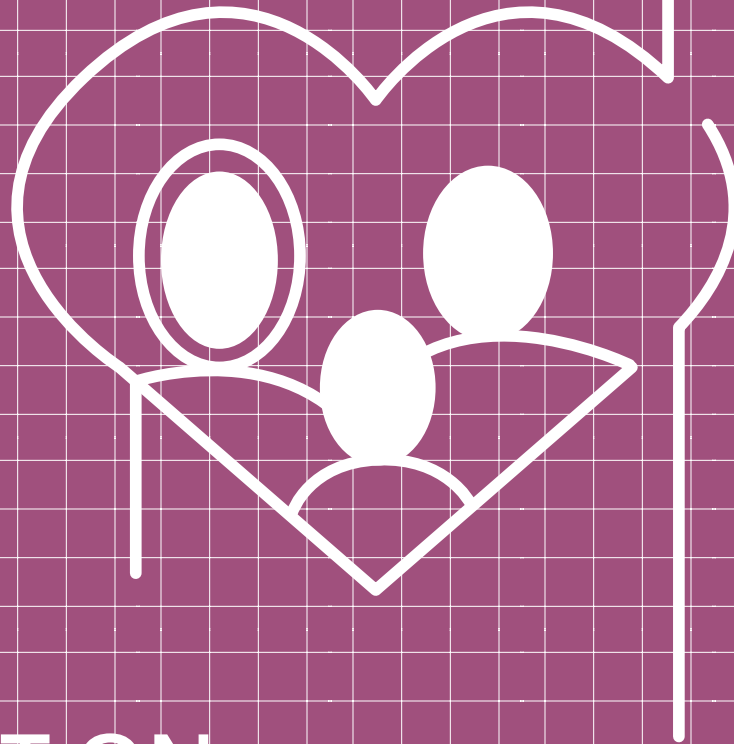


DECEMBER 2021



REPORT ON THE NEEDS AND INTERESTS OF LGBTQ+ BIPOC FAMILIES

As part of the project “Family diversity: Creating a regional and intersectional network”
LGBTQ2 Community Capacity Fund
Women and Gender Equality Canada



Femmes et Égalité
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INTRODUCTION

1.1. Introduction of the LGBT+ Family Coalition (LGBT+FC)

Founded in 1998, the LGBT+ Family Coalition (LGBT+FC) is a community rights organization that advocates for the social and legal recognition of families that come under the umbrella of sexual and gender diversity.

Our mission is to work to build a world free of homophobia, transphobia, heteronormativity¹ and cisnormativity² where all families are celebrated and valued, regardless of their composition or the ethnic origin or nationality of their members.

Our actions are inspired by our values of equity, inclusion, kindness and solidarity.

As the only organization defending the rights of LGBTQ2+³ families in Québec, the LGBT+FC aims to represent all families, particularly families that are under-represented.

1.2. Introduction of phase 6 of the project: Needs and interests of LGBTQ+ BIPOC families

In 2015, the Ministère de la Famille du Québec stated that the majority of families with same-sex parents (64%) lived outside major urban centres⁴. These families' needs in terms of support, information and networking are enormous. However, within cities, for many families the situation is sadly the same: Indigenous families living off-reserve and racialized families may be isolated and lack resources and support. Despite the LGBT+FC's 1,700 member families across Québec, the organization barely manages to reach these families or serve them appropriately.

The main objective of this project, funded by Women and Gender Equality Canada, is to put new measures into place to attempt to remedy these lacks.

This report includes analyses and recommendations for the sixth phase of the project, which aimed to meet with LGBTQ+ BIPOC⁵ families to learn about their needs and interests in order to offer them appropriate services that account for the multiple, complex and interwoven types of marginalization that affect them. Note that families with Indigenous parents and future parents will be addressed in the seventh phase of this project.

1. System of thought that takes heterosexuality as the norm and privileges people with this sexual orientation.

2. System of thought that takes cisgender people (people who identify with their gender assigned at birth) as the norm and privileges cis people to the detriment of trans people.

3. Lesbian, gay, bisexual, trans, queer, two-spirit. Two-spirit is a First Nations concept that refers to both an Indigenous identity and sexual and gender diversity and includes an important spiritual aspect.

4. French-language research report on family structures and parental experiences in families with same-sex parents, entitled "Rapport de recherche : structures familiales et vécu parental dans les familles homoparentales – État des recherches." Ministère de la Famille, 2015. <https://www.mfa.gouv.qc.ca/fr/publication/Documents/familles-homoparentales-rapport.pdf>

5. The concept of BIPOC is an acronym that stands for "Black, Indigenous and people of colour."

Since the Coalition is the reference for LGBTQ+ families, it's important to us to support all types of LGBTQ+ families, but reaching BIPOC families is a complex endeavour, among other things because of their reluctance to use the services of organizations that are not designed specifically for them. When they deal with Québec's LGBTQ+ organizations, these families often experience systemic, direct and indirect discrimination related to lack of understanding of their realities and of the many complex intersectional issues that affect them (regarding both their ethnicity and their status as LGBTQ+), as well as constant racism.

We are aware that LGBTQ+ communities in Québec are mostly made up of white people, and that racism exists within these communities, which could prevent BIPOC LGBTQ+ people from seeing the LGBTQ+ Family Coalition as an organization that centres their interests. As such, we decided to directly contact BIPOC families in order to truly understand the issues they face, so that we can make our spaces and services more appropriate for BIPOC LGBTQ+ parents and future parents as well as finding ways to support them in various aspects of their lives.

PREAMBLE

Before beginning this report, we would like to note that the acronym BIPOC (Black, Indigenous and people of colour) is not a term in frequent use by the people we interviewed. For the most part, they define themselves by their specific ethnocultural affiliation without employing more generic terms. Since we have worked with a number of different ethnocultural groups, we use this term in this report with our participants' agreement.

PEOPLE INTERVIEWED

The people we met with almost all wanted to remain anonymous to avoid being outed and suffering negative repercussions. Considering the delicate situations that can arise when BIPOC LGBTQ+ people are exposed, many names have been changed and other people are designated only by their initials.

METHODOLOGY

4.1. Sample

- 18 families⁶
- 25 people interviewed (members of BIPOC families)
- 6 white people briefly interviewed to make parallels with approaches toward BIPOC people in fertility clinics and the health system

We met with the families in the South Shore of Montréal, Laval, Gatineau and Sherbrooke.

4.2. Cultural identity, gender identity and sexual orientation of the people interviewed

Different cultural identities

- 12 Black people of diverse ethnic and cultural identities
- 1 mixed-race person with Black and Latinx identities
- 3 mixed-race people with Black and white identities
- 4 Latinx people
- 3 Arab people⁷ (self-identified as such)
- 2 white people partnered with BIPOC people
- 6 white people interviewed to understand a discriminatory dynamic toward BIPOC people

Gender identities of the people interviewed

- 2 trans men⁸
- 2 trans women⁹
- 21 cis people¹⁰

Sexual orientation of the people interviewed

- 1 gay person
- 1 pansexual person
- 4 people who don't define their orientation
- 4 bisexual people
 - 1 partnered with a heterosexual person
 - 3 partnered with lesbians
- 15 lesbians

6. To make the text simpler, we use the term “family” to also include future parents unless otherwise indicated.

7. A term with colonial origins. The term “North African,” along with the name of the specific cultural community, would be more appropriate, but here we are reporting the words of the people who self-identified as such.

8. People who were assigned female at birth and identify as men. Here, we use these terms in the binary sense, as they are the self-identified genders of the people we interviewed.

9. People who were assigned male at birth and identify as women. Here, we use these terms in the binary sense, as they are the self-identified genders of the people we interviewed.

10. People whose gender identity matches the one assigned at birth.

Gender expression of the people interviewed (self-identified)

Our sample of families included people with a diverse range of gender expressions:

- Feminine
- Androgynous
- Masculine
- Fluid

Some of the people we interviewed mentioned that their gender expressions are sometimes seen by society as inappropriate for their gender identities, which increases their risk of experiencing discrimination.

4.3. Questionnaire (see appendix)

The questionnaire includes six major sections, with questions and sub-questions, to facilitate the interviews and gather the most relevant information possible.

1. Identity (name, pronouns, gender identity and sexual orientation)
2. Family composition
3. Social network and community perception
4. Acceptance in the neighbourhood and within the cultural community
5. Relations with community, school and health establishments
6. Ties with the LGBT+ Family Coalition

4.4. Types of interviews

The interviews were semi-directed, taking care to leave as much space as possible for the interview subjects to express themselves freely and go into more depth on some topics. The goal was above all to create a dialogue about the realities that concern them while giving them the space they needed. Some interviews were done in person, others online.

ANALYSIS OF THE SITUATION AND OBSERVATIONS

5.1. Family composition

Our interviews addressed various types of families. These included:

- Future parents just starting or in the process of accessing parenting (4)
- Reconstituted families, one of whose members is not a parent in the legal sense (stepparents) (2)
- Families created by assisted reproduction (medical and DIY) (5)
- One foster family in the sense understood in many BIPOC cultures, meaning taking in children from the family to raise them temporarily because of a difficult situation in the family of origin (ties based on family interdependence)
- A family with trans parents that worked with a surrogate
- Families that had their children through sexual relations (by so-called traditional means) even though some of them were simultaneously in relationship with a person of the same sex (5)

Three families among all those we interviewed had shared custody of children; in two such cases, custody was shared with someone who is not part of the LGBTQ+ community.

5.2. Starting a family: Moral conscience and conflictual intrafamily relationships

In some BIPOC communities, the concept of family is very different from that of the nuclear family that's taken as a model by North American customs. It is often multigenerational, with elders serving as teachers and guardians of value systems. Children may also be raised in a shared way that goes beyond the nuclear family (multidimensional ties). Relatives' children may also be "adopted"¹¹ and raised as siblings. Several of the families we interviewed took part in such practices in their own family settings. Six of the families mentioned having grown up with siblings not biologically related to them, and had people other than their parents who took part in raising them (grandparents, uncles, aunts, family friends, and so on).

We understand these parenting structures as variable, in contrast to normative Western understandings, and we put forth a decolonial position with regard to idealized Western family models.

However, according to some values held within various ethnocultural groups, children deserve to be the fruit of a relationship between heterosexual cisgender people. As such, we must understand that non-traditional methods for starting a family (assisted reproduction, surrogacy and so on) are strongly disapproved of wit-

11. We use this term in quotes because we're referring to a non-legal procedure that's commonly established within some BIPOC communities.

hin certain ethnocultural communities, because they don't fit within the customs of many ethnic communities and are not compatible with certain religious beliefs. This is also true for heterosexual couples that are facing infertility. It is difficult for BIPOC LGBTQ+ parents to integrate the rationale behind these methods in Western societies, and community members who use or want to use these methods sometimes feel shame or disloyalty to their cultural roots.

- Three people who became parents through so-called traditional relations confessed that they wouldn't have had children by a non-traditional method. Seven of the people we interviewed were navigating their way through the idea of failing to respect their values, traditions or religion by having a non-biological child as LGBTQ+ BIPOC people, even when their families more or less accepted their decision to have a child.¹²
- Four families that used non-traditional methods (assisted reproduction and surrogacy) had to find strategies in order to not reveal the full truth about how they created their families¹³ in order to avoid possibly dangerous or even fatal repercussions. Two families recognized that being able to pass as heteronormative in their gender expression as trans people granted them privilege that made it possible to spend time in their communities of origin, among others.

« IF YOU'RE NOT MARRIED TO A MAN, YOU MUST NOT HAVE CHILDREN, BECAUSE THEY'LL BE ILLEGITIMATE. IF YOU CAN'T GET YOUR WIFE PREGNANT, IT MEANS THAT GOD MADE YOU THIS WAY, AND IF YOU USE A FERTILITY CLINIC, YOU HAVE TO DO IT IN SECRET AND IDEALLY FAR FROM HOME. IF YOU WANT A WOMAN TO CARRY YOUR CHILD FOR YOU, YOU CAN DO IT, BUT YOU HAVE TO HAVE A LOT OF MONEY AND BE SURE TO PAY HER WELL SO SHE DOESN'T TELL THE TRUTH. PEOPLE WHO DO THIS LEAVE AND COME BACK WHEN THE BABY IS BORN TO MAKE IT SEEM AS THOUGH IT CAME FROM THEM. THE FAMILY CAN EVEN BANISH YOU, SOMETIMES. SO YOU CAN'T TALK TO THEM AT ALL ABOUT BABIES FROM TWO MEN OR TWO WOMEN. THAT'S A SUPREME SACRILEGE. MYSELF, SOMETIMES, I THINK I SHOULDN'T DO IT. »

— S.K.

12. The family believes the method will be so-called "natural," which increases the feeling of guilt among some people who don't dare say they have used assisted reproduction.

13. In the respective families of one person, the other person, or sometimes both.

« IF MY FATHER LEARNED THAT I'M WITH A WOMAN, I COULD DIE AT HIS HANDS, OR BE KILLED BY MY UNCLES OR BY STRANGERS. IF IT CAME OUT, I WOULDN'T HAVE LONG TO LIVE, EVEN HERE. THE HONOUR OF HIS NAME WOULD BE WORTH PRISON TIME. HE BELIEVES I'VE RENOUNCED MY HOMOSEXUALITY. HE HAS IN THE PAST CALLED ME A WORKING GIRL BECAUSE MY CHILD DOESN'T HAVE A FATHER. I LOVE MY PARENTS AND I'M CLOSE TO THEM, SO I LIE IN ORDER TO PROTECT US »

—S.A.

- Five families had to cut ties with their extended families for several months or even several years because of conflicts before their relatives chose to more or less recognize their family¹⁴. Two sets of future parents had almost fully cut ties¹⁵ with their extended families, but still hope to repair those ties. The reasons for estrangement vary between lack of understanding of their choice of methods for becoming parents and rejection of non-normative parenting entirely.
- Six families said they maintain more or less satisfactory relationships with their families. Most said the relationship between grandparents and grandchildren created this connection and helped break down some barriers.
- Of the 18 families, three had legal recognition for their families in their countries of origin¹⁶ or the countries their families came from (other than Canada): France and Colombia. The rest of the countries are under laws or social movements that penalize LGBTQ+ people and their relationships in one way or another. Among others, these include Cameroon, the Democratic Republic of Congo, Haiti, Burundi, Lebanon (while the country is moving toward greater tolerance) and El Salvador, to name just a few.

14. In the respective families of one person, the other person, or sometimes both.

15. Only one sister and one cousin on each side continue to speak to them.

16. French same-sex couples living in Québec who have used assisted reproduction are recognized as their children's parents in France from birth, as of August 2, 2021, as well as with surrogacy and assisted reproduction done outside the country. On November 12, 2015, the Constitutional Court of Colombia ruled that same-sex couples had to be authorized to register newborns in the names of both parents, with birth certificates indicating two mothers or two fathers. In a 5-2 decision, the court gave the national civil state 30 days to change its forms in order to allow children to be registered to same-sex couples.

5.3. Information about LGBTQ+ parenting is difficult to access and not designed for everyone¹⁷

Most families that had chosen assisted reproduction methods underscored that they found information on the subject online, on various websites¹⁸ (in France, the United States and Canada), on podcasts¹⁹ and above all on the YouTube video platform, where explanations may feel less abstract than reading written content in which the vocabulary used is sometimes too medicalized, inaccessible or academic.

« WE READ SO MANY PAGES WITH TONS OF WORDS THAT MADE NO SENSE TO US THAT WE WERE DISCOURAGED AND DIDN'T KNOW WHERE TO GO TO ASK QUESTIONS. WE WANTED TO COME TO THE CLINIC KNOWING THE RIGHT QUESTIONS TO ASK. AS A JOKE, WE SAID WE'D GO LOOK ON YOUTUBE. MOST OF THE VIDEOS WERE IN ENGLISH, BUT WE CAN MANAGE, SO WE TOOK A LOOK. WE LAUGHED OUT LOUD, BUT STILL, IT WAS A LOT MORE HELPFUL TO US. »

—M.G.

There is a lack of information about trans women and access to parenting post-transition. The living conditions of many BIPOC trans women (sex work, precarity, survival, job discrimination...) often prevent any space from being allotted to discussions of parenting in written material or in the media. However, it's important not to generalize. Some trans women have not had or will not have these life experiences, but they will nonetheless face invisibility, even within texts on the realities of trans women. Trans women are stigmatized in a way that makes them seem incompatible with parenting. All the LGBTQ+ BIPOC people we interviewed agreed that conversations on trans men and the possibility of getting pregnant are far more frequent than conversations on the options that trans women have for starting families post-transition. The discourse does not consider them, according to the two trans women we interviewed; three families noted that healthcare practitioners don't systematically or automatically discuss gamete conservation.

17. By this, we mean families living in Canada for one or more generations but that still have family elsewhere whom they wish to visit as LGBTQ+ families.

18. <https://www.fiv.fr/methode-ropa-lesbiennes/>, <https://www.fertily.org/> and others

19. Such as Camille, which was mentioned five times in our interviews. <https://www.binge.audio/podcast/camille>

« ONE THING I'D SAY IS UNFORTUNATE IS THAT BEFORE I HAD MY SEX CHANGE, THE DOCTORS—I TALKED WITH ALL THE DOCTORS, PSYCHOLOGIST, PSYCHIATRIST AND THE DOCTOR WHO DID THE SURGERY—THEY DIDN'T SAY THAT IF WE WANT TO HAVE CHILDREN WE CAN FREEZE THE SPERM AND KEEP IT... WE SOMETIMES DON'T THINK ABOUT WHAT WE WANT IN THE FUTURE... BUT IF I HAD KNOWN... I COULD HAVE HAD A CHILD WITH MY GENETIC CODE. I REGRET IT. IT NEEDS TO BE TALKED ABOUT MORE OFTEN. ESPECIALLY WITH YOUNG PEOPLE. »

— ALEXANDRA

5.4. Expectations versus reality

In clinics, most of the families we interviewed recall being the only BIPOC people present for their appointment and that they appeared to also be the only LGBTQ+ people. They saw many other elements as barriers:

- Gamete donors
- Taking hormones
- Cost

The rarity of BIPOC donors in sperm banks throws off the process, according to four families. Restricted choices sometimes force them to make decisions that may have even heavier consequences for their situations: choosing a white donor, choosing a donor by default, but one who has features or convictions that don't suit those of the family; and so on. These families criticized the lack of information and references that outline this reality in the lead-up to starting the process.

While they were able to find information they deemed to be more or less relevant, all the families decried the lack of sexual and cultural diversity, saying that their searches turned up lots of white families that looked cisgender and heterosexual.

« BEFORE COMING TO THE CLINIC, WE DIDN'T KNOW WHAT SPERM BANK TO GO TO. WE HAD LOOKED AT BANKS HERE AND IN THE UNITED STATES, AND THERE... YOU QUICKLY SEE THAT YOU'RE NOT GOING TO FIND MANY NON-WHITE DONORS. IT GETS DISCOURAGING PRETTY QUICKLY. IT'S SUCH A NARROWER CHOICE COMPARED TO OTHERS. AT THE SAME TIME, [CHOOSING A WHITE SPERM DONOR] IS ALSO SEEN AS A BAD THING IN OUR CULTURES »

— MAUDE

Four families mentioned the lack of information on taking hormones for Black people, because they can be problematic for people with an internal reproductive system²⁰.

Finally, the costs related to the process also made some families take a step back, because financial precarity is much greater among BIPOC LGBTQ+ people than among the white population. People often consider DIY insemination (at home with a known donor) in order to avoid facing direct or indirect systemic discrimination because of their skin colour or ethnocultural affiliation in addition to the marginalization they face because of their intersections of sexual and gender diversity.

People often chose against surrogacy for the same reasons (lack of BIPOC surrogates and high costs). We interviewed only one person who had children by means of surrogacy, but some of the families we interviewed knew people (LGBTQ+ and otherwise) who would have liked to use this method but could not afford it.

« THE DOCTOR TOLD MY GIRLFRIEND THAT SHE HAD TO TAKE HORMONES TO INCREASE HER CHANCES. WE WANTED TO KNOW ABOUT THE SIDE EFFECTS, AND WE WERE TOLD ABOUT MINOR HEADACHES ... WHEN WE DID SOME RESEARCH AND ASKED A FRIEND WHO IS A NURSE, SHE ADVISED US NOT TO DO IT BECAUSE OF THE RISK THAT BLACK WOMEN RUN OF DEVELOPING CYSTS. WE BROUGHT THIS BACK TO THE DOCTOR, AND HE HAD NO IDEA »

— L.Z.

20. Black people, on average, are at three times greater risk of developing uterine fibroids. <https://bwhi.org/2019/04/03/its-not-normal-black-women-stop-suffering-from-fibroids/>

5.5. Relationships with community and creation of a social network

Chosen families:

A considerable element of resilience

While all the families said they had a small (but solid) social network, eight of the 18 deemed that the relationships they maintained with their communities (friends, acquaintances) took precedence over those with their families of origin, whether for social or emotional relations or to discuss topics affecting their families, whether those topics are related to LGBTQ+ BIPOC issues or not.

Families that made use of assisted reproduction underscored that most of the friends who were present before they created their family had remained present after they had children. Only three families said their social network changed when they became parents, but they still retained very close friends. The people who were from their cultural communities accepted their sexual orientation to a greater or lesser degree before they had a child, but took a step back when they became parents, because our respondents' choice to have a child no longer matched with those friends' convictions or those of their friends' families.

Three of the trans-parented families specified that they disclosed their trans identity to only a small extent to the people in their communities in order to not have to explain their family and in order to keep important relationships with their communities intact.

« NOBODY IN MY COMMUNITY KNOWS I'M TRANS. NOBODY ASKS QUESTIONS—NOT MY HUSBAND'S FAMILY, NOT HIS FRIENDS. I'M OKAY WITH THIS DECISION. ... AND IT'S PERSONAL, TOO. IT'S ME AND MY PARTNER. THE REST OF THE PEOPLE, I DON'T BELIEVE WE NEED TO GIVE THEM EXPLANATIONS. »

— ALEXANDRA

« WHEN WE CHOSE MY BEST FRIEND AS A GODFATHER, HIS FATHER TOLD HIM HE WOULD BE DISOWNED IF HE ASSOCIATED WITH US. SO HE TOOK A STEP BACK FROM OUR FAMILY »

— HOPE

The social network:

A conscious choice or the result of chance?

We did interview families that managed to have BIPOC people in their communities who accepted them and who shared their issues as BIPOC parents even though they weren't really able to help them with LGBTQ+ issues. These families say that despite everything, their communities are starting to evolve, if slowly, with regard to LGBTQ+ realities. What creates a problem is that it's almost exclusively non-BIPOC people who are talking about issues of sexual and gender diversity, which should not be the case.

These same families also have an LGBTQ+ BIPOC community, but made up of people who aren't parents, which also creates a gap when it comes to discussions on parenting as it relates to sexual and gender diversity and BIPOC issues. For example:

- How to act with regard to traditions they must sometimes break
- How to transmit values when extended family has rejected the family
- How to react to homophobia linked with racism
- The impression of sometimes being a "freak show"²¹
- How to fight being made invisible

They very much criticize the lack of representation of their lives in society, and reproach the LGBTQ+ world more generally for unconscious bias, everyday racism, the lack of decolonial approaches, and various homonationalist discourses within white LGBTQ+ communities. These families find themselves facing a dilemma, since BIPOC LGBTQ+ people are far from being visible and vocal due to fear of repercussions, while white people don't understand the intersectional issues that affect them.

« I BELIEVE IT'S IMPORTANT TO BE SURROUNDED BY PEOPLE LIKE US (AS FEW OF US AS THERE MAY BE) WHO, IN ONE WAY OR ANOTHER, CAN SHARE OUR EXPERIENCES AS PEOPLE WHO ARE BIPOC AND ALSO LGBTQ+. WHITE PEOPLE TALK LIKE WHITE PEOPLE, NO MATTER HOW WELL-INTENTIONED, WITH A SYSTEM THAT'S BEEN CREATED BY AND FOR THEM. BEING BIPOC IS AN IDENTITY. WE HAVE TO MAINTAIN IT AT ALL COSTS AND CONTINUE TO PUSH FOR BIPOC COMMUNITIES TO OPEN UP. WE NEED TO BE PROUD OF WHO WE ARE EVEN IF IT'S NOT EASY. »

— JESSICA

21. An expression referring to people whose physical bodies are off-putting or whose behaviours fall outside what's defined as the norm. It comes from the circus milieu, where people were sometimes exhibited as "human monsters" or as "sideshow freaks."

Nine of the families we interviewed had a primarily white community (LGBTQ+ and otherwise) by choice or by chance. They didn't necessarily have BIPOC people around them for several reasons:

- Their community has been the same since they were young, and is white.
- They're far from the city, in an area with less ethnocultural diversity.
- They prefer to not experience LGBTQ+-phobia on the part of their ethnocultural communities.
- They feel more accepted and less judged.
- They were rejected from their communities.
- They are not activists and don't feel the need to have LGBTQ+ BIPOC or BIPOC people other than their families around them.
- They have educated non-BIPOC people around them about the intersectional realities they deal with and have found allies.

Most of the families mentioned that they're aware of the racism they could be subjected to in a white environment, but feel better equipped to face that as compared to the LGBTQ+-phobia they could face in their cultural environments.

However, almost all the families agreed that, if it were available, they would prefer to exist in a milieu where people resemble them more so that their kids could source parts of their BIPOC identity there.

« I DON'T REALLY SPEND TIME WITH BLACK PEOPLE OR PEOPLE FROM OTHER NON-WHITE CULTURES. I HAVE COLLEAGUES AND FRIENDS OF FRIENDS, BUT NOT MUCH MORE. BUT SOMETIMES, I HEAR THEM SPEAK ABOUT GAYS AND LESBIANS AND IT'S HARD TO LISTEN TO. IT'S SO MEAN. IT'S LIKE THE MENTALITY IS NOT EVOLVING. TOO MANY TIMES, I'VE HEARD THAT IT'S A DEVIL'S DISEASE AND THAT WE NEED TO GET RID OF GAYS, AND THAT LESBIANS, IT'S JUST THAT THEY'RE POSSESSED. IT'S A SHAME, BUT I PREFER TO PROTECT MYSELF. ONE DAY, MAYBE IT WILL CHANGE. »

— X.

5.6. Acceptance in the neighbourhood and in the cultural community

We observed, by interviewing the families, that finding a place to establish themselves and feel safe is not an easy thing to do. In trying to understand the sense of welcome and comfort that LGBTQ+ BIPOC people feel in their neighbourhoods, we quickly realized that the situation depended on multiple factors:

- The profile of the neighbourhood
- The amount of time spent living in the neighbourhood
- The families' citizenship status
- The type of housing
- Their socioeconomic class
- The neighbourhood's perception of them in relation to their identities as BIPOC and LGBTQ+ people

The path toward establishing a home: A misunderstood reality

Only three of the 18 families are homeowners and say they did not experience discrimination in this endeavour. However, whether people are renting or buying, high prices sometimes force them to live far from major urban centres. A first stress that the family members we interviewed felt was the risk of being judged and discriminated against in a less open environment, which can sometimes be associated with the suburbs or with regions outside major urban centres. Two of these families underscored that they are the only BIPOC family and the only LGBTQ+ family (BIPOC or otherwise) in their neighbourhood.

« WE DON'T WANT TO MAKE WAVES, SO WE'RE TAKING THINGS SLOWLY, WE'RE STAYING POLITE, WE DRESS OUR KIDS WELL TO AVOID BEING JUDGED. WE HAVE THE FEELING THAT WE HAVE TO DO MORE TO SHOW WE'RE A GOOD FAMILY AND THAT WE BELONG HERE. »

— ABBY

Some families have lived in the same neighbourhood for many years and feel safe there even if they sometimes experience racist (rather than homophobic) microaggressions, because they're in primarily white neighbourhoods. The participants had nonetheless made acquaintances there and get along well with their neighbours without necessarily being close friends. The fact that their children sometimes go to the same schools or daycares helps open conversations. Overall, they believe that people are used to them or tolerant towards them, at least on the surface. For them, as long as they're being respected, they feel good living in their neighbourhoods.

On the other hand, five families said that their sense of safety varies depending on the polarization and social mixedness of the neighbourhoods they live in. The more the area is split into different categories—well-to-do people, more precarious people, white people and various ethnic groups—the more limited the sense of safety for LGBTQ+ BIPOC people. As well, in some neighbourhoods, there is a distance between the detached homes primarily occupied by white people and the lower-rent dwell-

lings, which reinforces the disparity between the different groups and creates an underlying power structure that's felt within interactions and through recurrent negative stereotyping. Two participants noted that as BIPOC lesbians, they experienced many minoritizations. In their neighbourhood, with a great deal of mixing among white people and ethnic groups, they sometimes feel very unsafe. They mentioned that people in the neighbourhood had said LGBTQ+-phobic things and other inappropriate things about them being a same-sex couple with a child; they also experience racist remarks and others based on social class.

To stay or to leave the ethnocultural community you belong to?

That is the question

Many of the families we interviewed chose to live outside the neighbourhoods where the BIPOC communities they belonged to tended to congregate. As such, we can observe that taking distance from one's community is a common practice; as well, these families don't take part, or take part very little, in these communities' activities. When they do attend, their status as LGBTQ+ remains hidden (with one or two exceptions).

« A NUMBER OF TIMES, PEOPLE HAVE SAID THINGS LIKE 'AREN'T YOU ASHAMED OF DOING THAT' OR 'WHAT IMPURE VALUES ARE YOU GIVING THIS CHILD?' IT'S HURTFUL PARTICULARLY WHEN IT COMES FROM PEOPLE OF YOUR OWN COLOUR. BUT FINE, OKAY, WE'LL DEAL WITH IT. WE KNOW THE RELIGION. IT'S JUST THE REST. WE'VE HEARD, 'PEOPLE LIKE YOU, WE KNOW YOU MAKE THE LEAST POSSIBLE EFFORT TO MAKE A LIVING; HAVING CHILDREN ON TOP OF THAT IS SURELY JUST TO GET MONEY.' WE'RE GOING TO MOVE SOON. WE'RE LOOKING FOR A HOUSE. PEOPLE SEE BLACK PEOPLE AS LAZY, AND IT'S TOO BAD. NO MATTER WHAT WE DO, OUR COLOUR IS A PROBLEM, AND IT'S HARD, BECAUSE WE WONDER IF LIVING FURTHER AWAY WILL JUST BE MORE OF THE SAME. »

— L.Z.

However, three families with a history of immigration were anchored in their ethnocultural communities²². But being out was not an option for them. For several of the people we spoke with, the concept of coming out was reserved for a privileged white population that doesn't have to navigate precarity, culture, tradition, and the weight of religion, and that doesn't have to constantly do education and cultural decolonization work²³. For these families, cultural heritage takes precedence over individual need. On the one hand, this heritage gives them roots and helps them build in Canada without losing their ethnic and cultural identity; on the other

hand, fear of losing their roots and bringing shame to their families (here or in their country of origin) and the internalization of traditional values prevent them from building ties with their BIPOC community, especially if that would include coming out as LGBTQ+. These families experienced their LGBTQ+ belonging in a very different way, in contrast to the Western narrative that pushes for coming out of the closet as a way to achieve freedom.

« WHEN YOUR FAMILY FLED THEIR COUNTRY TO GIVE YOU A BETTER LIFE, YOU DON'T THANK THEM BY BRINGING SHAME UPON THEM. IT'S NOT DONE. YOU NEED TO HIDE THE PART OF YOU, OR MAYBE YOU YOURSELF FLED YOUR COUNTRY. YOU WANT TO FIND THE VALUES YOU KNOW IN ORDER TO REBUILD. IT'S VISCERAL, YOU LEFT BAD PEOPLE, NOT YOUR CULTURE. SO BEFORE YOU EVEN LEARN THE NEW CULTURE, YOU DIVE (BACK) INTO YOUR OWN. IT'S REASSURING. IF YOU'RE THE ONE WHO FLED, YOU'RE ACCOUNTABLE, AND YOU OWE RESPECT TO YOUR PARENTS AND TO YOUR NAME, WHETHER YOU LIKE IT OR NOT, BECAUSE YOU NEVER KNOW WHO YOU'LL MEET HERE. SOME PEOPLE DON'T UNDERSTAND IT, BUT THAT'S HOW IT IS. AT LEAST HERE, YOU'RE STILL MORE FREE AND YOU HAVE RIGHTS. BUT THAT DOESN'T STOP YOU FROM HAVING TO RESPECT YOUR ELDERS. YOU REMAIN A CHILD UP UNTIL ALL YOUR ELDERS DIE. THEN, MAYBE YOU CAN LIVE THE WAY YOU WANT. IT'S FAR OFF. »

— NARY

22. Two of these families have children born outside LGBTQ+ relationships, which helps them function more easily within their communities without having to disclose their sexual orientation. The third family is a couple who are future parents awaiting their permanent residency before leaving the city

23. Act of reappropriating one's cultural roots by dismantling the vestiges of colonial domination.

Nevertheless, two of the families note that they will stay in their cultural communities until they're well established here, adding that it's better to stay within a helpful community that speaks the same language and is more aware of the realities faced by immigrants (without specifying what category) compared to the white population that's not very familiar with their intersectional issues. However, they specify that during this time, some options they use to hide their sexual orientation become burdensome:

- Inventing an "opposite"-gendered partner (in Canada or elsewhere)
- Arranging a partnership with a real partner known in houses of worship in order to eliminate all suspicion
- Pretending to be single while rebuilding after a difficult time or after grieving
- Inventing a family relationship or explaining a relationship with a partner as being a close friendship in order to hide their status as a couple
- Hiding one's bisexuality in order to be presumed heterosexual by using to one's advantage the heteronormativity that's omnipresent in society

Despite the importance they place on their ethnocultural worlds, these families plan to establish themselves elsewhere (later) without necessarily wanting to live "openly," because they don't want to lose these important and necessary ties with their communities. They still hope that one day, their families will be recognized and their existence normalized within their communities.

Over the course of our interviews, we observed that transmitting the values of their ethnocultural communities is important, and that all the families we interviewed agreed that whether or not they spend time in their communities of origin, it's of prime importance to transmit some of its values to their children.

5.7. Relationships with community, health and school institutions

This part of the report shows the extent of the challenges faced by BIPOC people, and even more so by LGBTQ+ BIPOC families.

We must note that several participants mentioned that out of concern for their anonymity, they simply don't go to LGBTQ+ organizations, and they also don't disclose their sexual orientation within the health system unless absolutely necessary. Some of them also reported that their children's school or daycare does not know they are an LGBTQ+ family.

Ties with community organizations

With general organizations

When we discussed organizations, the families made the distinction between community organizations serving their ethnic and cultural communities and those that are more general in nature. Most of the families don't have contact with general non-BIPOC community organizations (ex.: Maison de la famille) or LGBTQ+ ones on a regular basis. Ten out of 18 families responded saying they weren't "raised" with that kind of habit; they see this practice as white, Western, embedded in colonialist and paternalistic discourses, and dedicated to a population with basic needs (housing, food, clothing) that must be met immediately.

The notion of "help," in comparison to "support" or "accompaniment," disturbed people, and so did the lack of an intercultural and intersectional approach to interacting with BIPOC people,

particularly among users who are immigrants, asylum seekers or refugees. The language barrier is also an issue in these organizations, as very few of them offer services in languages other than English or French.

Two other reasons that discourage BIPOC families from coming to general organizations are of non-BIPOC workers' lack of awareness of BIPOC issues, as well as the everyday and systemic racism these families experience. Five of the families reported such incidents:

- Being asked if it wouldn't have been better for the children to be with other children like themselves.
- At a community breakfast, seeing all the white people served before the BIPOC people.
- Hearing several times, someone specifying that they should perhaps choose other kinds of shampoo, soap or cream in order to "not smell as strong."
- Being told that French courses were available to improve their accents if they wanted (one of the people who was told this had been living in Québec for 16 years and has a strong command of French).
- Being advised by another parent to "bleach their skin" during an activity, while several white workers present laughed before apologizing for their "awkwardness," and nothing more.

« IT'S NOT A HABIT TO GO TO COMMUNITY CENTRES. I DON'T EVEN KNOW IF, CULTURALLY, THAT'S SOMETHING THAT REALLY EXISTS WITH US. NOT IN THE WAY WE SEE IT HERE. IT'S NOT A REFLEX TO GO TALK ABOUT YOUR ISSUES WITH PEOPLE. BUT ON TOP OF THAT, TO GO SPEAK WITH PEOPLE YOU DON'T KNOW, THAT'S NOT SOMETHING WE HAVE AS A REFERENCE POINT. AS WELL, THERE SOMETIMES ISN'T A STRONG KNOWLEDGE OR A GOOD APPROACH. IT JUST GIVES THE IMPRESSION OF SOMETIMES HAVING WHITE PEOPLE EXPLAINING TO US HOW TO ACT IN ORDER TO 'ADAPT' AND 'INTEGRATE' WITH THE WAY THINGS ARE DONE HERE. »

— ELODIE

With non-BIPOC LGBTQ+ organizations

When it comes to non-BIPOC LGBTQ+ organizations, it's mostly white people who come to and work at these centres. Eight families criticized some behaviours or the general state of various LGBTQ+ organizations. The following aspects kept them away from these community organizations:

- Lack of ethnocultural diversity and BIPOC people within the membership, employees and administration
- Lack of knowledge of what an intercultural or decolonial approach actually is
- White saviour complex²⁴
- Everyday and systemic racism
- A paternalistic attitude within the way organizations operate (at a systemic level) toward BIPOC people (ex.: always asking a white person for a second opinion even when the BIPOC person has a good knowledge of the issues; always having the last word in conversations when the person speaking is a BIPOC woman; issuing directives instead of listening; and so on)
- Failure to consider BIPOC people's interests and customs related to their identities when it's time to plan activities or events

- Lack of visibility for their family realities and issues
- Tokenism²⁵
- Homonationalist approaches²⁶
- Gaslighting²⁷
- Lack of discourse about LGBTQ+ BIPOC parenting.

Visiting non-LGBTQ+ organizations help BIPOC individuals avoid the experiences of racism-related victimization. They go to these other organizations even if these groups are making only slow progress regarding LGBTQ+ issues. But LGBTQ+ BIPOC families usually avoid them. When they do try, these organizations say they are allies but have neither the resources nor the appropriate knowledge about what being an ally means, which results in families not staying for very long.

24. The term "white saviour complex" is a critical description of what happens when a white person sees themselves as liberating or saving racialized and Indigenous people. It's critical in the sense that it describes a model in which BIPOC people are considered as the passive recipients of white benevolence.

25. "Tokenism" refers to the practice by which a group or organization hires minoritized or marginalized people in order to boast of being inclusive without truly changing their practices or educating people to create an equitable and inclusive environment.

26. The term "homonationalism," coined by Jasbir Puar in the work *Terrorist Assemblages* (2007), has become a broad term designating activist strategies and public policy that promotes the acceptance of queer citizens and the recognition of LGBTQ+ rights at the expense of the Other, in particular racialized individuals that are not as progressive. See, for instance, Smith, Miriam, 2019. "Homophobia and Homonationalism: LGBTQ Law Reform in Canada." *Social & Legal Studies* 1-20. <https://doi.org/10.1177/0964663918822150>

27. "Gaslighting" is a form of emotional abuse in which information is twisted or presented under a different light; for example, minimizing the information provided by BIPOC people about racist acts or behaviours; legitimizing problematic actions with the excuse that someone lacks education about BIPOC issues; denying that an inappropriate thing was said about a BIPOC person's ethnicity or culture even when it was clearly spoken and heard; and so on.

« EDUCATION NEEDS TO HAPPEN ABOUT THE TERM 'ALLY' IN ALL THE COMMUNITY SPACES THAT PROVIDE SERVICES TO FAMILIES. WE NEED TO EDUCATE PEOPLE ON WHAT IT MEANS TO BE AN ALLY TO LGBTQ+ AND LGBTQ+ BIPOC FAMILIES. WHY NOT ORGANIZE THE SPACE TO PROVIDE AREAS FOR BREASTFEEDING, KIDS' GAMES... DISPLAY BOOKS THAT REPRESENT LGBTQ+ FAMILIES, BIPOC FAMILIES, CREATE SPACES WHERE KIDS CAN BE NATURALLY EXPOSED TO DIVERSIFIED REPRESENTATIONS OF THEIR FAMILIES. »

— ESTELLE

The clear lack of LGBTQ+ BIPOC organizations, and above all the lack of organizations for LGBTQ+ BIPOC families, leaves these families on their own when facing issues that are specific to them. So they turn toward their friends or the internet to find answers to some of their questions, and often don't really get answers that meet their needs.

Sometimes, the reality of the lack of resources only becomes clear when people begin the process of starting a family. Several participants would have liked to get information more specific to BIPOC communities in order to be better prepared. No fewer than 12 families out of 18 said they were sad to see the lack of resources and organizations (LGBTQ+ or otherwise) addressing their reality, in which they're positioned at the intersection of various identities and situations as LGBTQ+ BIPOC families.

Problematic interactions in fertility clinics and the health system

Our observations about organizations are based on the understanding that due to problematic and discriminatory situations, there is a major gap in what fertility clinics offer; as well, the health system as a whole is just as problematic.

Four families²⁸ said they have experienced uncomfortable situations. Several parents and future parents spoke about repeated microaggressions on the part of healthcare practitioners during medical visits (fertility and medical follow-up):

- Strongly suggesting a BIPOC donor for "better cohesion" within the family instead of the donor chosen by the family (when the family had already had to choose a non-BIPOC donor because gamete donations from racialized and Indigenous people are so rare)
- Seeing heterosexual couples in priority (even when appointment times were pre-set)
- Using heterocisnormative language even after the practitioner was asked to correct their terms
- Refusing to use a person's chosen name and using their deadname instead, or refusing to use the appropriately gendered pronouns

28. Of the nine families that had made use of assisted reproduction or who were in the process of doing so.

- Asking questions about sexual habits unrelated to the situation
- Giving a list of “mandatory” tests to take without explanation, after which the patient was told in another clinic that these tests were not mandatory
- Prescribing hormones without warning of the risk of uterine fibroids²⁹ and with no attempt to suggest an alternative
- Prescribing expensive medications without ensuring the patient could afford them
- Discrediting and refusing to take seriously the pain or allergies mentioned during medical tests or gynecological exams
- Implying that having a baby alone “for someone like you” could be financially difficult, so why not wait to have a husband; also implying that at least there was government financial aid available (when the person is in a very well-paid profession), and so on.

For the purposes of this section, we asked a few white people, both LGBTQ+ and not, who had used fertility centres, about their experiences at these centres. Out of six people we interviewed, none of them mentioned any particular incidents, apart from the invisibility of LGBTQ+ couples at their appointments. Most of them were given correct information about the tests that had to be taken; were given medication choices based on cost; had people ready to listen and did not feel judged other than in a first instance where the healthcare provider had to adjust their language to include LGBTQ+ couples. When they mentioned pain or discomfort, the reactions were benevolent and nobody was subjected to comments about their financial situation as a barrier to the procedure.

As such, we can observe singular differences in the ways these clinics operated when comparing the two populations (BIPOC and white) with regard to the quality of care provided.

We would have liked to conduct a more in-depth analysis about the adoption process and that of surrogacy, but with only one sample for surrogacy and none for adoption (in the legal sense) among the families we interviewed, we were not able to make observations about the interactions between such families and such establishments. Since we only interviewed one foster family, we cannot compare their experiences with the rest of the sample.

The participants did not report incidents following medical visits for their children. However, they did address the question of psychosocial assistance or in-home care³⁰ as new LGBTQ+ parents. There is a clear lack of knowledge about the realities of new LGBTQ+ parents in addition to an even greater lack of knowledge about ethnocultural diversity. When the care provider was from a BIPOC ethnocultural community, some families were made to feel very uncomfortable during their visits. Home care workers and social workers often made very heterosexist statements. This can be difficult to manage during the times of exhaustion and instability that the arrival of a newborn can bring about. Several families had to let go of care providers or bring an end to their psychosocial assistance for their own well-being—which is unfortunate because these helpers are supposed to be present to provide support during the postpartum period.

29. See note 20.

30. Health and social services nurses or staff from the CLSC or referred by the CLSC who come to help parents in the weeks following birth.

« THEY'RE SO ACCUSTOMED TO MOMMIES AND DADDIES THAT THEY COME TO US WITH THEIR MESSAGE ALL SET. IT SEEMS LIKE THEY DON'T TRY TO FIND OUT WHO THE PEOPLE ARE THAT THEY'RE GOING TO SEE. IT WAS ALREADY SO HARD FOR US TO SAY YES, BUT WE REALLY NEEDED HELP. WHEN THE LADY ARRIVED, WE COULD PRACTICALLY SEE ON HER FACE THAT SHE WAS DISGUSTED TO BE THERE. WE DID IT TWICE AND WE COULDN'T STAND IT ANYMORE. WE HAD ONE OTHER WHO WAS MUCH BETTER. SHE ASKED US LOTS OF QUESTIONS TO HELP US PROPERLY WITH THE BABY. »

— ANONYME

Educational institutions: Good intentions and failures

With regard to schools and daycares, we observed gaps in regard to documentation tailored to LGBTQ+ realities, with forms featuring designations such as “father” or “mother.” In several cases, no other choice was presented for identifying and reflecting the realities of families with same-sex parents, trans parents or non-binary parents. Still, the parents whose children attend these establishments recognize that they do have the intention to offer a safe environment for all, as most of them have anti-harassment and anti-discrimination policies. They just need to apply their regulatory provisions in a concrete way. We want to emphasize the stories of five families who told us they had to intervene at their children’s schools, once or more than once, for three main reasons:

- Bullying with regard to gender expression
- Harassment and inappropriate statements about their family composition
- Discriminatory and racist acts on the part of teachers

Some respondents said they disliked having to justify themselves more than their white, cisgender and heterosexual counterparts with regard to their children’s education, relationships with the school and staff, and school performance.

5.8. A look at the LGBTQ+ Family Coalition

Of all the families we interviewed, 11 mentioned that they had heard about, know about, were involved with or took part in the activities of the LGBTQ+ Family Coalition. After a few explanations for the people who weren't familiar with the Coalition, all the families recognized that it's an organization that is necessary for advancing change for LGBTQ+ families. However, five of them noted that like many organizations, the Coalition is not equipped and was not designed to navigate the ethnocultural realities and specificities of BIPOC LGBTQ+ communities. Three families noted that activities are not tailored to ethnocultural and religious diversity; they gave the example of the sugar shack, which is inappropriate for Muslim people who cannot eat pork which is commonly served.

Apart from activities, a number of families mentioned certain problems and issues encountered several times within the Coalition:

- Microaggressions
- Racist statements
- Lack of visibility of the ethnocultural diversity of BIPOC populations
- Homonationalism and ethnocentrism
- White saviourism and white supremacy
- Strongly entrenched white privilege
- Colonial positions on the family³¹
- Lack of language-related sensitivity on the part of both members and workers during workshops and lectures on issues affecting BIPOC people

« WE NEED THE COALITION, BUT IT'S WHITE AND ITS STATEMENTS AREN'T VERY REPRESENTATIVE OF CULTURAL DIVERSITY. WHEN WE LOOK AT ITS IMAGE, OR THESE IMAGES OF THE FAMILY, I DON'T SEE US. US, MEANING CULTURAL COMMUNITIES. IT'S GREAT TO HAVE A PICTURE OR TO WRITE SOMETIMES ABOUT PEOPLE OF COLOUR, BUT ALL THIS DOES IS GIVE THE IMPRESSION OF WANTING TO LOOK GOOD. SO WE CAN SEE FROM THIS STUDY THAT THERE'S A REAL PROCESS HAPPENING. BUT IT HAS TO BE VISIBLE. »

— J.G.

31. The Coalition fights for the rights of all LGBTQ+ families. However, given that it is not an organization working specifically for ethnocultural groups, its approach and vision of the family remain very Western, with a preponderance of child-raising carried out by parents or legal guardians. It does not always take into consideration the various dynamics that occur sometimes within different groups, such as multigenerational families or child-raising shared within a community and among relatives, friends and children themselves.

Several respondents said that despite these issues, they stayed with the Coalition because it was their only link to families like their own, even with the lack of inclusion of intersectional issues for racialized and Indigenous families. However, they underscored that changes must be made so that LGBTQ+ BIPOC families feel like they are in a welcoming space.

With regard to access to information about LGBTQ+ parenting, four families told us they were discouraged by the website's too-dense content, and that the lack of a search button made it harder to find the information they wanted, which led them to search for references elsewhere. Still, this didn't prevent them from attending workshops for future parents.

Several families still wanted the Coalition, in the future, to position itself more as an organization that centres BIPOC communities with as much energy as the organization does for other LGBTQ+ families so that they can feel truly represented.

A final point was mentioned several times in the interviews. Essentially, as the only organization for LGBTQ+ families, the Coalition should put into place a psychosocial assistance service for crisis situations that specifically affect LGBTQ+ and LGBTQ+ BIPOC families.

« WE HAD TWO MISCARRIAGES; I DIDN'T KNOW WHAT TO DO TO HELP MY GIRLFRIEND. I WENT INTO A DEPRESSION MODE. I JUST WANTED TO TALK TO SOMEBODY WHO COULD GIVE US GOOD ADVICE AND UNDERSTAND OUR REALITY. (...) WE ARE NOT NECESSARILY OUT FOR NOW. SO, IT'S HARD TO GO AND EXPLAIN MY REASONS WITHOUT GETTING ANY JUDGMENT. I FOUND THE COALITION ON THE INTERNET, AND I SAW THAT IT WAS FOR LGBTQ+ FAMILIES, BUT YOU DON'T HAVE ANY SERVICES TO HELP US IN THAT WAY. IT SUCKS. »

— S.T.K.

CONCLUSION

The purpose of this report was to meet with LGBTQ+ BIPOC families, to learn about their family dynamics and to understand their needs and interests within a majority-white society—a context in which they are not given the opportunity to fully come out, which creates a quasi-constant state of invisibility for these families.

We were able to observe that BIPOC families are diverse and act according to codes that don't necessarily correspond to the majority-white, Western and colonial paradigms. Participants expressed certain reservations about approaches that lack sensitivity with regard to BIPOC ethnocultural community parenting practices. The participants' non-dominant practices were based instead on their specific ethnocultural values, which emphasize strong interdependence and multidimensional relationships. Blood ties and the nuclear family are not necessarily the primary aspects of these relationships.

We were also able to observe reluctance regarding non-traditional methods for starting families related to religious beliefs and other deeply rooted spiritual values. In addition, as our interviews proceeded, we noticed that these same anchors—values and beliefs—operating along with the constraints caused by racism and LGBTQ+-phobias create obstacles to these families' visibility in their own communities and in society in general.

It's not easy to understand the complex realities of LGBTQ+ BIPOC families. It requires careful listening and the deconstruction of biases and colonial thinking, while also clearly becoming aware of the privileges accorded to the white population. We cannot do this work without considering questions of intersectionality and ethnocentrism. As we were digging, we certainly noticed the still-heavy marks of the colonial past. This past, still today, creates discriminatory relationships between LGBTQ+ people within their own BIPOC communities, within majority-white structures and heterocisnormative societies that are a long way from being ready to put in the effort to centre LGBTQ+ BIPOC people and families. As such, we owe it to ourselves to work together with BIPOC organizations (LGBTQ+ and otherwise) in order to provide these LGBTQ+ BIPOC families the services they expect and need so that they can finally feel supported and legitimized in society as well as within certain spheres of their communities. This would help them more smoothly navigate between their traditional values and their belonging to LGBTQ+ communities. To do this, we need to follow the recommendations set out in this report.

The Coalition must continue to work equally hard for both LGBTQ+ and BIPOC families. It must do this in order to recognize the rights of racialized and Indigenous LGBTQ+ families, whom society has long failed to recognize as they deserve to be. The Coalition is committed to this long-term work, which will end up bearing fruit.

RECOMMENDATIONS

7.1. Respecting limits and deconstructing the focus on coming out

Many people we interviewed asked for total anonymity in order to take part in the interviews. As a result, we suggest paying special attention to the needs of BIPOC LGBTQ+ people when it comes to protecting and respecting their privacy. When promoting activities, lectures or discussion groups for BIPOC LGBTQ+ people on social media, we need to make sure the list of participants is only visible to the event organizers in order to provide participants with anonymity and confidentiality. For activities aimed at only the BIPOC population, we need to avoid putting the event location on social media, but instead say it will be provided when people register by email. For outdoor activities (excluding Pride activities), we need to try and be discreet with regard to LGBTQ+ signs, and all the more so if the activity is only for LGBTQ+ BIPOC people.

These simple acts will ensure better confidentiality and a sense of safety for some families and future parents who are choosing not to openly disclose that they are members of LGBTQ+ communities. For mixed activities, it's crucial to offer these people welcoming spaces that are free of language that stigmatizes their realities and their different view of, or opposition to, the coming-out imperative, even within the LGBTQ+ community. The concept of coming out was forged in the Western context and mostly available to people with white privilege in many situations, so it is strongly recommended to educate non-BIPOC people to help them understand their white privilege and take

an anti-oppressive position within the organization (members, staff, administrators). We also need to create a section on the new website with varied documentation written by racialized people to provide a better welcome to BIPOC LGBTQ+ people.

The Coalition must stand for the well-being of all families that it serves on its territory, and this must include verbalizing and recognizing its own biases and privileges.

7.2. Self-identification and self-determination: Respect for identity

Certain terms related to race³² bear the marks of a colonial past, and may even be linked to slavery. We must ensure that we take a decolonial approach when it comes to naming ethnic and cultural origins. In discussion groups, lectures and individual meetings on subjects relating to BIPOC LGBTQ+ families, it's recommended to allow members of BIPOC ethnocultural communities to self-identify and self-determine so that they can name their own ethnocultural, religious and social references. A general term such as BIPOC can always be used in the title of an activity, but it's important to ask the people present if they prefer to be categorized more specifically when they're being addressed with regard to their ethnocultural identity (BIPOC as opposed to Black, Latinx, Asian, and so on). A good way of working would be to have people state their racial, ethnic or cultural identity along with their pronouns. A glossary of appropriate terms could be added to the website about LG-

32. When we discuss racial issues, we don't take a biological point of view, but rather one that focuses on socially constructed power differentials that create oppression and have serious consequences, hence the need to use this word.

BTQ+ BIPOC people. It may be that some BIPOC people themselves use colonial terms (due to habitual use since childhood, the reappropriation of such terms, or lack of familiarity with decolonial approaches). In such cases, this is their own definition of their identity and we must respect it. We need to work to educate everyone from an intersectional perspective.

7.3. Accessibility of information on LGBTQ+ parenting: Simplifying content

We need to understand that reading is a privilege, including the ability to read texts that contain scholarly terms. The Coalition must consider simplifying everything by using pictures and sound. Informative content on access to LGBTQ+ parenting must be accessible. The vocabulary and language level need to be accessible as well. It would help a larger portion of the population to understand what to expect if we were to create popular education podcasts and a YouTube channel in both languages with simple videos on the various steps of the processes of surrogacy, adoption, becoming a foster family, and assisted reproduction. It's crucial that the pictures and soundtracks we use also speak to a non-white population (ex.: images of BIPOC families, people speaking with an accent, a setting with multicultural elements). To reach cultural communities that don't speak French or English, we need to create a bank of subtitles in different languages. Just as for our media content, our texts must be translated into a third language or more (ex.: Haitian Creole, Arabic and Spanish). Access to interpreters who are aware of LGBTQ+ BIPOC issues would be a good way to reach another pool of LGBTQ+ BIPOC families.

We did not interview anyone with a disability, but our participants did mention that some LG-BTQ+ BIPOC families have disabled people in their communities. For future years, we suggest trying to transcribe the Coalition's most important texts into Braille and to add subtitles to our videos. Sign language interpreters would be useful at our workshops for future parents.

Some texts discussing assisted reproduction must also highlight some of the issues and realities that BIPOC people may face in their process of starting an LGBTQ+ family so that they can be better informed in navigating the system. For example, we should mention the lack of BIPOC donors in sperm banks, and that Black people with internal reproductive systems are at three times greater risk of developing fibroids compared to white people, so they need to be careful taking the hormones that doctors may prescribe to increase their chances of pregnancy. Along the same lines, when it comes to surrogacy, we need to mention the lack of BIPOC egg donors and surrogates, and explain that this process was mainly set up with white people in mind who are not considering their privileges in the way such clinics are designed. The purpose is not to discourage people, but to give them a realistic view of the situation as we have been asked to do. We also need to make sure that the discussion on gamete conservation happens in centres and clinics for young trans and non-binary people. As well, we need to make sure that information on access to parenting is easy for trans and non-binary people to find. For example, with the relevant health institutions, we could create a little one- or two-page information sheet about gamete conservation and the various options for becoming parents after transition, which could be given to them upon intake. This sheet could also be provided on our website. We also need to add a search button to help people find things on our website, and we suggest that the Coalition's new website be simplified to make reading easier.

7.4. Reluctance to use non-traditional methods for starting a family, and the decolonial understanding of the concept of family

The normalization of starting a family using non-traditional methods (assisted reproduction, surrogacy, adoption and so on) is a very Westernized phenomenon. As such, we need to be open and humble when considering traditional and religious beliefs that don't agree with the rationalization of these non-traditional methods. We need to make sure we step outside our positions as experts and act with reciprocity and solidarity to welcome certain values that are not typically Western. Our texts must also reflect this aspect. As such, we recommend consulting with LGBTQ+ BIPOC people who feel comfortable writing about their reluctancies in starting a family due to intercultural issues. The purpose is for people from BIPOC communities to feel respected and understood in conversations with people who may not fully understand these issues. We must support them in their process of starting a family, but it's important to do so without taking an ethnocentric position; rather, we need to opt for an intercultural and decentred approach. We can offer future parents a welcoming space on our platforms by creating a forum or a by-and-for workshop for them to talk about these conflictual relationships between their communities' traditional beliefs and LGBTQ+ parenting.

As an organization representing all families, we need to take a step back from our ideology of the family in order for our understanding to instead show our sensitivity to practices that are not traditionally ours. We must not try to force these families to assimilate to our ideals.

As we mentioned in a previous report³³ the definition of family that we use at the Coalition is very Western. Our thinking must now prioritize deconstructing our normative attitudes (that are part of neo-colonial practices) with regard to the image of the family and recognizing the plurality of BIPOC family structures. We will succeed if we can listen and engage in cooperation in our discussions with the LGBTQ+ and BIPOC people who live in such structures of family interdependence. To highlight these realities, we could add the words “chosen” and “extended” (meaning non-biological family) to a future poster on family diversity; these concepts will connect with many LGBTQ+ BIPOC families whose communities become family. As such, we need to be careful not to place emphasis on biological ties, as for many BIPOC families, these ties are broken, but above all because terms such as “auntie” and “uncle” are often

used as a sign of respect to refer to people within the community who have become family in the broader sense. We also have many families that are not only multigenerational but also involve multiple parents and are multidimensional (different from co-parenting). As such, it will be important to pay attention to the vocabulary we use in our discussion groups, social media posts and workshops when we’re talking about family and parents raising children, because this is not a uniform concept in all cultures. Our articles on parenting must also make note that we recognize our differences when it comes to family composition. We need to showcase a range of compositions in the new pictures and texts on BIPOC families at the Coalition, while being careful to avoid tokenism.

33. Report on phase 4 about partnerships with organizations for racialized people.

7.5. Choosing where to live and destigmatizing BIPOC LGBTQ+ families: Two major challenges to counter

To support our families to the greatest possible extent, regardless of where they choose to live, we could create a postering campaign for BIPOC LGBTQ+ family visibility. To avoid white saviourism, we need to do this in partnership with organizations for BIPOC people (LGBTQ+ and otherwise) that responded positively to our outreach for our earlier report on these organizations. We'll need to make sure that these families are not a curiosity, and show that they really do exist in all cultures, but that their visibility is compromised by numerous factors. In more multicultural neighbourhoods, the posters could focus on LGBTQ+ realities with specific points about BIPOC people (culture, traditions, enduring values) that explain why they are not very visible. Outside these major centres, posters could be more focused on BIPOC realities (messages about racism and LGBTQ+-phobias) and explain the reasons for this invisibility in a different way.

These families live in many neighbourhoods in many cities, but they find it stressful to come out, because LGBTQ+ families are not very normalized and because of racism. We could create podcast episodes featuring a few BIPOC LGBTQ+ families that are open to talking about their cultural ties, their voluntary distance from or place within their communities, and how they transmit their values and their attachment to those values; and we could disseminate these across various media (writing, quotes, paintings), in libraries, in cultural centres, and so forth, across Québec. Of course, the aim is not to out them, but to do some awareness-raising about certain poorly understood realities.



7.6. Fertility clinics, health services and schools: Acting where the problem lies

Joining forces to better support our families

With the help of LGBTQ+ organizations for BIPOC people, we need to approach non-LGBTQ+ organizations for BIPOC people that want to lend us a hand and create a solid partnership between all of us. We need to commit to providing trainings and workshops on LGBTQ+ families for non-LGBTQ+ organizations for BIPOC people. In exchange, they would share with us their expertise on BIPOC community issues to help us better support our families from ethnocultural communities. We absolutely must take their advice with regard to how we address BIPOC issues.

To counter the injustices people face in fertility clinics, general organizations and post-partum social service centres (to name just a few), we suggest creating a training in which we'll do some joint advocacy work³⁴ focusing on the systemic issues that affect LGBTQ+ BIPOC people and families, and present solution options that are precise, intersectional, decolonizing and anti-oppressive. We must make sure this training is also taken by the various external partners working with these establishments (psychologists, doctors, social workers and so on). This advocacy work will serve as a resource for them. The purpose is to raise awareness about discriminatory, racist and LGBTQ+-phobic attitudes that may arise in their spaces. We suggest posting on our website and social media that we're actively interested in hearing about the experiences that LGBTQ+ BIPOC people have had when visiting or using the services of

these various establishments in order to stay aware of the situation and take new measures when necessary.

Because some families we interviewed mentioned the lack of visibility of ethnocultural diversity and the heterocisnormativity that are ever-present in these places, we recommend discussing with fertility clinics about what could be done in order to make LGBTQ+ BIPOC populations feel more normalized, better represented and better respected, both in their spaces and on their various online platforms. We could suggest that these establishments circulate a guide on inclusive language among their staff, display the inclusive Pride flag³⁵ on their website, find anatomy and fetal development pictures that represent BIPOC people, add photos of non-white families in a greater proportion, and highlight the stories of LGBTQ+ BIPOC families within their spaces and online. These simple gestures could make a huge difference in the meantime as we work to create the training that would have a larger-scale impact.

34. Here again, with organizations for BIPOC people (LGBTQ+ and otherwise).

35. Flag that brings together several flags into one (LGBT, trans, BIPOC and intersex). See <https://www.them.us/story/progress-pride-flag-intersex-inclusive-makeover>

Schools: Forms and behaviours to change

Registration forms are one of the main problems our participants mentioned in regard to schools. Before each school year begins, we suggest writing to Québec's 72 service centres and school boards to ask them to adapt their forms to take into account the existence of LGBTQ+ families as well as the diversity of young people's gender identities and expressions.

We suggest providing, and continuing to provide, training to teachers to raise their awareness about LGBTQ+ and LGBTQ+ BIPOC families when necessary. We also need to make sure, at our trainings with school services and day-cares, that these institutions have up-to-date anti-oppression and anti-harassment policies that cover the issues affecting queer and trans communities and that account for racism, as well as having action plans to deal with bullying along these same lines. We need to ensure that these policies and plans are provided to parents and children so that they can better understand their rights.

The lack of resources for LGBTQ+ BIPOC families sometimes leaves parents at a loss. We need to ensure they feel supported. To do this, we suggest offering, when necessary, a by-and-for peer listening and support service for BIPOC and LGBTQ+ families that are dealing with problems at school (racism, discrimination) or with anxiety about being judged by white, cisgender and heterosexual parents. We could create a buddy service by launching various recruitment campaigns for families that want to volunteer or by referring them to our partner organizations for BIPOC people so they can find support when they need it in places that are well equipped and staffed by people like them.



7.7. The LGBT+ Family Coalition: A necessary organization that needs to improve

Because the Coalition aims to be inclusive, we suggest that its new image should be in line with this report. It's very important that our anti-racist and anti-oppressive approach be as broad as possible and that we find ways to be able to serve all BIPOC communities. As such, we need all the people who make up the LGBT+ Family Coalition (board of directors, employees, members, volunteers, speakers, and so on) and ad hoc external people to be educated about the issues and realities of BIPOC people in order to avoid or minimize problems related to race-based power inequities. Trainings on decolonial attitudes to adopt and on the intercultural approach would be a good way to reach toward our objective. On our new website, in the section dedicated to these various communities, we must summarize these approaches so that anyone who's not educated on the subject can understand the subtleties of the various intersections that affect BIPOC LGBTQ+ people. This will allow families to express themselves openly about issues related to their social environment or other topics in our discussion groups, by email or by phone without worrying they'll be misunderstood or unsupported in their process.

To avoid giving the impression of tokenism or marketing Blackness³⁶ the Coalition needs to put forth BIPOC families that are open to telling their stories and getting involved in the organization much more than just during Black History Month or on other important dates relevant to BIPOC communities. To break the hegemonic white image, we suggest that the Coalition reserve seats on the board or find people from cultural communities as speakers on various subjects related to parenting; this would give a real voice to cultural communities within our ranks all year round.

For families to clearly understand that the Coalition is an organization that works for their well-being throughout the province, the word "provincial" needs to be clearly visible; we need to provide a clear representation of the inclusive Pride flag (and an explanation of it) and a clear statement that the Coalition serves the needs of BIPOC LGBTQ+ families all over Québec in collaboration with groups and individuals that understand BIPOC realities.

36. "Marketing Blackness" refers to promotional strategies that rely on people and other symbolic and physical representations that are socially and historically perceived as Black for the sole purpose of promoting products or services.

Lastly, we can't talk about LGBTQ+ BIPOC issues without talking about mental health, psychosocial support and well-being. Since we are the only organization for LGBTQ+ families and we can see that there is a crying lack of resources for LGBTQ+ BIPOC families, we suggest that the Coalition create a database of psychosocial aid workers trained in issues relevant to BIPOC and LGBTQ+ families to whom we can refer families for moral and psychological support in crisis situations in a more personal way (if they're experiencing homophobia or discrimination targeting their family's identities; during a divorce or separation, and so on). These services should be free or low-cost as much as possible. We recommend exploring how to put this in place with our BIPOC partner organizations. We know that people from BIPOC communities are subjected to minority stress due to the systemic oppression and financial injustices they experience in relation to their marginalization. As such, they are often poorly equipped and may not have the means to afford private consultations. The Coalition must find a way to support them appropriately.

APPENDIX

8.1. Questionnaire

IDENTITY (NAME, PRONOUNS, GENDER IDENTITY AND SEXUAL ORIENTATION)

1.1 Can you briefly introduce yourself, including your pronouns, sexual orientation, and gender expression and identity or identities?

FAMILY COMPOSITION

2.1 Tell me about your thinking and your experience of becoming parents.

2.1.1 How and when did you first start thinking about starting a family?

2.1.2 Where did you find information and what methods did you use?

2.1.3 Did you feel represented as LGBTQ+ BIPOC people?

2.1.3 What importance did you place on the concept of the nuclear, extended or chosen family in your thought process?

2.2 What was your perception or your deep sense of what constitutes a family?

2.2.1 Did you feel any reluctance with regard to non-traditional methods for starting a family? Or did your immediate or extended family have any reservations?

2.2.2 Did you have support from your family members in your process toward starting a family?

2.2.3 Is your family legally or socially recognized in your country of origin, or that of your parents (if other than Canada)?

SOCIAL NETWORK AND COMMUNITY PERCEPTION

3.1 What most affected you among the reactions of people in your community with regard to your family or your idea of starting a family?

3.1.1 Positive and negative reactions in your social network?

3.1.2 Did anything change in the way your community interacted with you because you were or are going to become an LGBTQ+ family and you are BIPOC?

3.2 Do you have a network of people with whom you can talk about the specific issues that LGBTQ+ BIPOC people experience?

3.2.1 In your close circles, do you have other families who are facing the same realities as you? If so, how many?

3.2.2 Are you involved with an organization or group for LGBTQ+ BIPOC people? Which one?

ACCEPTANCE IN THE NEIGHBOURHOOD AND WITHIN THE CULTURAL COMMUNITY

- 4.1 What is your experience in your neighbourhood as an LGBTQ+ BIPOC family?
 - 4.1.1 Have you always lived in this area or region?
 - 4.1.2 Do you take part in organized activities in the neighbourhood, are you visible, etc.?
 - 4.1.3 Have your neighbours expressed anything negative, or said or done anything racist or LGBTQ+-phobic?
 - 4.1.3 Have you ever felt unsafe in the neighbourhood you live in?
- 4.2 What is your experience as an LGBTQ+ family within your cultural community?
 - 4.2.1 What are the difficulties you most often face as an LGBTQ+ BIPOC family? (Is there any conflict between culture, religion, and the desire to be fully recognized?)
 - 4.2.2 Are you able to be yourself, or are you in the closet in order to maintain certain ties or avoid reprisals?
 - 4.2.3 Do you feel at home in your community of origin when it comes to doing activities, or do you prefer to go outside your community for your family activities (avoiding the community of origin due to questions of safety)?

RELATIONSHIPS WITH COMMUNITY, SCHOOL AND HEALTH ESTABLISHMENTS

- 5.1 What are your experiences with non-LGBTQ+ or non-BIPOC community organizations?
 - 5.1.1 Do you feel at home in the LGBTQ+ community?
 - 5.1.2 Have you ever had bad experiences with racism within these community organizations?
 - 5.1.3 Do you feel at home within community organizations for BIPOC people? Have you ever had bad experiences with LGBTQ+-phobias within these community organizations?
 - 5.1.4 If you are involved with an organization, what is it that holds your interest? Is the organization well equipped to meet the needs and understand the realities of LGBTQ+ BIPOC families? What organization is it?
- 5.2 In your view, what services are lacking in order to better serve LGBTQ+ BIPOC people?
 - 5.2.1 Do you think activities should be organized in your neighbourhood community centre to make it more open and understanding of the intersectionality you experience?
 - 5.2.2 In your opinion, what's the best method for helping BIPOC communities feel at home in non-BIPOC organizations?
- 5.3 What is your experience in the health and social services system when it comes to starting a family, and within appointments in general (medical and social staff)?
 - 5.3.1 Within adoption, assisted reproduction or surrogacy services, did you encounter racist or LGBTQ+-phobic attitudes or normative attitudes (heterocisnormativity)?

- 5.3.2 Were you treated as equals?
- 5.4.2 For routine visits for your children or yourselves, is your family recognized and welcomed?
- 5.4 What sensitivity is lacking among health staff when it comes to your particular intersectionality?
 - 5.4.1 Do you think they are familiar with the psychological issues affecting BIPOC LGBTQ+ families?
- 5.5 What is your experience with the daycare or school system?
 - 5.5.1 Did registration go well?
 - 5.5.2 Had the institution changed designations of “father” and “mother” on its forms to adjust to your reality?
 - 5.5.3 Do you find they have good anti-discrimination practices? Are they open to all families?
 - 5.5.4 Did you experience racism or LGBTQ+-phobia? How did you react?
- 5.6 What are the institution’s lacunae when it comes to intersectional BIPOC LGBTQ+ families?
 - 5.6.1 What would you want your child’s school or daycare to improve so that they better include or represent LGBTQ+ BIPOC families?

TIES WITH THE COALITION

- 6.1 What is your experience with the LGBT+ Family Coalition?
 - 6.1.1 Have you ever taken part in an activity run by the Coalition?
 - 6.1.2 What activities and events would you like to see happen with the Coalition?
- 6.2 How could the Coalition better adapt to your needs?
- 6.3 What should the Coalition keep in mind concerning the realities of future parents and families who are LGBTQ+ and BIPOC?
- 6.4 Do you think that non-mixed groups, lectures and activities would provide a necessary space for LGBTQ+ BIPOC families to get support?
 - 6.4.1 What would the benefits be? What would the disadvantages be?
 - 6.4.2 How frequently do you think such activities are needed?

