

POLICY PAPER

Resistances, Movements, and Histories

OF 2SLGBTQIA+ COMMUNITIES`

This paper mentions the following subject matter. Should you need support, the Government of Canada has compiled a list of mental health supports available at this link:

<https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html>

Please take care when reading.

- Homophobia
- Lesphobia
- Biphobia
- Transphobia
- Self-harm
- Suicide
- Drug use
- Psychological torture
- Conversion practices (conversion therapy)
- Descriptions of physical violence against gay men
- Death threats against gays and lesbians
- Hate crimes motivated by sexuality and gender identity
- The murder of transgender people
- Anti-Black racism
- The AIDS epidemic
- State-sanctioned discrimination and violence against 2SLGBTQIA+ people in Canada and the United States
- Colonial violence enacted on Indigenous people
- Intersex genital mutilation
- Outing
- Violence against 2SLGBTQIA+ people with dementia

Contents

Introduction.....	5
Terminology.....	8
Social Determinants of Health	11
Discrimination + Hatred Based on Sexuality and/or Gender Identity Across Stages of Life...	11
Youth	12
Adult	12
Seniors	16
Hate-motivated Incidents, Crimes, and Violence	17
Housing Insecurity.....	18
Intimate Partner Violence.....	19
Chosen Family.....	21
A Condensed History of 2SLGBTQIA+ People and Movements in Canada	22
Indigenous Peoples Pre-contact with European Colonizers	22
The LGBT Purge	23
Police Raids on Gay and Lesbian Spaces and “Operation Soap”	25
Same-Sex Relationships and Family Rights Under the Law	29
Gender Identity and Gender Expression Added to the Charter.....	34
Ban on Conversion Therapy.....	37
The 1980s AIDS Epidemic and the Lasting Discrimination.....	39
Growing Transphobia in Canada.....	43
The Anti-Drag Storytime Movement.....	46
Rainbow Week of Action	47
Recent Laws and Policies that Target Transgender + Gender-diverse Youth + Athletes ...	48
New Brunswick	48
Saskatchewan	49
Alberta	50
Misconceptions About Gender-affirming Care and Transitioning.....	53
Social Transitioning.....	53
Puberty and Gender Identity	54
Puberty Blockers	54
Hormone Therapy	57
Surgery.....	58
Detransition/Retransition.....	59
Other Present-day Considerations	61

Rainbow Washing	61
Intersex Genital Mutilation.....	61
Refugee Claims	63
Impact of the Trump Administration on 2SLGBTQIA+ People and Rights	64
Conclusion	66
What Can Unions Do?.....	66
Actions Within Unions.....	67
Collective Bargaining and Employer Relations	67
Lobbying and Advocacy	68
Resolution #21—Addressing the Hate against 2SLGBTQIA+ People and Communities	69



Resistances, Movements, and Histories of 2SLGBTQIA+ Communities

INTRODUCTION

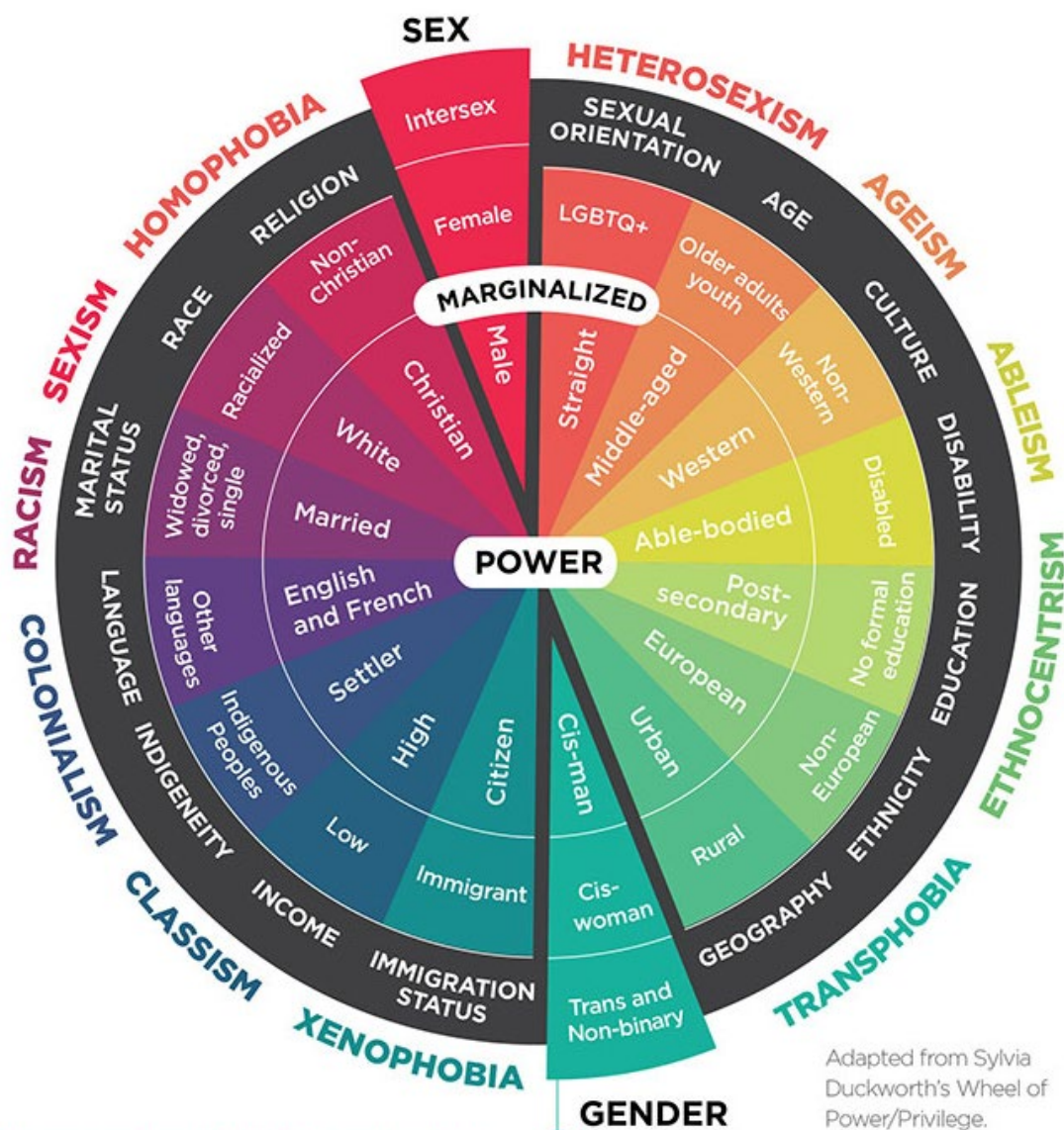
How we identify and who we love are some of the most personal aspects of our identity. These traits shape what rooms we are “allowed” to enter, almost every piece of ID we carry, and which partner(s) we spend our lives with. The 2SLGBTQIA+ community has faced heavy oppression at various times across the globe but have built communities and cultures over the centuries of their existence. It is a common misconception that transgender people, gay and lesbian people, non-binary people, and other groups under the 2SLGBTQIA+ family umbrella are the result of modernity and recent trends. But, from Two-Spirit people being pillars of their community from time immemorial, hijra people in South Asia fighting to be recognized as a third gender, to Black, Indigenous, and people of colour (BIPOC) creating Ball culture in the United States, 2SLGBTQIA+ people have always existed, and have always fought for their right to exist.¹²³ Canada is no different, with 2SLGBTQIA+ people shaping this nation’s history since its inception.

According to data gathered by Statistics Canada, 1.3 million people in Canada aged 15 years and older report being 2SLGBTQ+. Of that 1.3 million, 52.7% are cisgender women, 39.2% are cisgender men, 3.9% are transgender, and 4.2% are non-binary. Transgender and non-binary people account for 0.3% of the total population aged 15 years and older.⁴

Statistics Canada uses the acronym 2SLGBTQ+ for data analysis purposes, as information is not yet specifically collected about intersex people in surveys.⁵ The National Union of Public and General Employees (NUPGE) uses the acronym 2SLGBTQIA+ which stands for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other gender or sexual identities not captured in the acronym. In this paper, variations of the acronym will be used to accurately report the source material. Other differences in terminology will be discussed in the next section.

When discussing 2SLGBTQIA+ issues it’s important to do so through a lens of intersectionality. Intersectionality has been a key tenant of Black feminism for centuries and was introduced to a wider audience by civil rights advocate and legal scholar Kimberlé Crenshaw. Crenshaw used intersectionality as a critique of feminism and anti-racism to describe the unique forms of discrimination faced by Black women in three legal cases.⁶ In the present day, intersectionality is used as a framework for understanding how systems of structures and power interact with multiple categories of social identity to create inseparable forms of inequality, oppression, and discrimination.⁷

No two 2SLGBTQIA+ people are exactly alike, nor are the communities under the umbrella of 2SLGBTQIA+ homogenous. Social categories like age, race, religious beliefs, culture, etc., interact with gender and sexuality in different ways, creating a unique experience for each person. For example, a white, lesbian, cisgender woman who grew up with wealth, a Black trans lesbian woman who's family is working class, and an Indigenous lesbian woman who recently migrated from the USA all have equal claim to the label of "lesbian". However, their experiences of being a lesbian can vary significantly. Intersectionality is a framework to make space for all of those experiences and hold them with equal validity. It can be helpful to understand the complexities of power, privilege, oppression, and discrimination by using a visual representation like a wheel.



Some gender identity terms include:

Agender
Bigender

Genderfluid
Genderqueer

Gender neutral
Non-binary

Transgender man
Transgender woman

While a useful starting point, the wheel should not be the only tool used to understand intersectionality. Other tools can be used to drill down into the specifics of what each label on the wheel represents or reframe the wheel to focus one demographic. For example, the 2SLGBTQIA+ Sub-Working Group who helped develop the MMIWG2SLGBTQIA+ National Action Plan created a diagram of a fire to represent a 2SLGBTQIA+ approach to intersectionality.



Most people experience a mix of power and marginalization. It is important for individuals to understand the power they wield and be careful that they aren't replicating systems of oppression when they're also part of an equity-deserving group. For example, when in 2SLGBTQIA+ spaces, white 2SLGBTQIA+ people should be aware of the privilege they hold due to their race and be careful that they aren't upholding white supremacy by excluding the voices of 2SLGBTQIA+ people who are BIPOC.

TERMINOLOGY

Descriptions of gender and sexuality have always been fluid and evolving, with people referring to themselves and their communities by different terms throughout time, history, cultures, and circumstances. As mentioned above, NUPGE uses 2SLGBTQIA+ when referring to the equity-deserving group as a whole, and the appropriate name when referring to a specific demographic.

ACRONYM	TERM	MEANING
2S	Two-Spirit	An English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to emphasize the Indigenous identity of a person whose gender identity, spiritual identity and/or sexual orientation comprises both male and female spirits. ¹⁰ Two-Spirit is not a blanket term that applies to all Indigenous people who are LGBTQIA+.
L	Lesbian	Typically, a woman who is sexually and/or romantically attracted to other women. ¹¹
G	Gay	A person who is sexually and/or romantically attracted to people of their same sex or gender identity. Traditionally this identity was reserved for men, but it has been adopted by people of all gender identities. ¹²
B	Bisexual (or Bi)	A person whose primary sexual and affectional orientation is toward people of the same and other genders, or towards people regardless of their gender. Some people may use bisexual and pansexual interchangeably. ¹³
T	Transgender (or Trans)	A person whose gender identity differs from the sex they were assigned at birth. "Trans" is used as a prefix, typically in front of woman (transgender woman or trans-woman) or man (transgender man or trans-man) and comes from the Latin meaning "on the opposite side as". ¹⁴
Q	Queer	Historically a derogatory term used as a slur against 2SLGBTQIA+ people, this term has been reclaimed by many 2SLGBTQIA+ people as a positive way to describe themselves, and as a way to include the many diverse identities not covered by the 2SLGBTQIA+ acronym. ¹⁵

I	Intersex	An umbrella term to capture various types of biological sex differentiation. Intersex people have natural variations in their sex characteristics, such as sex chromosomes, internal reproductive organs, genitalia, and/or secondary sex characteristics (e.g. muscle mass, breasts) that fall outside of what is typically categorized as male or female. ¹⁶
A	Asexual	A person who lacks sexual attraction or interest in sexual expression. Unlike celibacy (where a person chooses to abstain from sexual activity), asexuality is an intrinsic part of a person's being. An asexual person's sexual and romantic orientations may differ (e.g. a person who is romantically attracted to people of multiple genders but experiences no sexual attraction may identify as a biromantic asexual), and they may have sexual and/or romantic partners. ¹⁷
+	Plus	Indicates sexualities or genders beyond those listed in the acronym and as an acknowledgement that language and understanding of sexuality and gender is constantly evolving.

Other terms used in this paper are as follows.

Sex: the categorization of humans based on a collection of physical and genetic traits. While sex is typically categorized as male and female based on chromosomes and external sex organs, it is not as set in stone as was previously believed. Sex can be influenced by the SRY gene in utero, other genes that maintain certain sexual characteristics in adulthood, and hormones (and the environmental, social, and behavioural factors that impact hormones).¹⁸ In this paper, sex is mostly referred to when discussing sex is assigned at birth, which is usually done based on external sex organs.

Gender: defined as a social construct of norms, behaviors, and roles used to classify a person as a man, a woman, or another gender. The criteria for classification vary between societies and change over time. Gender is fundamentally different from the sex a person is assigned at birth.

Gender identity: one's own internal sense of self and their gender. It may or may not correspond with the sex assigned at a birth.

Gender expression: how a person presents gender outwardly through behavior, clothing, voice or other perceived characteristics.¹⁹

Cisgender: a person whose gender corresponds to their assigned sex at birth. "Cis" comes from the Latin meaning "on the same side as." It can be used as a prefix in front of woman (either cisgender woman or cis-woman) or man (either cisgender man or cis-man).

Gender binary: a system of classifying people into one of two genders: man and woman. Under the gender binary, individuals are expected to align with the sex they were assigned at birth. The gender binary was used by Western nations as a tool of colonization and is still used to discriminate against transgender, gender-diverse people, and intersex people.²⁰

Gender-diverse: an umbrella term that is used to describe gender identities that go beyond the binary of woman and man. This can include people who are non-binary, genderqueer, genderfluid, or use a personalized word to represent their gender. Some people who are gender-diverse (or any of the identities that fall under the umbrella of gender-diverse) may also identify as transgender.²¹

Agender: individuals who don't identify with any specific gender or who experience a lack of gender altogether. Individuals who are agender may identify as non-binary (meaning someone whose gender exists outside of the binary definitions of man and woman), as transgender, as both, or as neither.²²

Anti-gender: opposition to the concept of gender and upholding sex as the "natural order" of society. The anti-gender movement stokes fear about "gender ideology", a dog-whistle that insinuates transgender and gender-diverse people are part of a movement rather than individuals with an intrinsic identity.²³ The anti-gender movement has different aims in different parts of the world, but in Canada it's largely a move to return to the "traditional" family and gender roles that privilege white, cisgender, heterosexual men.²⁴ The anti-gender movement is rooted in control has strong ties to right-wing, populist governments and authoritarianism.²⁵

Outing: the act of disclosing the sexual orientation or gender identity of a person without consent. Outing is a harmful act that can traumatize the person being outed and put them at risk of violence, losing their job, home, and friends and family.²⁶

Demisexual: people who don't experience sexual attraction until a strong emotional bond is formed (different from people who wait for a relationship to become serious before having sex). Demisexuality is related to asexuality and demisexuals can have any kind of romantic orientation and gender identity.²⁷

Heteronormative: the assumption of heterosexuality as the default sexual orientation.²⁸ By positioning heterosexuality as the norm, heteronormativity privileges heterosexuality above other sexual orientations.²⁹

Heterosexism: an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behaviour, identity, relationship, or community. Similar to heteronormative, it also includes the expectation that all people should be heterosexual, and that all people who aren't heterosexual are inferior.³⁰

Cissexism: similar to heterosexism, cissexism is discrimination against individuals who identify with and/or present as a gender that does not align with the sex they were assigned at birth. Cissexism believes that cisgender people are normal and healthy while anyone who is not cisgender is deviant and sick.³¹

Pronouns: words that are used to talk about a person in place of using their name. In English, pronouns are gendered, but this is not the case in all languages. The most common pronouns are he/him/his for men, she/her/hers for women, and they/them/theirs for people who are gender-diverse. They/them/theirs is also used when talking about people whose gender you don't know or for groups of people with different genders (For example, we would say "someone left their wallet here" if we didn't know the subject of the sentence). Some people use multiple sets of pronouns interchangeably. For example, a person can use she/her and they/them at the same time, or use she/they or they/she. The order in which they present their pronouns can sometimes indicate their order of preference or how they feel that day. Additionally, some people use neo (or new) pronouns such as xe/xem/xyr and ze/hir/hirs as a way to better represent their identity than traditional pronouns of he, her, and they. Just as you can't tell a person's gender from looking at them, you can't know what pronouns to use for someone until you ask them.³²

SOCIAL DETERMINANTS OF HEALTH

Social determinants are non-medical social and economic factors that influence health. Some examples are education, housing, employment, food security, income, and the built environment (anything in the physical environment that is human-created). The following section explores some, but not all, of the social determinants of health that have a significant impact on the health of 2SLGBTQIA+ people.

When discussing the social determinants of health, it is important to recognize there are many reasons 2SLGBTQIA+ people—particularly those who belong to other equity-deserving groups—may not trust government research projects, independent researchers, and other people in positions of authority. This lack of trust, rooted in historical harm, can lead to gaps in the data. It should be noted that while there is increasing research on the social determinants of health for 2SLGBTQIA+ people, much of the data lacks an intersectional approach. More research must be done on 2SLGBTQIA+ people and social determinants of health in relation to race, age, disability, culture, citizenship, etc. The label of 2SLGBTQIA+ includes multiple identity (gender, sex, and sexuality). Being lumped together can often homogenize data for groups that have unique experiences and viewpoints, and who may face different discrimination than other 2SLGBTQIA+ communities.

Discrimination and Hatred Based on Sexuality and/or Gender Identity Across Stages of Life

2SLGBTQIA+ people can be subjected to discrimination and hatred for their sexualities and gender identities at any point in their lives. Though some effects persist through multiple stages of life, we have broken this section into three parts to show how 2SLGBTQIA+ individuals experience discrimination—and what effect that discrimination has—in different stages of their lives.

YOUTH

According to data from the 2019 to 2021 *Canadian Community Health Survey* (CCHS) 1 in 10 (or 10.5%) of youth aged 15 to 24 reported being 2SLGBTQ+. For comparison, 4.1% of adults aged 25 to 64 and 1.3% of adults aged 65 and older reported being 2SLGBTQ+. These differences may be attributed to changing social views which are more accepting now of 2SLGBTQIA+ people and contemporary laws that protect the rights of 2SLGBTQIA+ people.³³ That said, while progress has been made, 2SLGBTQIA+ youth still face significant discrimination and barriers compared to non-2SLGBTQIA+ youth.

A peer-reviewed report published in 2024 found that anti-transgender legislation in the US has had a significant impact on the number of suicide attempts undertaken by transgender and non-binary youth.

The study consisted of 61,240 transgender and non-binary youth aged 13-24. In the first year after anti-transgender laws—many of which restricted youth access to gender-affirming care—were enacted, there were statistically significant increases in rates of past-year suicide attempts among transgender and non-binary youth in those states. Transgender and non-binary youth aged 13-17 reported 33-49% higher rates of at least one past-year suicide attempt, with transgender and non-binary youth aged 13-24 reporting 25-27% higher rates. Youth of colour (anyone who identified as any other demographic than white) were more likely to report past-year suicide attempts compared to white youth.³⁴

Research has found that family support can be extremely beneficial for 2SLGBTQIA+ youth mental health and reduce the risk for suicidality.³⁵ Research from the Family Acceptance Project has found that high levels of family accepting behaviours—such as showing affection when their child comes out, affirming their child's gender and/or sexuality, telling their child that they'll always support them, standing up for their child when they're discriminated against due to their gender and/or sexuality, etc.—correlates positively to youth wellbeing.³⁶

Research has also found that creating safe and affirming school environments can be extremely beneficial for transgender and gender-diverse youth.³⁷ This is one of the many reasons why it was alarming when in 2018 the Conservative-led government of Ontario announced that schools would revert to teaching the 1998 health and physical education curriculum—which, among other shortcomings, made no mention of sexual orientation or gender identity.³⁸ Data from Statistics Canada shows that 77% of 2SLGBTQIA+ youth had been the target of bullying in 2018.³⁹ Independent data shows that childhood bullying is also linked to poor health outcomes for 2SLGBTQIA+ adults.⁴⁰

ADULT

2SLGBTQIA+ people face higher rates of depression, anxiety, obsessive-compulsive and phobic disorders, suicidality, self-harm, and risk of substance use.⁴¹ Additionally, internalized homophobia is significantly associated with depression, anxiety, stress/trauma-related disorders, etc.⁴²



Data from the *Canadian Community Health Survey* (2019-2021)⁴³⁴⁴⁴⁵

Data from the 2019 to 2021 CCHS found that 2SLGBTQ+ people aged 25 to 64 were more likely (40.3%) to have completed post-secondary school education compared to their non-2SLGBTQ+ peers (36.8%). But despite having higher levels of education, more 2SLGBTQ+ people (18.4%) were in the bottom personal income quintile relative to non-2SLGBTQ+ people (13.5%).⁴⁶ Research by independent scholars using multiple cycles of CCHS data found that when analysing the labour market participation and earnings of gay, lesbian, and bisexual people compared to heterosexual people, bisexual men and women were less likely to be employed or working full time and earned significantly less compared to heterosexual men.

DEMOGRAPHIC	WAGE GAP COMPARED TO HETEROSEXUAL MEN
BISEXUAL MEN	18% less
BISEXUAL WOMEN	16% less
HETEROSEXUAL WOMEN	9% less

Data from *Lesbian, gay and bisexual earnings in the Canadian labor market: New evidence from the Canadian Community Health Survey, 2020*⁴⁷

Other research has shown that gay, lesbian, and bisexual people also experience poorer working conditions, less job satisfaction, and poorer work-life balance compared to their heterosexual peers. Bisexual workers in particular reported higher rates of job insecurity (14.7%) compared to gay (7.6%) and lesbian (9.9%) workers. Gay, lesbian, and bisexual workers are nearly three times more likely than heterosexual workers to be in precarious employment.⁴⁸

When asked if they thought sharing information about their sexual orientation during the hiring process would reduce their chances of being hired, respondents of the federal government's *2SLGBTQIA+ Action Plan Survey* (which surveyed only 2SLGBTQIA+ people) stated: 37% yes, 51% no, but only if I know the employer is LGBTQ2 friendly, and 12% no. Disaggregated data shows that Two-Spirit people overwhelmingly believe sharing their sexual orientation during the hiring process would reduce their chances of being hired with 47% replying yes, 41% replying no, but only if I know the employer is LGBTQ2 friendly, and 11% no. When asked the same question about gender identity, results showed that only cisgender people were confident that revealing their gender identity during the job interview wouldn't reduce their chances of being hired.

DO YOU THINK THAT SHARING INFORMATION ABOUT YOUR GENDER IDENTITY DURING THE HIRING PROCESS WOULD REDUCE YOUR CHANCES OF BEING HIRED?			
GENDER IDENTITY	YES	NO, BUT ONLY IF I KNOW THAT THE EMPLOYER IS LGBTQ2 FRIENDLY	NO
TRANSGENDER WOMAN	69%	28%	3%
TRANSGENDER MAN	62%	35%	3%
GENDER DIVERSE	55%	39%	6%
NON-BINARY/ AGENDER	60%	37%	3%
TWO-SPIRIT	54%	31%	15%
CISGENDER WOMAN	27%	30%	43%
CISGENDER MAN	30%	28%	42%

Data from the 2SLGBTQIA+ Action Plan Survey Results – Employment and Workplace, 2023⁴⁹

When asked if they felt comfortable sharing information about their sexual orientation at their workplace, bisexual (29%), demisexual (26%), and asexual (23%) were the least likely to do so. When disaggregated by race, white (47%) and middle eastern/north African (46%) were more likely to share information about their sexual orientation in the workplace, with South Asian (35%) and East Asian (35%) the least likely. When asked the same question about gender identity, cisgender women (72%) and cisgender men (77%) were overwhelmingly more likely to share their gender identity at work compared to transgender women (45%), transgender men (29%), gender-diverse people (26%), non-binary/agender people (28%), and Two-Spirit people (53%). When disaggregated by race, 63% of East Asians and 61% of Latin Americans were more likely to share information about their gender identity at work compared to 51% of South Asians and 51% of Southeast Asians.

When asked if they'd experienced harassment due to their sexual orientation in the workplace in the last five years, 26% of all respondents said yes. Two-Spirit people (42%) and queer people (31%) were the most likely to respond yes, with microaggressions (92%), verbal slurs (57%), and sexual harassment (28%) being the most common types of harassment. The most common reasons respondents did not report harassment due to sexual orientation were fear that their experiences would not be taken seriously (40%), fear of reprisal (26%), or because they had addressed the issue through an informal conversation with a supervisor or manager instead (30%). When asked the same question on gender identity, 22% of all respondents said yes. Transgender women (45%) and transgender men (47%) were the most likely to respond yes, with microaggressions (94%), verbal slurs (51%), and sexual harassment (28%) identified as the most common types of harassment. The most common reasons respondents did not report harassment due to gender identity were fear that their experiences would not be taken seriously (42%), fear of reprisal (26%), or because they had addressed the issue through an informal conversation with a supervisor or manager instead (29%).⁵⁰

In addition to barriers around employment, 2SLGBTQIA+ adults report experiencing barriers when trying to access health services. This can be due to:

- Heteronormative health care practices
- Health care workers lack of knowledge on 2SLGBTQIA+ health needs (which can persist even after asking their employer for training)
- Discrimination, prejudice, and microaggressions against 2SLGBTQIA+ people
- 2SLGBTQIA+ people delaying or avoiding seeking treatment due to past or perceived discrimination in health care systems
- The reluctance of 2SLGBTQIA+ people disclosing information about their sexuality or gender identity, causing them to receive inappropriate or inadequate care.⁵¹

Delaying or avoiding health services can be extremely detrimental to 2SLGBTQIA+ people. Data from 2023 shows that 1 in 25 gay, bisexual, and other men who have sex with men (gbMSM) in Canada have contracted hepatitis C in their lifetime.⁵² In 2021, 61% of the first time HIV diagnoses in Ontario were among gbMSM. A survey conducted by Ontario HIV Treatment Network in 2019 found that 9.2% of participants were refused health care/services based on their sexuality or gender identity.⁵³

Social isolation can increase a person's risk of dementia.⁵⁴ Some studies have shown transgender and gender-diverse people experience higher rates of loneliness and isolation compared to their cisgender peers.⁵⁵ Transgender adults also report more subjective cognitive decline—meaning reported experience of confusion or memory loss that is happening more often or is getting worse—than their cisgender peers.⁵⁶ People living with dementia are often invalidated, delegitimized, and discredited as knowledgeable subjects and decision-makers. This can be particularly harmful for 2SLGBTQIA+ adults.

Transgender and gender-diverse adults with dementia have reported that their gender is taken less seriously by care workers. It can be hard for transgender and gender-diverse people with dementia to access gender-affirming hormone treatments as health care professional

may believe a patient with dementia can't provide informed consent (even if the person has been taking hormones for decades). Additionally, dementia has the potential to place transgender and gender-diverse people in situations where they may experience increased violence based on their gender identity—either in care settings or in situations where they forget where they are and must rely on the public or law enforcement for help.⁵⁷ Then there are the devastating impacts that dementia has on memory. Helen Kennedy, former Executive Director at Egale Canada, states:

2SLGBTQI people living with dementia confront not only the challenges of losing their identity and vital memories but often face stereotypes and assumptions within a cis-hetero healthcare system that can amplify their displacement and suffering. This double injustice puts at stake the hard-won rights our communities fought for, the identities we have claimed and the defining memories of a generation.⁵⁸

SENIORS

Ageism can affect all seniors, but research has shown that it's common in 2SLGBTQIA+ communities.⁵⁹ Like other forms of discrimination, ageism can have negative impacts on mental and physical health. Ageism in 2SLGBTQIA+ communities is particularly complicated due to the lasting trauma of the AIDS epidemic. 2SLGBTQIA+ seniors can feel invisible and devalued in their later years—as all seniors can—but it can be particularly devastating for 2SLGBTQIA+ people whose lives and struggles paved the way for a more just world for future generations of 2SLGBTQIA+ people.⁶⁰ Additionally, many 2SLGBTQIA+ seniors lost friends at a young age due to the AIDS epidemic and experience survivor's guilt that interacts negatively with ageism.⁶¹

Many 2SLGBTQIA+ seniors experienced state-sanctioned and societal discrimination in their youth and as adults. The effects of being persecuted—and sometimes arrested and incarcerated—for their sexuality and/or gender identity can last their entire lifetime and significantly impact their physical and mental health.⁶² For example, 2SLGBTQIA+ seniors may not have children due to the laws and social stigmas that prevented them from becoming parents. This can have a significant impact on their care and end of life care.⁶³

Gender and sexuality are not dependant on age. 2SLGBTQIA+ seniors can still explore their gender and sexuality, particularly as new language is created that helps them express themselves more fully.⁶⁴ However, some senior transgender and gender-diverse people have reported doctors denying them gender-affirming surgery due to the belief that gender-affirming surgeries are riskier and less vital in later life.⁶⁵

There's also evidence of 2SLGBTQIA+ people experiencing discrimination in care facilities from fellow clients and care workers. Transgender and gender-diverse seniors may be reluctant to enter care facilities due to a loss of autonomy that could out them to care workers (i.e. the inability to wash or dress themselves).⁶⁶ Lezlie Lee Kam, an advocate for 2SLGBTQIA+ seniors, says that, "we are hiding when we go into long-term care homes. We are hiding when we go into any care facility. But people don't believe these things are happening." In 2018, an Ipsos Canada survey found overwhelmingly that 2SLGBTQIA+ respondents want dedicated

units in long-term care facilities where no one would feel ashamed to be out and proud.⁶⁷ Conversely, some 2SLGBTQIA+ seniors dislike the idea of a dedicated 2SLGBTQIA+ wing due to mistrust of service providers and fear of increased harassment.⁶⁸ At present, only two long-term care facilities in Canada have dedicated 2SLGBTQIA+ wings, and long wait times means 2SLGBTQIA+ seniors may not get the chance to choose.⁶⁹

Some 2SLGBTQIA+ people have expressed a reluctance to engage in home care services due to concerns around privacy and discrimination. 2SLGBTQIA+ people need to make decisions around whether they should hide items associated with their sexuality and/or gender identity (e.g. photos of their partner(s), rainbow flags, etc.). If they are discriminated against by their care worker, they may feel too vulnerable or dependant on the care worker to report the discrimination.⁷⁰

In the context of health care, care facilities, and home care, it's important to recognize that many 2SLGBTQIA+ seniors may have only come out to a few people in their lives or they may never have come out at all.⁷¹ In particular, care facilities may be the first place 2SLGBTQIA+ seniors who are immigrants experience a 2SLGBTQIA+ positive environment.

Conversely, some 2SLGBTQIA+ seniors may be out and find it difficult to live in a situation where they feel they are forced to hide who they are or “go back in the closet”. 2SLGBTQIA+ seniors report fearing eviction if they share their sexuality and/or gender identity.⁷² This can be particularly difficult for 2SLGBTQIA+ people who have multiple partners and for 2SLGBTQIA+ people who are in care systems that don't recognize the strength and importance of friendships and/or families of choice. This can cause issues with health care providers and carers who treat only one of the partners or familial relations as next of kin—particularly if biological family members try to exert control over care and end of life care.⁷³

Hate-motivated Incidents, Crimes, and Violence

Data from the *Trans Murder Monitoring 2023 Global Update* shows that 321 transgender and gender-diverse people were reported murdered between October 2022 and September 2023. Globally, 94% of the victims were transgender women or trans feminine people, 80% were BIPOC, 48% were sex workers, 28% were murdered in public, and 26% were murdered in their own homes.⁷⁴ 11 of those murders occurred in Canada.⁷⁵

Data from Statistics Canada show that police-reported hate crimes have increased significantly between 2012 and 2022, however that data comes with disclaimers. First, it only includes incidents that 1) are reported to police and 2) are classified as hate crimes, which is reliant on police opinion and not consistent between jurisdictions.⁷⁶ It's well established that not all hate-motivated incidents are reported to police, largely due to the assumption that the victims won't be believed or that the police will cause further harm to the victims.⁷⁷ Furthermore, the category “sexual orientation” is used as an aggregate category for crimes targeting people on the basis of their sexual orientation as well as their transgender identity.⁷⁸ Also, data on non-binary victims was redistributed into binary gender categories to protect the privacy of the victims. Lastly, hate-motivated incidents often target more than one aspect of the victim's identity which is not reflected in reporting.⁷⁹

That said, between 2018-2022 the percentage of police-reported hate crimes motivated by sexual orientation accounted for 10-14% of all police-reported hate crimes.⁸⁰ 2023 saw a significant increase (+69%) on hate crimes motivated by sexual orientation but it should be noted that this data includes hate-motivated incidents that were not reported by the victim.⁸¹ In 2024, the Canadian Security Intelligence Service (CSIS) issued a warning for 2SLGBTQIA+ communities:

CSIS assesses that the violent threat posed by the anti-gender movement is almost certain to continue over the coming year and that violent actors may be inspired by the University of Waterloo attack to carry out their own extreme violence against the 2SLGBTQIA+ community or against other targets they view as representing the gender ideology “agenda”.

CSIS assesses that exposure to groups and individuals espousing anti-gender extremist rhetoric could inspire and encourage serious violence against the 2SLGBTQIA+ community, or against those who are viewed as supporters of pro-gender ideology policies and events.⁸²

Housing Insecurity

2SLGBTQIA+ people in Canada are more likely to experience homelessness, are at higher risk of experiencing homelessness, and are more likely to be in core housing need. These risks are higher for 2SLGBTQIA+ people who are youths, seniors, Indigenous, newcomers, or people with mental health conditions or people who take drugs.⁸³

Data from the federal government’s *2SLGBTQIA+ Action Plan Survey* found that 54% of respondents live in a house followed by 43% who live in an apartment or condo, 0.2% were experiencing homelessness, 0.1% who live in a shelter, 0.1% who live in a long-term care facility, and 2.4% who selected “other”. 66% of respondents either rent at full market price or have a mortgage on their own home. Compared to respondents from other gender identity groups, transgender men and non-binary/agender respondents were more likely to report that they don’t pay for housing and less likely to have a mortgage on their own home. Two-Spirit (14%) respondents and queer (10%) respondents were more likely than respondents from other sexual orientation groups to report that discrimination based on their actual or perceived sexual orientation had affected their housing stability in the past five years. Black African respondents (16%) were more likely than respondents from other groups to indicate that discrimination based on their actual or perceived sexual orientation had affected their housing stability in the past five years. When asked the same question about gender identity, 19% of transgender woman respondents, 17% of transgender man respondents, and 16% of Two-Spirit respondents answered yes.

When asked if they had ever accessed the shelter system, only 3% of respondents said yes, with Two-Spirit (19%), transgender men (7%), transgender women (6%), gender-diverse (6%), non-binary/agender (5%) more likely to access the shelter system than cisgender women (3%) and cisgender men (2%). 8% of respondents with a disability said that they had accessed the shelter system. Black African (17%) respondents and Indigenous (12%) respondents were significantly higher than respondents of other races to access the shelter system.⁸⁴

A report from Infrastructure Canada found that among 2SLGBTQI+ respondents experiencing homelessness, 15% reported mental health issues were responsible followed by 12% who cited a conflict with a parent or guardian.⁸⁵ Indeed, family rejection is one of the most common factors in 2SLGBTQIA+ youth—particularly transgender and gender-diverse youth—experiencing homelessness.⁸⁶ 2SLGBTQIA+ people who are BIPOC and/or immigrants are at risk of being cast out of their ethnocultural communities and their homes due to their gender identity and/or sexuality and their community's internalized colonial ideas of gender and sexuality. This is particularly dangerous as BIPOC and immigrants experience other barriers in accessing housing and other culturally appropriate supports.⁸⁷ Data from *The Pan-Canadian Women's Housing and Homelessness Survey* found that women and gender-diverse people often lose access to housing due to breaking up with their partner, suggesting that their access to housing is reliant upon maintaining a relationship.⁸⁸ This could indicate these demographics are at higher risk of experiencing intimate partner violence (IPV).

Being unhoused carries extra barriers and risk factors for 2SLGBTQIA+ people, particularly transgender and gender-diverse people. 2SLGBTQIA+ people who experience homelessness may avoid the shelter system out of fear of discrimination, meaning they aren't able to access services and supports that could help them get into more stable housing.⁸⁹ Gender-segregated shelters sometimes force transgender and gender-diverse people to hide their identities for their personal safety.⁹⁰ Other research has found that transgender women in particular face barriers and discrimination from service workers when trying to access the shelter system. This results in more transgender women experiencing homelessness and living on the street, putting them at heightened risk for additional harm and violence.⁹¹ Additionally, shelters that don't collect data on transgender and gender-diverse clients prevent the needs of those clients being recognized by decision makers. Homelessness makes it harder for people to find work, access education, and look for secure housing. It also increases the risks of drug addiction, violence, being forced into sex work, physical and psychological illness, and suicide.⁹²

Intimate Partner Violence

When discussing IPV it's important to consider what terminology you use. Legal services classify people who experience IPV as "victims". Service providers and activists are more likely to describe people who experience IPV as "survivors".⁹³ People who experience IPV may prefer one term over the other, use both to describe themselves, or use a different term altogether. When talking about someone who experienced IPV it's best to ask what terminology they prefer. When speaking generally about people who experience IPV, the term "victim-survivor" is appropriate as it conveys the continuum of language and reflects the diversity of identities within the population.⁹⁴

Data from Statistics Canada's *Survey of Safety in Public and Private Spaces* in 2018 gives us some insight into 2SLGBTQIA+ people's experiences with IPV. Grouped into the categories of "sexual minority" men (meaning cisgender and transgender gbMSM) and women (meaning cisgender and transgender women who are lesbian, bisexual, or women who have sex with women [lbWSW]) the survey found that sexual minority men and women are victim-survivors of IPV at higher rates than heterosexual men and women.

	TYPE OF INTIMATE PARTNER VIOLENCE EXPERIENCED SINCE AGE 15			
	EMOTIONAL, FINANCIAL, OR PSYCHOLOGICAL ABUSE	PHYSICAL ABUSE	SEXUAL ABUSE	TOTAL INTIMATE PARTNER VIOLENCE
HETEROSEXUAL MEN	34.8%	16.4%	1.8%	36%
SEXUAL MINORITY MEN	51.8%	29.7%	10.2%	54.3%
HETEROSEXUAL WOMEN	42.4%	22.5%	11%	43.8%
SEXUAL MINORITY WOMEN	65.1%	43.9%	26.5%	66.8%

Data from Intimate partner violence: Experiences of sexual minority women in Canada, 2018 and Intimate partner violence: Experiences of sexual minority men in Canada, 2018^{95,96}

While it's possible for anyone to be a victim-survivor of IPV, and while heterosexual and lbWSW both experience higher rates of IPV than heterosexual men, directing education and survivor assistance programs only at women ignores the fact that gbMSM experience higher rates of IPV than heterosexual women.⁹⁷ To be clear, when comparing population size, there are far more heterosexual women than there are gbMSM. However, that does not mean gbMSM should be ignored in IPV education and victim-survivor programs.

Statistics Canada has not published any more disaggregated data on IPV in 2SLGBTQIA+ communities. However, findings from the *Trans PULSE Canada survey* in 2019 suggests that since the age of 16, 64% of transgender women have become victim-survivors of IPV.⁹⁸ Further research from Egale Canada has found that transgender people are at a higher risk of experiencing IPV than cisgender people.⁹⁹ A study conducted by 2-Spirited People of the 1st Nations in 2008 estimated that 60-75% of Two-Spirit people are victim-survivors of IPV.¹⁰⁰ The TransFormed project conducted an online survey, focus groups, and interviews with 154 Two-Spirit, non-binary, transgender, gender non-conforming, and gender questioning people in the Greater Toronto Area between 2018 to 2019. It found that 81.3% of survey participants were victim-survivors of IPV.¹⁰¹

IPV in 2SLGBTQIA+ relationships can look different than IPV in relationships where all parties are heterosexual and cisgender. For example, 2SLGBTQIA+ victim-survivors of IPV may not be able to ensure their sexual partner(s) wear a condom, elevating their risk of contracting HIV.¹⁰² Victim-survivors of IPV in 2SLGBTQIA+ relationships also risk their partner(s) outing them, inflicting “corrective” sexual violence on them, be subjected to purposeful misgendering or having their access to gender affirming care withheld, or be threatened with being ostracized from their community.¹⁰³ Additionally, 2SLGBTQIA+ people (particularly people who are transgender or gender-diverse) are at higher risk of being isolated or estranged from their families. This is something that places them at higher risk for IPV and is also a tool perpetrators can

use against them.¹⁰⁴ People who experience attraction to more than one gender (e.g. bisexual, pansexual, etc.) report perpetrators of IPV playing into harmful stereotypes of bisexual and pansexual infidelity (the belief that because a person is attracted to more than one gender, they're more likely to be promiscuous or unfaithful in a monogamous relationship).¹⁰⁵

For 2SLGBTQIA+ people, the decision to disclose IPV or seek help escaping IPV is more nuanced than the already difficult decision faced by cisgender, heterosexual people who are victim-survivors of IPV. Our cisnormative and heteronormative societies stigmatize 2SLGBTQIA+ people. Many people still view 2SLGBTQIA+ sexualities and gender identities as immoral and believe 2SLGBTQIA+ people engage in promiscuous and risky sexual behaviours.¹⁰⁶ 2SLGBTQIA+ people who are victim-survivors of IPV must weigh whether disclosing their victim-survivor status will lead to further stigmatization of 2SLGBTQIA+ communities.¹⁰⁷

2SLGBTQIA+ people who are victim-survivors of IPV must not only weigh whether they'll be believed, but whether service providers will accept their sexuality and/or gender identity and keep that information confidential. 2SLGBTQIA+ people are already vulnerable to violence enacted by the state. 2SLGBTQIA+ people who are victim-survivors of IPV and who are BIPOC, people with disabilities, immigrants, or refugees are at an even higher risk for state violence. For many 2SLGBTQIA+ people, calling the police after being subject to IPV may not feel like a safe option.¹⁰⁸ This also means that IPV subjected on 2SLGBTQIA+ people—particularly 2SLGBTQIA+ people who belong to multiple equity-deserving groups—is underreported.

Chosen Family

“Chosen family” or “family of choice” are terms that describe two or more individuals who deliberately choose to play a significant role in each other's lives.¹⁰⁹ Chosen family differs from a person's family of origin—which in colonial western societies is regarded as the traditional family—where individuals are linked legally or by genetics (though chosen families may also consist of people who are more distantly genetically related than a person's immediate family).

Having a chosen family is not unique to 2SLGBTQIA+ communities, however, many 2SLGBTQIA+ people are forced to seek out chosen families due to rejection, or a lack of love and security from their family of origin.¹¹⁰ The concept of chosen family was introduced to the general public in the 1980s during the AIDS epidemic when stories of partners and close friends were barred from visiting their loved ones in the hospital.¹¹¹ Historically, 2SLGBTQIA+ people were prevented from legally getting married or adopting children which also contributed to the normalization of chosen families in 2SLGBTQIA+ communities.¹¹²

Chosen families can help 2SLGBTQIA+ people combat loneliness and provide them with emotional support, provide them with a safety net, help them navigate trauma, act as emergency contacts, share the load of everyday tasks, and more.¹¹³ For many 2SLGBTQIA+ people, their chosen families help them survive by helping them avoid homelessness or get out of homelessness. Chosen families also played a crucial role for many 2SLGBTQIA+ people who were forced into lockdown with unsupportive families of origin during the COVID-19 pandemic.¹¹⁴

Though progress has been made, many 2SLGBTQIA+ people who are part of chosen families face barriers that are not present for families of origin or married couples. Chosen families don't have access to the same benefits and programs¹¹⁵. Chosen families also may face social stigma and don't have the same legal rights as families of origin and married couples, which can be particularly problematic when child custody is involved.¹¹⁶

A CONDENSED HISTORY OF 2SLGBTQIA+ PEOPLE AND MOVEMENTS IN CANADA

Indigenous Peoples Pre-contact with European Colonizers

In what is now Canada, gender and sexual diversity has always existed. Many Indigenous cultures have recognized more than two genders for thousands of years. Different Indigenous cultures and languages have different words for those who exist beyond colonial ideas of sexuality and gender. It's estimated that two thirds of the 200 Indigenous languages spoken in North America have terms that describe individuals who existed outside of the gender binary. While it's important to recognize the diversity of Indigenous cultures, research and oral histories show that historically, most Indigenous people who existed outside the gender-binary were treated with respect and had unique responsibilities that were vital to their communities' and nations' well-being and survival.¹¹⁷

It wasn't until colonization by the British and French that Indigenous peoples on this land were forced into a heteronormative gender binary. Colonizers saw Indigenous gender and sexual identity as a threat to white supremacy, male domination, and heteronormativity.¹¹⁸ Boarding schools, day schools, residential schools, and other western faith-based institutions were tools of colonization, used to punish any variance from white, Christian culture. The concept of the gender binary, homophobia, and transphobia were pushed onto Indigenous children, and any sexuality or gender variance was punished.¹¹⁹ As a result, much of the traditional knowledge of Indigenous people who existed outside the gender binary was lost and generations of Indigenous people with different sexualities and genders were traumatized and oppressed.

In 1990, at the Inter-tribal Native American, First Nations, Gay and Lesbian American Conference, the term "Two-Spirit" was chosen as a way to decolonize Indigenous LGBTQIA+ identities and emphasize the Indigenous part of an Indigenous LGBTQIA+ person's identity. The word Two-Spirit is a translation of the Anishinaabemowin term "niizh manidoowag" which means having two spirits within one's body, implying both a male and female presence in one being.¹²⁰ It was not intended as a new gender or sexuality, but as a pan-Indigenous North American term that encompasses Indigenous concepts of gender diversity and sexualities, past and present.¹²¹ It should be noted that Two-Spirit is not used by all LGBTQIA+ Indigenous people; some use terms that are specific to their culture, others use LGBTQIA+ identities (or a mix of LGBTQIA+ identities and Two-Spirit simultaneously), and some use different terms all together.

Colonial violence against 2SLGBTQIA+ Indigenous people—and indeed, all Indigenous people—continues to this day. One of the ways this violence manifests is through the crisis of missing and murdered Indigenous women, girls, and Two-Spirit people (MMIWG2S) which was declared a national emergency in 2023.¹²² It's due to colonialism and the tool of racism

(that allows those in power to create dichotomies that benefit the ruling class) that created the conditions that allowed for the MMIWG2S crisis. Intergenerational trauma inflicted on Indigenous people (which includes land theft, genocide, and forcing patriarchal values on them), state legislated poverty and neglect of infrastructure, lack of media attention on the crisis, police inaction and ineffective policy, and more all contribute. There have even been links made between the MMIWG2S crisis and the extractive industry as well as the absence of intercity and intracity public transit.¹²³¹²⁴

As noted in the report, *Reclaiming Power and Place: The Final Report of the National Inquiry Into Missing and Murdered Indigenous Women and Girls, Volume 1b*:

The significant, persistent, and deliberate pattern of systemic racial and gendered human rights and Indigenous rights violations and abuses – perpetuated historically and maintained today by the Canadian state, designed to displace Indigenous Peoples from their land, social structures, and governance and to eradicate their existence as Nations, communities, families, and individuals – is the cause of the disappearances, murders, and violence experienced by Indigenous women, girls, and 2SLGBTQIA people, and is genocide. This colonialism, discrimination, and genocide explains the high rates of violence against Indigenous women, girls, and 2SLGBTQIA people.

An absolute paradigm shift is required to dismantle colonialism within Canadian society, and from all levels of government and public institutions. Ideologies and instruments of colonialism, racism, and misogyny, past and present, must be rejected.¹²⁵

The MMIWG2S crisis could be an entire paper on its own. However, the way forward is clear. Multiple Indigenous nations, Indigenous led organizations, and coalitions have created national action plans. These groups include but are not limited to: the National Inquiry into Missing and Murdered Indigenous Women and Girls, the Women of the Métis Nations, Pauktuutit Inuit Women of Canada, Inuit Tapiriit Kanatami, the Assembly of First Nations, the 2SLGBTQIA+ Sub-Working Group of the MMIWG2SLGBTQIA+ National Action Plan, and 2-Spirited People of the 1st Nations. Thousands of hours of labour were put into creating these recommendations that can lead reconciliation forward. It's our responsibility as partners in reconciliation to act on these recommendations.

The LGBT Purge

Gross indecency was a charge created in English criminal law in 1885 and then consolidated into the *Criminal Code* in 1892. The term was specifically designed to cover a broad range of male same-sex activities which fell short of anal intercourse (which at the time was the crime of sodomy). The legal definition of gross indecency was intentionally ambiguous to lower the burden of proof in enforcing the law.¹²⁶ In 1953, *Criminal Code* was amended to include women in the definition of gross indecency, stating, "every one who commits an act of gross indecency with another person is guilty of an indictable offence and is liable to imprisonment for five years".¹²⁷

From the 1950s to the 1990s, 2SLGBTQIA+ people were systemically harassed, abused, investigated, and fired from the Canadian Armed Forces (CAF), the Royal Canadian Mounted

Police (RCMP), and the federal public service as part of the “LGBT Purge.” During the cold war, the federal government incorrectly believed that having LGBT individuals in the CAF, the RCMP, and the public service opened them to blackmail by the Soviet government, thereby necessitating that those individuals be purged from the public service to safeguard national security.¹²⁸¹²⁹ One of the most infamous tools the government employed against those it suspected were gay was the “fruit machine.”

Designed by Frank Robert Wake, a psychology professor at Carleton University whom the federal government paid to send to the U.S. to study detection devices, the fruit machine was a tool that supposedly determined if men were gay.¹³⁰ The machine measured the dilation of the subject’s pupils as they were showed images of men and women, with and without clothing. The belief was that if a man’s pupils enlarged when he was shown a photo of a naked man it indicated he was attracted to men. The fruit machine was highly unscientific as pupils dilate due to difference in light exposure and intensity.¹³¹

This horrifying pseudo-science experiment is one of the many torturous mechanisms of the government to justify their homophobic and transphobic policies in the name of national security. Men and women in the public service, CAF, and RCMP were stalked, spied on, interrogated, manipulated (into revealing the identities of other people who experienced same sex attraction), and psychologically tortured.¹³² It’s estimated that 9,000 people were devastated by the LGBT Purge through job loss, denial of benefits and pensions, psychological trauma, incarceration, self-harm, and suicide.¹³³

In 1960s, the federal government created the Royal Commission on Security to investigate modernizing security practices at the federal level.¹³⁴ While not the main focus of the report, the commission did mention employing gay people in the public service in the *Report of the Royal Commission on Security*:

What is more, there seems to us clear evidence that certain types of homosexuals are more readily compromised than non-deviate persons. However, we feel that each case must be judged in the light of all its circumstances, including such factors as the stability of the relationships, the recency of the incidents, the public or private character of the acts, the incidence of arrests or convictions, and the effect of any rehabilitative efforts. In general, we do not think that past homosexual acts or even current stable homosexual relationships should always be a bar to employment with the public service or even to low levels of clearance. We do feel however that, in the interests of the individuals themselves as well as in the interests of the state, homosexuals should not normally be granted clearance to higher levels, should not be recruited if there is a possibility that they may require such clearance in the course of their careers and should certainly not be posted to sensitive positions overseas.¹³⁵

Although the number of investigations into suspected gay and lesbian members of the federal public service, CAF, and RCMP lessened in the 1970s and 1980s, the threat remained. In 1989, following an investigation into her sexuality, a 24-year-old Michelle Douglas was honourably discharged from the military due to her “admitted homosexual activity”. Douglas described the investigation as “deplorable” and stated she was, “taken to a hotel room under

false pretenses and grilled about her sexual activities by two men, was virtually forced to take a lie-detector test and was not allowed to seek legal advice.”¹³⁶

In 1990, the Security Intelligence Review Committee (SIRC) recommended that Douglas be rehired and that the Department of Defence’s policy *CFAO 19-20 “Homosexuality - Sexual Abnormality Investigation, Medical Examination and Disposal”* was unconstitutional. However, the SIRC recommendations were not binding and the CAF did not rehire Douglas.¹³⁷ In 1991, Chief of Defence Staff, John de Chastelain, accepted a recommendation from the Department of Justice to fully revoke *CFAO 19-20*.¹³⁸ However, disagreement from some Conservative Members of Parliament delayed the process.¹³⁹ In 1992, Douglas launched a case in the Federal Court of Canada against the Department of National Defence (known as *Douglas v. The Queen* or *Douglas v. Canada*). The parties agreed on a settlement which included the CAF recognizing that *CFAO 19-20* violated the Charter.¹⁴⁰ On the same day the Federal Court of Canada announced the ruling, *CFAO 19-20* was revoked.¹⁴¹

In 2016, survivors of the LGBT Purge, led by Todd Ross, Martine Roy, and Alida Satalic, launched a nation-wide class action lawsuit against the Canadian government. In 2017, Prime Minister Justin Trudeau issued an apology to the victims and survivors of the LGBT Purge. And, in June 2018, the Final Settlement Agreement was approved—including \$110 million for LGBT Purge survivors, \$15 million for legal fees, \$5 million for external administration, and \$15 million for recognition and memorialization exhibits and monuments (which symbolically represent compensation for the victims who did not live long enough to receive individual compensation)—totaling up to \$145 million dollars. In total, there were 719 claimants: 629 from the CAF, 78 from the public service, and 12 from the RCMP.¹⁴²

Police Raids on Gay and Lesbian Spaces and “Operation Soap”

Of course, the federal government was not the only oppressive force against 2SLGBTQIA+ people. Other legal, economic and social strategies defined 2SLGBTQIA+ resistance for decades. Police raids on gay bars, lesbian spaces, and other establishments were common. The following are three raids of the dozens that were carried out on 2SLGBTQIA+ spaces.

On October 22, 1977, Montreal police raided two gay bars—Truux and Le Mystique—in what was described as a military operation. 50 police officers—wearing bulletproof vests and equipped with guns and machine guns—arrested 146 patrons.¹⁴³ This was the largest mass arrest since Prime Minister Pierre Trudeau had enacted the *War Measures Act* during the October Crisis in 1970. The men who were arrested were forced to undergo screening for venereal diseases.¹⁴⁴

The following day, more than 2,000 protestors took to the streets to protest the arrests. Police rode their motorcycles into the crowd and clubbed protestors.¹⁴⁵ The political momentum continued and activists lobbied for better legal protections for gay people. On December 15, 1977, the Quebec Human Rights Charter was amended to include sexual orientation as a prohibited form of discrimination, making Quebec the first province in Canada to provide that legal protection.¹⁴⁶

Now recognized as a turning point in Canadian history, “Operation Soap” was carried out in February 1981. 200 Toronto police officers carried out a series of raids of four gay bathhouses in Toronto, charging 306 men for their alleged connection to a bawdy house (a brothel) in what was, at the time, the largest arrest in Toronto history.¹⁴⁷ The raids themselves were traumatizing. In a report in *Gay Politic*, one of the men who was arrested described the raid:

I was in a room with someone and I heard a noise. I got up to open the door but it burst open and a guy in plain clothes pushed in and shoved me up against the wall, my face pushed hard into the wall. My nose was lacerated and bloodied. The cop kept punching me in the lower back and pulling my hair and saying “You’re disgusting, faggot. Look at this dirty place.”

I was choked, and something was jabbed into my neck. Before they took us out of the room, they used a pen to gouge the room number into the backs of our hands.

I was naked. They herded me into the shower room with about 8 other men and we had to stand against the wall with both hands up against the wall. I couldn’t see anything but I could hear a guy choking, and then a cop said, “if you’re having trouble breathing we can give you trouble with your spleen or kidneys.”

I could hear them moving around, kicking things, overturning things. Someone said “too bad the place doesn’t catch fire, we’d have to catch them escaping custody.” Somebody else said, “too bad the showers aren’t hooked up to gas.”

I was finally called to face a guy sitting in the locker room. I was still nude. He looked at the blood on my face and said “get that man washed up.” After I showered, he said “add obstruct police and assault police to that guy.” They did that. But he never identified himself as a cop, I was never told I was under arrest.¹⁴⁸

Despite almost all charges being dropped, the names of the men charged were published in the media, leading to devastating stigma and homophobic discrimination from their communities, including at work, among friends, and among family. This sparked a wave of activism in the gay community. The following day, over 3,000 participants marched to the 52 Division police station and towards the Legislative Assembly of Ontario. The Right to Privacy Committee (previously called the December 9 Defence Fund) saw a surge in donations and volunteers, and public opinion turned to favour the protesting community. An editorial published in the *Globe and Mail* just days after Operation Soap stated:

There have been no such raids on other private clubs in Metro Toronto. There have been no such raids on heterosexual bawdy houses in Metro Toronto. Even in the days when there were raids on heterosexual bawdy houses, few charges were laid against founders. The impression upon the public cannot fail to be that the police are discriminating against homosexuals, knowing that the relatively minor charges which have been laid against so many people may give them major problems in their private lives — hurting them in their jobs and families, exposing them to the abuse of those who would deny homosexuals any rights.¹⁴⁹

It should be noted, however, that Operation Soap was not the end of police raids of 2SLGBTQIA+ bars and bathhouses. In 1998, the Toronto Women’s Bathhouse Committee

(TWBC) began running bathhouse parties nicknamed Pussy Palace for cisgender and transgender women and transgender men for them to safely explore their sexuality.¹⁵⁰ It should be noted that while gay men had held bathhouse events for decades, women and transgender people were mostly excluded from the same spaces. The TWBC's Pussy Palace events were the first events of their kind for women and transgender people in Toronto. The TWBC had to visit several men's bathhouses before they found an establishment that was willing to host Pussy Palace events.¹⁵¹ In September 2000, a Pussy Palace event with 350 participants was raided by Toronto police under the guise of checking for liquor license violations, though it was suspected that the police were trying to find violations of anti-prostitution laws (of which there were none).¹⁵²

Participants (many of whom were partially clothed or naked) were threatened with obstruction charges if they warned other participants of the raid who had not yet been made aware of the police presence. One of members of the TWBC, Chanelle Gallant, described the raid as "terrifying and dangerous, in particular [for] members of the bathhouse who were racialized women, migrants, who did not have documentation or status [and] who had children".¹⁵³ Another patron, Nancy Erwin, stated, "they were clearly lookin' at tits. It was the way they looked, the way they acted. They were not polite. They were there for one thing: to watch the women, ogle the women, stare at the women."¹⁵⁴ Security volunteer Tera Mallette recalled:

Oh my god, yes. Laughing and pointing. It didn't feel like a raid. What it felt like were a couple of tourists at a zoo. As a trans person from the 90s, I was terrified of the police, especially as a trans woman. There were so many stories I'd heard from trans women, especially street workers, where cops had arrested them and then put them into a male jail cell. So I was personally terrified. I wasn't afraid of whether I had done something. I was just afraid that they were there.

Two committee members were charged with liquor license violations, one of whom was OPSEU/SEFPO President J.P. Hornick.

The TWBC organized protests directly after the raid and fundraisers to help cover legal costs. In media interviews, the committee and other activists drew intentional parallels with the Operation Soap raids. As with Operation Soap, the public was on the side of the TWBC and event patrons.¹⁵⁵ In 2002, Judge Peter Hryn dismissed the charges against Hornick and the other volunteer (Rachel Aitcheson) on the grounds that the raid was an invasion of privacy, and that evidence was obtained in a manner that infringed on the *Canadian Charter of Rights and Freedoms*. In particular, the judge equated the raid with a male-on-female strip search—given that the male police officers entered the club without any warning or delay so participants could get dressed—which much be conducted by female police officers unless there are exigent circumstances.¹⁵⁶ Speaking on the court case, Hornick said:

The differential impacts, the knowledge that that was happening across the board for a whole bunch of people who committed no crime, but for a night out had their lives upended in this way. All of us. And of no consequence to the police, community safety, the broader society, even a deeper moral fabric. There is no consequence in this event to anyone else, but that folks were going to have their lives upended. In many cases,

completely redirected from paths they would've otherwise pursued. And so being in the courtroom, it felt like a responsibility, not just to fight the charges, but to take it further and to file the human rights complaint, and all that. And realizing how difficult it was to find people who would stand up and testify, because of the implications of that and being on public record. And even now, as people's lives have changed and evolved, if there's anybody who wants to run for office, or things like that. These were all things that are impacted by a single event that happened 21 years ago, and is, again, zero consequence.¹⁵⁷

In 2005, a class-action lawsuit and complaint to the Ontario Human Rights Commission resulted in a settlement of \$350,000 (which covered legal fees and donations to charities of the TWBC's choice), a written apology from the male police officers who conducted the raid, and a requirement for the Toronto police to establish LGBT sensitivity training for all members.¹⁵⁸ However, the officers who carried out the raid received few repercussions. Myron Demkiw, one of the armed officers who planned and participated in the raid (as well as raids against Black Communities), was appointed the Chief of Police in Toronto in 2022, despite opposition from Hornick, Grant, and over 400 people and organizations.¹⁵⁹¹⁶⁰¹⁶¹

Legal experts have pointed out that police frequently use the *Liquor Licence Act* as a tool to harass 2SLGBTQIA+ communities. The raid on the Pussy Palace event was initiated after the police received a call from a woman who had "observed drug use, physical violence and inappropriate sexual activity at a similar previous event." Those allegations are violations of the *Criminal Code* and investigating them would have required the police to obtain a search warrant before they entered the premise—something that would be difficult to obtain based off a single tip. Instead, the police used the *Liquor Licence Act* as a pretext to conduct a criminal investigation.¹⁶²

Reflecting on the raid, TWBC organizer Leanne Powers said:

Well, I think obviously what happened with the police was wrong and was wounding. That being said, it coalesced people into more fierceness, made people more defiant, made them more loyal to sexual space politics...Now we have new opportunities to care for each other and to speak to the most subtle things that agents of the state do to control us. So, there's thankfulness for that. There's people who came to know each other, become friends and lovers because of the raid, and nothing more, nothing less. That is what happened, it made people love each other. It made love happen between people, and so it was defining. So, there's this river, a legacy that makes it so that the Palace is what it is. And I think that the fact that the politics around the Palace changed so much during that period of time was a reaction to the police being there. And it wasn't a reaction, but it was development. It was deeper conversation, it was more cognizant, especially of trans people in the space. All of those things led to changes that helped actualize more for the community as a whole. The connection to other bathhouse raids, also.¹⁶³

In 2016, Toronto police Chief Mark Saunders said the force regrets the raids carried out against 2SLGBTQIA+ establishments, though many do not view this as a satisfactory apology.¹⁶⁴ Just

months after Saunders' statement, Toronto police carried out "Project Marie" where they used undercover police officers to entrap gbMSM and transgender people and crack down on alleged sexual activity in Marie Curtis Park. 89 charges were laid against 72 people.¹⁶⁵

Same-Sex Relationships and Family Rights Under the Law

Prior to 1961, men in Canada could be designated a "dangerous sexual offender" if he was "likely to cause injury, pain or other evil to any person, through failure in the future to control his sexual impulses". Under Prime Minister John Diefenbaker, the law was amended to include "or is likely to commit a further sexual offence". The updated language effectively made it so that a person who was likely to repeat the crime they'd already been convicted for could be sentenced to life in prison.¹⁶⁶

In 1965, Everett Klippert became the first and only Canadian ever declared a dangerous sexual offender due to being gay. In 1967, the Supreme Court of Canada upheld the ruling in a controversial vote of 3-2 due to the majority's belief that Klippert was likely to commit further sexual offences (aka sex between men) of the same kind with other consenting adult men.¹⁶⁷

Klippert's case made headlines across Canada. In 1968, Minister of Justice John Turner introduced the *Criminal Law Amendment Act, 1968-69*, an Omnibus Bill (C-150). Speaking about the bill, Prime Minister Pierre Trudeau famously said:

Take this thing on homosexuality. The view we take is, there's no place for the state in the bedrooms of the nation. What's done in private between adults doesn't concern the Criminal Code.¹⁶⁸

Due to the amendments to the *Criminal Code*, Klippert was released from prison in 1971. In 2020, Klippert's family applied to have his criminal record expunged through the *Expungement of Historically Unjust Convictions Act*—part of Prime Minister Justin Trudeau's 2017 apology to LGBTQ2 people in Canada. Klippert's record was officially expunged in 2020.¹⁶⁹

However, while C-150 was seen as a milestone in 2SLGBTQIA+ rights by many, it did not decriminalize homosexuality outright. It legalized buggery (anal sex) and gross indecency when performed consensually by two people, aged 21 or older, in private.¹⁷⁰ The presence of more than two people made the act "public" and therefore illegal.¹⁷¹ And, as has been discussed in other sections, law enforcement had plenty of other legal mechanisms they could use to persecute 2SLGBTQIA+ people.

In 1986, gay rights activist Jim Egan began receiving Old Age Security and a guaranteed income supplement under the *Old Age Security Act*. In 1987, *Jack Nesbit, Egan's partner since 1948, applied for the spousal allowance benefit provided under the Old Age Security Act but was denied due to the definition of "spouse" not including same-sex partnerships*.¹⁷² Egan and Nesbit launched a legal action in the Federal Court of Canada that claimed the definition of spouse was discriminatory to same-sex couples, but it was dismissed in 1991.

After losing the appeal, Egan and Nesbit took their case to the Supreme Court of Canada. In 1995, the Supreme Court upheld the appeal but also ruled that sexual orientation must be

read into the *Canadian Charter of Rights and Freedoms* as a ground of discrimination. As such, *Egan v. Canada* paved the way for future legal victories for 2SLGBTQIA+ communities—including being referenced in dozens of future legal challenges—and in that sense is considered a victory.¹⁷³

In 1997, *Vriend v. Alberta* began at the Supreme Court of Canada. The case centered on Delwin Vriend, a former laboratory coordinator at The King's College in Alberta. In 1990, in response to an inquiry by the president of the college, Vriend disclosed that he was gay. In early 1991, the college adopted a position on homosexuality and shortly after Vriend was asked to resign—which he refused to do—and was subsequently fired. The sole reason given for his firing was his “non-compliance with the college’s policy on homosexual practice”. Vriend attempted to file a complaint with the Alberta Human Rights Commission on the grounds that his employer had discriminated against him due to his sexual orientation, but he was prevented from doing so because sexual orientation was not included as a protected ground in the *Individual's Rights Protection Act* (IRPA).¹⁷⁴

In 1994, Vriend brought his case to the Court of Queen's Bench of Alberta claiming that the IRPA violated the Canadian Charter of Rights and Freedoms by not including sexual orientation as a protected ground. Judge Russell ruled in Vriend's favour and ordered that sexual orientation be read into the IRPA. The Government of Alberta immediately appealed the decision and the Alberta Court of Appeal overturned the ruling.¹⁷⁵ Vriend brought his case to the Supreme Court of Canada where, eight years after his battle began, the court ruled that by not including sexual orientation, the IRPA violated the “equality rights of the appellant Vriend and of other gays and lesbians.” It also ruled that the Government of Alberta failed to demonstrate that it had a reasonable basis for excluding sexual orientation from the IRPA and ordered that sexual orientation be read into the IRPA.¹⁷⁶ *Vriend v. Alberta* is a landmark case as it established that instances of legislative omission—not just circumstances where the government actively encroaches on rights—can invoke a *Charter* application.¹⁷⁷ Legal experts have also stated that hearing the Supreme Court of Canada rule that discrimination against gays and lesbians was fundamentally wrong and violated the rights enshrined in the *Charter* had a big impact on people's views towards homosexuality.¹⁷⁸

In 1999, a case was brought to the Supreme Court of Canada to challenge the “opposite-sex” definition of spouse in Ontario's *Family Law Act*. M. and H. were two lesbian women who lived together since 1982. In 1992, after a series of economic troubles, the relationship ended and M applied for spousal support under the *Family Law Act*; however, the definition of “spouse” was “a man and a woman.” The Supreme Court of Canada ruled:

The crux of the issue is that this differential treatment discriminates in a substantive sense by violating the human dignity of individuals in same-sex relationships... In the present appeal, several factors are important to consider. First, individuals in same-sex relationships face significant pre-existing disadvantage and vulnerability, which is exacerbated by the impugned legislation. Second, the legislation at issue fails to take into account the claimant's actual situation. Third, there is no compelling argument that the ameliorative purpose of the legislation does anything to lessen the charge of discrimination in this case. Fourth, the nature of the interest affected is fundamental,

namely the ability to meet basic financial needs following the breakdown of a relationship characterized by intimacy and economic dependence. The exclusion of same-sex partners from the benefits of the spousal support scheme implies that they are judged to be incapable of forming intimate relationships of economic interdependence, without regard to their actual circumstances. Taking these factors into account, it is clear that the human dignity of individuals in same-sex relationships is violated by the definition of “spouse” in s. 29 of the [Family Law Act].¹⁷⁹

In addition to the *Family Law Act*, the Supreme Court’s ruling extended to any provincial law that denies equal benefits to same-sex couples.¹⁸⁰ *M. v. H.* was a landmark case that brought the question of whether the definition of marriage (which was only a union between a man and a woman) should be changed to the forefront of the minds of Canadians. 2SLGBTQIA+ activists seized the momentum of *Egan v. Canada* and *M. v. H.* to challenge the federal government’s exclusion of same-sex couples from marriage.

In response to the Supreme Court ruling, the federal government introduced Bill C-23, the *Modernization of Benefits and Obligations Act* in February 2000. In total, 68 federal statutes were amended. The definitions of “marriage” and “spouse” were not changed, but the definition of “common-law relationship” was expanded to include same-sex couples.¹⁸¹ Speaking in the Ontario legislature on Bill C-5, *An Act to amend certain statutes because of the Supreme Court of Canada decision in M. v. H.*, Attorney General of Ontario Jim Flaherty stated:

This bill responds to the Supreme Court of Canada decision while preserving the traditional values of the family by protecting the definition of “spouse” in Ontario law. This legislation is not part of our Blueprint agenda. We are introducing this bill because of the Supreme Court of Canada decision.¹⁸²

In response to how governments complied with the Supreme Court ruling on *M. v. H.*, Joanna Radbord, one of the attorneys in *M. v. H.* and *Halpern v. Canada* (which will be discussed in the following section) wrote:

While the legislation provided equivalent treatment to same-sex couples, it missed the message of substantive equality, as same-sex couples were framed as a threat to the “values of the family.” Substantive equality is not about securing the same financial rights and obligations, but has the more transformative goal of achieving full and equal dignity and respect at law for oppressed peoples. Instead of eliminating the offence to dignity, segregated status under the *M v. H. Act* merely reconfigured discrimination against gay and lesbian spouses.

Language is imbued with power. Gays and lesbians were excluded from the terms “spouse” and “family” because words are more than just labels. Words are embedded with statements of value, with accepted societal significance. Different nomenclature on the basis of sexual orientation, within a wider social context of homophobia and heterosexism, perpetuated and promoted the view that same-sex relationships and families were less worthy of recognition or value in Canadian society.¹⁸³

The legislative changes failed to deter 2SLGBTQIA+ activists from securing the right to same-sex marriage. Kathleen Lahey, a professor of law at Queen's university and a member of the equal marriage committee of Egale Canada (one of the most prominent 2SLGBTQIA+ organizations fighting for equal rights) found an obscure statute in Ontario law. It stated that banns—a Christian tradition of a public announcement of a couple's intent to marry—was a legal alternative to obtaining a marriage license.¹⁸⁴ Activist and Reverend at the Metropolitan Community Church of Toronto, Brent Hawkes, read the banns for two same-sex couples—Elaine Vautour and Anne Vautour (who legally changed her last name prior to marriage), and Joe Varnell and Kevin Bourassa—in December 2000. A joint wedding was held in January 2001 with both intense support and opposition from the public. The couples were driven to the church in armored SUVs and escorted by private security.¹⁸⁵ Reverend Hawkes phoned his family the night before the weddings to tell them he loved them in case he was killed. He was given a bulletproof vest to wear and escorted to the church by police.¹⁸⁶

Although married under the *Marriage Act* via the publication of banns, the Vautours and Varnell and Bourassa were denied certification by the provincial registrar. In response, the Metropolitan Community Church of Toronto launched a legal challenge. In January 2001, the challenge was amalgamated with legal challenges in the Ontario Superior Court from other same-sex couples into *Halpern v. Canada*. On July 12, 2002, the court unanimously held that the common law definition of marriage as the “lawful and voluntary union of one man and one woman to the exclusion of all others” infringed the couples’ equality rights. However, the judges did not agree unanimously on how to remedy the situation. It was ruled that the federal government would have two years to amend legislation, failing which the common law definition of marriage by substituting the words “two persons” for “one man and one woman” would be automatically triggered.¹⁸⁷

The Attorney General of Canada appealed the decision. The applicant couples also appealed the ruling on the remedy as they wanted the definition of marriage to be amended immediately. On June 10, 2003 the Ontario Court of Appeal ruled that not only that the exclusion of same-sex couples from the definition of marriage was a clear violation of the *Canadian Charter of Rights and Freedoms* but that the reformulation of the common law definition of marriage as, “the voluntary union for life of two persons to the exclusion of all others” was to take effect immediately. It also ordered the Clerk of the City of Toronto to issue marriage licenses to the seven couples of *Halpern v. Canada* and ordered the Ontario Registrar General to register the marriage certificates of the Vautours and Bourassa and Varnell (making them the first legally recognized same-sex marriages in Canada).¹⁸⁸ Michael Stark and Michael Leshner—one of the applicant couples in *Halpern v. Canada*—were married just hours after the ruling was issued.¹⁸⁹

In the weeks that followed, hundreds of same-sex couples were married in Ontario, including many from the U.S.¹⁹⁰ On June 17, 2003, Prime Minister Jean Chrétien announced that the federal government would not appeal the decision to the Supreme Court and would instead propose a *Civil Marriage Act*.¹⁹¹ Over the next two years (and following several legal challenges), other provinces and territories amended their laws to include same-sex couples in the definition of marriage. On July 20, 2005, Bill C-38 the *Civil Marriage Act* received royal assent and became law. Under Premier Ralph Klien—who called same-sex marriage “morally

wrong”—the government of Alberta had attempted to block-same sex marriage via the notwithstanding clause and other legal means.¹⁹² However, the Alberta government gave up the fight against same-sex marriage, admitting that there were no legal options left.¹⁹³ Alberta, Prince Edward Island (PEI), the Northwest Territories, and Nunavut were the only provinces and territories who had to change their laws to comply with the *Civil Marriage Act*.¹⁹⁴

Running parallel to the fight for same-sex marriage in Canada was the fight for same-sex couples to adopt children. A legal challenge brought to Ontario Court of Justice by four lesbian couples argued the *Child and Family Services Act of Ontario* discriminated against them by preventing them from legally adopting their partner’s biological children due to the definition of “spouse” meaning a member of the opposite sex.¹⁹⁵ One of the couples involved in the case, Alison Kemper and Joyce Barnett, later joined the legal challenge *Halpern v. Canada*.¹⁹⁶

In 1995, Judge Nevins ruled that there was no evidence that having homosexual parents was in opposition to the best interest of a child, and that adoption applications being denied simply because the individuals are homosexuals was so egregious that Nevins concluded that he, “could not imagine a more blatant example of discrimination.”¹⁹⁷ In his ruling, Nevins stated that the *Child and Family Services Act of Ontario* already recognized that the best interest of children can be served by multiple types of families as it allowed for adoptions by common law heterosexual partners, as well as by single individuals. Nevins was also clear that the case was not to be settled on unfounded prejudice or fears about gays and lesbians. He stated:

When one reflects on the seemingly limitless parade of neglected abandoned and abused children who appear before our courts in protection cases daily, all of whom have been in the care of heterosexual parents in a “traditional” family structure, the suggestion that it might not ever be in the best interests of these children to be raised by loving, caring and committed parents, who might happen to be lesbian or gay, is nothing short of ludicrous.¹⁹⁸

Although the ruling only applied to the four couples involved in the case, Nevins’ conclusion that legislation preventing gay and lesbian couples from adopting children was unconstitutional opened the door to legal challenges from same-sex couples seeking to adopt children who were not the birth child of either partner.¹⁹⁹ When the Ontario government finally amended the *Child and Family Services Act of Ontario*—in 1999 in response to *M. v. H*—it did not include the words “same-sex partners”. Instead, it stated that an adoption application could be made by one individual, jointly, by two individuals who are spouses of one another, or by any other individuals that the court may allow, having regard to the best interests of the child.²⁰⁰

Radbord argues that, “while this legislative drafting could be read as expansive and inclusive, the refusal to include the phrase “same-sex partner” in the adoption legislation, especially when it had already been judicially amended, was clearly motivated by homophobia”.²⁰¹ British Columbia—the first province to actually enact legislation that allowed same-sex couples to make joint applications for adoption in 1996—took a similar path. Instead of changing the definition of “spouse,” they amended the *Adoption Act* to make gender-neutral references to joint adoption by “two adults”.²⁰²

Gender Identity and Gender Expression Added to the Charter

As ruled in *Vriend v. Alberta*, omissions in human rights legislation can be violations of the *Canadian Charter of Rights and Freedoms*. Legal experts were quick to point out that this could pave the way for gender identity and gender expression to be added to human rights legislation. In 2002, the Northwest Territories became the first jurisdiction in Canada to include gender identity in its human rights legislation.²⁰³ All other provinces and territories eventually followed their lead due to a combination of legal challenges and activism.

YEAR	PROVINCE	GENDER IDENTITY ADDED	GENDER EXPRESSION ADDED
2002	Northwest Territories	Yes	Added in 2019 ²⁰⁴
2012	Ontario ²⁰⁵	Yes	
2012	Nova Scotia ²⁰⁶	Yes	
2012	Manitoba ²⁰⁷	Yes	No*
2013	Newfoundland and Labrador ²⁰⁸	Yes	
2013	Prince Edward Island ²⁰⁹	Yes	
2014	Saskatchewan ²¹⁰	Yes	No
2015	Alberta ²¹¹	Yes	
2016	British Columbia ²¹²	Yes	
2016	Quebec ²¹³	Yes	
2017 (MARCH)	Nunavut ²¹⁴	Yes	
2017 (MAY)	New Brunswick ²¹⁵	Yes	
2017 (JUNE 14)	Yukon ²¹⁶	Yes	

* *Bill 43*, which proposes adding gender expression to the *Human Rights Code*, was introduced in the legislature in March 2025.²¹⁷

At the federal level, NDP MP Bill Siksay had repeatedly introduced bills to amend the *Canadian Human Rights Act* to include gender identity since 2005, but all were defeated (some due to an election being called). In 2016, Minister of Justice and Attorney General Jody Wilson-Raybould introduced Bill C-16, *An Act to amend the Canadian Human Rights Act and the Criminal Code*. Bill C-16 proposed adding gender identity and gender expression to the list of prohibited grounds of discrimination in the *Canadian Human Rights Act*. It also proposed amending the *Criminal Code* to extend the protection against hate propaganda (a.k.a. hate speech) to gender identity and gender expression, and, if there's evidence that an offence is motivated by bias, prejudice, or hate for a person's gender identity or gender expression, it must be taken into account by the courts during sentencing.²¹⁸

Bill C-16 sparked a nation-wide debate but, given that all provinces and territories had already enacted legislation to include gender identity as a protected ground, and all but two of the provinces had enacted legislation to do the same for gender expression, all Bill C-16 did was bring federal laws up to date with already established laws. Transphobic opponents of transgender rights like disgraced psychologist Jordan Peterson stoked fears that Bill C-16 would legislate compelled speech (speech that's forced or required by the government) and that people would be arrested for using the incorrect pronouns for transgender people.²¹⁹

Legal experts were quick to point out that on its own, misusing pronouns can't reach the threshold of advocating genocide, inciting hatred, hate speech, or hate crimes. They also stated that any action taken against an individual for discriminating against a person's gender identity or gender expression would start with a complaint to a human rights tribunal, the remedies of which include monetary compensation, sensitivity training, issuing an apology, or a publication ban—which is indeed what happened later in tribunals that involved complaints of misgendering in Ontario, British Columbia, and at the Canadian Human Rights Tribunal.²²⁰²²¹²²² It would only be escalated to court if the person refused to comply with the tribunal's order.²²³ Despite the fearmongering, a poll conducted by the Angus Reid Institute in the summer of 2016 found that 84% of Canadians supported Bill C-16.²²⁴ To date, no one in Canada has been arrested or imprisoned for misgendering someone.

Some will point to the case of *A.B. v. C.D.* as an example of the harms of Bill C-16. To be clear, Bill C-16 impacts federal jurisdiction and the case of *A.B. v. C.D.* falls under provincial jurisdiction. The case began in 2018 when the father (C.D.) refused to consent to his transgender son (A.B.) receiving hormone therapy, despite the support of A.B.'s mother (E.F.) (all names are protected by a publication ban). A.B. had socially transitioned and at age 13—after living openly as his preferred gender expression for two years—he was assessed by a psychologist who found that A.B. met the criteria for gender dysphoria. Under the *Infants Act*, parental consent is not required to administer health care to a minor when the health care provider is satisfied the minor understands the treatment's nature and consequences, and has concluded the health care is in the minor's best interests. A.B. was evaluated multiple times (before and during the legal challenge) and it was determined he displayed reasonable judgement and insight. In December 2018, C.D. filed an application in the Provincial Court of British Columbia to prevent A.B. from seeking treatment for gender dysphoria without C.D.'s consent. The hearing proceeded without notice to A.B. and ordered that he be prevented from pursuing treatment. In February 2019, both A.B. and C.D. initiated proceedings in the *Supreme Court of British Columbia*.

After several rounds of litigation and appeals, the British Columbia Court of Appeals ordered that C.D.:

- i. acknowledge and refer to AB as male and employ male pronouns, both generally and with respect to any matters arising in these proceedings;
and
- ii. identify AB by the name he has chosen, both generally and with respect to matters arising in these proceedings

The court also upheld a modified version of the publication ban and that A.B. had won in an earlier trial to prevent C.D. from giving interviews with publications that misgendered A.B. and published his personal and medical information. C.D. had appealed the decision as the original protection order had prevented him from sharing his opinion on his son's transition with family and friends. The court ruled that part of C.D.'s appeal to be upheld, provided that none of his family and friends were connected with the media or any public forum and as long as they assured C.D. they wouldn't share his information or views with others. C.D. was still prevented from sharing his opinion with media or in a public forum via a conduct order that was made with the objective of protecting the best interests of A.B.²²⁵

C.D. did not adhere to the court orders. Instead, he continued speaking publicly about the case and his son's medical details. C.D. even created a fundraiser and a video—which shows his face and full name—to advertise the fundraiser in which he declared he's, "fighting the far left based on a civil disobedience defence".²²⁶ In July 2020, Crown counsel filed an application in the Supreme Court of British Columbia that sought to have C.D. found guilty of criminal contempt of court. In March 2021, Crown counsel sought an arrest warrant for C.D. and he was remanded into custody.²²⁷ C.D. pleaded guilty to criminal contempt of the court and, in April 2021, was sentenced to six months in prison, 18 months' probation and ordered to make a donation of \$30,000 to Ronald McDonald House Charities.²²⁸ C.D. appealed the sentence, arguing that he received "ineffective assistance of counsel." The court granted the appeal in August 2023, substituted a sentence of time served, repealed the donation order, and upheld the 18 months' probation. It should be noted that C.D. still retained the "ineffective" counsel to represent him in other legal matters until at least the fall of 2021.²²⁹

Despite what Peterson and opponents of Bill C-16 claim, C.D. was not arrested and imprisoned for misgendering his son. He was arrested and imprisoned for repeatedly breaching court orders to refrain from giving interviews to the media and speaking publicly about personal and private information such as A.B.'s gender identity, physical and mental health, medical status or treatments.²³⁰ It remains to be seen whether C.D. will comply with the court order this time. In one of the hearings prior to C.D.'s sentencing, he stated he would comply with the court orders, "because he had gotten his message out, there was nothing more for him to do, and he would pass on the torch to others."²³¹ To this day, much of the material C.D. shared about the case and his son remains online and publicly accessible, though it will not be cited in this paper to protect A.B.'s identity.

It should be noted however that the same debunked arguments Peterson and co. used against Bill C-16 are still being used today. On March 18, 2025, Bill 43 was introduced in the Manitoba legislature. Similar to what other jurisdictions in Canada already have, Bill 43 would amend The Human Rights Code to expand the list of protected characteristics to include gender expression.²³² In an opinion column published on March 19, 2025, in The Winnipeg Sun, Kevin Klein, President and CEO of The Klein Group Ltd. (which owns The Winnipeg Sun) wrote:

[Bill 43] It's not about protecting people from discrimination. It's about compelling speech, forcing everyone to participate in an ideology they may not share, under threat of legal sanction...

Teachers, employers, and even everyday citizens could face legal complaints for what they say — or don't say.²³³

Again, apart from Saskatchewan, the human rights codes in all other provinces and territories already include gender expression as a protected ground. It's been eight years since gender expression was added to the *Canadian Human Rights Act* and the *Criminal Code*, and thirteen years since it was added to the human rights codes of two of the provinces. So far, there's been a decided absence of legal complaints about gender expression brought against workers and citizens.

Ban on Conversion Therapy

"Conversion therapy" or "reparative therapy" is a non-scientific and dangerous practice that attempts to change the sexual orientation or gender identity of 2SLGBTQIA+ people to heterosexual and cisgender. It is rooted in the incorrect, prejudiced, harmful, and discriminatory beliefs that heterosexuality and cisgender are the natural, correct, and superior identities.²³⁴ Studies have found that conversion therapy can cause depression, post-traumatic stress disorder (PTSD), and suicide—particularly when a person underwent conversion therapy for both their sexual orientation and gender identity.²³⁵

The name conversion therapy is misleading as the practice is not based on legitimate therapy and has been widely criticized by most medical and mental health experts—including the Canadian Psychological Association, the Canadian Mental Health Association, and the Canadian Paediatric Society—for decades.²³⁶ Survivors of conversion therapy and health professionals suggest shifting from the term conversion therapy to "conversion practices" or "sexual orientation and gender identity and expression change efforts (SOGIECE)".²³⁷ Given that this section of the paper discusses Bill C-4, *An Act to amend the Criminal Code (conversion therapy)*, the term "conversion therapy" will be used for the sake of continuity. However, NUPGE, who represents thousands of health care workers, agrees that conversion practices or SOGIECE are more accurate terms.

A Canadian study conducted between November 2019 and February 2020 found that 10% of participants had experienced conversion therapy. Of those participants who had experienced conversion therapy, 20% were non-binary, 19% were transgender, 13% were aged 15-19 (with 72% experiencing it before the age of 20), 15% were immigrants, and 11-22% were racial/ethnic minorities (with variability by identity). 67% of participants who had experienced conversion therapy reported it happened in a religious or faith-based setting and 20% reported it happened in a licensed health care provider's office.²³⁸ Other research from Trans PULSE Canada found that 11% of transgender and non-binary people had experienced conversion therapy.²³⁹

The federal government introduced legislation to ban conversion therapy three times, the first two attempts (Bill C-8 and C-6) being derailed by the COVID-19 pandemic and the 2021 federal election.²⁴⁰ On January 7, 2022, Bill C-4, *An Act to amend the Criminal Code (conversion therapy)*, went into force.²⁴¹ A key difference between Bill C-4 and its predecessors is the inclusion of a demand from survivors of conversion therapy and advocates to make it a crime for anyone to undergo conversion therapy, even if an individual consents. Their argument is

that a person cannot consent to what amounts to fraud and torture.²⁴² The summary of Bill C-4 states:

This enactment amends the Criminal Code to, among other things, create the following offences:

- a. causing another person to undergo conversion therapy;
- b. doing anything for the purpose of removing a child from Canada with the intention that the child undergo conversion therapy outside Canada;
- c. promoting or advertising conversion therapy; and
- d. receiving a financial or other material benefit from the provision of conversion therapy.

It also amends the Criminal Code to authorize courts to order that advertisements for conversion therapy be disposed of or deleted.²⁴³

In addition to federal laws, conversion therapy is also banned in some provinces, territories, and municipalities. Ontario, Nova Scotia, Prince Edward Island, Yukon and Quebec all have legislation addressing different aspects of conversion therapy (that was enacted prior to the federal ban).²⁴⁴ Manitoba had also issued a non-legally binding position statement calling on regional health authorities and health profession regulatory colleges to ensure that conversion therapy is not practiced in the province's health care system.²⁴⁵ Individual municipalities in British Columbia, Alberta, and Saskatchewan also expressly banned the practice and promotion of conversion therapy within their city limits (many of which did so prior to the federal ban).²⁴⁶

While banning conversion therapy is a good and necessary step, it does not eradicate the practice, nor does it address the needs of the survivors of conversion therapy. Since Bill C-4 became law, there have been no charges laid against individuals or companies for practicing conversion therapy. Researchers believe this could indicate that instead of being eliminated, the practice of conversion therapy has gone underground.²⁴⁷ Investigative reporting from CBC Marketplace indicates that conversion therapy is still taking place through the unregulated life coaching industry, particularly by individuals in the U.S.²⁴⁸

A 2024 report from the Community-Based Research Centre to the Department of Justice featured the experiences of 2SLGBTQIA+ conversion therapy survivors who are BIPOC, immigrants, newcomers, and refugees. Participants stated that conversion therapy was still ongoing and that it had damaging effects on their mental and physical health, including ongoing denial of 2SLGBTQIA+ identity, loss of life opportunities, loss of important connections and relationships, and isolation. Offering and receiving peer support was highlighted as a critical factor in many of the participants' healing journeys. Participants identified the need for low cost and low barrier mental health services and culturally sensitive and trauma-informed support that meets the needs of their intersecting identities.²⁴⁹

The 1980s AIDS Epidemic and the Lasting Discrimination

The disease we now call AIDS was originally called Gay-Related Immune Deficiency (GRID) due to the initial infections in the 1980s occurring in young, healthy gay men, leading to the incorrect belief that it only affected gay men.²⁵⁰ The first case of AIDS in Canada occurred in March 1982.²⁵¹ The exact numbers of people in Canada living with HIV and AIDS are unknown, but between 1985 and 2000, there were 48,014 HIV-positive (HIV+) tests reported in Canada.²⁵²

Like what we witnessed during the COVID-19 pandemic, fear and misinformation ran rampant during the AIDS epidemic. Many people underestimated the scope of the AIDS epidemic and blamed gay men for spreading the disease. Some people felt that AIDS was a divine punishment inflicted on gay men for their sexuality.²⁵³ In the U.S., some religious and political leaders called for gay acts to be criminalized in the name of public health. It was also initially believed that AIDS could not be passed to partners through heterosexual sex which endangered the lives of women, regardless of sexual orientation, because they went undiagnosed and untreated.²⁵⁴ Scientific magazines like *Discover* ran stories speculating that AIDS came from Haiti and that vaginas are more “rugged” than rectums, concluding that, “AIDS ... is now – and is likely to remain – largely the fatal price one can pay for anal intercourse”.^{255,256} In 1983, the U.S. Centers for Disease Control and Prevention (CDC) ruled out the possibility of AIDS being transmitted via skin-to-skin contact, air, water, and food, but the misconceptions about the ways AIDS spread remained.²⁵⁷

Fear and misinformation about AIDS, compounded with pre-existing homophobia, resulted in increased discrimination against gay and bisexual men. Media around the world ran headlines about the “gay plague” and “gay cancer”.²⁵⁸ People with AIDS were kicked out of their homes, fired from their jobs, and not touched by anyone (including medical professionals). Gay and bisexual men whose partners died from AIDS were routinely excluded from hospitals, funerals, obituaries, and legal benefits.²⁵⁹ In 1987, Bill 34, the *Health Statutes Amendment Act*, was introduced in the British Columbia legislature. It contained provisions for quarantining people with any kind of infectious, communicable disease. Activists were quick to point out that there were already provisions in the law that allowed for that, accusing lawmakers of using the bill to incite homophobia.²⁶⁰ Also in 1987, Princess Diana caused a media frenzy when she opened the U.K.’s first HIV/AIDS unit at the Middlesex Hospital and made a point of shaking the hand of a man with AIDS without wearing gloves. That moment is widely credited with being the event that had the biggest impact on shifting the public’s perception of AIDS.²⁶¹

In a 2014 interview with the AIDS Activist History Project, Sean R. Hosein, Science and Medical Editor at the Canadian AIDS Treatment Information Exchange (CATIE) summarized how many gay and bisexual people felt during the AIDS crisis in the 1980/90s:

Public Health and the government did very little in the first decade of the HIV epidemic to help people who were ill and who were dying. You know, when you had the Tylenol scare, when you had Legionnaire’s disease, when you had anything like that Public Health moves swiftly and rapidly to deal with that – Toxic Shock Syndrome even. But, for the first time you had people of a minority who were despised and who were dying and the official policy was official silence and official indifference. And I think gay people at that time felt abandoned. They are citizens just like everybody else and it caused a

deep sense of alienation among people with HIV and people who were their friends, and gay people as well. It was a double whammy for them. The state was trying to deny people their civil rights and they were actively opposing measures to help people with this plague. And that official indifference made AIDS far worse than it would ever be. Its spread was what is described as exponential; it means extremely far and fast. Had they acted in a responsible way – authorities around the world – when this broke out, HIV would not have spread so far in Western Europe and Canada and other countries. But by the time they finally started to act it was too late.²⁶²

In March 1984, the Canadian Red Cross—which at that point in time was largely responsible for Canada’s blood supply—denied that AIDS could contaminate blood products. In March 1985, major blood suppliers in the U.S. began testing blood products for AIDS, but the Canadian Red Cross did not follow suit until November 1985.²⁶³ This put people with hemophilia and other conditions that require regular blood transfusions at significant risk of contracting HIV. Over the course of the 1980s, it became clear that many people in Canada had received blood products contaminated with HIV or Hepatitis C. By the early 1990s, several hundred Canadians infected with HIV had developed AIDS (many of whom had already died). Many who received a blood transfusion in the 1980s didn’t learn they were HIV+ until years later, often when they did testing that was part of applying for life insurance.²⁶⁴ Approximately 2,000 people were infected with HIV and approximately 30,000 were infected with Hepatitis C, in both cases through tainted blood products.²⁶⁵

In 1989, the federal government announced a compensation program for people who contracted HIV through blood products, provided they would release the government from any liability.²⁶⁶ The compensation package of \$120,000 was to be paid in four equal installments, something that some AIDS activists called “shut up and die money”—particularly since the initial federal program only lasted four years and anyone who was HIV+ was expected to die quickly.²⁶⁷

Despite public outcry, in 1992 the federal government and Canadian Red Cross denied the need for an inquiry.²⁶⁸ AIDS ACTION NOW! (AAN!), the Canadian branches of AIDS Coalition to Unleash Power (ACT UP), and other AIDS activists continued to push for an inquiry. Public pressure increased as the government of Nova Scotia began to provide financial assistance to people infected with HIV via blood products, as well as to their spouses (if the were also infected) and to surviving family members, on the condition that they release the government and others from liability.²⁶⁹ This offer did not come from a place of compassion on the part of the government, but from the activism of Janet and Randy Conners (and other activists with the AIDS Coalition of Nova Scotia) after Randy received tainted blood as part of a routine transfer to treat hemophilia. After both of the Conners tested HIV+ they joined the AIDS Coalition of Nova Scotia to speak out about the blood supply and compensation for the victims. After participating in a CBC documentary on AIDS, Janet pushed the AIDS Coalition of Nova Scotia to organize a meeting with the Minister of Health, George Moody, regarding compensation. Due to rising public pressure and an impending provincial election, Moody agreed to meet with the coalition and negotiated compensation.²⁷⁰

In 1993, the federal government finally acquiesced to pressure from activists and the public and announced a public inquiry into the Canadian blood system and appointed Justice Horace Krever as the commissioner.²⁷¹ The inquiry was conducted over four years and culminated in a report that was presented to the House of Commons in 1997. It concluded that the Canadian Red Cross, Health Canada, provincial governments, and the federal government failed to take precautionary screening and testing measures to protect the blood supply.²⁷² Given Canada's lack of a national blood policy, the inquiry found evidence that included, but was not limited to:

- Cost-saving measures such as not using a test that would have prevented 85% of hepatitis C infections.²⁷³
- Importing plasma collected from high-risk individuals in the U.S. (many of whom received compensation for their plasma).²⁷⁴
- Delaying the purchase of safer, heat-treated blood products for people with hemophilia out of a desire to use up the potentially contaminated products.²⁷⁵
- A failure to notify those who may have been infected.²⁷⁶

Writing specifically on the lack of notification, Krever stated:

Public statements made by the Red Cross, advising those concerned to consult their physicians, appear to have been aimed more at allaying fears than at communicating useful information to potentially infected persons. Government officials appear to have been more concerned about preventing public questioning about the safety of the blood system and about deflecting controversy than about informing persons who might be infected. It was only when government officials were met with the findings of the Hospital for Sick Children study in 1993 and the ensuing publicity that they acted in an appropriately assertive manner.²⁷⁷

The report contained fifty recommendations on the blood system for the future. The first two recommendations were:

1. It is recommended that, without delay, the provinces and territories devise statutory no-fault schemes for compensating persons who suffer serious, adverse consequences as a result of the administration of blood components or blood products.
2. It is recommended that the Canadian blood supply system be governed by five basic principles:
 - a. Blood is a public resource.
 - b. Donors of blood and plasma should not be paid for their donations, except in rare circumstances.
 - c. Whole blood, plasma, and platelets must be collected in sufficient quantities in Canada to meet domestic needs for blood components and blood products.
 - d. Canadians should have free and universal access to blood components and blood products.
 - e. Safety of the blood supply system is paramount.²⁷⁸

Despite Krever's report conclusively pointing the finger at institutions, prejudice against gay and bisexual men regarding blood donations persisted. In 1992, the Canadian Red Cross (and later Canadian Blood Services) enacted a lifetime ban on blood donations from men who had sex with men.²⁷⁹ Activists fought to remove the ban and it was reduced to a five-year ban after being sexually active, then to a one-year ban after being sexually active, and later to a three-month ban after being sexually active. Canadian Blood Services (CBS) argued that the ban was necessary because HIV is more prevalent among men who have sex with men.²⁸⁰

Activists and 2SLGBTQIA+ organizations continued to advocate for CBS to end the ban. In 2015, Prime Minister Justin Trudeau promised to remove the ban.²⁸¹ That promise came true, albeit seven years later, when CBS ended the ban and implemented sexual behaviour-based screening for all donors in September 2022.²⁸² At the same time, CBS also removed questions for transgender and gender-diverse donors regarding gender-affirming surgeries and their sex assigned at birth. In their apology, CBS stated that they "regret that for many years the former policy also contributed to discrimination, homophobia, transphobia, and HIV stigma within society".²⁸³ Shortly after the ban was lifted by CBS, Héma-Québec (which manages the blood supply for Quebec) lifted a similar ban.²⁸⁴

That said, some activists are critical of CBS' new sexual behaviour criteria.²⁸⁵ The screening questions focus on anal sex and not vaginal or oral sex, and prevent anyone who has anal sex with a new partner or multiple partners from donating for three months. It also prevents people who take pre-exposure prophylaxis or PrEP (a medication taken by people who don't have HIV that reduces the risk of acquiring HIV) from donating until four months after their last dose.²⁸⁶ Christopher Karas, who filed a complaint with the Canadian Human Rights Commission to remove the ban in 2016, states, "what they're saying is that gay and bi men and transgender [people]... are engaging primarily in anal sex. They're stigmatizing us through this new policy."²⁸⁷ Dr. Nathan Lachowsky, research director at the Community Based Research Centre, also points out, "we know that HIV-positive people with undetectable viral loads are unable to transmit the virus, but [the] deferral policy doesn't reflect that. [They] also don't ask any questions about condom use or protection, which are very important factors."²⁸⁸

Gay and bisexual men face discrimination in other donation systems. Health Canada changed their sperm donation policies to align with CBS' sexual behaviour-based screening questions in May 2024.²⁸⁹ The change was brought on by a constitutional challenge filed in January 2023 by a gay man who felt that the previous policy of preventing men who had sex with men in the past twelve months made him feel like a second-class citizen.²⁹⁰

Men who have sex with men are labeled "high risk" tissue donors. A case is now being fought in Nova Scotia by Cindy Gates-Dee and Jacob MacDonald (the mother and husband of the deceased) on behalf of Liam Dee whose tissue donation was rejected in 2022 due to his "homosexual status". Neither Gates-Dee or MacDonald were asked any questions about Dee's lifestyle to determine the risk factors of his donation.²⁹¹ Gates-Dee and MacDonald are stuck in a jurisdictional limbo as the Nova Scotia Human Rights Commission told them to appeal to the federal authority and the Canadian Human Rights commission told them the provinces have the authority to make their own policies. They were later informed by

the Canadian Human Rights Commission that their complaint was out of scope as they were challenging a law which can't be changed through the commission or the tribunal. They are currently considering a charter challenge.²⁹²

On March 27, 2025, Michael Fazal launched a charter challenge against Health Canada's policy of banning men who have had sex with men in the last twelve months from donating organs. Fazal's lawyers argue that, "in the limited circumstances that gay and bisexual men are permitted to donate their organs, such donations are only allowed as a last resort and only after such organs are labelled as 'higher risk' organs, even though the label has no basis in fact or in testing".²⁹³ It should be noted that all the policies described above apply to sex assigned at birth and also stigmatize transgender women and gender-diverse people who have sex with men.

HIV still exists in Canada. In 2022, there were an estimated 65,270 people living with HIV in Canada, and the number continues to increase due to ongoing transmission and increased longevity for people living with HIV.²⁹⁴ According to research from the Public Health Agency of Canada, gbMSM, people who inject drugs, Indigenous people, people incarcerated in federal correctional facilities, Black people, and people of colour are overrepresented in HIV statistics (it should be noted that national numbers of Black and people of colour who have HIV were not tracked until 2020).²⁹⁵ While the federal government does disaggregate gbMSM HIV data, a 2024 scoping review by CATIE found that Black gbMSM have higher HIV diagnosis rates than white gbMSM.²⁹⁶ It's clear that more work needs to be done—particularly with marginalized populations—to prevent the spread of HIV and support those living with HIV. It's also clear that governments, health agencies, and blood services must do more to remove discriminatory barriers and earn the trust of 2SLGBTQIA+ people, particularly gbMSM.

GROWING TRANSPHOBIA IN CANADA

Public Safety Canada describes grooming children as, "when someone builds trust with a child, and sometimes the adults around them, to gain access to and control the child by normalizing certain behaviours and expectations."²⁹⁷ The homophobic myth that gay men are all groomers and pedophiles has existed in Western culture since at least the 1920s. Writer Susanna Cassisa points to 1920s Germany as the origin in modern times:

With homosexuality more visible than ever before, some notable psychologists and psychiatrists claimed that it was spreading at an alarming rate, particularly among young men and boys. Medical professionals theorized that homosexuality was not innate but acquired, often through seduction by a more experienced gay man.

This theory was really an effort to grapple with rapid social and cultural changes in the aftermath of World War I. Many women had newfound economic independence through their work in war industries. Nearly 2 million German men had died in the war, causing trauma and a demographic gender imbalance. The disproportionate number of unmarried or widowed women fed concerns about homosexuality and the falling birthrate.

Soon, arguments proliferated that homosexuality threatened the very integrity of the nation by undermining traditional gender roles, marriage and family life. The theory

that young people were being seduced into homosexuality was therefore a prominent topic. This was an early form of the “grooming” moral panic of today — and it substantially influenced the debate in Germany, shaping anti-gay policy while betraying broader cultural anxieties.²⁹⁸

Tactics that are disguised as a way to protect women’s rights and children, but are really meant to undermine the rights of equity-deserving groups are most evident in the United States but can be found in many other western countries, despite a complete lack of evidence for any of their claims. So too are the links between so-called parental rights organizations, anti-2SLGBTQIA+ organizations, and white supremacy organizations.

In the 1970s, homophobic, anti-gay activist Anita Bryant led an effective campaign called *Save Our Children*, in opposition to a Dade County, Florida law that would have outlawed discrimination on the basis of sexual orientation in employment, housing, and public services. Bryant’s campaign was premised (incorrectly) on the fear that since gay people can’t have children, they need to prey on and recruit children to their “cause”. The goal was to make voters believe that gay people were amoral, promiscuous, and defiant of traditional gender roles, but most importantly, that they were a specific danger to children.

Bryant and the other organizers knew they had to present gay people as a risk to children to sway the voters who were otherwise tolerant or accepting of gay people. Bryant made specific, false links to gay men being pedophiles and was known for saying, “some of the stories I could tell you of child recruitment and child abuse by homosexuals would turn your stomach.”²⁹⁹ These links remained in the minds of the public and were reinforced by the media using selective reporting, covering stories that linked the sexual abuse of children to homosexuality.³⁰⁰ Implicit messaging that linked homosexuality with abuse supported the *Save Our Children* campaign, and the law was repealed.³⁰¹

The same homophobic myths from 1920s Germany and the tactics Bryant used against gay people in the 1970s are being used today to target transgender and gender-diverse people. Although some transphobia and anti-transgender movements are undoubtedly imported from other countries, particularly the U.S., we should not ignore the home-grown transphobia that exists in Canada. Nor should we ignore the transphobia Canada has exported to the rest of the world.

The Centre for Addiction and Mental Health (CAMH) operated the Gender Identity Clinic for Children from 1975 to 2015. It was closed after an external review, triggered by complaints that the clinic was violating the human rights of transgender and gender-diverse youth. The review concluded that, among other things, the clinic was “out of step with current clinical and operational practices” and actually continued to practice treatments that went against the findings of the clinic’s own research.³⁰² Clinic founder Dr. Susan Bradley and her research partner Dr. Kenneth Zucker—whose methods have been criticized for being similar to conversion therapy—continue to be held up as authorities by the anti-gender movement.³⁰³

Jordan Peterson, arguably one of the biggest names in the western anti-gender movement—whom Prime Minister Justin Trudeau swore under oath during his testimony for the

Foreign Interference Commission was funded by Russian state-owned media RT— was born in Edmonton, Alberta.³⁰⁴ A report from the Integrated Terrorism Assessment Centre (ITAC) states that, “anti-2SLGBTQI+ narratives remain a common theme in violent rhetoric espoused by white nationalists, neo-Nazis, the Freedom Movement, and networks such as Diagonol and QAnon.”³⁰⁵

Hands Off Our Kids and Family ♥ Freedom are the two lead organizations behind the anti-transgender *1 Million March 4 Children that happened across Canada on September 20, 2023*.³⁰⁶ Partner organizations included: Save Canada, Veterans for Freedom, Stand United, Police On Guard For Thee, and the Campaign Life Coalition.³⁰⁷ The Save the Children Convoy, an anti-transgender group who called for the arrests of MPs based on conspiracy theories about pedophilia, were invited into the House of Commons as VIP guests by Conservative MP Arnold Viersen.³⁰⁸

Chris Elston, better known as Billboard Chris, is a Canadian anti-transgender activist and has over 600,000 followers on social media. Elston has stated that he was one of 40 people brought together by U.S. right-wing think tank, the Heritage Foundation, to “fight gender ideology.”³⁰⁹ The Heritage Foundation has played a major role in influencing U.S. politics since the 1980s when President Ronald Reagan implemented policies created from Heritage Foundation studies.³¹⁰ The Heritage Foundation is also behind the infamous Project 2025, a Christian nationalist roadmap to reshape the U.S. as a dictatorship that U.S. President Donald Trump appears to following.³¹¹

Active Club is an international neo-Nazi organization with multiple chapters in Canada. Active Club centers around two primary principles: self-improvement through fitness and white nationalism.³¹² Maintaining a cover as a white-only workout club, their goal is to train members in combat sports to create a private army who can be deployed to defend the “white race” from genocide (aka the great replacement theory).³¹³ Members of the Active Club have attended protests against drag story time in multiple provinces.³¹⁴

Action4Canada is a Christian nationalist organization with a history of Islamophobic and anti-2SLGBTQ+ activism. They also support conspiracy theories related to COVID-19, vaccines, climate change, and 5G cell service.³¹⁵ Action4Canada claims they were a major influence on the Saskatchewan Conservative government’s Bill 137 (which will be discussed in a later section).³¹⁶

The anti-gender movement in Canada has unfortunately made strong alliances with conservative Muslim organizations and individuals, particularly through religious texts that supposedly condemn transgender and gender-diverse people. These connections were made by connecting with Muslim groups that have always been anti-2SLGBTQIA+ and by using the same fearmongering techniques that sway other demographics of Canadians. This has caused significant fissures within Muslim communities in Canada, pitting conservative and progressive Muslims against each other. Hazel Woodrow, a queer, Muslim educator says, “these alliances emerge out of shared opposition to the very real social movements of liberalism, secularism, and feminism, as well as to the social forces alleged by conspiracy theories like ‘cultural Marxism,’ ‘wokeism,’ and ‘globalist elites’.”³¹⁷

The partnership has also allowed the anti-gender movement to make inroads with removing 2SLGBTQIA+ materials from schools, as Muslim anti-gender movement supporters argue that teaching Muslim students about 2SLGBTQIA+ people is Islamophobic (ignoring the existence of Muslims who are 2SLGBTQIA+).³¹⁸ It has also fractured progressive protest movements as activists that are standing side-by-side at a protest to end the genocide against Palestine may find themselves on the opposite side of those allies at a protest to protect drag story time. While the impact of this religious conservatism is devastating on 2SLGBTQIA+ communities (especially on 2SLGBTQIA+ Muslims) it is important to note many Muslims resist culturalist explanations of this conservatism, arguing that homophobia and transphobia is an imperial import, and diversity in sexuality and gender has always existed in Islamic culture.³¹⁹

In 2020, the Ontario Conservative government attempted to pass legislation that would give university status and the ability to grant Bachelor of Arts and Bachelor of Science degrees to Canada Christian College. The president of the college, Charles McVety— who is a personal friend of Ontario Premier Doug Ford—is an outspoken opponent of 2SLGBTQIA+ rights and promotes antisemitism and Islamophobia.³²⁰

There is also strong support for the anti-gender movement in Canada by trans-exclusionary radical feminists (TERFs) or gender-critical feminists (as they prefer to be called). To be clear, radical feminists (or RadFems) are not all TERFs, despite the overlap in names.³²¹ There may be some variation in belief between individuals, but at the core of the movement, TERFs:

- Deny the existence of gender identity and gender fluidity.
- Only recognize assigned sex at birth.
- See the transgender rights movement as a threat to women’s rights.
- Believe the “concept” of transgender identity is a patriarchal construct created to undermine feminist movements and encroach on women’s spaces.³²²

The TERF movement is not new, stemming from the second-wave feminism of the 1970s.³²³ However, it has seen a resurgence in recent years thanks to support from high-profile figures such as author J.K. Rowling. In addition to the feminist movement, TERF ideology has also caused division in lesbian communities.³²⁴ Scholars have found that existing literature on the TERF movement shows patterns and overlaps with other conservative and right-wing ideologies.³²⁵

No group is a monolith. People from all demographics can be drawn into the anti-transgender movement. But it’s important to note who the biggest advocates are and think critically about the messages they spread. Is the rhetoric really about protecting the rights of youth, their parents, and women? Or is it a smoke-screen to push transphobic ideologies?

The Anti-Drag Storytime Movement

The same false, prejudiced, and discriminatory arguments made against gay men are being used to label transgender people as groomers. The accusations that all gay men and all transgender people are groomers and pedophiles have never been backed up by crime statistics or studies. Teaching children about genders and sexual identities in age-appropriate ways will not “turn them into” transgender or gay people.

One of the most prominent pieces of misinformation is the idea that Drag Story Time events are harmful to children. Drag Story Time events are designed to be child-appropriate and are open for parents to attend. They don't have the same content as drag shows performed for adult-only crowds. Misinformation and hatred have led to increased verbal and physical assaults on gay men, transgender people, and workers who work at the places that host Drag Story Time events (predominantly library workers).³²⁶ Drag Story Time events in Canada have been cancelled multiple times due to bomb threats.³²⁷

There is, however, some good news on this topic. In 2022, a man named Brian Webster ran a Facebook page that described itself as a news organization where he wrote posts that accused Rainbow Alliance Dryden (RAD) and several local drag performers of being groomers.³²⁸ Two defamation cases were brought against Webster—*Rainbow Alliance Dryden et al v. Webster* and *Crichton et al v. Webster*. Webster attempted to have the action dismissed as strategic lawsuit against public participation (SLAPP) but Justice Tracey Nieckarz denied the motion, ruling that:

As the Plaintiffs' evidence confirms, the term "groomer" refers to someone who manipulatively develops a relationship or connection with a child to exploit and abuse them. It is a slur that is used to allege that drag performers sexualize children and aim to recruit them into the 2SLGBTQI community. I agree with the Plaintiffs that perpetuating such stereotypes and myths about members of the 2SLGBTQI community is not public interest speech.³²⁹

In February 2025, the Ontario Superior Court of Justice released the decision of Justice Helen Pierce on both cases. The ruling stated:

It is evident that the defendant's posts have increased the plaintiffs' mental distress by his high-handed, spiteful, malicious, and oppressive conduct. I find that, on a balance of probabilities, Mr. Webster was motivated by actual malice toward the plaintiffs who were members of a vulnerable community.

The court condemns this conduct. It was hate speech. In my view, aggravated damages are warranted to denounce Mr. Webster's conduct.³³⁰

Webster has been ordered to pay \$380,000 in damages.³³¹ Both the denial of the SLAPP motion and the decision in the cases set precedent that using the word "groomer" against 2SLGBTQIA+ communities is defamatory hate speech that can be prosecuted.³³²

Rainbow Week of Action

In 2024, Queer Momentum, the Enchanté Network, Fierté Canada Pride, and local organizations worked together to create the Rainbow Week of Action. The goal was for 2SLGBTQIA+ people, allies, and organizations to speak up for rainbow equality and a more free and equal future for all.³³³

Rallies and events were planned in dozens of cities across Canada. Participants were invited to join a rally, sign the pledge for rainbow equality, send a letter to their MP, set up a meeting with their MP, and encourage politicians at every level to reject hate and re-affirm their commitment to rainbow equality. In total, the week included 25 rallies, over 600 individual pledges for rainbow equality, and thousands of attendees at rallies and letters sent to politicians.³³⁴

Recent Laws and Policies that Target Transgender and Gender-diverse Youth and Athletes

Although the hard work of 2SLGBTQIA+ activists and allies have secured many legal protections for 2SLGBTQIA+ people, several provinces have recently enacted laws and policies that infringe on the rights of transgender and gender-diverse youth and athletes.

NEW BRUNSWICK

In May 2023, the government of New Brunswick announced it was reviewing *Policy 713 – Sexual Orientation and Gender Identity due to hundreds of complaints they had received from parents. Subsequent access to information requests and reporting found that no such complaints about Policy 713 existed.*³³⁵³³⁶ In June 2023, the government of New Brunswick updated the policy to state that transgender and gender-diverse students under the age of 16 required parental consent to use their preferred first name officially at school.³³⁷ In September 2023, the Canadian Civil Liberties Association (CCLA) began a legal challenge against Policy 713, with Egale Canada, Alter Acadie, Chroma NB, and Imprint Youth as interveners.

In December 2023, Premier Blaine Higgs defended the changes to Policy 713 by incorrectly stating that 60% of youth receive puberty blockers after their first appointment to discuss gender-affirming care. Dr. Greta Bauer, the researcher who published the study Higgs referenced, stated Higgs misinterpreted the data and that the 60% figure comes from youth who were prescribed medication at their first *hormone-specialist appointment*, not the first appointment where they discuss transitioning. On average, youth need to see 2.7 other health care professionals first, be diagnosed with gender dysphoria, and be given a hormone readiness letter (which needs to come from a World Professional Association for Transgender Health [WPATH]-trained professional). On average, the length of time between the date of referral to a hormone-specialist and their first appointment with the hormone specialist is 269 days.³³⁸

Following the October 2024 provincial election—in which the New Brunswick Liberal Association won a strong majority, unseating the Progressive Conservative Party of New Brunswick—the new government updated Policy 713 again in December 2024. The update revised Section 6.3 – Self-Identification to read:

6.3.1. All students have the right and presumed capacity to self-identify and communicate their chosen first name and/or pronoun(s). Members of the school environment will use the chosen first name and/or pronoun(s) consistently.

6.3.2. The expectation is that families are fully involved and aware. When a student is uncomfortable providing informed consent for the school to disclose their chosen first name and/or pronoun(s), the school will respect the student's wishes and work with them to create a support plan to make their parent(s) aware when they are ready.

6.3.3. Students 16 years of age and older may communicate how their chosen first name and/or pronoun(s) will be formally and/or informally used in the school environment. Parental awareness is encouraged but not required.³³⁹

In January 2025, the CCLA discontinued the legal challenge (with the consent of the interveners).³⁴⁰³⁴¹

SASKATCHEWAN

In August 2023, the Government of Saskatchewan announced sweeping changes to sexual health education and announced the *Use of Preferred First Name and Pronouns by Students* policy. The policy stated that parental and/or guardian consent will be required for teachers and other school employees to use the preferred pronouns or names for students under 16. There was immediate opposition to the announcement from activists, organizations, and unions who criticized the changes for primarily targeting transgender and gender-diverse youth.

UR Pride Centre for Sexuality and Gender Diversity (UR Pride) and Egale Canada commenced litigation seeking to strike down the policy and asked for immediate interim and injunctive relief. In interviews, Premier Scott Moe stated that he was prepared to use the notwithstanding clause of the *Canadian Charter of Rights and Freedoms*, effectively admitting he knew there was a legal argument to be made that the policy violated the *Charter* rights of youth.³⁴²

On September 28, 2023, the Court of King's Bench Justice Michael Megaw granted an injunction, blocking the implementation and enforcement of the policy. The court concluded that, "those individuals affected by this Policy, youth under the age of 16 who are unable to have their name, pronouns, gender diversity, or gender identity, observed in the school will suffer irreparable harm."³⁴³ On October 20, 2023, Bill 137, *The Education (Parents' Bill of Rights) Amendment Act, 2023*, was passed in the legislature, and the notwithstanding clause was invoked, effectively stopping any legal challenges to the bill, so they would not be heard in court.³⁴⁴

However, in December 2023, UR Pride and Egale Canada filed an application to amend their legal challenge. They argued that, in addition to violating section 7 and 15 of the *Canadian Charter of Rights and Freedoms* (which is what the government of Saskatchewan invoked the notwithstanding clause on), the law also violates the section 12 right of gender diverse students that they not be subjected to cruel and unusual treatment.³⁴⁵ The government of Saskatchewan argued that the case should be dismissed entirely due to the use of the notwithstanding clause.

In February 2024, Justice Megaw delivered a decision allowing the constitutional challenge to continue.³⁴⁶ In doing so, Justice Megaw rejected the government of Saskatchewan's argument that because it had invoked the notwithstanding clause, it could not be questioned by the Court. In his decision, Justice Megaw noted:

Suggesting that a court should refrain from acting in a legitimate dispute between two parties on the basis that to do so would be judicial activism does little more than attempt

to dissuade a court from doing precisely that which it is both constitutionally charged to do, and which fulfils its function in a free and democratic society.³⁴⁷

Megaw’s decision protects our democratic and legal systems, the very systems that the Premier sought to bypass by pre-emptively invoking the notwithstanding clause before the legal challenge to the legislation could run its course.

ALBERTA

In January 2024, Alberta Premier Danielle Smith—who at birth was named “Marlaina” but who prefers to use her middle name, “Danielle”—announced a series of policy changes that attacked the rights, safety, and freedoms of 2SLGBTQIA+ people in Alberta.³⁴⁸ In particular, the proposed changes targeted transgender and gender-diverse youth as well as transgender women athletes.³⁴⁹

Smith claimed, “there are obvious biological realities that give transgender female athletes a massive competitive advantage over women and girls”.³⁵⁰ A more fulsome discussion of so-called biological realities and the belief that men are inherently superior to women in sports will be discussed in a future paper. The short version is that a 2022 scientific review of 50 academic articles, books, and grey literature materials published between 2011-2021 found that:

There is no firm basis available in evidence to indicate that trans women have a consistent and measurable overall performance benefit after 12 months of testosterone suppression. While an advantage in terms of Lean Body Mass (LBM), Cross Section Area (CSA) and strength may persist statistically after 12 months, there is no evidence that this translates to any performance advantage as compared to elite cis-women athletes of similar size and height. This is contrasted with other changes, such as hemoglobin (HG), which normalize within the cis women range within four months of starting testosterone suppression. For pre-suppression trans women it is currently unknown when during the first 12 months of suppression that any advantage may persist. The duration of any such advantage is likely highly dependent on the individual’s pre-suppression LBM which, in turn varies, greatly and is highly impacted by societal factors and individual circumstance.

The review also highlighted four key sociocultural findings:

1. Biomedical studies are overvalued in sports policies in comparison to social sciences studies.
2. Policies that impact trans women’s participation in elite sport are the continuation of a long history of exclusion of women from competitive sport – an exclusion that resulted in the introduction of a ‘women’s’ category of sport in the first place.
3. Many trans “inclusion” sport policies use arbitrary bounds that are not evidence based.
4. Cissexism, transphobia, transmisogyny and overlapping systems of oppression need to be recognized and addressed for trans women to participate in elite sport.³⁵¹

As many experts and commentators pointed out, access to adequate training, coaching, facilities, equipment, and other resources plays a significant role in athletic success.³⁵² Family economic background also plays a large part as athletes from wealthy families can afford private training, transportation to and from practice, have access to healthy food, have the ability to spend time on sports as opposed to working, and don't endure the psychological effects of wealth insecurity.³⁵³ Additionally, Smith's comments on the "biological realities that provide a massive competitive advantage," ignore the unregulated, massive competitive advantages cisgender athletes hold over other cisgender athletes such as height, weight, wing-span, muscle mass, etc.

Alberta Tourism and Sport does not track data around transgender athletes and their competition wins, nor does it know how many transgender athletes there are in Alberta period.³⁵⁴ The Alberta Schools' Athletic Association, which oversees the co-ordination of 11 provincial high school championship events, has not responded to media inquiries about the number of transgender athletes that take part in their events.³⁵⁵

After Smith's announcement, the Canadian Paediatric Society and Canadian Women & Sport issued statements criticizing the policy.³⁵⁶³⁵⁷ 70 Canadian feminist organizations came together to issue a joint statement against the policy, and 44 organizations and businesses based in Alberta also issued a joint statement against the policy.³⁵⁸ Dr. Kristopher Wells, the Canada Research Chair for the Public Understanding of Sexual and Gender Minority Youth, compiled a document of 83 statements made by health organizations, legal organizations, sports organizations, and more, criticizing the other policies Smith announced such as restricting access to gender affirming care for transgender youth.³⁵⁹³⁶⁰

Despite immediate protest and criticism from 2SLGBTQIA+ people, allies, health care professionals, and sporting associations, Bills 26, 27, and 29—all of which contained elements of the proposed policy changes—were passed.

Bill 26 – *Health Statutes Amendment Act, 2024 (No. 2)* bans gender-affirming surgery, hormone therapies, and puberty blockers—specifically for use in treating gender dysphoria—for transgender and gender-diverse youth 17 and under.³⁶¹ It should be noted that in the government issued press release it states that hormone therapies and puberty blockers will be banned for those under 15, but the text of the bill states a minor is anyone under the age of 18 and reads:

1.92(1) A regulated member shall not prescribe a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act*, or any other drug identified in the regulations, to a minor for the purposes of hormone therapy, including puberty suppression and hormone replacement therapy, for the treatment of gender dysphoria or gender incongruence except in accordance with an order of the Minister under section 1.93.

1.93 makes no mention of exceptions being made for those aged 15-17.³⁶²³⁶³ It should also be noted that youth under the age of 18 have never had access to provincial funding for gender-affirming surgeries on their genitals or reproductive systems. Under the previous law, youth aged 16 and older could be eligible to access provincial funds for gender-affirming surgeries on their chest, but it rarely happened. Between January to November 2022, a total

of 223 pediatric breast surgeries were performed in Alberta. Only eight of the procedures were for gender-affirming reasons.³⁶⁴

Bill 27 – *Education Amendment Act, 2024* requires parental consent for students aged 15 and under to change names or pronouns in schools. Parents will still be notified but not required to give consent for students aged 16-17 to change their name or pronouns in school. School boards are expected to discipline teachers who do not comply and enforce the legislation.

It also prohibits educators from using lesson plans, resources, or guest speakers to teach about gender identity, sexual orientation, or human sexuality without the permission of the Minister of Education. Additionally, parents will be notified and be able to choose whether to opt their child in to sexual education classes or in lessons that deal with gender identity, sexual orientation or human sexuality.³⁶⁵

Bill 29 – *Fairness and Safety in Sport Act* restricts transgender female athletes from competing in sports against cisgender female athletes (except in co-ed leagues) and requires school and sports organizations to report eligibility complaints.³⁶⁶ Minister of Tourism and Sport Joseph Schow stated Bill 29 does not include limitations on the participation of transgender boys and men in male sports.³⁶⁷

In response to the discriminatory legislation Egale Canada and 2SLGBTQIA+ organization Skipping Stone initiated legal action against Bill 26 in December 2024. All parties were in court March 10-11, 2025 for an injunction hearing.³⁶⁸

At a press conference intended to increase support for the bills, Smith introduced Hannah Pilling, an 18-year-old track and cross-country athlete. In 2023, Pilling came third in a 1,500 Meter race where the top two athletes qualified for the 2023 ASAA Track and Field Championships. One of the athletes that finished ahead of Pilling was transgender.³⁶⁹

In Pilling's own words, "three of us broke away from the rest of the pack for nearly the entire race. The transgender athlete and I ran neck and neck in the final 200 meters ... I crossed the finish line in third place, missing the cut off for provincials by half a step."³⁷⁰ A petition started by Pilling's father David to "save women's sports" states that, "Hannah lost to this athlete by a step after a 1500M race".³⁷¹ Pilling did not say if the transgender athlete also beat the other cisgender athlete who placed before her.

She was, however, granted an exception and was allowed to run in the 2023 ASAA Track and Field Championships, where she finished the Women 1500 Metre Run Junior race in sixth place.³⁷²³⁷³ In the 2024 ASAA Track and Field Championships, competing this time in the Women 1500 Metre Run Senior (against all different competitors from the 2023 championships), Pilling again finished in sixth place.³⁷⁴

To date, Pilling is the only Canadian athlete at the high school level to speak publicly about unfairness in sports regarding transgender athletes. David Pilling claimed that:

[Hannah] participates in a lot of different sports and stuff and she's been training a lot for this year because she's looking to get a scholarship. She'll be in Grade 12 next year,

and so she's wanting to compete in some of these bigger races, so that she can get a little more exposure to universities and colleges."³⁷⁵

However, Pilling had already competed in the ASAA Track and Field Championships in 2022 where she placed sixth in the Women 3000 Meter Run Junior and fourteenth in the Women Long Jump Junior.³⁷⁶

While clearly talented, Pilling tends to fall short of the podium. In the Women 1500 Meter Run U18 (under 18) race at the 2023 Calgary Spring Challenge & Combined Event, Pilling placed tenth.³⁷⁷ In the Women 1500m U18 (under 18) race at the 2023 Caltaf Track Classic, Pilling placed sixth.³⁷⁸ In the Women's 1500 Metres race at the 2024 Caltaf Track Classic, Pilling placed twelfth.³⁷⁹ Prior to her high school graduation, Pilling signed with Lethbridge Polytechnic Kodiaks cross-country and indoor track team for the 2024-25 seasons.³⁸⁰

It's difficult to see what opportunities Pilling missed out on by competing against a transgender woman athlete, particularly in Pilling's case as she was permitted to compete in the race she didn't qualify for. What's clear is that Premier Smith found the frontwoman she needs to convince the public of the non-existent threat of transgender woman athletes taking opportunities away from cisgender female athletes.

What Smith's comments, and the comments of others like her, come down to is personal belief—often rooted in transphobia—over expert opinion and scientific study. At its core, the idea that transgender women should be banned from women's sports is transphobic. It perpetuates the idea that transgender women aren't women, and plays into transphobic stereotypes that transgender women are men pretending to be women so they can win at sports.

Additionally, as many experts and commentators pointed out, women athletes face persistent sexual harassment and abuse while dealing with chronic underfunding for their sport, pay inequity, limited access to facilities, and lack of adequate training resources.³⁸¹ These are the areas Smith should focus on if she truly cares about women athletes.

Misconceptions About Gender-affirming Care and Transitioning

Smith and other opponents of gender-affirming care fail to grasp the reality of what gender-affirming care is. Gender-affirming care does not push all transgender and gender-diverse youth towards hormone therapies and fast-track them for surgery. Gender-affirming care is an umbrella term for the medical, surgical, social, and/or psychological care provided to people to support their gender identity.

SOCIAL TRANSITIONING

Social transitioning means changing how a person expresses their gender to those around them. It can involve things like getting a haircut, wearing clothes that affirm your gender identity, changing your name, changing your pronouns, padding or binding to change the appearance of your body, wearing make-up, and more.³⁸² There isn't a correct order or checklist of things a person has to do to socially transition; it's up to each person to decide what's right for them.

Many transgender and gender-diverse people only transition socially and don't undergo a medical or surgical transition.³⁸³ This doesn't make them any lesser than a transgender or gender-diverse person who does undergo a medical or surgical transition.

The World Professional Association for Transgender Health (WPATH) are the leading experts in the field of transgender health and set rigorous standards for the care of transgender and gender-diverse people of all ages. Health care professionals in Canada follow WPATH guidelines. WPATH recommends that health care professionals discuss the potential benefits and risks of a social transition with transgender and gender-diverse youth and their families.³⁸⁴

PUBERTY AND GENDER IDENTITY

Children first begin to understand the concept of gender and their own gender identity by the age of 2 or 3.³⁸⁵ Research indicates that children as young as 3 or 4 can understand that their gender identity does not conform with the sex they were assigned at birth.³⁸⁶ Most people assigned female at birth start puberty between the ages of 8 and 13, and most people assigned male at birth start puberty between the ages of 9 and 14.³⁸⁷

By age 16, most transgender and gender diverse youth who aren't on puberty blockers or hormone therapies will have experienced irreversible changes to their bodies (e.g. shoulder width and hip width) that can cause significant gender dysphoria (emotional distress caused by a person's gender identity not matching the sex they were assigned at birth).³⁸⁸ Research has found that transgender and gender-diverse youth who are forced to proceed with puberty that doesn't align with their gender identity experience significant mental distress—such as depression, self-harm, suicidal ideation, and suicide attempts—at significantly higher rates than their cisgender peers. The rates are even higher for BIPOC transgender youth.³⁸⁹ Research has also found that youth with access to puberty blockers or gender-affirming hormones were significantly less likely to experience moderate to severe depression.³⁹⁰

PUBERTY BLOCKERS

Puberty blockers are part of a class of hormonal therapies that include birth control pills, treatments for menopause symptoms, treatments for certain kinds of cancer, and more. They pause puberty by temporarily halting the production of the sex hormones testosterone, estrogen, and progesterone. This pause gives transgender and gender-diverse youth time to explore their gender before the irreversible effects of puberty set in. Puberty blockers are not intended to be used indefinitely on their own, but rather for a period of months or years (after which the youth begins gender-affirming hormone therapy or progresses through their natal puberty).³⁹¹ Puberty blockers are also used to treat a variety of conditions in cisgender youth such as precocious (early) puberty, endometriosis, and some forms of cancer since the 1990s.³⁹²

The effects of puberty blockers are reversible. Puberty will resume once the youth stops the treatment. Youth who are prescribed puberty blockers can stop the treatment if they wish to discontinue their medical transition (though some may still choose to transition socially).

WPATH guidelines recommend that all youth be assessed by qualified health care professionals and that youth should undertake a comprehensive biopsychosocial assessment when they present with gender identity-related concerns and seek medical transition-related care. They also recommend that youth reach Tanner Stage 2 before beginning puberty blockers.³⁹³ Tanner Stages don't correspond to specific ages, but instead milestones of physical development. However, most people assigned female at birth usually reach Tanner Stage 2 between the ages of 8 and 13, and most people assigned male at birth by the ages of 9 and 14.³⁹⁴

Puberty blockers are most effective when taken when a youth is beginning puberty (i.e. at Tanner Stage 2) and should not be prescribed prior to puberty.³⁹⁵ If a youth starts taking puberty blockers mid-puberty, the effects of puberty that they've already experienced will not be undone.

Like all medical treatments, there are some risks and side effects to taking puberty blockers. There is an elevated risk of weakened bone density, but that's caused by the absence of sex hormones, not the puberty blockers themselves. This risk tends to correlate with prolonged use.^{396,397} WPATH and the Endocrine Society recommend baseline bone density assessment prior to starting the treatment as well as regular assessments.³⁹⁸ Medical professionals may recommend transgender and gender-diverse youth who take puberty blockers eat a calcium rich diet, take a D3 vitamin supplement, and engage in physical activities (particularly weight-bearing exercise).³⁹⁹ It should be noted that there's evidence that many medications used to treat conditions such as epilepsy, asthma, gastroesophageal reflux disease (GERD), endometriosis, etc., also carry risk to bone health.^{400,401,402} That does not mean such medications are not safe and should not be taken; it's up to individual patients and their medical teams to weigh the risk versus the benefits and make an informed decision that includes a plan to mitigate side-effects.

Another risk is the potential loss of fertility. If a youth begins puberty blockers prior to going through puberty, they will not develop sperm or ovum (eggs cells).⁴⁰³ A youth who begins puberty blockers during puberty may not experience permanent effects on fertility.⁴⁰⁴ The fertility of transgender adults who did not take puberty blockers but have been prescribed gender-affirming hormone treatments is a relatively new field, but early research indicates that the fertility of transgender men who take testosterone treatments may retain ovary function that allows for reproduction.⁴⁰⁵ Fertility is not maintained if a transgender adult decides to undergo gender-affirming surgery on their genitals and reproductive systems. WPATH recommends that health care professionals working with transgender and gender-diverse youth inform them prior to beginning treatment of the potential loss of fertility and available options to preserve fertility within the context of the youth's stage of puberty.⁴⁰⁶

Overall, research indicates that the benefits of puberty blockers for transgender and gender-diverse youth outweigh the possible side effects.^{407,408} However, each youth is different, and treatment should be tailored to fit their needs and goals for the best possible outcome.

It would be irresponsible to not mention the *Independent Review of Gender Identity Services for Children and Young People* (also known as the Cass Review) which resulted in the U.K. government issuing a ban on prescribing puberty blockers to youth under the age of 18 for gender

dysphoria (with an exception made for existing patients or youth involved in clinical trials).⁴⁰⁹ The review states there is a lack of high-quality research—meaning the gold standard of randomized controlled trials—that puberty blockers can help young people with gender dysphoria. On this point, Dr. Jake Donaldson, a Canadian physician, said:

There actually is a lot of evidence, just not in the form of randomized clinical trials. That would be kind of like saying for a pregnant woman, since we lacked randomized clinical trials for the care of people in pregnancy, we're not going to provide care for you.... It's completely unethical.⁴¹⁰

Additionally, the terminology “low-quality” and “high-quality” evidence can be misleading to the general public, particularly given how misinformation about the review was spread by (mostly) right-wing media.⁴¹¹ In medicine, surveys and interviews are considered low-quality evidence, but that doesn't mean the findings aren't valuable or that low-quality evidence means the treatment is harmful to children. For example, research may be considered low-quality due to small sample size. But transgender and gender-diverse youth are already a small sample of the population. Even lower are the number of transgender and gender-diverse youth who 1) want to transition medically and 2) have access to medical transition. Dr. Donaldson also noted that routine medical practices, such as treating a child's ear infection with antibiotics or painkiller, may not be backed up by high-quality evidence. But the lack of high-quality evidence doesn't mean the treatment should not proceed.⁴¹²

WPATH's *Standards of Care for the Health of Transgender and Gender Diverse People, Version 8*, which was published in collaboration with the Johns Hopkins University Evidence-based Practice Center, was based on far more systematic reviews. In their joint comment on The Cass Review with the United States Professional Association for Transgender Health (UPATH), WPATH states:

The Cass Review process itself intentionally and explicitly excluded any oversight from patients and their families and trans healthcare experts, and its content is not supported by a robust methodology. The Cass Review relies on selective and inconsistent use of evidence, and its recommendations often do not follow from the data presented in the systematic reviews.⁴¹³

Additionally, in their statement on The Cass Review, the Endocrine Society states:

NHS England's recent report, the Cass Review, does not contain any new research that would contradict the recommendations made in our Clinical Practice Guideline on gender-affirming care.

The guideline, which cites more than 260 research studies, recommends a very conservative approach to care, with no medical intervention prior to puberty. Estimates indicate only a fraction of transgender and gender-diverse adolescents opt to take puberty-delaying medications, which have been used to treat early puberty in youth for four decades.⁴¹⁴

In an interview with The New York Times, Dr. Cass, author of The Cass Review, stated that:

We were really clear that this review was not about defining what trans means, negating anybody's experiences or rolling back health care.

There are young people who absolutely benefit from a medical pathway, and we need to make sure that those young people have access — under a research protocol, because we need to improve the research — but not assume that that's the right pathway for everyone.⁴¹⁵

Dr. Cass is correct that transitioning medically is not the right path for all transgender people. Unfortunately, The Cass Review is being used to push a political agenda, resulting in the roll back of gender-affirming care. Dr. Ben Hoffman, the President of the American Academy of Pediatrics, noted this in his commentary on The Cass Review and the U.S. laws restricting gender-affirming care, saying, “politicians have inserted themselves into the exam room, and this is dangerous for both physicians and for families”.⁴¹⁶ It should be noted that independent media and activists for transgender rights have uncovered multiple links between advisors on The Cass Review—as well as Dr. Cass herself—with anti-transgender individuals and groups, as well as supporters of conversion therapy.^{417,418} This calls into question the integrity of the review and the validity of the report's conclusions.

With criticism from thousands of medical practitioners, scholars, 2SLGBTQIA+ organizations, and transgender people, The Cass Review should not be used to dictate government policy, nor should its findings supersede existing best practices.⁴¹⁹ WPATH and the Endocrine Society—world experts in their respective fields—standby their standards of care for transgender and gender-diverse people. The Canadian Paediatric Society and Children's Healthcare Canada have stated that their position remains unchanged and that, “Current evidence shows puberty blockers to be safe when used appropriately, and they remain an option to be considered within a wider view of the patient's mental and psychosocial health.”⁴²⁰

HORMONE THERAPY

Gender-affirming hormone therapy helps people develop secondary sex characteristics that align with their gender identity.⁴²¹ Hormone therapy is partially reversible. The degree to which they can be reversed depends on how long a patient has been taking the treatment and what changes have taken place.⁴²²

WPATH recommends that before starting hormone therapy it must be established that the youth has experienced several years of persistent unhappiness with their gender or gender dysphoria. The youth must also demonstrate the emotional and cognitive maturity required to understand and consent to the treatment.⁴²³

Research has found that access to hormone therapy in adolescence significantly lowered transgender people's suicidality and severe psychological distress in adulthood compared to transgender people who did not access hormone therapy in adolescence.⁴²⁴

WPATH recommends that individuals have at least 12 months of hormone therapy before any gender-affirming surgery is performed.⁴²⁵

SURGERY

Top surgery refers to surgical procedures that are performed on a person's chest. Bottom surgery refers to any surgical procedures that are performed on a person's genitals and reproductive organs.⁴²⁶ There are many other types of surgery transgender people can choose to undergo, such as facial feminization, tracheal shave, and voice pitch surgery.⁴²⁷ Provinces and territories provide funding for some procedures, but many must be paid for out of pocket.⁴²⁸ Each province and territory has their own approval process, but they all follow WPATH's standards of care and require letters from medical professionals confirming that they have assessed the youth for emotional and cognitive maturity, mental health concerns, and informed them of the potential loss of fertility.

In Canada, most gender-affirming surgery is restricted to people who are the age of medical consent; 18 or 19, depending on the province and territory. In some jurisdictions, people can access top surgery at age 16, but only after a significant duration of care.⁴²⁹ Exceptions can be made for top surgery under the age of 16, but it's extremely rare.⁴³⁰ It's not easy for transgender adults to access gender-affirming surgery, let alone transgender youth.

Top surgery can be accessed in most provinces, but bottom surgery is very limited. Male-to-female bottom surgery is only offered at four clinics in Vancouver, Toronto, Ottawa, and Montreal. Female-to-male bottom surgery is even more restricted, offered at only three clinics in Vancouver, Ottawa, and Montreal.⁴³¹

But again, most gender-affirming surgery is restricted to people aged 18 or 19. Youth may have gender-affirming surgery as a goal in their transition plan, but it's not accessible to the vast majority of youth. Even if they start the referral process for bottom surgery at age 17, between the waitlists and evaluations that must be completed before the referral can be submitted, youth rarely have access to bottom surgery before they turn 18.⁴³²⁴³³

It should be noted that cisgender youth and adults don't face the same barriers as transgender youth and adults when trying to access cosmetic surgery, despite many of the procedures being the same thing transgender people access for gender-affirming care. In their report *2023 ASPS Procedural Statistics Release*, the American Society of Plastic Surgeons has a detailed breakdown on the types of cosmetic surgical procedures and minimally invasive procedures performed on patients aged 19 and under. In 2023, there were 12,121 cosmetic surgical procedures related to breasts (including 2,886 gynecomastia surgeries/breast reductions on males), 3,548 cosmetic surgical procedures related to the body, 23,087 cosmetic surgical procedures performed to alter the face, and 260,851 cosmetic minimally invasive procedures (such as Botox injections and fillers). Breast reduction, liposuction, and nose reshaping (rhinoplasty) were the most common surgical procedures in their respective categories. The most common cosmetic minimally invasive procedure was for skin treatment (e.g. laser hair removal, intense pulsed light therapy, laser tattoo removal, laser treatment of leg veins), followed by neuromodulator injection (e.g. Botox), and hyaluronic acid fillers (done to soften fine lines and creases and restore fullness to the skin).⁴³⁴

DETRANSITION/RETRANSITION

Detransition or retransition refers to the stopping or reversal of transitioning, either medically, socially, legally, or a combination of the above. For example, some people may stop their medical transition but maintain their social and/or legal transition. The language is imperfect as it's impossible for any human to return exactly to a prior state of being, but for the purposes of continuity in this section, the word "detransition" will be used.

Exact figures of transgender and gender-diverse people who detransition are hard to come by, largely because the reasons for detransitioning vary greatly. Some opponents of gender-affirming care cite statistics that claim anywhere between 60-99% of transgender youth detransition. This is misleading as the figures come from studies that used the diagnosis of gender identity disorder, the criteria of which were listed in previous versions of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Gender identity disorder does not exist in the current DSM-5 which was published in 2013. Additionally, the studies had very small samples, high dropout rates (with some of the dropouts listed as detransitioning despite there being no follow-up), and used data from a period of time where it was impossible for youth to medically transition.⁴³⁵

Some media coverage of people who have detransitioned—particularly far-right media coverage—focuses on people who have had radical shifts of view in other areas of their life such as becoming religious or turning to white nationalism.⁴³⁶ MIT Knight Science Journalism Fellow Evan Urquhart summarizes the disproportionate amount of attention paid to detransitioners when debating access to gender affirming care:

No one exhorts the public to pay more attention to people who are allergic to penicillin, or insists people who are happy with their knee surgeries do more to support those with knee surgery regret. Disappointment or regret over medical procedures happens, but we consider it an individual matter, not a widespread social concern. However, gender transition is different, because transphobia is a vicious and destructive force, and detransitioners are hurt by it as well.⁴³⁷

The Report of the 2015 U.S. Transgender Survey found that of 27,715 respondents, only 8% detransitioned, and of that group, the majority did so temporarily, with 62% living full time as the gender that matches their identity. The reasons for detransitioning varied, though it should be noted that of the 8% who had ever detransitioned (either temporarily or permanently), only 5% did so because they realized that gender transition was not for them. This presents a very different narrative from the one right-wing media presents where all detransitioners do so because they felt they made a mistake.

REASONS FOR DETRANSITIONING	% OF THOSE WHO HAD EVER DETRANSITIONED
PRESSURE FROM A PARENT	36%
TRANSITIONING WAS TOO HARD FOR THEM	33%
THEY FACED TOO MUCH HARASSMENT OR DISCRIMINATION AS A TRANSGENDER PERSON	31%
THEY HAD TROUBLE GETTING A JOB	29%
PRESSURE FROM OTHER FAMILY MEMBERS	26%
PRESSURE FROM A SPOUSE OR PARTNER	18%
PRESSURE FROM AN EMPLOYER	17%
PRESSURE FROM FRIENDS	13%
PRESSURE FROM A MENTAL HEALTH PROFESSIONAL	5%
PRESSURE FROM A RELIGIOUS COUNSELOR	5%
THEY REALIZED THAT GENDER TRANSITION WAS NOT FOR THEM	5%
INITIAL TRANSITION DID NOT REFLECT THE COMPLEXITY OF THEIR GENDER IDENTITY (WRITE-IN RESPONSE)	4%
FINANCIAL REASONS (WRITE-IN RESPONSE)	3%
MEDICAL REASONS (WRITE-IN RESPONSE)	2%
A REASON NOT LISTED ABOVE	35%

Data from the 2015 U.S. Transgender Survey ⁴³⁸

The vast majority of transgender and gender-diverse people don't detransition. However, some do transition again to a non-binary gender identity after they underwent a binary transition (male-to-female or female-to-male). A study on the rate of detransition of transgender youth published in the American Academy of Pediatrics found that five years after their initial social transition, 94% identified as binary transgender youth, 3.5% identified as non-binary, and 2.5% identified as cisgender.⁴³⁹

Other qualitative research of youth who detransitioned found that most had nuanced emotions about their transition (positive, negative, and ambiguous feelings simultaneously), and that some don't regret their initial transition. It should be mentioned that although some participants identified as "detrans" or their gender or sex assigned at birth, many expressed

multidimensional identities or distanced themselves from their assigned identity or any form of gender identity.⁴⁴⁰ It seems inaccurate to refer to people who underwent multiple transitions but do not return to the sex they were assigned at birth as “detransitioners”. What it could indicate is that more needs to be done to reduce the stigma around non-binary and gender-diverse identities to reduce the pressure of feeling like the only way to transition is a binary transition.⁴⁴¹

Current research shows that societal pressures are the leading cause of detransitioning. This indicates that limiting access to gender-affirming care (including gender-affirming hormone treatments and surgery) does not help transgender and gender-diverse people, nor does it help the majority of people who detransition. What’s needed is increased access to quality health care and mental health care, as well as a reduction of stigma and discrimination against transgender and gender-diverse people. Improving the social determinants of health would have a significant impact on the overall wellbeing of transgender and gender-diverse people.

OTHER PRESENT-DAY CONSIDERATIONS

Rainbow Washing

“Rainbow washing” or “pink washing” or “rainbow capitalism” are terms to describe the practice of corporations and organizations who don’t actively support 2SLGBTQIA+ people or rights but use rainbow-themed symbolism during Pride celebrations.⁴⁴² 2SLGBTQIA+ people have mixed and nuanced views on rainbow washing, but many feel negatively about corporations profiting off 2SLGBTQIA+ people, identities, and struggles.⁴⁴³⁴⁴⁴

Unions should be cautious that they don’t partake in rainbow washing. Solidarity with 2SLGBTQIA+ people should be expressed all year long, not just during Pride celebrations and in convention resolutions. Additionally, unions should look inwards and regularly evaluate policies and procedures to ensure they are supportive and inclusive of 2SLGBTQIA+ people.

Intersex Genital Mutilation

There is a reason to say “sex assigned at birth” or “sex designated at birth” instead of “birth sex” or “the sex a person was born with”. When a child is born, their genitals are given a visual inspection. That visual inspection is largely what determines whether male or female is written on their birth certificate aka they are assigned or designated a sex.⁴⁴⁵ However, those visual inspections can’t detect internal variations (e.g. a baby with external female genitalia but internal testes), genetic patterns, or differences in chromosomes.⁴⁴⁶

Intersex is an umbrella term for natural biological differences in sex traits or reproductive anatomy that don’t conform to the male-female binary. Examples of intersex variations include, but are not limited to, Congenital Adrenal Hyperplasia, Hyperandrogenism, and Androgen Insensitivity Syndrome.⁴⁴⁷ Though often thought of as a condition visible at birth, many people don’t know they’re intersex until puberty or until seeking treatment for infertility.⁴⁴⁸ Some others live the majority of their lives without knowing they’re intersex, and it’s estimated that many more people never learn they’re intersex. Approximately 0.05% to 1.7%

of all people are born with intersex traits, although there is no set criteria for what qualifies as intersex, just as there are no set criteria for what qualifies as male or female.⁴⁴⁹

Intersex is not a sexuality or a gender identity that non-intersex people can transition to (though some intersex people do identify intersex as their gender).⁴⁵⁰ Intersex people may identify as man, woman, gender-diverse, or transgender (if they have a different gender identity than the sex they were assigned at birth).⁴⁵¹

Intersex is also not an illness. The term “disorders of sex development” (DSD) is used in medicine, but many intersex people dislike the use of the word “disorders” as it pathologizes natural variation. Some intersex people use DSD to stand for differences of sex development.⁴⁵² Intersex people face discrimination in many areas, but predominantly in education, sport, and employment.⁴⁵³

Intersex Genital Mutilation (IGM) refers to the practice of forced or coercive, medically unnecessary surgery and other procedures on intersex infants and children to “correct” natural intersex anatomy to match either “normal” male or female anatomy.⁴⁵⁴ These surgeries and medications allow doctors and parents to choose the gender of their child before the child develops any sense of identity or agency. This contrasts with transgender youth who face barriers to accessing gender-affirming medical treatments that have been shown to improve the wellbeing of transgender youth.⁴⁵⁵ IGM was not always standard practice; it began in the 1950s—an era when pressure to conform to social norms was immense—as a way to “normalize” appearance, not improve function.⁴⁵⁶

IGM can be extremely harmful to intersex people, causing lifelong physical and mental pain. IGM can lead to the loss or impairment of sexual sensation, painful scarring, painful intercourse, incontinence, urethral strictures, impairment or loss of reproductive capabilities, lifelong dependency of artificial hormones, and significantly elevated rates of self-harming behaviour and suicidal tendencies.⁴⁵⁷ It should be noted that there’s been very little research on the experiences of intersex people who are BIPOC.⁴⁵⁸ In 2017, three former U.S. Surgeon Generals published commentary on IGM where they concluded:

1. There is insufficient evidence that growing up with atypical genitalia leads to psychosocial distress.
2. While there is little evidence that cosmetic infant genitoplasty is necessary to reduce psychological damage, evidence does show that the surgery itself can cause severe and irreversible physical harm and emotional distress.
3. Even if the gender prediction is correct, a number of complications associated with these surgeries can arise, including loss of sexual sensation, pain during intercourse, incontinence, scarring, and the need for repeat surgeries.
4. These surgeries violate an individual’s right to personal autonomy over their own future.⁴⁵⁹

IGM is entirely legal in Canada. Section 268(3) of the *Criminal Code* contains a provision that protects licensed medical practitioners who perform IGM “for the purpose of that person having normal reproductive functions or normal sexual appearance or function”.⁴⁶⁰ Intersex

activists and allies—which include the Canadian Bar Association and the Association of Ontario Midwives—continue to raise awareness of IGM in Canada and fight to end the practice.^{461,462} In 2021, Egale Canada and intersex scholars and activists Morgan Holmes and Janik Bastien-Charlebois filed an application with the Ontario Superior Court of Justice to challenge the constitutionality of exemptions in the *Criminal Code* that makes IGM legal.⁴⁶³

Refugee Claims

Many countries in the world don't have legal protections for 2SLGBTQIA+ rights. Additionally, many countries are rolling back 2SLGBTQIA+ protection and rights. It's difficult to find statistics on the number of claims for asylum based on sexuality or transgender identity that Canada receives. In 2020, 7.5% of claimants who had their claims finalized listed the primary reason for seeking asylum was sexual orientation or gender identity.⁴⁶⁴ However, claims finalized do not tell us how many claims were granted or denied, nor do they tell us what year the claims were submitted. Data obtained using an access to information request submitted by Sean Rehaag, Director of the Refugee Law Laboratory, revealed that, between 2013-2015, 2,371 claims for asylum based on sexuality were finalized. 70.5% (1,671) of those claims were granted compared to 62.5% of all claim types. In terms of success rates, the claims of lesbian women were granted the most (75.3%) followed by gay men (72.3%), bisexual men (62.3%), and bisexual women (58.4%).⁴⁶⁵ Other research indicates that the Immigration and Refugee Board of Canada (IRB) only began breaking out claims from transgender people in 2019. Claims from transgender people existed prior to 2019 but it's unclear how the IRB categorized them.⁴⁶⁶

Rainbow Railroad is a not-for-profit organization that helps LGBTQI+ people who face persecution based on their sexual orientation, gender identity, and sex characteristics find safety through emergency relocation, crisis response, cash assistance, and more.⁴⁶⁷ As of April 2025, the number of people who requested help from Rainbow Railroad since January 1, 2025 is 6,348.⁴⁶⁸ In 2023, the top ten countries where requests for the Rainbow Railroad's help originated were (in alphabetical order): Afghanistan, Egypt, Kenya, Morocco, Nigeria, Pakistan, Russia, Turkey, Uganda, and the United States of America.⁴⁶⁹

When a refugee arrives in Canada, they must disclose their grounds for asylum. For many 2SLGBTQIA+ refugees, this may be the first time they come out and it's followed by intense scrutiny to determine the validity of their claim. Their claims can be difficult to prove since documenting evidence of their sexuality and/or gender identity is often something they could be persecuted for in their home countries. It can retraumatize 2SLGBTQIA+ refugees to speak about instances of anti-2SLGBTQIA+ discrimination and violence they experienced as evidence. Transgender refugees in particular have reported feeling dehumanized due to needing to provide medical evidence to establish the credibility of their claim.⁴⁷⁰ If their claim is denied, the person is at higher risk of being outed and persecuted more violently if they return to their home country.⁴⁷¹

Anti-2SLGBTQIA+ discrimination does not stop for 2SLGBTQIA+ refugees once they arrive in Canada. An evaluation conducted by Immigration, Refugees and Citizenship Canada (IRCC) of the Refugee Resettlement Program between January 2016 to December 2021 found that

LGBTQ2 refugees faced barriers due to discrimination in Canada. In particular, the report noted challenges in accessing information on LGBTQ2 services and communities in Canada and anti-LGBTQ2 discrimination that prevented access to housing and building support networks (contributing to social isolation).⁴⁷²

Given the current political climate and the global trend of electing right-wing conservative and fascist governments, it's expected that Canada will receive an increasing number of refugee claims from 2SLGBTQIA+ people, including from 2SLGBTQIA+ Americans.⁴⁷³

Impact of the Trump Administration on 2SLGBTQIA+ People and Rights

The first Trump presidency contributed to a wave of hatred against 2SLGBTQIA+ people—particularly transgender and gender-diverse people—and the repeal of laws protecting a multitude of equity-deserving groups. Since taking office for the second time on January 20, 2025 until the publication of the paper, President Trump has signed the following executive orders:

- *Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government* which declares that the U.S. only recognizes two sexes—male and female—, that sex is an “immutable biological classification,” and that gender identity, “does not provide a meaningful basis for identification.” Among other things, it also prohibits federal funds from being used to “promote gender ideology,” and directs agencies to purge anything that “promote[s] or otherwise inculcate[s] gender ideology” from all forms of communication, policies, education materials, and forms.⁴⁷⁴ It remains to be seen what impact the declaration of only recognizing two sexes will have on people who hold Canadian passports and use the “X” gender identifier.
- *Protecting Children from Chemical and Surgical Mutilation* which states the U.S., “will not fund, sponsor, promote, assist, or support the so-called ‘transition’ of a child from one sex to another, and it will rigorously enforce all laws that prohibit or limit these destructive and life-altering procedures.” It defines gender-affirming care as “chemical and surgical mutilation” which includes puberty blockers, hormone treatments, and surgical procedures. It also calls WPATH’s work “junk science” and orders agencies to rescind or amend all policies that rely on WPATH guidance.⁴⁷⁵
- *Ending Illegal Discrimination and Restoring Merit-based Opportunity* which orders all executive departments and agencies to terminate all “discriminatory and illegal” mandates, policies, programs, and requirements. It also orders all departments and agencies to combat private sector diversity, equity, and inclusion (DEI), “preferences, mandates, policies, programs, and activities.”⁴⁷⁶
- *Prioritizing Military Excellence and Readiness* which states the military has been “afflicted with radical gender ideology” and bans transgender people from serving in the military.⁴⁷⁷
- *Ending Radical Indoctrination in K-12 Schooling* which order the creation of an “Ending Indoctrination Strategy” that targets, “gender ideology and discriminatory equity ideology”. It also orders the Attorney General to take action against K-12 teachers and school officials who take part in, “otherwise unlawfully facilitating the social transition of a minor student.”⁴⁷⁸

- *Keeping Men Out of Women's Sports* which targets transgender women athletes by rescinding all funds from educational programs that, “deprive women and girls of fair athletic opportunities,” and stating that, “it shall also be the policy of the United States to oppose male competitive participation in women's sports more broadly, as a matter of safety, fairness, dignity, and truth.”⁴⁷⁹
- *Improving Education Outcomes* by Empowering Parents, States, and Communities which orders Secretary of Education Linda McMahon—co-founder and former chief executive of the WWE wrestling empire—to “take all necessary steps to facilitate the closure of the Department of Education and return authority over education to the States and local communities.”⁴⁸⁰ The Department of Education enforces compliance with laws that prohibit discrimination in education.⁴⁸¹
- *Reinstating Common Sense School Discipline Policies* which states, “Federal Government will no longer tolerate known risks to children's safety and well-being in the classroom that result from the application of school discipline based on discriminatory and unlawful ‘equity’ ideology.”⁴⁸²
- *Restoring Equality of Opportunity and Meritocracy* which eliminates the use of disparate-impact liability, “in all contexts to the maximum degree possible to avoid violating the Constitution, Federal civil rights laws, and basic American ideals.”⁴⁸³ Disparate-impact liability is a legal theory that holds agencies accountable for practices that have an outsized discriminatory effect on protected groups, even when there is no intent to discriminate.⁴⁸⁴

This is far from a complete list of the harm President Trump has enacted against 2SLGBTQIA+ people since January 20, 2025. GLAAD, the world's largest Lesbian, Gay, Bisexual, Transgender, and Queer media advocacy organization, maintains an accountability tracker which lists 255 attacks by President Trump on LGBTQ people, 29 of which occurred in 2025.⁴⁸⁵ While executive orders don't have the authority to override the United States Constitution, federal statutes, or established legal precedent, many of President Trump's orders do so. In the lead up to the 2024 election, the Trump campaign and Republican groups spent more than \$21 million on anti-transgender and anti-2SLGBTQIA+ ads (as of October 9, 2024), despite transgender issues being a low priority for the majority of voters. That figure accounts for nearly a third of the \$66 million spent on TV ads during that time period.⁴⁸⁶

It's an understatement to say 2SLGBTQIA+ people and rights are under attack in the U.S. from federal and state governments. The American Civil Liberties Union (ACLU) is tracking 575 anti-LGBTQ bills at the state level during the 2025 legislative session.⁴⁸⁷ In April 2025, two federal judges in New Hampshire and Maryland granted preliminary injunctions that block the enforcement of the Department of Education's *Dear Colleague* letter which targets DEI in education on penalty of withholding federal funding.⁴⁸⁸ The legal action in New Hampshire, *National Education Association et al. v. US Department of Education et al.*, was brought by the National Education Association (NEA), the NEA-New Hampshire, the ACLU, the ACLU of New Hampshire, the ACLU of Massachusetts, and the Center for Black Educator Development.⁴⁸⁹ The legal action in Maryland, *American Federation of Teachers et al. v. U.S. Department of Education et al.*, was brought by the American Federation of Teachers (AFT), AFT-Maryland, the American Sociological Association, and Eugene School District 4J.⁴⁹⁰

Other legal action against the administration's discriminatory orders and policies have also commenced. The Human Rights Campaign and Lambda Legal have announced their intention to launch legal action against the ban ordered in *Prioritizing Military Excellence and Readiness*.⁴⁹¹ The National Family Planning and Reproductive Health Association, doctors from Harvard Medical School, the American Public Health Association, the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW), Ibis Reproductive Health, and independent researchers have all coordinated with the ACLU on various actions impacting 2SLGBTQIA+ to launch legal action against the administration.⁴⁹²

The Rainbow Railroad has called on Canada to urgently create an exception for intersex, transgender, and non-binary asylum seekers under the Canada-US Safe Third Country Agreement (STCA). Under the STCA, refugee claimants are required to request refugee protection in the first safe country they arrive in, unless they qualify for an exception.⁴⁹³ The Rainbow Railroad points to multiple executive orders—Realigning the United States Refugee Admissions Program and Protecting the American People Against Invasion—they describe as, “anti-gender and anti-asylum directives compound, putting LGBTQI+ people seeking asylum under extreme scrutiny, and hindering their right to safety and protection.”⁴⁹⁴

All of this and more has taken place in first 100 days. It's clear that President Trump and the U.S. Administration will have a devastating impact on 2SLGBTQIA+ people and rights. What remains to be seen is the full impact they will have on Canada and the rest of the world.

CONCLUSION

This paper does not claim to be a complete account of 2SLGBTQIA+ people's experiences, but it provides insight into some historical and contemporary experiences of anti-2SLGBTQIA+ discrimination and 2SLGBTQIA+ led social and political movements. Given that 4.4% of people in Canada are 2SLGBTQIA+, unions undoubtedly have 2SLGBTQIA+ members and serve 2SLGBTQIA+ members of the public.

One topic that has not been touched on in this paper IS 2SLGBTQIA+ resilience. Many 2SLGBTQIA+ people are incredibly resilient, demonstrated by how they withstand, resist, and recover from state-sanctioned, organizational, societal, and interpersonal discrimination, abuse, and violence. However, 2SLGBTQIA+ resilience must not be used as an excuse to disengage from the fight for 2SLGBTQIA+ equity and justice. Canadian law and society have progressed in many positive ways for 2SLGBTQIA+ people. But the fight is far from over.

WHAT CAN UNIONS DO?

As with anything that concerns equity-deserving groups, 2SLGBTQIA+ people must be involved in all matters that relate to them. This means including the different groups that make up the 2SLGBTQIA+ umbrella as well as seeking out specific groups when it relates to them directly. For example, a 2SLGBTQIA+ advisory committee may have some transgender members, but when looking to take action on an issue that relates to transgender people, it's advised to seek out and engage with transgender people directly, particularly transgender people who belong to multiple equity-deserving groups.

This is not a complete list of what unions can do, but it serves as a starting point for several areas. Some of the actions recommended for unions to do internally can also apply to actions unions can take during collective bargaining and in employer relations.

Actions Within Unions

- Do an internal EDIA audit of the union and union practices, policies, and procedures (followed by routine reviews).
- Implement EDIA training that emphasizes the lived experience of 2SLGBTQIA+ people for union staff, elected positions, and members.
- Frame education on 2SLGBTQIA+ history and issues as occupational health and safety issues to ensure members know that 2SLGBTQIA+ issues are union issues.
- Foster increased awareness of the social determinants of health, and the broader social and legal context in which 2SLGBTQIA+ people live.
- Hold sector specific educationals (e.g. dementia and care for transgender and gender-diverse people for health care and care professionals).
- Create a code of conduct and anti-oppression policy.
- Ensure 2SLGBTQIA+ people are represented on all committees and working groups.
- Share materials like NUPGE'S [Diversity and Inclusion in Our Unions: Transgender and Gender-Expansive Rights Are Human Rights](#), the Canadian Labour Congress' [Workers in Transition](#), the Regenboog Network FNV's [Rainbow Checklist for Collective Labour Agreements](#), and the International Labour Organization's [Inclusion of lesbian, gay, bisexual, transgender, intersex and queer \(LGBTIQ+\) persons in the world of work: A learning guide](#).
- Combat disinformation about 2SLGBTQIA+ people through all means possible. Make it clear that the anti-gender movement has no place in the labour movement.
- Enhance training for Stewards and Labour Relations Officers to better equip them to meet the needs of 2SLGBTQIA+ members. This should include a trauma-informed approach and emphasize the psychological safety of the members.
- Partner with outside organizations to offer bystander intervention training to members.
- Ensure all union offices have gender neutral washrooms.
- Showcase how the union is supportive of 2SLGBTQIA+ people in job postings and during the interview process.
- Share resources on IPV, including resources designed for 2SLGBTQIA+ people

Collective Bargaining and Employer Relations

- Encourage employers to deliver training on gender, gender expression, sex assigned at birth, and sexuality to foster an inclusive and healthy workplace. Stress that employers must set the tone that anti-2SLGBTQIA+ discrimination and harassment is not acceptable in the workplace.
- Create resources for employers on what work-related items may need to be modified to support a worker in transition (e.g. forms, email address, name tag, security credentials, etc.).

- Work with employers to create a workplace transition plan that can be tailored for individual use by workers who are transitioning. Plans should be worker-led and include items like using different pronouns, what information they wish to share, who will communicate relevant details to other workers, etc. The goal should be to help the worker transition socially—at their own pace and according to their preferences—at work in a safe environment.
- Encourage employers who employ workers in public serving positions to enact policies that take a trauma-informed approach and prioritize the psychological safety of clients. Adequate training for workers should be attached to those policies.
- Use gender neutral language in collective agreements whenever possible (e.g. change maternity/paternity leave to parental leave).
- Prior to bargaining, engage with 2SLGBTQIA+ members and include their needs in bargaining proposals (e.g. paid leave for workers to access gender-affirming care).
- Strengthen anti-discrimination clauses in collective agreements to include specific protections for 2SLGBTQIA+ members.
- Encourage employers to create gender neutral washrooms and change rooms.
- Bargain for more inclusive forms of family leave and bereavement leave that recognizes families of choice.
- Push employers to enact mechanisms so workers can provide feedback on whether they have the tools and supports they need to produce quality work.
- Embody equity, as opposed to equality, understanding that different members have different needs, and therefore must be treated differently for there to be an equality of outcome.
- Encourage public service employers to create resources for people with disabilities on their rights when accessing specific public services (e.g. health care).

Lobbying and Advocacy

- Lobby provincial governments to expand public coverage of gender-affirming care (including non-medical funding e.g. travel costs).
- Lobby provincial governments to bring more specialized surgeons and gender-affirming health care providers to the provinces.
- Lobby provincial governments to include 2SLGBTQIA+ topics in social science, history, and health and physical education curriculums.
- Lobby the federal government to collect the required data to create more intersectional analyses on 2SLGBTQIA+ communities.
- Lobby the federal government to create programs for the prevention of conversion practices and supports for the survivors of conversion practices. These should include low cost and low barrier mental health services and culturally sensitive, trauma-informed support that meets the needs of intersecting identities.
- Lobby governments to build more social housing and shelters, and fund housing support services for 2SLGBTQIA+ people. Particular attention should be paid to housing and shelters for transgender, gender-diverse, and Two-Spirit people.

- Lobby governments to take a “housing first” approach to address social and health issues.
- Lobby governments to create 2SLGBTQIA+ wings in publicly funded care homes. This should come with culturally appropriate, trauma-informed training for workers.
- Lobby governments to implement the Calls for Justice from the *Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*.
- Lobby governments to adopt the recommendations of the 2SLGBTQIA+ Sub-Working Group of the *MMIWG2SLGBTQIA+ National Action Plan*.
- Lobby governments to adopt the Calls for Miskotahâ from the Women of the Métis Nation’s report *Métis Perspectives of Missing and Murdered Indigenous Women, Girls and LGBTQ2S+ People*.
- Lobby governments to adopt Calls for Justice from the Pauktuutit Inuit Women of Canada and Inuit Tapiriit Kanatami’s *National Inuit Action Plan on Missing and Murdered Inuit Women, Girls and 2SLGBTQIA+ People*.
- Support organizations that have launched legal challenges against anti-2SLGBTQIA+ legislation—particularly anti-transgender and anti-gender-diverse legislation.
- Support organizations that support 2SLGBTQIA+ people, particularly organizations that work with 2SLGBTQIA+ people from other equity-deserving communities and in rural areas.
- Support the Indigenous-led MMIWG2S+ Database Project.

RESOLUTION #21—ADDRESSING THE HATE AGAINST 2SLGBTQIA+ PEOPLE AND COMMUNITIES

Canada is home to approximately 1 million 2SLGBTQIA+ people. However, 2SLGBTQIA+ people are overrepresented in hate crime statistics. A Statistics Canada report states that crimes motivated by hatred of a sexual orientation made up 10% of all police-reported hate crimes in 2020. In 2022, 491 hate crimes targeting a sexual orientation were reported to the police, with men making up the majority (73%) of the victims. It should be noted that experts believe the majority of hate crimes are not reported to police.

Numbers of police-reported hate crimes against transgender, gender-diverse, and two-spirit people in Canada are harder to find because of Statistics Canada’s lack of disaggregated data (data that has been broken down by detailed sub-categories) and fears of data being used to target vulnerable populations. However, from the 2018 Survey of Safety in Public and Private Spaces, we know that transgender people in Canada are more likely to have experienced violence since age 15, and also more likely to experience inappropriate behaviours toward them in public, online, and at work than cisgender people in Canada.

Misinformation is one of the biggest factors behind the rise of hatred targeting 2SLGBTQIA+ people. Conservative politicians are fearmongering and spreading the lie that transgender children are undergoing irreversible surgeries. Gender-affirming care is far more than just surgeries, and it involves teams of medical professionals and multiple evaluations before any medical steps are taken. Some governments are enacting policies and legislation that

go against research and best practices compiled by health care professionals, scientists, and leading organizations such as the World Professional Association for Transgender Health (WPATH).

The homophobic myth that gay men are all groomers and pedophiles has existed in Western culture since at least the 1920s as a means to dehumanize them. It has never been backed up by crime statistics or studies. Giving children age-appropriate information about genders and sexualities is not grooming. Teaching children about genders and sexual identities in age-appropriate ways will not “turn them into” transgender or gay people.

One of the most prominent pieces of misinformation is the idea that Drag Story Time events are harmful to children. Drag Story Time events are designed to be child-appropriate and are open for parents to attend. They don’t have the same content as drag shows performed for adult-only crowds. Misinformation has led to increased verbal and physical assaults on gay men, transgender people, and workers who work at the places that host Drag Story Time events.

Research has shown that inequities in accessibility to health care, in quality of care, inclusivity, and in satisfaction of care exist for 2SLGBTQIA+ people. 2SLGBTQIA+ people are also at an increased risk of experiencing homelessness, poverty, and unemployment compared to heterosexual and cisgender individuals. These risks become higher for 2SLGBTQIA+ people who are also discriminated against due to their race, ethnicity, citizenship status, religion, gender, and whether they have a disability.

Intersex is a general term used for a variety of conditions in which a person is born with natural biological differences in sex traits or reproductive anatomy that don’t seem to fit the typical, binary definition of female or male.

Intersex Genital Mutilation (IGM) refers to the practice of non-consensual, medically unnecessary, cosmetic surgery and other procedures on intersex infants and children to “correct” natural intersex anatomy to match either “normal” male or female anatomy. IGM can be extremely harmful to intersex people, causing lifelong physical and mental pain. IGM is entirely legal in Canada. Section 268(3) of the *Criminal Code* contains a provision that protects medical practitioners who mutilate intersex children “for the purpose of that person having normal reproductive functions or normal sexual appearance or function.”

Therefore, the National Union of Public and General Employees will

Continue the Special Pride Committee as the Pride Committee and ensure that the committee meets at least once a year.

Oppose any government legislation that undermines 2SLGBTQIA+ rights.

Continue to support and promote education on 2SLGBTQIA+ issues, including an understanding of social determinants of physical and mental health.

Lobby the federal government to amend section 268(3) of the *Criminal Code* to restrict cosmetic surgeries on intersex children until they are old enough to consent.

Share with Components the best practices regarding collective bargaining for 2SLGBTQIA+ people.

Continue to support organizations that support 2SLGBTQIA+ people.

Publicly support Drag Story Time events and condemn attacks against the spaces and workers hosting them.

Continue to monitor government progress on implementing the 231 Calls for Justice, which include 2SLGBTQIA-specific Calls for Justice.

Lobby federal and provincial governments to collect disaggregated and intersectional data to better serve 2SLGBTQIA+ communities.

Endnotes

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