Transforming the Emergency Homelessness System:
Two Spirited, Trans, Nonbinary and Gender Diverse Safety in Shelters Project

Project Report
October 2020

ACKNOWLEDGEMENTS

First, our sincerest thanks to all of the clients and service providers who shared their stories, wisdom and experiences for this project.

Thank you also to the Working Group:
- Ailee Galicia, Homes First Society
- Courtney Dorrington, Homes First Society
- Clare Nobbs, YMCA of Greater Toronto Sprott House
- Denise Knee, Fred Victor Centre
- Jacq Hixson-Vulpe, The 519
- Jennifer White, YMCA of Greater Toronto, Vanauley House
- Kellum Jaymes, Friends of Ruby
- Lindsay Parsons, Toronto Shelter Network
- Lo Goldsmith, Sistering
- Logan Bodera, Fred Victor Centre
- Lucy Gallo, Friends of Ruby
- Martha Falk, Sistering
- Reese Jones, YouthLink
- Sandra Vaughan, City of Toronto
- Saige McMahon, 2 Spirited Peoples of the 1st Nations
- Sonja Nerad, Toronto Shelter Network
- Zoona Khalid, City of Toronto

Thank you to Faelix Kayn, Project Coordinator (Toronto Shelter Network) and primary author for this report .

TERMINOLOGY

Please refer to Appendix 1 for a Glossary of Terms used throughout this report. The sources for the glossary were:
- A Gender Agenda (AGA) works with the intersex, trans and gender diverse community;
- METRAC's Transformed Project, and
- Inclusion Consultant and Project Coordinator Faelix Kayn

TABLE OF CONTENTS

EXECUTIVE SUMMARY

In 2020, the Toronto Shelter Network, in collaboration with the Trans Working Group secured a one-time capacity building grant from Shelter, Support and Housing Administration (SSHA) at the City of Toronto to undertake a study regarding the safety of two spirit, trans, nonbinary and gender diverse clients in Toronto's shelters. The Transforming the Shelter System: Two Spirited, Trans, Nonbinary and Gender Diverse Safety in Shelters Project (Transforming Shelters Project) engaged service providers and two spirit, trans, nonbinary and gender diverse shelter-using clients to document experiences with, and opinions and ideas about, safety and inclusion in Toronto's shelters. The project aimed to better understand the unique needs and challenges of Toronto's two spirit, trans, nonbinary and gender diverse shelter-using populations, and to make recommendations that will help the Toronto shelter system become a safer, more accessible and more inclusive environment for these communities.

METHODOLOGY

Two cohorts participated in the study – service providers and service users. Surveys and interviews were used to engage service providers and interviews were conducted with two spirit, trans, nonbinary and gender diverse shelter-using / client populations. Despite challenges posed by COVID-19 pandemic; access to internet and digital platforms, the short project timeline and limited funds for participant honoraria, 40 individual, including 29 service providers and 11 clients participated in the study. Both cohorts were diverse in terms of gender and race and the client cohort was also diverse in terms of other demographic and life experiences (i.e. age, mental health, substance use, etc.).

FINDINGS

Gender diverse people are extremely diverse with complex histories and intersecting identities that impact their experiences as service providers and in particular as service users. This includes experiences of sexualized violence and intimate partner violence, histories of or experiences with trauma, mental health challenges and substance use, racism and colourism, neurodiversity and autism and deafness/hard of hearing.

The study found a disconnect between what many directors and management staff think is taking place within their agencies and what their front-line staff, particularly gender diverse staff, report. Overall, managers did not seem to fully grasp the frequency and severity of structural transphobia that exists in their organizations as expressed by front line gender diverse shelter staff and clients. The study also revealed a disconnect between cisgender staff and staff who are two spirit, nonbinary, transgender or otherwise gender diverse. While most cisgender staff were sympathetic, they have knowledge gaps about terminology, pronouns, nonbinary people, recognizing transphobic microaggressions and expectations about education, while gender diverse service providers consistently had more thorough and nuanced knowledge of terminology and topics.

Knowledge and Learning

Knowledge and understanding regarding gender inclusion varies considerably across the shelter system. ALL staff should be trained in gender inclusion in advance of starting their employment, and further, all training services and programs used by shelters should be reviewed to ensure that they are of the

highest quality and that the content is current. At the same time, training should not be restricted to staff, but also made available to ALL clients and all educational resources should likewise be reviewed for quality and currency. Finally, staff should be held accountable for translating learnings from training to their practice.

Organizational Practice and Service Delivery

The common client intake (Shelter Management Information System [SMIS]) form used by the City and its contracted homelessness service providers does not accommodate nonbinary and two spirit individuals. Rather the form tends to categorize gender diverse people as "men/women/trans" or "men/women." When information collected by service providers cannot be reported accurately to the City, gender diverse populations may be misgendered, and when trans men and trans women are grouped together their authenticity as men and women dismissed. Further, intake processes used across the system vary, including the use of pronouns and referrals processes. It was suggested that developing a clear definition for gender inclusion could enable improvements in organizational policies, practices and services. Services and resources should be re-examined to determine relevance and should be updated to be more inclusive. This process would require the significant participation of gender diverse people. Hiring more staff who are two spirit, trans, nonbinary and gender diverse can help organizations to create safer spaces, accommodate the needs of and provide more support to gender diverse clients.

Infrastructure

Overwhelmingly, the study participants expressed the need for safer , more private and better quality homelessness facilities for wo spirit, trans, nonbinary and gender diverse populations, particularly in terms of sleeping arrangements, bathrooms and showers. A dedicated 2SLGBTQ adult shelter was also recommend noting that at this time there are very few options considered to be safe for two spirit, trans, nonbinary and gender diverse youth age out of the youth system. At the same time, 91% of clients thought there should be more emphasis within the homelessness system on transitional, low income, subsidized and supportive housing, and creating a pathway out of shelters and into housing.

Organizational Policy and System Change

The study collected numerous stories and examples of discrimination, bullying and harassment experienced by gender diverse service providers in the workplace. Transphobia, coercive feminization and transmisogyny were identified by many study participants as experiences common for gender diverse service providers. Gender diverse staff reported that often gender diverse staff are token employees, hired in low paying front line contract positions. Similarly, gender diverse clients, especially those who are black and/or transmasculine, and/or are "non-passing" transfeminine individuals experience heightened surveillance, bullying, discrimination, harassment, punishment, service restrictions/refusal and police intervention. Against this backdrop, it is understandable that many gender diverse people are hesitant to access services, and why some prefer to stay on the street, in emotionally abusive situations or in encampments.

Study participants called for improved accountability on the part of service providers and organizations to address discrimination and harassment experienced by staff and clients. They suggested that clients engagement in decision making be embedded in organizational policy and processes and called for the use of transformative justice to reduce the shelter system's need to engage the police and avoid escalating situations to the point of violence.

RECOMMENDATIONS

It is important to note that this study did not set out to once again document the injustices experienced by gender diverse populations in shelters. Rather, the aim is to put forward tangible strategies, short and long term in nature, for transforming the system into one that is safer for two spirit, trans, nonbinary and gender diverse people.

Knowledge and Awareness
- Ensure that all staff, including temporary staff receive training in gender inclusion and anti-racism prior to starting employment.
- Ensure that people who work with clients but who may not be directly employed by the shelter (i.e., security, cleaners, and caterers) receive training on gender inclusion and anti-racism.
- Create and deliver workshops on gender inclusion, led by gender diverse facilitators, for clients.
- Review and update all educational materials and resources.
- Distribute and display more inclusive and gender affirming resources and posters.
- Have pronoun pins/stickers available for clients and staff to wear.
- Invest in conflict de-escalation, harm reduction, and transformative justice training for staff and management.

Services and Supports
- Increase the number of mental health professionals who incorporate a gender inclusion lens in their practice on the staff team to enhance the care that is available to clients.
- Hire more gender diverse staff, including in management and leadership positions.
- Consider building positions for paid peer navigators who can advocate on behalf of gender diverse clients when connecting to external resources.
- Improve sleeping arrangements by reducing open concept sleeping arrangements and increasing privacy.
- Improve bathroom and shower facilities and arrangements (increase the number of private accommodations, repair all locks, ensure that gaps in stalls are not large enough to see through, etc.).
- Adopt reserved shower times in locations where privacy is limited.
- De-gender bathrooms.
- Offer free, non-gendered, menstrual products and disposal bins in all bathrooms. Refer to them as "menstrual products" and avoid gendered terms like "Feminine Hygiene".
- Reduce reliance on the police by introducing transformative justice practices.

Organizational Policy and Processes

- Entrench the practice of providing pronouns and asking for other people's pronouns; thereby avoid assumptions about gender or pronouns.
- Create gender inclusion committees and/or hire gender diverse consultants to work within organizations and identify areas that need improvement, most notably:
  - Improve human resources policies and procedures to protect gender diverse staff who experience workplace discrimination and harassment
  - Improve complaints policies and procedures to ensure that experiences of discrimination and harassment are aired and addressed in a timely and transparent manner
- Create a committee of past and current gender diverse clients to review organizational decisions that affect them.
- Incorporate conflict de-escalation practices, and transformative justice policies and processes into organizations for both clients and staff.

Sector-Wide Standards

- Revise the SMIS intake form to ensure that it is gender inclusive and develop a standardized gender field and approach to the use of gender fields in all intake and referral forms used across the emergency homelessness sector.
- Develop and use a standardized definition of "inclusion" for the sector.
- Develop a curriculum for gender inclusion and anti-racism training for the sector that can be adapted for different knowledge levels and different service contexts.
- Advance the creation of a 2SLGBTQ+ adult shelter.
- Facilitate a formal and collaborative process to seek input and proposals for amendments to the Toronto Shelter Standards from gender diverse shelter providers and gender diverse current/former clients of the shelter system
- Hold all shelters accountable, through regular quality assurance audit, review and reporting, for meeting gender inclusion shelter standards
- Move the shelter system towards one that is less focused on being emergency focused to one that offers more housing options (i.e., transitional housing) and a pathway to low income, subsidized, supportive housing.

CONCLUSIONS

It is expected that some of the recommendations provided in this report are feasible short term/quick wins that the Working Group can help to advance, in collaboration with TSN member agencies and SSHA over the coming months. However, as the current barriers to inclusion and safety have long been embedded in individual behaviours, organizational policies, procedures and culture and sector wide systems and standards, the pathway forward for each agency and site will be unique and many of the changes will require significant time, resources, funding and commitment from organizational leaders and the City of Toronto. Finally, the leadership of diverse two spirit, nonbinary, trans, and gender diverse people, especially from those who experience intersecting identities, is fundamental to ensure that change is undertaken correctly and to avoid repeating the mistakes or inaction of the past.

1. INTRODUCTION

Creating safer spaces within the shelter[1] system for the two spirit, trans, nonbinary and gender diverse[2] community is not a new or emerging issue. A thorough study was conducted by the Fred Victor Centre and various stakeholders in 2003 to determine the needs of the shelter using trans population along with the barriers they face when accessing shelters[3]. A number of additional studies have been completed since then, with most including a long list of recommendations to make shelters safer and more inclusive for trans people. Yet 16 years after the Fred Victor study, trans safety and gender inclusivity in shelters is still a concern.

The number of trans and gender diverse people using Toronto's shelter system also seems to be increasing. In the 2013 Street Needs Assessment conducted by the City of Toronto, 9% of those interviewed identified as LGBTQ2S (lesbian, gay, bisexual, trans, queer, two spirit), with that number increasing to 21% in the youth sector. In the 2018 Street Needs Assessment, 11% identified as LGBTQ2S, with that number increasing to 24% in the youth sector.

In June 2017, the Trans Working Group was formed with the support of the Toronto Shelter Network (TSN)[4] to examine and advance trans issues in the City's 24 hour emergency homeless system. The group included representatives from the YMCA of Greater Toronto, Sistering, Fred Victor Centre, the 519, 2-Spirited People of the 1st Nations and the City of Toronto. Over time, additional organizations joined the group, and in 2020,the Toronto Shelter Network secured a one-time capacity building grant from Shelter, Support and Housing Administration (SSHA) at the City of Toronto for the Working Group to undertake a study regarding the safety of two spirit, trans, nonbinary and gender diverse clients[5] in Toronto's shelters. In March, 2020, the TSN contracted with a project coordinator to assist the Working Group to develop and implement the study; conduct an analysis of information and data collected for the study, and prepare the project report.

The Transforming the Shelter System: Two Spirited, Trans, Nonbinary and Gender Diverse Safety in Shelters Project (Transforming Shelters Project) engaged service providers and two spirit, trans, nonbinary and gender diverse shelter-using clients to document experiences with, and opinions and

---

[1] The term "shelter" is used in reference to Toronto's 24 hour emergency homelessness system which includes shelters, respite programs, 24-hour drop-ins and COVID-19 hotels. The term "shelter" and "homelessness system" are used interchangeably.

[2] In this report the term "gender diverse" is used interchangeably with "two spirited, trans, nonbinary and gender diverse".

[3] Fred Victor Centre (2003). Creating a Space Where all are Welcome.

[4] The Toronto Shelter Network is an umbrella organization that champions the best housing outcomes for people experiencing homelessness. We enhance the collective capacity and voice of people with lived experience of homelessness and diverse homelessness service providers in Toronto through knowledge sharing and learning, collaborative planning, research and advocacy.

[5] In this report, the term "client" refers to study participants who are from two spirit, trans, nonbinary and gender diverse populations and who use or have used emergency homelessness services.

ideas about, safety and inclusion in Toronto's shelters. The project aimed to better understand the unique needs and challenges of Toronto's two spirit, trans, nonbinary and gender diverse shelter-using populations, and to make recommendations that will help the Toronto shelter system become a safer, more accessible and more inclusive environment for these communities.

It is important to note that this study did not set out to once again document the injustices experienced by gender diverse populations in shelters. Rather, the aim is to put forward tangible strategies, short and long term in nature, for transforming the system into one that is safer for two spirit, trans, nonbinary and gender diverse people.

2. METHODOLOGY

A multi-method approach developed by the Project Coordinator and reviewed by the Working Group was used for the study. Two information collection tools were designed. One was administered with service providers and the second with two spirit, trans, nonbinary and gender diverse shelter-using / client populations. The service provider survey tool was administered via Survey Monkey and the same survey also was used as a guide for one on one interviews with staff. The accessibility-conscious information collection tool developed by the Project Coordinator for use with two spirit, trans, nonbinary and gender diverse clients was administered as a survey-interview. Working group members supported outreach efforts, and while both interviews and focus groups were planned, all client engagement in the end took place via one-on-one Zoom interviews which were all facilitated by the Project Coordinator. In total, forty people participated in study, including 29 service providers and 11 clients. Of these, 31 people participated in in-depth interviews, typically lasting one hour.

2.1. CHALLENGES AND LIMITATIONS

Due to the COVID-19 pandemic, the method of engaging with participants had to be modified to ensure that physical distancing guidelines were followed. Virtual interviews were held over the Zoom web conferencing platform, and Survey Monkey was used to administer surveys.

Internet access, stability and reliability posed a barrier for many shelter clients and homeless individuals, so the project coordinator worked with shelter staff to arrange virtual, physically distanced interview rooms within shelters.

Outreach during the pandemic also proved to be difficult, as common methods of shelter outreach (e.g. posters, emails) were less effective because of reduced movement by clients and the increased workload of service providers. As a result, securing attendance for scheduled interviews and focus groups was difficult with a small number of staff and approximately ten clients missing interviews, many citing the stress of the current pandemic. Other barriers that made it difficult to schedule and conduct interviews included lack of familiarity with technology and lack of access to telephones. To accommodate potential technological barriers, the facilitator worked with shelter staff to help set up client focus groups using agencies' laptops or tablets in separate rooms. The option to take part in a focus group was offered and two group sessions were arranged; however, due to a variety of circumstances, only one client participated during each group interview. To accommodate the extended

period of outreach needed to adapt to the pandemic, the Project Coordinator continued in their role for 8 weeks after their initial contract had ended.

Prior to the focus group, the Project Coordinator also asked the service providers who assisted with arranging the meetings to identify any participant access needs. Unfortunately, despite 4 of the clients being deaf or hard of hearing, the Project Coordinator was not notified of their access needs which resulted in at least one of the interviews extending for a significant amount of time beyond the one hour time limit. One gender diverse service provider offered support during a few interviews in which the clients were anxious and/or unfamiliar with technology. As web-based platforms continue to be used for service delivery and service improvement research, these barriers will need to be better identified and addressed.

It is recommended by the Project Coordinator that when gathering information from or about members of marginalized communities, even if the interviewees are in service provision roles, a trauma-informed and mental health conscious lens should be used. Regardless of intent, participants may be triggered while participating in such studies, often recounting traumatic experiences without being asked, so future projects should provide short-term follow-up supports for participants.

For the Zoom interviews, the Project Coordinator offered all participants peer support, resources, and check-ins following disclosure of lived experiences of trauma. Both gender diverse service providers and clients expressed that being interviewed by someone who was similarly marginalized is an asset to an interview process as it helped them feel more comfortable and understood.

Finally, it was noted that the $25 dollar honorarium for client participation was insufficient and a deterrent for some participants. For example, one client who wanted to participate opted-out at the last minute, stating that the minimal compensation was insulting. The Project Coordinator strongly recommended that future studies should budget for more compensation when working with marginalized communities around their areas of oppression and social location; in such circumstances, participants should be considered consultants with specific knowledge in their own identity and compensated accordingly. The lack of adequate compensation, paired with the ongoing historical lack of acknowledgment around emotional labour or considerations for trauma support (in studies that bring up lived experiences), has led to a notable distrust of staff/academics/facilitators among gender diverse service users, as well as expressed feelings of being exploited by the system.

3. STUDY PARTICIPANTS

3.1. SERVICE PROVIDERS

The information collection tool for service providers used a combination of multiple choice and open ended questions. It gathered data about the current environment and barriers within shelters, drop-ins and respites, as well as what the providers felt would be needed to address these situations and improve safety/inclusion for gender diverse shelter clients.

Twenty nine (29) service providers took part in this survey, with 20 engaging through one-on-one interviews, typically lasting an hour, held over Zoom, and 9 others participating in an online survey conducted on Survey Monkey. In person interviews included more discussion elements, which allowed for a better flow of information and helped capture and clarify more nuanced underlying themes.

Participation Data

A total of 29 service providers, from at 17 different organizations, participated in the study. Twenty (20) service providers participated in one-on-one virtual interviews with the project coordinator and nine completed an online survey.

- 16 of the respondents held frontline positions such as relief worker or program facilitator
- 13 of the respondents held management or senior management positions
- 2 of the service providers chose not to disclose the shelter they work for

Demographic Data

Gender

- 15 participants were cisgender women
- 1 was a trans woman
- 4 were cisgender men
- 1 was a trans man
- 6 were nonbinary people assigned female at birth (AFAB)
- 1 was a nonbinary person assigned male at birth (AMAB)
- 1 was a two spirit person

It was noted that while cisgender men and masculine-presenting AMAB gender fluid individuals made up a small demographic of this study, they tended to have more director and upper management positions.Two spirit, transgender, nonbinary and otherwise gender diverse workers tended to hold more relief and frontline work positions as opposed to their cisgender coworkers. Notably, each of the frontline workers who were trans masculine and nonbinary (AFAB) reported issues of regular and persistent misgendering. Many stated that this behaviour is not recognized as the transphobia that it is; some noted that corrective action is not frequently taken by management, and that facing such experiences is frustratingly, "just a part a part of the job".

Race

Of the 20 service providers who engaged through Zoom interviews:

- 5 disclosed that they were racialized or mixed
- 13 disclosed that they were white
- 2 chose not to disclose their race

3.2. SERVICE USING/CLIENT POPULATIONS

The client survey-interview was designed from a strengths based and trauma-informed lens, so rather than focusing on experiences of victimization, it focused on solutions, for example to some of the ideas

proposed by service providers. The tool was comprised of multiple choice questions, rating scales (utilizing a combination of colours, words, facial expressions to facilitate access), and open ended questions to encourage conversation and to collect nuanced perspectives. Data about social location/identity was collected by asking participants to check off what they believed applied to them, without requiring them to explain or justify their selections. This was done in attempt to avoid pressuring clients to relive trauma.

Participation Data

A total of 11 clients participated in the study; all engaging in one-on-one interviews held over Zoom that typically lasted one hour. As previously noted more people had signed up for an interview but missed the appointment. Follow up was undertaken but not all of the individuals could be contacted to rebook their interview.

Demographic Data

Gender

- 4 participants were trans women/trans feminine
- 3 were trans men/trans masculine
- 3 were nonbinary (AFAB)
- 1 was two spirit (transfeminine/AMAB)
- 0 were nonbinary (AMAB) or two spirit (AFAB)
- None of the participants identified as intersex

Race

- 4 participants were white
- 7 participants were racialized (3 identified as Indigenous; 1 as mixed race, and 3 as Black)

Age

- 17-25 years of age = 4
- 26-30 years of age = 3
- 31-40 years of age = 2
- 41-50 years of age = 2

Length of Homelessness

- less than a year = 1
- 1-2 years = 4
- 3-4 years = 3
- 5 or more years = 2
- 12 or more years = 1

Only two adults reported being housed; one after having been homeless for two years and the other was homeless for more than five years.

Additional Demographic Data

The survey included a brief section where participants selected other characteristics they identified with. Of the 11 participants:

- Deaf or hard of hearing = 4
- Visibly or invisibly disabled = 7
- Autistic or otherwise neurodiverse = 6
- Mental health challenges = 11
- Addiction = 6
- Lesbian, gay, bisexual, queer or asexual = 11
- Intimate partner violence = 6
- Survivor of sexualized assault = 7

The survey also left an "other" option for participants to list other things that resonated with them and share as much or as little as they felt comfortable doing.

- 3 of the youth disclosed being survivors of abuse from family members
- 2 participants disclosed having learning disabilities
- 2 participants (black and indigenous trans women) disclosed experiences with police violence

It should be noted that since these experiences were raised by the interviewees rather than being asked as part of the study, the numbers of participants who have experienced family abuse, have learning disabilities and/or have experienced police brutality could be higher.

4. INTRODUCTION TO THE FINDINGS

There are several findings that have been identified that can help to bring additional insight and context to the themes that have been identified through this study.

The disconnect between management and front-line staff

The survey results suggest that there is a disconnect between what many directors and management staff think is taking place within their agencies and what their front-line staff, particularly gender diverse staff, report. Some management were unsure of how things are in practice, others acknowledged that "there is work to do" and expressed openness to learning and doing better. Case in point, some fumbled with gender diverse terminology during the interview; for example, conflating it with sexual orientation or using outdated terminology. Overall, however, they did not seem to fully grasp the frequency and severity of structural transphobia that exists in their organizations as expressed by front line gender diverse shelter staff and clients.

"You have the gender you were assigned at birth, and then you have your identity. It does not have to be a static thing. That can be a thing that changes over time, or even varies from day to day. 'Trans' ultimately means getting to decide what your gender is. Who you are at any given moment, and (inclusion means) that we should have the freedom and the systems in place to allow people to do that without discrimination."

One transfeminine frontline worker on the term "trans".

The disconnect between cisgender and gender diverse staff

The surveys also revealed a disconnect between cisgender staff and staff who are two spirit, nonbinary, transgender or otherwise gender diverse. While most cisgender staff were sympathetic, they have knowledge gaps about terminology, pronouns, nonbinary people, recognizing transphobic microaggressions and expectations about education, while gender diverse service providers consistently had more thorough and nuanced knowledge of terminology and topics. Both front line and management staff from at agencies that are considered to be more aware or progressive, noted that even though there is a policy in place requiring that they ask for pronouns, in practice "it depends on who is working."

Racial bias and colourism

Of the nine gender diverse staff, only three identified as racialized or mixed race. Colourism was noted as a concern, with racialized front-line staff stating that light skin was likely a factor in them being chosen for employment. A nonbinary frontline worker noted the need for racial analysis and consideration saying, "I am white- I think that is the only reason why I am (seen as) acceptable as a staff in this early phase of hiring trans people- I think my whiteness is relevant to this conversation because there is this perception in this agency that transness is privileged over anti-blackness and I believe that to be true."

It is noted that while the phrase two spirit or "2S" is frequently added to the LGBTQ+ acronym, indigenous gender diverse inclusion and cultural sensitivity continues to be lacking. Black and otherwise racialized clients noted experiencing racism which presented as being met with suspicion or viewed as inherently dangerous, being closely watched by staff, having the police called more frequently over non-violent situations. Many white clients noted that they had witnessed this treatment of black and indigenous clients.

Complex and intersecting needs

Gender diverse people are extremely diverse with complex histories and intersecting identities that impact their experiences as service providers and users. Additional studies of intersections of transgender identity are needed to explore how transgender identity intersects with other identifies such as cultural, racial, socio-economic, religious, and sexual identities.

Sexualized violence and intimate partner violence

With seven clients of various genders reporting having experienced sexualized violence and six having experienced intimate partner violence, it is clear that services related to sexualized and intimate partner violence that are trans-aware and inclusive are necessary. Unfortunately, most services for clients who have experienced sexualized violence and intimate partner violence are cissexist and woman-centric, posing barriers for gender diverse people. Often, they coercively require feminized/AFAB nonbinary people and trans men to be misgendered in order to access services, and masculine-read trans people (including "non-passing" transfeminine individuals and "passing" transmasculine people) to be met with suspicion or pressured out of spaces. An example of this is the current SMIS intake form refers to sexualized and intimate partner violence as "VAW", an acronym for "Violence against Women."

Addiction and mental health

The Project Coordinator notes that it is common knowledge that trauma and marginalization can lead to mental health challenges and substance use/dependency. Six clients reported experience with addiction, and all 11 reported mental health challenges. This data suggests that gender inclusive harm reduction supports and gender-inclusive mental health services should be integrated into services to meet the needs of service users. Mental health should also be prioritized for gender diverse service providers as many service providers across genders, but more frequently among gender diverse communities, reported experiencing mental health challenges such as burnout, depression and anxiety. When asked workers agreed there is a lack of structural support, accommodation, or consideration around these needs in the workplace.

Neurodiversity and autism

Recently, in the largest study (Warrier V. et al., 2020) ever undertaken examining the connection between autism and gender diverse communities, there was found to be significant overlap between the two groups. The study finding is reflected in this project with 6 clients identifying as neurodiverse or autistic, indicating that accommodations around neurodiverse needs and sensory experiences should be considered when providing services to gender diverse clients. The Project Coordinator suggests that given the current barriers to accessing a formal diagnosis (e.g. cost, sexism, racism, transphobia/erasure, trauma from medical institutions), self-diagnosis should be also be accommodated.

Deaf and Hard of Hearing Access:

Four clients identified as deaf or hard of hearing. The lack of awareness or accommodations that was observed in organizations highlighted a service gap for this community, with participants noting a lack of availability of American Sign Language (ASL) services. This poses an additional and intersecting barrier for gender diverse deaf and hard of hearing individuals

5.   OVERARCHING FINDINGS

An analysis of the information collected from service providers and service users was undertaken with the information organized into three overarching categories, and associated sub-categories. These are:
- Knowledge and Learning
- Organizational Practice and Service Delivery
- Infrastructure
- Organizational Policy and System Change

5.1. KNOWLEDGE AND LEARNING

Training for ALL staff

Information collected from service providers and clients suggests that, while gender diverse employees are an asset to any workplace, especially where gender diverse clients are present, all staff should receive initial (prior to their first day of work) and ongoing gender inclusion training to work effectively with gender diverse clients and gender diverse staff colleagues. All clients felt that training for all staff, including temporary staff and onsite contract staff like security, was an absolute necessity.

It was reported that training only some staff members (typically permanent/full-time staff) and not conducting training prior to the start of employment leaves staff unprepared to work with gender diverse populations or gender diverse staff. Furthermore, having untrained staff members on site increases the risk that gender diverse staff and clients will experience misgendering, inappropriate commentary and hyper-surveillance. For example, during interviews, cisgender frontline workers said things like, "men and women" and "inclusion means everyone feels safe, women and trans women". Statements like these, while seen as acceptable and "inclusive," are not. This is because they erase the existence of trans men and nonbinary clients. The phrase "women and trans women" feeds into the transmisogynistic idea that the womanhood of trans women and transfeminine nonbinary people is less authentic than that of cisgender women, which feeds into suspicion and harmful myths that they are inherently predatory.

This results in negative experiences for both gender diverse service providers (from their colleagues and employers) and gender diverse clients (from service providers), and has the potential to fuel distrust of the individual agency and Toronto shelter system as a whole. The lack of training can also lead to a lack of awareness or acknowledgement of instances of transphobia and discrimination by cisgender staff. In addition, it was reported by some staff in the staff survey that there is little follow-up evaluation undertaken regarding the effectiveness of gender inclusion training or assessment to identify areas of focus for future training.

Quality of training

Participants expressed concern regarding the quality and usefulness of the training that is provided to staff. It was noted that training curriculum tends to focus on a select few (typically binary) genders to the exclusion of others (typically nonbinary and culturally specific), and lacks analysis of the intersections between gender, race, neurodiversity, mental health, etc.

There was also a notable desire for gender inclusion training that has a practical application. One service provider said there needs to be "specific training pertaining to Toronto drop-in (programs) and drop-in standards … training that is less theoretical and more focused on real-life situations and ways to combat transphobia."

Survey participants stated consistently that the facilitators who provide gender inclusion training need to have lived experience of being gender diverse themselves to avoid speaking for a community that is not their own. It was also noted that sexual or romantic orientations should not be conflated with being trans or gender diverse (with some exception for two spirit facilitators, as two spirit is a broader term that can include both).

> "… some stuff is pretty outdated and needs to be reviewed – it's old information. There's this brochure sitting on the shelf. I picked it up and it was something on binding but in the pamphlet, while it had some useful information on binder safety, it only focused on trans men – it wasn't inclusive of nonbinary. I'm glad it exists – it was useful –, but a lot of materials are gendered. It is what it is and we have to make do."
>
> Service User

Education resources for clients

Among client participants, 64% felt that affirming and up to date educational resources are a necessity. These resources could include posters, pamphlets and inclusion statements in shared areas of shelters such as bathrooms and common areas. Resources can help to increase awareness about gender inclusion. Other benefits of training and education resources include:

- Staff can refer to these tools when dealing with uneducated cis clients
- Curious cis clients can refer to these resources rather than troubling gender diverse staff or other clients
- Gender diverse clients can have easier access to resources, which would be especially helpful if they are questioning or newly out

It was noted that these resources should be checked and updated regularly to ensure that they are inclusive and up to date, as many of those currently being circulated are not.

Education and training for clients

Seventy-three percent (73%) of clients stated that it should be necessary and 27% felt it would be moderately to very helpful to provide gender inclusion training workshops for clients. It was noted by some study participants that cisgender clients can be distrustful and rude toward gender diverse people, with some conflating their feelings of discomfort with feelings of being unsafe. A shelter staff recounted how a cisgender client claimed to be "unsafe" because a trans individual was standing 20 feet away from her, "minding her own business." Client workshops could introduce and normalize concepts like gender diversity, anti-racism for shelter using populations, help clients with diverse experiences better relate to each other, and mitigate conflict. One client stated: "Even if I'm not personally affected, I want to know how I can better respect and support my friends and (other clients)."

Please see Appendix 2 for further discussion on training programs and workshops.

5.2. ORGANIZATIONAL PRACTICES AND SERVICE DELIVERY

Intake processes and forms

It was noted that the common client intake (Shelter Management Information System [SMIS]) form used by the SSHA and its contracted homelessness service providers does not accommodate nonbinary and two spirit individuals. Rather the form tends to categorize gender diverse people as "men/women/trans" or "men/women." When information collected by a shelter staff cannot be reported to the City, gender diverse populations may be misgendered, and when trans men and trans women are grouped together their authenticity as men and women is dismissed.

Intake and referral forms used by different homelessness programs or homelessness agencies are not consistent in terms of gender inclusion. Some service providers stated that they experience barriers when making referrals to programs where the intake or referral form groups gender diverse people into one or two categories. While each gender diverse client has their own unique experience of gender, the shelter system is still largely organized around a male-female binary, leading often to incorrect assumptions as to where clients want to be staying.

Among service providers that reported working in agencies that use more inclusive forms, these forms tend to be program or location specific and are not necessarily used agency wide. Several front-line workers noted a lack of capacity to formally make note of a client's pronoun, gender or chosen name (i.e., as part of the client intake process). Even at agencies that are considered to be more aware or progressive, both front line and management staff noted that although there is a policy in place requiring that staff ask for pronouns, the practice of doing so is not consistent and "it depends on who is working." Further there is not a regular process for determining and recording concerns about a client's safety in relation to name, gender and/or pronoun usage, being "out," or using different identifiers in different spaces. As a result, some clients may be at significant and even life threatening risk. For example gender diverse clients who are living "stealth" but accessing services while "out" (or vice versa) at particular risk of being "outed".

The need for specific inclusion of nonbinary and gender diverse representation outside of binary trans men and women was noted. The current method of data collection unfairly positions trans women as being less valid in their womanhood than cisgender women, transgender men as less valid in their manhood, nonbinary people as being non-existent (or cisgender – usually their assigned gender) and two spirit people as non-existent. Nonbinary individuals (both staff and clients) reported routine misgendering with little to no recognition of the misgendering (and erasure/transphobia) they were experiencing. With forms either being insufficient or not aligning with other agency, a standardized form makes sense. Clients agreed that pronouns should be asked for: "A lot of places don't respect or ask for people's pronouns. The most basic part of respecting a trans person is respecting their pronouns. I don't understand how this isn't already a thing."

Among clients, 91% rated the idea of a standardized intake form as an "absolute necessity" and the remaining 9% said it would be very helpful. One client stated: "…the City only collects data on male, female, trans, and other, which groups a bunch of people together." Another client noted concern about "old fashioned people" and emphasized the need for an option to not disclose. Feedback collected through the study indicates that an inclusive form could provide for the following:
- Have more gender options
- Have the option to not disclose gender or have it listed as "unknown"
- Have the option to not disclose gender assigned at birth (allowing trans women to just be women and trans men to just be men)
- Allow people to choose more than one gender (to accommodate multiple and fluid genders)
- Provide space to write one's own gender
- Ask for and document pronouns
- Prioritize chosen name over legal name
- Ask and note whether the client has any safety concerns related to being out or using different names/pronouns
- Accommodate those who have not had access to education, are not trans-aware and/or struggle with English.

Please see Appendix 3 for a sample intake form based on SMIS, which includes recommendations for collecting gender information from clients.

Standardized and clear definition of inclusion

Most (73%) clients stated that a standardized and clear definition of inclusion is necessary and should be implemented for all agencies, and 27% said a standard definition would be very helpful. Most shelters have an inclusion policy; however, feedback from study participants indicates that practices are not gender inclusive, and have varied ideas about what "inclusion" means. A standard definition that recognizes the full extent of gender diversity and which acknowledges the systemic factors that drive oppression and exclusion is a fundamental step in creating inclusive organizations.

Please see Appendix 4 for Sistering's Gender Inclusion Statement.

Staffing

All clients stated that there should be more staff on site to accommodate the needs of and provide more support to gender diverse clients, and they emphasize the importance of employing more gender diverse staff. One client stated: "If I was in crisis and there was anything even moderately exciting going on there would be nobody to connect with – there wasn't enough staff to accommodate more than one mishap at a time. More trans staff would be ideal because we need that kind of representation. It's all well and good to tell residents to be respectful … but as soon as you have someone that's a part of that community … it seems more real. "

Gender-diverse clients reported that they feel safest and most understood by gender diverse service providers but noted that there are very few such staff. One client said "I know at least four or five people who have the same counsellor as me … are amazing queer nonbinary person of colour but we all access this ONE councillor through this ONE agency. So, everyone has access to different councillors, but I am able to connect better with queer and trans staff that I engage with. They're better able to understand my needs. A lot of the referrals that have been helpful have been referred by queer and trans people that work in the system."

Having gender diverse staff also provides gender diverse clients with a greater sense of belonging. As another client stated: "A good experience was when I had the opportunity to work with staff who was also queer/trans. Working with them, it really helped affirm me and my gender. Like seeing someone who is like you working with you and telling you advice and giving you advice and support. Really affirming."

Two spirit, trans, nonbinary and gender diverse programs and resources

Several participants identified the need for nonbinary and trans inclusive/focused sexual and reproductive health supports to address the specific health needs and concerns, including menstruation as men and nonbinary people; healthy relationships; pregnancy risks, and the impacts of hormone therapy on sexual health.

While many reproductive health resources exist, the outdated binary and cissexist language that is commonly used sometimes results in the invalidation or exclusion of gender diverse people that try to access them. Many structures are still gendered from a lens that assumes everybody is cisgender and has the same experiences and bodies. For example, as previously noted, the SMIS intake form currently in use refers to sexualized violence as "VAW" or Violence against Women.

Other examples include:
- Referring to menstrual products as "feminine hygiene"
- Referring to pregnant people as "pregnant women"
- Referring to birth parents and their children as "women and children"

This language ignores the many trans men and AFAB nonbinary individuals who can menstruate, get pregnant and have families, and alienate the transfeminine people whose experience of womanhood does not fit into this cis narrative. Current resources must be re-examined to determine relevance and updated to be more inclusive. This process would require the significant participation of gender diverse people.

5.3. INFRASTRUCTURE

More private and semi-private rooms

All clients stated that more private and semi-private rooms would be beneficial, with 91% ranking it as an absolute necessity. Clients staying in youth shelters that had their own rooms and bathrooms reported that they feel better supported, less scrutinized and more optimistic than adult gender diverse participants staying in hostels, respites and shelters, where fewer resources and less support and less privacy are available.

One client described their experience, stating "… open concept is a free-for all – hallways, under tables, not private, messy and not sanitary. (Privacy) is an absolute necessity. You're already in an untenable situation … let your mental and emotional capacity take a break with some privacy."

Gender diverse clients reported that having their own space was a crucial component of their mental health and wellbeing. For situations where a single occupancy room is not possible, clients stated that being able to choose your roommate is helpful.

Better shower and bathroom privacy

All clients stated that increasing privacy and improving bathroom and shower arrangements would be beneficial, with 91% saying they consider it an absolute necessity. Bathrooms are areas of vulnerability and concern for a variety of reasons, including safety. Improvements could include:
- Increasing the number of single-occupancy bathrooms
- Improving privacy in multi-stall bathrooms/showers
- Making units more accessible
- Implementing gender-neutral bathrooms/showers
- Providing menstrual products and disposal bins in all bathrooms, including in men's bathrooms
- Reserving shower times for open concept showers that cannot be changed.

One survey participant emphasized the importance of bathroom privacy, recounting the times when no gender-neutral bathroom was accessible and how the bathroom would have minimal privacy: "… some showers were open concept with only a light curtain per stall. There were safety concerns. (There is an) urgent need for implementation of privacy."

Another client expressed concern about the lack of garbage/menstrual bins in men's bathrooms stalls: "It's so awkward and potentially dangerous to have to walk across the bathroom with a used pad in your pocket."

Another stated: "The City is lacking on showers and bathrooms – the shelter system is kind of bad. When (redacted) used to be a drop in … 60-70 women coming through with only three bathrooms and four showers. That's not enough bathrooms. Over at (different agency, redacted) they only have a big bathroom with a shower in it and 70 people that go through there a day … not enough bathrooms or privacy for everyone. It doesn't feel comfortable."

Dedicated 2SLGBTQ+ shelter

Clients were overwhelmingly in support of a 2SLGBTQ+ shelter, with 91% of clients considering it an absolute necessity. At the same time, some, concerns were raised that gender diverse people would be pressured to access only the 2SLGBTQ shelter, thereby restricting personal choice and potentially deterring other shelters from improving inclusion and access.

A participant stated: "I would say absolutely necessary if the focus was on trans and nonbinary people. LGB is not always inclusive of trans and nonbinary people," adding, "it needs to run appropriately, preferably run by nonbinary and trans people. Too many cis people in charge of these methods where they are housing trans and nonbinary individuals. We've seen when it's run by cis white women. You can have all the good intentions but if you don't have lived experience you can only go so far."

Many of the youth expressed deep fear and concern about what would happen to them when they aged out of their queer youth shelters, citing the lack of 2SLGBTQ+ shelters for adults and concerns about safety in existing shelters. Several participants expressed concerns about indefinite homelessness. A client staying in a youth LGBT shelter spoke not only about the lack of safe spaces for trans adults, but expressed a general lack of hopelessness about their future, "Queer adults exist.
People just want to pretend it's youngsters going through phases, but adults exist and deserve safe spaces just as much as we do … leaving the youth system … as soon as you're in an adult shelter you're probably homeless for the rest of your life. It's effectively a life sentence. "

Better housing options

Ninety-one percent (91%) of clients thought there should be more emphasis within the homelessness system on transitional, low income, subsidized and supportive housing, with 82% considering it an absolute necessity.

Clients identified the need for stronger connections or better referrals between emergency shelters transitional housing, low income housing and assisted living. Clients discussed the importance of having one's own space and the resulting benefits such as improved sleep, more privacy, reduced anxiety and room for gender exploration.

Knowing that there is a potential pathway out of shelters and into housing also means that shelter users can be more hopeful about their futures. There is a genuine fear of falling through the cracks and becoming stuck in the shelter system. Many of the youth expressed deep fear and concern about what would happen to them when they aged out of their queer youth shelters, citing the current lack of 2SLGBTQ+ shelters for adults, and the lack of safety in existing shelters. A client elaborated: "I've just gotten into the system but am afraid I might spend many years in the system. Nobody wants to be in the shelter system for years and years but that is the reality for many people. If there are more helpful resources to help me that would be helpful – if not for me than someone else."

Another client added: "… people shouldn't be here (in a shelter or on the street) for years and years." Many clients also expressed concern over Toronto rent prices presenting a barrier to future housing, as they often exceed the income available through social assistance programs, namely the Ontario Disability Support Program (ODSP) and Ontario Works (OW). These concerns were compounded by concerns over rental discrimination, difficulties finding work as gender diverse people, long waitlists for low-income housing/co-ops, limited mental health supports and the cyclical nature of poverty.

5.4. ORGANIZATIONAL POLICY AND SYSTEM CHANGE

Workplace discrimination and harassment

This section presents numerous stories and examples of discrimination, bullying, harassment experienced by gender diverse service providers in the workplace. Transphobia, coercive feminization and transmisogyny were identified by many study participants as experiences common for gender diverse service providers.

All transmasculine and nonbinary AFAB service providers reported experiencing coercive feminization, with feminine-perceived AFAB nonbinary staff being viewed and treated as "woman-lite," thus facing all the barriers of misogyny and expectations of emotional labour that cisgender women face, in addition to the transphobia of being consistently misgendered and having their genders erased. One transmasculine service provider noted that they experience coercive feminization and that they are expected to make up for the lack of involvement of cisgender male staff, stating "Cisgender men don't typically volunteer for anything. So, when we had a client who had problems with working with female staff and wanted a male staff, the cis women in the meeting all looked to me, expecting me to volunteer. They did not recognize how this client might not be safe toward me as a transmasculine person and I do not identify with being "male." The cis men just stood by. I should not have to out myself or explain to a room of people why this was not okay." One frontline transfeminine service provider reported being trusted to work with women, and was generally recognized as a woman herself, but still noted occasional "weird" looks from staff and clients.

Some of the gender diverse front line workers reported that they are often expected (by management and fellow employees) to educate others (both staff and clients) on matters related to transness and gender diversity and inclusion. This is done without recognition that there may be negative emotional impact for gender diverse staff (i.e., they may be triggered, feel vulnerable, or experience burnout) and without consideration of compensation. One trans woman service provider described bringing her concerns to management: "It's scary. Management isn't even addressing it … I brought this up in a meeting. I suggested (the manager) ask everyone what they know or believe they know about trans, what that means to them – and I was the only trans person. It ended up with me having to create a trans 101, which I did because this is my community." This frontline staff, who was not paid extra or recognized for this additional work, added, "and it would likely be on me to update it, keep it going as necessary and present it." An AFAB nonbinary individual reported that they felt obligated to provide this additional labour, stating "how else is it going to get done?" They reported facing regular invasive questions about their body but downplayed it as a "learning opportunity." They told an account of another gender diverse staff who was viewed as "rude" for refusing to answer similar questions about their body/surgical status from a cisgender staff member. When asked if they felt able to assert their boundaries, they said they were worried about consequences if they did. One transmasculine service provider reported that when they declined to educate their colleagues and expressed concern about being pressured to out themselves, they were misgendered and deadnamed by their manager. Notably their employment was terminated shortly thereafter.

Gender diverse staff reported that often gender diverse staff are token employees, hired in low paying front line contract positions. One gender diverse front-line worker stated: "Inclusion means that communities who are your clients are also communities who you hire your workers from. Inclusion means that workers who have lived experience of systemic discrimination are not just front-line and entry-level workers, but instead have management positions and permeate all levels of the organization that have decision making power."

Inequitable treatment of gender diverse clients

It was reported that gender diverse clients, especially those who were black and/or transmasculine, and/or were "non-passing" transfeminine individuals were often treated with significant distrust and surveillance, with some transmasculine individuals being refused service all together. The treatment of binary trans people (trans men and trans women) largely depends on how well they "pass" as their gender, with those who pass as their gender being met with less suspicion and antagonism. This privilege is conditional and relies on them not being "outed" as trans. Even at notably more inclusive agencies, this discrimination exists. A service provider noted: "We have had masculine presenting trans service users come in and staff think that they are cheating the system. That they are there for nefarious purposes. And when that has been the case that person may have been pestered by staff and gotten more attention. Basically, make the person uncomfortable by paying a lot of attention to them." This positions gender diverse people who aren't women, but face gender and sex based oppression to choose between being misgendered to access support or acknowledgement of their experiences, or refusing to be misgendered and then denied support or seen as "appropriative" or even "antagonistic."

Several gender diverse service providers reported witnessing bullying and discrimination of clients. One service provider noted, "… someone will be transphobic for months at a trans person, and eventually the trans person will respond by losing their cool. This is an issue with intervention, with staff not recognizing transphobia, not recognizing micro-aggressions, seeing the culture of 'just ignore it/just walk away from it' as a de-escalation tactic rather than taking action against the person doing the discrimination." In addition, several front-line workers reported feeling overworked and unable to address these matters with the attention and resources needed. Service providers also noted that gender diverse clients were likely to experience hyper-surveillance and be more harshly punished than their cisgender counterparts, even in cases were a cisgender client was bullying a gender diverse client. Several service workers noted that harsher punishments, more frequent service restrictions, bans and police interventions were employed against gender diverse clients over less serious infractions than cisgender clients for the same or worse behaviour.

The treatment of gender diverse employees within an organization is witnessed by gender diverse clients and will either create or diminish their trust in the agency and shelter system as a whole. Against this backdrop, it is understandable that many gender diverse people are hesitant to access services, and why some prefer to stay on the street, in emotionally abusive situations or in encampments.

Accountability

Service providers identified a need for improved accountability structures for service providers and management to help them navigate and address instances of discrimination and harassment. Some service providers in upper management reported limitations in handling workplace discrimination, stating there was only so much that could be done aside from issuing warnings. A nonbinary service provider stated: "It heightens my experience in the workplace when working through instances of transphobia that I absolutely see. It makes those instances more challenging, emotionally draining and difficult to recover from, at times leading to some strained relationships … and no safe space is provided structurally or via management to resolve."

It was noted that many workers across genders, but more frequently within gender diverse communities, reported experiencing mental health challenges, especially burnout, depression and anxiety. When asked, workers revealed a lack of structural support, accommodation or consideration for these challenges.

When working with marginalized communities, individuals and organizations can cause harm despite having no intention to do so. Without effective processes for diverse-gender people to bring forward and have concerns and violations addressed, they are repeatedly silenced and disenfranchised from systems that are supposed to serve them.

Client inclusion in decision making

All clients agreed that it would be useful to have a regular review of agency practices (e.g. website, training, outreach materials, systems) to ensure inclusion and evaluate the effectiveness of these

practices. It was recommended that gender diverse people conduct the evaluations and receive compensation for doing so, as they are more likely to recognize barriers than their cisgender coworkers.

A client stated: "When I was first starting my transition … I recognized that being in shelter was a necessity but I was really, really reluctant on finding a shelter because the beds are (binary) gendered … and you can't ask (cis) people 'how are you with trans people?' because of course they are going to say they are great."

All study participants felt it would be helpful for shelters to recognize clients as stakeholders in the agency and involve them in decisions that impact them. One service provider reported that their agency has constituted a committee (board) comprised of past and current clients which has been received positively. Participants in this study felt that such a committee can help clients to raise their concerns and ensure that they are addressed. One client stated that inclusive organizational decision making processes for gender diverse clients should be a standard practice as it is in other types of organizations. For example clients with autism spectrum disorder are engaged in decision making in organizations that serve the neurodiverse community.

At the same time, some concerns were raised about the potential for exploitation of clients by agencies. Some clients worried that agencies would expect clients to educate service providers or run workshops without adequate compensation. Concerns were also raised about the selection process as some clients worried that representation would not be reflective of the communities served or that individuals would be tokenized. As one client noted: "(Having a board for clients) would be very helpful but has capacity to exploit people if they don't pay clients/stakeholders at least an honorarium." Another stated: "… are the people on the board going to be paid to be on the board? And if how big a role do they play in the decision making in the agency? I think when you include people with lived experience on a board, I think the experiences are very valuable especially when it comes to changing the services … also depends on how much weight the board has on decisions. If their suggestions are considered and applied and becomes a valued information would be very helpful."

Transformative justice and police involvement

All clients reported an interest in seeing more transformative justice practices being applied at shelters to better serve communities, reduce the shelter system's need to engage the police and avoid escalating situations to the point of violence. First, the police reporting systems, as with most other systems, operate in binaries that misgender nonbinary people by default and frequently misgender binary transgender people. In addition, it was noted by study participants that the outcome for gender diverse communities when the police are called to a shelter is often not positive. One client recounted a time when she was being harassed by a cisgender client: "I've had times where I've yelled and been kicked out and police called on me. Police are usually violent with me to be honest." Another client stated: "… the shelter that I was staying at had a three-warning system, but there were no conversations. Also, they call cops so often – too often." Another client echoed that, even in instances when gender diverse people are being victimized, they are found to be at fault: "If someone is assaulting you and you fight back, that's a restriction."

Transformative justice could include connecting those who have acted out or caused harm to education materials and supports like counselling to help them understand why what they did was harmful, instead of just telling them it was wrong and denying or removing service. It would need to prioritize the safety of the victimized person but also leave room to acknowledge the humanity and potential for growth of the person (or people) who have caused harm. It was noted that similar values could be applied within agencies to help address issues of discrimination on a staff level.

As one client wisely stated: "When you deny someone access to services it doesn't take away their need to access services. It would be helpful if the person has alternative resources to be supported by the shelter staff – getting to the root of why they acted out ... use transformative justice work to try to mitigate problematic behaviour instead of kicking them out."

6. RECOMMENDATIONS

Based on the study findings and the discussion of key themes, the following are recommendations proposed to create greater safety for two spirited, trans, nonbinary and gender diverse people in Toronto's emergency homelessness services. The recommendations are organized into four sections:
- Knowledge and awareness
- **Services and supports**
- **Organizational policy and procedures**.
- **Sector wide standards**

6.1. KNOWLEDGE AND AWARENESS

These recommendations are directed primarily at individual service providers and clients, and they aim to improve knowledge and understanding about two spirited, trans, nonbinary and gender diverse people.
- Ensure that all staff, including temporary staff receive training in gender inclusion and anti-racism prior to starting employment.
- Ensure that people who work with clients but who may not be directly employed by the shelter (i.e., security, cleaners, and caterers) receive training on gender inclusion and anti-racism.
- Create and deliver workshops on gender inclusion, led by gender diverse facilitators, for clients.
- Review and update all educational materials and resources.
- Distribute and display more inclusive and gender affirming resources and posters.
- Have pronoun pins/stickers available for clients and staff to wear
- Invest in conflict de-escalation, harm reduction, and transformative justice training for staff and management.

6.2. SERVICES AND SUPPORTS

These recommendations are directed at both individual service providers and their organizations, and they aim to improve the quality of services and supports provided to two spirited, trans, nonbinary and gender diverse people.

- Increase the number of mental health professionals who incorporate a gender inclusion lens in their practice on the staff team to enhance the care that is available to clients.
- Hire more gender diverse staff, including in management and leadership positions.
- Consider building positions for paid peer navigators who can advocate on behalf of gender diverse clients when connecting to external resources.
- Improve sleeping arrangements by reducing open concept sleeping arrangements and increasing privacy.
- Improve bathroom and shower facilities and arrangements (increase the number of private accommodations, repair all locks, ensure that gaps in stalls are not large enough to see through, etc.).
- Adopt reserved shower times in locations where privacy is limited.
- De-gender bathrooms.
- Offer free, non-gendered, menstrual products and disposal bins in all bathrooms. Refer to them as "menstrual products" and avoid gendered terms like "Feminine Hygiene".
- Reduce reliance on the police by introducing transformative justice practices.

6.3. ORGANIZATIONAL POLICY AND PROCESSES

These recommendations are directed at organizations (i.e., managers and decision makers), and they aim to improve the policy framework that guides the delivery of quality services and support to two spirited, trans, nonbinary and gender diverse people.

- Entrench the practice of providing pronouns and asking for other people's pronouns; thereby avoid assumptions about gender or pronouns.
- Create gender inclusion committees and/or hire gender diverse consultants to work within organizations and identify areas that need improvement, most notably:
  - Improve human resources policies and procedures to protect gender diverse staff who experience workplace discrimination and harassment
  - Improve complaints policies and procedures to ensure that experiences of discrimination and harassment are aired and addressed in a timely and transparent manner
- Create a committee of past and current gender diverse clients to review organizational decisions that affect them.
- Incorporate conflict de-escalation practices, and transformative justice policies and processes into organizations for both clients and staff.

6.4. SECTOR-WIDE STANDARDS

These recommendations are directed primarily at SSHA and other system leaders and they aim to create an equitable system wide approach for serving two spirited, trans, nonbinary and gender diverse communities.

- Revise the SMIS intake form to ensure that it is gender inclusive and develop a standardized gender field and approach to the use of gender fields in all intake and referral forms used across the emergency homelessness sector.
- Develop and use a standardized definition of "inclusion" for the sector.

- Develop a curriculum for gender inclusion and anti-racism training for the sector that can be adapted for different knowledge levels and different service contexts.
- Advance the creation of a 2SLGBTQ+ adult shelter.
- Facilitate a formal and collaborative process to seek input and proposals for amendments to the Toronto Shelter Standards from gender diverse shelter providers and gender diverse current/former clients of the shelter system
- Hold all shelters accountable, through regular quality assurance audit, review and reporting, for meeting gender inclusion shelter standards
- Move the shelter system towards one that is less focused on being emergency focused to one that offers more housing options (i.e., transitional housing) and a pathway to low income, subsidized, supportive housing.

7. CONCLUSIONS

It is expected that some of the recommendations provided in this report are feasible short term/quick wins (e.g. the standardized intake form, clear definition of inclusion, staff training, etc.) that the Working Group can help to advance, in collaboration with TSN member agencies and SSHA over the coming months. At the same time, Toronto's 24 hour emergency homelessness system is comprised of almost 100 program locations operated by 35 distinct organizations, all of which have different strengths, capacities and needs, and, as such, the pathway forward for each agency and site will be unique. Further, addressing the issues identified in this report will require change, for example, the implementation of gender diverse employment practices and the engagement of gender diverse clients in decision making. As the current barriers to inclusion and safety have long been embedded in individual behaviours, organizational policies, procedures and culture and sector wide systems and standards, many of the changes will require significant time, resources, funding and commitment from organizational leaders and the City of Toronto.

This study confirms previous research documenting the inequitable treatment of gender diverse populations within the shelter system and proposes recommendations that will promote equity for gender diverse staff and clients. Finally, the leadership of diverse two spirit, nonbinary, trans, and gender diverse people, especially from those who experience intersecting identities, is fundamental to ensure that this work is done correctly and to avoid repeating the mistakes or inaction of the past. In the wise words of a client:

"There can be no progress without our involvement."

APPENDIX 1: GLOSSARY OF TERMS

2SLGBTQ+ - Two spirit, lesbian, gay, bisexual, trans, queer or questioning, and other orientations and identities.

AFAB – An acronym for assigned female at birth. Refers to birth assignment, not gender identity.

AMAB - An acronym for assigned male at birth. Refers to birth assignment, not gender identity.

Allosexual - A person who experiences sexual attraction.

Aromantic - A person who experiences little or no romantic attraction to people of any gender

Asexual - A person who experiences little or no sexual attraction to people of any gender.

BIPOC – An acronym for Black, Indigenous, Person of Colour.

Cis/Cisgender - A person whose gender identity is in alignment with the sex they were assigned at birth.

Coercive Feminization - A term coined in 2014 by Faelix Kayn that speaks to the negative attitudes, expressed through ongoing-historical erasure, control, cultural hate, individual and state violence, and discrimination directed toward trans men and AFAB nonbinary people. The specific intersection of misogyny and transness while not being a woman. This phrase provides a much needed addition to "women and femmes" as it does not require the coercively feminized person to identify as "femme" (which is frequently misgendering).

Deadname - A former name of a gender diverse person which they do not use currently. "Deadnaming" refers to when someone calls a gender diverse person by their assigned name, rather than the name they go by currently. This is often very upsetting.

Gender diversity - An umbrella term that is used to describe gender identities that demonstrate a diversity of expression beyond the cis binary framework.

Gender fluid - A term used to describe someone whose gender fluctuates.

Gender Non-Conforming - Sometimes refers to gender variant or genderqueer individuals. The state of not adhering to gender norms expected of one's gender.

Neurodiversity - A concept that recognizes that neurological differences like autism and attention deficit hyperactivity disorder (ADHD) are the result of normal, natural variations in the human genome.

Nonbinary - An umbrella term for gender identities that fall outside of the man-woman binary. This can include but is not limited to agender (no gender), demi-gender (some connection to a gender), bigender (two genders), multigender (several genders), etc. Nonbinary itself is also used as a gender itself.

Passing - When a gender diverse individual is read as their gender rather than the gender they were assigned at birth, with their transness not being suspected/assumed.

Queer - An umbrella term used and reclaimed by some who's romantic and/or sexual orientations and/or gender identities fall outside of cisgender/straight/allosexual norms.

Questioning - A period where a person explores their own sexual identity, orientation, and/or gender.

Stealth - A phrase that refers to when a gender diverse person passes as cisgender and is not out about their transness.

Tokenism - the practice of making only a perfunctory or symbolic effort to do a particular thing, especially by recruiting a small number of people from underrepresented groups in order to give the appearance of sexual or racial equality within a workforce.

Trans - An umbrella term referring to people whose gender differs from the sex they were assigned at birth. "Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It includes but is not limited to people who identify as transgender, transsexual, nonbinary or otherwise gender diverse.

Transition - Refers to a range of social, legal, and/or medical changes that some trans people may pursue to affirm their gender identity.

Transmisogyny - Negative attitudes, expressed through cultural hate, individual and state violence, and discrimination directed toward trans women and AMAB nonbinary people on the feminine end of the gender spectrum.

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

Trans man - A person who was assigned female at birth and identifies as a man.

Trans woman - A person who was assigned male at birth and identifies as a woman.

Transfeminine - A term used to describe someone who was assigned male at birth but is trans/ gender diverse and identifies with femininity.

Transmasculine - A term used to describe someone who was assigned female at birth but is trans/ gender diverse and identifies with masculinity.

Two spirit - An umbrella term encompassing gender and sexual diversity in Indigenous communities. Two Spirit people often serve integral and important roles in their communities, such as leaders and healers. There are many understandings of the term two spirit, and this English term does not resonate for everyone. Two spirit is a cultural term reserved for those who identify as Indigenous.

APPENDIX 2: OVERVIEW OF TRAINING PROGRAMS AND WORKSHOPS

The need for more and better training programs and workshops were identified by all study participants. Clients felt that training for themselves and their communities can be educational and empowering, and can help communities support themselves as they have historically done so in the absence of adequate structural support or capacity. For cisgender clients, workshops about gender can help demystify the concept of gender diverse communities and reduce fear and misunderstandings that feed into bullying and discrimination. Trainings for staff and management help service providers learn how to work with, and meet the needs of, gender diverse clients, staff, and communities. It was noted that many existing trainings and workshops are outdated; continuing to operate from a binary lens that is not inclusive of cultural and/or nonbinary genders.

The list below is not exhaustive, but includes the topics that clients deemed useful for staff, clients, or both staff and clients. Descriptions are based on input provided by study participants, the Project Coordinator and the Working Group members, and indicate who the training would most benefit, service providers, clients or both based on client input.

Transformative and restorative justice theories, structures and practices: Useful for both. Transformative justice systems exist in direct contrast to punishment-as-prevention systems, and operate from the ideas that nobody is disposable, and everyone has the capacity to change. Clients and many staff felt this shift toward implementing transformative justice structures is especially relevant in today's social climate where calling the police has resulted in violence and/or death for many within black, indigenous, mentally ill, and autistic communities. These structures would promote accountability and link people to adequate supports (like counselling). They would help staff develop tools to avoid relying on service restrictions or police involvement for non-violent situations.

Conflict resolution/de-escalation/mediation training: Useful for both but more focus on staff. Many clients want tools that can be used to intervene and better support community members when there is conflict. Service providers could use these tools to address and manage conflict, helping to reduce the frequency of police involvement and service restrictions.

Allyship/advocacy (how to advocate for gender diverse folks): Useful for both. This training can help staff to support their clients and gender diverse coworkers. Clients felt this would also be beneficial to cisgender clients, and white and binary transgender clients to better support their two spirit, nonbinary and bipoc community members.

Gender 101: Useful for both. This training should include explanations of transgender terminology, gender definitions, pronouns, histories, etc.

Gender 102: Useful for both. Trans and gender diverse inclusion in practices, real scenario planning. For staff, it could better prepare them to engage with gender diverse staff and clients. For clients, it could help them learn how to be respectful of their community members and service providers.

Gender 103: Useful for both. This training should include exploring one's own relation to gender, unpacking privileges, biases and assumptions; helping to identify the less overt and harder to recognize instances of transphobia and cissexism, while providing recommendations to help navigate them. An example of this could be that practicing pronouns is not likely to prevent misgendering if someone does not also adjust their perception of an individual or their gender. A main take-away would be gender is a construct, it is allowed to change, and everyone has a gender identity including cisgender people.

Intersection of race and gender: Useful for both. This training should explore the history of culturally-specific genders (Two Spirit, Hijra, etc.), their presence today, the role colonization has had in their erasure, and an intersectional analysis of race and gender.

Anti-racism training: Useful for both but more focus on service providers. This training should provide staff with the tools and resources to be able to better identify and intervene in situations of racism, as well as learn to identify their own unconscious biases.

Legal rights / self-advocacy: Useful for both but primarily for clients.

Mental health awareness/ASIST (Applied Suicide Intervention Skills Training): Useful for both. This training should help staff learn how to better support clients experiencing mental health crises. Clients believe that this type of training would help them better support their own communities, as the community members often resort to relying on each other in the absence of accessible and knowledgeable services.

Sex work de-stigmatization/awareness: Useful for everyone but especially service providers. There is significant stigma and ignorance around sex work, with clients stating that many staff conflate sex work with sex trafficking and do not understand that many gender diverse people engage in sex work out of necessity or because they find it empowering. From a harm reduction lens, regardless of why some gender diverse people engage in sex work, it is important to understand and address workplace safety planning, concerns and risks.

Harm reduction training (safer practices): Useful for everyone. This training should provide judgement-free information on how to recognize an overdose, where to get supplies, where to test your substances, where to get tested, how to party safely and where to find Narcan. Harm reduction can include inclusive sex education that does not gender body parts or bodily functions, or assume what sex looks like for individuals based on what body parts they have.

APPENDIX 3: RECOMMENDED INTAKE FORM WITH INCLUSIVE GENDER FIELD

Client Management Intake Form

User:_____

Date(yyyy/mm/dd):		Time:	
Client No.			
Name: (Goes by:)		DOB (yyyy/mm/dd)	Age:

Personal Information

*First name		*Last name	

(If name differs from legal name, complete below)

Legal First name		Legal last name	

Pronoun (Select all that apply)	__ He/ Him/ His __ She/ Her/ Hers __ They/ Them/ Theirs __ Xe/ Xem/ Xyr __ Zie/ Hir/ Hirs __ Ey/ Em/ Eirs __ Other:_____

Gender (Select all that apply) (Up to the client to disclose)	__ Man __ Cisgender __ Transgender	__ Woman __ Cisgender __ Transgender	__ Nonbinary __ afab __ amab
	__ Gender Fluid	__ Two Spirit	__ Undisclosed /Unknown
	__ Other:_____		

Prefered Shelter	__ Men's shelter __ Women's shelter __Co-Ed Shelter __ 2SLGBTQ+

Do you have any safety concerns regarding your gender/pronouns? __Yes __No

If yes, describe:_____

Alias:		Existing Client	

Referred By

Referred by	__Agency __Courts __Family __Friends __Hospital __Police __Self __Shelter __Other:_____
Contact name	
Contact number	
Contact email	

Other Information			
Language		Youth: __Yes __No	
Deaf/ Hard of hearing?	__Yes __No (if yes, do you use: __ASL __Hearing aid __Implant __Lip reading __ Other:_____)		
Aboriginal	__First Nation __Inuit __Metis __Other:_____		
IPV/ DV/ SA	__Yes __No __Unknown If Yes: __Victim/Survivor __Perpetrator __Both __Other:_____		
Current Sleeping arrangements	__Abandoned building __Children's Aid __Hospital __Long term care facility __Vehicle __ARC Respite __Bus Stop/Shelter __Bus/Airplane __Detox Treatment __ Family __Friends __Housing __Jail __Motel/Hotel __Nathan Philips Square __Park __Refused to answer __Self-built/Encampment __Shelter __Sidewalk/Ground/Grate		
Have you ever stayed in a shelter before?		__Yes __No	
Reason for homelessness	__Health/Mental Health __Housing Adequacy __Housing Affordability __Nonresident __Relationship breakdown __Substance use __Abuse __Decided to vacate housing __Discharged from Shelter/Institution __Evicted by family/friends __Fire or other Disaster __Floor __Gas Leak __Refugee/Claimant __Relocating __Stranded Visitor/Tourist __Transient __Unsafe Premises __Evicted due to COVID19 __Lost employment due to COVID19 __Other:_____		
Length of homelessness	__Not homeless __Less than a month __1-6 months __6 months to a year __1-5 years __5-10 years __over 10 years		
Reason for Service	__ Discharged from Institution __Discharged from another shelter __Eviction due to rental arrears __Foreclosing due to mortgage payment arrears __Relocating __Sponsorship breakdown __Abuse __Decided to vacate housing __Evicted by family/friends __Evicted by landlord __Fire of other disaster __Flood __Gas leak __Stranded visitor/Tourist __Transient __Unsafe premises		

Presenting Issues	
__Disability	__Neurodiversity (Autism/sensory processing)
__Pregnant	__Disclosed substance use
__Disclosed mental health	__ Observed substance use
__ Observed mental health	__Poor Hygiene
__ Disclosed alcohol use	__ Observed alcohol use

Proposed Changes (in yellow)

- "First name" field should be the client's chosen name (rather than legal name). Legal name should not be referred to unless required for referrals, and even then in it should be in brackets, and only disclosed with expressed permission from the client.
- Removal of second field requesting Date of Birth (DOB)
- Changes to name field: Specifies chosen name with option to provide legal name if it is different. This is an effort (to avoid accidental deadnaming of clients.
- Changes to gender: Default option "Undisclosed/Unknown" to avoid system assumptions around gender, and accommodate those who do not wish to disclose.
- Changes to gender: Addition of "nonbinary" field with optional checkboxes to disclose if they are "AMAB" or "AFAB" or just list their gender listed as "Nonbinary". This is a matter of safety and privacy for nonbinary individuals.
- Changes to gender: "Man" and "Woman" gender fields now include optional checkboxes to disclose "Cis" and Trans", while providing the option to just list their gender as "Man" or "Woman". This is a matter of privacy and safety for "stealth" binary trans individuals
- Changes to gender: Option to select "Genderfluid", "Two Spirit" and/or select more than one gender to accommodate genderfluid, multi-gender, and two spirit individuals.
- Changes to gender: Option to list your own gender to accommodate those who are questioning or have genders that fall outside of the listed options.
- Addition of pronoun field: Effort to reduce instances of assumption of gender/pronouns. Allows option to select more than one pronoun to accommodate genderfluid and multi-gender individuals.
- Addition of concern field regarding gender/pronoun: Many gender diverse folks may have safety concerns about being "out" as their gender, or may wish to be addressed differently in different spaces. This field option will flag the need for a conversation around safety.
- Replace VAW (Violence against women) with IPV/DV/SA (intimate partner violence, Domestic Violence, Sexual Assault) to accommodate the many other genders who experience intimate partner violence and gendered violence. This will also help capture the need for support of men (cis and trans) and masculine identified individuals who are often excluded from these accommodations (despite nonbinary people and transgender men being at very high risk)
- Addition of field for Deaf/Hard of Hearing. More consideration needs to be had for this demographic and this field will flag the potential need for ASL interpretation or other accommodations.
- Addition of Covid19 for reason for eviction and job loss under "reason for homelessness".
- Addition of Neurodiversity (autism/sensory processing) under "Presenting issues". This is intended to flag the potential for accessibility needs around sensory processing.

Rational

- Lack of knowledge/confidence for intake workers who might not know the difference between

- cisgender and transgender, or who may be resistant to not othering transgender people by adopting the term cisgender
- Genders are currently lumped together. The three gender options offered by the City (Male/Female/Trans) are insufficient for the needs of gender diverse shelter using populations. For instance, nonbinary people are often erased and misgendered as their assigned gender. Transgender man or transgender woman being lumped together under "transgender" which structurally implies that they are less authentic in their genders than the cisgender shelter using populations
- Current structures ignore the vast nuances of transgender people, including non-passing trans men being sent to men's shelters/ or even passing trans men being sent to shelters with open concept showers
- Investment in improving gender diverse safety in men's shelters is severely lacking. It has been noted that they have largely been absent in this study and related activities. Given that transgender men and transmasculine people are at particular risk of "corrective" sexual assault, and suicide, this is deeply concerning.
- As a result of the current form, transgender women and trans femmes report errors with central intake that resulted in them, despite being out as transgender, to men's shelters.
- Intake form asks if abuse was a reason for being homeless but does not clarify whether the individual was the victim or perpetrator. Need for integration of accountability structures and transformative justice supports for people who have caused harm. Need to operate from a gender inclusive lens where any gender can be the victim or perpetrator, and with recognition that some people have been both.

APPENDIX 4: SAMPLE GENDER INCLUSION STATEMENT

SISTERING

962 Bloor Street West
Toronto, Ontario M6H 1L6
phone: (416) 926-9762
fax: (416) 926-1932
www.sistering.org
info@sistering.org

Context:

Women's spaces, such as Sistering, have historically been created to provide services to those who are at high risk of gender based violence or discrimination. Trans people face an elevated risk of gender based violence or discrimination and are disproportionately affected by homelessness, poverty, and social isolation (Trans Pulse, 2015; Lyons T, 2016). Trans people face unique barriers to accessing resources. In many cities, including Toronto, there is a lack of safer spaces and 24/7 low barrier support designed for these populations (Invisible Men, 2008; 519; LGBTQ2S Adult Housing Needs Assessment).

Preamble:

Sistering's practice of providing supports and services to trans community members has evolved to meet the needs of individuals as they identify, without expecting people to use feminine pronouns or present in traditionally feminine ways. Aligned with Sistering values of feminism, anti-racism and anti-oppression, the Gender Inclusion Statement works to reduce discrimination and stigma and increase accessibility and safety for diverse trans participants and staff at Sistering. The statement provides clarity to staff, volunteers, community partners and community members regarding Sistering's policy towards serving people of diverse trans identities.

Gender Inclusion Statement

Sistering services are available to cis women and trans people, in all their diversity. This includes, but is not limited, to trans feminine and trans women, genderqueer, non-binary, intersex, 2 spirit people, trans-masculine and trans men**. We acknowledge that gender identity and expression is fluid. Sistering works to create a safer space and welcomes self-identified people of diverse trans identities into our communities.

This is not exhaustive list of gender identities but highlights communities that are often excluded by gender based violence services

I,_____,

(Please print your name)

have read Sistering's Gender Inclusion Statement. I understand that it's my responsibility to familiarize myself with and abide by this statement as a condition of my employment with Sistering.

Signed:_____

Dated: _____

APPENDIX 5: LIST OF TRANSFORMATIVE JUSTICE RESOURCES

Meditation Services

St Stephen's Community House

91 Bellevue Avenue Toronto, Ontario M5T 2N8

Tel: 416-925-2103 x1255

Email: info@sschto.ca

https://www.sschto.ca/Conflict-Resolution-Training/Community-Mediation

Canadian Multicultural Mediation Services (CMMS):

http://www.metros.ca/cmms/programs.htm

1110 Finch Ave West, Suite 224 North York, Ontario M3J 2T2

 Tel: (416) 203-2869

 Fax: (416) 203-1881

 Email: CMMS@bellnet.ca

Community Justice Initiatives of Waterloo Region VES OF WATERLOO REGION

http://www.cjiwr.com

49 Queen Street North—3rd Floor Kitchener, Ontario N2H 2G9

Tel: 519-744-6549

Fax: 519-744-6502

https://cjiwr.com/contact-us/

Transformative Justice Instructional Workbooks:

Fumbling Toward Repair; A Workbook for Community Accountability Facilitators

Authors: Mariame Kaba & Shira Hassan

Year: June 2019

Publisher: Project NIA and Just Practice

Beyond Survival; Strategies and Stories from the Transformative Justice Movement

Authors: Ejeris Dixon & Leah Lakshmi Piepzna-Samarasinha

Year: 2020

Publisher: AK Press

Facilitators:

- Leah Lakshmi Piepzna-Samarasinha: https://brownstargirl.org/coaching/
- Rania El Mugammar: https://www.raniawrites.com/
- Lukayo Estrella: http://lukayo.com/workshops/

REFERENCES AND SOURCES

METRAC- TransFormed Project. Glossary by Peer Leadership Group
https://www.metrac.org/what-we-do/project-highlight/ (Document to be released to public later in 2020).

Faelix Kayn, inclusion consultant/community advocate (2014) - Coercively Feminized
https://globalnews.ca/news/6261226/gender-based-violence/.

A Gender Agenda (AGA). Glossary. https://genderrights.org.au/resources/glossary/.

Autism Awareness Centre. What is Neurodiversity? https://autismawarenesscentre.com/un-adopts new-goals-disabilities/.

City of Toronto (2018). Street Needs Assessment 2018 Results Report.

Dr. S. Knight. ECU College of Health and Human Performance, Department of Health Education and Promotion 1 of 4 Office of Faculty Excellence Presentation: Formulating In-Depth Interview Questions. February 11, 2013.

Julia K Fouri, Vaishavi Batmanabane. Qualitative Data Collection Interviews.

The 519. The 519's Glossary of Terms, facilitating shared understandings around equity, diversity, inclusion and awareness. https://www.the519.org/education-training/glossary.

Victoria Government. LGBTIQ+ Inclusive Language Guide. https://www.vic.gov.au/inclusive-language guide#what-terms-are-commonly-used.

Warrier V. et al. (2020). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender diverse individuals. Nature Communications 11, 3959.