



**WELLESLEY INSTITUTE**  
advancing urban health

Enabling Grant Research Report

# Queer Youth Speak



## Acknowledgements

This project has been a considerable learning experience for all of the partners. It has involved the substantial contributions of a large number of stakeholders across the City of Toronto's LGBTTTTIQQ communities. This work reflects the positive results of a collaboration among youth, community agencies, advocates and researchers, and the application of their shared experience to understanding research priorities for homeless and/or street-involved LGBTTTTIQQ youth with lived experience with mental health and/or substance use concerns.

We would like to thank our past colleague of the Project Research Team, Gregory Kim, for his support in proposal preparations, process advice, and tool development. We would like to express our sincere appreciation to the youth and myriad of youth allies for their reflections and time in the interview process, propelling the development and completion of these research priorities. We gratefully acknowledge the Youth Steering Committee members for their time, insights, and for generously sharing their lived experience and expertise - their ability to transform lived challenges into strategies for future research has been crucial in keeping the project informed and directed by lived experience. Participants challenged one another and themselves during the course of this work and demonstrated considerable enthusiasm for this collaborative process. In particular, we thank Jennifer, Morgan, Chris, Andrew, Kerene, Ashley, Chris, and Tara-Michelle for their commitment, enthusiasm, and meaningful contributions at various stages of the project. Finally, we thank the Wellesley Central Health Corporation for providing funding for this initiative, and for their assistance in project monitoring and administration.

In solidarity,

The Project Research Team partners:

Ayden Scheim (Youth Consultant)

Christine O'Rourke (Project Co-ordinator, Shout Clinic)

Melanie Ollenberg (Project Co-ordinator, Community Research, Planning & Evaluation Team)

Cathy Callaghan (Project Partner, Community Research, Planning & Evaluation Team)

Joan Nandlal (Project Partner, Community Research, Planning & Evaluation Team)

## Executive Summary

Queer Youth Speak is a project that brought together multiple stakeholders to identify community research priorities for homeless/street involved LGBTTTIQ youth who self-identify as having a mental health or substance use concern. The guiding principles of this project were equity, empowerment, collaboration and valuing different forms of knowledge (academic and lived experience). The goals of this project were to foster skill development among Shout Clinic, CRPET, and the aforementioned youth, assess emerging needs and identify community-founded research questions and priorities. The outcomes included the development of a new partnership between Shout Clinic, CRPET, and a member of the youth community (who joined the Project Research Team as a partner), the development of a Youth Steering Committee (YSC) to write future research proposal(s) and guide the funded project from inception to completion. The project involved two research training sessions to develop the capacity of the YSC to undertake community based research. The YSC has completed a draft version of a Letter of Intent for the future WCHC Advanced Grants Program.

## Project Overview

Outcomes	Activities
<p><b>Held focus group</b></p>	<ul style="list-style-type: none"> <li>• Developed focus group tools</li> <li>• Developed participant recruitment strategy</li> <li>• Implemented recruitment strategy</li> </ul>
<p><b>Expanded Project Research Team (PRT) to include community members, with a focus on ensuring the partnership was equitable and empowering for all partners</b></p>	<ul style="list-style-type: none"> <li>• Hired youth consultant to interview youth and work with PRT as an equal partner at all stages of the project</li> <li>• Developed and negotiated a consulting agreement outlining roles and responsibilities in the partnership</li> <li>• Developed common values to work from</li> </ul>

	<ul style="list-style-type: none"> <li>• Completed social location mapping exercise to minimize power differentials and build trust among project partners</li> <li>• Recruited youth to participate in YSC and to inform next steps and project outcomes</li> </ul>
<p><b>Completed 19 youth interviews and 23 youth ally interviews</b></p>	<ul style="list-style-type: none"> <li>• Created draft interview tools (consent forms, consultation questions, script, summary of project)</li> <li>• Developed new recruitment strategy for youth and youth allies</li> <li>• Conducted 8 youth consultations (pilot)</li> <li>• Revised tools and process after pilot, based on consultant input (See Appendix A &amp; B)</li> <li>• Coded, summarized and presented interview data to YSC</li> </ul>
<p><b>Creation of YSC</b></p>	<ul style="list-style-type: none"> <li>• Collaboratively created 'safe space' rules for YSC work</li> <li>• Negotiated roles, commitments, meeting structure, agenda priorities, and skill-building preferences</li> <li>• Disseminated and explained project documents to participants</li> <li>• Evaluated YSC process (See Appendix E for results)</li> </ul>
<p><b>Development of draft Letter of Intent for submission to the next WCHC Advanced</b></p>	<ul style="list-style-type: none"> <li>• Disseminated and discussed recommendations from youth and</li> </ul>

<p><b>Research Grant call for Proposals</b></p>	<p>youth ally with YSC</p> <ul style="list-style-type: none"> <li>• Facilitated a process for the YSC to vote as a means of identifying research priorities for future proposal development and submissions</li> <li>• YSC developed and presented various LOI components (background, community of interest, goals and expected outcomes, recruitment strategies)</li> <li>• Discussed partner roles, responsibilities and contributions (trusteeship, decision-making, valuing lived experience and academic experience)</li> </ul>
<p><b>Skill-building and capacity-building for PRT partners and YSC</b></p>	<ul style="list-style-type: none"> <li>• Developed presentation skills (International Urban Health Conference, IUHC); small group presentations in YSC; poster development and presentation at the Queer Health Matters forum 2005 and April 2006</li> <li>• Offered Training for youth on YSC in research methods and design, writing an LOI, and conducting a literature review</li> <li>• Developed interview skills for working with youth</li> <li>• Developed analytic skills (prioritized research questions; developed an LOI; negotiated to build consensus)</li> <li>• Developed proposal and submitted to</li> </ul>

	<p>WHCH to obtain further training in community-based research methods and proposal writing</p> <ul style="list-style-type: none"> <li>• Developed reference letter for distribution to YSC members</li> </ul>
<p><b>Dissemination of project information, learnings and findings to broad range of stakeholders</b></p>	<ul style="list-style-type: none"> <li>• Displayed and disseminated description of project at Queer Health Matters (2005 and April 2006)</li> <li>• Presented at IUHC, 2005 (done by a representative of each PRT partner – youth community, Shout Clinic and CAMH)</li> <li>• Disseminated summary of project goals, values, and expected outcomes to youth allies and youth participating in project</li> <li>• Disseminated an email bulletin with final report, summary findings, and acknowledgements to stakeholders (participants, partner agencies, YSC)</li> </ul>

## Research Priorities

As mentioned previously, one of the outcomes was the development of research priorities for the future WCHC Advanced Research Grant submission. This was done through two key steps. The first was the implementation of over 40 consultations with youth and youth allies (i.e., staff of LGBTQ youth-serving agencies, advocates), the findings of which were coded, summarized and presented to the YSC.

Research priorities identified included (for more information regarding themes and subthemes see Appendix C & D):

- Service Use – barriers to accessing services, experiences with services and systems
- Relationship –family, chosen family
- Self-identity and intersectionality – trans specific, non trans specific, double/triple stigma
- Social determinants of health – housing, safety, class, income, employment, social support, food security
- Migration – immigration, newcomers
- Resilience and Self-Care
- Resource allocation

The second step in determining priorities was having the YSC identify research priorities through an exercise in which they “voted” for research priorities by placing a dot beside possible priorities. As a result, housing and income were voted as the most important core issues to explore in a future research project, as they were closely related to issues of safety, class, employment and food security. Self-identity/intersectionality and service use were also voted important, so the proposed project would take these into consideration, as they pertain to barriers in accessing safe housing and developing income security.

## Unexpected Outcomes

The PRT was uncertain what the YSC members would be able to commit to (because of the complexities of their lives). We were pleasantly surprised by their commitment to the process, attendance at every meeting, enthusiasm to continue despite payment, and sense of ownership in directing committee format, research priorities and developing the LOI. We also found it exciting to see the youth inspired by their own lived experiences, using them to inform research priorities and to use research to facilitate social change. Some of the innovative methods included youth engaging in a voting exercise to identify research priorities and build consensus. The innovative methods used by the project team included expanding the partnerships to include a youth consultant and using a social location mapping exercise to minimize power differentials and build trust. In addition, all PRT partners, co-submitted and presented at the Urban Health Conference (the only project team within the “Innovative strategies in youth engagement” stream that had a youth presenter).

## Reflection

Challenges	Strategies
<p><b>Concern about negative perceptions of CAMH in the LBGTTTIQQ community</b></p>	<ul style="list-style-type: none"> <li>• Shout's logo was put first on all documents</li> <li>• Attended Queer Health Matters forum to inform community about the project and address misconceptions</li> <li>• Decided that all meetings with youth would take place at Shout or in the community</li> </ul>
<p><b>Concern about work distribution between team members due to changing situation in agency resources/personnel</b></p>	<ul style="list-style-type: none"> <li>• Discussed work distributions</li> <li>• Appointed two coordinators - one from Shout and one from CAMH - to take on more tasks while providing updates to other PRT members and drawing them in as required</li> </ul>
<p><b>Challenges with recruitment of youth participants</b></p>	<ul style="list-style-type: none"> <li>• Responded to feedback from youth that attended first focus group about youth from this population not feeling comfortable in group setting</li> <li>• Decide to shift from focus groups to community consultations but would go ahead with one pilot focus group</li> <li>• Recruited a youth consultant as a member of the PRT</li> </ul>

<p><b>Concerns about hiring a youth consultant who would be interviewing their peers (recognizing possible power imbalances created) - need to clarify what is in brackets</b></p>	<ul style="list-style-type: none"> <li>• Consulted with other researchers that have used peer consultants</li> <li>• Negotiated pay for the youth consultant that was reasonable and paid youth interviewees the same pay</li> </ul>
<p><b>Recognizing the power differential between the youth consultant and the rest of the PRT members</b></p>	<ul style="list-style-type: none"> <li>• Used a social location exercise in first meeting to highlight our diverse experiences</li> <li>• Developed principles of power sharing</li> <li>• Hired the youth as a consultant and not a peer interviewer to recognize that youth have valuable knowledge and skills</li> <li>• Youth member of PRT was included as a co-investigator/author on a conference paper and on this project report</li> </ul>
<p><b>Scheduling of PRT meetings</b></p>	<ul style="list-style-type: none"> <li>• Met at different locations</li> <li>• Used email updates</li> <li>• Teleconferencing</li> </ul>
<p><b>YSC recruitment and retention - youth difficult to reach after long periods of time</b></p>	<ul style="list-style-type: none"> <li>• Reminder calls and emails</li> <li>• Using friends to get in contact with</li> </ul>

<p><b>because of mobility, contact number changes</b></p>	<p>participants</p>
<p><b>Challenge of intersectionality - ensuring that many different identities were represented, and consequently working with multiple identities, experiences and communities that don't necessarily agree with one another</b></p>	<ul style="list-style-type: none"> <li>• Ensuring that there is still enough in common among YSC members to create consensus and move forward (e.g., identifying along queer continuum to emphasize unity)</li> <li>• Respecting difference</li> <li>• Giving the YSC a choice of having youth allies present to ensure that it was a truly youth-led steering committee.</li> <li>• Although the youth decided not to have youth allies involved in the YSC, the youth ally interviews were summarized and presented by the PRT before the voting exercise so their perspectives would be taken into account.</li> <li>• Voting processes, followed by discussion, helps us build consensus across intersections</li> </ul>
<p><b>Feedback from community partners that community forum was not recommended as it would reduce number of youth</b></p>	<ul style="list-style-type: none"> <li>• Approached <i>Buddies in Bad Times</i><sup>1</sup> about piggy-backing on already planned events which was unsuccessful</li> </ul>

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<sup>1</sup> Opened in 1979, Buddies in Bad Times Theatre is a Canadian, not-for-profit theatre company dedicated to the promotion of gay, lesbian, and queer theatrical expression.

<p><b>attending other already planned events especially when numbers at events are already low</b></p>	<ul style="list-style-type: none"> <li>• YSC recognized that our interests are long-term benefits to the community and we need to be responsive to them so we decided against holding a community forum</li> </ul>
<p><b>How to provide food to youth outside agency setting to address food security</b></p>	<ul style="list-style-type: none"> <li>• Used Tim Horton coupons for youth participants</li> <li>• Provided food at team meetings for youth consultant</li> </ul>
<p><b>Dissemination during the project</b></p>	<ul style="list-style-type: none"> <li>• Presented at Urban Health Conference with youth consultant, Shout and CAMH</li> </ul>
<p><b>How to make the YSCe meetings a safe psychological and physical space for all youth participating</b></p>	<ul style="list-style-type: none"> <li>• Started first YSC meeting with how to create safe space with youth contribution</li> <li>• PRT facilitators intervened to maintain safe space</li> </ul>
<p><b>Participation challenges for YSC members: only 4 YSC meetings and time lag between end of project and Advanced Grant Research deadline</b></p>	<ul style="list-style-type: none"> <li>• Continuing to provide research methods training through CAMH</li> <li>• YSC submitted a proposal to Wellesley Central for in kind support in the form of training in conducting community based research</li> </ul>

## Learnings

Others can learn from our experience that youth can and should be an equal partner in research design and implementation and not as an add-on at the end of the project. Youth bring a unique perspective and their lived experience is essential to understanding issues of importance to them. For youth, meeting once or twice a month does not meet their needs because of the instability in many facets of their lives. Professionals need to: be flexible about timing and length of meetings, provide more smoke breaks, provide lots of food etc. For professionals it means sharing control over processes. It also means being flexible, supportive and facilitative, with a research process that may change over time, with input from the community. While this research project needed to use the consultation process with youth as a means of identifying youth who were interested in joining a YSC. In future projects, the ideal is to start with the YSC so they can be involved at every stage because they have so much to offer the research process.

## Script

### A. Background information

***“We’re asking youth some questions to find out what needs to be addressed / researched for queer youth who have mental health or substance use concerns. Does this sound like something you’d be interested in? Your responses will be kept completely confidential.”***

If Yes: ***“We’re looking for people with a very specific set of lived experiences so before we begin, I just have a few questions to see if you are eligible. If you are, we can move ahead with the consent form and the interview questions.”***

Proceed with Background Information Questions 1-3

### B. Determine Eligibility

Does not identify as a member of the queer community/ no lived experience with any of the three issues being discussed (mental health/ substance use/ homeless issues): Ineligible

***“Thank-you. I’m sorry, our study is focused on getting input from folks with a very specific set of experiences, and you don’t have the lived experience we’re looking for. If you’d be interested, you can stop by Shout at 467 Jarvis and check out the Research Board for opportunities, or we can we get your contact information and let you know of future opportunities to get involved in other studies. Does that sound like something you’d be interested in?”***

Record contact information on Contact Sheet

A member of the queer community and has lived experience with any of the issues being discussed (mental health/ substance use/ homeless issues): Eligible

***“Thank you. Looking through your responses, you definitely have the lived experience that we’d like to learn from! In order to move forward with the interview, I just need to go through the consent form with you, to make sure you’re fully informed of your rights, and how the information we get from you will be handled to ensure your privacy. I’ll need your signed consent, so the team knows that we’ve gone through the form. After that, we can get started with the interview – which should take about 10 minutes, and then I’ll compensate you for your time and expertise with a \$15 honorarium. OK?”***

### C. Obtain Signed Consent

Read through with participant, check off each statement, give contact information for project team, and have participant sign the form.

### D. Interview Questions

### E. Payment of Honorarium

***“Thank you for sharing your expertise. Here’s a token of our appreciation – please sign and date this receipt here, to confirm that you’ve received your money. Also, if you have any more questions about the study, or would like to be involved in it in any way in the upcoming months, do give one of the team members a call and you can figure out together what the best fit would be. Have a good day.”***



### Declaration of Informed Consent

I give my informed consent to participate in this consultation on research priorities identified by street-involved youth who self-identify as queer;

\_\_\_\_\_ I understand that I may skip any question that I do not wish to answer and that I am free to withdraw my participation at any time without penalty;

\_\_\_\_\_ I understand that my participation in this study will be confidential;

\_\_\_\_\_ I understand that my participation in this consultation will in no way impact on the nature or quality of the services that I may now or in the future receive from Shout or CAMH;

\_\_\_\_\_ I understand that I can ask the interviewer for a referral to a Shout Clinic counsellor if I wish to do so;

\_\_\_\_\_ I understand that detailed notes will be taken during the consultation so that the project team (Ayden Scheim, Christine O'Rourke, Cathy Callaghan, Melanie Ollenberg and Joan Nandlal) have a record of the research priorities identified by youth;

\_\_\_\_\_ I understand that if I have questions about this project I can ask any of the study team members at any time, and I have received their contact information;

---

*(printed name)*

*(date)*

*(signature)*

## Background information

### Youth Consultation

Date:	Time:	Major Intersection:
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**1. Are you 25 or younger?** **Yes**      **No**

**2. Do you have lived experience – either through your own experience or through someone close to you, with:**

**a) being homeless or street-involved?** **Yes**      **No**

**b) having a substance use concern?** **Yes**      **No**

**c) having a mental health concern?** **Yes**      **No**

**3. How do you identify (use prompts below if necessary)?**

- |                       |                      |                     |                |              |
|-----------------------|----------------------|---------------------|----------------|--------------|
| <i>Bisexual</i>       | <i>Homosexual</i>    | <i>Pansexual</i>    | <i>DQ</i>      | <i>Dyke</i>  |
| <i>Androgynist</i>    | <i>Masculine</i>     | <i>Transsexual</i>  | <i>Male</i>    | <i>Butch</i> |
| <i>Transgendered</i>  | <i>Two Spirited</i>  | <i>Crossdresser</i> | <i>Fluid</i>   | <i>Fag</i>   |
| <i>Queer positive</i> | <i>Transvestite</i>  | <i>Questioning</i>  | <i>Lesbian</i> | <i>WSW</i>   |
| <i>Transgenderist</i> | <i>Transpositive</i> | <i>Female</i>       | <i>Fem</i>     | <i>MSM</i>   |
| <i>Gender Blender</i> | <i>Crossdresser</i>  | <i>Intersexed</i>   | <i>Gay</i>     | <i>Queer</i> |

**Eligible:** Yes No



### Consultation Questions

1. Have you been consulted for this project before? **Yes** **No** **NA**

2. Have you ever been involved in a research study? **Yes** **No** **NA**

3. Could you describe what you meant when you answered “yes” to having lived experience with (when/ length of time/ experience in system/ links between categories or issues):

a. being street-involved / homeless

b. having substance use concern

c. having a mental health concern

4. Tell us about your involvement with research studies in the past.

- Topic/ Subject/ Issue:
- When it was:
- What do you remember about the researchers / the agencies involved?
- Format for participation (e.g., interviews, focus groups, questionnaires, etc.):
- Did you provide consent to participate? If so, how?
- Other:

*5. What sorts of questions did you get asked by researchers? What did you think of those questions? What did you think of how they were asked?*

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*6. What communities do you identify most with / are you most involved with?*

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*7. What do you think are some assumptions or judgements that others make about your communities?*

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*8. What are the strengths of each of your communities?*

9. What are the challenges / issues within each of your communities?

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10. Is there something going on in any of the communities you mentioned that others should be more aware of?

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11. Are you interested in helping to design a study?

**Yes**

**No**

[Record contact Info]

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12. Is there anything else that you would like us to know about you (e.g., spiritual, religious, ethno-cultural, class), or anything you think would help us understand where you're coming from?

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13. Do you know of anybody else who might be interested in participating in talking about their lived experience? If yes, how might we reach them? [Record contact info]

*Thanks for your time!*



## Contact Information

Name	Telephone / Email	Affiliation (agency/community)	Type of Contact
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer

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## Appendix B – Youth Allies Consultation

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### YOUTH ALLIES SURVEY

#### Declaration of Informed Consent

I give my informed consent to participate in this consultation on research priorities identified by 1) street-involved youth who self-identify as queer and 2) service providers who work with youth;

\_\_\_\_\_ I understand that I may skip any question that I do not wish to answer and that I am free to withdraw my participation at any time without penalty;

\_\_\_\_\_ I understand that my participation in this study will be confidential;

\_\_\_\_\_ I understand that my participation in this consultation will in no way impact on the nature or quality of the services or professional relationships that I may have now or in the future from Shout or CAMH;

\_\_\_\_\_ I understand that detailed notes will be taken during the consultation so that the project team (Ayden Scheim, Christine O'Rourke, Cathy Callaghan, Melanie Ollenberg and Joan Nandlal) have a record of the research priorities identified;

\_\_\_\_\_ I understand that if I have questions about this project I can ask any of the study team members at any time, and I have received their contact information;

---

*(printed name)*

*(date)*

*(signature)*



## Youth Allies Survey

1. Can you tell me how you / your agency supports LGBTTTTIQQ youth who identify as having a mental health and/or substance use concern (e.g., support, advocacy, training, hiring practices, educational materials, etc.)?

- 
2. What emerging issues for this group of youth do you feel are important?

- 
3. What do you think are the research priorities for this group of youth?

- 
4. Is there anything else that you would like us to know about your organization or yourself (e.g., ethno-cultural, spiritual or religious identity, sexual orientation or gender identity, etc.) to help us better understand the context or perspective that you are coming from?

- 
5. Do you know of anybody else who might be interested in participating in a future consultation or interview? How might we reach them (input on contact info sheet)?

### Contact Information

Name	Telephone / Email	Affiliation (agency/community)	Type of Contact
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer <input type="checkbox"/> Interested in attending Community Forum

### Contact Information

Name	Telephone / Email	Affiliation (agency/community)	Type of Contact
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer <input type="checkbox"/> Interested in attending Community Forum

### Contact Information

Name	Telephone / Email	Affiliation (agency/community)	Type of Contact
			<input type="checkbox"/> Referral <input type="checkbox"/> Ineligible, but interested in future studies <input type="checkbox"/> Eligible, and also interested in future studies <input type="checkbox"/> Eligible, interested in study design/steering committee <input type="checkbox"/> May be interested in being an interviewer <input type="checkbox"/> Interested in attending Community Forum

***THEMES:*****SERVICE USE**

- Barriers to Accessing Services
- Experiences With Services and Systems

**RELATIONSHIPS****SELF-IDENTITY & INTERSECTIONALITY**

- Trans-Specific
- Non Trans-Specific
- Double/Triple Stigma

**SOCIAL DETERMINANTS OF HEALTH**

- Safety
- Class
- Housing
- Income
- Employment
- Social Support

**RESILIENCE & SELF-CARE*****SUMMARY OF THEMES:*****SERVICE USE****Service Use - Barriers to Accessing Services**

- Inaccessibility of community events, health/support services (e.g., “black market surgeries and hormones in trans community”), and alcohol-free social spaces for LGBTQ youth.
- Various challenges include lack of competency among service staff in dealing with youth with intersecting identities/oppressions (e.g., “can’t be crazy and trans”), lack of resources and outreach (e.g., “no idea how to find a psychiatrist or good doctor”, need to know about affordable housing options), and lack of harm reduction facilities (e.g., needle exchange, safe prevention programs).

**Service Use - Experiences with Services and Systems**

- Experiences with schools systems are positive when services are available to advocate for housing, funding, and student success (“counseling services”, “a strong focus on individuality”. School pressures can help keep one focused and off the street, but are challenging for folks with mental health concerns, both in attending school and in completing assignments.
- Several service agencies’ “efforts to help are good”, like in getting youth off the streets, addressing issues in sex work, having an analysis of oppression, helping the LGBTQ community become strong. Challenging experiences in the service system include tokenism, lack of resources for particular groups of youth (e.g., BDSM lifestyles; poor youth), service providers making assumptions (e.g., “not being taken seriously”, lack of awareness of the issues/life on the street, “expected to be healthy”), lack of education about issues other than HIV/ AIDS, and all members of the LGBTQ community not fighting to keep the community strong (e.g., zoning of the village).

## **RELATIONSHIPS (FAMILY, CHOSEN FAMILY, ETC.)**

- One youth mentioned how important the skills they learned from their mother were in not being pulled down, but more common was the lack of support from family members for being queer/non-heterosexual.
- While sex was considered a strength of the community, party life and judgement in the village makes it hard to find long-term/ the right relationship.
- When drug use is common in the family, it makes it harder to maintain recovery.

## **IDENTITY / INTERSECTING IDENTITIES**

### **Identity & Intersectionality - Trans-specific**

- Both straight and queer communities have a lack of awareness about trans issues and identities, are very judgemental, and convinced that one needs to be one or the other (male/female; gay/lesbian). If in the middle, there is the assumption that we're confused, a freak, an outcast – unless you dress in a way they approve.
- Being trans, very difficult to find a somebody for a relationship

### **Identity & Intersectionality – Non-Trans Specific**

- There are a lot of assumptions and judgements made by others about who / what people who identify as LGBTQ are (e.g., “that we're all the same”; “that we're all druggies, sluts”; “that queerness is a disease”; “that we all have AIDS/HIV”);).
- When one identifies with more than one community (e.g., black/people of colour; people with disabilities; people with mental health concerns; poor/low-income), there is an overlap of exclusion – makes it difficult to fit into spaces/services available, feels like being cut-off, and makes “stress in just being who we are” more complicated.

### **Identity & Intersectionality - Double/Triple Stigma**

- Stigma from overlapping and intersecting oppressions (e.g., racism in queer community and homophobia in Caribbean community) makes it harder to come out and be supported. There is also a lot of discrimination based on how you present yourself (e.g., “If you don't look like the ‘gang’ on Church St., people won't talk to you”).

## **SOCIAL DETERMINANTS OF HEALTH**

### **Social Determinants of Health – Safety**

- A number of comments around feeling unsafe were caused by homophobia/transphobia, the spread of disease through sex and sharing needles, assaults (physical and sexual) when buying drugs, targeted profiling by police, and violence caused by alcohol/drug use.

- Many spoke also of ways they try to keep safe, including keeping together, watching one another's back, having an anti-cop stance, and showing caution in who one dates.

### **Social Determinants of Health - Class**

- There is an unspoken divide (e.g., "can't talk about class) in the community based on visibility of homelessness/mental health, and an assumption that everybody has the same opportunity.

### **Social Determinants of Health – Housing**

- People don't understand why you're homeless, and make assumptions that "homelessness is a disease, not a situation", and homeless people are "dirty scum".
- The dyke scene relies on having money, so being homeless poses a challenge.

### **Social Determinants of Health – Income**

- Being poor, having no phone or internet poses a challenge. Can result in stealing money for drugs, panning, etc.

### **Social Determinants of Health – Employment**

- Getting and keeping a job outside of the village is a challenge (e.g., "can't get a job because of what I look like" or "would get harassed in other areas")

### **Social Determinants of Health - Social Support**

- While some felt the support in the community was very strong ("genuine care for one another" among sex workers; "brotherhood in street community is strong...supportive"; "not judged on Queen – I am who I am"), others felt a lack of unity, support, and an inability to talk about the issues (e.g., alcoholism and coke use in the dyke community) within their communities because the scene is so social and/or political. Also a lack of support from other communities (e.g., the straight community)

## **RESILIENCE AND SELF-CARE**

- Many spoke of their community as smart, self-sufficient, resourceful, aware, and striving for improvement more than other communities. They spoke of how much they've learned (e.g., acceptance, experience, how subjugation works) from oppression, from trying to stay alive, from family, from avoiding community drama, and from "surviving without status". People need to give youth more credit – "not all of them are messed up".
- Challenges include trying to stay alive and healthy mentally/physically, preventing burnout among activists, identifying shame related to using, and not having more options in the community other than drugs/party-life.

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## Appendix D – Themes and Summary from Youth Allies Consultations

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### ***THEMES:***

#### **SERVICE USE**

- Barriers to Accessing Services
- Experiences With Services and Systems

#### **RELATIONSHIPS**

#### **SELF-IDENTITY & INTERSECTIONALITY**

- Trans-Specific
- Non Trans-Specific
- Double/Triple Stigma

#### **SOCIAL DETERMINANTS OF HEALTH**

- Safety

- Class
- Housing
- Income
- Employment
- Social Support
- Food Security

#### **MIGRATION, IMMIGRANTS, NEWCOMERS**

#### **RESILIENCE & SELF-CARE**

#### **RESOURCE ALLOCATION**

### ***SUMMARY OF THEMES:***

#### **SERVICE USE**

##### **Service Use - Barriers to Accessing Services**

- Accessing various queer/trans positive services is very difficult for LGBTQ youth who are homeless, newcomers, using substances, dealing with mental health issues or physical disabilities (poor hours, transit challenges, homophobia / transphobia)
- It would be helpful to know more about access for particular intersections (e.g., sex-segregated detox-centres; entry points for service;), what works for agencies (e.g., training, partnering, etc.), and what is preventing improvements (lack of resources, misunderstandings, homophobia, medical model, etc.)

##### **Service Use - Experiences with Services and Systems**

- More youth are stepping away from the medical model, questioning their diagnosis.
- Maintaining a medication routine while living on the streets is extremely difficult
- Large gap - mental health issues impeding on trans' qualifications for transition
- How can allies support youth in school, employment, housing, & system supports?
- Need to educate parents & service systems across cultures about LGBTQ identities and programs to overcome stigma, increase safety and responsiveness

## **RELATIONSHIPS (FAMILY, CHOSEN FAMILY, ETC.)**

- Newcomer/immigrant youth who are LGBTQ, face barriers due to a lack of images reflecting them, and differences in how their culture talks about sexuality/ gender.
- More support is needed for parents to learn how to better understand the issues their children are facing, how to support and communicate with them
- Children of gay and lesbian families are experiencing homophobia even though they themselves are not queer, and needing to know how to deal with the issues

## **IDENTITY AND INTERSECTIONALITY**

### **Identity & Intersectionality - Trans-specific**

- More needs to be understood about the effect of transition/ being trans on substance use, mental health, and community acceptance (e.g., addiction rate among sex-working transwomen is 90%; being a sex-worker disqualifies you from being trans according to the DSM; being trans is seen as a mental health problem)
- Many youth feel inbetween genders, and figuring out how to negotiate their own community/ where they fit is difficult.

### **Identity & Intersectionality – Non-Trans Specific**

- Linking barriers, multiple intersecting identities, and impact across subgroups is needed (e.g., coming out in a community where they're experiencing a lot of racism; concurrent disorders across the spectrum; tendency to suppress issues of sexual orientation/gender identity amidst a mental illness / trauma).

### **Identity & Intersectionality - Double/Triple Stigma**

- Exclusion both within the LGBTQ community and the straight community based on their sexual orientation / gender identity, substance use, having a physical disability or mental health issue, and being homeless – youth don't have the skills to deal with multiple stigmas and the social expectations to be something else. Not enough in the literature that looks at overlapping stigmas, how to cope, etc.
- The village is dominated by gay men, is very white, and is very class-based. Many LGBTQ youth are pushed out

## **SOCIAL DETERMINANTS OF HEALTH**

### **Social Determinants of Health – Safety**

- Homophobia and transphobia are rampant in shelters and detox centres, women are very vulnerable on the streets, and sex-workers do not work in a safe environment.
- Pets help with the impact of loneliness and increase safety.

### **Social Determinants of Health - Class**

- Huge class divide (impacted by race) in the LGBTQ community – allies would like to know how it impacts on youth access to resources, information, services, peer supports, etc. (e.g., youth with more resources transition more smoothly while the hungry, non-white queer youth with less family support are pushed to the outskirts).

### **Social Determinants of Health – Housing**

- Lack of housing, need for long-term housing for young people, and need for options for youth needing 24 hour support while being housed. Complexity of housing issues across cultures, where youth may not move due to culture.

### **Social Determinants of Health – Income**

- Poverty lends itself to mental health concerns, the choice to do sex trade work, to sell drugs, and the ability to access resources.

### **Social Determinants of Health – Employment**

- Allies considered employment a priority on a few levels – how to do sex trade work in a safe environment, how to support positive employment experiences, how to get and maintain employment, etc.

### **Social Determinants of Health - Social Support**

- Issues around isolation, coming out in a community amidst a lot of racism, etc.

### **Social Determinants of Health - Food Security**

- Through the research and as a result of the research, get food needs met.

## **MIGRATION, IMMIGRANTS, NEWCOMERS**

- Research is needed around issues related to 1<sup>st</sup> and 2<sup>nd</sup> generation newcomers (discrimination & misunderstandings), and youth migration from small towns to cities.
- New immigrants have a unique experience growing up in Canadian culture, within a family that grew up in a different culture. Particular difficulties with sexuality, as the family often feels that it was exposure to Canadian culture that has caused their child to become gay/trans/queer, are isolated / “shielded from the LGBTQ community and services as a result.

## **RESILIENCE AND SELF-CARE**

- Allies would like to know more about what helps youth rise, use their experience in a positive way in the world, how they survive living on the street, and what they can do to assist youth in helping them overcome challenges (e.g., hunger, isolation, safety, etc.) so they can start looking at the long-term.

## **RESOURCE ALLOCATION**

- Allies expressed frustration in rigid funding boxes that do not address the “real issues of intersectionality”, and recommended we use the research to inform and lobby for funders to highlight complex and diverse intersections of identities that queer youth have.
- Allies also want to know where services intend on directing their resources, and where they SHOULD be.

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## Appendix E – Evaluation Summary for Queer Youth Steering Committee

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Youth were asked to rate the following questions, using a scale of 1-5 (1=Poor and 5=Excellent). 6 evaluations were collected from the Steering Committee, which has a membership of 8. The mean is provided in brackets for each.

### Steering Committee Evaluation Summary

- 1 Overall how would you rate your experience on this steering committee? [3.5]
2. How would you rate the location? [4.5]
3. How would you rate the food? [4.83]
4. How would you rate the length of meetings? [4.25]
5. How would you rate the number of meetings? [3.41]
6. How would you rate the facilitators? [4.33]
7. How would you rate the content of the meetings? [4.16]

### What did you enjoy most about the steering committee meeting?

- Meeting all these different people and the feeling of being part of a group that is really important
- The content
- Seeing different opinions

### What would have made the experience better for you?

- Nothing, everything is good
- Nothing
- Longer and more meetings to build a strong relationship between everyone
- Getting to meet other people here for the same thing to help others

### How likely are you to continue with this project? If not, why not?

- I would continue this project paid/unpaid
- Yes
- Highly likely I will continue the project
- I would like to continue the project
- Very unlikely. My disinterest is mostly how I thought the group worked for me, not overall

### Comments/Suggestions

- keep up the good work Melanie and Christine
- thanks for giving me a chance to make a change
- enjoyed it and thanks for listening
- love the food