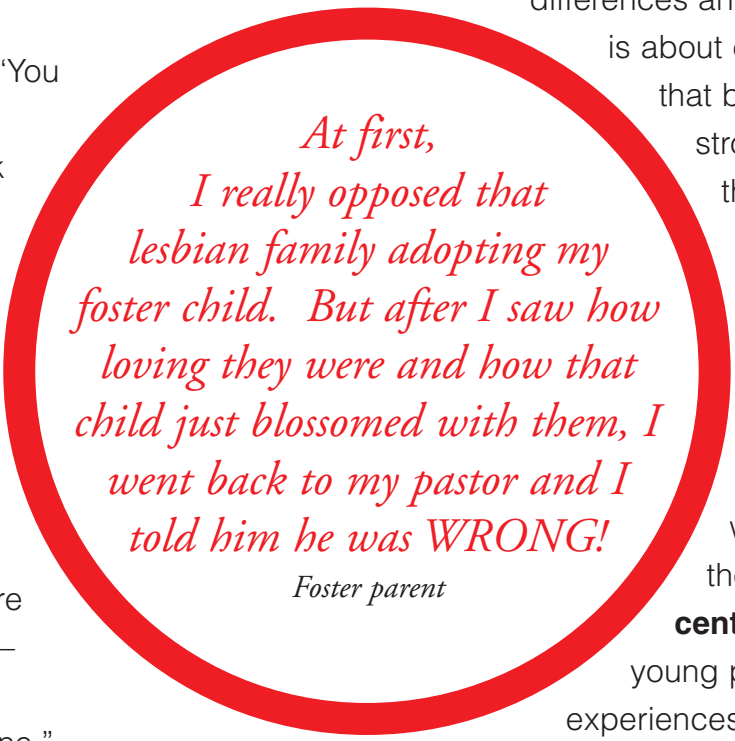
is about creating environments that build equity, justice and strong communities, rather than making everyone be the same.

Therefore, the environments that children and youth live, learn, play and work in must **affirm** who each individual is; they must be **person-centred**, supporting the young person’s needs and experiences; and they must be

equitable, creating space at the table for each one to flourish and participate.

To create these environments, we all have a part to play. We each need to:

- **Be a clear ally** to LGBTIQ and gender independent people. Show that “I am on your side”. Be ready to speak up and advocate as needed. Be a leader, a champion, a mentor.
- Actively work to eliminate **systemic bias and barriers**. Change the ways environ-



*At first,
I really opposed that
lesbian family adopting my
foster child. But after I saw how
loving they were and how that
child just blossomed with them, I
went back to my pastor and I
told him he was WRONG!*

Foster parent

ments are unfair and harmful for people perceived as “different” from the majority. Normalize and appreciate all sorts of ways to be “different” or unique, including gender and sexual diversity.

Of course, changing environments that are hostile to LGBTIQ people or that leave them invisible and marginalized is challenging and takes time. We need to balance safety and the reality that change is slow, with the immediate needs of the children, youth and families we serve.

However, we can make it a priority to work towards the principle that everyone *deserves* fair, equitable environments that accept and value all the ways we are all unique, including the diverse gender and sexual identities we hold.

See Guidelines 8 and 9 for more discussion about ensuring safety and building resilience.

The Goal

The goal is to ensure the environments that children, youth and families live, work, learn and play in are positive, inclusive, equitable and just. This is radically different from simply trying to change the individual to fit into narrow expectations.

The Guideline

Be an ally. Seize opportunities to be an LGBTIQ ally. Eliminate systemic biases and barriers.

2.1 **Interrupt homophobic, transphobic or biased discussions or behaviours.**

- Challenge jokes, stereotypes or assumptions you hear, whether with clients, peers, service/care providers, volunteers or even with managers or Board directors. Counter these comments with accurate information.

2.2 **Raise awareness**

about gender and sexual diversity issues. Seek and create opportunities in your relationships with staff, colleagues, care providers, external services.

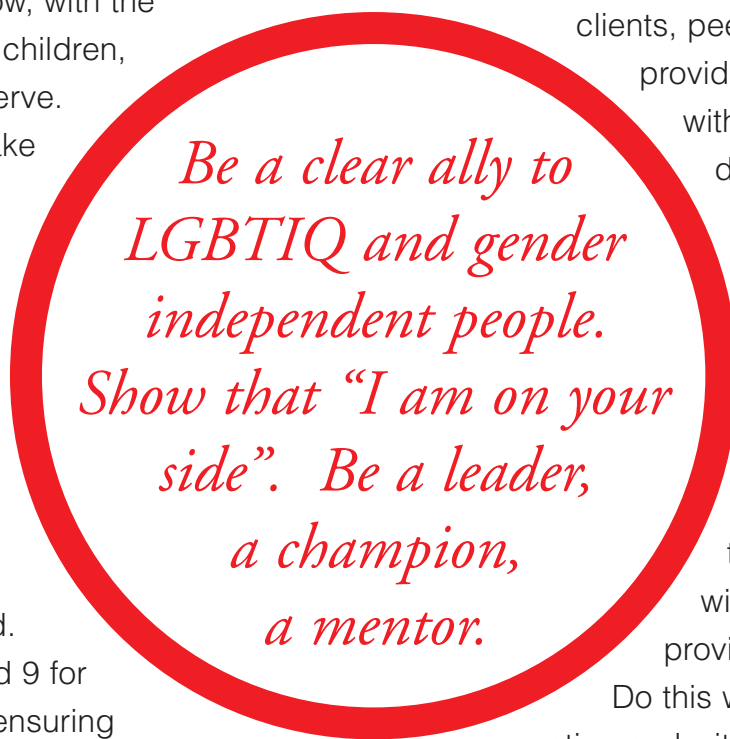
Do this within the broader organization and with the children, youth and families we serve.

2.3 **Be inclusive – use inclusive language**

that acknowledges the possibility of diverse gender and sexual identities and expressions.

2.4 **Advocate**

for children or youth within the many systems that may be involved in their lives – their school, health care provider, foster or group home, family, recreational program, correctional facility,



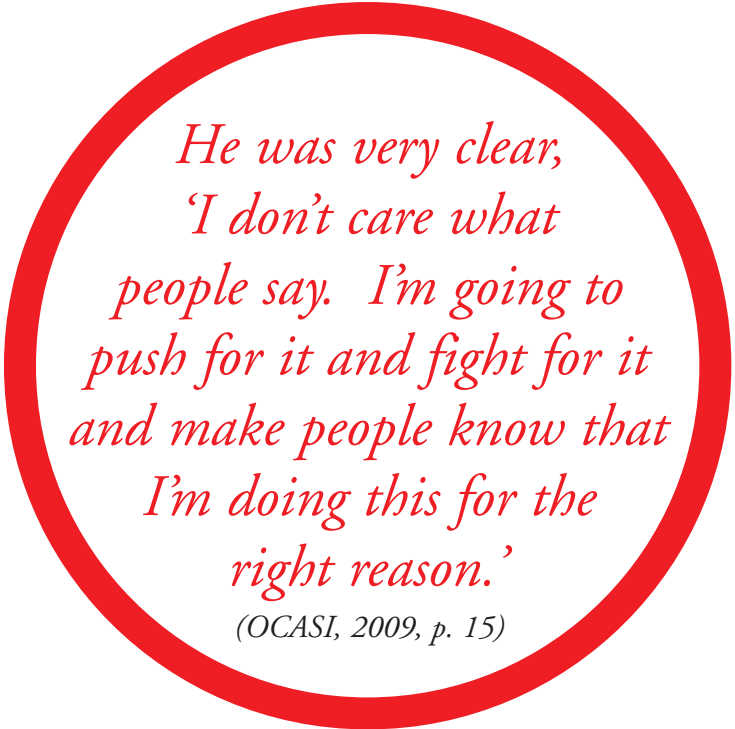
mental health service, etc.

- This advocacy can be done on behalf of an individual child, youth or family. It may be especially important to advocate in a child's school or group home, where they spend so much time.
- Sometimes case advocacy is limited because it reflects a larger systemic policy, practice or law. We can bring

these issues to the attention of our agency or service, and link with others to create wider-reaching systemic changes. (See Guideline # 20).

2.5 **Support LGBTIQ people and initiatives in your organization.**

- Attend or volunteer at PRIDE events within your organization. Speak up about equity for LGBTIQ people.



*He was very clear,
'I don't care what
people say. I'm going to
push for it and fight for it
and make people know that
I'm doing this for the
right reason.'*

(OCASI, 2009, p. 15)

Practice Examples

“This person is very supportive, an amazing ally. He started to work with HIV positive and trans people, and people were making assumptions that he’s queer himself. It was a challenge which took away from his capacity to work with his clients because he had to deal with his coworkers and people in the field. He was very clear, ‘I don’t care what people say. I’m going to push for it and fight for it and make people know that I’m doing this for the right reason.’”

(OCASI, 2009, p. 15)

DO...	AVOID...
<p>Use inclusive and positive language to convey that you recognize different options are possible and valuable. Make it comfortable for children, youth and families to talk openly.</p> <p>For example, try:</p> <p>“Are you interested in dating boys or girls or both?” to both boys and girls.</p> <p>“How do you see your gender?” or “Do you want to be referred to as a boy or a girl?” when gender cues are unclear.</p> <p>“What are your goals when you grow up?”</p> <p>“Whenever you have sex, whether it’s with a boy or a girl, it needs to be ‘safer sex’ to avoid being at risk. Do you know how to have safer sex with <i>both</i> boys and girls?”</p> <ul style="list-style-type: none">• If children or youth react negatively to these inclusive ways of speaking, use those “teachable moments” to talk about identity, assumptions, exclusion and homophobia and how rigid gender rules hurt all of us.	<p>Avoid assumptions about anyone’s sexual orientation, physical sex, gender identity or gender expression.</p> <p>For example, avoid:</p> <p>“Do you have a girlfriend?” to a boy.</p> <p>“Young man” to someone whose gender is not clear.</p> <p>“When you grow up and marry a nice boy and have babies...” to a girl.</p> <p>“Are you using birth control?”</p>

DO...

- Whether talking to clients, co-workers or chatting in the lunchroom, make it a habit to use inclusive language.

For example, the term “partner” is a more inclusive term than “husband” or “wife”, unless that is specifically how someone refers to their partner. Try, “everyone can bring their partners to the BBQ.”

- Speak up in team meetings or foster parent groups, or when you hear a client or co-worker make an assumption about people.
For example, “Actually, he is transgendered, but when they found out, they thought he was tricking them. They wouldn’t see him for who he was.”

AVOID...

“Everyone can bring their husbands and wives to the BBQ.”

“She deceived everyone by masquerading as a man all that time, and really had people fooled.”

It is usually best to **use language that reflects how an individual self-identifies.**

For example, ask how a young person identifies. If they identify as “trans,” “gay,” “lesbian,” “bi,” “boi”, “queer” or “genderqueer”, you can use these terms to refer to them.

However, if a youth self-identifies in negative terms, such as “fag,” “homo” or “battiman”, explore why they choose these terms, as these are typically used in derogatory ways, and could reflect internalized homophobia.

- Some terms, such as “queer”, are best avoided by people who do not self-identify within the LGBTIQ community. Even though it is a term that is proudly “reclaimed” by some members of the LGBTIQ community, it is still used offensively by others. Its use by non-LGBTIQ people could result in confusion

Avoid imposing an identity on anyone.

For example, “Oh, [to a boy] you like boys so you’re a homosexual.”

For example, “You’re not really transgender...you’re just afraid to accept that you’re gay.”

DO...

about intent and meaning. However, if someone self-identifies as “queer”, you can also use that term to refer to them, as in, “she identifies as queer.”

Explore gender preferences without judgement in ways that convey that a range of options are healthy and acceptable.

For example, “What kinds of things do you like to do to be active? Or creative? Lots of boys like to do things we think of as just for girls, and vice versa. But really, people are so much more interesting than what those limiting ideas tell us about what boys are like and what girls are like.”

For example, “How are you most comfortable dressing?”

- Provide children and youth of all ages with a wide array of options for creative, social and recreational activities that may not fit in with more limiting gender stereotypes.

For example, offer hockey to girls and ballet to boys. This doesn't mean we don't let boys play hockey or girls do ballet...it just means we offer wider options than what society usually offers. This gives them the message they can explore what they are truly interested in, rather than just what people expect them to be interested in.

Ensure discussions about sexual development include information that is appropriate to age and developmental stages, about the ways in which **sexual bodies can differ** and that there can be a wide range in how our sexual bodies appear.

AVOID...

Avoid assumptions about preferred gender expression if you don't already know a child or youth's preferences.

For example, to a boy: “you should be out playing sports and building strong muscles... not taking ballet lessons...that's for sissies”

For example, to a girl: “here's a nice pink dress to make you look pretty. Make sure you sit like a lady.”

Avoid suggesting that there are “normal” vs. “abnormal” or “disordered” bodies in terms of sexual development.

DO...

For example, “Everyone’s private parts are unique. They can be different sizes and shapes and still work perfectly well. No two bodies are the same. That is part of what makes humans wonderful.”

For example, (more specifically) “People can have large or small breasts, large or small penises, large or small clitorises, all of which can experience and give sexual pleasure. Everyone’s body, preferences and experiences are unique.”

Interrupt homophobic, transphobic or biased discussions or behaviours.

- Challenge jokes, stereotypes, name-calling or assumptions you hear. Provide accurate information.

For example, “well actually, we can’t assume that there are no gay Muslims...in fact there are lots.”

For example, “if you say ‘that’s so gay’, that implies being gay is stupid or wrong, so it’s just not okay to say that.”

For example, these labels are clearly used as put-downs and must be challenged. If children or youth are using these words, be clear these slurs are not acceptable. Also dig deeper to challenge the assumptions.

For example, “You know you can’t put anyone down like that, but tell me why you think being gay is such a bad thing?”

AVOID...

For example, “You have a sex disorder that makes your penis too small (or your clitoris too large). We can arrange surgery to fix that problem to make your body normal.”

Don’t just let homophobic comments slide by unchallenged, or wait for someone else to challenge them.

For example, “There are no gay Muslims.”

For example, “That’s so gay!”

For example, “You fag/homo/dyke/lesbo/battiman/ queer/freak...!”

DO...

- If you are *not* part of the LGBTIQ community, you can still let people know you find derogatory comments hurtful and offensive.
- If you are part of the LGBTIQ community, try not to let fear keep you from speaking up or taking action...you can still speak up, whether you choose to come out or not.
- If fear holds you back, whatever your identity, find a way to resolve it so that you can be a clear ally.
 - ▶ Examine your fear – Do you fear being “accused” of being LGBTIQ even if you are not? Do you fear being “outed” as LGBTIQ? What do you fear about that?
 - ▶ Get support to help you break through the fear – perhaps a supportive colleague, a supervisor, a counsellor or an LGBTIQ organization could help.
- Respond to assumptions that link gender or sexual diversity with other kinds of identities or oppressions.

For example, “There are trans people in every country...but in some places it’s just not safe to be ‘out’ about it.”

AVOID...

For example, “My country back home doesn’t have any trans people.”

If you are not LGBTIQ yourself, raise awareness about gender and sexual diversity issues, and support others who do.

- Regularly speak up about LGBTIQ issues, such as inclusion, safe spaces and equity.
- Put up LGBTIQ posters in your organization and Positive Space stickers on your date book. (See Guideline #3).
- Challenge transphobic or heterosexist assumptions, even if an openly LGBTIQ person is present. Or back up the LGBTIQ

Don’t ignore gender and sexual diversity issues because they are “someone else’s issue.”

Don’t leave all the education and awareness-raising up to the LGBTIQ people in your agency to deal with alone. They often feel burdened to do most of the educating on their own or are expected to speak for an entire community.

DO...

person who does say something informative.

Find ways to **contribute to LGBTIQ celebrations** and initiatives, whether you are LGBTIQ or not. “PRIDE” is an LGBTIQ cultural “holiday”. Those who are LGBTIQ should have the opportunity to celebrate it personally with their families and communities. They should not have to *give up* their cultural celebration in order to support the organization to mark the occasion. The organization as a whole needs to take ownership of the celebration, without over-burdening their own LGBTIQ staff.

- Volunteer to help organize and support Pride activities in your agency, even if you are not LGBTIQ.
- Promote and post information about special LGBTIQ days of recognition, such as PRIDE. (See Guideline #3).


AVOID...

Avoid expecting LGBTIQ staff to do most of the work to organize LGBTIQ celebrations and initiatives in the organization.

Often LGBTIQ staff end up doing everything for the organization’s celebration, because otherwise it won’t happen.

Having allies across the agency who will share the work-load is vital. This is part of “normalizing” diversity, and demonstrating that we all benefit from diversity.

3.



Create positive spaces
that are safe, affirming, positive and inclusive
about gender and sexual diversity for ALL
children, youth and families.
Normalize diversity.

“I knew of a lesbian couple in my hometown who were foster parents. I was too scared to ask my caseworker to introduce me to them, so instead, I dropped lots of hints and signals, but she never picked up on any of them.”

Youth (Woronoff, et al, 2006)

“A youth came to the Centre and while she was waiting she was quite glued to this wall (displaying a lesbian, gay and bisexual youth information poster). As a result of that, I’m sure as a direct result of that, within minutes of meeting her worker, she disclosed that she was gay and wanted information about resources in the community. (Displaying the poster) was a simple thing to do, we hadn’t thought of it before, but it had incredible results very quickly.”

Worker (Children’s Aid Society of Metropolitan Toronto, 1995)

The Problem

In the *Introduction*, we looked at the experiences many LGBTIQ and gender independent children and youth may face. We know the risks are very high. We know we need to encourage children and youth to explore and develop into their fullest potential, with safety and support. We know this can influence positive outcomes.

Unfortunately, **we often don't know which children or youth may currently or later identify as LGBTIQ.**

They are often **invisible** to us. They may not feel safe to tell us their innermost feelings, fearing we will judge, punish, shame, blame, silence or try to change them. Or they may fear we will tell their families, teachers, peers and put the information in their files.

Many children and youth will try dropping “**clues**” to see if we will pick up on them. Others may **hide any clues** that they might be LGBTIQ, including any gender non-conforming behaviours or interests. Even when we recognize “clues”, we don't really know how a child or youth identifies now, nor how they will later identify.

When we don't know who LGBTIQ children and youth are, we may be challenged to be able to provide them with the optimal support

to address their unique needs and experiences, to achieve the best outcomes.

For young people who are marginalized in other ways, such as those who are racialized, newcomers, disabled or hold a specific faith, it may be even more challenging for them to trust the worker or care provider.

If the service or care provider *does not* share the same marginalized identity or community, the young person may feel the provider won't understand the particular dynamics involved in being LGBTIQ within their own community.

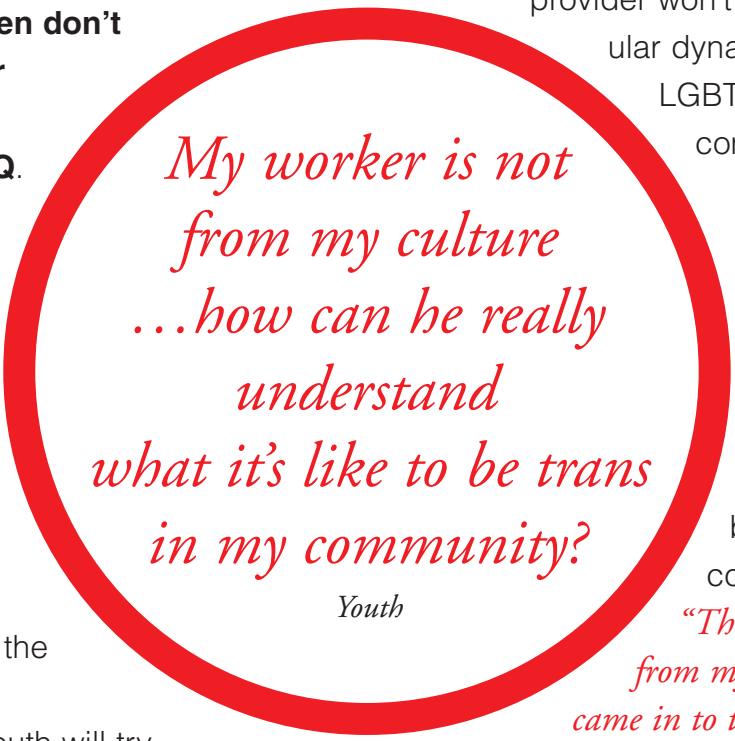
However, if the service or care provider does share the same identity or community, the young person may fear judgement or that their disclosure will get back to their family or community.

“There was a receptionist from my own culture. When I came in to the office in full drag as a woman, he scowled at me and told me off. He said I should be ashamed of myself and that I am an embarrassment to my people...and to go home and change right away! I was so mortified!”

Transsexual Youth-in-care

LGBTIQ children and youth, whether we know who they are or not, benefit from safe spaces that create visibility and positive regard about people like themselves.

But it is not just LGBTIQ children and youth



My worker is not from my culture ...how can he really understand what it's like to be trans in my community?

Youth

who benefit from positive spaces. ALL children and youth, even if they are not LGBTIQ, also benefit from positive spaces in which sexual and gender diversity is explored, valued and affirmed.

In positive spaces, all children and youth can learn that it is normal and healthy for everyone to explore their own gender and sexual identity. It is healthy for all children and youth to be exposed to diversity, and to learn to live productively and respectfully with many kinds of people. They may develop courage and skills to stand up against prejudice and discrimination against any targeted community. They can also learn to accept themselves for the ways they may be “outside the norm” in other areas, such as race, ability or being in care.

ALL children and youth benefit from positive spaces that value all kinds of diversity, including gender and sexual diversity.

The Goal

The goal is to ensure ALL the environments where we serve and care for children, youth and families are safe and positive. In this kind of space, all gender and sexual diversities are normalized, valued and integrated into

everyday thinking and activities.

Everyone involved the organization needs to be positive and affirming of gender and sexual diversity.

This Guideline is easily overlooked – “*but I don’t have any kids like that on my caseload*” or “*but I don’t work with clients, I work in Finance.*”

Yet it is essential that ALL adults involved in the organization participate in creating safe spaces – not only service and care


providers, but also those behind the scenes, such as

administrative or support staff, managers, Board directors and volunteers. Homophobic or transphobic comments among staff or in a residence or between foster parents can create a lack of safety for LGBTIQ adults in the organization. This lack of safety can filter down to the children,

youth and families we serve in ways that may surprise us.

When we send LGBTIQ-positive messages throughout the organization, young people learn that diversity is valued and it is safe to be whoever they are.

“As a foster parent, I make it a point for all the kids who come through my home to get LGBT-positive messages on an ongoing basis. I read stories about 2 dads, I have the LGBT YouthLine fridge magnet up in my kitchen, I



*Sure
I get a reaction at
first, but when they see
it’s just part of how we live,
it’s amazing to see the
richness of discussion we
can have at the
dinner table.*

Foster parent

have the Out and Proud poster up on a wall. I keep a drawer in a private spot and I invite all kids to look at anytime it they want to – it has all kinds of information in it, including safer sex and LGBT information.

“I ask each one if they have any crushes on any boys OR girls. Sure I get a reaction at first, but when they see it’s just part of how we live, it’s amazing to see the richness of discussion we can have at the dinner table. I find out all kinds of things. And they learn they can trust me with anything. It’s all about what kind of messages you send about how receptive you are.”

Foster parent

The Guideline

Create positive spaces that are safe, affirming, positive and inclusive about gender and sexual diversity for ALL children, youth and families. Normalize diversity.

Environment

- 3.1 **Be proactive to ensure LGBTIQ visibility, inclusion and diverse representation** of people and families. Prominently display LGBTIQ materials, such as a rainbow flag, LGBTIQ posters and pamphlets, positive space stickers and other symbols.
- 3.2 Ensure easy and common access to **resources and information** that reflect gender and sexual diversity, as well as other kinds of diversity.

Communication

3.3 **Actively raise awareness and promote inclusion and acceptance of LGBTIQ people. Promote equity.**

- Use **inclusive language** that avoids assumptions about gender or sexual orientation (see Guideline #2). Use verbal and non-verbal messages to show you are positive and open.
- Convey a **positive attitude** about gender and sexual diversity. Indicate that LGBTIQ people deserve dignity and respect. Use a non-judgmental communication style. Ensure your body language, facial expressions and voice inflections are open, warm, compassionate and accepting.
- **Regularly integrate topics about diversity and equity** into conversations with children, youth and families, as well as with peers and co-workers. Counter invisibility with open discussions about how our society tends to ignore or leave out certain kinds of people, including those who are LGBTIQ, and how we can change that.
- **Pay special attention to children, youth and families who may be marginalized due to gender or sexual diversity.** Send a message that you will accept and respect who they are, whether they are gay or trans or don’t follow their community’s gender expectations. Children and youth need to know you are safe to talk to.

Safety and Education

- 3.4 **Prevent, watch out for and eliminate any harassment, alienation, bullying, violence or negative messages** about LGBTIQ people. Ensure the environment in your organization or foster home is safe for LGBTIQ people. (See Guideline #8).
- 3.5 **Openly discuss various kinds of diversity, bullying and oppression with all children, youth and families.** Talk with children and youth about gender and sexual diversity and how this diversity gets targeted for bullying. Make links between different kinds of oppressions. Talk to children and youth about options for seeking help when they experience bullying, discrimination or oppression – they could talk to trusted adults,

caregivers, their worker, a counsellor, peers/friends, or in Ontario they could contact the Lesbian Gay Bi Trans YouthLine, a toll-free number, at 1-800-268 YOUTH or (in Toronto) 416-962-YOUTH or www.youthline.ca .

Celebration

- 3.6 Recognize and **celebrate LGBTIQ diversity**. Celebrate LGBTIQ-specific kinds of holidays, such as PRIDE. Integrate gender and sexual diversity into other kinds of holidays. Honour LGBTIQ and gender independent staff, children and youth, families we serve and resource parents. Communicate that diversity is an asset to all communities.

Practice Examples

“I have a rainbow sticker on my date book. Whenever I get a bit of down time with a kid waiting for something, I ask them, ‘do you know what this rainbow triangle means?’...I say, ‘It’s about celebrating all different kinds of people, like gays and lesbians and girls who like to do “boy” kinds of things and boys who like to do “girl” kinds of things. It’s about how it’s ok to just be whoever you are.’ I find it doesn’t take long for kids and youth to start opening up to me...maybe about their sexuality or gender, or maybe about something else totally unrelated, like sexual abuse. It just seems to send a message to kids that, if I’m cool with gay stuff, I must be cool about all kinds of taboo topics.”

Children’s service worker

DO...	AVOID...
<p>Visibly display rainbow flags, other LGBTIQ symbols and information in your organization and your personal work space. Ensure LGBTIQ resources are readily available. They could provide information, direct people to services and community, and inform LGBTIQ people about their rights.</p> <ul style="list-style-type: none">• Post rainbow flags and LGBTIQ posters, pamphlets and resources to signify that you and your organization are committed to being inclusive of LGBTIQ people.• Make LGBTIQ books, films, online resources, brochures and zines easily accessible to all children and youth. Even young children can be read stories like “Who’s in a Family”, “William’s Doll”. “Are You a Boy or a Girl?” or “Asha’s Mums”.• Put a rainbow sticker on your date book. Use it as a conversation starter and a chance to educate. You will send a message that you are “safe” to talk to about all kinds of tough issues.• Take advantage of any negative reactions – they can be great “teachable moments.”	<p>Don’t let the fear that posting a rainbow flag will offend your “regular” clients stop you.</p> <p>Remember that LGBTIQ clients are “regular” clients too, and they deserve to see themselves reflected in services and materials. If some non-LGBTIQ clients are uncomfortable with inclusive services or LGBTIQ visibility, then this is an opportunity for education. It does not mean we “tone down” the visibility.</p>

DO...

Explore the myth behind the reaction.
Explain that we treat everyone with respect and value all different kinds of people.

Counter marginalizing messages the broader society typically gives – take extra steps to raise LGBTIQ awareness and acceptance.

Recognize that sometimes “equal treatment” does not actually produce equitable results.

Celebrate various LGBTIQ days of significance:

- Anti-homophobia Day (May 17)
- Trans Pride Day (in May; the date varies)
- Pride Week (in Toronto, usually the last week of June, culminating on the first weekend in July)
- National Coming Out Day (Oct. 11)
- Intersex Awareness Day (Oct. 26)
- Trans Day of Remembrance (Nov. 20)

Integrate LGBTIQ diversity within other kinds of celebrations, such as Family Day, Mother’s Day, Father’s Day, by clearly including all kinds of families and identities.

For example, in a Mother’s Day activity with children, talk about many different kinds of families...some kids have one mom, some have two moms, some have a mom and a foster mom, some have no mom but 1 or 2 dads, some have a strained relationship with a mom, but may feel close to a grandmother or big sister or family friend. Encourage children to make cards for anyone special to them.

AVOID...

Avoid simplistic approaches that treat everyone “the same” and fail to acknowledge ANY cultural or LGBTIQ holidays or traditions.

This will only serve to increase the invisibility and marginalization of already marginalized communities. Those who fit into social expectations get recognition and acceptance every day, while those who are perceived to be “different” do not.

Avoid framing family-related celebrations in limited ways, such as, “now let’s all make a Mother’s Day card for your mom.” This kind of assumption can leave many children feeling conflicted or left out.

DO...

Support gender-neutral and cross-gendered toys, clothes and interests. Expand kids' ranges of what is seen as appropriate for boys and girls. Ask a boy if he ever wonders what it would be like to have a doll. Ask a girl if she would like a truck or a skateboard. And if a boy really wants a truck, give him a truck...but ask first, don't assume.

Talk about all kinds of diversity and oppression with ALL children and youth. Include gender and sexual diversity, as well as other kinds of diversity.

- Integrate open and inclusive discussions about gender and sexual diversity on an ongoing basis into regular conversation, especially in residential, school and program settings, and in foster homes.

For example, talk about same-sex parents, people whose gender is different from their body, and about First Nations traditions of honouring Two-Spirits. Ask why kids say "that's so gay" in a derogatory way.

- Invite peer educators to talk to kids and youth about LGBTIQ people, homophobia/transphobia and discrimination.
For example, the T.E.A.C.H. Program (Teens Educating And Confronting Homophobia) at Planned Parenthood Toronto.
- Discuss the intersections of various kinds of diversities and oppressions, such as LGBTIQ diversity when discussing racial and cultural diversity. Include the combined impact of racism and homophobia when discussing LGBTIQ oppression.

For example, when we talk about Black

AVOID...

Avoid the assumption of gender-stereotyped clothing, toys and gifts. Don't just automatically give trucks and dark clothing to boys, and dolls and pink/purple clothing to girls.

Avoid thinking we only need to talk about gender and sexual diversity with those we know are LGBTIQ.

Don't assume gender and sexual diversity is irrelevant or offensive. If we never talk about families with same-sex parents, kids will assume those families don't exist or are not normal.

Don't be afraid to bring up gender and sexual diversity topics with kids of all ages in age-appropriate ways. Even very young children can understand that some families have two dads, or that some boys like to do things we think mostly girls do.


DO...

History Month, we can note that Coretta Scott King became a strong advocate for gay rights after Martin Luther King was assassinated, and that there are many prominent racialized LGBTIQ people. Or ask what it might be like to be harassed both for being South Asian AND lesbian? Or ask why we don't usually think about youth with intellectual disabilities as being lesbian, gay, bi or trans? Or ask why some LGBTIQ people might be racist?

AVOID...

Guidelines 4-13


How we work with Children, Youth and Families – Direct Service Practice Guidelines



*When I came in to
the office in full drag as a
woman...he said I should be
ashamed of myself and that I am
an embarrassment to my
people...and to go home and
change right away! I was so
mortified!*

Transsexual Youth-in-care

4.



Affirm diversity
along many spectrums, including gender identity,
gender expression, physical sex and sexual
orientation. Normalize diversity
as positive and valuable.

“When I do a Plan of Care or go through the ONLAC form, I have to dig deeper than what is on the form. I have to really think about how I am going to be positive with a kid and support them to be themselves, especially if they might be LGBTIQ. If I just follow what’s on the form, I’ll miss a lot. Who a kid is, how they feel about themselves and how others treat them is so fundamental to everything else.”

Case worker

The Problem

Many societies, cultures and faith traditions fail to teach us about the wide ranges of diversity that exist in nature and in humanity regarding gender, sex and sexual orientation. Or they may teach us that diversity in these areas is unnatural, perverse, sinful, evil, mentally ill, pathological...or “weird.”

When communities hold these beliefs, they may develop judgemental attitudes and even hatred toward LGBTIQ or gender independent people. These beliefs and prejudices can escalate into harmful behaviours, including targeting, harassment, ostracism and violence.

Nearly all children and youth grow up hearing these negative messages about LGBTIQ people from many sources. Those who are LGBTIQ or gender independent may believe them to be true. Believing these messages contributes to low self-esteem, self-hatred and a sense of shame. This is called **“internalized oppression.”** It can lead LGBTIQ children and youth to make risky or unsafe choices, and to experience difficulty developing resilience against negative experiences. Internalized oppression also puts children and youth at higher risk for victimization, such as harassment and

violence, and can lead to suicide. Internalized oppression fosters poor outcomes for children and youth.

When negative messages about gender sexual diversity exist unchecked in an organization, they collectively encourage internalized oppression, and contribute to an environment that is oppressive. When environments are oppressive, individuals who differ from the prescribed “norm” find it difficult to maintain

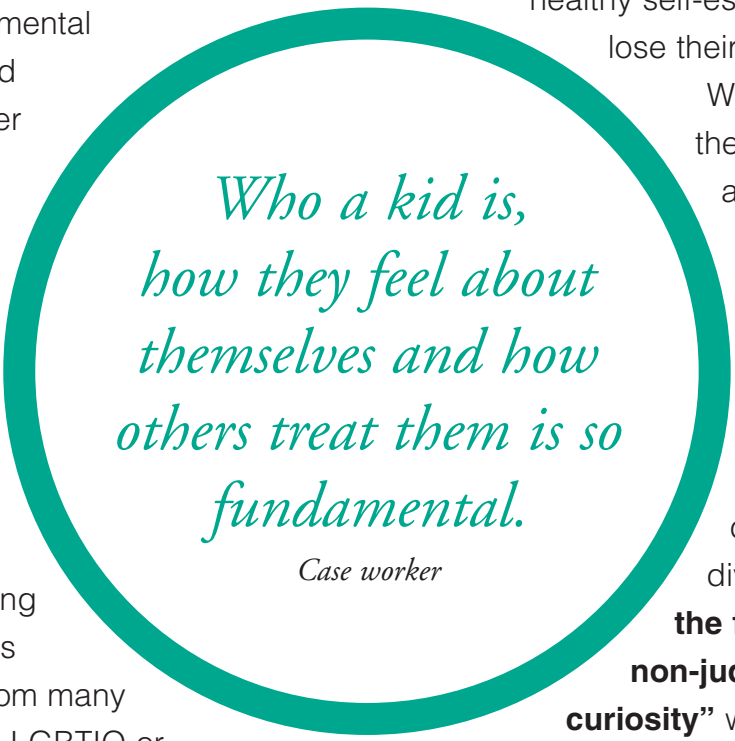
healthy self-esteem, and services may lose their client focus.

We need to counter-act the negative messages about gender and sexual diversity, and be proactive in affirming that diversity is positive and valuable.

Affirming goes far beyond “tolerating” diversity. Affirming diversity means **taking the first step to show a non-judgemental “open curiosity”** when we work with

children, youth and families. We can inquire about their genuine feelings and expressions. We can let them know we respect and value all kinds of people, with all kinds of different feelings about gender and sexuality. We can nurture and celebrate their unique natures.

We do this in a proactive way because children and youth who feel “different” are always watching for cues from us to see if we will understand and accept who they are. When they don’t see direct cues from us *first*,



*Who a kid is,
how they feel about
themselves and how
others treat them is so
fundamental.*

Case worker

they assume we are just like most people they have likely met...homophobic, transphobic and trying to change who they are. They won't take the chance to tell us their real feelings.

As staff, care providers and volunteers, the onus is on us to ensure that the environments we provide are positive, open, accepting, inclusive and affirming of all children and youth and their diverse identities, including those who may be LGBTIQ or gender independent.

"I talked lots of times with my own daughter about how it's ok to be a lesbian or bisexual. I told her about the Out and Proud work we do here at CAS of Toronto and I brought her to the Pride BBQ. Even so, it took her years to be ready to tell me she's bisexual.

"It's so easy to forget how hard it can be for young people to talk to us about these things. There's this reality that, once the cat's out of the bag (or 'closet'), it can't go back in...and that can be so scary"

Staff

In addition to gender and sexual diversity, children and youth may also face other types of discrimination and may be marginalized based on other parts of their identities. When a young person is marginalized for more than one part of their identity, the layers overlap in complex ways.

"There was this wonderful young black adolescent in care because he was rejected by his family for being gay. He was a model child.

"But what did we do?... We sent him to a group home way out in some rural area where there were no other black people or openly gay people, and where the staff said some homophobic things. Through his own strength,

he survived and eventually made it back to Toronto when he was older.

"Surely we could have done better at finding him a placement that would have reflected all of who he was!"

Staff

The Goal

The goal is to create an environment where children, youth and families can learn to appreciate all kinds of diversity, including gender and sexual diversity. In this environment, LGBTIQ and gender independent children, youth and families can feel comfortable to be themselves. This involves **recognizing, appreciating and affirming sexual and gender diversity as positive and valuable.**

The Guideline

Affirm diversity along many spectrums, including gender identity, gender expression, physical sex and sexual orientation. Normalize diversity as positive and valuable.

- 4.1 Recognize gender, sex and sexual orientation as fundamental **core aspects of the individual self** that:
 - Are distinct, yet interrelated, and exist on **broad, diverse spectrums** with natural variations.
 - **May not necessarily line up to "agree" in a way we might**

expect...nor do they need to “agree.”

For example, someone with a male body may not have a male gender, may not be attracted to women, or may also possess some female physiological attributes.

- **Cannot be effectively manipulated into a desired outcome**, nor is it ethical to attempt to do so.

4.2 **Listen** to children and youth.

- **Watch for cues.** Be open and curious about each child or youth as a whole, unique person with many possible layers of diverse identities.
- **Encourage young people to explore and express** how they feel and who they are.
- **Communicate appreciation** for all parts of who they are. Let them know there are all kinds of ways to be a boy or a girl.

4.3 **Normalize all kinds of diversity, including gender and sexual diversity**, as positive ways to be and valuable for communities.

- Communicate **unconditional acceptance and affirmation** about diversity to ALL children, youth and families, especially those who may be LGBTIQ. Embrace natural variation as a positive

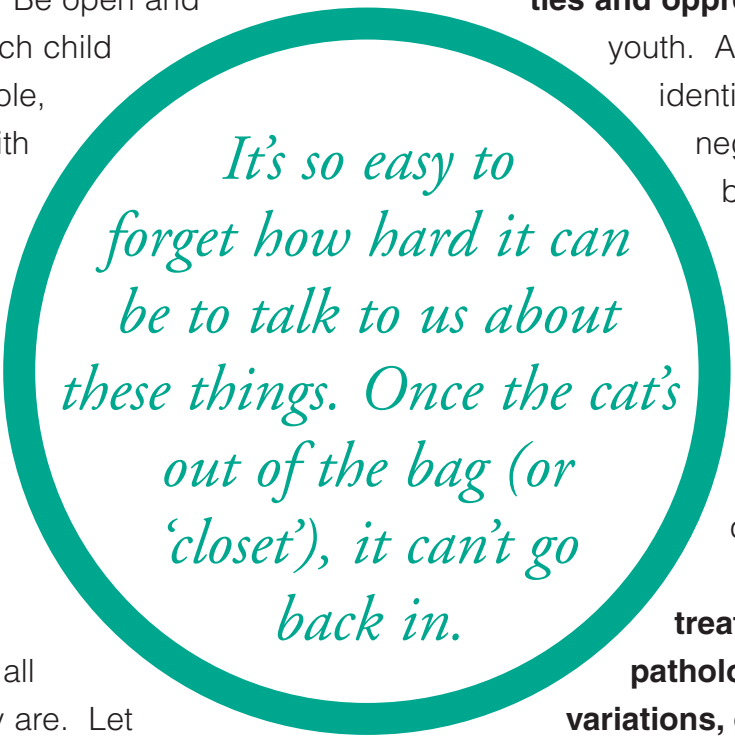
attribute and a source of strength. Be an ally.

- **Be patient** in allowing gender and sexual identity to emerge over time. We may not know whether a youth is LGBTIQ for a long time, and they may adopt different identities over time, as their sense of self emerges.

- Explore the impact of **multiple identities and oppressions** on a child or youth. Affirm all parts of their identity. Help them confront negative stereotypes and beliefs. Provide accurate information.

4.4 **Avoid judging or pathologizing difference** or variation related to gender and sexual diversity.

- **Reject treatment approaches that pathologize or punish such variations, or that attempt to change who the individual is.** These approaches can lead to damaged self-esteem and poor outcomes (Ryan, 2009; Lev, 2004; Brill & Pepper, 2008; Mallon, 1999c).



It's so easy to forget how hard it can be to talk to us about these things. Once the cat's out of the bag (or 'closet'), it can't go back in.

Practice Examples

Children, youth and their families need to hear messages that affirm difference, with person-centred approaches. Some sample messages that we can give to children, youth and families are provided below. Of course, they will need to be adapted according to the person's age, intellectual ability, language ability, etc.

TYPE OF DIVERSITY	SAMPLE AFFIRMING MESSAGES
All (everyone)	“You are great just the way you are. No one has the right to put you down for being yourself. There are all kinds of different people in the world, and that’s good. “
Gender Identity	“Your gender feelings don’t have to match your body or your physical sex. You could have a boy’s body, but feel more like a girl inside. Or you might feel like both a boy and a girl inside. Or you may not really feel like either a boy or a girl inside. You can just be yourself.”
Gender Expression	“You can express your gender feelings in many ways. Boys can like activities and clothes that we usually think of for girls. Girls can like activities and clothes that we usually think of for boys. In fact, there really are no truly “boy” things or “girl” things...just individual preferences.”
Sexual Orientation	“You can be attracted to boys or girls or both. Or you can prefer to be sexual just with yourself or not be sexual at all. All those options are great.”
Sexual Orientation and Gender	“No one can make you change who you are inside. (To a boy), someone may say they can send you for ‘treatment’ to make you fall in love with girls (or to stop feeling like a girl in a boy’s body).

TYPE OF DIVERSITY	SAMPLE AFFIRMING MESSAGES
	<p>“You need to know that these “treatments” can’t really change who you are deep inside...they can only try to convince you to change what you do.</p> <p>“However, these ‘treatments’ can hurt you by making you believe you are not okay as you are. Many people say they are unfair, harmful and that they don’t work.</p> <p>“Instead, some people who feel like a girl in a boy’s body are interested in treatments that can change their bodies to better match how they feel. Those are options we can explore if you want to know more.”</p>
Physical Sex	<p>“There are lots of kinds of boys and girls with lots of kinds of bodies. Your body doesn’t have to be the same as other bodies. You can have a body that has some female and some male characteristics, and still be healthy, happy and normal. And you can find loving people who will appreciate the ways you are unique.”</p>
Aboriginal	<p>“Traditionally, many First Nations communities accepted and honoured Two-Spirit people in their communities, traditions and spiritual practices. It was colonization by Europeans that brought hatred against Two-Spirit people. But you can look to many of the wise elders and traditions of the past to see that you have a rightful place of honour in your community, just as you are. “</p>
Families with LGBTIQ children	<p>“You may have a hard time understanding why your child is different from what you expected. But you cannot change who they are and your child cannot change who they are. Instead, you can remember the underlying love you have for your child.</p> <p>“You can choose to love and honour your child as they are. That will give your child the best chances in life and will</p>

TYPE OF DIVERSITY	SAMPLE AFFIRMING MESSAGES
	<p>greatly reduce their risks. Loving and accepting them as they are will help them to lead happy, productive, healthy lives.”</p>
LGBTIQ Families	<p>“Our agency welcomes and values LGBTIQ families and family members. Who you are in terms of your gender, sexual identity, or gender expression is not a child welfare concern. We respect and celebrate diversity as a strength.”</p>

DO...

Even though identities may change, we can still **validate who youth are today and remain open and positive about the full spectrum of possible identities**, without preference.

- Sometimes youth may show interest in exploring diverse gender and/or sexual identities, and then cease interest, declaring they are heterosexual or no longer interested in cross-gender expression. Find out if they are afraid, experiencing harassment or responding to negative messages they have heard about LGBTIQ people. If so, this could indicate “internalized oppression” rather than genuine identity discovery.
- Encourage identity exploration without suggesting that children or youth are too young to know who they are. Some have clear feelings about who they are from a very young age, while others need time to explore. Be patient if youth seem to “change identities” a few times while they sort it out, but don’t minimize the important work they are doing by assuming it’s a “phase.”

Be sure to affirm children and youth when gender and sexual identity links with **other kinds of identities or oppressions**.

For example, just because a girl has an intellectual disability doesn’t mean she can’t understand gender and sexual diversity issues. She may already feel ‘different,’ perhaps because she likes to wear ‘boys’ clothes and do ‘boy’ things. She may already receive confusing or negative messages about who she is.

AVOID...

Avoid conveying “hope” that a youth is really, or will become, heterosexual and gender conforming. This betrays a **bias that values dominant identities** over less common identities.

Avoid ignoring the impact of multiple oppressions.

Even if we are not sure of the full impact, we can open up a dialogue with the child or youth.

DO...


AVOID...

We can ask how she feels in boys' clothes vs. girls' clothes. We can ask if she feels more like a boy or a girl. We can ask her to draw herself to show how she feels as a boy or girl. We can tell her it's not fair for anyone to put her down either because she has a disability OR because she likes 'boys' clothes. We can tell her she is special, just as she is.

If we share the same culture, race or faith as a child or youth, we can let them know we are part of their community and we accept and value LGBTIQ people.

Conversely, if we do not share the same culture, race or faith community as a child or youth, we can indicate that we understand it may feel challenging to be LGBTIQ in their community and ask what that might be like.

5.



Promote respect
for the inherent dignity, worth and human rights of
children, youth and families of all gender
and sexual identities.

“Segregation and isolation of LGBTQ young people from one another within residential facilities is based upon a mistaken belief that there will always be sexual behaviour between LGBTQ young people, even in non-romantic relationships.”

Adult participant (Woronoff, et al., 2006, p. 23)

The Problem

People who are LGBTIQ or gender independent may be judged or excluded by those serving or caring for them. Even some service or care providers may view LGBTIQ and gender independent children and youth as sub-human or abnormal. Sometimes, they may exoticize, infantilize or despise these young people, or see them as so “special” that their basic human rights are overlooked.

This reality may be even stronger if these young people face additional oppression based on other parts of their identity, for example, if they are racialized, poor, a newcomer, living with a disability, etc.

Certain situations or physical environments can be especially unsafe for LGBTIQ people, such as sex-segregated group showers, physical education change rooms and multi-stall washrooms. These sites can provide opportunities for peers to target, bully, harass or assault LGBTIQ and gender independent children and youth, who may be especially vulnerable in these situations.

“At school, the bullies hang out in the washrooms, where there are no teachers and they

can shut the door. They jump you when you come in and then you’re really sunk.”

Youth

Trans youth in particular may be targeted, harassed or attacked by peers when using a designated male or female multi-stall washroom. Trans people in “transition”¹ who do not easily “pass” as their preferred gender are often accused of being in the wrong washroom or of “impersonation”. They may be harassed, assaulted or subjected to police scrutiny.

Many trans youth avoid swimming or other athletic activities due to the lack of safety and privacy in shower and change facilities. The strong “macho” culture that permeates many sports also poses a barrier. Boys are expected to be tough, aggressive and highly competitive, and those who do not fit the mould tend to be

harassed and ostracized as “sissies” or “fags.” Girls are harassed and accused of being “dykes” if they are perceived to be too tough, aggressive or competitive. Physical and sexual assault is a real danger for both boys and girls who are perceived to break the gender rules.

Many children and youth with intersex conditions have been subjected to unneces-

At school, the bullies hang out in the washrooms, where there are no teachers and they can shut the door. They jump you when you come in and then you’re really sunk.

Youth

¹ “Transition” is the process trans people may engage in to begin presenting to the world as their true gender, rather than as what is expected for their physical sex. It can include a range of changes in clothing, adornment, mannerisms, gait, stance, name/pronoun, legal identification, and possible medical supports (eg. cross-sex hormone therapy or sex reassignment surgeries).

sary, repeated or invasive medical examinations of their genitalia, where there may have been no clear benefit to the child or youth. Sometimes these have occurred in front of cameras or entire classrooms or groups of interns.

These examinations have frequently been reported as de-humanizing, shaming, humiliating, distressing, and even voyeuristic. Lasting trauma has been reported.

The basic human rights of LGBTIQ and gender independent people are routinely violated, despite strong human rights legislation to protect against discrimination based on sexual orientation. Unfortunately, human rights legislation is weak in relation to gender identity and gender expression.

“LGBTQ youth are often accused of sexual assault when engaging in age-appropriate sexual activity.”

*Youth
(Woronoff, et al., 2006, p. 27)*

LGBTIQ people and others who do not conform to gender expectations experience frequent discrimination in housing, employment and services, especially if they cannot easily conceal their identity (eg. Trans people in transition); many are reluctant to “come out” for fear of discrimination. LGBTIQ and gender independent youth moving toward independence may face these experiences, and may need support to advocate for their human rights. LGBTIQ families served by child welfare agencies may not “come out” to their worker for fear of discrimination, higher scrutiny or the loss of their children based on who they are. Those seeking to foster or adopt

may fear discrimination during approval or placement processes.

The Goal

Children, youth and families of all gender and sexual diversities deserve to be treated with dignity, respect and recognized for their inherent human worth. Their human rights need to be fully respected and honoured.

The Guideline

Promote respect for the inherent dignity, worth and human rights of children, youth and families of all gender and sexual identities.

It is important to talk to LGBTIQ or gender independent children and youth to find out their experiences. It may be necessary to take special measures to ensure their safety, dignity and privacy.

- 5.1 Treat all children, youth and families with **dignity and respect**, particularly those who may be LGBTIQ or gender independent.
- 5.2 **Protect the privacy** of all children, youth and families, particularly those who may be LGBTIQ or gender independent.
 - Gender, sex and sexual orientation are very personal parts of the self. Children, youth and families deserve privacy and confidentiality in these areas.

- Pay special attention to trans and intersex children and youth in situations where their bodies may be exposed, such as showers, locker-rooms, gym class, swimming pools, and washrooms, especially if their gender is different from their sex, or they have less common sex characteristics.
 - Increased exposure could increase their vulnerability to peer harassment, humiliation, bullying or violence.
- See Guideline #12 for more information about confidentiality, which is directly related to privacy concerns.
- 5.3 **Promote and protect the human rights of LGBTIQ and gender independent people.** Protect against discrimination. Advocate as needed on a case-by-case basis or for broader systemic change.



*LGBTQ youth
are often accused of
sexual assault when
engaging in age-
appropriate sexual
activity.*

*Youth (Woronoff, et al.,
2006, p. 27)*

Practice Examples

DO...

Ensure LGBTIQ and gender independent children and youth have access to **safe, private and comfortable shower, changing and washroom facilities**. Ask about their experiences and safety.

- LGBTIQ and gender independent children and youth need safe, comfortable facilities, and possibly privacy and protection from harassment or assault.
- Advocate for special accommodations for trans or intersex youth, if needed, to ensure access to private, individual showers, washrooms or change rooms. Prioritize safety, privacy and dignity.

For example, some schools provide trans youth with access to single user washrooms (i.e. accessible for people with disabilities), or to private staff washrooms.

Ensure **physical education classes and recreation activities** are safe and comfortable for LGBTIQ and gender independent children and youth. Ask about their experiences and how they feel about these activities.

- Physical education classes may also be sites where gender independent or trans youth can be especially targeted for their gender non-conforming behaviours. Take these concerns seriously.
- Advocate for LGBTIQ children and youth to ensure physical education activities are safe, inclusive, affirming and equitable.

AVOID...

Avoid subjecting LGBTIQ children and youth to unsafe washroom, changing or shower facilities, where they may be vulnerable to harassment or violence.

Avoid pressuring LGBTIQ children and youth to participate in **physical education activities** that make them feel vulnerable.

- Some physical education or sports activities may be infused with a competitive “machismo” culture that can feel torturous for LGBTIQ or gender independent young people if they do not conform to gender expectations.
- There are broader systemic issues that relate to society’s gender expectations as well.

DO...

- Some, though not all, trans or intersex youth may need exemption from or accommodation for certain **physical education activities** where their bodies are more exposed, such as swimming, for safety and privacy reasons. **For example**, if the trans or intersex student desires greater swimming privacy, arrange access to trans-specific swimming times, such as those periodically offered through the Women and Trans Centre at the University of Toronto
- Advocate for broad-scale change to sports and physical education activities so that boys are not expected to be “tough,” competitive or “macho”, and so that girls are encouraged to excel in any sport. Sports should promote health, skill development, confidence and fun, not undue stress or oppression.

Ask questions that are relevant to the service or care of the young person, not to satisfy your own curiosity. Ask them respectfully, explaining why it is important for you to know.

For example, while some trans people want all available sex reassignment surgeries, others want only some surgery, and others want no surgery. Some who want surgery are unable to access it or face a long wait. **It is not surgery that determines whether someone is trans, it is how they feel and self-identify.** It may be relevant for you to know what surgery (if any) the youth is interested in pursuing, what barriers they face, and how you can support them

For example, if you need information about a

AVOID...

For example, girls are often discouraged from pursuing “masculine” sports, like hockey or wrestling, and girls’ hockey teams notoriously have more difficulty accessing ice time than boys’ teams.

Avoid unnecessary questions that may feel voyeuristic, invasive or invalidating.

For example, don’t ask a trans youth if they’ve had “the operation” in a way that implies they aren’t really trans if they haven’t had it.

For example, don’t ask a trans or intersex person what they look like “down there.”

This will almost certainly be experienced as rude, invasive and voyeuristic...imagine if someone asked you that question!

DO...

trans or intersex person's sexual anatomy for health reasons, pose it sensitively and be clear about the purpose. Ideally this would be done within a medical context, with full privacy and an assurance of confidentiality, for a clear benefit to the young person. The health care provider could explain the need to identify any health risks that could be associated with their anatomy...for example, a trans man with a cervix still needs a pap test.

Ensure people with intersex conditions are treated with dignity, privacy and respect in relation to medical examinations.

- Medical exams involving the genitalia should be conducted in a person-centred way that preserves dignity and privacy, and ensures the benefit to the young person is paramount.
- These exams should be conducted within a health care setting, in the least-invasive way possible, with only one examiner, in private, and only as needed for the child or youth's health benefit. Young people deserve fully informed choices to consent, decline or request supports as desired. The child or youth should be clear about of the purpose, benefits and risks of the examination. Ask how they feel about it and if there are ways to make it more comfortable.

Make **placement decisions** for children and youth based on all their needs, rather than faulty assumptions.

- Sometimes that will mean integrating LBGTIQ youth in a foster home or residence

AVOID...

Avoid allowing **intersex** children and youth to be subjected to unnecessary, repeated or **invasive medical examinations** of their genitalia, or in front of cameras or multiple viewers, especially when there is no clear benefit to the child or youth. Such exams have been common for intersex people, often with traumatic results.

Avoid discrimination or automatic segregation of LBGTIQ children and youth when making placement decisions, based on gender or sexual identity.

DO...

with non-LGBTIQ youth or with a mix of different gender and sexual identities. At other times, a youth may thrive best in a specialized placement, such as a unique LIFE house at CAS of Toronto that supports LGBTIQ youth moving toward independence.

- It is not a concern for two or more LGBTIQ children or youth to be placed in the same foster home or residential setting...they may benefit from less isolation and may be able to support each other.
- Explain to all youth why any sexual involvement between youth in the same residence is not permitted, whether same-sex or opposite-sex. Be clear that the issue is not about the sex of the youth involved, but about the dynamics created when any sexually-involved youth live in the same house.
- If same-sex youth do become sexually involved, do not become more reactive or punitive than if they were opposite sex or perceived to be heterosexual. Be especially clear that, if they think they might be lesbian, gay, bisexual or questioning, you are “cool” with that and want to support them to be who they are.

AVOID...

Don't presume that LGBTIQ or gender independent children or youth should necessarily be placed into different residential care settings because of faulty assumptions that they are more likely to get sexually involved with each other than youth who you think are heterosexual. Heterosexual youth frequently become sexually involved within a residential setting, whether they are same sex or opposite sex, despite the rules.

Allow youth the same opportunities to date either the same or another sex or gender. All youth deserve to be able to learn **healthy dating and relationship skills** with support, regardless of gender or sexual identity. Encourage conversations with all children and youth, including LGBTIQ youth, about positive friendships and dating.

Avoid negative messages regarding the dating preferences and choices of LGBTIQ youth.


DO...

AVOID...

For example, if you invite a girl in your foster home to bring her boyfriend over for dinner, then the girl who is dating another girl should also be invited to bring her girlfriend over for dinner.

- Engage all youth in **discussions about healthy dating relationships**. Talk openly about how to build safe, healthy, mutual and positive dating and sexual relationships that promote self-esteem. Young people who have experienced violation especially need direct skills in negotiating safe and healthy sex. Ensure all youth have information about safer sex with any sex or gender. We do them a disservice and put them at risk if we shy away from those discussions. All young people need these skills, including those who are LGBTIQ.
-

6.



Foster self-actualization and self-expression in all children and youth, especially those who may be gender independent or LGBTIQ.

“The agency sent a child to my foster home who was technically a girl, but hated all things we think girls should wear or do. She was a “tomboy” in the fullest sense of the word.

“In her previous foster home, she was forced to wear pink frilly dresses and do her hair up with barrettes. They tried to make her like ‘girly-girl’ kinds of play. She was miserable, angry and labelled a ‘behaviour problem.’ So the foster parents gave up on her and she was sent to me.

“When she peed on all her dresses in her closet on the very first day, we talked about it. She was clear she didn’t want to wear them, ever. I said “ok, you can wear what you want.” She revelled in wearing ‘boy’s’ clothes and rough-and-tumble play...no dolls or games of ‘house’ for her! She even taught herself to pee standing up...with better aim than the boys!

“It was amazing to see how quickly she settled down. She began to trust me, and all the behaviour problems vanished. She just needed someone to see her for who she really was and trust her to know what was right for herself. Why is it so hard to trust children?”

Foster parent

The Problem

Very often, children and youth who do not meet social expectations relating to gender, sex or sexual orientation receive messages that they are not acceptable as they are. They learn that they should change to meet other people's expectations, even if it means denying a core part of who they are.

These children and youth may look at other "boys" and "girls" and not feel the same. They may not get the same positive reinforcements for how they like to dress, behave, talk or for their interests that other children or youth may get. They may internalize that something's "not right", and feel like a "square peg in a round hole"...just not fitting the expectations of parents, caregivers, teachers, counsellors or their friends. They absorb any verbal and non-verbal judgements that fail to affirm who they are, and that may convey "you are not normal" and "you should change to fit in better."

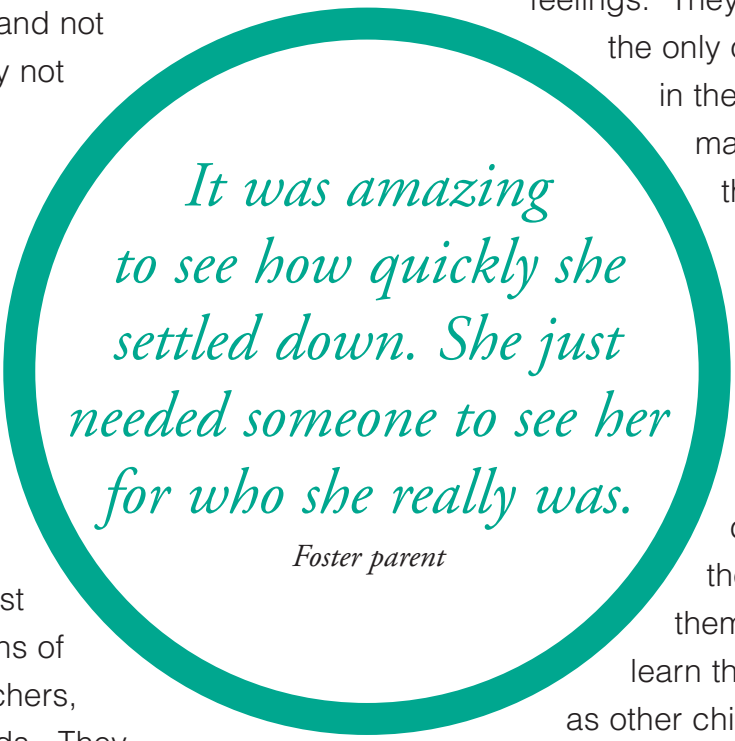
Adults may say, "we accept you for who you are...just change what you do" – for example, change their gender preferences or don't 'act on' same-sex attractions. But children and youth typically respond by developing a profound sense that *the reason*

they feel the way they do is that they are fundamentally flawed.

Moreover, children and even youth often have no words to describe how they feel or who they are. Usually no one talks about these ways of being except in disparaging ways filled with stereotypes and judgement. They may not know what kinds of identities might match the feelings they have, and they don't hear anyone else talk about those kinds of

feelings. They may feel like they are the only one who feels "different" in their particular way. They may harbour deep feelings that there must be something wrong with them for feeling this way. This can result in a deep sense of shame and low self-esteem. The world does not mirror back to them people like themselves, and they may learn that they are not as loved as other children and youth who fit in with the "gender rules."

When children and youth receive messages that encourage shame in who they are; when they are pressured to deny or hide part of their identity; or when they are punished or rejected for who they are, they are experiencing "internalized oppression" and their self-esteem is damaged. They may be unable to develop to their fullest potential, achieve their goals, or self-actualize. Their risks substantially increase, and outcomes may be poorer.



It was amazing to see how quickly she settled down. She just needed someone to see her for who she really was.

Foster parent

Furthermore, denying some youth (LGBTIQ) the opportunity to develop relationships or express their gender, when other youth (heterosexual and gender conforming) are encouraged to do those very things, is inherently a double standard. It is discriminatory and may violate their human rights.

Good mental health and positive outcomes are optimized when children and youth: have a strong sense of self; develop positive self-esteem; understand and accept who they are, with pride; can express their feelings about who they are; can develop to their full potential; and receive positive and affirming messages from others around them about who they are.

Therefore LGBTIQ and gender independent children and youth need support to:

- **explore their emerging feelings** about their own gender, sex or sexual orientation in order to find out who they really are
- be **authentic**, be their true self
- **self-identify**, and understand who they are within the context of a diverse community that includes others like them
- **accept** and appreciate who they are...and develop **pride**
- **express themselves safely**.

Strategies that foster these goals and provide these supports should be integrated into Plans of Care.

“You’re never really a whole person if you remain silent, because there’s always that one little piece inside you that wants to be spoken out, and if you keep ignoring it, it gets madder

and madder and hotter and hotter, and if you don’t speak it out one day it will just punch you in the mouth from the inside.”

Audre Lorde, (Lorde, 2007, para. 6)

The Goal

The goal, therefore, is for all children and youth to **self-actualize, develop into their full true self and express who they are**, including those who may be LGBTIQ or gender independent.

The Guideline

Foster self-actualization and self-expression in all children and youth, especially those who may be gender independent or LGBTIQ.

6.1 Encourage and support self-exploration

- Provide children and youth with opportunities to explore their feelings and possible identities, and to understand who they are.

6.2 Encourage and support self-identification

- Ensure children and youth have the opportunity to self-identify in terms of gender identity, sex and sexual orientation.
- Respect the identity, name, gender and gender pronouns that children and youth prefer to use for themselves.
- Gender and sexual identities should not be prescribed, but must be allowed to

emerge from within the individual.

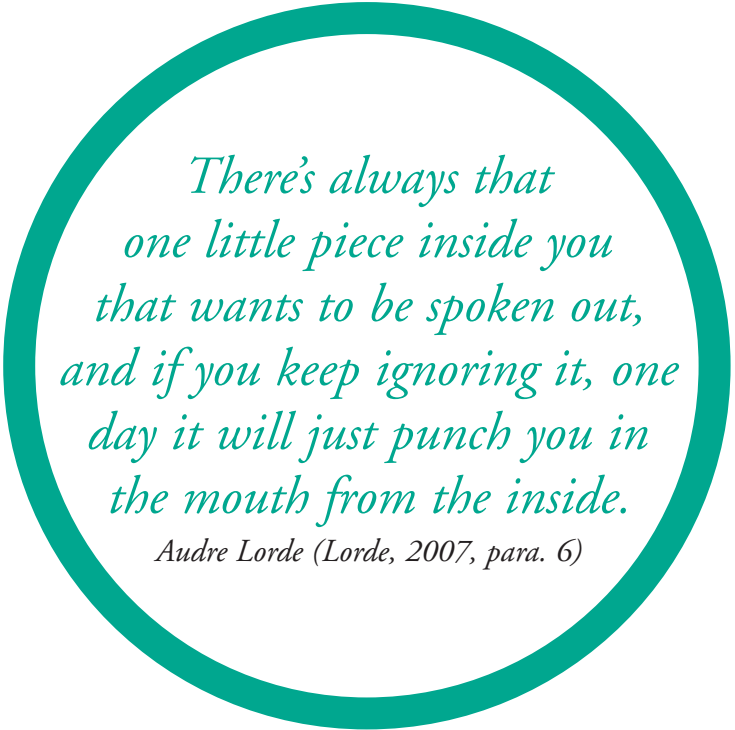
Provide support and affirming information about different ways people may identify. Ensure access to others with diverse gender and sexual identities.

6.3 **Encourage and support self-acceptance**

- Support a child or youth to develop awareness, positive self-acceptance and pride in who they are.

6.4 **Encourage and support self-expression**

- Foster safe spaces for self-expression.
- Encourage self-expression balanced with safety. Foster informed choices about safe self-expression and coming out. Compromise may be necessary, as well as education and advocacy within the systems that serve them. See Guideline #8 about safety.



*There's always that
one little piece inside you
that wants to be spoken out,
and if you keep ignoring it, one
day it will just punch you in
the mouth from the inside.*

Audre Lorde (Lorde, 2007, para. 6)

Practice Examples

DO...

Encourage self-exploration. Encourage children and youth to explore and question their own gender and sexual identities.

For example, “take the time you need to figure out how you feel and who you are. You can find people who may be similar to you, to help you get clear about what feels right for you. Be true to yourself. Not everyone will understand you, but we can help you figure out how to stay safe.”

- Some children and youth are certain of who they are from an early age.

For example, “I’ve always felt like a girl, even though I have a boy’s body.”

OR “I’ve known I was ‘different’ for liking girls since I was 5 years old.”

- Others go through a process of exploration and gradual realization about how they feel and who they are. They may need to “try on” various identities to see what feels most comfortable and most true over time.

Respect self-identity...Sexual Orientation

- People who may be attracted to or have sex with the same sex may take on a range of identities, such as gay, lesbian, bisexual, queer, pansexual...even heterosexual youth may experiment with same-sex sexual activity. Ask young people how they identify and use whatever identity they use.
- If you pick up “clues”, explore them, as the

AVOID...

Avoid telling children and youth they just need to try to “fit in” better by adjusting their behaviour, clothing, mannerisms, ways of talking, interests, etc.

- This approach may be “well-intentioned,” in the interests of protecting a child or youth from potential rejection or harassment.
- However, in the long run, this strategy can induce shame and a sense of not being good enough or “normal.” This can be immensely damaging to an individual’s sense of self, and can end up undermining their safety.

Avoid assumptions about either sexual identity or sexual behaviour.

- Sexual identity does not always tell us about sexual behaviour. Nor does sexual behaviour always tell us about sexual identity.

For example, some lesbian, gay or bisexual youth may have sex with people of the opposite sex, perhaps

DO...

youth may be “fishing” to see how positive you would be about sexual and gender diversity. Be proactive in sending messages that you are open and accepting of all kinds of sexual and gender identities.

- Respect self-identity, but avoid assumptions about anyone’s sexual behaviour based on how they identify, or vice-versa.

For example, even though we might expect the opposite, lesbian, gay and bisexual youth have substantially higher pregnancy rates than heterosexual youth.

- Ensure sex education includes information about safer sex with all genders and sexes.

AVOID...

because they are not sure, or they are experimenting, or to try to make themselves be “straight,” or to hide their identity from others. Or they may be subjected to sexual pressure or sexual assault.

Respect self-identity...*Gender*

Allow gender identity to emerge from within the individual. A child or youth may need to take on a **preferred name and gender identity**. This should be respected, explored and accommodated. Use corresponding **pronouns**.

For example, a child raised as a girl has always been gender independent, and insists that “he” has always felt like a boy and wants to live as a boy full-time, with a boy’s name and pronouns. Respect and use the preferred name, gender and pronouns as much as possible. Over time we can explore the possibility of a “**social transition**” – a planned way for trans children or youth to begin to live and identify publicly as their gender in most or all areas of life. This can be done even before puberty, without medical interventions. Discuss confidentiality, safety and the child’s hopes. At puberty, we can explore the feasibility of puberty blockers, and later, cross-sex hormones, if desired.

Avoid assumptions about gender identity.

- When we see a child with long hair, we tend to assume the child is a girl. Likewise, when we see a child with very short hair who does not wear pink, flowers and sparkles, we automatically assume the child is a boy.
- We don’t stop to find out, we just assume...”and how old is your little girl here?” Repeated assumptions send confusing messages to children.
- How much more respectful to simply avoid those assumptions, “...and who is this wonderful child here?”

DO...

- Develop a plan if the child or youth consistently wants to transition to live full-time in the gender that feels most comfortable, or if they want flexibility to express different genders at different times. Integrate this plan in their Plan of Care.
- Support the child or youth even if this identity, name, pronoun or level of being “out” changes over time. Identity development can take time to crystallize.
- Even if legal documents cannot yet reflect a preferred name and gender, agencies and schools can still mark their files to indicate the preferred name and gender, and can take steps to preserve confidentiality.

AVOID...

Respect self-identity...*Sex Development*

People with intersex conditions have slightly different self-identity issues.

- Children and youth need to be **clearly informed** about any physical or health characteristics their bodies may have related to their sex development.
- People with intersex conditions generally identify as male or female. Some may *also* identify as intersex in certain situations, while others may not identify as intersex at all.
- People with intersex conditions need to **decide how to self-identify**, and how public or private they wish to be. They need support, information and access to others with similar conditions and stories.

Avoid making assumptions about how someone with an intersex condition identifies.

Be aware that **bisexuals, trans and Two-Spirit people and people with intersex conditions**

Avoid minimizing or confusing LGBTIQ identities that tend to be more invisible or

DO...

may be marginalized, disrespected or trivialized within the LGBTIQ community, and may not be recognized as legitimate identities.

For example, validate bisexual identities. It is true that *some* lesbians and gays first come out as bisexual because it seems “safer” or they are not yet sure. However, bisexuality is a legitimate identity and deserves recognition. Give them time to sort it out. Respect however they identify.

- **A child or youth may be marginalized based on several parts of their identity. Ensure they can integrate all parts of their identity.**

Most cultures and faiths exhibit homophobia and transphobia to greater or lesser degrees. However, most cultures and faiths also have sectors that are supportive and affirming of LGBTIQ people...even if they may be hard to find.

- Ensure Plans of Care and placements address the different ways a young person is marginalized. Support them to integrate the different parts of their identity. Ensure the young person can find support and allies from within their cultural or faith community about their sexual and gender feelings.

Encourage self-acceptance

- Explore with all children and youth **how they feel about themselves** and who they are, especially if they may be LGBTIQ or gender independent.
- **Explore any negative stigma, beliefs** or feelings they may have internalized about who they are. Identify any stereotypes they may hold about being LGBTIQ and **replace**

AVOID...

on the margins of the LGBTIQ community, such as bisexual, trans, intersex, Two-Spirit and possibly queer identities.

For example, avoid: “You’re not really ‘bi’, you’re just sitting on the fence. You need to get over it and come out as gay.”

Or, “you’re not trans...you’re in denial about being gay. Just deal with your homophobia and come out.”

- While the lines between gender identity and sexual orientation can be blurred and can overlap, they are distinct parts of the self.

Do not assume that a child or youth who has self-identified as LGBTIQ automatically understands their own feelings or feels comfortable about who they are.

DO...

myths with accurate and positive information.

- Work with them to **learn to accept themselves** as they are and feel positive about who they are. Help them learn to be proud of their uniqueness. This is critical.

Encourage self-expression balanced with safety.

- Foster creative **self-expression** through creative arts or other means.
- Foster **informed choices** about safe self-expression and coming out. Support safe choices that still allow for self-expression.
- Support the child or youth to develop the resilience and **survival skills** they will need as they grow up, such as assessing risk, learning strategies to stay safe, and dealing with negative situations (See Guideline #9).
- **Negotiate with the child or youth** for safe avenues of self-expression. Explore whether there could be a “safe space,” perhaps at home, to freely express gender or sexual differences, while adhering to more neutral expressions in public.
- **Work positively with children or youth who need greater degrees of self-expression.** Some children or youth may need more authentic public self-expression that allows greater integration between their public and private self. In this case, you will need to:
 - **Explore** options with the young person
 - **Advocate** with systems that interact with the child or youth, such as school, for support, education and safety measures.
- Ensure **Plans of Care** reflect these decisions and support their direction.

AVOID...

Avoid imposing high restrictions against self-expression, as this may feel punitive or restrictive to the child or youth, and they may rebel or bury part of themselves.

- Rigid restrictions may also inhibit the child or youth from learning the very survival skills they need to stay safe, like how to “read” safety or risk cues in situations.

Avoid allowing complete self-expression publicly without full discussion and preparation about the possible impacts and developing safety strategies. Some children and youth naively believe all will be well if they “come out” publicly. They may open themselves to unexpected harassment, rejection and violence...and forget they can’t “take back” information once it is public. In the age of email, texting and social media, coming out to a single “friend” can “go viral,” complete with targeting, harassment and cyber-bullying overnight... literally.



Empower children and youth to become authentic and fulfilled individuals. Support them to develop autonomy and self-determination in relation to their sexual orientation, sex, gender identity and gender expression.

“When I was growing up I always used to hang around with the girls, and the boys always used to make fun of me. I always felt like I was a girl, and growing up I thought I was one, but just different...I soon started to realize that I was developing into a young man. I wanted these changes to stop, but I didn’t know how...I soon started to feel very depressed and it got worse as my body continued to mature into a sex that I didn’t feel was me.

“I hit the age of thirteen and I couldn’t take it anymore so I tried to commit suicide about 23 times. Only once did it almost work.

“[Later, after coming into care and moving into independent living...] Soon after that I started to dress as a woman full-time and also started hormones....It’s been a while now since I got my hormones and I’ve never been happier...I know that life will be hard sometimes, but I’m a woman and I will stand up for my rights.”

Transsexual youth-in-care

The Problem

Children and youth who have come into the care of the child welfare system face many challenges, including possible trauma from child abuse or neglect, and separation from family. These histories, combined with their experiences in care, play a key role in how their path towards adulthood unfolds.

There are many choices and decisions that children and youth need to make as they grow toward adulthood. Young people need opportunities to become empowered and develop the skills to exercise their own autonomy.

These choices and decisions are often more complex for LGBTIQ and gender independent children and youth. They may need to deal with issues like:

- **Self-identification** – “Who am I? What do my feelings mean?”
- **“Coming out” and privacy** – “Who do I come out to? How? What if it goes ‘viral?’”
- **Healthy relationships, dating, safer sex** – “What is safer sex? Why bother? How do I talk about it ‘in the moment?’”
- **Safety/Self-Advocacy** – Dealing with homo/transphobic harassment, alienation, violence, oppression – “How do I stand

up for myself?”

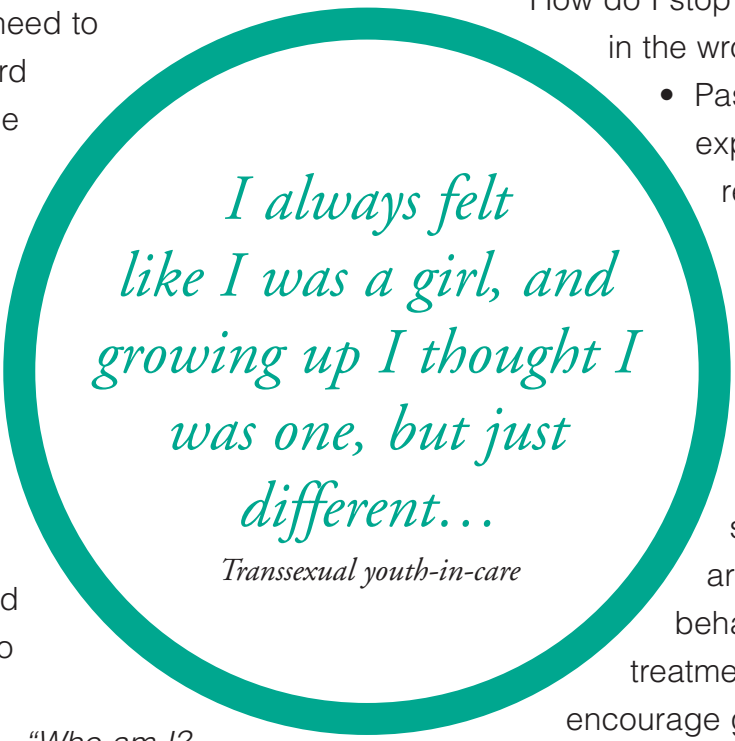
- **Self-expression, private and public** – “What if I want to cross-dress?”
- **Finding community** – “I feel like the only one...isn’t anyone like me?”
- **“Transition”** – Some trans (and some intersex) youth begin to live publicly as their gender, with or without body modifications through medical interventions – “How do I live as the gender I know I am?”

How do I stop my body from changing in the wrong way?

- **Past trauma** – Some youth experience trauma due to rejection by families, communities or services, based on who they are. Some intersex youth may feel uncomfortable with past genital surgeries. Some youth are conflicted about past behaviour modification treatments designed to encourage gender conformity. – “I

hate the surgery they did...it’s not me!”
“I’m just no good anyway.”

As service and care providers we may ourselves feel overwhelmed by these choices, and about how to know what is best for those we support. We may fear we don’t know enough about LGBTIQ issues, especially medical interventions. We want to protect young people from harm. We may worry they won’t make healthy choices for themselves, or won’t understand the risks, or won’t bounce



*I always felt
like I was a girl, and
growing up I thought I
was one, but just
different...*

Transsexual youth-in-care

back with resilience from any negative consequences.

These are all important considerations that must be balanced with the young person's need to take progressively greater control of their own life. Youth need to develop independence and become empowered to make choices...and learn to manage any negative consequences from those choices. They need to seek self-fulfillment and increasingly enhance their own authenticity.

Our role as service and care providers is to support children and youth to develop the skills and capacity to increasingly take control of their own lives.

We do this by ensuring they have incremental opportunities to exercise their own autonomy and self-determination to make, hopefully, positive, healthy, sustainable choices. While they are developing these skills, we collaborate with them to help them stay safe and involve them in any decisions we must make on their behalf. We create safe, affirming, equitable and positive spaces so that they can make these choices incrementally and safely.

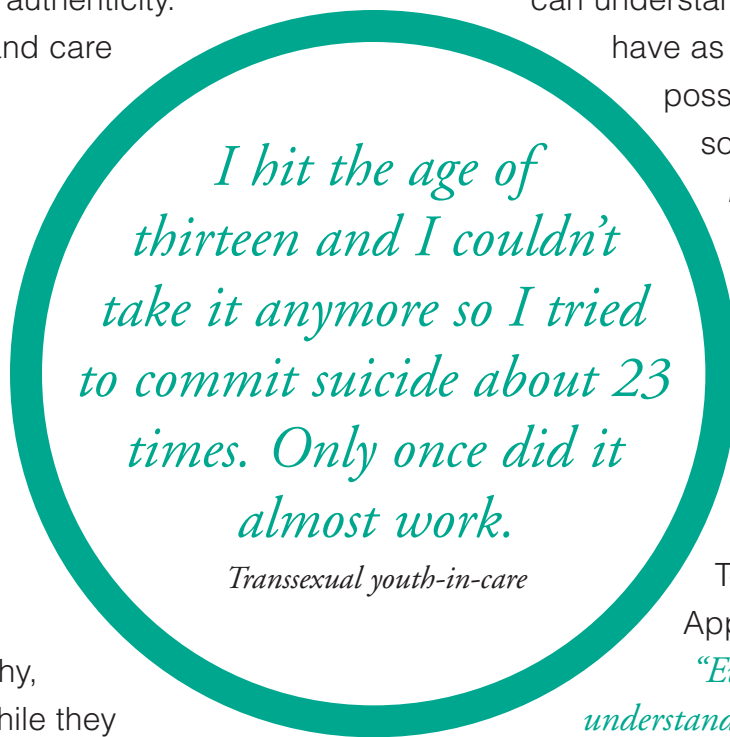
Sometimes other challenges will impact on the young person's ability to exercise autonomy and self-determination, such as intellectual or cognitive disabilities, mental health concerns, a FASD condition, or effects

from past trauma. This does not mean they cannot comprehend the issues. Young LGBTIQ and gender independent people with developmental disabilities and/or dual diagnoses often face barriers from service and care providers who typically underestimate their ability to understand the issues or make their own decisions (Vo, 2010).

Rather, the issues and options must be discussed with the young person in ways they can understand, so that they can still have as much control as possible. Seek support from someone who has skills both in supporting young people with these specific challenges, as well as in gender and sexual diversity issues, such as the ReachOUT Program at the Griffin Centre in Toronto. (See Appendices).

“Even my 2-year-old could understand simple ideas about gender, like ‘some kids with girl bodies feel like boys, and some girls like to do things we often think of for boys,’ etc. When we think young children or youth with intellectual disabilities won’t understand, we forget they already have gender feelings and sexual feelings...we just need to know how to talk with them about those feelings.”

Staff



When supporting children and youth to exercise autonomy and self-determination, we can recall the Four Pillars of the Affirmation Framework:

- **Listening** to the needs and aspirations of the child or youth when considering challenges, choices and decisions.
- **Affirmation** – Ensure any decision affirms their identity in positive ways and allows for self-expression.
- **Person-centred** – Ensure decisions are focused on the best interests of the child or youth, rather than our personal bias or comfort level.
- **Equity** – Empower children and youth to learn their strengths, and develop resilience, self-fulfillment and authenticity. They need safe, affirming, positive and equitable environments while they develop.

Fear may spur us to secretly hope young people are heterosexual and comfortable with gender norms. We want them to be happy and safe. But if that isn't who they really are, they won't be happy or safe by pretending to be someone they aren't. We may need to take a leap of faith to trust that, with our support, they can sort out how they feel, who they are and how they want to live in the world. We may need to let go of our fantasies and support them to follow their own path. That is one of the greatest gifts we can give them.

“Is it true that a boy can get an operation to change into a girl?”

6-year-old gender independent child-in-care

The Goal

Our goal is to empower young people to take increasing control of their own lives so that they can live in an authentic way and achieve self-fulfillment. They need to develop the skills to exercise autonomy and self-determination in relation to their gender and sexual identity. They need opportunities to make informed, healthy, positive choices, within safe, positive, affirming and equitable environments. This is especially true for LGBTIQ and gender independent youth, who often experience excessive external control.

The Guideline

Empower children and youth to become authentic and fulfilled individuals. Support them to develop autonomy and self-determination in relation to their sexual orientation, sex, gender identity and gender expression.

- 7.1 **Support the child or youth to make informed decisions about their gender or sexual identity**, such as how to self-identify, coming out, privacy, healthy relationships, dating, safer sex, safety, self-advocacy, self-expression (public and private), finding community, transition (if relevant), and dealing with negative experiences or trauma.
 - Provide information about different kinds of identities to all ages, even if they are still exploring who they are.

Young children can understand these concepts if explained clearly and simply.

- Support them to learn how to balance these decisions with safety and readiness, with support and resources to address any challenges.
- Refer to Guidelines #6, 8, 9 for more details.

7.2 **Support the child or youth to make informed decisions about “gender transition”, if relevant, including “social transition” and possible body modifications**, such as puberty delays, cross-sex hormones, or sex reassignment surgery.

7.3 **Involve the child or youth in decision-making about residential placements, programs, treatments, therapy, etc.**


- Ensure all resources are affirming,

equitable and person-centred. Find out how they support LGBTIQ young people. Avoid any that pathologize or punish gender and sexual diversity, or that won't prevent related violence or harassment.

- Ensure Plans of Care include open discussions with the child or youth about their needs, fears, concerns and aspirations related to their gender and sexual identity, especially when considering programs and placements.

7.4 **Provide special support to children and youth with cognitive or mental health challenges to understand the issues, the options and the possible outcomes.**

Support autonomy and decision-making to the greatest level possible within their abilities.



*Is it true
that a boy can get an
operation to change
into a girl?*

6-year-old child in care

Practice Examples

“We had this 16-year-old transsexual youth, female-to-male, who was living pretty much full-time as male. He really wanted to start taking hormones. But he was angry and acting out, so we stalled. We were worried that giving him testosterone might just make him worse, maybe aggressive.

“But when he finally started getting hormones, it wasn’t like that at all. He settled down, he acted out less...you could see right away he felt calmer, happier. It was actually a real turning point for him, and he started getting his life together. I never would have believed it if I hadn’t seen it myself.”

Residential child and youth counsellor

DO...	AVOID...
<p>Recognize that all young people are sexual beings who need information and skills to make informed choices about sexual relations and sexual expression, such as “having sex.”</p> <ul style="list-style-type: none">• Openly discuss sexuality with all youth, including: sexual exploration, sexual expression, sexual identity, gender identity, gender expression, safer sex, sexually transmitted infections, negotiating romantic and sexual relationships, preventing exploitation and abuse, sexual assault, etc. <p>A harm reduction model that views sexuality as healthy, positive and normal may produce safer outcomes than “abstinence” models. Use inclusive language to convey awareness that sex may occur with diverse genders, sexes and sexual bodies.</p> <ul style="list-style-type: none">• Include youth with special needs, such as those with physical disabilities, intellectual disabilities, mental health concerns, trauma histories or FASD. Ensure discussions are engaging, relevant and understandable.	<p>Avoid ignoring or repressing youth sexuality and sexual expression.</p>

DO...

If a **child entering puberty** is highly distressed specifically at the *direction* of change their body is undergoing, explore the child's feelings and possible identities and options.

- Explore (1) how the child feels about their gender, their body and the changes puberty will bring; (2) whether there have been long-term cross-gender feelings or interests; and (3) the level of distress the child experiences.
- If the child feels like a gender different from their sex or experiences distress at puberty, consider involving an affirming adolescent health specialist with training in trans medicine, to assess the option of **puberty suppressant drugs**. Delaying puberty this way will allow the child and family or agency time to explore identity issues and options.
- Sometimes an intersex condition emerges at puberty when the child's body starts developing in ways associated with the "other" sex, such as a boy who begins to get menstrual cramps. Consider a medical assessment of the child's sex development.

Affirm and support trans youth to explore and make informed choices related to their gender identity.

- Link the youth to a group like "Gender Journeys" through Sherbourne Health Centre in Toronto, where they can:
 - ▶ Explore their feelings, identity and positive self-expression.
 - ▶ Access positive, accurate information about various gender identities and expressions.

AVOID...

Avoid telling a child entering puberty who is distressed at the **direction** of change their body is taking (i.e. a body beginning to feminize or masculinize), that they just need to "fit in" and try to be more like a girl or boy.

Avoid sending a child or youth with cross-gender feelings, interests or expressions to **"reparative" therapy** or other treatments designed to change their gender or convince the child or youth to align their gender with their physical sex.

Avoid automatically sending an LGBTIQ youth for a psychiatric diagnosis and treatment plan without a specific purpose, such as a stated desire for gender "transition".

Diverse identities related to sexual orientation (eg. lesbian, gay, bisexual, pansexual, asexual, etc.) are not psychiatric illnesses. Psychiatric assessment and treatment is not routinely needed.

DO...

- ▶ Gain mutual support and connection to others like them.
- Support trans youth who express a desire to “**transition**”, that is, to change the way they live and express their gender in their daily life. Some may wish to live full-time as the gender they feel, and others may prefer partial transition. They may desire full or partial medical interventions, or none at all. Various aspects related to transition can include:
 - ▶ “**Social transition**” – changes in appearance, behaviour, identity, pronouns, without involving medical supports – eg. dress, adornment, gait, stance, mannerisms, preferred name and pronouns, gender expression, public gender presentation, etc.
 - ▶ **Physical interventions** – changing their bodies to align with the gender they feel, which could include one or more options:
 - (1) delaying puberty through medication
 - (2) cross-sex hormones (age 16+)
 - (3) sex reassignment surgery (age 18+)
- Provide positive and ongoing support to trans-identified youth who wish to explore physical interventions.
 - ▶ Ensure access to a trans-positive adolescent health specialist with training in trans medicine, who can assess eligibility and readiness in accordance with the international **Standards of Care (SOC)** established by the World Professional Association on Transgender Health (WPATH, 2011). Various criteria

AVOID...

Affirming counselling may help to deal with internalized homophobia, distress, oppression, or mental health concerns such as depression or suicidal thoughts or attempts.

Never tell a trans youth they are confused, sick, sinful for being trans, or that they are too young to know who they are. Do not doubt or minimize their stated gender identity. However, be aware that some youth will adopt a few identities as part of their process in sorting out who they are. Others will be certain and consistent from an early age.

DO...

must be met, which can be time-consuming and extensive, especially for surgery.

- ▶ Youth require **counselling** to ensure they are certain about their gender identity and understand the issues and effects of transition and medical interventions. This should be with an affirming mental health professional with specialized training in gender identity issues.
- Consult other useful, complementary gender transition guidelines, such as
 - ▶ *Care for Transgender Adolescents in BC: Suggested Guidelines* by the Vancouver Coastal Health Centre; and
 - ▶ *Guidelines and Protocols for Comprehensive Primary Health Care for Trans Clients* by Sherbourne Health Centre.

AVOID...

Support **parents and guardians of young children with intersex conditions** to:

- Understand the nature of the child's intersex condition and possible future implications.
- Establish a "tentative" gender, based on a medical assessment. Be aware the child may later state a preference for another gender.
- Get support from peers, counsellors, and intersex adults in ways that affirm diversity.
- Explain the nature of the intersex condition to their child in age-appropriate ways that affirm their uniqueness. Normalize diversity and acknowledge options when they are older.

Avoid recommending intersex infants and young children receive cosmetic "normalization" surgery for the purpose of making the child's genitals appear more "normal".

Ensure choices about cosmetic genital modifications remain with the individual. This is an emerging ethical and human rights issue.

DO...

- Develop strategies to prevent or deal with any negative messages or discrimination by childcare providers, teachers or peers.
 - Support the child to make informed choices about possible body modifications later, if desired, rather than choosing for a child who is too young to make their own decisions.
-

AVOID...

8.



Ensure Safety

Ensure LGBTIQ and gender independent children and youth are safe in all areas of their lives.

“It gets dark, everyone’s asleep, and the kid who’s been labelled a fag gets beaten up.”

Youth in residential care (CASMT, 1995, p. 19)

“LGBTQ youth need acceptance from their caregivers and to be safe in their placements.”

Adult participant (Woronoff, et al., 2006, p. 18)

The Problem

Safety is a serious problem for many LGBTIQ and gender independent children and youth. They are frequently targeted for harassment and violence by peers and/or families, whether they are LGBTIQ or just perceived to be. Some, especially transsexuals, are killed because they are so hated for who they are.

Finding safe, positive spaces can be a significant challenge for LGBTIQ and gender independent children and youth.

At home, these children and youth may be rejected, misunderstood, despised or targeted with ostracism, harassment or violence by their families. This lack of safety can propel a child or youth into the child welfare system or the streets.

Out-of-home residential and foster placements may be unsafe for these children and youth, especially if homo/transphobic comments are repeated or tolerated by care providers, or if rigid gender stereotypes are enforced.

“I don’t see why I should be terrorized in a place I’m made to go to.”

Youth-in-care (CASMT, 1995, p. 17)

“The child welfare system needs a better understanding of what LGBTQ homeless youth

experience on the streets and why they are there in the first place – like fleeing abusive homes and not feeling safe in their placements.”

Youth (Woronoff, et al., 2006, p. 34)

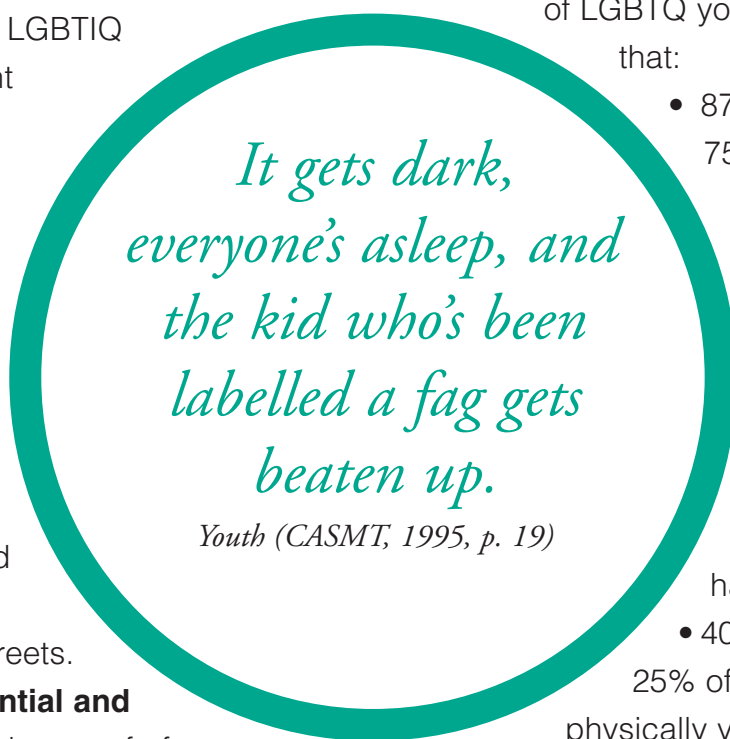
Schools can be very dangerous for LGBTIQ and gender independent children and youth, especially those who may be trans, as reported in the *First National Climate Survey on Homophobia in Canadian Schools* (Egale, 2009). This first-ever national Canadian survey of LGBTQ youth at school concludes that:

- 87% of trans youth and 75% of LGBTQ youth reported feeling unsafe at school because of their sexual orientation, gender identity or gender expression.
- 90% of trans youth and 60% of LGBTQ youth were verbally harassed.
- 40% of trans youth and 25% of LGB youth were physically victimized at school.

“How can I go to swimming or gym class? When I change or shower they’ll all see that my private parts are different and I’ll be dead meat! So I skip off and keep failing gym. It’s better than the alternative.”

Youth-in-care with intersex condition

The community can also be unsafe for LGBTIQ or gender independent children and youth, including the streets, social/recreation programs, community programs or faith groups. Counselling or support services,



*It gets dark,
everyone's asleep, and
the kid who's been
labelled a fag gets
beaten up.*

Youth (CASMT, 1995, p. 19)

health services, social services, treatment programs or other “helping” services can be experienced by LGBTIQ and gender independent children and youth as unsafe if there are messages that these young people are not okay and should change who they are. Even in the absence of these negative messages, if there are no affirming messages welcoming LGBTIQ people, young people will not assume these are safe spaces.

Sometimes hearing about the pervasive lack of safety can make us feel overwhelmed and we risk becoming complacent. We may believe we won't individually be able to make an impact on a child's or youth's safety where they live or go to school. We may begin to accept that lack of safety is the norm for LGBTIQ children and youth.

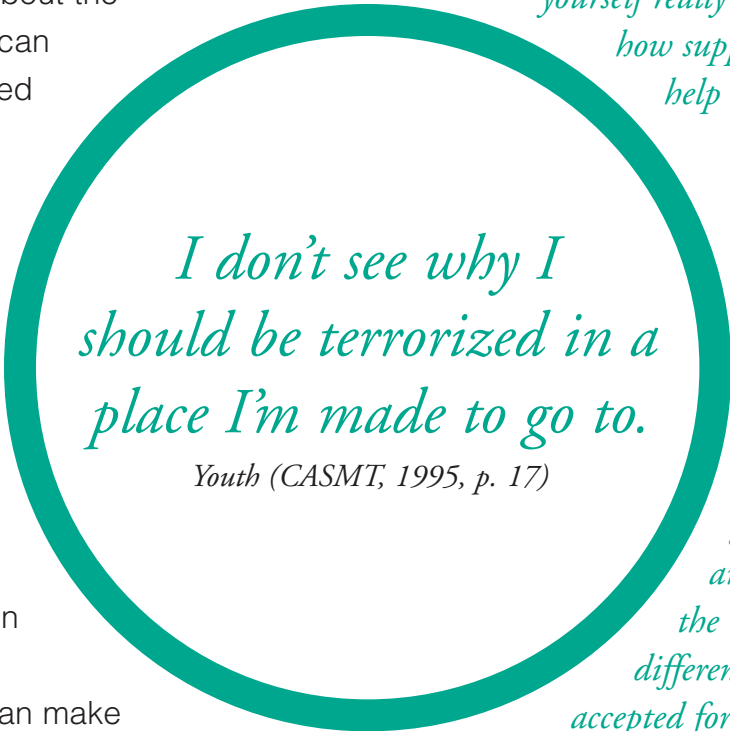
In fact, what we do can make an enormous difference.

“There was a ‘boy’ in my high school who was really well-known. In the middle of final year, after careful consideration, ‘she’ made the decision to transition from male to female! She dressed openly as a girl and adopted a girl’s name in a totally public way. She made sure she had really good support and planned it out really well. She had a youth counsellor who came with her to meet with the teachers and principal ahead of time, and helped plan how they were

going to tell people. The counsellor also came with her to each one of her classes to support her while she explained her decision to transition and answered questions.

“Sure there were some comments, but mostly it went really smoothly. She has such guts and determination to be herself and to be open about who she is. And she had support around her to make it happen. It was an amazing process to watch unfold, a great example of how being yourself really can be possible...and how supportive adults can really help create safety.”

*Placement student,
CAS-Toronto*



*I don't see why I
should be terrorized in a
place I'm made to go to.*

Youth (CASMT, 1995, p. 17)

“I went to one school that was so homophobic and the teachers just wouldn't deal with it, so I had to get out. I switched to another school just down the road that was completely different – I could be open and accepted for who I was. It just goes to show it's worth searching for the right place and the right people.”

Youth

As service and care providers, it is critical that we ensure these children and youth are safe, to the best of our individual and organizational ability. We need to remember that our influence and efforts can shift a young person's reality.

Safety is closely tied to resilience. For the purpose of these Guidelines, we will

differentiate between “safety” guidelines and “resilience” guidelines as follows:

- **Guideline #8, Safety** – strategies that service and care providers can directly take to prevent, interrupt or end harassment and oppression to ensure all LGBTIQ and gender independent children and youth are safe.
- **Guideline #9, Resilience** – those skills we can support children and youth to learn over time in order to help keep themselves safe, and to “bounce back” from oppression they experience.

Both guidelines are critical and interrelated...as two sides of the same coin.

The Goal

The goal is to ensure LGBTIQ and gender independent children and youth are safe wherever they live, play, learn, gather, work, worship and grow. Achieving safety for LGBTIQ children and youth requires the following components:

- Safe environments
- Education
- Prevention
- Protection
- Advocacy

The Guideline

Ensure LGBTIQ and gender independent children and youth are safe in all areas of their lives.

8.1 Ensure residential and foster placements, as well as other programs, are safe, inclusive, equitable and affirming in relation to gender and sexual diversity.

- Ensure children and youth have **safe environments** where they can feel comfortable to be who they are, make healthy choices, express themselves authentically and pursue diverse interests.
- Ensure the child or youth will be **free from homophobic and transphobic targeting, violence, alienation and harassment** in a residential or foster placement.

- Ensure a residential or foster placement is prepared to:
 - Understand and meet the child or youth’s specific needs related to their gender or sexual identity
 - Uphold their dignity
 - Protect their rights
 - Ensure their safety
 - Eliminate systemic barriers and

*How can I go to swimming or gym class?
When I change or shower they'll all see that my private parts are different and I'll be dead meat!*

Youth

discrimination

- Promote awareness, acceptance and affirmation of diverse gender and sexual identities and expressions among everyone working or living in the home.

8.2 **Regularly check in directly with any child or youth** who may be LGBTIQ or gender independent about their feelings of safety, and any possible experiences of harassment, ostracism, bullying or violence related to gender or sexual diversity.


8.3 **Respond directly and promptly to any concerns, unsafe situations or specific incidents** to protect children and youth from oppression, such as homo/transphobia, bullying, violence, harassment, rejection, ostracism,

judgement, or negative messages related to gender or sexual diversity, etc.

Responses should be effective in immediately stopping the offending behaviour, addressing the impact on the targeted child, ensuring the child's ongoing safety, and engaging in education with the offender.

8.4 **Advocate as needed within outside systems that the child or youth encounters**, such as out-of-home care placements, as well as school/education, social/recreation, health care, the correctional system and any other systems the child or youth is involved in.

8.5 **Negotiate with a child or youth on balancing the need for self-actualization and self-expression with the need for safety.**



The child welfare system needs a better understanding of what LGBTQ homeless youth experience on the streets and why they are there – like fleeing abusive homes and not feeling safe in their placements.

Youth (Woronoff, et al., 2006, p. 34)

Practice Examples

“When we have the International Two-Spirit Gatherings [where Aboriginal Two-Spirits are welcome and honoured], it is a place of safety. At the end (of the gatherings), people break down in tears and realize that the dome of safety is lost, now they have to go back to their environments or on the street.”
(2-Spirited People of the First Nations, 2008, p. 11)

DO...

Assess and monitor residential and foster placements for safety concerns.

Find out what **specific measures** residential or foster care placements have in place to ensure safety for LGBTIQ children and youth, including:

- **Policies, practices and standards** designed to promote equity and prevent discrimination, harassment or bullying based on gender and sexual identity or expression.
- **Established practices: (a)** protect privacy and confidentiality related to any possible LGBTIQ identities (See Guideline #12), and **(b)** respond to and protect children and youth from bullying, harassment, discrimination or violence if it does occur.
- **Education and professional development for care providers** about gender and sexual diversity that enables them to provide acceptance, affirmation, safety, protection, equity for LGBTIQ and gender independent children and youth.
- **Education for other children or youth in the setting** about gender and sexual diversity in ways designed to open discus-

AVOID...

Avoid placing a LGBTIQ or gender independent child or youth in a residential or foster placement without first checking to ensure it is a safe space for these young people.

DO...

sion and prevent bullying, ostracism, harassment, violence, etc. This education can be integrated into day-to-day discussions.

- **Specific, proactive strategies** to ensure their service is a safe, affirming, equitable and **positive space** for LGBTIQ and gender independent children and youth – such as following the guidelines in this document.

AVOID...

Regularly check in with children and youth ...dig deep to find out what life is really like.

- Specifically inquire about their experiences where they live, learn, play, gather, access services, work, worship and grow. Ask about family, friends, peers, service providers, care providers, therapists and others in their lives. Find out what life is really like...Are they worried about getting put down or targeted? Do they hesitate to speak up? Are they afraid of anyone? Can they talk openly and confidentially to an adult if there are problems? Do they feel supported? Do they have friends they can talk openly with who will support them? Do they feel safe? Can they be themselves?
- Respond to and monitor any concerns. Unsafe situations can escalate quickly.

Avoid assuming everything is “fine” if you haven’t heard complaints.

Many LGBTIQ children or youth fear speaking up about difficulties in their placement or other program because they fear it will be futile or get worse. Even situations that seem “minor” may be the tip of the iceberg for more serious or pervasive problems.

Advocate within outside systems as needed.

- Go to bat for a child or youth! They deserve the kind of affirmation and safety that these Guidelines describe. They are counting on you to make a difference. Don’t hesitate to go step-by-step right up the ladder to get results for this young person, if you need to.

Avoid being afraid to advocate for effective strategies that will address and eliminate oppression in systems that serve the children, youth and families we serve.

DO...

- Your passion and clarity will provide energy that can propel an outside system into action. Most importantly, you will demonstrate to that young person that they can count on you.
-

AVOID...

9.

Build Resilience

Build resiliency skills in children and youth who may be LGBTIQ or gender independent.

“As an adopted child, I re-entered the CAS at 15 upon being kicked out of my home. Openly gay and, coming to accept all that comes with that label, I was alone.”

“Being young and queer left a lot of room for self-hate and non-acceptance from individuals and society as a whole. Lacking love, needing encouragement and support left me at a loss. I was different and in an institutional setting in which my own reflection was mostly absent...”

“Staff persons were not out as queers. They hid as well for their own reasons. I needed role models to guide me through a life that could be cruel and hurtful. I just needed to hear that I belonged and I mattered and there was a world that included this young ‘butch’ dyke. No one came forward. No one explained to me while my hormones were raging how to take care of myself and to how to have successful relationships. I needed help and needed someone to answer my questions as I fumbled through so many bumps in my queer life.”

“I fudged it on my own.”

Youth-in-care, Children’s Aid Society of Toronto Steering Committee Member

The Problem

Much of the world we live in is still hostile to people who do not fit societal expectations relating to gender and sexual identity. LGBTIQ and gender independent children and youth (and those assumed to be) are still typically subjected to harassment, exclusion, ostracism, violence and invisibility.

In response, many LGBTIQ and gender independent children and youth respond with **copied strategies** that put them at higher risk: substance abuse, school underachievement or drop-out, street involvement, sex work, hiding or denial about their identity or feelings, isolation, running away, low self-esteem, depression, pregnancy, self-harm, risk-taking, and suicidal thoughts or attempts that are unfortunately completed all too often.

We as service and care providers must be alert to recognize these risks, and explore the reasons carefully. Some youth who present as heterosexual and gender conforming, and who also exhibit any of these risks, MAY actually be struggling with gender or sexual identity issues and afraid to tell us.

We must be prepared to address systemic issues and advocate for affirmation, equity and positive spaces within the systems and

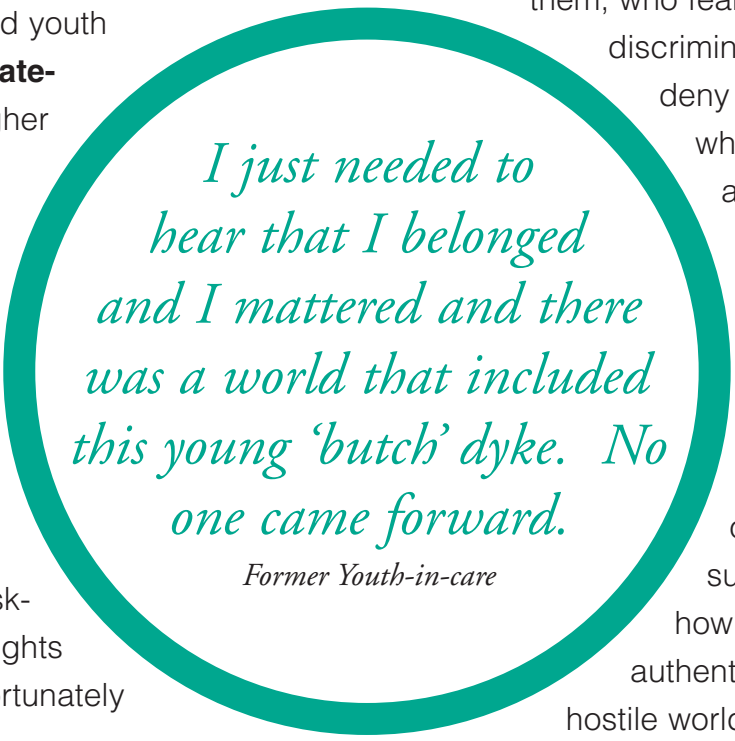
settings that our children and youth live and grow up in. (See Guidelines #8 and #20, for more information).

But ultimately, we cannot be everywhere with a child or youth. They will forge through life on their own, with or without us, and become more and more independent. They will eventually go home, find a new family or age out of care. And they will likely encounter people and systems who do not understand

them, who fear or hate them, who discriminate against them, who deny their human rights, or who harass, ostracize or assault them.

We would do our children and youth a disservice if we fail to help them develop resilience and learn strategies to deal with oppression. We can support them to manage how to be their unique, authentic selves in an often hostile world.

Supporting children and youth to develop resilience and strategies to deal with oppression involves several layers. They need a strong internal foundation and a sense of pride in who they are to believe they deserve to be happy and can be happy. They need prevention skills, and strategies to deal with dangerous or oppressive situations if they do occur. They need direct support and allies after those situations occur to heal from the trauma. They need support to find the internal



I just needed to hear that I belonged and I mattered and there was a world that included this young 'butch' dyke. No one came forward.

Former Youth-in-care

strength of spirit and resilience to stay positive and move forward.

“I realized that being gay is not my problem. It’s their problem. I see homophobia as a social disease. I try not to get involved in negative communities. But I do try to teach them. Otherwise, the ignorance will continue and nothing will ever be done about it.”

Youth (Woronoff, et al., 2006, p. xi)

The Goal

The goal is to support children and youth who may be LGBTIQ or gender independent to develop resilience and learn the skills to live comfortably and safely in this world, in the face of oppression.

The Guideline

Build resiliency skills in children and youth who may be LGBTIQ or gender independent.

Strong sense of self and pride

- 9.1 **Build self-esteem, self-respect, confidence and pride.** Affirm them (see Guidelines #4, 5, 6). Help them develop a strong sense of self. Help them love and value themselves enough to want to be safe.
- 9.2 **Re-frame issues using an anti-oppression lens**, so that children and youth understand that the problem lies not with *who they are*, but with *other people’s*

lack of understanding and appreciation of diverse ways of being. Address the child’s or youth’s internalized oppression.

Prevention

- 9.3 Develop the ability to **assess situations** for safety and risk by recognizing danger signals or predicting situations that might be unsafe. Help children and youth learn **self-listening skills** – to listen to their inner voice or feelings and develop intuitive capacities such as “listening to their gut” or “following their instinct.”
- This can be challenging for children and youth who have histories of trauma or of their personal boundaries being violated. However, those histories make learning self-listening skills that much more important.
- 9.4 Promote skills to make **healthy and informed choices** based in self-respect. They need to be empowered to make their own decisions.
- Support them to learn to balance the need for self-expression and authenticity with the need for safety.
 - Help them learn to prevent and avoid unsafe situations, cyber-bullying and oppression, where possible.
- 9.5 Promote skills to identify and develop **allies (peer and adult allies), supports and safety plans**, including when and how to seek positive adult assistance.

Self-protection

- 9.6 Promote **self-protection skills and strategies** to respond effectively to

targeting, harassment, assault, or other oppression if it occurs.

- Ensure they learn to defend themselves and know how to get away from an unsafe situation. They need skills to stay calm, defuse a tense situation and get help.

Recovery and hope

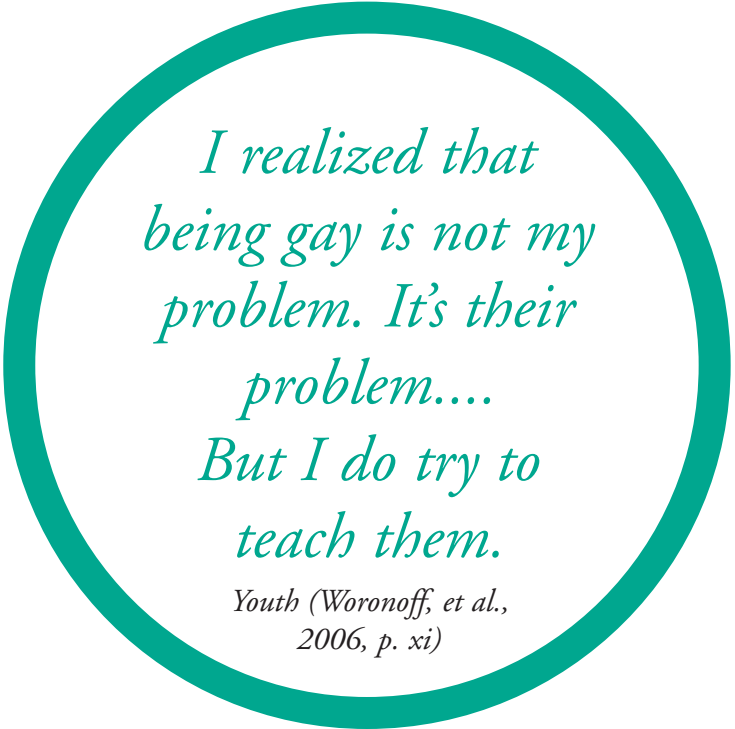
9.7 Teach a young person to **tell someone and get support** following an oppressive situation. They need opportunities to voice feelings and concerns, be heard and validated, be supported in sorting out next steps, and heal from the trauma.

9.8 Develop **resiliency skills to “bounce back”** after experiencing oppression or set-backs.

- Help children and youth to develop the flexibility, hardiness and “strength of spirit” to stay positive and move forward. This comes partly from feeling cared about and supported. It also comes from having a strong sense of self, connection to community and hope for the future.

9.9 Support children and youth **advocate** for themselves and their rights.

- They may need to seek redress following a discriminatory, abusive or violent incident. They may need to find a way to stand up to a bully.
- In time, support them to advocate for others or for systemic change.



*I realized that
being gay is not my
problem. It's their
problem....
But I do try to
teach them.*

*Youth (Woronoff, et al.,
2006, p. xi)*

Practice Examples

DO...	AVOID...
<p>Dig for and confront any internalized oppression. It may be under the surface, but still powerful.</p> <p><i>For example,</i> “You are unique from everyone else. You might think you are getting bullied because you are ‘different.’ But really you are great just the way you are. The PROBLEM is that some people don’t understand people who they see as different. They think everyone should be the same, like clones. But really, what is beautiful in life is everyone’s uniqueness ...like yours. Bullies pick on you because they are AFRAID of people who are different and try to push them down. But you don’t have to let them get to you. You are wonderful just the way you are and you can be proud. Together we’ll figure out ways to keep you safe and deal with people who don’t understand.”</p>	<p>Avoid allowing LGBTIQ children or youth to think the reason they are mistreated is because there is something wrong with them.</p>
<p>Support the child or youth to sort out “coming out” issues...assessing risk, developing strategies, finding balance, preparing for various outcomes, feeling ready.</p> <p>Support the child or youth to decide whether, when, how and to whom to “come out” to others about who they are as an LGBTIQ person. They need to understand that other people may not respect their privacy, especially in the age of social media. Help the child or youth predict possible reactions to coming out and strategize ways to minimize risks. Ideally, they need to feel ready and prepared. They may need supports</p>	<p>Avoid blithely encouraging a young person to come out unprepared...AND avoid overprotective discouragement against coming out.</p> <p>While we need to help a child or youth understand and prepare for the risks of coming out, we also need to guard against being overprotective and unnecessarily discouraging a child or youth from coming out to prevent bullying.</p> <p>There are risks to being “out,” like targeting or alienation. But there are also risks with</p>

DO...

and a safety plan in place. Coming out should be their own choice, on their own terms.

Over time, and with support, the young person has to grapple with the conflicting risks related to coming out versus secrecy. They need to make their own decisions about coming out...and be able to deal with a range of outcomes. Making decisions about coming out and dealing with outcomes is part of becoming empowered and resilient. But the challenges can feel overwhelming to a young person, and they will need your support.

What is most important is that the young person become more rooted in their own sense of self, with pride, and become empowered to make their own decisions, within a circle of support.

Support young people to gradually **develop strategies and skills to deal with oppression**

and protect themselves. Help them learn to:

- Stay calm and look confident when harassed or bullied, even if they are scared or upset
- Use strategies like humour to defuse tense situations
- Develop assertiveness skills
- Find safe and trusted peers, friends, adults to talk to who will support them
- Find safe spaces to be in
- Avoid risky situations and areas
- Develop self-defence skills and when to use them
- Prevent and address cyber-bullying
- Continue to build their confidence and self-esteem. (See Guideline #4)

AVOID...

being “closeted”. Secrecy breeds shame and fear over the constant threat of being found out. Being closeted necessitates being guarded, secretive, revealing only half-truths or lying. This fear can loom over every word or action. It can affect self-esteem and the ability to connect with others.

Avoid minimizing the level of oppression or over-simplifying ways to deal with it.

DO...

Support young people to **develop the strategies and skills to self-advocate:**

- Speak up for themselves
- Report any bullying or discrimination to trusted adults
- Be clear and assertive about how they expect to be treated
- Refuse to accept discrimination or bullying.

AVOID...

Avoid conveying that children and youth experiencing harassment, bullying or discrimination should just “forget about it”. Don't sweep these issues under the rug. Small incidents can easily escalate over time.

10.

Connect to Resources – Affirming Information, Services and Health Care

Ensure all children and youth who may be gender independent or LGBTIQ have access to affirming information, services, resources and health care that address their unique experiences and needs.

“There was a youth who was exploring her gender identity. She was all set to change to a school that is very inclusive and supportive of LGBT people.

“Then we sent the youth for a psychiatric assessment. The assessor said she should NOT go to that school OR any LGBT youth support groups or programs. They said we should monitor her access to the internet so she wouldn’t get any information about sexual orientation, gender identity or LGBT people.

“Basically they wanted an “isolation approach” to keep her away from any LGBT information and community. They were hoping that by exposing her ONLY to the heterosexual world, they would make her ‘straight’ [heterosexual] and feel more like a typical girl. They said they wanted her to ‘make up her own mind without being influenced’...as if being in a predominantly heterosexual world with all kinds of sex-role stereotypes isn’t already an influence! Can you imagine if they tried this around someone’s religion or culture? How do you make up your own mind about something they won’t let you learn anything about?”

Children’s service worker

The Problem

Some people presume that children and youth are too young to understand or handle information about sexuality, gender or identity. They fear that talking about these issues will encourage promiscuity or will somehow “convert” otherwise “normal” (that is, heterosexual, gender-conforming) children to become gay or trans. These fears are based in misinformation and prejudice.

The reality is that children and youth who may be LGBTIQ or who feel “different” from the majority in relation to their sexuality or gender desperately need information and support that affirms who they are or might be.

All children need to see themselves mirrored in the world around them, but so often this does not happen for those who are LGBTIQ and gender independent.

The child welfare field has learned, for example, that when a child is adopted by a family with a different race or culture, that family needs to take special steps to ensure the child is exposed to and integrated into their culture of origin so that they can develop a positive and full sense of self. By doing so, these children can see themselves reflected in

their community around them.

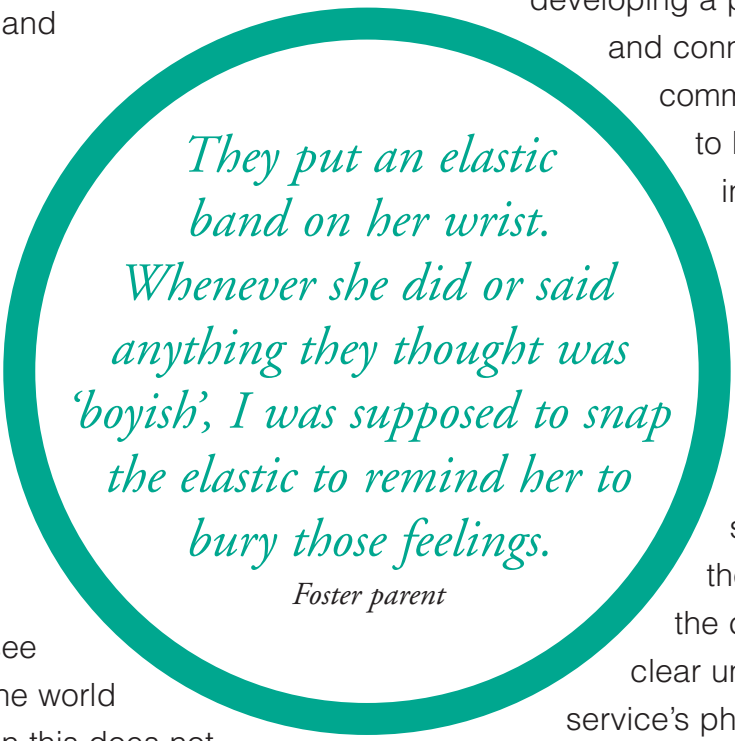
So too do LGBTIQ and gender independent children and youth need to see themselves reflected. They need information about different ways to be a girl or a boy, and connection to others like them so that they can understand who they might be. They need services and health care that respect and value sexual and gender diversity, such as LGBTIQ youth support groups. This is part of

developing a positive sense of self and connection to a larger community. Denying access to LGBTIQ-specific information and services sends a message that there is something fundamentally wrong with who they are.

Sometimes children or youth are sent for services or treatment in the health care system or the community without a clear understanding about the service’s philosophy and beliefs about gender and sexual diversity.

“This child who was very happy being herself as a ‘tomboy’ was sent for a psychiatric assessment. They said she was ‘gender dysphoric.’ But instead of just accepting that she felt like a boy in a girl’s body, they wanted to change her, to force her to be a girl and act like their narrow idea of a typical girl.

“So they told me to put an elastic band on her wrist. Whenever she did or said anything they thought was ‘boyish’, I was supposed to snap



They put an elastic band on her wrist. Whenever she did or said anything they thought was ‘boyish’, I was supposed to snap the elastic to remind her to bury those feelings.

Foster parent

the elastic to remind her to bury those feelings and ideas. She was only supposed to think and do 'girl' things.

"I was shocked at just how truly sexist they were! This was a recognized service in the community, but they wanted me to push her back into their antiquated 19th Century ideas of what girls should be like!"

Foster parent

We must be assured that any service referrals will not cause harm or pathologize LGBTQ or gender independent children and youth for who they are.

Many health care and service providers are unaware of the specific health risks or concerns faced by LGBTQ people; consequently most LGBTQ people are not "out" to their health care providers and may withhold vital information. Careful screening is necessary to ensure that outside services complement the *Out and Proud Affirmation Guidelines* and our anti-oppressive practice, rather than working at cross-purposes to our goal for positive and affirming care.

The Goal

Children and youth who may be LGBTQ or gender independent need to see themselves reflected in their community around them to help them allow their identity to emerge unharmed. They need **information** about themselves and issues that are relevant to them. They need to develop their identity with awareness and support, not in a vacuum. They need **access to services, resources**

and health care that are affirming, inclusive, equitable and responsive to their needs, where they can discuss what is relevant.

The Guideline

Ensure all children and youth who may be gender independent or LGBTQ have access to affirming information, services, resources and health care that address their unique experiences and needs.

10.1 Ensure these children and youth have access to **information, services, resources and health care** that affirms gender and sexual diversity. Incorporate these steps into **Plans of Care**.

- **Screen services, resources and programs** to ensure they are willing, trained and able to provide affirming, inclusive, respectful, non-judgemental and equitable services and care.
- Take any concerns or complaints seriously when they involve service delivery for LGBTQ or gender independent children and youth.

10.2 **Information**

Ensure these children and youth have access to accurate and affirming information that:

- Includes up-to-date information that values and affirms gender and sexual diversity, and dispels stereotypes and misinformation.
- Clarifies various LGBTQ identities, including the similarities and

differences between sexual orientation, gender identity, gender expression and sex development, as applicable.

- Addresses unique health care and sexual health issues, such as trans health care and safer sex with partners of all genders/sexes.
- Offers strategies to address barriers, oppression and isolation related to being LGBTIQ.
- Connects sexual and gender diversity to other kinds of identities, such as being LGBTIQ and racialized or living with a disability.
- Fosters safe connection and alliances with LGBTIQ communities and other supportive communities.

10.3 Services and resources


- Children and youth should be able to easily access LGBTIQ-specific **counselling, support groups** and other activities, such as LGBTIQ youth

support groups or social/recreational programs. These resources should be positive, inclusive and affirming.

- All **other services or programs** that are not LGBTIQ-specific, such as sports, social, recreation or treatment programs, should be LGBTIQ-positive. They should be respectful, affirming, inclusive and equitable.

10.4 Health Care

- Health care should be inclusive, non-judgemental, affirming and equitable. Providers need to understand the unique issues that LGBTIQ young people face and respond with compassion, affirmation and competence.
- Health care must include comprehensive, user-friendly and age-appropriate information about sexual health and safer sex for various identities, sexual practices and sexual partners.



Basically they wanted an “isolation approach” to keep her away from any LGBT information and community.

Children's service worker

Practice Examples

“It makes it harder to deal with our own issues when we’re dealing with society telling us we’re bad. Then our own worker tells us we might need to see a psychiatrist, reinforcing all of the problems that society is handing us.”
Youth (CASMT, 1995, p. 18)

“You know, in all my years at CAS, no one ever really talked to me about how to stay safe with guys during sex. Oh, I knew I needed a condom with a girl, but I didn’t know I could get AIDS by being on the “bottom” with a guy...until after it was too late. And now I am HIV-positive, and I can’t ever turn that around.”
Gay male youth-in-care

DO...	AVOID...
<p>Ask how a youth identifies AND ask who they have sex with. Sexual identity and sexual behaviour are not the same. Respect how they identify, but recognize their sexual behaviour may be different from what you expect.</p> <p>Ensure that sexual health and safer sex information routinely reflects the possibility of sex with diverse partners.</p> <p>For example, “Whether you have sex with girls or boys or trans people, you need a protective barrier every time, like a condom, to be safe” <i>(to be more specific, add...)</i> “if you have any contact between genitals, anal area or mouth. Kissing on the mouth or touching with hands is pretty safe.” Change the words if you need to so the youth can understand.</p>	<p>Do not assume that sexual behaviour will “match” a stated or presumed identity.</p> <p>If a youth says they are heterosexual, or we assume they are, they may still have sex with others of the same sex, and they may not get the information they need.</p> <p>Be explicit about safer sex practices. Young people need clear and precise information in words they can understand to help them stay safe. Get support if you feel squeamish...their lives may depend on it.</p>
<p>Screen programs and services for LGBTIQ or gender independent children and youth. Make sure programs and services welcome all kinds of diversity, avoid gender stereotyping, and refuse to allow homophobic or transphobic comments or targeting.</p>	<p>Do not assume that programs and services, such as sports and recreation programs, are safe. Many promote gender stereotyping or allow homophobia and transphobia to flourish unchecked.</p>

DO...

AVOID...

For example, a hockey team that emphasizes fierce competition, toughness and a “don’t be a sissy” mentality may be daunting for a child or youth who wants to enjoy the sport without the roughness, competitiveness, gender stereotyping or homophobia that can occur on many sports teams.

Ensure **health care providers are competent, knowledgeable and sensitive** to the unique needs of LGBTIQ youth, including various sub-communities. Ensure they can provide anti-oppressive, affirming, equitable services.

For example, bisexuals face greater risks in many areas than gays or lesbians. Bisexuals tend to be invisible, marginalized and not taken seriously as a legitimate identity either in “straight” communities or in LGBTIQ communities. Often their unique needs and experiences are not understood by service providers, even within the LGBTIQ community. This can increase risks like depression and substance abuse among bisexuals.

For example, most **trans men** have some female reproductive organs and need pap tests. But many are unaware of their cancer risks or feel detached from their female body parts and avoid pap tests or breast exams. Trans people often experience judgement or ignorance from health care providers and may avoid any health care altogether.

At the CAS of Toronto, LGBTIQ and gender independent children and youth can access our own Health Services for care that is safe,

Don’t assume all health care is the same.

Don’t assume all health care providers are knowledgeable about the unique health and service needs of LGBTIQ youth.

Don’t overlook the unique health and service needs of specific LGBTIQ sub-communities, such as bisexual and trans youth.

DO...

inclusive, competent, inclusive and knowledgeable about gender and sexual identity issues.

Children and youth outside Toronto may need special supports to access health care. They may want someone to accompany them to a safe service that has been pre-screened. Health care providers can access information and resources from Rainbow Health Ontario. See Resources in Appendices.

Support young people facing **multiple oppressions** to find services and resources that affirm all of who they are, such as:

- **BQY** – “black queer youth” group in the SOY Program at Sherbourne Health Centre, in Toronto
- **Express** – a group for newcomer LGBTQ youth, also through SOY in Toronto
- **ReachOUT** Program at the Griffin Centre – for LGBTQ youth with intellectual disabilities or dual diagnoses.

Seek professional support when...

1. the child, youth or family is highly **stressed or conflicted about possible gender or sexual orientation identities or gender expressions**.
2. a child entering or nearing puberty is **distressed about the *direction* of change puberty is creating** – that is, the child is not just upset that their body is maturing sexually, but that it is maturing specifically into a *girl's* body rather than the desired *boy's* body (or vice versa).
3. a youth wishes to **delay puberty, explore**

AVOID...

While the patterns of how oppression works are similar in different communities, don't assume one oppression is the same as another. The impact of two or more oppressions on an individual can be profound, especially for a young person.

Avoid over-reliance on gender-related psychiatric diagnoses or treatments.

We may be confused by gender or sexual diversity, and want to seek a gender diagnosis because we feel uncomfortable or don't know what else to do. Or we may seek a treatment to try to make the child conform to gender expectations or be heterosexual.

Don't assume that LGBTQ identities needs “treatment” or fixing. Do not use services that pathologize or try to “fix” a child's sexual

DO...

transition, or seek medical supports

through cross-sex hormones or sex reassignment surgery.

4. the child, youth or family needs **support to develop skills and strategies** to accept the child's identity and manage other people's reactions to that identity or way of being.

Seek support that is affirming and equitable.

Screen the health care or service provider to ensure their approach is consistent with these *Guidelines*.

For more information on when to seek professional support and how to screen for a health care provider, see Case Example, #7

Ensure health care providers are educated about **intersex issues** and sensitive to fears that may arise from past indiscreet exams or discomfort about their sex characteristics.

For example, intersex children and youth may avoid health care due to fears of doctors, physical exams, or that their health care providers will be judgemental or voyeuristic, or because they have internalized shame over their body.

As a health care provider, you can:

- Allow them to have a trusted friend or support person with them for the exam.
- Explain in clear language what procedures you would like to do, why you want to do them, and ask whether this might be difficult. Explain that they have a choice. Ask what would make it easier, or if they would prefer

AVOID...

orientation or gender, such as “reparative,” “conversion” or electroshock therapy.

Do not push a boy to participate in competitive sports activities, in an effort to “turn him into a real boy.” Do not deny a girl access to sports activities or push her into traditional “girl” activities, in an effort to “make her a lady.”

Do not allow a child with an intersex condition to be subjected to indiscreet or humiliating medical exams, such as:

- Repeated exams in front of numerous physicians and medical students
- Unnecessary manipulation or stimulation of the genital area.
- Unnecessary photography of the child's genitals.
- Excessive focus on the child's genitals or unique sexual development beyond what is medically necessary.

This can feel traumatizing, disempowering and shameful for a child.

Avoid any treatment for a child with an intersex condition, or “disorder of sex development,” who is too young to provide

DO...

to wait until later.

- Ask whether they prefer having their genitals covered during a physical exam for dignity.
- During the examination, carry on a conversation that acknowledges the person and indicates the steps you are taking, rather than conducting the exam in silence as though the intersex body were not a person.
- Avoid making any expletive statements about the person's appearance or any previous surgeries.
- After the examination, ask the young person how that experience was for them and if there is any that could improve the experience next time. Explain clearly any concerns you may have about the person's health. Offer reassurance as needed. Normalize as much as possible, as the individual may be highly sensitive about their unique physical or sexual characteristics due to past experiences.

AVOID...

meaningful, informed consent, especially if it involves:

- Surgery designed to change the appearance of the genitals
- Creation of a vagina that would involve repeated insertion of a dilator over an extended period of time.
- Removal or shortening of the clitoris.

For more information about community information, services and health care resources, see Resource lists in the Appendices.

11.

Build Community

Support children, youth and families who may be LGBTIQ or gender independent to find supportive, interdependent and affirming communities.

“Part of growing up is to learn how to develop relationships, how to develop friendships. We are supporting our adolescents in care to develop healthy relationships. Why should that be different for gay and lesbian adolescents?”

Worker (CASMT, 1995, p. 11)

“LGBTQ youth need permanency – lasting connections and success in life after ageing out.”

Adult participant (Woronoff, et al., 2006, p. 68)

The Problem

We all need positive connections to others. Children, youth and families need access to a supportive community.

Many of those who experience oppression or marginalization due to their gender and sexual identities may have difficulty in finding a community that can accept, support and affirm who they are. They may not know a single other person who is like them. They may have no peers and no role models.

“I heard that [Aboriginal Trans-people] were teachers, medicine people, artists, counselors, dream interpreters, people with open arms who don’t push anyone away. I was reading that some of them were wives of chiefs and accepted. I thought I was the only kid like me and everyone says that. None of us knew about 2-Spirit or Trans stuff.”

Two-Spirit individual (2-Spirited People of the First Nations, 2008, p. 12)

Unfortunately, some parents, professionals or care providers may want to keep the child or youth away from others like them, or other LGBTIQ people, fearing erroneously that somehow these identities can be “caught” or that a youth may be misled.

“LGBTQ young people in foster care who

engage in age-appropriate sexual experimentation are often unfairly labelled as sexual predators and transferred to the juvenile detention system.”

*Adult participant
(Woronoff, et al., 2006, p. 27)*

“There needs to be a space where (lesbian, gay and bisexual) young people who are in care can talk.”

Youth (CASMT, 1995, p. 11)

A child who receives messages that they are “different” but who knows no one like them may believe there is something deeply troubling about who they are that is completely unacceptable, disturbing, even “gross” or “monstrous”. That child is at high risk for developing feelings of worthlessness, low self-esteem, self-hatred, and may engage in high-risk behaviour to cope.

All children and youth need exposure to a wide range of diverse people, including people who are like them, as well as people who are different from them. LGBTIQ and gender independent children and youth especially need access to others like them who are peers and positive role models, to provide a guide to how they can be in the world as they are.

When fostering community, be aware that the LGBTIQ community can be just as oppressive as the broader society to some people, such as those who are bisexual, trans,

*LGBTQ youth
need permanency –
lasting connections and
success in life after
ageing out.*

(Woronoff, et al., 2006, p. 68)

racialized or people living with disabilities.

“The worst transphobia I ever experienced came from gay men.”

Transsexual youth-in-care

While it may be challenging, it is critical that a child or youth who is doubly marginalized finds community where they can freely bring all of who they are.

“My cultural background is totally unaccepting of being gay or lesbian, so to try to identify with that part of my culture is impossible because I have to hide another half of myself.”

Youth (CASMT, 1995, p. 13)

“It was so powerful to hear my grandmother talk about her village life in rural China long ago. There were these two women who lived together and were never married. They looked after the local children whose parents had died or couldn’t care for them. Of course they were lesbians and everyone knew it, even if it wasn’t openly acknowledged. They were just accepted as part of the community and they played a vital social role. How come we never hear these wonderful stories?”

*Placement student,
Children’s Aid Society of Toronto*

The Goal

LGBTIQ and gender independent children, youth and families need to be integrated into communities that are affirming, positive, supportive and that value all of who the individual is. These communities can include:

- supportive family – including resource

families or “chosen” families

- the LGBTIQ community – peers and role models
- other specific communities relating to other parts of their identity – such as ethno-specific, faith or disability communities
- the broader community.

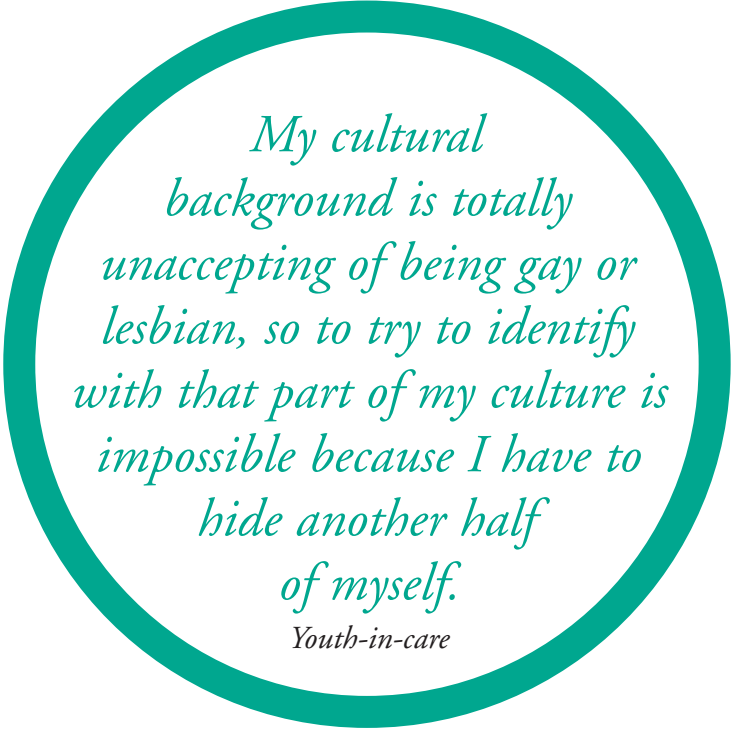
The Guideline

Support children, youth and families who may be LGBTIQ or gender independent to find supportive, interdependent and affirming communities.

- 11.1 Ensure children, youth and families have access to an **affirming LGBTIQ community**, such as:
 - **LGBTIQ peers**
 - **LGBTIQ role models**
 - **LGBTIQ support groups**
 - others who share similar experiences.
- 11.2 Ensure children, youth and families who may be LGBTIQ or gender independent also have access to a **general community that is inclusive and affirming**, such as family, non-LGBTIQ peers, or positive sectors within their cultural group or faith community, or a school that is more inclusive and affirming of LGBTIQ youth. Find allies who can support or advocate on behalf of the child or youth.
- 11.3 Ensure that LGBTIQ and gender independent children, youth and families

who face **marginalization for two or more of their identities** find others like themselves who can reflect who they are and provide mutual support over certain shared experiences.

11.4 Integrate strategies to find supportive community for children and youth who may be LGBTIQ or gender independent into **Plans of Care**.



My cultural background is totally unaccepting of being gay or lesbian, so to try to identify with that part of my culture is impossible because I have to hide another half of myself.
Youth-in-care

Practice Examples

DO...	AVOID...
<p>Support children, youth and families to find affirming LGBTIQ peer communities.</p> <p>Toronto-based resources include:</p> <ul style="list-style-type: none">• Support or coming out groups, such as<ul style="list-style-type: none">▶ Pride & Prejudice Program at Central Toronto Youth Services▶ ReachOUT Program at Griffin Centre in Toronto▶ Trans Youth Toronto at the 519 Church Community Centre in Toronto• Social/recreation groups, such as SOY at Sherbourne Health Centre or the STARS project at Delisle Youth Services• GIG group for gender independent children — Toronto District School Board <p>Outside Toronto, try contacting:</p> <ul style="list-style-type: none">• Lesbian Gay Bi Trans Youth Line (Ontario-wide phone and internet line)• Rainbow Health Ontario for local resources• Local gay-straight alliances in many secondary schools – www.mygsa.ca• Out and Proud Program at CAS of Toronto <p>Search for affirming online resources, such as positive websites, blogs and “zines” by other LGBTIQ youth. Try ordering LGBTIQ-focused books online if your local bookstore or library does not carry them.</p> <p>See Resource lists in Appendices.</p>	<p>Avoid suggesting to any youth that they should isolate themselves from other LGBTIQ youth because you believe they need to sort out who they are, without being “influenced.”</p> <p>The reality is that all youth have already been heavily influenced toward heterosexuality and gender conformity for many years. They should not be left to sort out who they are in isolation without access to information, resources or community.</p> <p>Just as children and youth need access to their own culture or faith community in order to learn how to express and value their culture and faith, so too do those who may be LGBTIQ or gender independent.</p>

DO...

Support children and youth to find **LGBTIQ families, role models and stories.**

“Out” and affirming LGBTIQ staff, foster parents, teachers, recreation leaders and other adults can be positive and powerful **role models** for children and youth with diverse gender and sexual identities. Without positive role models, children and youth may only be exposed to media images of LGBTIQ people portrayed as negative or stereotypical.

- Link up LGBTIQ youth to the “**Click**” **Mentoring Program** (SOY) at the Sherbourne Health Centre in Toronto to find a screened LGBTIQ mentor.
- Consider taking the child or youth to visit the visible **LGBTIQ village** in your local community or in Toronto where same-sex partners can be found holding hands publicly and trans people may be visible. Many communities have LGBTIQ bookstores or community centres, women’s bookstores where LGBTIQ people can be found. Smaller communities may have a coffee shop where LGBTIQ people gather. Try searching the internet for local community hubs.
- Find LGBTIQ-specific family resources and events, such as:
 - ▶ The 519 Community Centre’s monthly drop-in’s for LGBTIQ families in Toronto
 - ▶ LGBTQ Parenting Network at Sherbourne Health Centre
 - ▶ “Family Pride” activities at Pride Toronto on the first weekend in July
 - ▶ Camp Ten Oaks for LGBTIQ youth and

AVOID...

Resist fears that children should not be exposed to LGBTIQ adults for fear they will somehow be “converted”, “recruited” or unduly influenced. These fears are based on myths, biases and hatred that further alienate children and youth.

If you take a child or youth to visit the local LGBTIQ community, be respectful and avoid being voyeuristic ...you are introducing the young person to what may become their community.

DO...

families near Ottawa, ON

- ▶ STARS Project's educational and support groups for families of LGBTIQ children and youth
- ▶ P- FLAG education and support for families of LGBTIQ children and youth

- Even though many of these resources are Toronto-based, their websites may have useful information or web resources, and there may be links to related resources in other communities.

Find broader communities that are LGBTIQ-positive. Some digging may be needed, especially if the child has a culture, race or faith that is not dominant in the broader society, or a disability.

- Find LGBTIQ-positive sectors within faith or cultural communities
- Some schools are more positive toward LGBTIQ and gender independent children or youth than others, especially alternative public schools or downtown schools in Toronto.
- Consult the Out and Proud Program at CAS of Toronto for resource lists and suggestions.

See Resource Lists in the Appendices.

AVOID...

Don't assume only LGBTIQ communities are positive, or that no heterosexual groups will access them. Many predominantly heterosexual communities are LGBTIQ-positive.

12.

Protect Confidentiality

Protect the right to confidentiality for children, youth and families in relation to gender and sexual diversity. Manage any internal disclosure respectfully.

“We had it all set up. The youth was transitioning from female to male. He switched schools to keep it all confidential. He presented pretty successfully as male without question and used a male name, even though legal documents were still female. The new school was aware, and was very supportive, respecting his male name and gender.

But one day the teacher was away and a supply teacher read out his legal female name from the official class list instead of his chosen male name. Fortunately, the youth managed a quick-witted joke that saved the day. But the whole plan nearly unravelled, because of a “minor detail” that no one thought of. That’s how fragile confidentiality can be.”

Caseworker

“My worker just went and told my family I was bisexual without even asking me. My mom’s really homophobic and it’s totally wrecked our relationship, which was never good to begin with. Even though it’s been a few years, my mom never came around to accept me. How could my worker just do that to me?”

Youth on Extended Care and Maintenance

The Problem

CAS of Toronto has a practice of “full disclosure” within a client’s service team. This means that all service and care providers involved in a client’s care and planning will need to know all the relevant information about that child or youth. The purpose of the full disclosure practice is to ensure that everyone serving or caring for a child or youth can consistently meet their needs in the best way possible.

Where sexual or gender identity is concerned, however, some children and youth may have concerns or fears about revealing this information. Some may hesitate to “come out” to anyone at CAS of Toronto because they do not want it shared or they fear losing control over where the information goes and how it gets used.

Other children and youth may mistakenly believe that this information will remain only with the individual confided in, unaware that all relevant information is shared with other service and care providers within the agency. The child or youth may feel betrayed, fearful or angry over the loss of control, and may be less willing to trust those serving them.

While unlikely, there is also the possibility that the child’s agency files may be

subpoenaed by court, complete with information about their sexual identity, gender identity, gender expression or sex development. Without prior care to protect this information, it could subsequently be revealed to family members without the child’s or youth’s consent. In some cases, this disclosure could seriously affect the relationship between the young person and their family.

There are **two areas where conflicting needs may require skilful balancing:**

1. The entire service team needs to be aware of any relevant information, risks or needs related to a child’s or youth’s gender or sexual identity, to ensure all service and care is consistently safe, affirming, positive and equitable;

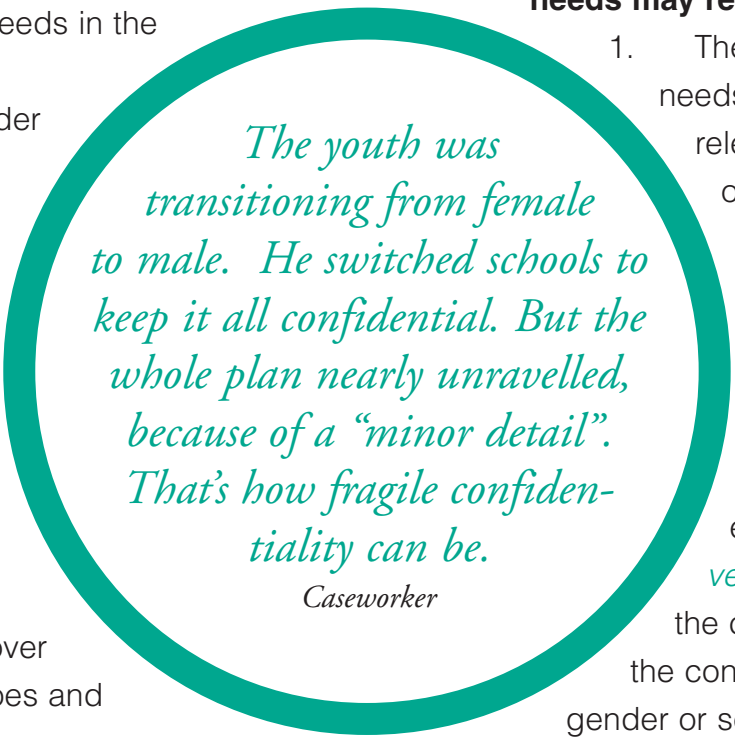
versus

the child or youth may want the confidante to keep their gender or sexual information private from other service team members.

2. The service team may need to “dig deeper” to explore gender and sexual identity issues that may emerge for a child or youth;

versus

the need to be cautious about what information is written in a client file, in the interests of protecting the young person’s confidentiality, should the file ever go to court.



The youth was transitioning from female to male. He switched schools to keep it all confidential. But the whole plan nearly unravelled, because of a “minor detail”. That’s how fragile confidentiality can be.

Caseworker

The Goal

The primary goal is to ensure that policies and practices **protect the privacy and confidentiality** of the children, youth and families we serve, as well as staff, care providers and volunteers who provide services on behalf of the organization.

It is important to ensure **consistently safe, positive, affirming and equitable service and care** from the entire service team. Any **risks** faced by a child, youth or family receiving service need to be understood and addressed by all members of the service team.

The Guideline

Protect the right to confidentiality for children, youth and families in relation to gender and sexual diversity. Manage any internal disclosure respectfully.

Confidentiality outside CAS of Toronto

12.1 Respect a client's **right to confidentiality and privacy beyond CAS of Toronto, regarding gender, sex or sexual orientation**. Do not disclose this information beyond CAS of Toronto without freely-given, informed and formal consent, including to family members, guardians, school personnel, other children/youth in the same residence, or community programs, unless required by law.

12.2 If you feel that it is important for someone

outside CAS of Toronto to know this information, **seek the client's permission** first. Any disclosure should be relevant. Discuss why it might be important to share this information, and what the child or youth's concerns are, but respect their wishes if they decline.

12.3 Carefully consider **what** sensitive information about a child's or youth's sexual or gender identity or expression is put into a **client's file**. Also consider **why** you are putting it there, **where** you are placing it and **how often** you repeat it. Be aware that files may be subpoenaed by courts or demanded by police with a search warrant. Consider what information can be shared verbally with the service team, rather than written in the file. Do all that is possible to protect privacy.

Confidentiality within CAS of Toronto

12.4 CAS of Toronto policy requires **full disclosure to those within the agency involved in a child's care**, such as the resource parent and service team, about issues relevant to the child's or youth's care.

- This is to ensure that service and care plans address the safety and best interests of a child or youth we serve, in terms of the service and care we provide.

12.5 Once a child or youth discloses, or if you think they *may* disclose their sexuality, gender identity or gender expression, they should be sensitively advised that this information will be shared with the

service team. The child or youth should be **consulted about how and when this will occur**.

12.6 **Work with the child or youth to develop a process** over a reasonable amount of time to either come out directly to others at CAS of Toronto involved in their case, or allow the service/care provider to share this information. Develop this process with compassion as the child or youth may feel angry, fearful or betrayed that the decision to disclose is taken away from them. Explore any fears, and support the youth to design the process and set up supports as needed.

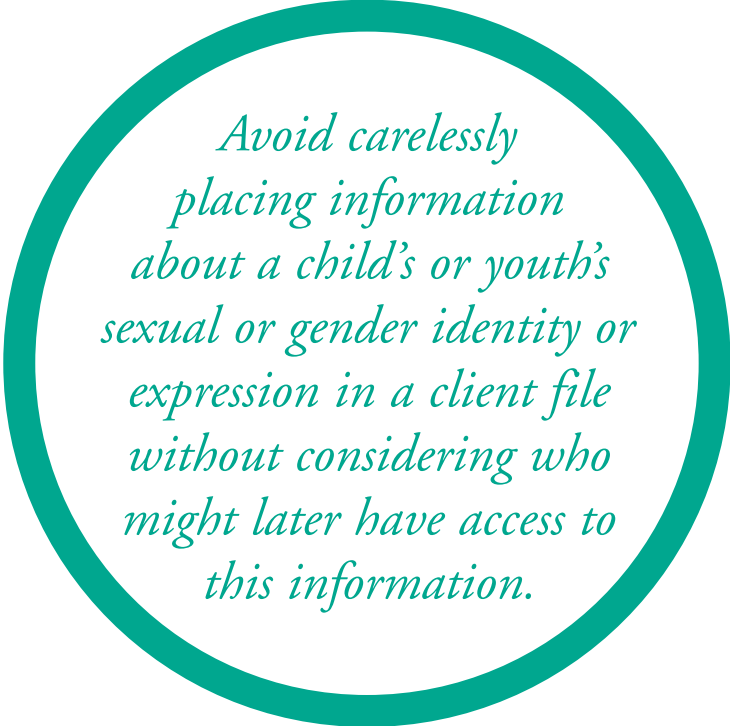
12.7 **Exceptions** include situations when individual rights enshrined in law would supersede the full disclosure practice, **such as patient rights to confidentiality within a medical relationship**. Any discussion or disclosure within Health

Services and Psychological Services at CAS of Toronto must be kept strictly confidential, unless the youth gives permission for that information to be shared. be shared.

Confidentiality for LGBTIQ Staff, Care Providers, Volunteers, Families

As we respect the confidentiality of the children and youth we serve, others within the CAS of Toronto community have the right to confidentiality about their sexual orientation, sex development, gender identity and gender expression as well.

12.8 **Respect that an LGBTIQ parent, resource parent, volunteer, or staff person also has the right to confidentiality** about gender and sexual identity. “Coming out” is a personal decision that carries some degree of uncertainty and risk, and should be respected.



Avoid carelessly placing information about a child's or youth's sexual or gender identity or expression in a client file without considering who might later have access to this information.

Practice Examples

DO...

Carefully consider whether, where, how much and how often information about a child's or youth's gender or sexual identity is placed in a **client file**.

Such information can be **flagged as “sensitive and non-disclosable”**, which can then be “blacked out” if the file is subpoenaed by a court, when the information is not considered relevant to the case. Sensitive information can also be safeguarded by placing it in the **“medical section”** of the file.

Sometimes just verbally sharing the information with the service team may be best, especially if the youth is still exploring their identity.

Consult an agency lawyer about whether, how and where to record sensitive information in the file.

Coming out externally...

Offer to support and assist the child or youth to come out personally to an external person, if they wish.

However, if the child or youth still wishes to keep this information confidential (including from a parent, family member or group home), this should be respected, without pressure.

Youth should maintain the young person's right to privacy and confidentiality so that their informa-

AVOID...

Avoid carelessly placing information about a child's or youth's sexual or gender identity or expression in a client file without considering who might later have access to this information.

For example, if a youth was identified as trans in their file, this information could be revealed to the youth's family during court proceedings before the youth felt ready to “come out” to them. This could have a serious impact on the relationship between the youth and the family.

Do not “out” a young person to anyone external to the organization without the involvement and consent of the youth.

These external contacts may include parents, extended family, caregivers, siblings, other youth, and school officials.

DO...

tion is not shared with external sources without their consent.

If they do not want to come out to an external person or family member, let them know without pressure or coercion, that you are there to support them if and when they feel ready to come out. Periodically re-open the discussion.

Coming out internally...

A similar, supportive offer can be made to assist a child or youth to come out personally to an internal person if they wish.

However, if a child or youth chooses not to come out personally to others on the service team, this should be respected. However, they should continue to be consulted about how and when you plan to disclose to the service team.

If a child or youth does not want this information to be shared with others in the agency, discuss with the child or youth the implications of disclosing and not disclosing. Explain your obligation to share the information with the service team, and why. Work sensitively with the youth to develop a process to disclose to the remainder of the service team over time. You don't need to rush this process.

If a child or youth expresses concern that disclosing to a service or care provider or a residential setting might result in rejection and/or placement breakdown:

- Assess this situation with the youth. Take their concerns seriously. Honour their

AVOID...

Avoid immediately “outing” an LGBTIQ or gender independent child or youth to the service team if the child or youth is not comfortable with that.

The requirement to inform the entire service team about the young person's gender or sexual identity does not need to be immediate. The exception would be if the young person is in immediate danger and the information is relevant to their safety.

DO...

courage for telling you their concerns.

- Discuss whether this is the best placement. Consider changing placements, if needed. Or develop a back-up plan for a safe alternate placement in case the care provider rejects the youth or the placement breaks down.
- Offer to support the child or youth or work with them to develop a disclosure plan.
- Express any concerns to appropriate channels, such as Placement Services, about the ability of this staff or placement to provide safe, affirming, equitable and positive services and care for diverse gender and sexual identities.

Ensure all service and care providers and residential settings are willing and able to provide safe, positive, affirming and equitable service or care to LGBTIQ children and youth, including the ability to effectively:

- Accept, affirm and support who the child or youth is and work positively with them;
- Ensure, to the best of their ability, that the child or youth will not be harassed or ostracized in the setting;
- Ensure confidentiality within the setting;
- Provide a safe, affirming, equitable and positive environment with routinely positive messages about gender and sexual diversity.

If there are concerns about the ability or willingness of a service or care provider or residential setting to provide this level of service, then the supervisor or Foster Care and

AVOID...

Don't assume that all service and care providers will necessarily be willing and competent to provide safe and affirming service and care.

Some struggle with negative personal, cultural or religious beliefs about gender and sexual diversity.

We may also struggle with reluctance to share our concerns about a service or care provider's competence in this area. We may experience torn loyalties or fear of repercussions. Or we may secretly share a personal hesitation about affirming diverse gender and sexual identities.

However, young people are counting on all of us to ensure they have safe spaces where they can be accepted for who they are.

DO...

Adoption Branch at CAS of Toronto will need to:

- Work intensively with the provider or residential setting to address biases and to follow these *Affirmation Guidelines*;
- Require mandatory training about providing positive, affirming and equitable service for LGBTIQ children and youth;
- Consider moving the child or youth to another foster home or residential setting, with particular attention to ensuring their safety and that their needs are met;
- Consider a review of the placement's or care provider's competence and willingness to provide positive, affirming and equitable service to children and youth on behalf of the agency, particularly relating to gender and sexual diversity. For some providers who are unable or unwilling to provide this kind of service or care, CAS of Toronto may not be the right place for them.

The ideal situation is for all children, youth and families to see openly identified **LGBTIQ service and care providers** within the agency.

However, it remains the individual service or care provider's right to decide if, when, how and to whom that will happen, if at all. Personal privacy must be respected and upheld. No one should be pressured or expected to "come out."

For example, an LGBTIQ foster parent's sexual or gender identity should not be shared with a child or, youth or their family without permission, as this could imply the sexual or gender identity is a "concern." Many foster parents may want to come out to the child in their own way.

AVOID...

Research demonstrates that outcomes for LGBTQ youth are dramatically affected by the level of acceptance and support they receive from their families, including their child welfare families.

Regardless of our personal feelings, we are professionally obligated to do all that we can to ensure the best outcomes for the children and youth we serve and care for.

Seek support for any conflict that this professional obligation poses.

Avoid disclosing a service or care provider's gender or sexual identity without permission, especially if they are LGBTIQ.

Avoid judging any LGBTIQ person who chooses not to come out within the organization, but explore whether this could impact service and care.

DO...

If the foster parent is reluctant to come out at all, explore this further. If the foster parent feels unsafe coming out in the agency, we may need to examine how safe, affirming and supportive the agency actually is for everyone, including staff and care providers.

Or the foster parent may be struggling with their own internalized homophobia or transphobia, such as shame. This could inadvertently impact on children and youth in the home if negative messages are conveyed about being LGBTIQ.

What is most important is not whether they come out, but what messages they send to children and youth they care for.

AVOID...

13.



Support Families to Affirm their Children

Support families to accept and affirm
their children for who they are.

“After a while I had the courage to tell my sister that, while I wanted her to come to visit, she had to stop hounding my daughter to be more lady-like and find a nice boy to marry. You either accept my kid as she is or don’t come. That became a real turning point in my relationship with my child...I think she felt she could count on me after that.”

Parent

The Problem

All children need families or support systems who can love them for who they are, as they are.

Family responses to their gender independent and LGBTIQ children have a huge impact on the level of risks and outcomes experienced by these children as they approach and move through young adulthood.

Extensive research by the Family Acceptance Project [Ryan, C. (2009); Ryan, C., Huebner, D., Diaz, R.M., & Sanchez, J. (2009); Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010); Russell, S.T., Ryan, C., Toomey, R.B., Diaz, R.M., & Sanchez, J. (2011); see www.familproject.sfsu.edu] found that **family responses**

that are rejecting and judgemental lead to high risks and poor outcomes for LGBTIQ youth and young adults, including:

- low self-esteem, family estrangement, unsafe sex and risky behaviours, high HIV/AIDS infection, street involvement, substance abuse, school underachievement or drop-out, high pregnancy rates, mental health concerns (eg. depression), and high rates of suicide, and suicidal thoughts or attempts.

However, **family responses that are accepting and affirming** lead to low risks and best outcomes for LGBTIQ youth and young adults, such as:

- healthy and productive adult lives, adaptability, resilience and high self-esteem.

Gender independent and LGBTIQ children and youth thrive on family acceptance, affirmation and support. This helps them love themselves, navigate the oppression they experience in the world, and make healthy choices.

Some families initially reject their gender independent or LGBTIQ children. However, with support, many can learn to love and accept their child. They can learn that they cannot change who their child is, and their child cannot change who they are. Some families can go further, taking a leadership role in

not only accepting their child, but also affirming, supporting and advocating for them. But even if they only become partly more accepting, this will still have some positive impact on their child (Ryan, 2009).

“We found out our son was gay when he was in middle school. I reached out to get as much information as I could. We took him to gay events so he could see other gay people leading regular lives. Later, we met older Asian gay men in their 50s and 60s who spoke with great pain

*You either accept
my kid as she is or don't
come. That became a real
turning point in my
relationship with my child...I
think she felt she could count
on me after that.*

Parent

about having to live a lie, and never being able to be honest about who they were with their parents. One finally told his mother he was gay and she said, 'this is the worst day of my life.' My wife and I support our son 110%. And this means that we have to speak out and tell other parents that we need to be proud of our gay kids."

*John, father of 15-year-old gay son
(Ryan, 2009, p. 10)*

The Goal

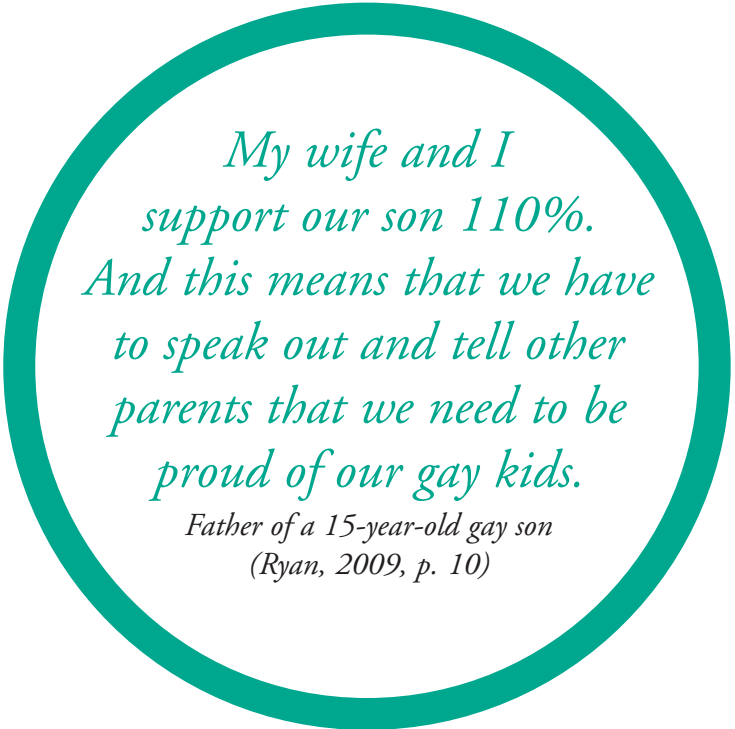
The goal is to ensure that all children and youth, especially those who may be gender independent or LGBTIQ, have families or support systems who can accept and affirm who they are, and who can effectively support them, in order to increase positive outcomes.

The Guideline

Support families to accept and affirm their children for who they are.

- 13.1 Encourage ALL families to be **affirming, positive and supportive of the unique qualities in their children.**
 - Teach them to **value their child's true self over social expectations**, to relax rigid gender or sexual identity expectations and to value authenticity and self-expression in their child.
- 13.2 Encourage families of gender independent or LGBTIQ children and youth to **choose to love their children for who they are**, and to learn to accept their unique qualities.
 - **Strengthen families to become more accepting** and affirming over time. Do not give up on them...support and work with them.
- 13.3 Ensure families of gender independent and LGBTIQ children and LGBTIQ youth have **access to other families with similar kinds of children and youth**, so that they can learn to overcome barriers to accepting their children, as well as strategies to support them.
- 13.4 Ensure families of gender independent and LGBTIQ children and youth also have **access to the voices of other gender independent or LGBTIQ youth or adults**, who can discuss the kinds of support they needed from a family. Reading personal accounts by LGBTIQ people can be very illuminating.
- 13.5 **Teach families to advocate** for their children. Encourage families to stand up for their child and protect them, ensure their safety and teach them resilience. Teach families to take steps to address injustice, discrimination or bullying.
- 13.6 Support the child or youth to create an **alternate or "chosen family"** with other people who can be affirming, positive and supportive, especially if the family cannot or will not do these things. Find resource families, mentors or volunteers from within the LGBTIQ community and beyond. Try to simultaneously continue to support the original family to become more accepting.

13.7 Support families with **gender independent or LGBTIQ parents, siblings or other family members**. Be proactive to indicate that CAS of Toronto (or your agency) welcomes diversity and has LGBTIQ-positive policies and practices. Assist LGBTIQ families to support their children to deal with harassment or oppression.



*My wife and I
support our son 110%.
And this means that we have
to speak out and tell other
parents that we need to be
proud of our gay kids.*

*Father of a 15-year-old gay son
(Ryan, 2009, p. 10)*

Practice Examples

DO...

Keep working with families that initially reject their LGBTIQ child (Ryan, 2009;

www.familyproject.sfsu.edu). Help families to:

- Articulate traditional expectations from their family, culture or faith about gender and sexual diversity. How would their family typically respond to this diversity and why?
- Explore their feelings, fears, beliefs and where they came from. Underneath their rage, disappointment or despair, most families ultimately love their child and feel concerned about their well-being.
- Connect with the underlying love and concern they have for their child.
- Understand that rejecting responses increase their child's risks and lead to poor outcomes; and accepting responses reduce their child's risks and improve outcomes.
- Choose to love their child, and tell their children they love and support them no matter what.
- Struggle with and confront any rejecting messages from their family, faith or cultural group – remember that most faiths and cultures also encourage love.
- Stand up for their child, advocate and demand that others respect their child's dignity and rights, even if they don't fully understand their identity issues.

AVOID...

Avoid giving up too quickly on a family that initially rejects an LGBTIQ child or youth. Families can change. While full affirmation is the goal, even a little change

that is more accepting can make a difference for a young person.

If a family has a faith or cultural tradition that rejects homosexuality or gender diversity, don't assume that the family cannot learn to accept their LGBTIQ child. They don't necessarily have to give up their religion or culture... they just need to love their child as they are.

They may also be able to find more accepting sectors within their faith or culture.

DO...

Encourage families to connect with other families with similar kinds of children and youth to share feelings, support and strategies.

Examples include:

- P-FLAG (Parents, Friends and Family of Lesbians and Gays) www.pflagcanada.ca – parent and family support groups across North America, as well as online support.
- Pride & Prejudice Program and Transceptance group at Central Toronto Youth Services in Toronto www.ctys.org/programs/prideprejudice – support for families with trans children.
- Strong and Resilient (STARS) Project at Delisle Youth Services in Toronto <http://www.delisleyouth.org/queer-and-trans-youth-programming> – parent education groups about gender and sexual diversity.

Encourage families to listen to LGBTIQ adults

about what family responses were helpful when they were growing up. Find affirming print or online books or resources.

- *Families in Transition* – Central Toronto Youth Services, Toronto. www.ctys.org
- *Supportive Families, Healthy Children* – Family Acceptance Project, California www.familyproject.sfsu.edu
- *If You are Concerned About Your Child's Gender Behaviors: A Guide for Parents* – Children's National Medical Center, Washington. www.childrensnational.org
- Check online resources about intersex issues, including www.intersexinitiative.org, www.aiclegal.org, www.isna.org and www.accordalliance.org

AVOID...

Don't ignore the power of community

when families can find others like themselves who have struggled with their child's identity.

Avoid assuming you need to do all the work

to convince a family to accept their child.

They may benefit from meeting and hearing stories from LGBTIQ adults. This is a powerful way to bust myths and convey that many LGBTIQ adults are happy and well-adjusted.

DO...

Support families to understand possible decisions a youth may wish to make. Help them to avoid panic if they fear too many decisions may need to be made at once.

For example, if an adolescent child comes out as trans and wants to transition immediately, help everyone understand **there is time**. Puberty could be delayed to allow time to explore feelings and options. They could begin a “social transition” before any medical aspects. Later, they could begin cross-sex hormones (age 16+) before considering surgery (age 18+).

Ensure families with LGBTIQ parents or other family members understand that **CAS of Toronto supports diversity and welcomes LGBTIQ families**.

Many LGBTIQ parents will not “come out” to child welfare workers for fear of losing their children. They may say a second parent is just a “roommate.” They may fear speaking up about addictions, partner abuse, family violence, or mental health concerns because they fear discriminatory treatment based in homophobic or transphobic attitudes, beliefs and practices. It may also be more challenging for them to find competent community supports to address these issues that are also knowledgeable and affirming of who they are as LGBTIQ people.

Be proactive; tell them we support LGBTIQ families, even if you are not sure of their identity. Tell them many adoptions are placed with LGBTIQ families. Advocate with outside community services to ensure they are

AVOID...

Avoid fuelling panic in families.

Just because your agency has LGBTIQ-positive policies and practices, don’t assume LGBTIQ community members know this. You need to tell them. The fear is realistic and based in actual discrimination commonly faced by LGBTIQ families.

DO...

LGBTIQ- positive, affirming and equitable. Be clear that gender and sexual identity is not a child welfare concern, and that diverse identities can be a source of strength.

Help **families with LGBTIQ parents or other family members** to support their children to:

- gain accurate information about gender and sexual diversity
- accept and affirm who they are and who their family members are
- develop pride, resilience and safety strategies
- learn skills to deal with ostracism, homophobia, transphobia, harassment, etc.

They may need affirmation, support, information skills, safety measures and advocacy as much as if they were LGBTIQ themselves.


For more information, refer to Resource lists in the Appendices or contact the Out and Proud Program.

AVOID...

Don't forget children with LGBTIQ family members – they may be vulnerable to homophobia, transphobia, gender stereotypes, targeting, ostracism and internalized shame, even if they are heterosexual and gender conforming.

Guidelines 14-20

Setting the Stage, Walking the Talk – Organizational Practice Guidelines



*I heard that
[Aboriginal Trans-people]
were teachers, medicine people,
artists, counselors, dream interpreters,
people with open arms who don't push
anyone away...Some of them were wives
of chiefs and accepted. I thought I
was the only kid like me...*
*Two-Spirit individual (2-Spirited People
of the First Nations, 2008, p. 12)*

14.

Promote a Positive Organizational Environment

Promote a positive environment in the entire organization that is free from bias, discrimination and systemic barriers related to gender and sexual diversity.

“Every day the other guys in the group home pick on this one kid and call him ‘fag’, ‘battiman’, ‘queer’. Somebody is always saying, ‘that’s so gay.’ The staff hardly do anything about it. They just say, ‘don’t call names’, but they never talk about what’s wrong with what the guys are saying. I get so scared they’ll find out it’s really ME who’s queer! I try not to join in razzing that other kid, but sometimes I do just so they won’t look at me all weird.”

Youth

The Problem

Ensuring Positive Spaces cannot rest only with individuals. The organization is also responsible on a broader level to create and ensure Positive Spaces. The CAS of Toronto has a long history of affirming LGBTIQ children and youth, and engaging in anti-oppression. Promoting a positive organizational environment is key to advancing these social justice and service goals.

This Guideline complements Guideline #3, *Create Positive Space*, which focuses on individual efforts. In contrast, Guideline #14, targets organizational change.

“We had a boy who loved to dress up in girls’ clothes and dance around. The foster parents were quite religious and really uncomfortable with it. Even after we told the foster parents to let him express himself and dress up at home, they would still make discouraging comments to him, just more subtle. They would take him to their church where the pastor would talk about how sinful homosexuals are. We moved him to another placement where he is happier and more stable. But that family still fosters and is even considered ‘one of our best.’ What are we as an agency doing to make sure they can support ANY kid who could be gay or trans?”

Children’s service worker

An LGBTIQ or gender independent person who engages with the organization should quickly recognize our commitment to gender and sexual equity.

The Goal

The goal is to ensure that broad-scale initiatives and strategies are developed by the organization to advance equity and ensure that an inclusive, affirming, equitable and positive environment exists in all its sites, services and activities. The organization must also ensure that external programs and services providing care or service to children and youth we serve are also “Positive Spaces”.

The Guideline

Promote a positive environment in the entire organization that is free from bias, discrimination and systemic barriers related to gender and sexual diversity.


- 14.1 Develop **broad initiatives** and strategies to advance equity for gender independent and LGBTIQ people across the organization.
- 14.2 Ensure organizational **forms and procedures** use **inclusive language** that avoids assumptions about gender or sexuality.
- 14.3 Ensure LGBTIQ **visibility, inclusion and diverse representation** across the organization. Communicate that you value this kind of visibility and diversity.
- 14.4 Invest as an organization in **resources**, such as books, films, information booklets, or “zines,” that reflect gender and sexual diversity so that service and

care providers have easy access to them for children, youth and families they work with.

14.5 Ensure all **external programs, services and resources** serving children and youth create Positive Spaces and use inclusive language. Develop a process that includes screening, sharing policies and practices, and setting clear expectations about safety, inclusion, visibility, diverse representation, equity, and affirming education relating to gender and sexual diversity.

14.6 **Establish programs and services** directly for gender independent and LGBTIQ children and youth when appropriate external services do not exist or will not provide Positive Spaces. Consider partnering with external services where feasible.

14.7 Take leadership to officially recognize and **celebrate LGBTIQ-specific kinds of holidays** as an organization. Integrate gender and sexual diversity within holidays that are not LGBTIQ-specific, such as Mother's Day, Father's Day, Family Day.



*I get so scared
they'll find out it's
really ME who's queer!*

Youth-in-care

Practice Examples

DO...	AVOID...
<p>Celebrate Pride officially as an organization. This is an opportunity to create visibility, educate about gender and sexual diversity, support LGBTIQ and gender independent children, youth and families, and normalize gender and sexual diversity. Plus, it's FUN! What better way to send a positive message!</p>	<p>Do not let fear of criticism stand in the way of celebration. Use criticism as an opportunity to educate and support gender and sexual diversity equity.</p>
<p>Arrange for all areas of the organization to clearly and visibly display LGBTIQ materials, such as “Positive Space” posters and brochures in reception areas, service areas, residential settings and places where clients go.</p>	<p>Don't avoid LGBTIQ-specific materials in order to avoid controversy.</p>
<p>Invest in resources with LGBTIQ content for the entire organization, such as books, films and zines for various ages that include different kinds of families, and LGBTIQ youth.</p>	<p><i>For example,</i> organizations may hesitate to post LGBTIQ-specific materials out of a fear of upsetting some clients or community members. Instead, post the materials and respond to any concerns with friendly education about the organization's commitment to inclusion and equity.</p>
<p>Use bold and clear Positive Space messages, in the spirit of the Ontario Human Rights Code, to send a welcoming and educational signal that we include everyone.</p> <p><i>For example,</i> post signs that say “we welcome all lesbian, gay, bisexual, transsexual, transgender, Two-Spirit, intersex, queer and questioning people.”</p>	<p>While more neutral messages like “we welcome everyone here”, are useful, they should NOT replace LGBTIQ-specific materials.</p>

DO...

Screen all external group homes, services the agency uses for specific, comprehensive and effective gender and sexual diversity and equity measures.

For example, a children’s service worker may be affirming, but if a youth’s group home where they live allows homo/transphobic comments to go unchecked, that youth could be at risk.

Contact Rainbow Health Ontario or the LGBT YouthLine for local resources.

If you can’t find an external residential setting or resource that can provide affirming, safe and equitable services for LGBTIQ youth, then **consider setting up your own service** or partner with another service to develop one.

For example, CAS of Toronto operates a co-ed LIFE House for LGBTQ youth moving toward independence.

Ensure agency forms and standard questions are flexible enough to allow a range of options about identity, gender, sex, family structure and relationships, including options to:

- establish gender as distinct from sex
- identify gender as “male, female, trans and/or other,” with an open-ended space to elaborate if desired
- declare a “preferred name” as distinct from a legal name
- identify legal parents/guardians as well as other caregivers, indicating their relationship to the child.

For example, a child with a female birth mother may have a second parent whose sex is female,

AVOID...

Avoid assuming that external resources with diversity policies will necessarily provide positive spaces for LGBTIQ children and youth that are safe, affirming, inclusive, positive and equitable in terms of gender and sexual diversity.

Don’t give up if you can’t find an appropriate LGBTIQ-positive resource in the community.

Don’t allow standard forms and questions to reinforce stereotypes.

Intake forms and interview questions that have not been updated for LGBTIQ inclusion can send a strong message that your organization is not receptive to gender and sexual diversity. LGBTIQ clients may use these “cues” to decide whether to “come out” or hide who they are.

DO...

gender is “trans”, who uses both male and female pronouns, and is known to the child as “Dad.”

For required questions like “birth mother,” ensure there is a valid reason for the question and that the response can include a range of options.

For example, a “birth mother” may identify as “Dad” and male if he is trans, whether or not legal documentation reflects this.

Refer to *Asking the Right Questions 2* by the Centre for Addiction and Mental Health (CAMH 2007) in Toronto for more information.

AVOID...

15.

Develop Policies

Develop organizational policies that establish a vision and a commitment to value gender and sexual diversity, and that promote equity for gender independent and LGBTIQ people.

“I suspected this youth was a lesbian and I could see she was struggling. I wanted to reach out to her, to support her and tell her she is ‘okay’ as she is. But the agency had no policies back then. I didn’t know what I was allowed to say or not say. My supervisor had no idea either. We floundered. We failed to give this girl what she needed...and she suffered because of it.”

Case worker

The Problem

LGBTIQ and gender independent people face a world that is often hostile, judgemental and unsafe.

The judgements and behaviours within the broader society are often mirrored within human service organizations. After all, organizations are made up of people who have ALL grown up within societies with clear beliefs and expectations about who girls and boys are, what they should do, who they should marry or partner with, and even about who gets to be called a boy or a girl.

These beliefs and expectations are embedded in every corner of our societies, including the human service organizations we may work, volunteer or foster for.

What is needed is a world that is truly equitable, inclusive and safe for everyone.

In fact, that is the very kind of world that all of us can benefit from...one that creates space for everyone to simply be who they are.

This is a tall order. While it will take immense time and effort to achieve, it is a vision we can embrace and use as a guide along the journey, one step at a time.

Policies articulate that vision and express an organizational commitment to those goals.

They are a critical step toward steering an organization in a particular direction, and they serve as a guidepost to evaluate progress toward turning that vision into reality.

“We were sitting at the table once and the kids in grade 5 or 6 at our house were taking sex education. We were talking about that over dinner and we were bringing up what they learned and that. One of the boys said, ‘well, I sure look forward to kissing girls’, and the other one said ‘yeah, I look forward to it too’.

And another one quite innocently said, ‘I think I’d like to kiss a boy’. And the silence, you could have cut it. And that’s because we didn’t know. I really didn’t know how to deal with it at the time to make him feel okay, which made it worse.”

*Foster Parent
(CASMT, 1995, p. 16)*

The agency had no policies back then. I didn’t know what I was allowed to say or not say. We failed to give this girl what she needed...and she suffered because of it.

Case worker

The Goal

The goal is for organizations to ensure their services, activities and ways of working are equitable, inclusive, positive and safe for everyone, including those who may be gender independent or LGBTIQ. To achieve this goal, organizations need to develop effective policies that express the organization’s clear commitment to equity and set a visionary path.

The Guideline

Develop organizational policies that establish a vision and a commitment to value gender and sexual diversity, and that promote equity for gender independent and LGBTIQ people.

15.1 To effect change, organizations must **develop policies** that explicitly aim to increase equity and reduce discrimination, bias, oppression and disadvantage relating to gender and sexual diversity throughout the entire organization and at all levels of activity. Policies should be visionary, broad and far-reaching, setting goals that challenge the organization to strive forward.

15.2 Policies must be **comprehensive** with a sufficiently **broad scope**. They should clearly apply to all areas of the organization, all activities and services, and all human resource levels.

15.3 Policies should be designed to be **effective**. They should include:

- Equitable, inclusive, affirming and accessible service delivery.
- Equal opportunities in all areas, such as employment, fostering, adoption and volunteering.
- Equitable human resources practices, such as:
 - ▶ Employee benefits and remuneration

- ▶ Hiring, firing, remediation and promotion
- ▶ Equitable treatment by management and between co-workers and peers
- ▶ Protection of the human rights of those served by the organization, and of those serving on behalf of the organization

- Commitment to inclusion, justice, anti-oppression, and an environment free from systemic bias, including heterosexism, genderism², sexism and gender stereotypes.
- Prohibition against discrimination, violence, harassment and workplace bullying in all services, practices and activities.
- Confidentiality and privacy.
- Complaints mechanisms related to discrimination, harassment or inequity based on gender identity, gender expression, physical sex or sexual orientation. These mechanism should include formal and informal options, opportunities for education and improvement, explicit remedies and consequences, lines of accountability that flow to the Board of Directors, monitoring, and clear stages of progression.

15.4 Policies need to be developed using an **inclusive and effective process**. Various stakeholders need an active voice in policy development. Systemic policies may need to be adopted by the Board of

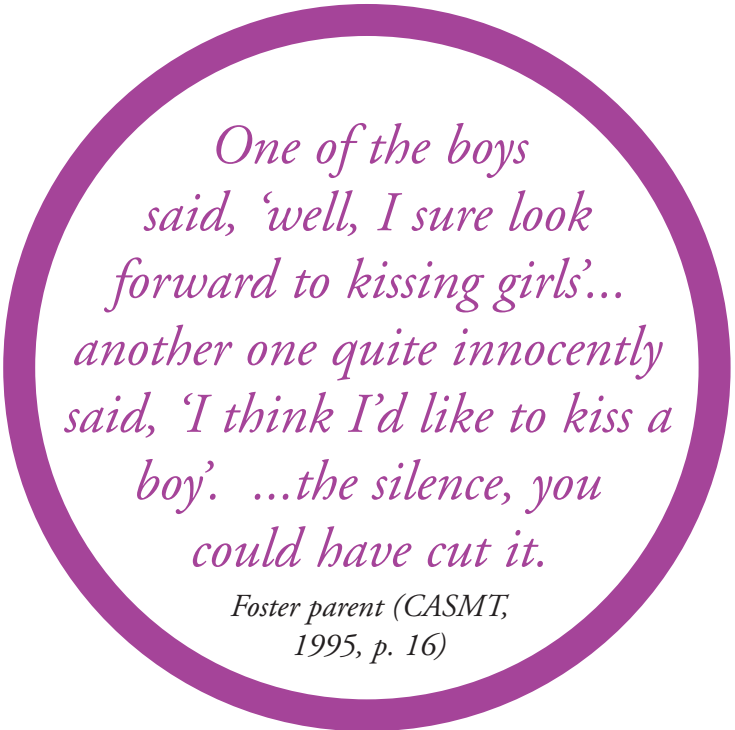
² "Genderism" refers to the presumed expectation that everyone's gender will and should "match" their physical sex. This expectation gives advantages to those whose sex and gender do align, and disadvantages to those whose sex and gender do not align.

Directors, while specific practice policies may need to be adopted at appropriate management levels.

- 15.5 Policies should be **broadly disseminated** to ensure everyone within and served by the organization is aware of them and has access to them. They should be posted visibly at all sites, and distributed to all service and care providers. They should be explained and accessible to service users.
- 15.6 Clear lines of **accountability and timelines** should be identified, as well as systems to ensure the policy is followed in practice.
- 15.7 **Mechanisms for implementation** must be developed and applied. Policies and their review, implementation and

evaluation should be integrated within strategic planning goals and strategies. Work plans should be developed that identify responsibilities, resources, stakeholders, timelines, strategies and outcome goals. Resources need to be allocated. Ownership for various aspects of policy implementation must be shared widely across the organization, rather than falling solely on one individual or area of the agency.

- 15.8 Policies should be **periodically reviewed and evaluated** to ensure they are effective, inclusive and relevant. Other policies should be examined to ensure they are consistent with equity-based policies.



*One of the boys
said, 'well, I sure look
forward to kissing girls'...
another one quite innocently
said, 'I think I'd like to kiss a
boy'. ...the silence, you
could have cut it.*

*Foster parent (CASMT,
1995, p. 16)*

Practice Examples

DO...

Effective policies are necessary. The **process for developing policies** is also important.

Organizational change requires commitment, including time, energy, resources, guidance and in-depth discussion about goals, barriers and concerns.

Equity-based policies should articulate a vision for the organization to strive toward. They should **involve many stakeholders** in the development and the implementation stages. They should be a community effort.

For example, the CAS of Toronto has embarked on a complex organizational change process toward becoming anti-oppressive. An Anti-Oppression/Anti-Racism policy was years in the making, with input from many community and agency stakeholders. While it took a long time to develop, the process that included many voices has built understanding and commitment across the agency.

Policies should be explicit in promoting equity and protecting against discrimination based on sex, sexual orientation, gender identity and gender expression. They should be far-reaching in scope and visionary in establishing direction.


AVOID...

Avoid quick and easy adoption of standard blanket policies in a “cook-book” or “quick fix” fashion.

Organizations often look for immediate responses when a crisis erupts if there is no policy or practice standard to effectively manage it. While an immediate response may be necessary, it is also important to develop a long-term organizational change strategy that includes comprehensive policy development.

Do not assume that a simple policy prohibiting discrimination against gays will accomplish organizational change.

16.



Develop best practices, procedures and guidelines to embody equity-based policies and strive toward equity related to gender and sexual diversity.

“I got jumped by a bunch of guys in my group home, and when I told the Director he said, ‘Well, if you weren’t such a faggot, they wouldn’t beat you up.’”

Youth in Care (Woronoff, et al., 2006, p. 18)

“I was placed in a co-ed group home. When I was shown to my room, I asked why I was being put on the boy’s floor. They said, ‘You’re not a boy? Well, we can’t put you on the girls’ floor looking like that.’ So they made me sleep on a couch on a landing between the two floors.”

Youth in Care (Woronoff, et al., 2006, p. 23)

The Problem

Effective policies serve as the foundation for change within an organization and are a critical vehicle for achieving equity. But by themselves, they are only worth the paper they are printed on.

Policies are the backbone for the vision we are moving toward. They need to be embodied in *practices* that bring the vision to life. Practices are the “nuts and bolts” of turning the policies into day-to-day reality.

Practices need to be examined and developed at all levels and areas of the organization in light of the equity policies. We need to ensure that what the organization actually does is consistent with those policies.

While important, eliminating discrimination alone will not achieve equity. The organization also needs to ensure it goes further by establishing practices that *proactively* strive toward equity.

“Most agencies don’t plan to exclude...they just don’t plan to INCLUDE.”

Community member

“A lot of foster parent applicants come from faith traditions that openly teach that gays are sinful. Some spiritual leaders even tell their congregation to foster kids so they can save them from the homosexuals! But when they apply to foster, some people hide their beliefs...they say anything they think we want to hear just to get approved. That’s why we have to explain our agency policy, and then really dig to find out how

comfortable they are. We need to know whether they are truly willing to live and breathe that policy in their home.”

Foster Care Homefinder

The Goal

Organizations embarking on a systemic change process must turn equity policies into reality on a day-to-day level. All practices and activities should be consistent with the policy. Best practices toward achieving equity should be identified, adopted, articulated and implemented.

The Guideline

Develop and adopt best practices, procedures and guidelines to embody equity-based policies and strive toward equity related to gender and sexual diversity.

- 16.1 An organization must periodically **examine all practices and activities** in all areas and at all levels, to ensure its equity-based policies are reflected in all that the organization does, and how it does those things. Identify gaps, concerns, conflicting areas, challenges, opportunities and strategies to achieve equity in the areas of gender and sexual diversity.
- 16.2 The organization must **identify and establish best practices**, that is, specific

procedures and guidelines that can inform and direct how services and other organizational activities should normally be conducted to ensure LGBTIQ equity.

Specific organizational areas to be examined include:

16.3 **Managing people who do the work – Staff, Resource Parents, Volunteers**

(a) **Diversify** all human resources, in the broadest sense, including staff, management, resource families, volunteers and board of directors, ensuring inclusion and visibility of LGBTIQ people at all levels and in all areas.

(b) Develop **recruitment and retention strategies** to ensure LGBTIQ people are well-represented across all areas and levels of the organization. Ensure these strategies address outreach (especially to “doubly oppressed” communities), orientation, advancement, retention, communication, privacy, “coming out” and periodic consultation with LGBTIQ communities.

(c) Develop written **procedures to deal with incidents or complaints** about homophobia, transphobia, discrimination, harassment, workplace bullying or systemic bias.

(d) **Assess all potential new recruits for**

their competency in serving LGBTIQ people in a manner consistent with an affirming approach.

(e) **Ensure all human resource related practices are inclusive and effective** at ensuring equity and comply with the *Ontario Human Rights Code*. Grapple with and develop practices to address potentially confusing or conflictual situations, such as issues that appear to pit one oppressed group against another.

For example, a staff person states that he cannot work with a gay co-worker because his religion does not allow it.

(f) **Develop supervision tools and expertise to monitor and evaluate** the willingness and ability of service and care providers to provide equitable services and care consistent with the Affirmation Framework and these Guidelines. These tools should be implemented by supervisors and managers, as well as by staff who oversee the performance of volunteers, placement students and resource parents.

16.4 **How we serve and care for children, youth and families – Direct Services**

(a) **All Services**

- Ensure gender independent and LGBTIQ children, youth and families

Most agencies don't plan to exclude...they just don't plan to INCLUDE.

Community member

have access to safe, inclusive, positive, affirming and equitable services and care. Examine and establish practices to achieve this in all areas of service and care.

- Ensure ALL children, youth and families receive messages that recognize gender and sexual diversity as positive.

(b) **Intake, Points of Early Contact and Forms**

- Ensure language is inclusive, positive and affirming.
- Express the agency's equity goals about welcoming all kinds of people and families, including LGBTIQ people.
- Ensure LGBTIQ visibility and signs of inclusion, such as posters, rainbow flag, signs and information materials.
- Ask questions about identity and family structure that allow a range of options, rather than perpetuating assumptions about identity, gender, sex, family structure, or relationships, such as:
 - ▶ "Who is the legal parent or parents?" and "who are the people who care for this child?" rather than "who is the mother and father?"
 - ▶ "What name do you like to be called?"
- Explain privacy and confidentiality (see Guideline # 13).

(c) **Assessment and Screening**

- Recognize that there are a large number of risks that *could potentially* be signs of struggle in relation to gender or sexual identity.
- Screen for high-risk oppression-related

factors that a child or youth could be subjected to, including: harassment, violence, ostracism, family or peer rejection, homophobia, rigid gender roles, discrimination, bullying, cyber-bullying.

- Screen for high-risk coping strategies and responses, including: substance abuse, school underachievement or drop-out, street involvement, sex work, hiding/denial about gender or sexual identity or feelings, isolation, running away, low self-esteem, depression, pregnancy, self-harm, risk-taking, bullying, suicidal thoughts/attempts.
- Ensure the reasons for any of these risk factors are carefully explored.

(d) **Case Management - Plans of Care**

- Ensure Plans of Care and case conferences for gender independent and LGBTIQ children and youth address: identity, feelings about self, coming out, LGBTIQ-relevant health care, harassment, safety, internalized oppression, risk factors, affirmation, relationships with peers, experiences at home and school, transition if desired; and access to LGBTIQ information, resources and community (print, online, peers, mentors).
- Consider involving persons with expertise in LGBTIQ issues in Plans of Care for gender independent and LGBTIQ children and youth, such as the Out and Proud Program at CAS of Toronto, possibly on a recurring or long-term basis.

- Recognize that LGBTIQ children and youth may feel unsafe to come out and we may not know who they are.

(e) **Placement and Out-of-Home Care**

“Many individuals and agencies are afraid to call attention to LGBTQ foster care issues because it may cause personal and professional backlash.”

*Child welfare staff
(Woronoff, et al., 2006, p. 123)*

- Ensure all placements in out-of-home care or programs are safe, inclusive, positive, affirming and equitable in relation to sexual and gender diversity, even if you don't think a child or youth is LGBTIQ, but especially if they are.
- Screen internal and external placement settings and providers for competence to provide equitable service in relation to gender and sexual diversity.
- Examine the mandate, policies and practices of outside care providers to ensure their services are consistent with the *Out and Proud Affirmation Guidelines*. Develop clear expectations and evaluate periodically.
- Ensure resource families and

...when they apply to foster, some people hide their beliefs... We need to know whether they are truly willing to live and breathe that policy in their home.

Foster care homefinder

residential providers create Positive Spaces with all children and youth they serve, in a climate of inclusion, affirmation and equity. Ensure they educate all children and youth about gender and sexual diversity. Ensure they provide safety from oppression based on gender and sexual identity, including gender expression. Ensure they effectively address and stop any homo/transphobic harassment, ostracism or other negative behaviour by care providers or other residents.

(f) **Health Care – Psychological and Primary**

- Ensure all internal and external health care services are provided in a way that is equitable, affirming and consistent with the *Affirmation Framework and Guidelines*.
- Screen outside health care and service providers to ensure they do not advocate or employ “reparative” therapies or treatments designed to make the child or youth be heterosexual or more gender conforming.
- Ensure health care providers are specially trained to serve trans youth in areas such as transition, cross-sex hormones, puberty suppression in affirming ways.
- For trans and intersex people, honour

their gender identity, AND provide primary health care based on their unique physical anatomy, such as pap tests and breast exams for trans men, and testicular and prostate care for trans women, where relevant. Extra sensitivity is critical to show respect and earn trust.

- Access professional guidelines when providing health care services for trans people, through sources like:

Sherbourne Health Centre, Vancouver Coastal Health, WPATH (World Professional Association for Transgender Health), CPATH (Canadian Professional Association for Transgender Health).

Consider obtaining outside consultation or mentoring, which Sherbourne Health Centre provides.

- Establish partnerships with outside providers as needed for complex situations or medically-induced physical changes, such as puberty delays, cross-sex hormones or sex reassignment surgery.

For example, in Toronto, the Gender and Sexual Orientation Service at the Hincks-Dellcrest Centre is an affirming

option for child and youth mental health services.

(g) **Community Resources and Referrals**

- Develop local resource lists for affirming LGBTIQ-specific community-based resources and referrals, such as support or “coming out” groups, counselling services, arts programs, peer programs, sources, health services, mental health programs, as well as print and online information.

- Screen referrals to ensure they use an affirming and equitable approach, consistent with the *Out and Proud Affirmation Guidelines*.

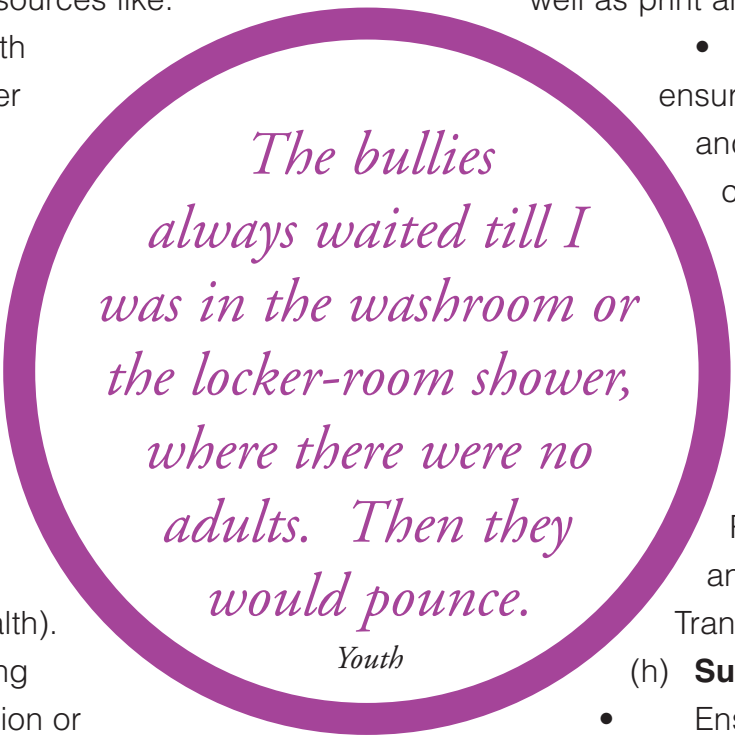
- For local resources, consult Resource Lists in the Appendices, as well as Rainbow Health Ontario and the Lesbian, Gay, Bi, Trans YouthLine.

(h) **Support Services**

- Ensure all indirect or supporting services within the organization are affirming and equitable, consistent with the *Out and Proud Affirmation Guidelines*.

(i) **Facilities**

- Ensure physical facilities are safe and respect gender and sexual diversity. Avoid imposing limitations that restrict access to facilities to only those people who clearly identify and appear as stereotypically “male” or “female.”



*The bullies
always waited till I
was in the washroom or
the locker-room shower,
where there were no
adults. Then they
would pounce.*

Youth

Trans and intersex people also need access to washrooms, locker room areas, showers and residential facilities that can include all genders and types of sex development.

For example, in fulfillment of the Operational Plan for the Strategic Plan, CAS of Toronto is taking steps to ensure all agency sites provide “all-gender”, inclusive wheelchair-accessible washrooms, usually designed for single or family users.

- Privacy and safety is critical in physical facilities for LGBTIQ and gender

independent children and youth, especially those who may be trans, or who have intersex conditions.

“The bullies always waited till I was in the washroom or the locker-room shower, where there were no adults. Then they would pounce. I couldn’t say anything or they would really get me...they always told me to keep my mouth shut. It got so bad I just quit gym class and stopped going to the washroom at school. I got bladder infections from holding it so long.”

Youth

Many individuals and agencies are afraid to call attention to LGBTQ foster care issues because it may cause personal and professional backlash.

Child welfare staff (Woronoff, et al., 2006, p. 123)

Practice Examples

“There was a girl in the group home who dressed in gender-neutral clothes and was pretty ‘butch.’ The staff would try to get her to dress in girls’ clothes, and sit with her legs closed and get a girly haircut. To her credit, she challenged them, asking why they expected her to do that but didn’t expect if of the boys.

“Eventually the staff figured it out and took her to the boys’ department to get clothes, and to a unisex hair salon to get a haircut she would be comfortable in.

“But we already had a policy then...why did she even have to go through all that hassle in the first place? What kind of ‘Positive Space’ did we give her in the beginning when she really needed it?”

Residential child and youth counsellor

DO...	AVOID...
<p>Ensure washroom accessibility and safety for LGBTIQ people, especially for those who may be trans or whose gender may differ from social expectations.</p> <p><i>For example</i>, trans and gender independent people may not always “pass” as the preferred gender or may not have official identification with the same gender that they present as. They are often mistaken for being in the wrong washroom or presumed to be preying on women. They frequently experience harassment, violence, or police removal...all for using public facilities for necessary bodily functions that non-trans people take for granted.</p> <p>Whenever possible, provide single-user, “all-gender” wheelchair-accessible washrooms that can be used by anyone.</p> <p>In multi-stall washrooms, consider signage that explicitly includes trans people, such as “This is a female washroom and may be used by anyone who identifies along the female gender spectrum, regardless of physical sex.”</p>	<p>Don’t assume that providing male washrooms and female washrooms is sufficiently inclusive.</p>

DO...

Conduct widespread education within the organization about gender diversity and trans people's basic human rights.

If a service or care provider within an organization makes a homophobic or transphobic comment to a client, then this represents a performance issue that must be clearly addressed.

However, it is all-too-easy to focus solely on the *individual* behaviour without considering what is going on in the organization *systemically* that may contribute to that behaviour.

There are other questions we need to ask in this situation. Are there clear and effective policies and practices in place? Has training and consultation about gender and sexual diversity been provided to all staff and care providers? Do team discussions and supervision meetings periodically include gender and sexual diversity issues? How comfortable are supervisors and managers in addressing these issues and in demonstrating equity? Do performance reviews assess LGBTIQ-related competencies?

Carefully design home studies and residential reviews. Ensure they include assessment criteria that explore attitudes and practices related to sexual and gender diversity. Assess the applicant's or resource's competence to provide service to LGBTIQ children and youth in an affirming and equitable manner, consistent with the *Out and Proud Affirmation Guidelines*. Get specific.

AVOID...

Avoid the trap of just focusing on *individuals* who may be oppressive

without recognizing the broader organizational and societal systems that they operate within.

In home studies and residential reviews, don't rely solely on a general statement about non-discrimination.

Unearth problems that could compromise service to LGBTIQ children and youth.

DO...


When you look at the gift donations for children and youth in your agency, is there a stark difference between those for “boys” versus “girls”?

Consider what messages these give to children about gender stereotypes. Consider the impact on gender independent children if they receive a highly gendered toy based on an assumption rather than genuine interest.

AVOID...

Don't neglect support services, like agency gifts for children, youth and families.

17.



Implement an effective process to achieve equity related to gender and sexual diversity. Transform equity-based policies and practices into day-to-day reality.

“My agency can pass all the policies they like, but if they just sit on a shelf they won’t make any difference to anyone. They have to breathe life into these policies and make them really do something that matters. If I’m going to speak up about what I see going on here, I need to know the agency will back me 100%.”

Staff person

The Problem

Great efforts to develop solid equity-based policies and identify effective practices can fizzle into thin air if an organization fails to actually *change* in a way that embeds the spirit of equity into its day-to-day activities. Achieving equity requires deep-rooted **organizational transformation**...a shift in the organizational culture involving how it thinks and acts.

However, an organization does not actually think and act on its own – it is the collective thoughts and actions of all the people within it who give an organization life and breath to do what it does.

A genuine **commitment** must be built among the many individuals within an organization to pursue equity as a common goal and to engage in organizational transformation to reach that goal.

If new rules are simply handed down from the top without adequate understanding or “buy-in” throughout the organization, a policy can be ignored or deliberately sabotaged. Or it may be implemented in only a superficial way due to lack of understanding or commitment to make it a priority.

The organization needs an **effective process** that will build broad-based

commitment to equity and create positive organizational transformation. The process should identify gender and sexual equity as a strategic priority.

Part of this process involves carefully acknowledging and balancing the many different beliefs and attitudes individuals may have about gender and sexual diversity, in order to build a sense of common purpose.

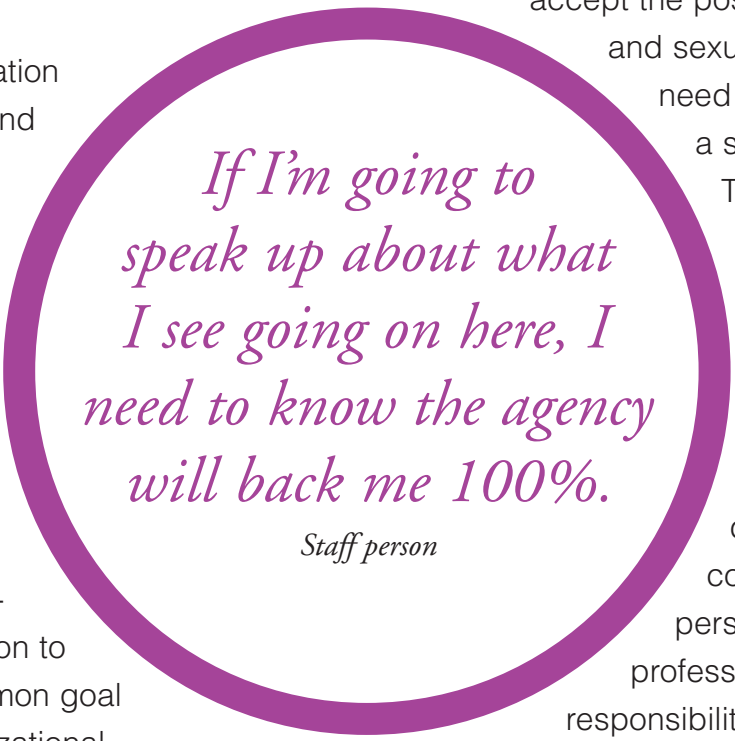
Some people struggle to understand and accept the positive aspects of gender

and sexual diversity and the need for equity. This can be a steep learning curve.

They may feel that affirming LGBTIQ people conflicts with their beliefs, their faith or their culture. Their comfort level may be challenged. If they don't grapple with the conflict between their personal comfort and their professional values and

responsibilities, they may not be willing or able to enact equity policies and practices in their day-to-day work.

On the other hand, LGBTIQ people have had their voices silenced and have lived with stigma, discrimination and marginalization for far too long. Individuals within the organization may fear speaking up or being targeted. Or they may feel frustrated and sceptical that anything will really change. Even as LGBTIQ people, they may fail to see how homophobia or transphobia affects a youth because they



If I'm going to speak up about what I see going on here, I need to know the agency will back me 100%.

Staff person

don't want to "make waves" or be seen as "pushing an agenda."

If people who don't understand gender and sexual diversity feel there is no way to respectfully express their fears, beliefs or misgivings, they may shut down or rebel, and may sabotage the intent of the policy and practices. However, if they are given free reign to say whatever they feel about LGBTIQ people in the name of "free expression", then this will not be a safe space that builds community with positive energy, especially for LGBTIQ people. The issue may become polarized into an "us vs. them" conflict where hurtful words are said and resolution becomes increasingly difficult.

Despite these challenges, difficult conversations need to happen if we are to move toward organizational transformation and greater equity that affirms LGBTIQ and gender independent people with dignity and rights.

Space must be created for these difficult conversations to happen in a way that maintains respect, moves toward resolution and stays focused on achieving equity. A process of respectful education and dialogue must be developed so that everyone can grapple with the issues, reflect on agency goals and professional values, learn together, better understand one another, and move


forward as an organization toward greater equity. Power differences and personal biases must be recognized and addressed.

Training is an important tool to build understanding, knowledge and commitment within an organization. Other opportunities include case discussions, team and management meetings, and policy or equity committees within the organization. Out and Proud staff or diversity specialists can facilitate

some of these conversations with clear ground-rules and skilful facilitation. The central question must not be "should we support LGBTIQ people?" This would imply human rights and equity are optional. Rather, the central question must be "what barriers do we put up that limit full affirmation and participation – both as an organization and as individuals within it?"

The organization needs to find a balance between taking a solid stand against oppression and inequity, yet facilitating open discussion that allows people to voice concerns in ways that can be safe for all parties and that leads to greater understanding.

Ultimately, management must ensure that equity policies and practices relating to gender and sexual diversity are implemented by all staff, service providers, care providers and volunteers, regardless of personal beliefs or



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and acts.*

role within the organization. The commitment to equity must be integrated into all of the organization's work.

The Goal

The long-term goal is to achieve **equity** relating to gender and sexual diversity. This requires an **organizational transformation** that embeds equity as a priority into all that the organization does.

An **effective process** is necessary to build genuine, broad-based **commitment** to pursue equity and to engage in organizational change.

This process will help to ensure equity-based policies and practices are not only developed, but actually implemented and integrated throughout the organization in a way that reflects a genuine commitment to equity.

The Guideline

Implement an effective process to achieve equity related to gender and sexual diversity. Transform equity-based policies and practices into day-to-day reality.

17.1 Develop and implement an **effective**

organizational change process to put equity-based policies and practices into practice on a day-to-day level. Ensure the process builds genuine commitment to equity across the organization, and establishes accountability.

17.2 Consider a process that **diffuses responsibility** for implementing equity strategies across the organization. Ensure **ultimate accountability** rests with upper management and the Board of Directors.

There may be a central coordinating role. Ensure each area and level has adequate knowledge, resources and power to enact the policy and practices. Make each area accountable for what it achieves. Consider a process that enables meaningful, positive discussion and participation at all levels of the organization.

17.3 Ensure the organizational change process is **long-term, comprehensive** and **integrated** throughout the entire organization, in all areas and at all levels, including the Board of Directors, management, direct service staff, support staff, volunteers and care providers.

17.4 Develop an **implementation strategy** that includes a communication plan, specific targets, timelines, adequate resources and identified responsibilities. Incorporate this plan in the organization's



strategic planning. Include initiatives to enhance education and celebration of gender and sexual diversity.

17.5 Identify and address challenges.

Identify opportunities and skills; allocate resources to address challenges. Consider seeking additional support if needed, such as a skilled outside facilitator with expertise in anti-oppression, equity and organizational change.

17.6 Celebrate. Celebrate diversity, such as Pride Day. Celebrate achievements made along the path toward equity. Appreciate contributions and risks. Acknowledge painful moments. Celebrate the difference made in young people's lives.

Practice Examples

DO...	AVOID...
<p>Develop an effective structure and implementation process, with adequate authority and resources, to move the equity direction of the organization forward in relation to sexual and gender diversity. Ideally the structure and process will be efficient and timely, and will build understanding and commitment to equity.</p> <p>Ensure there is a balance between (1) moving forward with change without getting bogged down, as well as (2) developing broad understanding and commitment to the change process throughout the organization. This is a long-term process that requires change in many areas.</p> <p><i>For example,</i></p> <ul style="list-style-type: none">• Ensure gender and sexual equity is identified as a strategic priority for the organization.• Consider designating and supporting specific “champions”...individuals, designated positions or areas of the organization who are supported and resourced to take leadership on gender and sexual equity issues. They can introduce, facilitate and support equity initiatives within the organization, and support other areas of the organization toward these goals.• Balance this with a process that requires and enables all areas of the organization to take responsibility to ensure full implementation in their own areas. Education and support will be critical. Ensure that progress does	<p>Avoid common pitfalls faced by organizations in relation to equity development and organizational change.</p> <p><i>For example,</i></p> <ul style="list-style-type: none">• Don't underestimate the commitment and work required to create genuine, lasting organizational change.• Don't avoid committing to do the work needed to create meaningful change because it seems daunting, irrelevant, or because you assume change will automatically happen as a result of a discussion or policy.• Avoid leaving all the responsibility for equity to a single person, position or area of the organization. They may lack the resources and power to create change. Or if the organization is not ready or fully behind them, their efforts may inadvertently result in resentment, superficial compliance or lack of commitment.• Avoid the “quick and dirty” implementation approach. Organizational change takes time, especially when it involves unlearning biases and moving toward equity.

DO...

not stall due to lack of commitment or understanding in certain areas of the organization.

For example, CAS of Toronto's process for implementing its Anti-Oppression/Anti-Racism (AO/AR) policy has been ongoing over several years.

- The process has been both coordinated and decentralized. Numerous local Policy Implementation Committees (PIC's) regularly discuss local issues and strategies from the ground up, but all of these are connected through a coordinating body, the Bridging Diversity Committee.
- PIC's have representation from nearly every level and area of the agency.
- Training has been developed on AO/AR issues and is required for everyone at CAS of Toronto.
- The work is ongoing, but the awareness, commitment and engagement this model fosters across the organization is priceless.

AVOID...

18.

Ensure Education and Professional Development

Ensure equity-based education and professional development about gender and sexual diversity is accessed by everyone in the organization.

“It just always seems like the very foster parents who really need to come to the training on LGBT youth never manage to make it! My own Resource Worker tells me it’s mandatory and I happily come. But where are the one’s who have the most to learn? It just seems like double-talk to me!”

Foster parent

The Problem

Understanding gender and sexual diversity can be challenging. All of us have learned related beliefs, stereotypes and expectations from early ages. We often hold these beliefs near and dear to our hearts, unquestioned. They are personal.

We may wonder why an organization we provide service for expects us to challenge those beliefs. Don't we have a right to our own opinions?

All of us need to learn the difference between reality and myth. We need to identify and unlearn stereotypes and misinformation. We need to learn about the reality of people whose experience is different from our own or from what is typically expected. We need to unearth the biases we may be unaware we hold.

Finally, we need to learn how to relate to and serve all kinds of people with all kinds of diversity, including sexual and gender diversity, in ways that are respectful, inclusive, affirming, equitable and with dignity.

“There was a staff person who made a homophobic comment right in front of a youth. So the agency set up a special training just for their team...but that staff who made the remark never even showed up! How can they get away with that? Imagine how betrayed that other staff who took the risk to complain must feel now!”

Staff

The Goal

The goal is to ensure everyone involved in providing service or care on behalf of the organization is well-informed and competent about gender and sexual diversity. They should receive equity-based education and Professional Development that raises awareness about bias and oppression, provides information and builds skills in: (1) creating positive, safe, equitable spaces; and (2) affirming and supporting children, youth and families who may be LGBTIQ or gender independent.

The Guideline

Ensure equity-based education and Professional Development about gender and sexual diversity is accessed by everyone in the organization.


- 18.1 Ensure **everyone in the organization accesses training**, education and resources related to gender and sexual equity issues – including all staff, management, care providers, volunteers and Board directors. Management may benefit from separate training to address their role as mentors and supervisors.
- 18.2 Ensure Professional Development initiatives are **comprehensive** and provided at both **introductory and advanced levels** on sexual and gender diversity. It should be grounded in affirmation, equitable

service delivery, anti-oppression and evidence-based practice. Include intersecting identities and multiple oppressions.

- 18.3 Ensure training is **mandatory or required** for all staff and care providers, especially those who provide direct service and care. Also include those who provide indirect services and volunteers.
- 18.4 **Monitor attendance** at Professional Development training and enforce the expectation that everyone attend. Be alert for and explore any reluctance or avoidance of the training – often it is the people who are most reluctant to attend who can benefit the most.
- 18.5 Provide **ongoing learning opportunities**. A single workshop is a good start but will not suffice on its own. Supplement training with information, resources, tools

and regular opportunities for discussion in teams and in supervision. At CAS of Toronto, resources are posted on the agency intranet, and Out and Proud Program staff can be invited to team meetings.

- 18.6 Provide opportunities for service and care providers to access skilled and affirming **consultation**. At the CAS of Toronto, the Out and Proud Program should be consulted about cases with gender independent or LGBTIQ children or youth, as well as about how to create safe, positive spaces. Consider ongoing or periodic Out and Proud case involvement, especially if risks are evident – a one-time consultation may not be sufficient to address layers of complex concerns, and issues may change over time.



*It just always
seems like the very foster
parents who really need to
come to the training on
LGBT youth never manage
to make it!*
Foster parent

Practice Examples

“Training is needed for all child welfare staff, especially in group homes where the staff can be more homophobic than the residents.”

Adult participant – (Woronoff, et al., 2006, p. 29)

DO...	AVOID...
<p>Ensure comprehensive and ongoing learning opportunities on gender and sexual diversity for the organization. A short workshop is useful for initial awareness-raising and to signal the need for more in-depth training and education.</p> <p>Training should be affirming and equity-based, involving personal examination of biases, assumptions and privilege. This kind of training is complex and takes greater time and engagement than information-based training.</p>	<p>Avoid assuming that a one-time workshop on sexual orientation is sufficient training for any organization or staff providing direct service to children, youth or families.</p>
<p>Managers, supervisors and foster parent resource workers should monitor training attendance carefully to ensure everyone attends at least the minimum required training on gender and sexual diversity. Encourage additional training, especially for those who struggle with these issues.</p>	<p>Avoid designating trainings on sexual and gender diversity as “optional” for service or care providers. If it is not required, then those who need it the most are the least likely to attend.</p>
<p>Directors, managers and supervisors need training on gender and sexual diversity, plus mentoring skills to apply it as supervisors:</p> <ul style="list-style-type: none"> (1) skills to encourage open communication and 	<p>Avoid assuming only front-line direct service staff need training.</p>

DO...	AVOID...
<p>sensitively explore bias, privilege and myths <i>balanced with</i> (2) skills to challenge bias, communicate the benefits of an affirming approach, and require adherence to agency policies.</p> <hr/>	
<p>Ensure training integrates information about multiple intersecting sources of oppression or marginalization.</p> <hr/>	<p>Don't forget to ensure training covers how various oppressions interact.</p>

19.

Monitor and Evaluate the effectiveness of equity strategies related to gender and sexual diversity, at both individual and organizational levels.

“It was a big deal when I heard the agency actually ‘fired’ one of our foster parents because they were so homophobic even after training. That’s when I realized the agency was serious about supporting queer and trans youth. I felt like I wasn’t just hanging out on a limb on my own any more...like the agency backed what I was doing and there were real ‘teeth’ in the policy. It made a difference.”

Staff

The Problem

Monitoring individual performance

Sometimes staff or other service/care providers may take training on gender and sexual diversity, but may still not manage to implement changes in their day-to-day practice that effectively eliminate bias, affirm diversity and advance equity. Others don't make it to training at all. In both cases, the quality of service and care may be inadequate, and some children, youth or families may suffer.

For training to be translated into a change in an individual's practice, other organizational strategies must be in place to support it. The organization must ensure that the training content is enhanced and reinforced in other learning opportunities, such as team discussions, ongoing education, supervision meetings, performance reviews and other organizational activities.

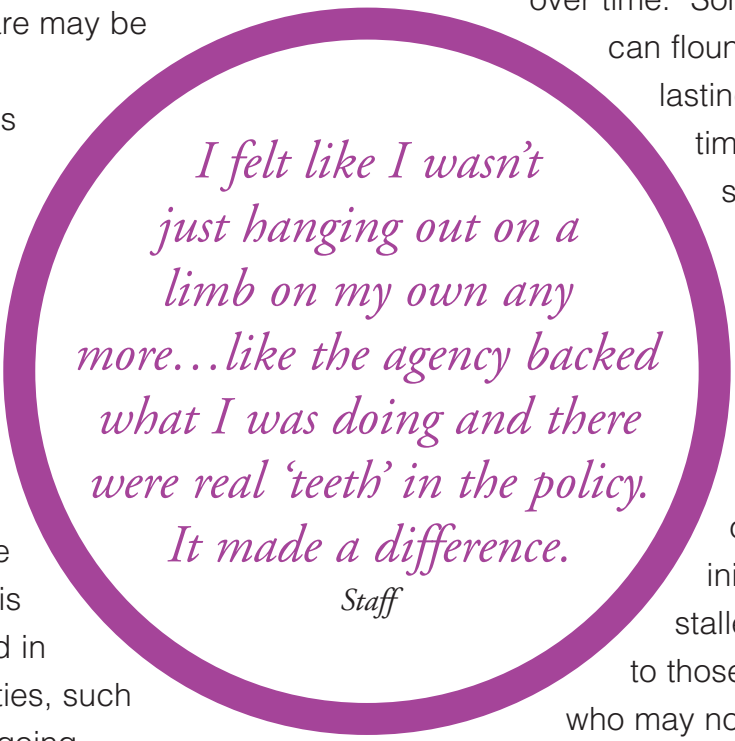
All individuals providing service or care at all levels of the organization should play a role that furthers the equity goals in all work and activities they engage in for the organization. In particular, all services and care for children, youth and families, especially those who may be LGBTIQ or gender independent, should be inclusive, positive, affirming, person-centred

and equitable. The organization needs a way to monitor and evaluate individual performance in these areas.

Monitoring organizational performance

Furthermore, organizational change is a long process that can involve many steps along the way. It is easy for an organization to lose track of how far it has come and where it needs to go. New challenges may emerge over time. Sometimes an organization can flounder and not achieve lasting change. At other times an organization may successfully adopt policies and best practices, but fail to ensure they are adequately implemented at all levels and areas of the organization. Good initial efforts may become stalled – this can filter down to those we serve and care for, who may not get what they need.

Periodically it is necessary for the organization to stand back and take stock of where it is, how far it has come and where it still needs to go in its quest to achieve equity. The organization needs to monitor and evaluate its progress and possibly refine its direction and strategies toward achieving equity.



I felt like I wasn't just hanging out on a limb on my own any more...like the agency backed what I was doing and there were real 'teeth' in the policy. It made a difference.

Staff

The Goal

The goal is for the organization to ensure that all service and care is provided at a high level of quality that is safe, inclusive, affirming, person-centred, positive and equitable. All activities should move the organization toward greater gender and sexual equity. The organization must monitor and evaluate progress at both individual performance levels, and at broader organizational and systemic levels.

The Guideline


Monitor and evaluate the effectiveness of equity strategies related to gender and sexual diversity, at both individual and organizational levels.

- 19.1 **Integrate LGBTIQ-inclusive content** into recruitment, orientation, assessment, supervision and evaluation of all staff, volunteers, and service and care providers.
- 19.2 **Develop tools and service goals** toward gender and sexual equity in service delivery and care. Supervisors can use these tools together with staff, volunteers, and service and care providers to support knowledge and skill development.

- 19.3 Ensure **supervision** for all staff, volunteers, and service and care providers directly addresses gender and sexual diversity issues and related areas of potential bias. Identify clear, realistic and measurable individual goals to develop skills, experience, knowledge and effective practice.
- 19.4 Ensure **performance reviews** evaluate areas such as the elimination of bias, affirmation of gender and sexual diversity and the advancement of equity.

Explore strengths and barriers, identify areas for improvement, develop strategies for success, measure progress and evaluate performance in these areas.

- 19.5 Provide **support** to staff, volunteers, and service and care providers to implement their performance goals related to gender and sexual identity, and to enhance their ability to achieve success. Support can explore challenges and personal biases, or encourage additional training or consultation. Reinforce training and learning through team discussions, ongoing education, supervision, performance reviews and other organizational activities.
- 19.6 **Progressive measures** may be needed if competency concerns are identified. If an individual fails to demonstrate



Responsibility for change is shared between the individual and the organization.

adequate progress toward the elimination of bias, affirmation of gender and sexual diversity and advancement of equity goals, then further remedial or disciplinary measures may be required, as with other competency concerns.


19.7 On a broader level, periodically conduct extensive **organizational reviews** to

evaluate the effectiveness of the equity-based policies and practices, and to identify further steps and strategies to achieve equity in the areas of gender and sexual diversity. These should be integrated into **Strategic Planning** opportunities.

Practice Examples

DO...	AVOID...
<p>The agency must integrate equity issues related to gender and sexual diversity into team meetings, supervision sessions, ongoing education, performance reviews and other organizational activities. Guidelines #1-13 can be used as tools to support this.</p> <p>Responsibility for change is shared between the individual and the organization.</p>	<p>Don't assume training is all that is needed to produce change in a worker's practice.</p> <p>New learning from training is best transformed into practice when it is mirrored in many learning moments.</p>
<p>Ensure strategic planning exercises within an organization indicate when and how equity measures will be implemented and evaluated. Include clear and measurable goals, explicit strategies, specific timelines and accountability.</p>	<p>Don't neglect equity-based goals and strategies in strategic planning functions.</p>
<p>Periodically monitor and evaluate policies and practices to ensure they are effective in moving the organization toward equity, and in ensuring services and care are safe, inclusive, affirming, positive and equitable.</p>	<p>Don't ignore issues related to gender and sexual equity once the initial impetus fades.</p>

20.



Advocate Systemically

Advocate for systemic change to ensure
LGBTIQ human rights, equity
and positive spaces.

“There was a same-sex couple outside Toronto some years back who desperately wanted to give a loving home to some child who needed one. They were too far away for our agency to consider, but their local agency refused to place a child with them because of their sexual orientation. They were distraught, they did everything they could, but they never succeeded in adopting a child. Now same-sex couples have the legal right to be considered for fostering and adoption in Ontario without discrimination, but it wasn’t so long ago that this right didn’t exist. And in the end, some child who needed a good, stable, loving home never got this great “forever family.”

Child welfare staff

The Problem

As noted in the *Introduction*, some basic human rights protections for LGBTIQ people are in place in Canada, such as the legal right for same-sex couples to marry. However, these legal rights are not yet comprehensive enough.

Sexual orientation has achieved more gains for legal recognition and protection than gender identity issues. Sexual orientation is explicitly protected in the *Ontario Human Rights Code*, and is treated by the *Canadian Charter of Rights and Freedoms* as if it was explicitly covered.

Gender identity and expression are not explicitly covered in either the *Code* or the *Charter*. However, the Ontario Human Rights Commission has developed a policy indicating that gender identity and gender expression should be treated as if they are explicitly named in the *Code*. Despite this, trans people typically face enormous discrimination from multiple sources, often over their entire lives. The Ontario Human Rights Commission has identified trans people as one of the communities facing the most discrimination in the province.

There are no explicit legal protections for

children with intersex conditions. Parents and guardians are legally mandated to make decisions on their children's behalf, and therefore have the right to make permanent surgical alterations to their children's genitalia for cosmetic purposes that could potentially be harmful to the child in future. While parents may believe they are doing what is best for the child, there is no substantial evidence that children later support these decisions or

benefit from them, and there is evidence of harm. Furthermore, the children cannot speak for themselves.

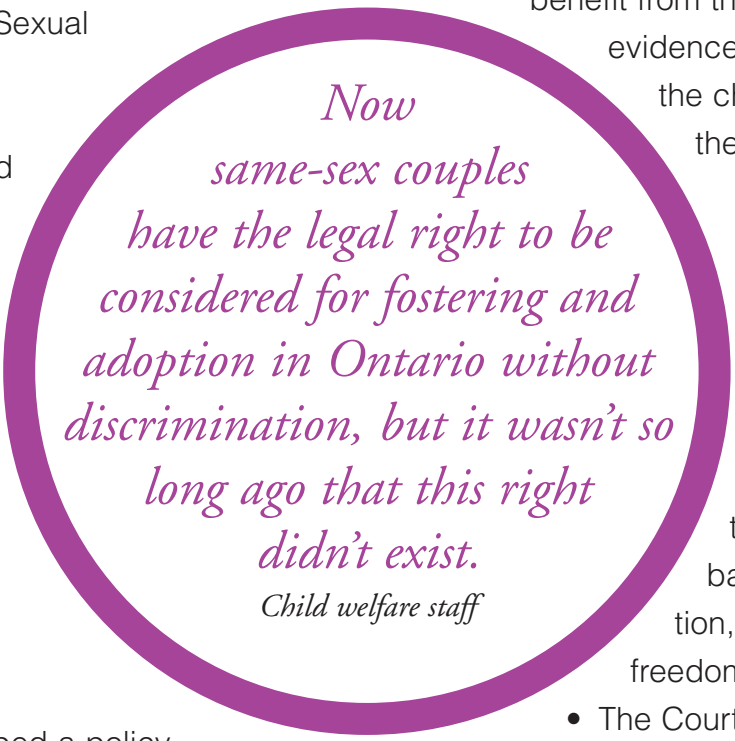
There are several other ways that LGBTIQ rights are not secure. Examples include:

- Some faith-based organizations have successfully argued for the right to discriminate based on sexual orientation, due to religious freedom.

freedom.

- The Court Challenges Program in Canada was dismantled by government funding cuts, restricting the ability of disadvantaged communities to access the courts to challenge discriminatory practices and potentially set precedents in protecting legal rights.

- When funding for community-based organizations and services are threatened, often it is the diversity and equity initiatives that quickly fall by the wayside.



*Now
same-sex couples
have the legal right to be
considered for fostering and
adoption in Ontario without
discrimination, but it wasn't so
long ago that this right
didn't exist.*

Child welfare staff

As community organizations dedicated to ensuring the well-being of the children, youth and families we serve, we need to be concerned about the gaps in laws and policies, and advocate for social justice wherever possible.

As a sector, the child welfare system has historically played a role in discriminating against and punishing gender and sexual diversity. While workers often believed they were acting in the best interests of the child, the harsh reality is that in recent decades the child welfare system has blatantly discriminated against LGBTIQ children, youth, parents and foster/adoptive applicants:

- Removed children from the homes of LGBTQ parents due to their identity rather than their parenting capacity;
- Refused to allow LGBTQ applicants to foster or adopt;
- Removed thousands of Aboriginal children (including Two-Spirits) from their communities, culture and history during the “60’s scoop,” described by Judge E.C. Kimelman as a systematic mass “cultural genocide” based on the “colonialistic assumption that Native people were culturally inferior” (*No Quiet Place*, 1995; O’Brien-Teengs, p. 10).

- Subjected LGBTQ children and youth to “reparative therapies” intended to make them heterosexual and conform to gender stereotypes;
- Failed to protect gender independent and LGBTIQ children and youth from oppression, such as harassment, bullying and violence. Instead, child welfare professionals sometimes “blamed the victim” by suggesting they “brought it on themselves”;
- Failed to recognize the unique needs gender independent and LGBTIQ children and youth have for affirmation, support, community and sexual health care, as well as the serious risks they face;
- Failed to ensure their services and care are accessible, inclusive, safe, positive and equitable;
- and
- Failed to provide adequate support, guidance and affirmation to enable young LGBTIQ young people to thrive in an often hostile world.

*And in the end, some child
who needed a good, stable,
loving home never got this
great “forever family.”*

Child welfare staff

Sadly, this is a long and unsettling list that has sometimes brought tragic consequences. Despite any discomfort we may feel, it is important to periodically recall the mistakes of the past to help us stay focused on our vision for the future. We also need these reminders to avoid becoming overly satisfied with the

progress we have made on achieving gender and sexual equity. We need to remember that some rights and protections do not yet exist. Also, over time, hard-earned rights and protections can become challenged and lost to complacency.

“Better coordination is needed between the child welfare system and physical and mental health care providers so that all programs can better identify and serve LGBTQ youth.”

*Adult participant
(Woronoff, et al., 2006, p. 47)*

Fortunately, many child welfare organizations, and other agencies serving children, youth and families, now recognize the importance of: (1) listening to communities, (2) welcoming and valuing diversity along various spectrums, and (3) affirming the unique identities of the people we work with. Most organizations have already taken many positive steps toward ensuring positive service and greater equity.

The Goal

The child welfare system has a responsibility to recognize the negative role it has played with gender independent and LGBTIQ communities. The goal is for the sector and individual organizations to work at a systemic level to protect the community's rights and to improve the social conditions faced by the children, youth and families we serve and care for.

The Guideline

Advocate for systemic change to ensure LGBTIQ human rights, equity and positive spaces.

- 20.1 **Acknowledge and remember** the long-term historical role the child welfare sector has played with gender independent and LGBTIQ communities, much of which was negative, discriminatory and oppressive for many children, youth and families.
- 20.2 **Celebrate** the positive steps of recent advocacy and systemic achievements within the child welfare system, the broader society, and our individual organizations, that have advanced rights, equity and social justice for LGBTIQ and gender independent children, youth and families.
- 20.3 **Continue to lead and advocate systemically** to protect and enhance the **rights** of gender independent and LGBTIQ people, especially children, youth and families, within our organizations, our sectors and the broader society. Advocate for **inclusion, affirmation, safety, positive spaces and equity** relating to gender and sexual diversity.
- 20.4 Advocate for adequate **services, programs and supports**, especially for those most underserved, including:
 - gender independent children, youth and families,
 - children, youth and families with intersex conditions,
 - Two-Spirit children, youth and families,

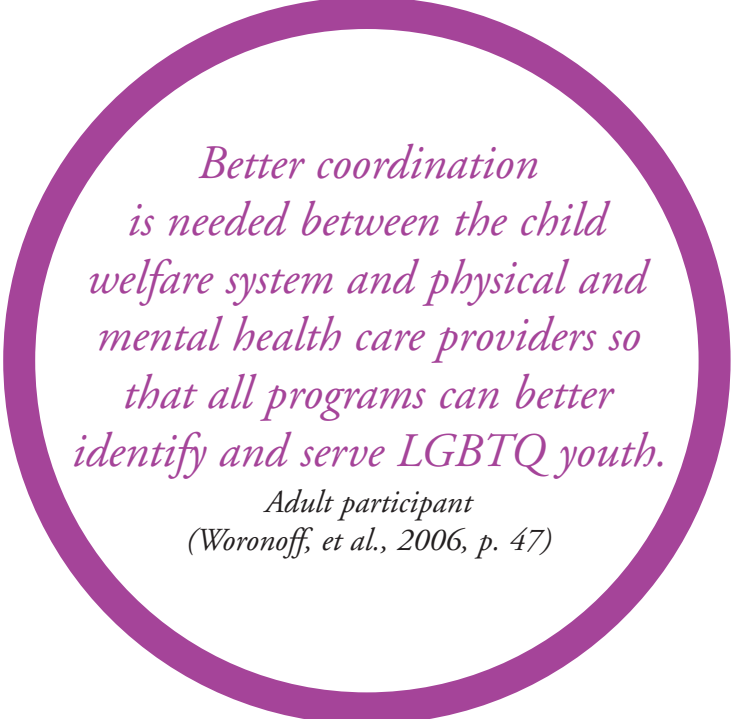
- trans children, youth and families,
- LGBTIQ children, youth and families in rural, Northern and First Nations communities.

20.5 **Partner** with LGBTIQ communities to prioritize advocacy and equity efforts, and to strengthen the community and our organizations, using a **community development model** by:

- Engaging respectfully by listening,

acknowledging and validating the community's experiences;

- Earning the community's trust, and honour their priorities by engaging with them as equal partners;
- Working to restore LGBTIQ communities to their rightful place within the child welfare sector, and in the broader community.



*Better coordination
is needed between the child
welfare system and physical and
mental health care providers so
that all programs can better
identify and serve LGBTQ youth.*

*Adult participant
(Woronoff, et al., 2006, p. 47)*

Practice Examples

DO...	AVOID...
<p>Partner with LGBTIQ communities to identify and advocate on pressing equity issues.</p> <p><i>For example,</i> amendments to extend protections based on gender identity and gender expression under the Canadian Charter of Rights and Freedoms nearly became law in 2011. Unfortunately, these amendments died at the onset of the federal election. The trans community must again launch the same tiresome fight to secure fundamental human rights for all LGBTIQ people.</p>	<p>Avoid complacency or assuming that advocating for LGBTIQ rights is no longer necessary or “too political.”</p>
<p>Respond to broader systemic issues when individual issues of discrimination or inequity arise.</p> <p><i>For example,</i></p> <ul style="list-style-type: none">• a local school board does not permit “Gay-Straight Alliances”• a school will not allow a student to bring a same-sex partner or wear “opposite sex” clothing to the prom• a student is suspended for violence, but the homo/transphobic harassment that provoked the outburst is not recognized as relevant <p>All of these examples can negatively affect any children or youth we serve who go to school in that district, whether they are LGBTIQ or gender independent or not. As an organization that sends children or youth we serve to those schools, we can speak up to voice our concerns. We can explain how these examples negatively</p>	<p>Avoid only looking at individual advocacy when discrimination occurs. While individual advocacy is important, also consider advocating on a systemic level when relevant, to prevent others from facing the same discrimination.</p>


DO...

impact on all children and youth, especially those who might be LGBTIQ or gender independent. We can advocate for a change in the system to end the discrimination.

AVOID...

6. *Seeing the Whole Person*

– How Other Oppressions Relate to Gender and Sexual Diversity



*I don't want to
leave part of myself
at the door.*

(OCASI, 2009, p. 1)

Seeing the Whole Person – How Other Oppressions Relate to Gender and Sexual Diversity

Divided in Two – When Gender and Sexual Diversity Intersect with Other Oppressions

“You know my husband and his family are like – from the old country. Which means they have really traditional ideas about what it means to be a man and a woman. I think it’s really hard for them to understand that he’s gay and that I’m okay with it.”

*Mother of a 15-year-old immigrant gay youth
(Retrieved from www.familyproject.sfsu.edu
on November 14, 2011)*

All our lives are multi-faceted, and many identities are interwoven to form a complex web of who any given individual is. Some of these identities are visible, such as race or many physical disabilities. Other identities are invisible, such as many developmental disabilities or sexual orientation.

The broader society and some individuals may respond to these identities negatively, perhaps rejecting and marginalizing people who are seen as “different” from the more common norm. The result is “**oppression,**” a systemic and repeated disadvantage that many people typically experience based on who they are that affects many areas of their lives. Some identities that may result in

oppression can include our race, culture, faith, physical or intellectual disability, mental health, as well as our gender identity, gender expression, sex and sexual orientation.

These parts of ourselves can also be a potential source of strength and pride in who we are, particularly if an individual is supported in their unique identity, and encouraged to develop this inner strength and pride.

When children, youth or families face more than one source of oppression or marginalization, we call this “**multiple oppressions.**” These identities and how they are perceived by others will shape many of the experiences we each individually face, and can pose a number of challenges, with adverse impacts.

“I don’t want to leave part of myself at the door.”

(OCASI, 2009, p. 1)

We are each a single, multi-faceted person. Unfortunately, we may be part of a community that can embrace one aspect of ourselves, but not another. We may feel the need to cut off part of who we are and pick it up again later.

For example, a racialized youth comes out as bisexual. He looks for places to meet other gay and bisexual youth. But in the LGBTIQ community, he encounters racism. He doesn’t see any other youth with his own racial identity, and few who are even racialized at all. He has no support and no one to talk to about either the racism he experiences within the LGBTIQ community, or the homophobia he experiences within his cultural community, or the bi-phobia within both communities. There is no safe place anywhere.

It is important for service and care providers to be aware of an individual's various identities and the impact on their experience of safety, discrimination, oppression, as well as their sense of self, their self-esteem and self-expression.

Common Themes – The Impact of Multiple Oppressions

There are certain common, broad themes in how these combined layers of oppression can negatively affect people, including children, youth and families:

1. Stereotypes that combine two or more oppressions

“I was adopted and when I went back up to reserve, they didn't even trust me around their kids because they thought I was a child molester [because I am 2-Spirited]. It went all around the reserve there too. People wanted to tell the band office to tell me to leave. Discrimination hurt me there.”

(2-Spirited People of the First Nations, 2008, p. 12)

There are many inaccurate assumptions about the ways different identities may intersect together, such as beliefs about both sexual orientation and culture.

For example, “there are no gays in my culture.”

Such stereotypes are common in the mainstream society and may be held by the young person's family or community. They may be internalized by the child or youth. There may also be biases that the service or care provider may hold, often without realizing it.

Here are some examples of many common stereotypes that combine two or more

identities, which may affect some of the children, youth and families we serve and care for. We call these “myths” because they are common but inaccurate beliefs¹. See if you have ever heard of or thought any of them!

- **Myth** – “Youth with disabilities are not sexual beings...they don't need to explore their sexual or gender identity, and they don't need information about dating, relationships or safer sex...that will just encourage them.”

- **Myth** – “Being gay is a white North American thing. It doesn't happen in my culture/race/country/faith.”
- **Myth** – “Homosexuals are sinful, oversexed and they molest kids. They can change if they want to ...my religion teaches it.”
- **Myth** – “Gay Asian men are effeminate and

I was adopted and when I went back up to reserve, they didn't even trust me around their kids because they thought I was a child molester [because I am 2-Spirited].

(2-Spirited People of the First Nations, 2008, p. 12)

¹ Note that, while these beliefs are mostly inaccurate, some of them may be partly true. For example, while certainly not all trans youth are sex workers, it is true that a high proportion are. But context is important here...many are sex workers because they face such high discrimination, oppression and poverty, or because it may be one of the few ways they receive validation for who they are or funds to pay for hormones and surgery.

submissive.”

- **Myth** – “Young ‘Trannies’ of colour are sex workers.”
- **Myth** – “Homosexuality and transsexualism are mental illnesses that can be cured.”
- **Myth** – “There are no gay Muslims” ... “No Muslim family or community would accept gays.”
- **Myth** – “This kid has too many mental health challenges going on, so it will be a long time before we can look at gender or sexual identity issues.”
- **Myth** – “Our culture is very machismo. Boys need to fit into that image or they will never be able to manage in our culture.”
- **Myth** – “This child has an intellectual disability and can’t understand complicated things like sexual or gender identity.”
- **Myth** – “It was the sexual abuse that turned him gay.” (translation: false assumption that being abused by a man makes boys feel attracted to men) Contrast with the next myth:
- **Myth** – “It was the sexual abuse that made her a lesbian.” (translation: false assumption that being abused by a man turns girls away from men)
- **Myth** – “This adolescent has disabilities related to an intersex condition. She had

surgery to fix her sexual organs as a baby and was raised as a girl. We need to focus on the present-day disability, so why would she be thinking about her gender now and saying she’s really a boy?”

- **Myth** – “I don’t know why this kid says he is Two-Spirit...but I do know that our Reserve doesn’t want any gays around here.”
- **Myth** – “This child has ADHD and is ‘acting out’ too much. We have to get the behaviour issues under control before we can open up gender or sexual identity issues.”

I don’t disclose my sexuality when I see people from my culture.

*(Ontario Council of Agencies
Serving Immigrants
(OCASI), p. 13)*

These stereotypes can directly affect the lives of our children and youth who may be LGBTIQ or gender independent. Many of these myths either deny or degrade the existence of LGBTIQ or gender independent people within a particular group.

One impact of many of these stereotypes on children and youth may be to discourage them from exploring who they are, expressing their gender or coming out as LGBTIQ. This increases their “invisibility,” an issue that is explored more fully below.

These myths can also directly affect our service and care of children and youth. If they are more invisible, then it will be more difficult to identify LGBTIQ and gender independent children and youth, and address their needs.

Some of the myths also suggest that sexual

or gender identity is less important than other factors, or can be put on hold indefinitely. In fact, many times it is precisely the distress related to gender and sexual identity, together with related experiences of oppression, that can cause or intensify other issues.

In other words, LGBTIQ-related oppression can directly lead to “acting out” behaviours, mental health concerns, instability, running, substance abuse, self-harm, unsafe choices, and suicidal thoughts or attempts. We can spin our wheels trying to address the behaviour or other issues, but miss what is really going on beneath the surface that may be causing or fuelling the behaviours.


Some myths suggest that the child or youth cannot understand gender and sexual identity issues. However, LGBTIQ and gender independent children and youth *already* have feelings related to their sense of gender and sexuality. They may *already* experience confusing or harmful messages relating to these feelings. The young person needs support to understand these feelings and experiences, not avoidance.

These stereotypes can also impede our ability as service and care providers to recognize the child or youth as a whole, complex person, or to see their strengths and full potential. Our own beliefs or lack of

attention to stereotypes can impair our ability to recognize some of their needs or areas where they may be at risk, or challenges they may be struggling with. Our beliefs can therefore also limit our ability to develop a positive, affirming relationship with the child or youth that allows them to express their authentic identities.

“There was an 11-year-old boy who was convinced he was dying of AIDS and wanted to kill himself. But when we talked about it with him, we realized he had never been exposed to sex or any other risk that would have given him AIDS. It turned out his father used to always say, ‘Fags all have AIDS...they’re all gonna die.’ And just because this boy knew he liked other boys, he thought that meant he automatically had AIDS and was going to die, and he wanted to kill himself before that happened. That’s the power of stereotypes.”

Residential child and youth counsellor



She was so shocked that I didn’t judge her, and that I, as someone from her own community, would support her to be herself.

Children’s service worker

2. Invisibility

“He was an East Indian youth living with white gay foster parents for many years. There were so many great discussions at the dinner table about being gay. But it just never occurred to anyone that he, himself, might be questioning his own sexuality...until he finally came out when he aged out of care. For years he was alone

with the knowledge of who he was, but he didn't say anything. And everyone just assumed he was heterosexual. I wonder if it might have been different if he was white. Are we less likely to think racialized youth could be LGBTQ than white youth?"

Worker

Many of the common stereotypes relate to the lack of recognition that LGBTIQ and gender independent people exist within every demographic – every race, culture, faith, ethnicity, income, disability, age, country of origin, etc.

When we as service and care providers don't expect racialized or disabled youth, for example, to also be LGBTIQ, then we may automatically assume they are heterosexual and gender conforming. We may miss clues they may give and we may neglect to create safe spaces that send messages that we are safe and accepting.

In turn, these young people may internalize these myths, believing them to be true. They may feel very isolated, like they are the "only one" in their group or community, and that there is something deeply wrong with them. They may bury parts of themselves, which can have long-term impacts, including shame, low self-esteem, or mental health concerns.

3. A divided self

"I don't disclose my sexuality when I see people from my culture. There are open-minded people from my culture, but you don't know. When I see religious people, I don't want to talk about my sexuality, because I know what I will get. Even if they don't say anything, just how they look at you, just the body language, it's not nice. I can't argue with every homophobic person that I see, try to teach them, to educate them. I can't do that."

*(Ontario Council of Agencies
Serving Immigrants (OCASI),
p. 13)*

...a Two-Spirit youth feels she needs to choose between (1) giving up her culture and heritage in order to be "out", OR (2) living with her Aboriginal community but hiding her gender and sexual identity...

An LGBTIQ young person might experience different kinds of oppression from different areas of their life. For example, a racialized lesbian youth might face racism and invisibility from the LGBTIQ community, as well as homophobia from her racial or cultural community.

The common impact of these multiple oppressions is a profound sense that "there is no place where I can feel fully accepted for all of who I am."

For example, a racialized lesbian feels that she can't be open about her sexual identity with her cultural community; but when she is in the LGBTIQ community, she feels like an "outsider" based on her race. Young people with multiple oppressions may feel like they have to split themselves into different

“compartments”, so that they can share only selected parts of their identities with different communities. There may not be a single place where they can feel safe, relax and express their full self.

This experience can result in isolation, a deep sense of alienation and profound marginalization. There may be few opportunities for support and community where they can be fully open about themselves. There may be strong fears about coming out or being “outed” within their community, and of being rejected. There may be a reluctance to come out at all, out of fear of judgement, rejection, harassment, or loss of family or community. There may also be a feeling of needing to “choose” between different parts of self or between different communities.

For example, a Two-Spirit youth feels she needs to choose between (1) giving up her culture and heritage in order to be “out” as LGBTIQ, and living in a place where she feels like an “outsider”, OR (2) living with her Aboriginal community but hiding her gender and sexual identity due to the homo/transphobia she finds there.

In a service context, young people facing multiple oppressions might especially hesitate to “come out” to service and care providers.

For example, a youth might fear that a

worker from their own cultural or faith community might judge them harshly or share their disclosure within their community. However, they might also fear that a worker who does not share the cultural or faith community might not understand the depth of the struggle they face if they feel their community is very negative toward LGBTIQ people.

“I had a worker from my own culture who was really nice. I wanted to trust her and I really needed to talk about my feelings, but I couldn’t take the chance to come out to her. What if she told my family or my whole community, or told me to ‘straighten up’ like they did? It was just way too risky...my culture is just so homophobic. Then, a lot later on, I found out that she really did understand and she was so supportive! I just really wish I had known that back then...it would have saved me so much grief! To think I almost killed myself...”

Youth-in-care

“I had this client who was assigned to me because we had the same cultural background...they thought we could relate. I had an idea that she might be exploring her sexuality, but I didn’t know what to do, or what to say to get her to talk about it. Back then, the agency had no policy on being lesbian, gay or bisexual, we had no information or guidance or

Our foster son came out when he was 10... I told him, ‘Honey, we’ll learn about this together.’ And we did.

*African-American foster mom
www.familyproject.sfsu.ed*

anything. My supervisor told me to just wait 'till she tells me herself, not to put ideas into her head. But she kept sinking deeper and getting into drugs. Even after a suicide attempt, she wouldn't open up to me. Finally it all came out in the open. She was so shocked that I didn't judge her, and that I, as someone from her own community, would support her to be herself. That was when she started to turn herself around. It would have helped so much if I had known how to let her know I would be there for her before things got so desperate.”

Children's service worker for the above youth-in-care

4. Systemic barriers

There may be broader systemic barriers that the LGBTIQ young person or family faces, specifically related to how the different identities intersect. These barriers exist within the child welfare system and in other systems. Barriers include lack of access to sensitive, culturally competent services or health care.

This lack of access may be due to:

- lack of awareness by service and care providers;
- failure to provide safe, inclusive spaces within services;
- lack of ability or willingness to effectively provide inclusive, equitable service or care that addresses all aspects of identity
- broader public policies that negatively affect many LGBTIQ people.

As a result, young people may then avoid services or adequate health care altogether, or choose not to come out to them, even though the information could be relevant to their care.

Accessible, inclusive and equitable services and care may not even exist in the individual's community. **For example,**

- A young trans person living with her family in the community is unable to access cross-sex hormones due to her family's poverty and health care policies that limit access to needed drugs.
- A black bisexual youth does not tell his physician that he has sex with both boys and girls, when the doctor asks if his girlfriend is on the “pill.” He fears the information will get back to his family or community. The youth does not get adequate safer sex information, thereby increasing his risk of exposure to sexually transmitted infections, such as HIV/AIDS.
- A young adolescent with an intellectual disability entering puberty with a female body is distressed at the *direction* of change in her body. When she says she wants to grow a boy's body, not a girl's body, everyone assumes she just doesn't understand what puberty does, rather than listening to her feelings about her gender.

The Impact of Our Responses on Children and Youth

Various ways that we as service and care providers can respond to the multiple identities of a child or youth are integrated into the Guidelines in Chapter 5.

In summary, we can do many things to support LGBTIQ and gender independent children and youth facing multiple oppressions, including:

- **Listening with open curiosity** to each child and youth as a whole person, and encouraging them to explore who they are.
- **Examining our own beliefs**, stereotypes and assumptions that we all have absorbed from the broader society, and how they affect our service and care.
- **Directly exploring with children and youth the impact** of diverse identities and multiple oppressions.
- **Affirming** a child or youth for all of who they are, including the complexity of multiple identities and oppressions.
- **Finding community** for a child or youth to be open about all their identities.
- **Creating positive spaces** that affirm all kinds of diversity, including gender and sexual diversity.
- **Working with families** to encourage them to love, accept and support their LGBTIQ or gender independent child.

When we work with families of LGBTIQ and gender independent children and youth who initially reject their child, we can respect the culture, faith, racial background of the family and how difficult this challenge to accept their child may be for them. We can have faith that many families can connect to the underlying love they have for their children, even if they don't understand them. We can help them understand the influence they as families have on their children's health and well-being (Ryan, 2009b).

We can help to ensure the best outcomes are achieved for young people who are marginalized in several ways. We can do this

by ensuring they find support and affirmation within communities that recognize and accept them for all of who they are, and when they themselves can value *all* parts of their identity with pride.

“Our foster son came out when he was 10 – he was afraid we would send him back. I didn't know much about being gay. But I told him, ‘Honey, we'll learn about this together.’ And we did.”

*African-American foster mom whose son came out at age 10.
(Retrieved from www.familyproject.sfsu.edu on November 14, 2011)*

7. Appendices



Appendices

Appendix A – Glossary

Appendix B – LGBTQ Youth Statistics

Appendix C – References

Appendix D – Resources

Appendix A – Glossary

Gender, Sex, Sexual Orientation and LGBTIQ Oppression

NB. Note that these terms are NOT in alphabetical order as many concepts build on one another incrementally.

1. Terms Relating to Sexual Orientation

Sexual Orientation

- The direction of one's sexual or romantic attraction i.e. one's tendency to be primarily attracted to the same sex (lesbian or gay), other sex (heterosexual), both sexes (bisexual – presuming only two sexes), neither sex (asexual) or any sex (pansexual – acknowledging more than two sexes).
- Some people experience it as a constant part of their essential nature; others experience it with more fluidity.

Gay – also Homosexual

- A boy or man primarily attracted physically, sexually and/or emotionally to

the same sex.

- “Homosexual” is also used, but this is a medicalized term that is less popular in the LGB community.
- Sometimes used generically as an umbrella term for the lesbian, gay and bisexual community; this may feel exclusionary for some lesbians and bisexuals.

Lesbian – also Dyke

- A girl or woman primarily attracted physically, sexually and/or emotionally to the same sex.
- Dyke is a derogatory slur for lesbians. It has been reclaimed by some as a term of pride.

Bisexual/Bi

- A person who is attracted physically, sexually and/or emotionally to both sexes (assuming only two sexes).

Bi-Curious

- Usually used self-referentially when one has natural but confusing feelings and interests in the same sex.

Heterosexual/Straight

- A person who is primarily attracted physically, sexually and/or emotionally to the “opposite” sex (assuming only two sexes).

Pansexual – also Polysexual, Omnisexual

- A person who is attracted to any sex or gender and who rejects the binary notion that there are only two genders.
- This may be viewed as a broader term than “bisexual” as it includes openness to not only loving both men and women, but also transsexuals, transgender people

and gender fluid people who do not fit into typical social definitions of male and female.

Queer

- An umbrella term that includes non-heterosexual people, such as lesbians, gays, bisexuals, pansexuals, and others questioning their sexual orientation.
- May sometimes include trans, intersex, Two-Spirited, questioning, gender independent and others who don't conform to society's expectations regarding sexual orientation or gender identity. However, usually the trans community prefers to be identified separately – a short, inclusive term could be “the queer and trans community.”
- Has been used traditionally as a derogatory insult against LGBTIQ persons or anyone suspected of being LGBTIQ, but has recently been “reclaimed” by some members of the community as a positive and inclusive term. However, it must be used with caution, especially by heterosexuals, as it is not accepted by all LGBTIQ people, and is often still used in a derogatory way.

MSM (Men who have sex with men)

- This is a specific term that describes any men who have sex with men, whether they identify as gay, bisexual, straight or otherwise. This is a useful description for situations where sexual behaviour and activity is particularly relevant (e.g., discussions about sexual health, sexual activity, sex work, or when there is any identity confusion).

WSW (Women who have sex with women)

- As above, but applying to women.

Homophobia

- The irrational fear, hatred or intolerance of LGB people or people perceived to be LGB, based on ignorance, stereotypes and prejudice.
- Individual, social and systemic values, beliefs, attitudes and actions that indicate hate, discrimination and “othering” of people who do not conform to socially prescribed sexual identities.

Bi-phobia

- The irrational fear, hatred or intolerance of bisexuals or those perceived to be bisexual, based on ignorance, stereotypes and prejudice.
- The presumption that everyone is or should be attracted to only one sex/gender, but not more than one sex/gender.
- Bisexuals may experience prejudice and/or discrimination from the broader society, as well as from within the LGBTIQ communities.
 - ▶ Eg. myths such as: “Bisexuals can't make up their minds” or are “too afraid to come out as gay/lesbian” or “won't give up their heterosexual privilege.”
 - ▶ Bisexuals may experience particular invisibility and/or alienation within the LGBTIQ communities if they are dating or partnered with someone of the “opposite” sex.

Heterosexism – also Heterocentrism

- The systemic beliefs and practices that benefit heterosexuals over people of other

sexual orientations, based on the assumption that heterosexuality is normal, natural and preferred.

- ▶ Eg. the presumption that a given individual is or should be heterosexual.
- One component of sexism is rigid gender expectations, which lie at the root of heterosexism as the requirement to be romantically involved with only the opposite sex (assuming two sexes).
- This is the most pervasive source of discrimination against LGB people, although often unintended.

Heterosexual Privilege

- Benefits, privileges and preferential treatment bestowed on people who engage in heterosexual relationships, which provide greater access to social benefits.
- Taken for granted and normalized as an invisible right that is often not recognized by people who have it since it is so normalized and does not feel like a privilege.
 - ▶ Eg. The right to hold hands with one's partner without fear of judgement, harassment, discrimination or violence.

2. Terms Relating to Sex and Gender

Sex

- The physiological make-up of a person, based on, not only anatomical factors, but also genetic, hormonal, chromosomal, gonadal and biochemical factors that determine whether the person is

biologically male, female or intersex.

- Biological sex is normally declared at or before birth as male or female, usually based on a simple viewing of the visible genitalia, which then typically determines the gender socialization of that individual.

Gender identity

- One's self-concept of one's own gender – an innate, internal sense of maleness and/or femaleness, regardless of biological sex. Gender identity is experienced as a fundamental part of one's core self and is self-identified, rather than diagnosed or prescribed.
- In contemporary western society, gender identity is presumed to agree with biological sex, and is "assigned" at or before birth. Gender is assumed to be either male or female, based on a "binary" system of polar opposites, with no other options, combinations or "middle-ground" possible.
- In reality, gender identity is a broad spectrum that includes, but is not limited to: male, female, some combination, or neither.
- One's gender may not necessarily conform to one's biological sex. Many people experience their gender identity to be congruent with their biological sex, but some people experience it as different.

Gender role

- The socially dictated expression of masculinity and femininity, prescribing particular appearances, mannerisms, behaviours and opportunities. Gender role may not necessarily be the same as

one's gender identity or biological sex.

- “Gender roles” are a socially constructed and somewhat arbitrary method to divide people into “opposite” camps composed of boys/men and girls/women. Specific attributes, roles, privileges, expectations, behaviours and ways of being are attached by a culture to male vs. female identities. Gender roles vary greatly across cultures, although many societies do not permit wide individual variation.

Gender Expression/Presentation

- The clothing, mannerisms, behaviours and appearances through which a person expresses her/his internal gender, or the gender s/he wants to be perceived as.
- Many gender independent children will naturally express gender in ways that may lead others to question the child's gender and possibly impose rigid gender conformity.
 - ▶ Eg. Effeminate boys who play with dolls and like to dress up in “girls” clothes often experience intense pressure to be more “masculine.”

Transsexual/TS (also “Trans”)

- Someone whose internal sense of gender is not congruent with her/his biological sex and who usually feels an overwhelming desire to live full-time presenting as the gender that feels comfortable and true.
- Most, although not all, transsexuals want to change their appearance and bodies to better match their gender, through, for example: clothing, hormone therapy, name/pronoun change, electrolysis, sex

reassignment surgeries, etc.

Unfortunately, surgery especially is too expensive for many or difficult to access, even though this may be a necessary medical treatment.

- Pronouns for transsexuals should match their gender identity and presentation, rather than their biological sex or surgical status.
 - ▶ Eg. A biological female transitioning to male should be referred to as “he”, regardless of whether he has had or intends to have sex reassignment surgery; if he is attracted primarily to women he may identify as heterosexual.
- Can be any sexual orientation, most often heterosexual.

Transgender/TG (also “Trans”)

- Often used as an umbrella term for people who diverge from society's rigid gender norms and who encompass the diversity of gender expression.
- May want to present some of the time as the other sex; or may feel like a combination of male and female; or may feel neither male nor female; some may want to alter their body medically, but most do not want to *be* the other sex.
- Can include: transsexuals, cross-dressers, drag kings/queens, bi-genders, transgenderists, transmen/women, masculine-identified females, feminine-identified males, genderqueers, gender fluid people, gender benders, androgynous people and others who experience and express gender outside

social norms; sometimes can include Intersex people.

- Transsexuals increasingly want to be named separately from the transgender community to reflect the somewhat unique medical/biological issues related to transitioning.
- Can be any sexual orientation, most often heterosexual.

Intersex

- Individuals born with some combination of male and female physical sex characteristics and may not be easily classified as male or female.
- Sex characteristics can include ambiguous genitalia, underdeveloped gonads, chromosomes, hormones.
- May be diagnosed with “Disorder in Sex Development.” However, this is controversial, as it implies that having atypical genitalia is disordered, rather than simply diverse.
- Intersex babies are often assigned a gender at birth and surgically altered with “normalization” genital surgery, which is cosmetic in nature. These surgeries may be kept secret, even from the person who was altered. The surgeries can be harmful, ineffective, traumatic, and sometimes the wrong gender is assigned.

Gender Independent – also Gender Non-Conforming, Gender Variant, Gender Divergent, Gender Diverse, Gender Dissonant, Gender Dysphoric or Gender Distressed

- A person who does not conform to society’s gender role expectations or

whose sense of gender does not necessarily match her/his sex.

- Often used to refer to children, youth or others whose gender identity is still emerging or not yet identified by the individual, but who express and/or exhibit strong differences in gender role expression .
 - ▶ Eg. An effeminate physiological boy who likes to cross-dress and play stereotypical “girl” kinds of activities. He may also feel like a girl or want to be a girl. He may grow up to identify as gay, bisexual or trans, but he may not. Others may presume he is gay and may harass him as if he was.
- “Gender dysphoric” is a psychiatric term that is not popular in the trans community, although it does describe the internal anguish that some gender non-conforming people feel over being different from the norm; “Gender Dissonant” is a friendlier term to describe that internal distress.
- “Gender diverse” refers to someone who is usually not distressed about their gender and who prefers a more gender fluid identity and expression.

Cisgendered – also Cissexual, Gender Conforming

- Someone whose gender matches their sex, that is, who feels, lives and identifies as the sex they were assigned at birth.
 - ▶ Eg. A biological woman who feels like a woman, identifies as a woman and presents with at least some degree of femininity.

- It is not commonly used as an identity, but describes the majority of people.

Gender Bending/Gender Blending

- Colloquial terms used primarily among some LGBTIQ people to describe those who actively challenge the boundaries of socially prescribed gender norms and expectations, through clothing, behaviour and/or physical appearance.
- May appear androgynous.
- May also combine distinctly male and female gender expressions together.

Genderqueer, Gender Fluid

- Someone who experiences a fluid sense of gender identity, shifting naturally in gender identity and/or gender expression and presentation, and who rejects the binary notion that there are only two genders.
- May move between genders, may identify with both male and female genders, or neither, or some combination of male and female; may or may not identify as transgender.
- Refers to the natural fluidity of identity for some people, but does not imply that gender feelings can be manipulated in a particular direction.

Cross-dresser (formerly “transvestite”)

- Someone who enjoys adopting the dress and mannerisms typically presumed to belong to the “opposite sex”, usually on an occasional or part-time basis.
- Cross-dressing may be done for erotic pleasure, often by heterosexual men, or may be done for performance purposes, often by gay men.

- Cross-dressing may also be done by people who are exploring gender identity and expression, or by transsexuals who are implementing the “Real Life Test”, or for fun or comfort.
- Usually one uses the pronoun appropriate to the gender the person is presenting as, but it is best to check with the individual.
 - ▶ Eg. “she” for a biological man while cross-dressing as female; “he” when he reverts back to presenting as a male.

Drag Queen/King

- Someone who adopts the clothing and mannerisms of the “opposite sex” for fun and/or performance purposes, on an occasional or part-time basis.
- Use the pronouns that match the gender the person is presenting as in the moment.
 - ▶ Eg. “she” for a Drag Queen (man cross-dressing as a woman); “he” for a Drag King (woman cross-dressing as a man); pronouns usually change back to match the gender when the person is not “in drag.”
- “Doing drag” is generally associated with the LGBTQ sub-culture, but it is best to avoid making assumptions about gender identity or sexual orientation.

Trans, Transpeople, Trans community

- Umbrella terms to include a broad spectrum of gender diversity, including those who identify as transsexual, transgender, gender fluid, gender variant, gender bending, genderqueer; and can sometimes include Two-Spirit, intersex,

queer and questioning.

Transman, FTM, F2M, Female-to-Male

Transsexual

- A transsexual man who has transitioned from female to male or is in process, or who strongly desires to transition.
- Male pronouns should be used to refer to this person.

Transwoman, MTF, M2F, Male-to-Female

Transsexual

- A transsexual woman who has transitioned from male to female or is in process, or who strongly desires to transition.
- Female pronouns should be used to refer to this person.

Transition

- The process for a transsexual to transform their physical appearance to match their internal gender.
- Usually includes: cross-sex hormones; change in dress, hairstyle; mannerisms; name and pronoun change; electrolysis.
- May include: hormone replacement therapy; sex reassignment surgeries; legal name and sex change; voice training.

WPATH Standards of Care (formerly Harry Benjamin Standards of Care)

- Medical guidelines developed by The World Professional Association for Transgender Health (WPATH) – see www.wpath.org
- The Standards of Care (v. 7, 2011) outline the eligibility, procedures and medical standards of care associated with hormone replacement therapy, sex

reassignment surgery/ies. Eligibility criteria have been simplified and will hopefully improve access to appropriate transgender health care.

- Also addresses puberty suppressant hormones (puberty blockers) for children entering adolescence.
- While not mandatory, most surgeons performing sex reassignment surgeries will require that the Standards of Care be followed.

Sex Reassignment Surgery (SRS) or Gender Reassignment Surgery (GRS) (formerly “Sex Change Operation”)

- Various surgical procedures through which transsexuals can medically change their bodies to conform to their internal gender.
- In 1998, these surgeries were de-listed from the Ontario Health Insurance Plan and the costs were no longer publicly funded in Ontario. They have since been re-listed, but the wait can be lengthy.
- The high costs of these surgeries when not publicly funded, as well as restrictive gate-keeping mechanisms have historically been prohibitive to most trans people, especially youth and those experiencing racism, poverty, homelessness.

“Real Life Test/Experience”

- A term used in earlier versions of the WPATH Standards of Care, prior to 2011, that required transsexuals to live for one year in the gender role that is congruent with their gender identity prior to approval for sex reassignment surgeries. This

requirement was controversial, as sometimes transsexuals were required to do this without the benefit of cross-sex hormones. This would decrease their ability to “pass” as their gender identity and substantially increase risks of discrimination, harassment and victimization.

- This requirement has been amended in version 7 of the Standards of Care (2011), and is now only required for those sex-reassignment surgeries that are irreversible. It is not required for “top” surgery (breast removal or augmentation) or for removal of uterus, ovaries or testicles. It is required for the surgical construction of a vagina/vulva or penis. Cross-sex hormone therapy would normally be provided as well. (WPATH, 2011, pp. 60-61).

Transphobia

- The irrational fear, hatred or intolerance of transsexual, transgender or other gender divergent people, and those perceived to be, based on ignorance, stereotypes and prejudice.
- Individual, social and systemic values, beliefs, attitudes and actions that indicate hate, discrimination and “othering” of people who do not conform to socially prescribed gender identities and norms.
- Often results in marginalization, discrimination, harassment or trans-bashing
- May also manifest within a trans or gender non-conforming person as internalized transphobia (self-hatred,

shame, guilt).

Genderism

- The systemic beliefs and practices that benefit gender conforming people over gender non-conforming and trans people, based on the assumption that gender conformity is normal and preferred; eg. the presumption that a given individual's gender should match their physical sex, and the systems that confer advantage to gender conforming people.
- Comparable concept to racism or sexism.

Trans-positive

- An attitude and perspective that accepts, respects, affirms, includes, integrates, validates and seeks equity for gender diversity and trans and gender non-conforming people. It is in contrast to pathologizing or stigmatizing perspectives.

3. Terms Relating to Both Sexual Orientation and Gender

Questioning

- Someone who is exploring or questioning his/her sexual orientation and/or gender identity.
- Some questioning people may experience confusion, anxiety and/or conflict, generally resulting from homophobia, biphobia or transphobia and rigid gender expectations that emanate from the broader society.

Two-Spirit

- Persons of First Nations or indigenous descent who may be understood in limited Western terms to be: lesbian, gay,

bisexual, transsexual, transgender, intersex, queer, questioning or gender independent.

- Traditionally, Two-Spirit people were usually considered to innately occupy a third-gendered position with the social characteristics of both men and women, and the visions of both sexes; they were often given spiritual sanction and associated powers (eg. healers, spiritual leaders), viewed as a sacred gift to the community and treated with reverence; they often cross-dressed and may have married members of the same biological sex.
- Colonization has instilled deep homophobia and transphobia in many First Nations communities.

Boi

- A woman who is biologically female, but has a boyish appearance or presentation. A boi may be lesbian identified and/or trans identified.
- A boi may also be a gay man who is boyish or young in appearance or identity.

LGBTIQ – also LGBTTTQQI, LGBTTTIQQ, LGBTT2QQI, LGBTT2SQQI, etc.

- Various acronyms for Lesbian, Gay, Bisexual, Transsexual, Transgender, Two-Spirit, Queer, Questioning, Intersex.
- Often assumed to include other diverse gender identities/expressions or sexual orientations, such as: gender non-conforming, gender bending, genderqueer, gender fluid, gender variant, transgenderist, pansexual, omnisexual.

- May sometimes be shortened and expressed as LGBT, LGBTQ or some other variation.
- Some versions now add “A” at the end for “Allies.”

Coming Out

- The process by which one recognizes one’s sexual orientation or gender identity, claims it as an identity and discloses it to others. It is an ongoing process.
- Almost everyone “comes out”, including heterosexuals by talking about spouses, weddings, romantic dates and displaying photos of partners. However, the process, implications and possible repercussions for those who are LGBTIQ can involve considerable risk.
- Some LGBTIQ people may never come out, or be out only in some areas of life. Others may go through a process of gradually coming out to more people in their lives, eventually coming out in most or all spheres.
- Some transsexuals prefer not to “come out” to others once they have transitioned, but rather wish to simply blend in and be accepted as men or women, rather than as transsexuals, transmen or transwomen.

Outing

- Exposing someone’s sexual orientation or gender identity as being gay, lesbian, bisexual or transgender to others without their permission; in essence “outing” them against their will.

Internalized Homophobia/Bi-phobia/Transphobia

- Feelings of shame, low self-esteem and/or

self-hatred that LGBTIQ people may have “internalized” as a result of the prejudice and discrimination that exists in the broader society.

- LGBTIQ people form a unique group who are regularly taught to hate themselves before they realize they are part of that community.

Ally

- Someone who explores her/his own biases, challenges discrimination and oppression of a group and supports the group, but is not a member of that group or community.
- Eg. Can be referred to as a “straight ally” or “trans ally” or as gay-positive, queer-positive or trans-positive.

Positive Space

- An organization or place that is open, welcoming, inclusive, affirming, safe and celebratory of diverse sexual orientations and gender identities/expressions, as well as being equitable, accessible.
- Usually the staff, volunteers, service providers and care providers have been trained in issues of sexual and gender diversity to respond as allies.

Stereotype

- An idea or generalization about a group of people based on some characteristic that may be based on a grain of truth, often negative, although it can be positive, but still be harmful.
- Usually there are visible signs that the organization is a positive space, such as LGBTIQ-specific posters or rainbow symbols.

Prejudice

- A feeling, attitude or pre-judgement about a group of people, often negative.

Discrimination

- The unfair and unequal treatment of a person based on their identity. Can be demonstrated by individual behaviours, and/or in systems through policies or laws.
- Eg. Exclusion of LGBTIQ people from the social rights, benefits and protection available to heterosexuals and people who conform to gender expectations.

Heteronormativity

- The erroneous assumption that biological sex determines gender, gender expression and sexual orientation.
- This concept illustrates the strong link among several oppressions, including:
 - ▶ Sexism – inequity between males and females, characterized by rigid gender role stereotyping
 - ▶ Genderism – the assumption that biological sex equals and determines gender
 - ▶ Heterosexism – the assumption that biological sex determines who one is attracted to, and that the attraction should be toward the “opposite” sex.

LGBTIQ Oppression

- The systemic beliefs, prejudices and practices that benefit heterosexuals and people whose gender conforms to their sex over people of other sexual orientations or genders.
- It is based on the assumption that heterosexuality and gender conformity is

normal, natural and preferred.

- LGBTIQ oppression is systemic in that it typically pervades all systems, institutions and cultural practices within a society and creates inequity and discrimination against LGBTIQ people.

Anti-oppression Practice (AOP)

- Those choosing to work from an AOP framework must engage in critical self-reflection to be able to analyze how dominant ideas, ideologies, biases, privileges and ways of doing things constrain and limit their work with people they serve or care for.
- Key concepts of AOP are:
 - ▶ Empowerment
 - ▶ A re-thinking of power, and strategies to reduce power imbalances
 - ▶ Client right to self-determination
 - ▶ Linking the personal and the political
 - ▶ Normalizing and validating people's lived experiences
 - ▶ Redefining or reframing personal troubles in social or political terms
 - ▶ Challenging and confronting oppression.

Appendix B – LGBTQ Youth Statistics

In the 2009 *National Climate Survey on Homophobia in Canadian Schools*, conducted by Egale Canada, the following statistics were found

- 1 in 4 LGB students had been physically harassed about their sexual orientation
- Almost 2 in 5 transgender students and 1 in 5 LGB students reported being physically harassed due to their expression of gender
- 6 out of 10 LGBTQ students reported being verbally harassed about their sexual orientation
- 9 out of 10 transgender students, 6 out of 10 LGB students and 3 out of 10 straight students were verbally harassed because of their expression of gender
- 75% of LGBTQ students and 95% of transgender students feel unsafe at school, compared to 20% of straight students.

(Taylor, Peter, McMinn, Elliott, Beldom, Ferry, Gross, Paquin & Schacter, 2011).

As reported by *Trans PULSE*

- Among trans Ontarians, 75% have seriously considered suicide, and 43% have attempted suicide at some point in their lives
- Trans youth in Ontario up to age 24 are nearly twice as likely to seriously consider suicide as those over age 25, and almost three times as likely to have attempted

suicide within the past year. (Note that suicide statistics are almost always underestimated).

(Scanlon, Travers, Coleman, Bauer & Boyce, 2010)

As reported by *The Family Acceptance Project*

LGBTQ teens who are highly rejected by their parents and caregivers are at very high risk for health and mental health problems when they become young adults (ages 21-25). Highly rejected young people are:

- More than 8 times as likely to attempt suicide
- Nearly 6 times as likely to report high levels of depression
- More than 3 times as likely to use illegal drugs, and
- More than 3 times as likely to be at risk for HIV and sexually transmitted infections.

By contrast, LGBTQ youth whose families accepted them during adolescence were nearly:

- 3 times more likely to believe they can be a happy LGBT adult
- 7 times more likely to want to become a parent than those whose families rejected them.

(Ryan, 2009a; Ryan, 2009b)

In a 1998 survey of Ontario Secondary School teachers

- 91% of educators felt parents aren't teaching enough LGBTQ information.

(Benson & Herold, 1998)

As reported by the Child Welfare League of America

- 33% of gay men and 34% of lesbians report suffering physical violence from family members as a result of their sexual orientation
- 26% are forced to leave home as a result.

(Woronoff, Estrada & Sommer, 2006)

As reported by the Child Welfare League of America and LAMBDA Legal

- In the U.S. child welfare system, LGBTQ youth report experiencing incidents of abuse, rape and harassment in their foster and group homes because of their sexual orientation and gender identities
- 66% of homeless LGBTQ youth reported a foster home that didn't work out
- More than 50% of LGBTQ youth in care have been homeless or runaways.

(Child Welfare League of America & Lambda Legal, 2006)

Appendix C – References

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Appendix D – Resources

A condensed list of some of the major Ontario-wide and Toronto-based resources and services is attached. This is only a partial list of resources.

The Out and Proud Program at CAS of Toronto has additional resource information about specialized services, other areas of Ontario, internet resources, library resources and resources specific to culture, race or faith.

For more information, visit the Out and Proud page at www.TorontoCAS.ca, or contact the Out and Proud Program at 416-924-4640 x2986 or x2987 or outandproud@torontocas.ca.

Resources for LGBTQ Youth and Families – *Selected Community Resources*

ONTARIO-WIDE RESOURCES		
Rainbow Health Ontario	(416) 324 4100 x5058 www.rainbowhealthontario.ca	Central resource for information, referrals, professional development, events and community resources across Ontario.
Lesbian Gay Bi Trans Youth Line	1 (800) 268 YOUTH outreach@youthline.ca www.youthline.ca	Open Sunday to Friday, 4:00 pm to 9:30 pm. Confidential, free and non-judgemental peer support. By youth, for youth.
PFLAG – Parents, Families and Friends of Lesbians & Gays	1 (888) 530-6777 www.pflag.ca 1 (888) 822-9494 www.transparentcanada.ca	Peer support and education group for families and friends of LGBTQ people, with chapters across North America. Transparent is a sub-group for families of trans and gender independent individuals.
SprOUT – Griffin Centre	(416) 222 1320 x171 www.griffin-centre.org	Ontario-wide training, consultation for service providers about LGBTQ youth with intellectual disabilities or dual diagnoses; connects youth with peers.
Teen Sex Info Line – Planned Parenthood Toronto	(416) 961 3200 askus@spiderbytes.ca www.ppt.on.ca www.spiderbytes.ca	Confidential and anonymous sexual health information for Teens, via phone, web or email. By youth, for youth.
Kids Help Phone	1 (800) 668 6868 info@kidshelp.sympatico.ca www.kidshelpphone.ca	Confidential, anonymous, bilingual. 24 hours a day, 7 days a week.

Resources for LGBTQ Youth and Families – *Selected Community Resources*

TORONTO RESOURCES

<p>Sherbourne Health Centre</p> <ul style="list-style-type: none"> • Primary LGBTQ health care • SOY • CLICK • LGBTQ Parenting Network • Trans health care mentoring 	<p>(416) 324 4180 Info@sherbourne.on.ca www.sherbourne.on.ca</p> <p>(416) 324 5077 www.soytoronto.org</p>	<ol style="list-style-type: none"> 1. Primary health care for LGBTQ community. 2. SOY – Supporting Our Youth – Creative, social, arts, cultural & recreational groups & activities for LGBTQ Youth, including drop-in's, Pride Prom, spirituality. Groups for black youth, newcomers, trans and bisexual youth. 3. CLICK Mentoring program – matching LGBTQ youth with adult mentors 4. LGBTQ Parenting Network – resources, info, support for LGBTQ families 5. Mentoring program for health care providers on transgender health care
<p>Hincks-Dellcrest Centre</p> <ul style="list-style-type: none"> • Gender & Sexual Orientation Service 	<p>(416) 924-1164 ext. 3250 www.Hincksdellcrest.org</p>	<p>Assessment, support, mental health services to children and youth up to age 17 with gender non-conforming behaviours, or gender or sexual orientation identity concerns. Support to families of these young people and to LGBTQ families.</p>
<p>519 Church Community Centre</p> <ul style="list-style-type: none"> • Trans Youth Toronto • Queer Parenting Program • Mosaic • Meal Trans • Anti-violence program 	<p>(416) 392 6874 www.519.org</p>	<ol style="list-style-type: none"> 1. Trans Youth Toronto – Weekly drop-in for transsexual, transgender and gender questioning youth under 26. Information, referrals, social support. 2. Queer Parenting Program for LGBTQ families with children ages 0-6 3. Mosaic – peer-led LGBTQ youth social group 4. Meal Trans – Multi-service drop-in for street involved trans youth and adults 5. Anti-violence program to monitor and prevent homo/transphobic violence.

Resources for LGBTQ Youth and Families – *Selected Community Resources*

TORONTO RESOURCES		
Central Toronto Youth Services <ul style="list-style-type: none"> Pride & Prejudice Program 	(416) 924 2100 www.ctys.org	Individual counselling and support groups for LGBTQ youth ages 13-25, including identity, trauma, family, mental health, relationships. Gender Play group explores gender complexities through art.
Toronto District School Board <ul style="list-style-type: none"> Triangle Program Gender Independent Group 	(416) 985 3749 triangleprogram@hotmail.com steven.solomon@tdsb.on.ca www.schools.tdsb.on.ca	<ol style="list-style-type: none"> Triangle Program – A class for LGBTQ youth who have experienced homophobia in their schools. Gender Independent Group – a monthly after-school group for children who do not conform to gender stereotypes
Delisle Youth Services <ul style="list-style-type: none"> STARS Program 	(416) 482 0081 thestartsproject@delisleyouth.org www.delisleyouth.org	Youth-directed project for LGBTQ youth & allies ages 13-21. Counselling, group support, arts, drop-ins. Street-involved youth resources, especially relating to substance use.
Griffin Centre <ul style="list-style-type: none"> ReachOUT Program 	(416) 222 1153 www.griffin-centre.org	Drop-in & social groups, counselling, art & skills-exchange for LGTBTTQQI youth with intellectual disabilities &/or mental health challenges in North Toronto.
Centre for Addiction and Mental Health (CAMH) <ul style="list-style-type: none"> Rainbow Services 	(416) 535 8501 ext. 6781 www.camh.net	LGBTQ-inclusive substance misuse and abuse therapy, support, general counselling, information and referrals.
Planned Parenthood Toronto <ul style="list-style-type: none"> T.E.A.C.H. Teen Sex Info Line Health services 	(416) 961 0113 ext. 230 www.ppt.on.ca/teach Teen Sex InfoLine (416) 961 3200 askus@spiderbytes.ca	TEACH – Peer-led workshops by and for youth about sexual orientation and gender identity. Also, youth-led workshops for service providers. Teen Sex Info Line – talk or chat live with peer youth about sexual health Health Services – youth primary health care; peer education for

Resources for LGBTQ Youth and Families – *Selected Community Resources*

TORONTO RESOURCES		
		LGBTQ women.
Access Alliance Multicultural Health & Community Services	www.accessalliance.ca/LGBTQ	Programs and services for LGBTQ newcomers.
Asian Community AIDS Service • Queer Asian Youth Project	(416) 963 4300 ext. 29 youth@acas.org www.acas.org/qay	Social spaces, events, information, resources for Queer East and Southeast Asian youth and their friends.
Salaam: Queer Muslim Community of Toronto	(416) 925 XTRA ext. 2209 www.salaamcanada.com	Support groups and information for Muslims who are Queer or questioning. Dedicated to social justice. All ages.
Black Coalition for AIDS Prevention (Black CAP)	www.black-cap.com	HIV/AIDS prevention, resources and services. Specialized LGBTQ resources and services.
2-Spirited People of the First Nations	(416) 944 9300 www.2spirits.com	Confidential, free and non-judgemental peer support. Training and education about 2-Spirited people
Chinese Family Services of Ontario	(416) 979 8299 1 (866) 979 8298 www.chinesefamilyso.com	Counselling for families, friends, children and youth who identify as LGBTQ and Chinese.

CAS of Toronto has attempted to verify all resources on this list. This is not a complete list. Resources may change. We apologize for any errors or omissions but cannot be held responsible. Please contact the Out and Proud Program for any changes at outandproud@torontocas.ca.