

Nowhere Near Enough
A Needs Assessment of Health and Safety Services
for Transgender and Two Spirit People in
Manitoba and Northwestern Ontario

Final Report

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EXECUTIVE SUMMARY AND RECOMMENDATIONS

A community-based needs assessment of the transgender and Two Spirit people of Manitoba and Northwestern Ontario was conducted in order to gain specific knowledge of their safety and security concerns, their service and support experiences, and their service and support needs. The assessment was undertaken in order to provide a systematically produced knowledge base that drew on the experiences of as many people as possible in the interests of informing social and medical services of the needs of trans people in Manitoba and help agencies determine how best to respond to those needs. A total of 73 respondents provided quantitative and qualitative data that were collected through questionnaires distributed on websites, through local newspapers, and at community centres serving the Lesbian, Gay, Bisexual, Transgender and Two Spirit (LGBT) population. In-depth data were collected from a convenience sample of the 73 respondents through 9 individual interviews and 3 existing support groups.

Results

The assessment shows that our participants are at high risk for serious threats to health, quite apart from the need for access to sex reassignment procedures. The levels of known STI and HIV infections are much higher among our participants than in the general population: 21% known STI and 8% known HIV, with another 7% unsure of their HIV status. Deep and often suicidal levels of depression are much more common among the participants than among the general population, with 28% of our participants having attempted suicide at least once. Participants expressed deep frustration and anxiety about inability to access transition services and other vital mental and physical health services as life goes by. In the absence of access to hormone replacement therapy, some participants resort to procuring hormones over the internet and monitoring their own treatment. Many participants report encountering lack of knowledge and insensitivity in mainstream service providers, and difficulty getting access to the limited number of trans-competent service providers.

Another strong finding in our needs assessment is our participants live in poverty or near-poverty, often unemployed, underemployed, or unhappily employed, unable to present their real sex/gender identity in the workplace. Many participants gave up their jobs to transition, and others are restricted in their employment opportunities by their obvious gender variance. While professional workplaces and large corporations are sometimes accommodating, most smaller workplaces and blue-collar workplaces such as factories have not even begun to recognize the issue of transgender employee rights. Most participants described their school years as having been lonely, confused, and depressed, with more obviously gender-variant participants experiencing homophobic bullying.

The results of this assessment are consistent with those of other needs assessments elsewhere in Canada and the U.S. (Bockting & Avery, 2005; GLBT Wellness Project, 2000; Goldberg, 2003; Kenagy, 2005; Kenagy & Bostwick, 2005; Lombardi, 2001; Moran, 2004; Morrison & L'Heareux, 2001; Walters, 2001; Ware, 2004). Trans and transition-related health care is chronically under-resourced even in large cities that have gender clinics because they tend to have correspondingly larger trans populations (including people who have left smaller communities) who need services. Employment, housing and job training are needed. Levels of depression and suicidal ideation are high.

Recommendations

The key recommendation made in this report is that a Centre of Excellence in trans care be established either through a one-site or multi-site model and that measures be taken to achieve a basic level of trans competence throughout the medical and counselling services provided in the region.

To help determine the best way to proceed, a second-stage needs assessment should be done that would (1) analyze trans health care delivery systems in place in other centres and clinical guidelines for trans health care, and (2) share the results of the analysis and of this needs assessment with health care providers and solicit their experiences and perspectives with the aim of developing a plan for the best achievable model for meeting the needs of the transgender and Two Spirit community.

Additional recommendations are that training in appropriate responses to transgender and Two Spirit people should be offered to first responders in emergency and police services, and that issues of education, poverty, and employment should be addressed by developing trans-inclusive anti-discrimination policies and implementing training in the school system and workplaces on topics such as gender-neutral washrooms and locker rooms.

Nowhere Near Enough

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Appendix A: Short Questionnaire

Appendix B: Long Questionnaire

(The Long Questionnaire is not included in this copy of the report. For a copy of the Long Survey, please contact jdavis@ninecircles.ca)

Preface

The Transgender Needs Assessment Project has completely transformed the way I look at gender.

Working on this project, I am in awe of what I have been so privileged to see and to hear and am deeply appreciative of the gifts in that.

I am convinced that each and every one of us represents complex compositions that encompass aspects of both male and female in varying degrees and manifestations. Society puts roles and expectations on us, and most of us can fit into those roles and expectations most of the time. This project has helped me to see that none of us fit into those roles and expectations all of the time and that we are only doing ourselves a great disservice by continuing to act as if we should.

The project working group was comprised of 7 individuals - all on different journeys in the here and now, all at different points in the gender galaxy and all offering their own perspective to the work and to the world. It was an exciting group of people and I looked forward to the discussions that inevitably led me to rethink everything I had rethought the meeting before. I thank them for their willingness to express themselves so openly and to offer their thoughts and experiences so openly in our discussions.

I was also welcomed into the monthly Transgender Support group as if I had every right to be there (and I see now that I do - we all do) and through that group was privy to a whole new world. I shared in confessions and conversations and hopes and fears and challenges and victories. I learned something new and was touched with something in each and every encounter.

Over the course of the project, I browsed countless websites, overheard a thousand snippets of conversations and spent a great deal of time in thought. I also recorded the responses from 73 surveys, facilitated 3 focus groups and held 9 individual interviews.

The interviews were the most poignant. Hearing people tell their stories was challenging. Hearing them again as I transcribed them was another experience altogether. The sadness, the frustration, the disappointments, the lack of willingness our society - my society - has to find a place for so many of us seemed so much more poignant without the dynamics of a conversation or the comfort of another person in the room. In their faces and bodies, I could see the hope and feel the ability of the human spirit to stand up and keep going. In their absence, with only their words in my earphones, I wondered how they were able to do that.

And many don't. The figures for self-harm and attempted suicides among our participants speak for themselves. The completed suicide figures can't. There aren't any. And that fact further illuminates the problem. We don't recognize the trans condition as important enough to warrant recognition, so the thousands of deaths (by murder as well as suicide) are made doubly tragic by the fact that we don't even recognize them after our neglect has cost them everything.

These are all people. They are infants who come into the world wanting only love; they are children trying their best to live their lives and fit into a world that closes a door on the pathways that make the most sense for them; they are adolescents who are trying to navigate the struggles of development in a context that doesn't allow for who they are; they are adults working and loving and living in our world. Some of them denying themselves in order to fit into the roles expected of them; some of them cracking out of those expectations in weird and wonderful ways; some of them standing up against the expectations that bind them and losing friends and family along the way. Some of them finding their way in the muddle of it all and forging a new path toward the door that was once closed to them, but is now beginning to open.

These comments could be made about any minority on the planet. Again and again we come to understand that a group of people is worthy of equality and respect. Religion, race, physical and mental ability, culture, sexual orientation. Yes, this is one more group of people. Perhaps one of these days we will come to understand that the issue is a global one and not a specific one. As Martin Luther King, Jr. said, "Injustice anywhere is a threat to justice everywhere. As long as one person is enslaved, no man, no person can be free."

There is no easy road for the transgender person today to walk. By simply accepting that there may be an alternative to the binary of male and female and then by creating a place for that alternative in our worlds, we can make all the difference. On our application forms, in our language, by challenging our assumptions and expectations, we can make a difference that leads to a more open and free world for everyone, including ourselves.

Thank you for taking the time to read this report. These pages represent the consolidated voice from a set of people who have walked or are walking through some of the darkest places of our human condition. They have offered their voices with the hope that others won't have to.

Jennifer Davis
Project Coordinator

ASSESSMENT BACKGROUND

This report discusses the results of a needs assessment of the transgender and Two Spirit people of Manitoba and Northwestern Ontario that was conducted in order to gain specific knowledge of their safety and security concerns, their service and support experiences, and their service and support needs. While most of the information in this report will come as no surprise to members of the trans community, the assessment was undertaken in order to provide a systematically produced knowledge base that drew on the experiences of as many people as possible in the interests of informing social and medical services of the needs of trans people in Manitoba and help agencies determine how best to respond to those needs.

The information here has come from the trans community itself through the 73 transgender and Two Spirit participants in our study who agreed to contribute to the effort to develop appropriate services by trusting us with information about their experiences of life as a trans person in Manitoba and Northwestern Ontario. The trans community has demonstrated remarkable resilience in extremely difficult circumstances. In the absence of social acceptance and systemic integration, the community has developed its own support groups to share information about how to access services and build a viable life as a trans person in the region. Some of our participants have been actively involved for years as organizers and participants in the Winnipeg-based trans community. Others, though, live more isolated lives in Winnipeg and elsewhere, and participation in this study was in some cases their first contact with the larger trans community. Their participation enabled us to develop a report that takes into account the needs of people who are not known through support systems and social networks. We wish to express our deepest respect and thanks for all who came forward to help with this important project. We hope that you will recognize your contributions and your voices in this report.

We know from previous Canadian and U.S. American needs assessments that transgender people encounter threats to their mental and physical health, safety, education, family relations, job security, housing, and employment in their daily lives, and that those who need sex reassignment procedures typically confront a health care system that has not developed the resources to provide them. Although we could assume that the situation of transgender and Two Spirit people in Manitoba and Northwestern Ontario would be similar to those of other places, we wanted to determine the extent to which we could apply the results of other needs assessments and also identify any differences that might be important to meeting the needs of the community.

The study was conducted for Nine Circles Community Health Centre with the support of a \$50,000 grant from the Crime Prevention Branch of Public Safety and Emergency Preparedness Canada.

Project Team

Nine Circles hired an experienced project coordinator, Jennifer Davis, to conduct the assessment. Jennifer organized all aspects of the project from recruiting an advisory committee and reviewing other needs assessments through media exposure, conducting and transcribing interviews and focus groups, and performing preliminary data analysis. Catherine Taylor (Associate Professor of Education at the University of Winnipeg)

served as co-Principal Investigator. Though not transgender or Two Spirit themselves, both women are lesbians and LGBTTT (Lesbian/Gay/Bisexual/Transgender/Two Spirit) activists.

Although transgender and Two Spirit people are not quite as invisible in popular culture as they once were, the risks of visibility are still so great that most people are forced to be extremely selective about who they disclose their transgender identity to. The result is that mainstream and even community-based services often do not have the benefit of transgender expertise. From project inception onward, it was recognized that this project had to be community-based if it were to be successful. We therefore worked closely with an Advisory Committee composed of members of the transgender and Two Spirit community, who provided invaluable guidance throughout the project on matters ranging from what questions to ask to how best to make the assessment known to community members.

Because Manitoba and Northwestern Ontario have a large Aboriginal population and correspondingly large Two Spirit population, we also consulted with Linda Blomme, the resident Elder of Circle of Life Thunderbird House to ensure that our plans were culturally appropriate and sought and received her full approval (see “Ethical Review Process” below). In addition, we were hosted throughout a series of Advisory Committee meetings by Thunderbird House and Kelly Houle in her capacity as Oshkitwaawin Outreach Worker to women, youth, and Two Spirit people at Thunderbird House.

The project was based in Winnipeg, a mid-sized city of 700,000 with a well-established trans organization which was key to recruiting members of the Advisory Committee: the Transgender Café (<http://www.transgendercafe.com/>). Three of the five members of our Advisory Committee identify as male-to-female (MtF) and two as female to male (FtM). Three have experienced accessing sex-reassignment medical care and have fully transitioned. Two identify as lesbian, two as straight, and one as queer. They range from early 20s to early 50s, white collar to working class to student, and include Aboriginal and White people.

Working Definitions

While the original funding proposal indicated that the research was needed for “Transpeople of Manitoba” it was clear early on that “transpeople” or even “transgender people” was not an adequate term for the population group. While many Two Spirit people do identify as transgender, many do not. Many people who eventually identify as transgender, do not do so until they are about to transition. Many people who would identify as transgender if it were safe to express gender variance in their everyday lives, do not have that luxury and will not identify as transgender publicly or even in self-concept. Some people who had identified as transgender elect to leave that identity behind once they have fully transitioned.

Given these variables, we opted to be descriptive rather than using identity categories in our outreach efforts. (Projects involving outreach to men who have sex with men often use that description rather than the identity category “gay” for similar reasons.) Our posters and other material indicated that we want to hear from anyone whose **safety is affected, who has trouble fitting in or who has trouble accessing health care because they don’t fit into sex/gender stereotypes**. We recognized that this would

potentially open us up to a broader population, but decided that it was preferable to catch the attention of a larger pool and clarify the specifically transgender focus of the study in the questionnaire itself.

The Two Spirit, Transgender, and Transsexual rights movement has just begun to emerge in the last few decades and the meanings of basic terms are defined differently by different people, sometimes with serious implications for matters ranging from political alliances to medical rights and needs. Below are definitions of the term as we used them in the project and in this report:

Sex is used here to denote one's biological sex at birth: usually "male" or "female," but see "intersex" below.

Gender is used here to denote the types of behaviour, clothing, and ways of being that are prescribed for a person of one's biological sex in our culture: "masculine" gender for males, and "feminine" for females. Gender expectations vary from culture to culture.

Identity as used here means the way one feels "within" or "at heart," which may or may not match one's biological sex or the gender expectations that go along with it. Some trans people are comfortable with their biological sex, but not at all with the gender expression culturally demanded for it. Others do not identify with their biological sex and need hormonal and surgical intervention to bring their bodies into line with their sex/gender identity.

Trans or Transgender is an umbrella term that includes Two Spirit people, transsexuals, cross-dressers, drag queens and drag kings, gender outlaws and all those whose gender roles are ambiguous – anyone whose gender identification falls outside the social conventions of male sex/male gender and female sex/female gender. This identification challenges traditional notions of sexuality and gender. Transgender identity is not a sexual orientation and trans people may be heterosexual, homosexual or bisexual in relation to their birth sex or actual gender.

Transsexual is a specific term for those transgender people who recognize that their inner sense of being male or female conflicts in a fundamental way with the biological sex into which they were born. Transsexual people have taken or want to take measures (surgery or hormones, etc) to permanently change their physical sex.

Two Spirit is a sacred term meaning an Aboriginal person who identifies as having been blessed at birth with both masculine and feminine spirits, a modern definition that is in keeping with the historical traditions of many First Nations. While the term is often used more broadly by Aboriginal lesbians, gays, and bisexuals who are not transgender, for purposes of this study we understood the term as meaning transgender. We used the term "transgender and Two Spirit" rather than just "transgender" to signal our commitment to respecting the rights and perspectives of Aboriginal people.

Intersex is a term for the statistically small (but far more numerous than is generally assumed) number of people who are born with "ambiguous" sexual

characteristics, such as a shorter penis/longer clitoris, or with a combination of male and female physical characteristics. At one time, intersex babies were usually assigned either a male or female sex soon after birth; today, the parents are informed that the sex is not clear and follow-up tests are done. Once a determination of sex is made, the intersex person undergoes years of medical interventions done with the parents' consent in order to achieve unambiguous sex/gender status. In recent years intersex people have argued that there is nothing unhealthy about their bodies and that any decisions about medical intervention to achieve an unambiguously male or female physical appearance should be deferred until they are old enough to make such decisions clearly themselves.

METHODOLOGY

Supporting Institutions

In the funding application stage of the project we sought and received endorsement for our plans to conduct a needs assessment from many community organizations and service agencies who serve the trans community, including Circle of Life Thunderbird House, the Rainbow Resource Centre, Women's Health Clinic, Sage House/Mount Carmel Clinic, the Health Sciences Centre, Club 200, New Directions for Children, Youth, Adults and Families, Winnipeg Transgender Group, and Kali Shiva AIDS Services. Several of these organizations have provided ongoing support throughout the needs assessment by spreading the word and hosting focus groups.

Ethical Review Process

Aboriginal Community Approval

Recognizing that historically, Aboriginal people in Canada have been exploited by academic research and have not been permitted to fully participate and own data on their peoples, nor to have control over the representation and use of this data, we were committed from the outset to fulfilling the "OCAP" principles of community-based research with respect to Aboriginal participants: this means Ownership, Control, Access and Possession of the research by and for Aboriginal people (Zocole, Ristock, Barlow & Seto, 2005). We therefore sought and received approval and full support for our project in general and in detail from Linda Blomme, Resident Elder of Circle of Life Thunderbird House.

Our agreement with Thunderbird House included having First Nations representation on our advisory committee and research design committee and involving Aboriginal stakeholders at every stage of the research from identifying research questions, to collecting and analyzing data and reporting and applying the results. Interviews and focus groups involving Aboriginal participants were co-facilitated by Kelly Houle, Oshkitwaawin Outreach Worker to women, youth, and Two Spirit people at Circle of Life Thunderbird House.

Scholarly Community Approval

We were granted approval by the Senate Committee for Ethics in Human Research and Scholarship the University of Winnipeg to do our research. This approval gave us the necessary clearance to make two key departures from standard procedures in order to

make it safer for people to participate in the assessment. First, we asked that questionnaire respondents be asked to give “performative” consent rather than signed consent in order to respect the experientially-rooted reluctance of many people to risk disclosing their transgender identity to strangers and losing control over who has access to that information. Participants gave performative consent by checking a box that indicated they had read our consent letter and agreed to the terms outlined there.

Second, since face-to-face interviews could not be anonymous we did require signed consent. However, we asked that the requirement for parental consent be restricted to those minors who had the support of their parents or guardians in respect to their transgender identity so as not to put them at the emotional, physical, and familial risks documented in scholarly studies of the reaction of parents to disclosure of LGBTTT identity. The Ethics Committee fully supported our argument that it would violate core principles of scholarly research to ask people to put themselves in harm’s way in order to participate, or else deny them the benefits of participating in the research.

Medical Community Approval

Although our project did not involve access to medical files, we did need permission from the Winnipeg Regional Health Authority (WRHA) because we wanted to ask staff of their innovative and successful “Street Connections” program to distribute the questionnaire to any program participants who were transgender or Two Spirit. The WRHA application required us to demonstrate that the needs assessment would be beneficial to the medical community and, in this case, an underserved, little understood, portion of its client base. As with the University of Winnipeg SCEHRS application, we again requested exemption from signed consent and parental consent requirements. Their Research Review Committee approved our project.

Once we had approval from all three sources we began the data collection phase of the project.

Design of the Study

Most needs assessments of transgender people are performed in large urban centres and do not capture information about the situation for people in smaller communities, reserves, and rural areas. In order to reach people beyond Winnipeg, we defined our geographical scope as not just Winnipeg, but Manitoba. We included Northwestern Ontario in our outreach design because people in that region are more tied to Winnipeg and Manitoba than to Ontario and often left out of Ontario-based studies.

Although it is also important to canvas service providers for their insights into problems in meeting the needs of transgender and Two Spirit people and suggestions for improving the quality of care available, we wanted to establish a solid base of knowledge about the experiences and insights of transgender people and therefore deferred a study involving service providers for a future project.

Data collection was accomplished in two phases through which we collected both quantitative and qualitative data for descriptive analysis: first through widely distributed survey questionnaires, then through a limited number of interviews and focus groups. As is common in studies where the objective is to elicit data from a hidden population for exploratory purposes rather than to produce statistical data about that population, we used snowball sampling to recruit participants. Instead of looking to generate results that

would be generalizable to the whole population of transgender and Two Spirit people in the region, we undertook to reach as many trans people as possible in order to generate descriptive statistics from forced-choice questions and contextualized findings through open-ended questions. We followed up on trends identified in the survey through interviews and focus groups.

Surveys

In the first phase of the study, we did survey research using two questionnaires which were made widely available in a variety of media, agencies, and events. We hoped to reach a broad range of the transgender and Two Spirit population of Manitoba in terms of age, income level, ethnicity, and place of residence.

We designed the survey questionnaire in consultation with members of the transgender community and researchers who had conducted similar needs assessments in Canada. We reviewed a set of 15 questionnaires or questionnaire categories developed for needs assessments of the transgender or LGBTTT community in Canada and the U.S, including those found or described in the following:

- Bocking & Avery's (2005) collection of ten needs assessment studies from transgender communities in the United States, published by Haworth Medical Press and the *International Journal of Transgenderism*.
- GLBT Wellness Project of Ottawa-Carleton (2000) funded by the Ontario Trillium Foundation and conducted by Social Data Research Ltd.
- Goldberg's (2003) survey conducted by Vancouver Coastal Health Authority and Transcend Transgender Support and Education Society.
- Kenagy's (2005) report on findings from two needs assessment studies on transgender health published in *Health & Social Work*.
- Lombardi's (2001) report on transgender health care published in *American Journal of Public Health*, 91(6), 869-72.
- Moran & Sharpe's (2004) report on violence against transgender people published in *Criminal Justice*.
- Walters' (2001) report on sexual orientation bias experiences and service needs of gay, lesbian, bisexual, transgendered, and Two Spirited American Indians published in *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research*.

Once we had drafted our questionnaire, it was reviewed for clarity/unambiguity and neutrality. We then pilot-tested the questionnaire for clarity/unambiguity, neutrality, relevance, and completeness by administering it to transgender and Two Spirit members of the project team and several other transgender and Two Spirit people who were recruited to assist at this stage of the project. We then refined the questionnaire based on their feedback.

We decided to offer respondents the option of doing two versions of the questionnaire in order to maximize both the response rate (by offering a short version that most people could complete in 10 to 15 minutes) and the data set collected (by offering a long version that addressed topics in greater detail and included open-ended questions). We therefore reduced the original questionnaire by removing questions, leaving a set of 25 questions shared by the long and the short version. We then sent copies to various transgender organizations throughout Canada and incorporated their feedback into the final versions. Copies of both versions are included as appendices.

The questionnaire was made available in as many venues as possible to enable access to as many people as possible. The short version (4 pages) was printed in *Swerve*, a Winnipeg-based LGBTTT newspaper with a circulation of 5500 copies. Both the short version and the long version (19 pages) were available in print and online:

- as hard copy handed out at related agencies and events
- as PC and Mac interactive forms (on the Transgender Café website)
- as a PDF mail-in or drop-off form (again on the Transgender Café website)

A postage-paid “Business Reply Envelope” was offered with each hard copy (including those printed in *Swerve*). Media exposure included University of Manitoba and University of Winnipeg queer campus radio shows and student newspapers. We worked through various local organizations throughout Manitoba and developed web links to the questionnaire on LGBTTT websites across Canada. Members of the Advisory Committee also tapped into personal connections to individuals, support groups and individual pockets were locally as well as nationally. In addition, we conducted the survey by telephone with a limited number of respondents.

All data was entered into *Epi Info*, a database manager that we used to calculate percentages and frequencies for forced responses to each question. We then conducted a content analysis to identify patterns and counterpatterns in the qualitative data that had been collected in the form of responses to open-ended questions. Finally, we generated reports based on the data provided by several subgroups of respondents, including m2f, f2m, intersex, young adult, and Two Spirit/Aboriginal. (We will be cross-tabulating and analyzing these subsets in a future supplement to this report.)

In the demographic profiles and data analysis that follow, both percentages and frequencies are provided. All percentages are based on the total number of respondents (either $N = 34$ for questions appearing only on the long questionnaire, or $N = 73$ for questions appearing on both the long and the short questionnaire). In cases where all respondents answered a “check one” question, the totals reported add up to 100% of N . In cases where one or more respondents did not answer a question, the totals add up to less than 100% or N . In questions where respondents were instructed to “check off as many as apply,” the totals may add up to more than 100% or N .

Interviews and Focus Groups

In the second phase of the study, the project coordinator built on the qualitative data collected through open-ended questions in the questionnaires by conducting individual face-to-face interviews with 9 participants who were selected from two sources: survey respondents who indicated willingness to be interviewed, and individuals who came forward from transgender and LGBTTT support groups. Everyone who volunteered in these ways was interviewed. The interviews, running one to two hours in length, followed the survey phase so that trends identified in preliminary analysis of the questionnaire data could be explored in greater depth through one-on-one interviews.

Additionally, three transgender support groups agreed to act as focus groups for our study. Each focus group was two hours in length. Both interviews and focus groups employed a semi-unstructured question framework derived from the topics covered in the questionnaires. We performed a content analysis on the interview and focus group transcripts to identify patterns and counterpatterns, first using themes identified in the content analysis of questionnaire data, then using themes emerging from the interview data..

Issues in Distribution and Outreach

The trans population can be divided into three rough groups in terms of accessibility for our needs assessment: people before they accept their transgender or Two Spirit identity, people who do accept it and may or may not be in transition, and people who have completed transition. Of these three groups, we assumed that the middle group would be the easiest to reach because they identify as transgender and are more likely to be using services or support groups. The first group is difficult to reach because they do not identify as transgender or because they fear the consequences of identifying as transgender. The final group can also be difficult to reach. Although some people who transition successfully remain in touch with the transgender community in some way, many others choose to leave the past behind them. Whether they would be willing to participate in a transgender needs assessment or not, if they have “moved on” and are no longer in touch with the transgender or LGBTTT community, they are unlikely to hear about the needs assessment.

We knew we would be able to reach people, mainly in Winnipeg, who are connected to the LGBTTT community. Others, though, would be unlikely to encounter information about the needs assessment by word of mouth or our media exposure. We were looking for individuals who are scattered randomly among the general population, relatively invisible (even to themselves), without a common language to describe themselves and justifiably untrusting of outsiders. We wanted to reach the many people living in small pockets of other trans people or else completely isolated throughout the city and the region. Although we hoped to be found by those who were searching the web for “transgender Manitoba,” we realized that a much more ambitious (and costly) media campaign would be needed to make the needs assessment known to the majority of trans people.

We wanted to involve two groups of trans people who are known to be at especially high risk because they are not only trans but under age 18 or because they are located outside a big city. Although there is currently no trans youth support group in Winnipeg or elsewhere in the region, we hoped that trans youth would learn of our needs assessment through the internet, *Swerve*, a Gay Straight Alliance (GSA) or the Rainbow Resource Centre and want to participate in it. Because this project was not conducted under the auspices of education authorities we could not advertise it in the schools, and to our great regret we did not hear from anyone under 18. Similarly, we knew that we would have much greater participation from transgender and Two Spirit people outside Winnipeg if we were able to travel to small communities and reserves and tap into local networks but funding did not permit this.

PARTICIPANTS

Sample Size

The study is based on a sample size of 73 participants, the study draws on the experiences and perspectives of a substantial number of transgender and Two Spirit people. Although we do not know the size of the trans community in NW Manitoba, this sample size is commensurate with that of other needs assessments from larger centres. A frequent question from within the trans community is “how many of us are there?” There is no clear answer to that question and this assessment was not designed to provide it.

The numbers that are most commonly cited by the American Psychological Association (APA), the psychiatric community generally, and the media are 1 Male to Female (MtF) transgender person in 30,000 adult males, and 1 Female to Male (FtM) in 100,000 adult females (American Psychiatric Association, 2000, p. 579). These figures were derived from a tally of the number of completed Sex Reassignment Surgery (SRS) in Sweden in the 1960s, yet are still presented not only as the actual numbers, but also as the number of transgender people in a given population – ignoring the fact that not all transgender people have SRS. (Conway, 2002). Using Statistics Canada’s (2005) figure of 944 000 adults in Manitoba 15 years or older and equally divided between men and women, there would be only 16 MtF and 4.7 FtM. Conway (2002) estimates that closer to 1 in 500 adult males in the United States are transgender MtF, which can be extrapolated to a figure of 944 MtF in Manitoba. Conway does not offer an estimate for the FtM population, but an estimate of approximately 1 in 1500 adult females could be extrapolated to a figure of 315 FtM in Manitoba, for a combined total of perhaps 1259 MtF and FtM. Granted that this is an imprecise figure, it does at least suggest the likely order of magnitude of the population: closer to 1000 transgender people in Manitoba than to 20, as APA estimates would have it. The fact that our study involved 73 participants again makes it likely that the total number of transgender people in Manitoba is closer to Conway’s estimates than to the APA figure, especially when one considers the deterrent effects of transphobia, homophobia and general discrimination on trans people’s willingness to participate.

However, population estimates for the transgender and Two Spirit community are presented here for interest only and are not used as the basis of any statistical calculation in this report. The issue for this needs assessment was not to determine the number of trans people in Manitoba, but the nature of their health and safety needs. With 73 participants, the study draws on the experiences and perspectives of a substantial number of transgender and Two Spirit people.

Demographic Profiles of the Participants

The participants are a fairly diverse group, though largely urban, with 90% of respondents living in Winnipeg. Over half were born in a smaller community. One-quarter identified as Aboriginal, with small numbers identifying as Black, Asian, biracial, or other visible minority. Although there is no demographic profile of the trans population of Manitoba or Northwestern Ontario, the proportion of MtF and FtM persons is consistent with that found in other needs assessments of the trans community: approximately 2 MtF to 1 FtM, with a small number of intersex persons. Participants are fairly evenly divided between people who have transitioned, are transitioning, or want to transition and people who have no current plans to transition. Approximately half of our respondents have less than \$25,000 in pre-tax personal annual income and almost half have less than \$25,000 in total pre-tax household annual income. Almost half have completed college or university and one-fifth have not completed high school. Roughly half are between 18 and 40, with the majority of the others being between 41 and 60. The sample thus reflects the diversity of the transgender and Two Spirit population in terms of birth sex, transition status, ethnicity, education, income, age (except for youth), and other characteristics as summarized in Table 1 and detailed below.

Birth Sex (N = 73)

- male 67.1% (49)
- female 28.8% (21)

- intersex. 4.1% (3)

Gender Identity (N = 73)

- female (52%)
- male (26%)
- Two Spirit (15%)
- trans (23%)
- intersex (4%)
- other (7%)

Transition Status (N = 73)

- considering transition (10%)
- currently transitioning (25%)
- fully transitioned (20%)
- no plans to transition (45%).

Living in Chosen Gender Role (N = 73)

- full-time 71%
- part-time 26%
- never 2%

Sexual Orientation (N = 73)

- Gay 31%
- Lesbian 18.5%
- Bisexual 19.5%
- Straight 15.5%
- other 15.5%

Relationship Status (N = 34)

- Single 31%
- Dating 6%
- Has a Partner 16%
- Lives with a Partner/Spouse 22%
- Separated/Divorced 19%
- Widowed 0%
- Other 6%

Children (N = 34)

- children who live with them full-time (5),
- part-time (1)
- never (5).

Ethnicity and Religion (N = 73)

- White 39 (53%)
- Aboriginal/Metis/Cree/Two Spirit 20 (27%)
- Black 2 (3%)
- Jewish 2 (3%)
- Interracial/bi-racial 2 (3%)
- Asian 2 (3%)
- visible minority 1 (1%)

Religion

- See below.

Place of Residence

- Winnipeg 90%
- Small city (Brandon, Thunder Bay, Thompson, Kenora, Portage la Prairie) 3%
- Town or small community 4%
- Reserve 0%
- Other 3%

Birthplace

- Large city 49%
- Small city (Brandon, Thunder Bay, Thompson, Kenora, Portage la Prairie) 18%
- Town or small community 30%
- Reserve 3%
- Other 3%

Average Annual Income Before Taxes (N = 73):

- Under \$10,000: 26%
- \$10,000 - \$24,999: 15%
- \$25,000 - \$39,999: 19%
- \$40,000 - \$74,999: 16%
- Over \$75,000: 9%
- Not sure: 16%

Estimated Annual Household Income Before Taxes (N = 34):

- Under \$10,000: 16%
- \$10,000 - \$24,999: 6%
- \$25,000 - \$39,999: 6%
- \$40,000 - \$74,999: 22%
- Over \$75,000: 25%
- Not sure: 25%

Education (N = 73):

- completed either college or university 44 %
- completed high school 80.8%
- have not completed high school. 19.2%
- other 23%

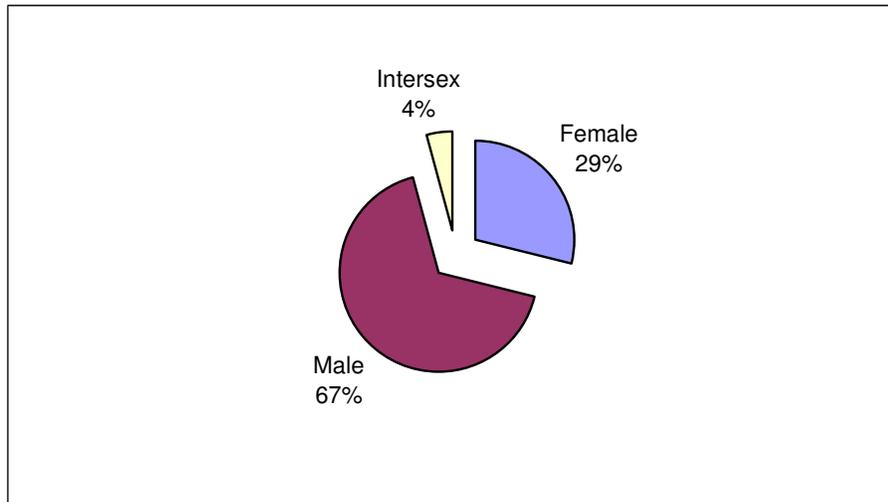
Age (N = 73):

- 18-25: 15 (21%)
- 26-40: 19 (28%)
- 41-60: 35 (49%)
- 61 +: 2 (3%)

Table 1: Summary of Demographic Characteristics of the Participants

Demographic Details

Birth Sex



Most of our respondents (70%) report having made significant efforts at some stage of their lives to try to conform to traditional gender stereotypes for their birth sex. The efforts reported to fit in often involved personal appearance and behaviour (either suppressing their preferred gender expression or trying to match their gender expression to their birth sex or, in the case of intersex people, the sex assigned to them at birth by doctors):

- *Before transitioning I had to make an effort to appear as my birth gender*
- *In earlier years, YES, I played a male role to the tee as to not get abused and self-denial.*
- *Forced to "appear" in female role @ work after being outed by management. As well I am currently making employment/education decisions that will allow for my trans appearance & fear being passed for jobs.*
- *At puberty . . . you know you start to change yourself physically and the cues and the signals and the markers are just overwhelming so you just have to either take on a superhuman outlook on life and try to combat that or succumb to it. I think most people succumb to it; they have no choice. Society is just too powerful. So you succumb to it. You try to fit the role; you try to play the role – and you can do it fairly well if you're – I'm the type of person who adjusts very easily to things. Very adaptable, so you adapt. You fit in and you fit in as best you can, but unfortunately what happens is that you do not really evolve into that - you do not evolve in an identity that is real; it's an identity that's, again, a performance. It's not real. It's as real as you try to make it for yourself. You suppress so much of who you are that you start to believe as much as you can that you're really a man – that, you know – you're really this; you're really that. So you try to make the best of it. So you think that if you had not taken that approach and not allowed yourself to be socialized so strongly by society and by the world through those years, and – you'd probably feel a lot more comfortable with who you are if you'd been able to come to terms with it when you were 11 or 12.*

Some respondents made it clear that the attempt to conform to their birth sex had wide-ranging effects on their lives:

- *I've made lots of choices to be more accepted by society in the gender role I was born and acclimatized to. Less so as I get older. Mostly in my teens & early 20s. Had I felt/known that both m/f options were open to me, my education (including post grad) would have been very*

different - affecting absolutely everything. There's no way to separate it all out and definitively explain what has affected what.

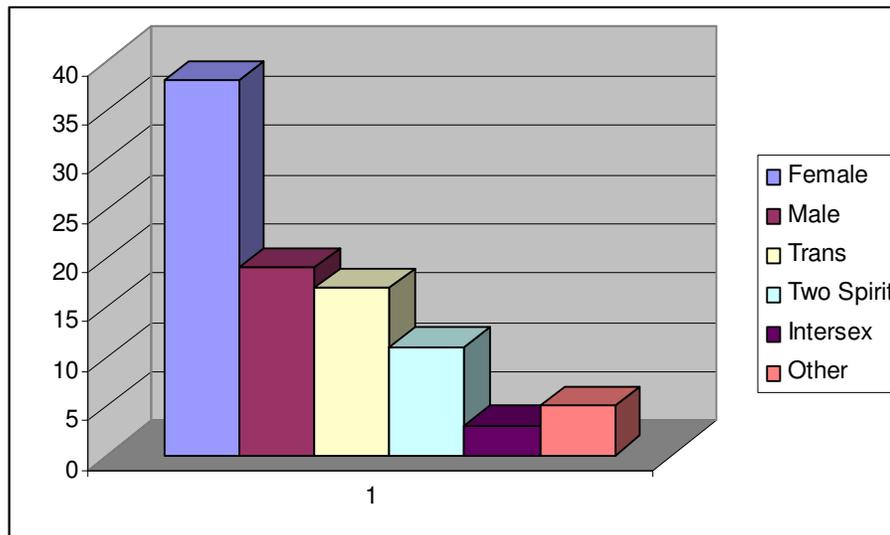
- *public transit / attendance at events / changes room and restrooms / left a job*
- *lived as male for 40 years. Was married, had children. Educated as an engineer and worked in the field. Trained and completed my private pilot's and Class 1 driver's license. Owned a construction co on the side for 5 yrs*
- *constantly; it's a ongoing thing. However, the more comfortable I am with myself, the less I worry about it. I have reached a point where it's balanced for "both of me"*
- *Isn't that what I've spent the past 40 years doing?*

Others do not try to conform to their birth sex, despite the risks:

- *I'm relatively fluid in how I present myself, but I know that sometimes I should dress and act in certain ways that stifle my fluidity, even in the LGBTT community.*
- *maybe sometimes dangerous, but it's who I really am.*

Gender Identity

Respondents were asked to identify **how they feel at heart and** instructed to check as many as apply. Many checked more than one. A minority of respondents (20 total; 7 born female and 13 born male) identified with their birth sex.



Some who answered “other” or gave multiple answers described themselves in ways that do not fit the mutually-exclusive male/female gender system:

- *unsure - a blend maybe? I tell others I am trans female for simplicity*
- *both male and female in spirit*
- *androgynous*
- *elements of both*
- *third gender*
- *living as female. Very confused about my gender. Surgery in my teens “made me female” but I’m not sure that’s what I am.*

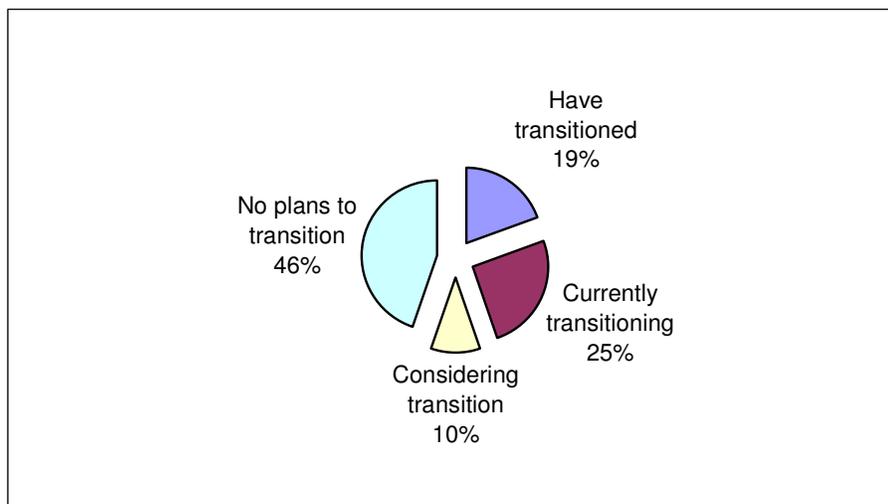
Respondents elaborated on their sense of a less rigid, clear-cut gender system in their interview responses:

- *I’m a blend in that the parts are not distinguishable. Blue and yellow make green, but you can’t take the blue bits out; you can’t take the yellow bits out. It’s a whole other colour. And that’s what it is. It’s not male and female side by side, it’s male and female blended so then it’s something other.*

- *Not all of us fit into the stereotypical male or female role, but there is no allowable other option.*
- *When you're presenting to people, people assume the gender - people usually assume that gender is a defined thing. Defined by nature or by God or – it's irrefutable. So when you present yourself and you want to debunk that or change that or reverse that you have to present a very good case.*
- *Well I've definitely had that notion ever since I was a kid that you have to be one or the other - based on the body parts you were born with, well, you fit into this box; you should stay in that box. So, throughout life, I'm faced with filling out forms that only give me an M or and F option to choose from. Last year when I was graduating with my university degree, you had to fill out an application to graduate - and it asked "male" or "female" and I really, really, really didn't want to fill that out.*
- *I thought, "I'm going to be a woman." And my identity will be clear; it will be solidified or rock solid. But it's not. I'm not a woman. I'm not genetically born as a woman; I'm not socialized as a woman, so I'm something else and so now I have to re-work, re-socialize myself, re-invent my identity or recreate my identity; my personal identity. So I'm like, uh I don't know.*

Transition Status

Our respondents occupy the full range of transition status, with slightly over half considering transition, currently transitioning, or fully transitioned (55%), and slightly under half having no plans to transition (45%).



Most of our respondents (71%) describe themselves as living in their chosen gender role full-time. We asked respondents to explain what it meant for them to make the transition into living full-time in their chosen gender:

- *It's who I am mentally, spiritually, emotionally*
- *to me it means move from life to another life*
- *transition for me means leaving behind the undesired physical traits & achieving wholeness and comfort in the new desired body*
- *becoming who I should have been*
- *being who I am for the public eyes*
- *I am living my life the way I should have from the start*
- *I am on the road to alter my body to match who I am on the inside*
- *becoming what I am supposed to be*

- *it means that I may be able to live happily*

Many respondents had gone through hormone treatment and sex-reassignment surgeries (SRS) as part of their transition process. Others wrote of having attempted physical transition but found the effects of hormone therapy emotionally intolerable; many who answered that they had “no plans to transition” wrote of wanting to make the physical transition but finding SRS financially “out of reach.” A smaller group who answered that they had no plans to transition expressed satisfaction with their birth sex:

- *I will probably change the way I dress; ie. more androgynously, but no hormones or surgery*
- *I'm comfortable with where I'm at; I've been researching through the net, chat room and a physician. I think I am beautiful enough the way I am and I think you shouldn't try to fix what's not broken.*
- *I like my naked body the way it is*
- *I am comfortable in the body and gender I was born into*
- *surgically I was transitioned against my will and am currently trying to determine who I am – constantly*
- *I like all my parts, I just want to express my feminine side*
- *Well, I'm not going to be doing the hormones and surgery and stuff – if this is the body that comes with the life I'm fine, but a more blended gender is what I call myself*

Many people explained that they have limited opportunities to be themselves. Of those who answered “part-time,” some could express their gender identity only with friends or a transgender support group, or in lgbt-positive places, but not with family or at work:

- *at home I don't*
- *when with friends, support group (TG Café) or gay friendly places*
- *I dress female when at school or out in most public places*
- *I cross dress whenever I can, and have shared this aspect of my life with most of the people who are important to me. I have belonged to a support group for many years and try to help others with it*
- *not with certain family members*
- *In my room, by myself or at my friend's house, or on transit to my friend's houses*
- *I am out to people I feel safe with, but I will not be changing my body, so no one knows by looking at me.*
- *when in Vancouver.*

Sexual Orientation

Although many respondents checked off one and only one category, some checked off more than one. Comments under “other” included the following:

- *undetermined*
- *I just like women*
- *into women but with an FtM*
- *queer*
- *I have no idea, I feel for both at times, so . . .*
- *Lesbian? Third gender*

Because they were developed by sexologists thinking within a conceptual framework that did not include the possibility of trans people, sexual orientation categories denote a relationship between one's own (presumptively lifelong) biological sex and the preferred (presumptively lifelong) biological sex of one's sexual partners. This makes the categories a poor fit for trans people who might be biologically one sex but another gender at heart, people who are in transition from one biological sex to another, and people who are intersex. For example, respondents who are attracted to women might identify as “lesbian” because they are biologically female or because they feel female at heart. However, it is notable that the vast majority of our 73 our respondents identify as

LGBTT or queer, with only 15.5% respondents identifying as straight, even if they have transitioned and are attracted to people of their birth sex.

Children (N = 34)

11 respondents indicated that they have children who live with them full-time (5), part-time (1), or never (5). All eleven described having hidden their trans identity out of fear of losing access to the children in their lives:

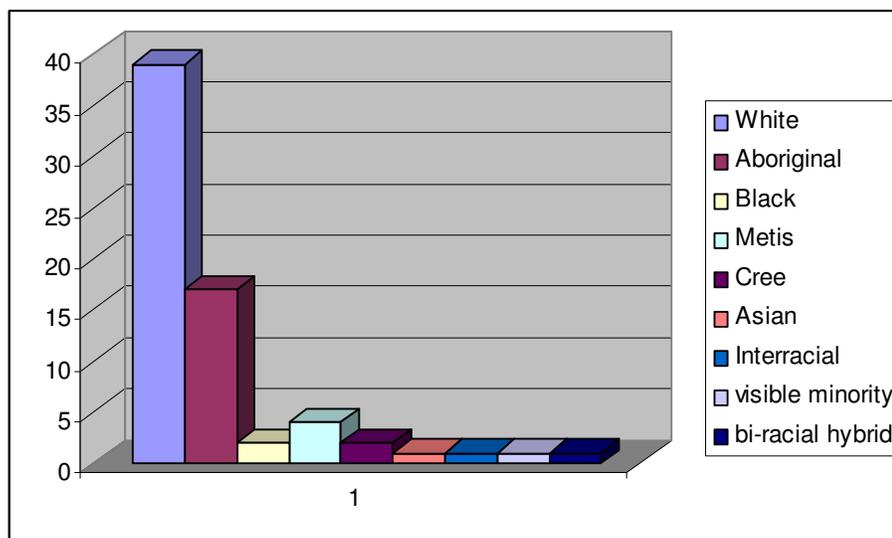
- *before separation & coming out to spouse I worried of the ramifications; divorce, custody, etc. which indeed happened after revealing myself.*
- *for many years when my daughters were younger, I kept it hidden because I was afraid if my ex found out she would deny access. Now that they are old enough to understand and have accepted me as I am it is no longer an issue.*
- *I'm not out in my family, and this is partially because I'm afraid they won't let me know my nieces and nephews.*
- *I was a single parent for much of my son's 17 years. I'm quite sure this could not have happened if I had come out earlier.*
- *my 1st wife threatened to expose me if I would pursue unsupervised visitation rights with my daughter 25 years ago.*

Ethnicity and Religion

Participants were asked to write in the ethnic, religious, and other groups they identified with. Some participants elected not to identify themselves with ethnic or religious identity groups, and others provided answers that looked towards a less compartmentalized perspective on identity. They wrote in terms such as *human, varied, never specific, all, traveller* and commented,

- *I can identify with any groups of people*
- *foreign and local depending where I am*
- *Heinz 57 spirituality*
- *as many people as I can - who feel comfortable around me*
- *tolerant environments*

Ethnic Identifications



Very few respondents to either questionnaire named any current religious affiliation, which perhaps reflects the negative experiences of organized religion common to LGBTT people generally (see, for example, Buchanan, Dzelme, Harris, & Hecker, 2001; Schuck & Liddle, 2001; Sherkat, 2002). Respondents to the long questionnaire (N = 34) were also asked what religious faith traditions they were raised with, and what ones they identify with now. All but 3 respondents were raised in a Christian faith. The largest group was Roman Catholicism, with 16 of the 34 respondents having been raised Catholic, but only 2 identifying as Catholic now. Others identify with traditional Aboriginal spirituality (3), Wicca (3), and Buddhism (2), the United Church (2), and Unitarianism (1). The largest subgroup (9) describe their faith tradition as “atheist” or “none”; the second largest (7) as spiritual but not affiliated with any formal religion.

Although one person described having had supportive Catholic priests and Catholic friends, most people reported having turned away from organized religion because of its hostility to LGBTT people:

- *Typical negative attitudes towards gay/bisexual community by Church drove me away from the church.*
- *So much trans/homophobia caused/perpetuated/supported by religious groups. . . I also believe most people are still judgemental, prejudiced & two-faced. A real & loving god wouldn't turn away or mistreat its children.*
- *need to come to terms with who I am/was led me to reject the church and discover the open truths beneath all the religions is free spirituality.*
- *I see organized religion as a way for others to control people and enforce rules. It's one of the reasons I stayed away from the church. I don't see a lot of acceptance for anyone who does not fit certain categories, and I choose not to be defined by a single category of belief.*
- *I've stopped going to church because of comments by clergy and other people of my faith, as well as because of their hypocritical rules*
- *Because of my identity issues I felt that I didn't fit in, my relationship with a god was that a mistake had been made with my self at birth, thus the easiest to blame was God.*
- *I am no longer a Catholic because I am not accepted there.*
- *lack of tolerance in the system*
- *Made me totally reject the social programs that seem to be an integral part of most organized religions. I'm sure Jesus wouldn't approve of his own Church as it is now.*
- *Organized religion does not meet spiritual needs of sexual and gender differences.*
- *I don't like abuse in churches; priests hiding they are gay to repress it; people that are hypocrites at church; preach love, but judge and hate. I am very spiritual - it gives me inner strength.*
- *I left the Catholic Church and came out because I believe in a bigger-hearted wiser God than that.*
- *Years of flipping back and forth between feeling dirty and self-denial had a lot to do with still buying the social message of the Church.*
- *The belief system I was raised in did not teach me to love myself, instead it led me to suppress my true self. In some way I probably still believe that the way I am and what I have done to myself in order to transition is not right with God.*

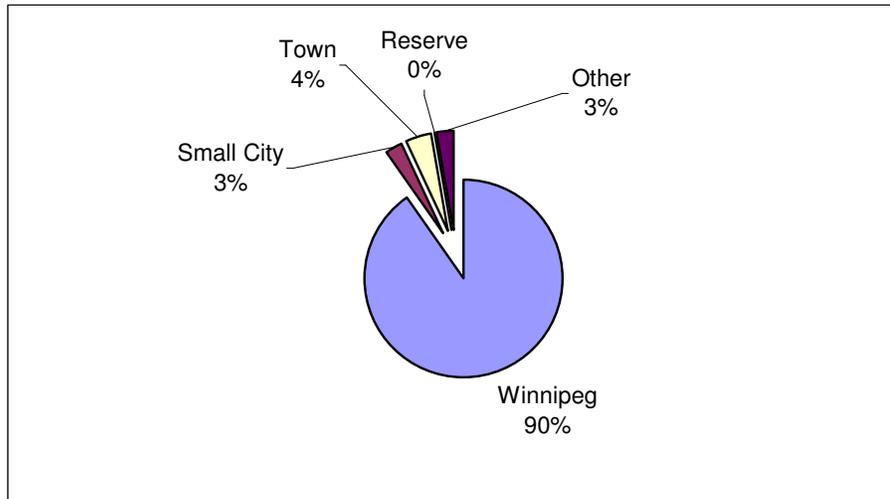
In contrast, some respondents described their current spirituality as more respectful generally of people in all our differences and integrally connected to their sex/gender identities in a range of ways:

- *Wicca/trad native allowed me to feel proud and strong of who I was*
- *validates the diversity of life*
- *I am more free to be myself without feeling like I am going against yet another set of rules.*

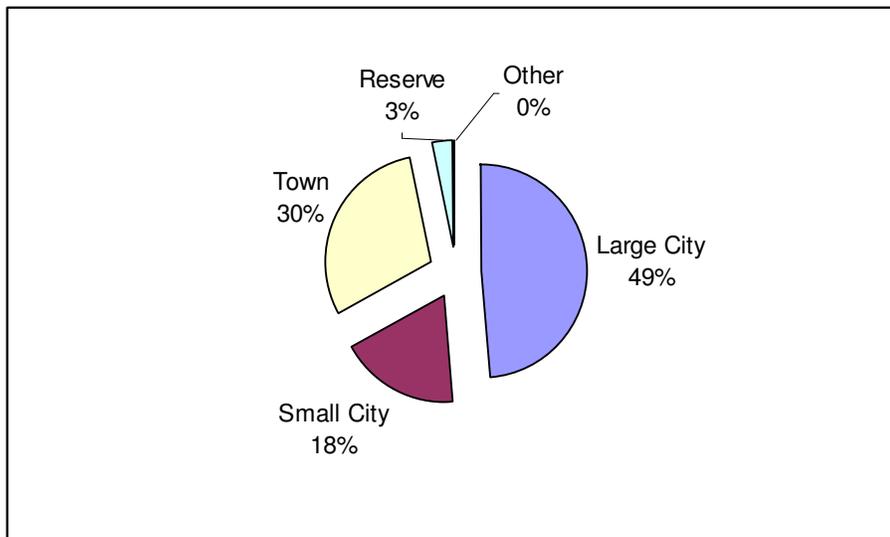
- *As a child, I simply was; as I got older there was a clear unspoken message that I was to behave in a certain way as a female; as I continue to age, I mould my life to match who I am inside, my belief system has changed along with that. They go hand in hand.*

Place of Residence and Birthplace

The vast majority of our respondents currently live in Winnipeg or moved from Manitoba to a large Canadian city, with only 3% currently living in a smaller community.



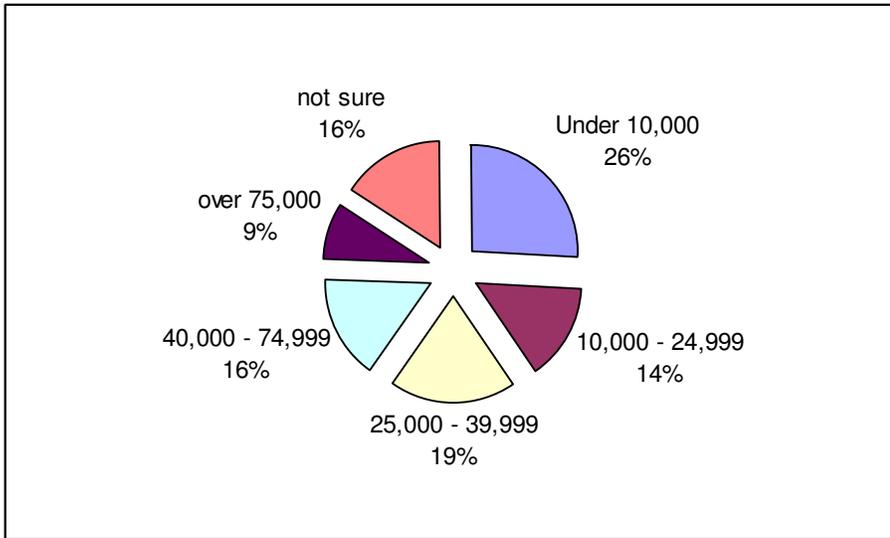
Slightly over half our participants (51%) were born in a smaller community. Lack of position funding for outreach to the Two Spirit community meant that we were unable to carry out our plan to travel to reserves to publicize the needs assessment. This outreach is important work that needs to be done in future.



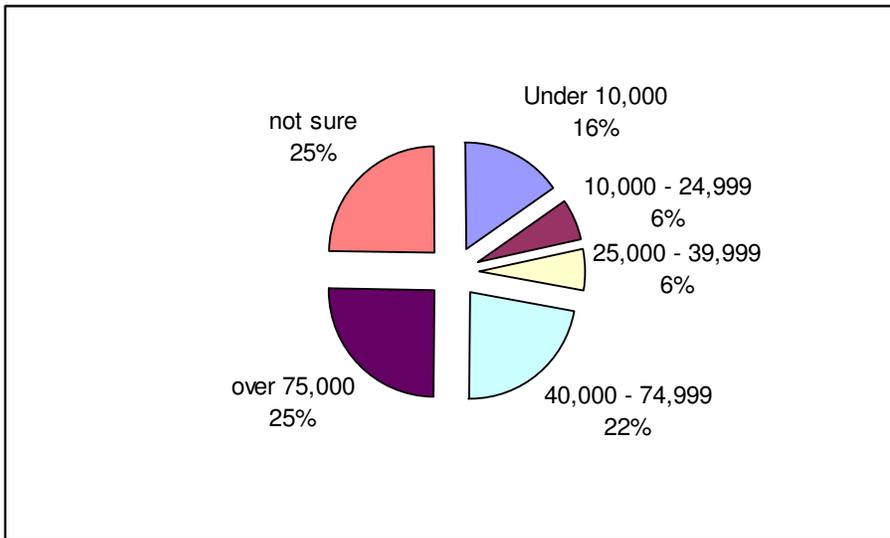
Income

If we can assume that most people who are unsure of their income are low income earners, up to 56% of our respondents live on less than \$25,000 a year pre-tax income, and up to 47% of our respondents live in households with a total pre-tax household income of less than \$25,000.

Annual Individual Income

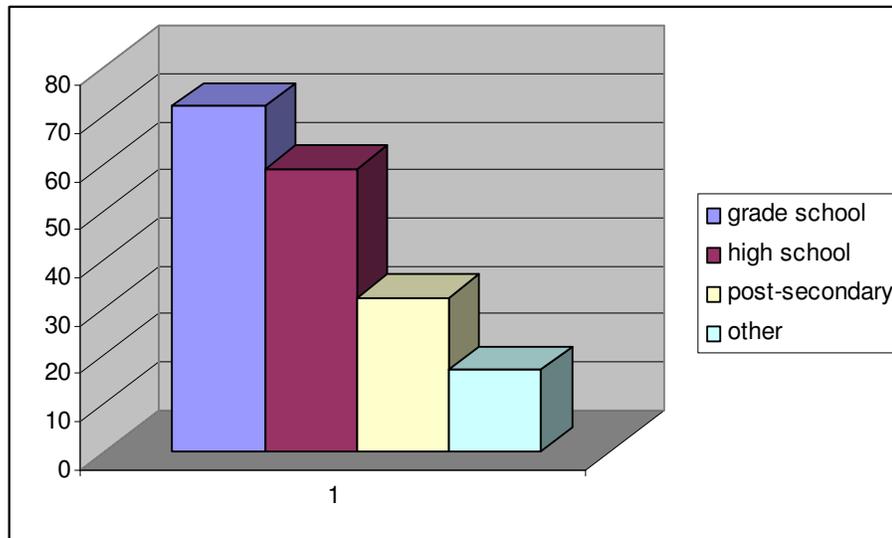


Annual Household income



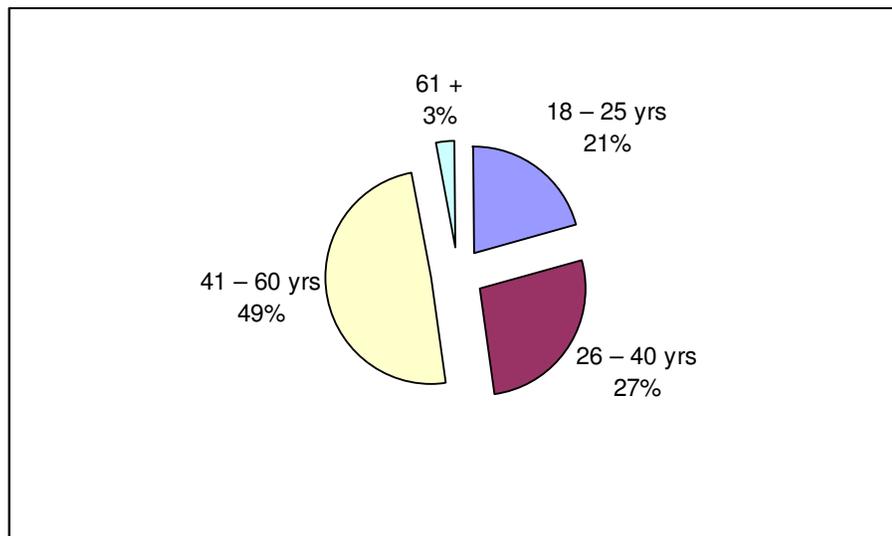
Education

While the percentage of our sample with low incomes is higher than average, so is the percentage who have completed either college or university.



Age

Our respondents ranged in age from 18 to 60, with approximately half being 18 to 40, and half being 41 to 60 years old. Two participants were over 60. Despite our efforts to make our needs assessment accessible, we had no respondents under 18. One of the limitations of our needs assessment is that we therefore rely on extrapolation from the experience of older people and retrospective accounts of people in slightly older age categories (n = 15 respondents aged 18-25) for insight into the issues affecting health and safety of trans youth.



RESULTS

Transgender and Two Spirit people are not unique in experiencing hostility from a range of sources in society for simply being who they are; history and current societies alike are replete with racism, sexism, anti-Semitism, and other forms of discrimination against people based on their identities. Some studies suggest that trans people encounter more hostility from more sources in their daily lives even than other lgbtt people, in part because they are more likely to be recognized as lgbtt or queer. The situation is exacerbated for trans people in mid-transition. Forms range from ridicule and assault to

being denied health care and even access to public washrooms (Cochran, Stewart, Ginzler & Cauce, 2002; Lombardi, Wilchins, Priesing, & Malouf, 2001; Moran & Sharpe, 2004). Further, unlike most other identity groups, trans people (and LGBTT people generally) are unlikely to have parents who share their identity, and therefore do not have an understanding family in which to find support. From the time that they first become aware of their sex/gender difference as children, trans people therefore encounter hostility in every aspect of their lives. Our assessment asked participants to characterize the general reaction they received from people in their life, including people in their family, their schools, their workplaces, their places of worship, their health care system, their public life, their recreational life, and their circle of friends and acquaintances.

Family, Home and Housing

Participants (N = 34) saw the general reaction of family members to their trans identity as ranging from “honouring who I am” (10%) and “acceptance” (25%) to discomfort (26%) and verbal and physical abuse (9%), with female family members being somewhat more positive than male.

As bleak a picture as these statistics paint, they are perhaps not as bleak as they might be if trans people were more open about their identities. Many participants explained that they had few reactions of any kind to report because only a very few trusted people knew they were trans. Others were cut off or had cut themselves off from family members who reacted negatively and were thus not exposed to further insult from them. As one participant put it, *people have a range of responses. Those who do not honour me for who I am are no longer in my life, or are marginal (family).*

Our questionnaire addressed many issues related to housing because home is often described by LGBTT people as the place where it is safest to be themselves, the place where closeted people can remove the mask of “normalcy,” where the everyday dangers of homophobic/transphobic discrimination and assault are temporarily suspended, where strength is gathered to meet the next round of challenges.

Participants (N = 34) reported on their living arrangements, with 48% renting, 36% owning or co-owning their homes, and others paying room and board (10%), or living rent-free (7%), in a student residence (4%), in care (4%), or other (4%). 36% of our respondents live alone and 23% with a partner; others live with a parent or birth family, with friends.

While 90% of our respondents (N = 73) currently live in a Winnipeg or another large Canadian city, only 49% were born there, with another 41% moving from a smaller community. This is in keeping with general trends of LGBTT people to leave smaller communities for a larger urban centre. More than 4 in 10 (42.5%) of our respondents have moved to a different location because of their trans identity. Reasons given for relocating include verbal abuse (12%), social pressure (15%), fear of discovery and the repercussions (15%), and physical violence (12%), as well as access to a supportive community (26.5%) and access to care or services (18%). Twenty per cent of our respondents have left the region entirely at some point to get access to a larger trans community and SR-related health care.

Fewer than half our respondents (46%; N = 34) report being “very satisfied” with their living situation. Many explained their satisfaction in terms of strong family or social support:

- *I love Wolseley. I have a supportive roommate and two great pets and I live in a neighbourhood that is more supportive of alternative gender and sexuality than anywhere else in the city.*
- *I have a fairly normal home life with people that I care about and who care about me*
- *I am living as myself, not as a person others want me to be*
- *my family is very supportive of my state*
- *I live in a caring home, with my spouse, and 2 children who accept me for who I am. My new gender role is no longer an issue.*
- *I've been accepted for services or programs*
- *I'm known to those who know me for who I am, and accepted by them*

Reasons for dissatisfaction among the other 54% had a variety of connections to trans identity, ranging from loneliness and lack of support to the expense of sex reassignment procedures:

- *live on base alone to save money for surgery. It's lonely living alone all the time.*
- *lack of funds due to related transitioning costs; hate job but fear quitting; being unable to dress up & "pass"; repercussions; lack of partner*
- *I have had to live like a hermit*
- *I know I can do better. I lack self-esteem to do it. Can't afford better.*
- *too much drugs in building*
- *I feel safe almost all the time and I enjoy the neighbourhood. I live near a busy street with large crowds of people so I sometimes avoid that street because I fear being discovered as trans*
- *my roommate does not treat me like a person*
- *it is difficult to live in a place, with people, that are too ignorant (and in some cases arrogant) to accept me*
- *I would like to live with friends or with a partner, but have not felt comfortable exploring this because of confusion about who I was/am.*
- *I am finally living/ seeing the way I was meant to. But I do miss my son and am lonely at times.*
- *can't come out in the small town. My son will have problems in high school with peers. He has enough problems getting through school. Born AFS.*
- *difficult transitioning in front of a family – they are taking their time adjusting, we often argue over the matter*

Fully 1 in 4 of our respondents (26%) reported having hidden their sex/gender identity out of fear of what would happen with their housing:

- *Landlord was a bigot. Evicted two gay guys so I [stay] quiet.*
- *no, that's why I had to move in the past*
- *but I hide most of the time. I don't want to be turned away*
- *when I was unsure of how they would react*
- *I don't disclose my prior identity because I don't wish it to become a problem, and I believe it could, if disclosed.*

One in 7 of our respondents (15%) reported that they had experienced harassment with respect to their housing. Other housing problems they attributed to their identity were eviction (6%), refusal to rent (6%), loan refusal (6%), and sales refusals (3%).

Employment and Income

As reported in the demographic profile above, up to 56% of our respondents (N = 73) live on less than \$25,000 a year pre-tax income, and up to 47% have a total pre-tax income from their whole household of less than \$25,000. Unemployment and

underemployment are a major problem among our respondents. A dialogic exchange between one participant (P) and the interviewer (I) that departed from the formal structure of posing neutral questions describes the “spiral” that leads to low income and oppressive work situations:

I: *it starts when you're 7*

P: *... or 4 or 2.*

I: *And you don't fit cause you don't belong. You don't get school cause you don't get the grades, cause you don't have friends.*

P: *So you don't get the job. And if you try to do anything when you're working minimum wage at 7-11, you can't afford to transition. You'd get fired right away because you're just simply too weird. It's hard enough in a professional environment. As an engineer, you'd think there's certain professionalism that goes with the job and you expect that and you still find it difficult to get this out of people. Even – you know what it's like for people working on the factory floor for 10 dollars an hour.*

I: *Or working the streets.*

P: *Or working the streets. That's even worse.*

Only 47% report (N = 34) that they are satisfied with their level of employment. Unlike the general population, the respondents often named ability to work in their chosen gender as a factor in their job-satisfaction or dissatisfaction:

- *I make a good salary, enjoy my work, and for the most part, my co-workers accept, or at least deal with, my gender role change*
- *at the moment I am not working because of school, community commitments and the stress and worry of transitioning in a very straight male - female society*
- *I want to work as a woman.*

Many respondents feel that their working life has been negatively affected by discrimination or depression associated with their trans status:

- *I am satisfied with the income I earn when current income and severance are combined; but my actual earned (wage) is much lower than what I was earning before I transitioned.*
- *I earn literally half of what I earned in my professional capacity.*
- *I'm also over 60 and live with a degree of mental illness probably related to but not caused by gender dysphoria*
- *I lack the confidence to seek employment as I suffer with panic attacks - anxiety and depression*
- *because of decades of depression, I don't have the job skill or education I could have.*
- *I could have a better job if I weren't so constricted, yet at the same time I need to have a better job in order to have the space and the finances and the security to relax. And that's been a struggle my whole life. My whole life.*

In some cases respondents explained that they had been denied life insurance or supplementary health benefits normally available through their employer:

- *I have been unable to purchase life insurance likely due to hormone replacement therapy.*
- *Life/health insurance - The Company (Clarica) responded that – due to my diagnosis – I was uninsurable. My husband was so cross, he wrote “Shame on you” upon the notice (which offered him, alone, insurance) and returned it to them.*

Almost 1 in 7 respondents report that their sex/gender identity had led them to perform or consider performing acts for money that they would not have done otherwise, including sex trade work and shoplifting.

While many respondents (N = 34) hide their sex/gender identity at work for fear of being harassed or fired (*no problems at all, but no-one is cognisant of my past use of a male identity*), others who are more open or less able to hide report specific negative events attributable to their sex/gender identity: 18% of the all respondents reported harassment, 12% not

being hired, 12% not getting a raise or promotion, 4% reprimanded, and 4% laid off. Many report being unemployed or unhappily employed but having difficulty finding other work:

- *having trouble moving to a new job*
- *I would like something different, where I could help people, but current financial concerns, and having been at my job for over ten years are factors which I presently do not wish to take the risk of changing to a new job*
- *I am unemployed. Seeking but it seems my luck ran out with other matters.*

In some occurrences, the role of transphobia in negative work experiences is clear, as when someone's trans status is referred to as justification for being fired, or when outed by management. In other occurrences, as one participant noted, the role of trans phobia is *only a suspicion, no evidence*, as is often the case with incidents involving other kinds of prejudice such as sexism, racism, anti-Semitism, and homophobia. At the very least, it can be said that the widespread social fact of transphobia makes it rational for people to suspect it as at work in negative experiences, and leads them to make decisions about employment they might not otherwise make. While some respondents reported satisfaction with the way a workplace issue related to their sex/gender identity was resolved, many respondents reported that transgender rights are not explicitly spelled out in their workplace equity and anti-discrimination policies. Some who are known to be transgender at work feel that their promotion possibilities are limited by their sex/gender identity; many feel that they must hide their sex/gender identity at work in order to avoid negative repercussions.

Education

Participant after participant, whether closeted or publicly trans, described school life as a long ordeal characterized by bullying and depression that led them to under-perform or drop out altogether:

- *affected condition – depression, bad grades. Probation one semester. Family pressure - changed name back. Stopped transition, moved went to college, got diploma better grades got career. Want to transition again & finish undergrad. Hard to focus on education with transgender issue to deal with.*
- *poor performance/grades due to inability to fit in and constant depression*
- *Depressed and frustrated I dropped out. The abuse got so bad in grade 7 I didn't go and had a truant officer after me*
- *teasing, abuse, skipped classes*
- *drop out of school at grade eleven went to work and then I was safe for a while. I then moved to other jobs and just kept going not making friends and not letting people get too close to me.*
- *I found creative outlets to express myself and made friends with the few open people in school – had more friends out of school, but up until grade 10, friends were almost non-existent – MANY after school afternoons running home in tears*
- *dropped out one term to "figure things out"; dropped majority of classes to cope with changes indirectly, but I flunked out of university because of depression, which I now know is linked to trans issues.*
- *dropped out because of harassment and teasing; staff didn't successfully address personal issues (junior high)*
- *did not get accepted as one of the boys and did not try to get decent grades from grades 5-9*
- *teasing, abuse, sex trade, addiction*
- *I didn't want to graduate public school – was afraid of grad ceremony*
- *switched out of Catholic school to get away from first gay lover & associated pressure/stress of family and religious pressure*

- *had problems . . . until I left at grade 10*

Fully one-third (33%) of our respondents (N = 73) answered yes to the question, “Was your education interrupted because of your sex/gender identity? (dropped out due to teasing/abuse, or skipped enough classes to affect your studies, etc.)” Respondents (N = 34) were asked about specific types of experiences related to their trans identity. They reported

- 47% verbal abuse
- 21% physical abuse
- 9% detention
- 12% had special needs ignored
- 3% suspension
- 21% been neglected, ignored or excluded
- 9% sexual abuse
- 32% emotional abuse
- 15% been treated differently (i.e., had dress codes imposed only on you)
- 44% staff unaware of issues
- 27% staff uncomfortable with issues
- 6% other

One person reported, *I've mostly had positive experience or neutral experience*, and some reported that they had avoided trouble by passing as gender-conventional:

- *no problems as I kept my gender identity a secret.*
- *there was never ever abuse or neglect because I made every effort to hide my secret.*

However, people who are seen as gender inappropriate are known to be subject to harassment and negligence in school settings from both students and teachers. The responses of participants who were identifiably gender variant were consistent with the upper end of harassment reported in studies of the larger LGBTTT population's experience of homophobia at school (Human Rights Watch, 2001). Some describe having tried in vain to fit in and avoid harassment:

- *Personally I can remember much about my efforts to fit in as "one of the boys", and presently feel that was a waste of time. There were many, many instances of teasing because of my feminine mannerisms and habits, through out all of my school years, and while I did my best not to give in to the peer pressure there are still scars there to this day.*
- *at that time I repressed doing trans for a long time, but somehow they knew I was different and abused me for it.*

Most respondents reported that their fellow students' general reaction to their sex/gender identity ranged from discomfort to verbal and physical abuse:

- *in high school I was teased, my pants were pulled down and laughed at*
- *teased a lot in grade school; abusive family environment*
- *all abuse by fellow students*
- *students knew I was different and treated me like an outcast – had no respect for my eccentric-ness*
- *always excluded from participating; last picked for teams; verbal abuse often (fag, queer, fairy, pansy...) violence - an overall sad experience*
- *laughed at/ looked at, rumoured about, name-calling. I knew I wouldn't be accepted until my peers "grew up"*
- *labelled a fag*
- *it didn't take very long for the street bullies to realize that I was kind of sissyish and so I was a favourite target for a long time. So I went to the hospital a lot. I have 13 stitches just in my face.*

From the times that I got the tar beat out of me. For being too sissyish as a boy.

But teachers, counselors, and other school officials played their part in the message of gender conformity:

- *been asked to leave washrooms on a regular basis; been told there was no transphobia at school*
- *high school counsellor unable to deal with my sexual encounters. Caught with female friend necking. Given lecture on how normal people should behave.*
- *my bio sex led authorities to steer me in specific directions. I was very angry for years at having missed out on areas that I may have excelled at/enjoyed simply because I was in a labelled body*

Some respondents described a lonely experience of not belonging, being terrified of what was happening to them, and terrified of being found out:

- *did not fit in. emotionally*
- *didn't open up until after school years*
- *up until puberty happy. Did not like girl parties (gr 4-7) girls jealous. I hung with guys. High school and university isolated - no dating. Few relationships, felt alone and different.*
- *feeling awkward because I wasn't a girl or a boy and had no idea what I was, so didn't think about it and was unhappy; read a lot of psychology.*
- *my sex/gender variation added a lot of extra stress to my life. Along with the normal peer pressure, this made learning more of a challenge*
- *I was a loner / had no friends kept to myself. I didn't want to upset and start arguments with anyone. Was afraid.*
- *ignored*
- *I've seen others being treated awful and didn't do anything, but I was always quiet and they were being flamboyant so I figured you can't force anyone to accept you.*
- *when I went though anyway it was all assumed that everyone was going to be cisgender [non-transgender] and heterosexual. Anything queer was not discussed and there was not even a remote possibility. Any exposure to anything that was not heterosexual was an insult. In my 12 years of school I never heard a single teacher call any student on using homophobic insults. And I heard a lot of them.*
- *In high school it's hard when you're gay, but it's getting easier at least. If you're transgender it's so hard cause you need the means – the health care, the education, the support, you need the money – it's a lot more complicated and so it's really hard. It's really hard. That's why you usually get more suicides out of it because people see no way out. You know when I went through it I didn't know anybody, I didn't even know what I was classified as. . . . It's great for gay people right now. It's gotten a lot better and it's really good. But for transgender, it's like the 70's for gay people. That's why any help for kids, growing up. To make it easier for them. To not have to go through it.*
- *What would have been helpful as a child would have been to realize that I wasn't crazy. Psychopathic. Schizophrenic. For me it was like – what's the matter with me? I must be the only one on the planet who feels this way. For me it would have been extremely helpful to realize that there was other people on the planet who was like me out there. Not when I was 20, but when I was 7. That would have been tremendous information. That in itself; I mean I can't even imagine that. But after that, it would have been nice to have been able to contact somebody. To deal with somebody. Talk to somebody. In a more professional manner. It's great to have peers, but it's also nice to talk to somebody who can maybe answer some of your questions that you can feel comfortable or safe with. . . . I mean I know it's hard and stuff, but the guidance counsellors and places like that. Again, if you could get some kind of indication that you could reach out to somebody. And get some information without – Schools are really . . . Those were the worst years of my life. I couldn't I wouldn't go through those again. If I had to go through them again, I would just hari-kari somenhere. I just couldn't. Those were horrible years.*

Nothing in the school environment acknowledged the existence of transgender or Two Spirit people, much less encouraged their fellow students to respect and accept them. The only positive comments respondents made about their school experiences were that *mostly friends were harassed for sticking up for me and the school is very good when dealing with abuse.*

Support Networks

Because trans people are not visible in mainstream life or media and may have no family support, it is extremely important for transgender and Two Spirit people to make connections with a support network of friends and supportive services and organizations. The community of transgender and Two Spirit people and the larger LGBTTT community are obviously key parts of this support network.

Supportive Services and Organizations

Although our goal was to include as many trans people as possible who were not already connected with trans support groups and other trans-positive organizations, most of our respondents were well-connected to existing services. While a small number of people reported feeling no need for support beyond their family and friends, only 15% reported never having attended a transgender support group, for example, where people not only get the benefit of social acceptance but exchange crucial practical information about how to meet medical and other needs. As one participant put it, *one of the most wonderful feelings in the world is to be in a completely queer-friendly place with other queer or queer-friendly people.*

Another described the beneficial role that a support group had played on many levels in his own life:

When I originally found out there was a support group for cross-dressers, my attitude was "I don't need support". And I don't, but being a part of a group with people who have the same issues has allowed me to reaffirm who I am and allowed me to help others, and have a lot of fun and experiences with others. I feel that I have outgrown the group, but still stay around to help set an example. Much of my socializing has become with the GLBT community and this too has been beneficial to myself, my spouse and our friends. I have never felt the need to use the phone lines, centres, or counselling.*

People who were not connected to existing support services or organizations reported feeling isolated - *I need a sense of community – I sense of belonging – I have felt isolated most of my life – I need to escape that isolation* - but were unaware of supportive places to go, or felt too shy or uncomfortable going alone. Some people, because they live in a smaller community and for other reasons, have no access to resources:

- *If I lived in the city I would probably have transitioned a long time ago and I'd like to think I'd have become an active part of the community. Living in rural Manitoba is very hard.*
- *nothing available in my region*

Some find their most supportive community online:

- *Favourite places are web/chat rooms due to both convenience & ability to help others; talk more openly & reach larger audience*
- *Online it is simple, being the computer nut I am. My friends and fellow transgender have always been supportive of me, although sometimes a bit condescending.*

Even though our respondents were making good use of the few services and organizations that exist – basically a trans support group, a Two Spirit support group, an LGBTTT phone line, counselling, and the LGBTTT bar scene – many commented on the need for more and better services:

- *need supportive environment and help for transgender community. Need free counselling and health services. Shelters and jobs.*
- *This was an area of great frustration for me. The only resources I was able to access were through the internet, and the Transgender Support group that meets at the Rainbow Resource Centre.*
- *used to participate in youth group at RRC (Rainbow Resource Centre) before it went to the point of non-existence.*

While for some people, a support network of family and friends is enough, for others who need sex reassignment procedures in order to bring their bodies into line with their

sense of self, access to specialized medical services, including expert psychological assessment, is vital. See below under “Medical Care.”

Acceptance in the Larger LGBTTT Community

Most participants (N = 34) reported that they feel accepted by the larger LGBTTT community (55% yes, 26% sometimes):

- *I have never experienced a negative reaction*
- *when/ wherever I go I am treated as equal & feel safe*
- *I never get harassed at any time or feel uncomfortable*
- *the sense of isolation does not completely disperse itself. Sexuality is not clear to me because my gender is now changed. The LGBTTT community is warm and accepting and I feel safe there.*
- *I have made many friends and acquaintances, and work and socialize with many of them in the community.*
- *have done much in the LGBTTT community and get along with most people I meet*
- *other LGBTTT friends come find me for advice or when they need to talk*
- *because I am heavily involved with the Winnipeg LGBTTT community*
- *Because I'm accepted, no questions or challenges*
- *I've been in many places – I've fitted in*

Several people commented on the symbolic importance of having transgender group meetings at the Rainbow Resource Centre and of the Transgender group coordinator's consistently supportive behaviour.

However, while most participants reported that they feel that they are an accepted part of the LGBTTT community, 26% felt that way only sometimes, and 19% felt they were not accepted. Some felt that some parts of the larger community were prejudiced against trans people:

- *a lot of generational attitudes. As an FtM more accepted amongst male circles than lesbian identified circles. Those who identify as queer positive, are generally more accepting.*
- *I find that a few in the gay and lesbian community seem to have difficulty accepting Transgendered individuals.*
- *people come & go. I find it hard to develop friendship or they happen to be professional. Not aware of communities.*

Finally, one person said that the LGBTTT community had become irrelevant post-transition: *I've moved on.*

Acceptance in the Transgender and Two Spirit Community

As might have been expected, most participants (N = 34) felt accepted in the transgender or Two Spirit community (60% yes, 23% sometimes).

- *I have never experienced a negative reaction*
- *no one says anything most people say hello and smile when I see them downtown or anywhere*
- *everyone is heard and respected*
- *I have made many friends and acquaintances, and work and socialize with many of them in the community.*
- *very friendly people*
- *I found people I could relate to. When I found that they were for the most part everyday normal people with jobs families etc, just like me it just helped me accept myself for who I am.*
- *most of the time – when I don't it's my own phobia about being trans which is at play.*
- *they have been kind and supportive for our entire acquaintance*
- *all my girls are there*
- *I'm accepted, no questions or challenges*

However, not everyone felt welcome. While some experience of marginalization might be predictable in the larger LGBTTT community for a variety of reasons associated with the politically strained relationships between marginalized groups, almost as many of our respondents also reported feeling that they were not accepted in the transgender or Two Spirit community (23% only sometimes, 17% not supported)

- *needs of MtF and FtM differ which can create division. Trans community is too small in Mb, therefore it's difficult to be critical of one another for fear of being rejected*
- *Two Spirit community [like the LGBTTT community] can also be somewhat negative about bisexuality*
- *same as [LGBTTT community] (people come & go. I find it hard to develop friendship or they happen to be professional. Not aware of communities)*

Finally, the issue of acceptance was not applicable to some people because they are not in touch with the trans community:

- *I've never been interested*
- *I've moved on*
- *No contact with them. Do they exist?*

Emotional Care and Mental Health

The challenges of attempting to build a viable life as in a society which is hostile at worst and oblivious at best to Transgender and Two Spirit people result in extreme stress. Anyone who has to deal with realizing that their bodies do not match their sex/gender identities and they cannot be themselves in their own bodies is in danger of overwhelming isolation, anxiety and depression that may last years or even decades unless circumstances permit them to achieve some kind of viable life. In addition, those who are noticeably transgender undergo an extreme version of the “insidious trauma” affecting marginalized populations (Burstow, 2003) as they face discrimination, harassment and the threat of assault in their daily lives. Two Spirit people and other trans people of colour may face additional insidious stress from racism. Trans people who want and need hormonal and surgical intervention experience to align their bodies with their sex/gender identity experience further stress in the process of finding out how to get it and how to pay for it. Those who are successful in getting appropriate medical intervention can suffer severe emotional distress as their systems try to bring new hormones into balance (though others feel emotional relief as the previously missing hormones enter their systems). We therefore sought detailed information from all our participants (N = 73) about their emotional and mental health and their experiences of getting mental health care.

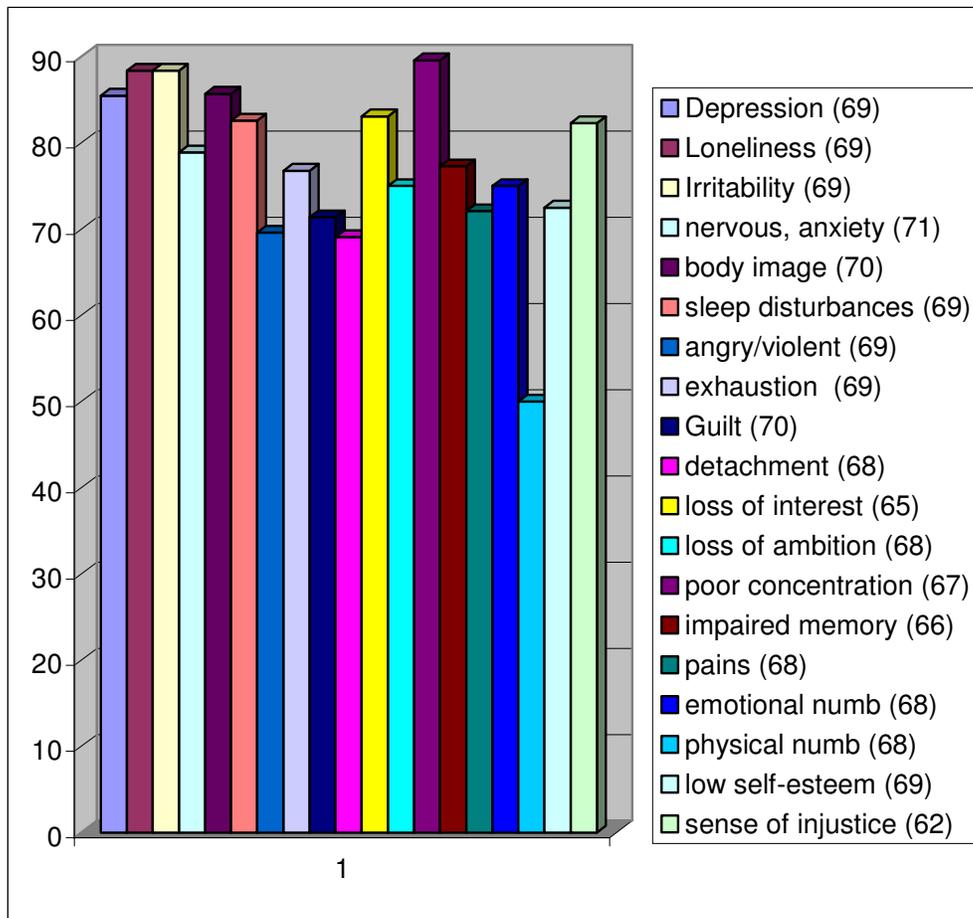
We adapted a list of emotional and mental health problems from scales used to measure post-traumatic stress disorder (PTSD) arising from the experiences of bullying, harassment and discrimination. (See, for example, *Bully Online* [2005] and the entry for PTSD in the DSM IV of the American Psychiatric Association [2000].) The first question asked respondents to estimate on a scale of 1 to 5 how often they experience any of the feelings listed, where 1 equals “Never” and 5 equals “Always.” The results are presented in Table 2.

Symptom	Never 1	2	3	4	Always 5	Ever (2 – 5)	Often (3 -5)
Depression (69)	10/14.5 %	22/31.9%	14/20.3%	14/20.3%	9/13%	59/85.5%	37
Loneliness (69)	8/11.6	24/34.8	13/18.8	8/11.6	16/23.2	61/88.4	37

Irritability (69)	8/11.6	17/24.6	24/34.8	15/21.7	5/7.2	61/88.4	44
nervousness, anxiety (71)	15/21.1	13/18.3	22/31	10/14.1	11/15.5	56/78.9	43
body image concerns (70)	10/14.3	19/27.1	8/11.4	14/20	19/27.1	60/85.7	41
sleep disturbances (69)	12/17.4	15/21.7	18/26.1	7/10.1	17/24.6	57/82.6	42
sudden angry or violent outbursts (69)	21/30.4	32/46.4	9/13	4/5.8	3/4.3	48/69.6	16
exhaustion and chronic fatigue (69)	16/23.2	13/18.8	17/24.6	10/14.5	13/18.8	53/76.8	40
Guilt (70)	20/28.6	19/27.1	13/18.6	7/10	11/15.7	50/71.4	31
feelings of detachment (68)	21/30.9	11/16.2	19/27.9	8/11.8	9/13.2	46/68.7	35
loss of interest (65)	11/16.9	24/36.9	15/23.1	5/7.7	10/15.4	54/83.1	30
loss of ambition (68)	17/25	17/25	18/26.5	7/10.3	9/13.2	51/75	34
poor concentration (67)	7/10.4	20/29.9	21/31.3	10/14.9	9/13.4	60/89.6	40
impaired memory (66)	15/22.7	21/31.8	16/24.2	5/7.6	9/13.6	51/77.3	30
joint pains, muscle pains (68)	19/27.9	17/25	9/13.2	11/16.2	12/17.6	49/72.1	32
emotional numbness (68)	17/25	20/29.4	10/14.7	8/11.8	13/19.1	51/75	31
physical numbness (68)	34/50	12/17.6	10/14.7	3/4.4	9/13.2	34/50	22
low self-esteem (69)	19/27.5	16/23.2	14/20.3	9/13	11/15.9	50/72.5	34
overwhelming sense of injustice and a strong desire to do something about it (62)	11/17.7	13/21	11/17.4	12/19.4	15/24.2	51/82.3	38

Table 2 – Indicators of Mental Health

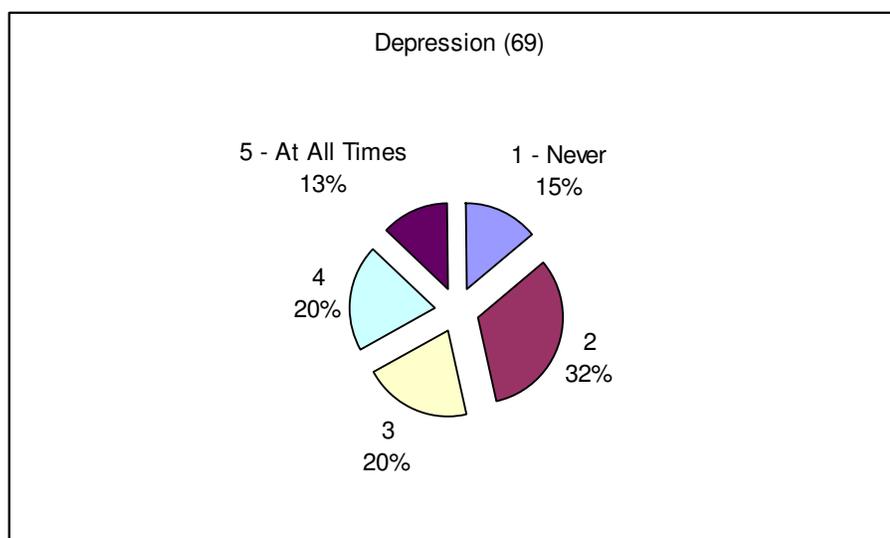
The following chart shows the percentage of respondents who had “ever” experienced the symptoms tabulated above.



As can be seen, the vast majority of participants have experienced all of the specified symptoms of mental distress at some point, with the exception of physical numbness (50%). Almost half experience all these symptoms often, with the exceptions of sudden anger and physical numbness. Even though the majority of our respondents have connected with the LGBTT and trans communities and make use of the supports available there, it is only a small minority in the case of each symptom of mental distress who “never” experience it. The following chart shows the responses of participants to a key indicator of mental health: depression.

Further demonstrations of the level and extent of mental suffering among the participants (N = 34) was that 28% answered “Yes” to the question, “Do you have a mental illness?” with 59% answering “No” and 13% “I don’t know.” The illnesses most frequently identified were clinical depression and chronic anxiety with panic attacks. Many participants spoke at length in interviews about prolonged battles with deep depression. Several participants have been diagnosed as suffering post-traumatic stress disorder.

As can be seen in the following chart, only 15% report never feeling depressed, with 53% (respondents answering 3, 4, and 5) reporting often feeling depressed.



Suicidality and Self-Harm

Because people can experience distress for a great range of reasons unconnected with their identities, we also asked specifically if participants had “ever felt like or tried to hurt or kill yourself because of the way you are treated with regards to your sex/gender identity.” Granted that it can be difficult to self-assess which factor led to suicidality, the answers (N = 34) as tabulated below show a very high level of self-harm feelings, plans and attempts and suicidal feeling, plans and attempts – only a third of our respondents had never felt like hurting themselves, and less than half had never felt suicidal. These findings are in keeping with those of studies of suicidality in the transgender and community and in the larger LGBTTT community (D’Augelli, Grossman, Salter, Vasey, Starks & Sinclair, 2005)..

	Never	Once	2-3 x	Often	Ever
Felt like hurting myself	34%	10%	31%	25%	66%
Planned to hurt myself	52%	0	26%	22%	48%
Did hurt myself	53%	7%	26%	14%	47%
Felt like killing myself	45%	16%	19%	19%	54%
Planned to kill myself	58%	13%	19%	10%	42%
Did try to kill myself	72%	16%	9%	3%	28%

Table 3 – Self-Harm

Some participants described what had led them to feel and think and do harm to themselves:

- *I hate having a body part that is not me. Out of anger-frustration I mildly cause damage to it (as if this is going to make it go away) (I wish)*
- *just got down due to the very slow processes to see health professionals and counsellors I can afford*
- *over the course of many years, I've wanted to harm myself - it was worse when I was closeted*
- *These episodes occurred when I made the initial transition from female to male, at age 12/13; I then became rather "numb" for about 30 years, after which I returned to my primary gender identity and became whole again. I've never suffered these feelings as a female...I just realised that!*
- *overdose on anti-depressant pills and alcohol; car exhaust in garage "cry for help" hopelessness, depressed, alone*

- *the times I did hurt myself, where minor bruising occurred, it was a reaction to stress*
- *as a child I dressed in my sister's clothes, not underwear, and tried to hang myself as a statement of who I really was. Decided that it was a waste of a good life (mine) and have lived a somewhat perplexing life ever since.*
- *not overtly because of identity, but because I had no information and a lot of internalized hostility*
- *23 years old – 12 gauge in mouth. Stiff trigger. Changed my mind before I squeezed hard enough.*

Several of the respondents to questions about mental health made the point, as the author of the last comment did, that their distress was caused by the experience of trying to come to terms with being transgender in a transphobic society, rather than by a reaction to being transgender. While it might be assumed that people would understand that being transgender is not a mental illness, it must be remembered that there is a long history of transgender people having been pathologized in both mainstream culture and the medical/psychiatric world as “sick,” making the point worth repeating. One of the ironies of transgender existence is that in order to be accepted for sex-reassignment surgery, transsexual people must have written indication from a psychologist that they have a mental illness (Gender Identity Dysphoria or “GID”).

Addictions and Substance Use

Participants' (N = 73) use of drugs is consistent with this level of incidence of severe mental distress (71% alcohol, 36% over-the-counter drugs such as sleep aids, 59% prescription drugs such as anti-depressants, 22% street drugs). Like many people, some participants at some time *used drugs to hide from [their] problems, or self medicated with weed and alcohol in their teens.* One wrote of having done this *since puberty, used mostly to quell pain and sleep to avoid life.* However, it should also be noted that a sizable proportion of the participants commented that they *disliked putting drugs in [their bodies]* and *just used prescribed hormones.*

Mental Health Self-Assessment

Our respondents were generally making use of support services and therefore might be in the upper range of resilience among people in the trans community. Most people who addressed their present state of mental health described themselves as doing much better than in the past, often because they had been able to get the help they needed:

- *sober and clean now on meds that really help. Able to deal with emotional and mental issues through good counsellor.*
- *doing well; have positive support systems. If not, I know how to find them.*
- *great, lots of improvement after receiving help.*
- *much, much better than in past - off prescribed drugs for anxiety*

Others stated that they had not been able to find any help for their mental distress and were not doing well at all:

- *very poorly. Times of improvement, but not often and short lived*
- *It's a full time job to stay on top of the game let alone get ahead of it*
- *sometimes I feel like I am losing my mind due to major conflicts between the pathways*
- *I am just trying to deal the best can, but I tend to drown myself out and sleep to keep my mind off things*
- *would like more accessible resources, online resources would be helpful*
- *I feel I am doing as much as is possible, but that my condition is difficult to understand and support.*

Many respondents seemed to be putting a brave face on the situation, describing their mental health as good but disclosing a significant distress as they elaborated on it:

- *fairly well & positive with huge large problems*

- *It's a lot better now that I have some vocabulary to identify with. Still a lot of problems with sleeping, hostility, irritability, anxiety.*
- *very well. Frustrated with my situation. Light at the end of the tunnel though.*
- *presently good. Exercise, read, meditate, talk with friends and family, sometimes depressed or fatigued*
- *it's huge so, I'm not eating well, I'm not sleeping well, I'm in a way better mood, and I'm not suicidal and that's nice. And I have words for things. I can talk to myself now instead of just buddling. But it's not comfortable by any means. Yet.*
- *For the most part I think my mental health is not too bad now that I have finished my transition. I suffered a breakdown a few years ago which I feel was largely due to my transition and work environment. However, I also feel that having to deal with concealing my gender feelings for so long weakened me emotionally over the years. I'm still on a weak dosage of anti-depressants and feel that I may have to take them forever. I feel that I'm still mentally weak when it comes to dealing with stressful situations. As long as things stay relatively calm in my life, I'm OK. I believe had I transitioned earlier in my life I would have been better off mentally.*
- *amazingly well considering.*

Although the level of distress reported by our respondents is high enough to be of great concern to people in the health care world and to anyone who cares about people who are suffering, the literature on self-report of negative characteristics (mental distress, harmful habits, disease symptoms) gives reasons for concern that respondents to our questions may have underreported or perhaps repressed their level of distress in a determined effort not to be seen as mentally ill or to see their lives as intolerable, and that the actual levels of distress may be even higher (Breetvelt & Van Dam, 1991; Eisenberg, 1992).

Mental Health Care

While some respondents described their mental health support as good and accessible, many others wrote of lack of knowledge of transgender issues, unavailability, and prohibitive cost:

- *I rely on my friends*
- *my wife of 12 years*
- *elder, partner to talk to for support*
- *hospitalized 3 times for anxiety, depression, suicidal thoughts. Had some counselling. Seems most pro supports unable to deal with trans issues*
- *I feel that it is just keeping me afloat - support group, friend, spiritual counsellor, jungian psychologist*
- *can't afford to see counsellors as it tends to be costly*
- *rarely – time and money*
- *I never heard word one about transgender from any of them*
- *It took about 8 months, but I finally got to see a psychiatrist at the St Boniface Hospital, who assumed that I was dealing with a stress issue and so I went through a couple of meetings with him and at one point, after beating around the bush was going nowhere, I just took a one hour session and just spilled it. And he sat there very politely and took notes and at the end of the session he said, "You're really out of my league, I think we need to find you somebody else." I said, Great! Do you have any recommendations? No!*

Some respondents identified Nine Circles Community Health Centre as the place they go when they need support. Mount Carmel was identified a few times. No other agency was identified by participants as helpful.

Participants (N = 34) were very specific when asked, “What kinds of services would be helpful in supporting your mental health?” Only 3 of the 34 replied “not sure” or don’t know.” They wanted accessible, affordable, non-judgmental support from counsellors who are informed about trans issues and can help with practical concerns:

- *more access to affordable mental health workers*
- *someone in town who I could just talk these things through with without having to sit in a car for five freaking hours.*
- *people who understand tgs with mental health problems*
- *some general counselling from someone who had experience with transgender people. Also some stress management would help.*
- *where do we fit into society; what role(s) in life do we play, what are the causes. Education on what it means to be trans*
- *specific counselling education based*
- *someone who listens and can understand what I say*
- *counsellors who specifically address trans needs or are aware of gender/trans issues*
- *someone who will not attempt to make me change. Someone who will listen and try to understand my views on life.*
- *I’d have to imagine a whole new system, as the current one makes me wait months for help, and then demands that I go passive while they work on “what’s wrong with me”; no one ever tells me I’m ok but society is screwed and puts excessive demands on me.*
- *it concerns me that there is not enough support for LGBTTs in the MH [mental health] world - and that you often have to be IN counselling, risking self, to discover the lack - a risky place to make that discovery in terms of your MH*

Participants also identified the need for better access to the psychological assessment process required before undertaking sex reassignment.

- *counsellors and a psychiatrist who can assess me so I can see an endocrinologist*
- *therapy, counselling, one on one, group meetings, private clinics, endocrinologists, surgeons, lawyers against work discrimination, love understanding, listen, compassion, caring, knowledge*
- *more trans and queer supportive services and service people*

Other needs identified were an FtM specific support group and a university counsellor.

Finally, many participants expressed frustration that counsellors assume all trans people want to pursue sex reassignment and expect to counsel them with that in mind. One participant summed up the actual diversity of trans people, situations, and counselling needs that was expressed by many:

- *the TG community we’re not all the same. We have different needs. There’s been a certain assumption among the medical community that we’re one thing or the other – either you’re purely transgender and you’re going to go on or you’re not and you’re just screwed up. But there are a lot of people who are transgender who may not want to go or may not be able to go, right now, through transition. Or maybe they’re transgender, but for whatever reason they need to stay in the original sex that they were designated at birth. There are no services to help those people. In other words, let’s assume that I can’t do anything, but I still need to go to a counsellor for a number of years – I still need to be able to say “Okay, how do I deal with the feelings while I’m still trying to live in the wrong body.” There may be people who are married with kids and they don’t want to give that up for whatever reason – they have a spouse that’s not accepting, they don’t want to sacrifice their career – they need help to still continue living. They’re still transgender, they’re not going to do the whole change. There’s no counselling for that.*

Physical Health

Some trans people have medical concerns that are specific to being transgender, such as hormone therapy and sex reassignment procedures in the case of people who want to transition, and, in the case of intersex people, dealing with the physical aftermath of childhood sex assignment procedures that cause problems in adulthood and may be completely inappropriate to the person's sense of their sex/gender identity. Further, some trans people are at higher risk for the health problems associated with living in poverty or working in the sex trade. Trans people generally, of course, also need to access care for the full range of medical concerns affecting the population as a whole, but may have trouble finding health care providers who are respectful of their sex/gender identity or trusting them with their trans identity in the absence of any indications that they will be respectful.

It is notable that a full 21% of our participants have to their knowledge had a sexually transmitted infection (STI), and 8% of our participants are HIV positive, with another 7% unsure of their HIV status.

Most participants (N = 73) rate their general state of health as excellent or good (75%), with only 22% rating their health as fair and 3% as "poor." However, while a few participants stated that all their health needs were being met (including one person who reported, *I have no health needs. I am athletic, hot and rich and 24 years old*) most people reported the contrary. Several people wrote of the problem frequently voiced by the general population in Manitoba of not having access to a family doctor when they are sick. The list of general health issues they named as not being met is long, various, and not always medical: *cocaine addiction, medical care for my HIV status, love, shelter – a safe place to live, balanced diet, high blood pressure, meds for heart disease – obesity – depression, counselling, high cholesterol, food, disabilities, high blood pressure, asthma, Mental health, all kinds of psychosomatic issues.*

Other complaints concerned lack of trans-related health services in the region:

- *Lack of trained professionals, expertise in Winnipeg; lack of interest in issues relating to gender identity*
- *not satisfied with surgeons in Mb specific to FtM needs*
- *need supervision for hormone treatment*
- *I am too angry about what has happened to me re The Provincial health system to say anything without going on and on.*
- *lack of good general practice doctors in Mb*
- *need specialists for TG care. More services and support. Money education access to medications, support groups, therapy, counseling*
- *lack of professionals in the area*
- *lack of social services on the grand trans scale*
- *the need for an assessment and the need to go all the way across the country to get it*
- *No services offered in Winnipeg. Services that were available were either expensive or not taking new patients.*

Finally, some participants wrote of not being able to afford the health care they need:

- *people with no benefits or coverage lose out. Need to be covered costs. Should not have to pay for essential health care services.*
- *funding is non-existent in Ontario, even for intersex people who have been deemed already "sexually assigned", and so forth. Every penny required from OHIP is a battle, and follow-up care, even after surgery, is problematic for things like corrective surgical procedures*

- *money is the problem with getting what I need*
- *too expensive to access private facility*

Trans-acceptance and Trans-competence of Health Care Providers

Participants stressed in many ways throughout the questionnaires, interviews and focus groups that they want access to medical care providers who are comfortable with and respectful of trans people. Finding a family physician who is accepting new patients is difficult in Manitoba even for people who do not have to worry about the doctor's reaction to who they are. In the words of one participant,

I don't have a doctor as there are so few available and finding a queer positive one is really difficult and emotionally exhausting.

Another wrote of having several health issues including

diabetes / crohn's / my doctor seems to think that people like me should keep to themselves.

Another wrote,

doctors in general need to be better informed of social issues like alternate sexuality and gender; another, I left one GP because she wasn't open - haven't come out to dentist, etc. Don't think I will - just switch when I start taking T - are there trans friendly dentists?

Beyond the basic social needs we all share for acceptance and respect, however, many trans people have medical needs that call for specific medical competencies. We asked all participants (N = 73), "How trans-competent is the person who provides most of your medical care?" The results are tabulated below:

# / %	Worst 1	2	3	4	Best 5
Accepts	7/11%	0/0%	5/6%	11/15%	39/53%
Listens	3/4	2/3	3/4	14/19	40/55
Knowledgeable	6/8	5/6	11/15	10/13	25/34
Resources	9/12	3/4	10/13	15/21	20/27
Recommends	7/10	7/10	6/8	12/16	25/34
Actively interested	9/12	4/5	10/13	9/12	27/37

Table 4 - Trans-Competency of Health Care Providers

Taking an estimate of "3" to denote a mediocre level and "4" or "5" to denote a good or excellent level, respectively, these results indicate more than half our respondents have found (in some cases after many years of searching) a regular health care provider who accepts (68%) and listens (73%) to them. On the other hand, fewer than half our respondents have succeeded in finding a regular health care provider who seems knowledgeable about trans issues (47%), has relevant resources (48%), makes appropriate recommendations (40%), or is even actively interested (49%). It should be remembered here that our respondents tend to be people who are now tapping into existing services, and that even so, some participants (11) were unable to answer any of these questions because they do not have a regular health care provider of any kind, trans-competent or not. Those who have managed to find someone tend to be very positive even if the health care provider is not very knowledgeable about trans issues. One of our participants explained it this way:

- *it's kind of a maze that you're in. For so many people it's knocking on doors; knocking on doors and continually being turned away or being given the wrong advice. When you find somebody who is sympathetic it's wonderful . . .*

Most of the respondents who ranked the trans-competence of their health-care providers as “4” or “5” indicated in their comments that they were clients of Nine Circles Community Health Centre, where medical staff have seen many trans clients through that clinic’s history of serving the LGBTTT community (as the Village Clinic), Aboriginal people, and people at elevated risk of HIV infection. Some described a long and often unsuccessful effort to find a trans-competent doctor:

- *took me several years to find my doctor. Went through some really bad docs to find her*
- *since finding nine circles/village clinic originally. Few other dr's have knowledge or desire to treat as GD's [gender dysphorics].*
- *It was 6 months of searching before I found any doctor that would deal with me and my gender issues, and he was only willing (not much trans experience). I continued trying to get into 9 circles, which I managed to do after another 2 years of trying.*
- *[my physician is competent] but there are some specialists I have been sent to who are awful*
- *been refused by quite a few doctors*
- *arriving in the city and trying to find a doctor was hard enough!*
- *I don't see any doctors that know about it*
- *The first physician I saw was verbally abusive; the second has made up for the shortcomings of the first tenfold*
- *told to seek a more able/open doctor*
- *It was difficult [to find Nine Circles] and - because any kind of transitioning is – it can be a pretty daunting thing. The Health care system, especially for trans people, is – it's a labyrinth basically. I mean, I didn't even know where to start going through.*
- *It's like this, you have to go shopping for doctors. Make a shopping list and go from one doctor to another. Understand me? Yes? “No” Next doctor. Next one, until you get one.*
- *Because of who I am I do not fit into the client group of any of the CHC's [Community Health Centres] and they are the only consistently sexual/gender accepting medical places in the city so I currently do not have a doctor. Though I live with 1/2 hour of many CHC's, I cannot access them. Many doctors are appallingly unaware of sexual orientation and gender issues.*

Participants wrote of encountering health care professionals who were judgemental and prejudiced against them:

- *their miseducation, lack of education, being insensitive to being trans, like pick a sex-box, check M or F and other things too – emotionally*
- *general societal attitudes prevent appropriate care*
- *the bigoted viewpoints of any number of Ontario MPPs*
- *need non judgemental people – too much heterosexism*

Respondents living in small towns face the problem of having no access to any medical care providers with trans experience. Further, they wrote of being reluctant to ask their local physician for a referral because of confidentiality concerns and concerns about ruining the patient/physician relationship. Local access to trans-competent care seems to be non-existent according to our small-town and rural respondents. One wrote,

- *Yes, the local sexuality centre tried to be helpful and was caring. But the message was the same: go to Winnipeg.*

We asked our respondents, “If you have had positive experiences with a health or helping professional related to your sex/gender identity, please describe one or more examples.” The answers stressed simple respect and listening:

- *my own doctor listens to and answers any questions I have. She has even read up on health issues regarding gay community*
- *[My Nine Circles counsellor] is great listener and understands what tg people go through. She always listens to what I say and understands what I go through.*

- *I have had several positive experiences with healthcare professionals. I don't know if describing the experience is as helpful as describing the feelings that went with them. For me a positive experience had to do with being made to feel that I was just a normal person, and that were willing to help me.*
- *the [endocrinologist]. Saying that being trans is not to be ashamed of. Just words. Support. It makes a world of difference to know that the DSM - is just a way of doing things and not be all of end all. So I am not psychotic (for being different)*
- *doctor/nurse follow up phone call with information; treat me like I want to be treated; apologize for mistakes; good listeners, sympathetic, supportive.*
- *I can definitely say I received better treatment as a transsexual at the nine circles clinic than I have ever received at any other clinic as a male patient. For the 1st time I felt special being transsexual rather than feeling I have some horrible disease.*
- *When I came out to her, she smiled and said "good / just so you know who you are." And then we talked some more. She was very happy for me.*
- *This is something I haven't really considered. But ideally, it would be that I would go and tell him that I have decided to transition, and he would happily help me take the necessary steps because he respected my choice to live as my chosen gender.*
- *I spent the last three years looking for doctors. I actually had doctors turn me down saying that they don't want to put me under intake lists because they just don't want to deal with any issues. Stuff like that really gets you – it really got me down anyway and I think it would be hard for everybody. And I mean it got me down so far that I actually thought about suicide more than once. I have got as far as starting the attempt but kinda got freaked out. I backed down. And that's where I'm really glad that the doctor I got now is really concerned with my mental health as well as everything else. Even though he doesn't understand the transgender portion, he's willing to learn and he wants to make sure that I keep myself happy and he's going on and I can be who I feel I am.*

They also stressed the importance of medical competence in terms of trans-specific knowledge and appropriate referrals.

- *They support you and your decisions, they help you with services, referrals, counselling, specialists, meds, doctors, understand that every case is different. Care about patient. Help family and extended family.*
- *Our family doctor was really informative and helpful. He told me what I had to do next.*
- *My current doctor is great to talk to and tries to help when possible, and has even researched topics for me.*

We also asked respondents what caregivers could do to create an environment in which they would feel it was safe to speak completely freely about their sex/gender identity.

Their responses ranged from attitudinal -

- *simple acceptance is all I ask. I don't care if people like me or if they call me on a day off. All I want is for people to treat me like they would anyone else.*
- *listen, show empathy, compassion, kindness caring, intelligence, knowledge of issues, non-judgemental*
- *show respect*
- *be open minded and listen*
- *confidentiality in a small town*
- *"I am very interested in knowing more about you."*
- *Accept [that I'm] the one in command of the house*

to language and environment -

- *don't ask me my gender on a form; don't assume my gender or sex orient / honestly act as if all presentations along the sex/gender continuum are healthy and accepted / be open and aware and willing to do the work*
- *have signs/posters up that talk about sex and gender identity issues*
- *put up a poster or certificate indicating that they have done the work and understand the issues and are willing to support me and others like me*

- use terms such as partner or when referring to sexual actions use both “male or female / girlfriend/ boyfriend” and not assume.
- have posters (or other visible LGTT* rep on walls) use gender neutral language and knowledge -
- learn more about transgender
- correct pronouns or ask questions without assuming
- Have posters on their office wall regarding sex/gender identity issues. Make it know in the medical community that they are willing to work with people of various sex and gender identities. Advertise on a support groups web site, and make the group aware of their services. Visit a support group meeting.
- a poster or sign in the office saying LGBT* friendly
- be supportive and not judging. Also respect my need to be shy and open up slowly.
- she is very well versed in these issues; we have a long-standing relationship & have accomplished a lot together. I feel I can say anything there.
- ask, show knowledge
- Willingness to learn and offer additional supports within the medical community
- find me a sympathetic local medical professional

Focus group participants discussed at length the practical details that would make a clinical setting feel safer and more respectful to trans clients. In general, there was agreement that the setting would be one in which everyone involved in interacting with the client would be trans-competent and aware of the anxieties involved in accessing services, from the person who answers the first inquiry by phone to the person who greets clients when they walk in the door and so on. There was also general agreement that this atmosphere would best be achieved in a specialized gender clinic or a clinic that had gender issues as one of its mandates and dedicated a block of personnel time to transgender care.

Health Care Issues Related to Transitioning and Cross-Dressing

Though most of our respondents (72%; N = 34) to our long questionnaire report they have used health care services specifically related to sex/gender transition or cross-dressing, only 41% of those were at a medical centre of some kind. Most used some other form of service, such as a resource centre (27%) or support group (32%).

Most respondents used the service because they wanted to transition or were transitioning (56%) or were considering transition (18%). Respondents also used services for counselling related to sex/gender issues (38%) and to cross-dressing (6%). Only 30% were completely satisfied with these services. Many people identified lack of FtM care and services as a chronic problem.

Most respondents want to undertake sex reassignment procedures if they have not already done so. Fully 92% of our respondents indicated that they once needed (27%), now need (58%), or probably will need (8%) hormone therapy. Almost as many (88%) once needed (23%), now need (55%), or probably will need (18%) surgery. Most respondents stated that they once needed, now need, or will need counselling (92%), referral (96%), diagnosis and assessment (86%), electrolysis (89%), appearance modification (90%), speech therapy (94%), and advocacy (79%). All respondents (100%) stated that they once needed, now need, or will need peer support.

A major issue identified by several respondents was that the “real life” test (the requirement to live publicly in their core gender identity for a full year before

commencing surgery) is not truly realistic (*it's hard to pass as a woman without breasts*) and puts them at risk of discrimination, harassment, and worse. Even though the requirement to do this is outside the control of individual health care providers, respondents expressed a wish for providers to at least to be aware of the dangers they are expected to negotiate.

Most of our respondents (62%; N = 34), whether they were ultimately successful or not, had difficulty accessing services related to transitioning. They identified structural difficulties as cost (32%), lack of availability in the region (24%), being put on a waiting list (27%), and being turned away (12%). Participants described the situation this way:

- *Much more work needs to be done to make transitioning possible. In particular financial assistance & local diagnoses, surgeries & support. It is quite likely that 90% (approx) of people are financially unable to make any transitioning. Electrology – \$40-50/hour, Tracheal shave (5-6k), SRS (16-50k), Hair grafts 8-10k/1000 hairs. On average, I believe it costs between 30 and 60k which most can't afford. That figure, not including breast enhancement, labiaplasty, facial surgery, etc.*
- *funding is non-existent in Ontario, even for intersex people who have been deemed already “sexually assigned”, and so forth. Every penny required from OHIP is a battle, and follow-up care, even after surgery, is problematic for things like corrective surgical procedures.*
- *At the time I started transitioning I was very uncomfortable with using the doctor I had. He did however send me to a government psychologist to be evaluated. After 2 sessions with him he indicated he didn't feel he was qualified to deal with my gender identity feelings, and had no suggestions as to where I could go. I tried to get into Nine Circles for both counselling, and for a doctor, but was told they weren't taking any new patients.*

With the help of the Transgender Support Group's web site, I did find a psychologist that had experience with Transgendered people, and was willing to take me. However, she is in a private practice so I needed to pay for each session myself. Fortunately my medical insurance program at work paid for 90% of the costs, otherwise I'm not sure I could have afforded the \$500.00 a month I was paying.

I did finally find a doctor who has some limited experience with transsexuals and was willing to see me. I was never really very sure about his qualifications as I only received the care I requested. He did however have a contact for an Endocrinologist here in Winnipeg that would see me, and I was very happy with him.

I chose not to go to the Clarke in Toronto as I had heard too many horror stories from other transsexuals that had gone.

The GP I was seeing passed away about 6 months before my scheduled SRS surgery in Montreal. After a lot of pestering I finally was able to see one of the doctors at 9 Circles. This only happened because of the intervention of one of the case-coordinators there.

- *I had a great doc for my SRS but had to go out of the country and pay my own way for this excellent standard of care. Mb Health refuses to provide adequate funding and access to qualified surgeons is very limited.*
- *In general I feel the support services in Winnipeg are very marginal, and the ones we have are difficult to access. Also if you're not in good financial shape, transitioning in this country is almost impossible.*
- *Theoretically the government pays for the trip [for out-of-province surgery], but they don't pay for staying there. They don't pay for food or anything else. There's a major socio-economic barrier right there. Basically the government here has brushed it under the rug and is ignoring it which means that those of you who have money will get through. Those of you who don't have money or who never seem to find the right door to get in the first place, you're in trouble. There **has to be** a centre here. . . . They have a breast cancer centre here; they have all sorts of centres for excellence – for babies with hearing problems, for cancers, all of these other things are recognized, but no-one here is*

recognizing that there is a large segment of the population who are transgender who have to have services here. They can't be sent higgledy-piggledy all over the place or ignored because basically we're being ignored.

- *15 years ago, you still had to go through all the hoops, but if you went through the right hoops here in Winnipeg you could get the surgery. And you could do it more or less free of charge. Unfortunately, the nature of the people that are like us – for the most part – a lot of these people are destitute. They don't have the resources. I mean where are you supposed to come up with 18,000 dollars [for MtF surgery at a private clinic in Montreal]? When you're not sure where your next meal's coming from?*

Participants also identified emotional reasons for difficulty in accessing services including a well-founded fear of loss of family and friends (24%), and being very uncomfortable with approaching the service (18%). Participants described the enormous drain on self-esteem involved in working up the courage to disclose their transgender identity to a physician or other health care provider only to be turned away without so much as the name of an appropriate physician, or being outed as transgender by being addressed by their gender-inappropriate birth name in a crowded waiting room. However, despite their negative experiences of trying to access appropriate health care and (as reported above) health care providers who are genuinely trans-competent, most respondents described themselves as determined to persist until they are successful.

Waiting Lists

The unreasonably long waiting times that characterize the health care system in general are exacerbated for transition-related procedures. Many participants described transition experiences that took 5 to 10 years when they should have been accomplished in 2 to 3 years because of lack of trans-competent general practitioners and specialists:

Several respondents noted that they were unable to get medical supervision for hormone replacement and have resorted to finding internet sources for testosterone, estrogen or prevarin abroad and importing them. Lack of access to the psychiatric assessment required before undertaking sex reassignment was described as a chronic problem characterized by a very long waiting time.

Coordinated Response

People (N = 34) learned of the existence of the services they used from friends and loved ones, an LGBTT centre, or the internet, only 27% by referral from a doctor. A major issue related to access was identified by some respondents as the lack of a coordinated response system. As one participant put it, *nobody is networked, getting help is like a jigsaw puzzle or Easter egg hunt*. Other participants elaborated this way:

- *I walked out and by an act of fate found this absolutely awesome GP who's like a miracle worker. This guy's like straight out of a Hollywood story. He cures cancer – this guy is just amazing as a GP. However, once again, trans stuff – “that's a specialty, we'll just hand it over to a specialist. Who's the specialist?” So now I had to go out and of course I got my references, where? Here! [Transgender Café support group] So, well I had to hand in my references to my doctor and do all the legwork. . . . A lot of people get some of the information they give their practitioners from the support group. . . . My experience has been that GP's generally try to be GP's and they try to help people as best they can even if they don't know anything about what it is that's being presented to them. But I have a real problem with the endocrinologists. That's an area where you'd think you could get some treatment – some care. I certainly have a mixture of the two.*
- *Bureaucracy is the biggest thorn in everyone's kiester . . . You gotta get your own little pieces and I mean – for myself I started transition and I ran head first into all these emotional issues that I had*

absolutely no idea how to deal with and there's no one to turn to and, like you said, ongoing counselling would probably help some of it, but for the other stuff, like Sue was saying for the assessments, now we only have one psychiatrist, that's craziness. So it's a jigsaw puzzle. We don't have any standard way of treating that. I think that over time that kills a lot of energy. It really, in a sense degrades a person and it's quite depressing, you know to actually go out and do your own leg work and not feel supported by your community, you know, your health community.

Health and Safety in Daily Life

As they go about their daily lives, transgender and Two Spirit people have to navigate barriers presented by every minor event, whether it be using a bathroom or pulling out a credit card in order to avoid incurring the wrath of a society that obsessively regulates a rigid sex/gender system into which they do not fit.

Even boarding a bus can be an anxiety-fraught event met with stares, laughter, rude comments; and getting off the bus can be accompanied by fears of being followed and assaulted. Some 42% of our respondents (N = 34) report that their use of public transportation is affected by being a transgender person in a rigidly gendered society, and some avoid it altogether.

Identification Papers

A wide array of official documents in everyday use identifies one's sex/gender and name (also usually sex/gender specific) including birth certificates, passports, bank records and credit cards, driver's licenses, social insurance records, employment records, educational institution records. Once people have begun to transition and their appearance no longer matches the gender indicated on documents, they need to change these sex/gender markers on the documents in order to avoid problems when they use them. One participant described the prospects for travelling with her old male identification papers:

- *you're driving around in Arkansas in a rental car and you get pulled over by the local yahoo state trooper. Now what the heck's going to happen to me? Even if I just had a light bulb that was out on my thing. What is he going to do with this? What am I going to do when I go through the airport and they want to strip search me? What happens if I do end up getting a speeding ticket and get put in jail? Where am I going to get put? What am I gonna do? What's going to happen? And I know these are really silly things maybe, but these are the kinds of things where I felt very unsafe and very insecure.*

Those who are able to present unambiguously as their birth sex reported little difficulty with domestic travel:

- *it has never been an issue, due to my pre-op status it is not hard at all to "hide" as my birth-sex*
- *even though I am not a woman I usually don't have problems passing as a woman and most people I meet are very kind.*

But many problems were experienced by participants in transition and those whose presenting gender does not match their identification papers. One in 4 respondents (N = 34; 27%) believed that their trans identity makes it dangerous to travel and they reported problems involving both experiences of discrimination and fear of being discovered:

- *when traveling they assume I am male even with passport saying legally female because I look male*
- *rapid check-in sites require gender designation. Can be/has been uncomfortable living in chosen gender but gender marker not reflecting chosen gender*

- *my job requires me to travel, both in Canada and the US. Traveling during my transition was very stressful, especially in the US*
- *when my identification showed male and I presented as female it was difficult to impossible to travel by airplane and cross border.*
- *Prior to assignment surgery, I was registered as a “male” child; therefore a passport designating me female took a little extra effort.*
- *Only since 9-11. I’m terrified that someone at an airport will publicly go through my suitcase. This happened once. But I was going to my parent’s place, so I was travelling straight*

(As with other questions requiring respondents to decide whether they had been negatively affected by being trans, some were unable to separate out the effects of being trans from other factors. A further 6% answered “unsure” to the question.) Some respondents report having restricted their lives, avoiding travel in order to avoid problems:

- *I haven’t tested the water in some cases*
- *I don’t do any of these things*
- *Money limits my travel right now, but because I am transitioning, I don't feel safe traveling over a border or seas - fear my body does not match my ID - violence and crap (questioning, exams, etc) that may incur. Once I take "T" I will not travel until I get my “M” designation*
- *not directly, but confusion and depression limited my energy and my options.*

Many respondents (N = 34) had succeeded in having their name or sex/gender designation, or both, changed on some or all of their documents. Only 24% had changed neither name nor sex/gender on any of their documents.

Respondents reported a number of problems encountered in making the changes. For many people, the costs involved are a hardship or prohibitive, as are discovering and accomplishing the logistics:

- *I think it costs too much money to change your name – 147\$ too much. Some people cannot afford that*
- *the amount of money required keeps me from doing so. Changing both gender and name at different times seems tedious.*
- *general misinformation and each place seeming to need something different. Financial costs were an issue too.*
- *It’s not a problem to change your name but what is difficult is to change your gender designation – to do this you need proof of planned SRS for your drivers license and Manitoba Health and proof of actual SRS for gender designation on birth certificate.*
- *Stupid to still have female parts but a man’s legal name and still “F” box gender. [But] costs money.*
- *the Clarke [Institute of Psychiatry in Toronto; now absorbed into the “[Centre for Addiction and Mental Health](#)” and known as “CAMH College St. Site”] didn’t meet my needs, lack of info needed to prove I am in [public] eye 24-7 female. They didn’t tell me how many hrs/wk (I did 18) I was told I needed 24 or more/wk.*
- *felt odd doing it and being asked why. Some fear around approaching the places I have yet to go – ie, the face, body and name don’t match.*
- *human rights complaints that were successful – enabling transitioning people to change drivers, health card, passport. Laws have been changed, which is great!*
- *It took several letters of complaint and 14 months to receive my amended Birth Certificate in Ontario.*

Bathrooms and Change Rooms

In Canada, bathrooms are usually gender-specific, which is unproblematic for most Canadians. People who happen to match the accepted sex/gender roles can use bathrooms and change rooms with little stress. A trans person lives outside of this, however. Many transgender and Two Spirit people who have not fully transitioned avoid using public washrooms (even in nominally trans-inclusive LGBTTT bars) and change rooms in order to avoid unpleasant confrontations. Still, only 9% of our participants had never been harassed or denied access, and many report having been harassed for using or not allowed to use bathrooms or change rooms (37%), especially at school, in restaurants, and at health clubs and gyms, but also at workplaces, government offices, and social services. Some of our respondents described an initial confrontation or refusal followed by an apology and negotiation and accommodation of some kind. Several respondents described humiliating harassment by health club/gym staff when they used a women's change room. Most frequent is the experience of seeing discomfort on other people's faces. A situation that prevents one from using public bathrooms obviously interferes with daily life:

- *I avoid change rooms*
- *Women stare if I go in change rooms – think I'm a man*
- *was an issue briefly at work, but was rectified & dealt with in a reasonable manner*
- *I think the main issues for safety when you're transitioning is the washrooms and change rooms in general.*
- *I'm avoiding the YMCA even though I have a free year membership*
- *I can't go in the women's washroom cause I look like a man and the women look at me like, "What are you doing in here?" I go in men's washrooms and I'd be outed. So I avoid that right now I always change and then go work out and then leave.*
- *I had a group of youths following me around the gym taunting me for being gay and then harassing me/threatening me in the change room at the Y.*
- *Now that I'm carrying a purse and wearing female clothes and all this, there's no way I'm gonna walk into a guys washroom and get beaten up.*
- *when I try to go to the bathroom, I am compromising myself when I go into the women's washroom but I don't feel I can go into the men's washroom because I think that I'm going to get beat up or killed or whatever. So I go into the women's washroom – I definitely have people looking at me, kinda head to toe. I'm reading into what they're thinking. I've had people tell me – reassure me that this is the women's washroom. And I'm like, "I know." I've had people actually run out of the washroom and check the door sign and then look at me with the door open and shake their head and leave as if they don't feel comfortable. People have flat out told me to leave. I've had one or two circumstances where I've been told that I had to leave.*
- *many of the shopping centres in Winnipeg have family washrooms – and many trans are highly aware of them.*
- *I'm a student at the University of Manitoba. I want to start using the rec facilities there but they have no gender-neutral change room. I've never been comfortable in women's rooms – even before I came out as a trans and I'm scared of getting my head kicked in if I go into the men's. I phoned a pool staff worker and asked if there were family change rooms. The university averages 27,000 students per year – and putting faculty on top of that and they have no such thing as gender-neutral change rooms . . . so I've started to structure my day around where the single occupancy washrooms are on campus.*

Some places are beginning to offer alternatives. Many places have special bathrooms that are wheelchair-accessible and available for use for any gender – but there is often strong social pressure against using them if you are not visibly in need of an accessible bathroom. More and more we are also seeing gender-inclusive family bathrooms, but

again, the perception is that these are for a specific purpose and there is social pressure against using them. Rather than leaving trans people to hunt for these questionable loopholes in the system of sex/gender regulation, it would be more open and inclusive to provide general-use washrooms that are not gender-designated, as has always been the case on airplanes and in many European countries.

Safety in Everyday Places

Given the known frequency of hostile encounters in the daily lives of trans people, it is not surprising that many had reported a hate crime or harassment occurring in some everyday place at least once to authorities. Most workplaces and schools now have anti-harassment policies, but most do not specifically protect transgender and Two Spirit people, and in the words of one participant, policies are *not very effective – policy in place, but no one does the extra step to put it in place*. Participants (N = 34) who felt confident enough to report the harassment generally felt that authorities (a university dean, school officials, front desk workers at a gym) responded appropriately (67%) by reprimanding the people involved but in some cases the response was ineffective in changing the harassers' behaviour. Some respondents who had had interactions with the police report a negative experience related to their sex/gender identity, with officers ignoring their needs (18%), being unaware of trans issues (21%), uncomfortable with issues (12%), or unwilling to intervene (18%).

We asked respondents (N = 73) to estimate the how unsafe they had ever felt in various places in their daily lives, and the level of safety they feel now, where 1 = so unsafe that "I never leave the house," and 5 = "I have no worries." The results are presented in Table 5.

	Most unsafe ever felt					Safety felt now				
	1	2	3	4	5	1	2	3	4	5
Home	15.7	9.8	19.6	19.6	35	8.2	3.3	4.9	21.3	62.3
At work	12.5	16.7	22.9	31.3	16.7	9.8	3.9	13.7	19.6	52.9
Place of learning	18.6	23.3	16.3	20.9	20.9	7	7	11.6	20.9	53.5
Doctor's office	11.8	7.8	19.6	15.7	45.1	6.7	3.3	8.3	15	66.7
At social services	16.7	16.7	23.8	19	27.8	8.7	8.7	13	26.1	43.5
Place of worship	21.9	15.6	18.8	12.5	31.3	8.6	2.9	5.7	20	62.9
LGBTT space	8.3	10.4	16.7	22.9	41.7	7.5	1.9	5.7	17	67.9
Public place	24.5	20.8	18.9	18.9	17	7	5.3	26.3	28.1	33.3
Traveling	14.3	16.3	24.5	20.4	24.5	7.7	9.6	17.3	25	40.4

Table 5 –Safety in Everyday Places

As can be seen in 1 and 2 columns on the left side of the table, most respondents experienced public places and places of worship as the places where they have felt the least safe, and (looking at the 4 and 5 columns) home, a doctor's office, and LGBTT space as the places where they had felt safest. The right side shows that fewer respondents now feel very unsafe and more respondents now feel very safe in the types of spaces we specified.

There is obviously a positive trend apparent in the difference between the level of safety felt now compared to the level ever felt. For example, almost two-thirds (63%) of the respondents now feel quite safe in public places, compared to just over one third (35%) at one point in their lives. 85% feel quite safe in LGBTTT spaces, compared to 55% earlier in life, which could reflect the increased visibility and social integration of the larger LGBTTT community over the last twenty years. 73% of those currently enrolled in school feel quite safe, compared to 42% earlier in life, which might reflect improved atmosphere at school, or perhaps more likely, less transphobia in adult learning environments (none of our respondents is younger than 18) than in their younger school experiences. 84% of those who attend a place of worship feel safe there, compared to 46% earlier, which could be attributable to their having switched to an LGBTTT-positive congregation. 85% feel quite safe at home, compared to 56% earlier, which again could reflect the difference between their adult living situation and their situation in children or youth, when trans people are first recognizing their sex/gender difference and are confronting hostile reactions from parents and siblings.

Overall, these improvements could be evidence of a reduction in societal homophobia and transphobia, a difference between younger and older experiences, or an increase in our participants' resilience over time (most of our respondents are over 25 and 40% are over 40), or all three. It should also be noted, however, that our respondents are those who have managed to survive, to persist in their determination to be true to their sex/gender identity, and in most cases, to get access to the limited trans services available in Winnipeg. Those who have given up and resigned themselves to pretending to be conventionally gendered, and those who have committed suicide or been murdered, are not represented in these numbers. It is appropriate to think of those "ever" numbers when thinking of trans children, youth, and adults who are living in hostile environments and not getting trans-competent support. We should also remember that, improvements notwithstanding, daily life involves a significant degree of danger-avoidance for transgender and Two Spirit people, and many respondents still feel unsafe in many everyday places that they need to go. One wrote, of *gay bashers/antagonists roaming streets targeting myself/friends. I also feel/hear general media & public attitudes becoming more desensitized lately (I have been in Wpg 35 years)*. For many, the risk of assault necessitates concealing their trans identity:

- *I'm generally very conscious of my safety and I suspect if I was less so I would get hurt more often.*
- *careful who I tell that I'm gay*
- *happened until I moved here – they found me here, but I moved and got unlisted phone*
- *people get hit/assaulted at [a local night club] or gaybashed*
- *I seem to have more incidents concerning my lesbian ID now. Before transitioning I had lots of hateful comments.*
- *. . . if I had my druthers, I would be wearing obviously men's clothes all the time. But I do not think it's safe doing that. I just don't. . . . I'm worried that if I go on the bus I'll get harassed. I'm worried that if I walk home where there's no place that I can go, I don't trust that cars'll stop if somebody harasses me. I live near the Misericordia [Hospital] and if people are different, it's not really a safe place, different-looking. I don't know of a place that is safe actually.*

Many emphasized that the people most in danger are those who are more obviously transgender, such as people who are in mid-transition or have not started to transition:

- *I know that's something that I struggle with. Especially in periods of my life where I'm outside a lot at night. I know that I walk very fast and if I'm wearing a hat that creates a shadow on my face I could just be a young guy in a leather jacket, but I was walking home one night at 2:30 and I hit the corner of Langside and Broadway and somebody stopped me and asked me if I was a man or a woman. I'm going "oh shit!" First of all, "Do you have fifteen minutes for me to explain this?"*

and second of all, “If I explain it, will you curb stomp me?” I took off, because I think that as soon as I opened my mouth I wouldn’t be able to pass and then it looks like a guy but it talks like a chick and “what are we going to do with it?” People don’t know what to do with people who are not clearly one or the other and it’s dangerous.

- . . . I don’t really feel afraid for my physical safety. Although, as a woman, I still do because sometimes if I’m out late and I’m walking around by myself it is a little bit scary. So that’s a really interesting question because - I think if you’re blending from one end of the spectrum to the other you’re a lot more of a target than you would be if you assume one traditional role or another traditional role.

One participant distinguished between fear of assault and fear of insult:

- Physical safety is an issue that will appear in certain parts of town at certain parts of night but that’s almost irrespective of gender. And while it can be – people do get beaten up and killed for being queer or trans, the situations where that’s happened in this city, because it has happened, are situations where it would have been dangerous regardless of whether they’d been trans. So certainly in my case it was more of a situation where I was being harassed psychologically or verbally. That I have had a lot. At the beginning of transition it’s terrifying. Going anywhere. Going into Safeway is terrifying. You’re not worried about being beaten up by a Safeway clerk, you’re worried about people laughing at you.

Focus group participants informed us that they had interpreted our questions about safety to mean risk of physical assault rather than verbal assault and that they would have reported much higher feelings of being unsafe if we had specified risk of being outed or humiliated.

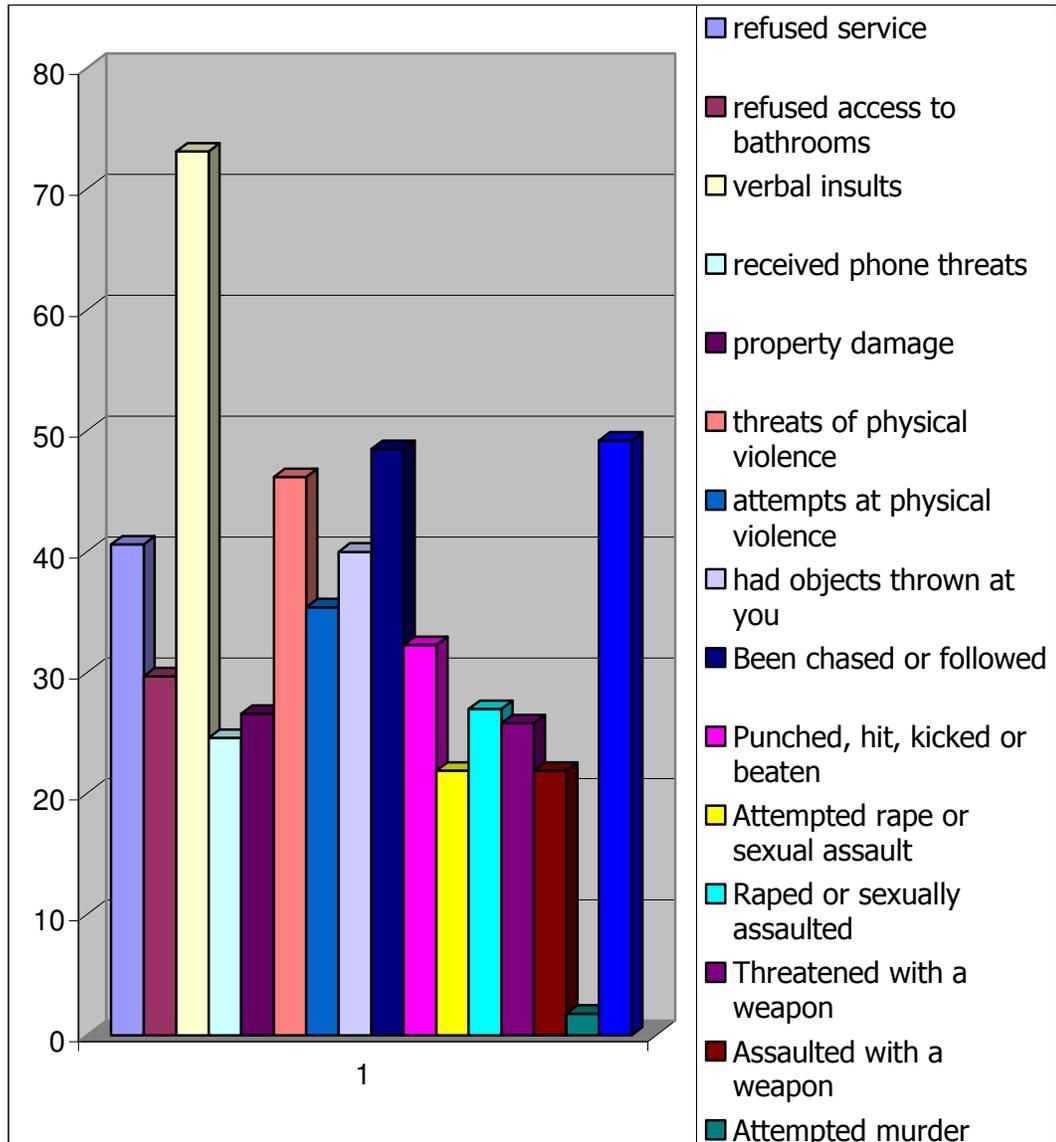
We asked respondents (N = 73) to identify how often they had experienced various forms of attack which they reasonably believe were related to their sex/gender identity.

	Never	Not sure	Once	2-3 X	Often
Verbal insults	26.9%	9%	7.5%	32.8%	23.9%
Received phone threats	75.4%	6.2%	7.7%	9.2%	1.5%
Personal property damaged/stolen	73.4%	9.4%	6.3%	3.1%	7.8%
Threatened with physical violence	53.8%	1.5%	12.3%	16.9%	15.4%
Attempted physical violence	64.6%	4.6%	10.8%	12.3%	7.7%
Had objects thrown at you	60%	7.7%	10.8%	12.3%	9.2%
Been chased or followed	51.5%	9.1%	12.1%	18.2%	9.1%
Punched, hit, kicked or beaten	67.7%	1.5%	15.4%	9.2%	9.2%
Attempted rape or sexual assault	78.1%	6.3%	9.4%	4.7%	1.6%
Raped or sexually assaulted	73%	3.2%	11.1%	11.1%	1.6%
Threatened with a weapon	74.2%	1.6%	12.9%	9.7%	1.6%
Assaulted with a weapon	78.1%	3.1%	12.5%	4.7%	1.6%
Attempted murder	98.2%	1.8%	0%	0%	0%
A friend was killed or assaulted	50.8%	6.3%	7.9%	27%	7.9%

Table 6 – Experiences of Assault

All of these rates of experience of insult, threat, and violence are high, but several stand out: Only half our respondents could say they have never been chased (51.5%) or threatened with physical violence (55%) because of their sex/gender identity, or had objects thrown at them (60%) because of it. One in 3 have been physically attacked, 1 in 4 sexually assaulted, 1 in 4 threatened with a weapon, 1 in 5 assaulted with a weapon. Just under half (49%) have had a friend killed or assaulted for being transgender or Two Spirit. The following chart shows the percentage of respondents who answered that they

had ever experienced the specified hostilities which they attribute to reactions to their sex/gender identity.



DISCUSSION

Trends

Access Issues

The key issue identified in this needs assessment was that much more access is needed to trans-competent health care of every kind: counselling, general health care, and transition-related **health care**. Many participants in our study emphasized the extreme difficulty trans people have in working their way through the medical system to access the array of general and trans-specific services they need. Many spoke in focus groups of a well-founded fear of rejection that keeps people from disclosing their trans identity to their health care providers, and the needless anxiety and even humiliation involved in interactions with health care providers who are not sensitive to trans realities. Many

trans people do not have a primary health care provider. For trans people who do not need or want sex reassignment procedures, the lack of a personal physician might be assessed as no more problematic than for others in the general population. However, the assessment shows that our participants are at high risk for serious threats to health, quite apart from the need for access to sex reassignment procedures.

STIs and HIV Infections

The levels of known **STI and HIV infections** are much higher among our participants than in the general population: 21% known STI and 8% known HIV, with another 7% unsure of their HIV status. There are no official estimates of the HIV status of the Canadian trans population, but the finding is consistent with previous studies of transgender people in Canada and the U.S. (Bockting et al., 2005; Clement-Nolle et al., 2001; Kenagy, 2002; Kenagy & Bostwick, 2005; Reback et al., 2001; Xavier, 2000). The rate of known HIV infection is over 40 times the national average in Canada, where it is estimated that fewer than 0.2% (0.17) of the general population is HIV positive (including clear diagnosis figures as well as an estimated portion of the population who are not aware of their HIV+ status) (HIV/AIDS Epi Updates, 2005). It is estimated that approximately 1.5% of the general Aboriginal population are HIV+. (See HIV/AIDS Epi Updates, May 2005).

Mental Health Problems

Deep and often suicidal levels of depression are much more common among the participants than among the general population, as people lose hope of finding a way out of their isolation and into a viable life where they feel at home in their bodies. Twenty-eight per cent of our participants had attempted suicide at least once, compared to 0.2% of the general population. This finding is consistent with those of other studies (Bockting et al., 2005; Clements-Nolle et al., 2001; Kenagy & Bostwick, 2005; Risser et al., 2005; Xavier, 2000). In some cases people are giving up on ever getting help and resigning themselves to a half-life where they pretend to be what they are not for fear of losing their families or jobs. Among those who remain determined to persist, some are resorting to the dangerous practice of procuring hormones over the internet and monitoring their own treatment. This finding, too, is consistent with those of other studies (Kenagy & Bostwick, 2005; Nemoto et al., 2005; Sperber et al., 2005; Xavier et al., 2005). Even if people make every attempt to research their hormone suppliers as thoroughly as possible (not everyone does) and monitor their own health as best they can, this situation clearly puts people at risk. Many participants expressed understandably deep frustration and anxiety about inability to access transition services and other vital mental and physical health services as life goes by. Transgender and Two Spirit people in our society are being expected to endure an unconscionable level of neglect and misery, and it is enormously to their credit that the vast majority manage to survive it.

Poverty

Another strong finding in our needs assessment is our participants live in **poverty** or near-poverty, often unemployed, underemployed, or unhappily employed, unable to present their true sex/gender identity in the workplace. Many participants gave up their jobs to transition. While professional **workplaces** and large corporations are sometimes accommodating, most smaller workplaces and blue-collar workplaces such as factories have not even begun to recognize the issue of transgender employee rights.

Hostile School Environment

Participants almost unanimously described their **school** years as terribly lonely, confused, and depressed, with more obviously gender-variant participants experiencing homophobic bullying and everyone feeling isolated and afraid of the future. This is fully in keeping with other studies that show schools are one of the worst times of homophobia and loneliness LGBTTT people face in their lives. The situation is most extreme for trans children and youth who not only have bullying to deal with but a profound level of dissociation from their own bodies.

Consistency with Findings of Other Trans Needs Assessments

The results of this assessment are consistent with those of other needs assessments elsewhere in Canada and the U.S. (Bockting & Avery, 2005; GLBT Wellness Project, 2000; Goldberg, 2003; Kenagy, 2005; Kenagy & Bostwick, 2005; Lombardi, 2001; Moran, 2004; Morrison & L'Heareux, 2001; Walters, 2001; Ware, 2004). Trans and transition-related health care is chronically under-resourced even in large cities that have gender clinics because they tend to have correspondingly larger trans populations (who have left smaller communities) who need services. Self-procurement and self-administration of hormones is common. Employment, housing and job training are needed. Levels of depression and suicidal ideation are high. Lack of knowledge, insensitivity, and discrimination are the norm among mainstream service providers, especially if participants are not only trans but poor.

Limitations

While the 73 participants in our study provided a wealth of data, our non-random sample cannot provide statistical generalizability to the whole transgender and Two Spirit population of the region. This is common to most research that involves a hidden population with great concerns over anonymity and confidentiality and that relies on snowball sampling and convenience sampling. It is likely that our participants are among the best-connected to medical and other support services and that their needs are being better met than are those of less connected people who did not hear of or participate in our study. However, our sample size is comparable to that of other transgender needs assessments we reviewed from larger urban centres (which ranged from 26 to 248 participants) and does capture the diversity of the transgender and Two Spirit community, with the exceptions noted below.

Although we were able to waive parental consent requirements for most participants under 18, they did not respond to our questionnaire. Future work should be done to reach this highly vulnerable population. We had hoped to hold interviews and focus groups on reserves throughout the region but were unable to secure funding to do this. This remains an important area for a future needs assessment. Finally, less well-connected people, especially those outside Winnipeg, are underrepresented in our needs assessment. It is hoped that the print and television publicity recommended below will alert these three groups to the existence of trans support services and enable them to end their isolation.

Future work based on this assessment will report on the needs of sub-groups represented in this study: MtF, FtM, Two Spirit/Aboriginal, and youth under 25, from which we

hope to derive a useful retrospective report of the needs of trans youth of Manitoba and Northwestern Ontario who are under 18.

Survey, interview, and focus group research should also be done with service providers, especially those already involved with serving trans clients, to determine what would best serve to improve the level of services provided to the trans community by them and in the health care system generally.

RECOMMENDATIONS

What transgender and Two Spirit people need is what we all need: the dignity of an everyday life not dominated by anxieties about health and safety. Trans people try to get their general and transitioning-related health needs met in a system that has not tried to develop trans competence or provide funding for SR procedures. They suffer a crushing degree of stress brought on simply by being who they are in a trans-phobic society, and when trying to get their mental health needs met they encounter more barriers of competence and cost. Transgender and Two Spirit people are the most visible targets of society's gender-policing efforts, but studies of homophobia in the schoolyard show that any child who strays from rigidly gender-specific behaviour is also punished: the boy who likes art class, the girl who plays hockey, and so on (Human Rights Watch, 2001). A great many people would benefit if society came to terms with its anxieties about sex/gender variation. As one participant put it,

- *By restricting the population to a binary system of gender definitions, sooo much is lost – we can gain so much from each other by embracing the male and female sides of ourselves, yet we deny ourselves our selves. This impacts us so deeply we can't even grasp how much we're impacted. From infancy we're taught how/ what boys and girls should do and behave – education/ socialization/ acceptance of self and other/ employment/ love EVERYTHING is affected.*

In an ideal world (the one non-LGBTT people have always inhabited with reference to their sex/gender identities), all health care providers would be knowledgeable about their sex and gender-related health needs and respectful of their decisions, whether they be to pursue sex reassignment or to live with their bodies as they were sexed at birth. They would make appropriate referrals through a well-funded health care system to well-informed specialists with a high level of competence in sex reassignment procedures. The health care system would treat those procedures as a medical necessity and fund them accordingly.

In the absence of that transformed society, the needs of Manitoba and Northwestern Ontario's transgender and Two Spirit community will remain acute and should be regarded as a state of emergency that demands attention, especially from the public health system.

The following recommendations are informed by the threats to health and safety identified in the survey phase of the study and are grounded in an analysis of the focus groups and interviews in which we asked participants for their perspectives on how best to address the problems identified in the survey.

Health Care

Centre of Excellence in Trans Health Care

First and foremost among our recommendations is to work towards the development of a centre of excellence in trans health care that would offer coordinated counselling,

psychiatric, general health, endocrinological and surgical services that fulfil or exceed such best-practices guidelines as the sixth version of the Harry Benjamin (2005) “Standards of Care for Gender Identity Disorders,” the Kapola Report (2003) “Recommendations for a Transgender Health Care Program,” and the recently completely comprehensive set of clinical guidelines developed by the Vancouver-based Transgender Health Program’s (2006) “Trans Care Project.” The Centre would offer medical and counselling care onsite and work in close connection with off-site psychiatrists, psychologists, endocrinologists, and surgeons who are associated with the Centre of Excellence and have agreed to provide a certain level of service. Focus group and interview participants in this study, like those involved in other needs assessments (Goldberg et al., 2003), expressed a strong preference for a one-stop centralized clinic where trans people could be confident of respectful and medically competent treatment from their first phone call through to examinations and referrals.

Although there are physicians in Winnipeg that serve transgender and Two Spirit clients, notably at Nine Circles and Klinik Community Health Centres, there is currently no clinic or physician in private practice that specializes in transgender care, with the result that there is insufficient experience accumulating anywhere to fully develop an appropriate level of competence. As the clinic in the region with the largest trans client base, Nine Circles Community Health Centre would be the logical choices for developing a Centre of Excellence in trans health care with the goal of providing services that meet best practices standards. While Nine Circles currently serves a portion of the trans community, many participants in our needs assessment spoke of having tried for years to be accepted as a client there without success because they do not fit the mandated client profile as currently understood.

Our recommendation for the one-site model would be that Nine Circles Community Health Centre should work towards becoming a Centre of Excellence in Trans Care by assigning a block of physician and nurse practitioner time to serve transgender and Two Spirit clients, as well as a block of counsellor time. A case worker should be assigned to coordinate intake and ensure that clients are able to access services at Nine Circles and specialist services elsewhere in a timely manner. The amount of medical time allocated to trans people should be reassessed after one year and adjusted as appropriate to the number of people seeking to become clients.

However, another workable model might be to establish a well-coordinated multisite centre of excellence that would involve the three main agencies that now serve the trans community: Nine Circles Community Health Centre and Klinik Community Health Centre (both of which offer medical care and counselling), and the Rainbow Resource Centre (which offers information and support).

Either model would need to be complemented by an effort to achieve basic trans-competent care among other medical service providers in the region for the benefit of people who do not have access to the Centre of Excellence.

Further study is needed to determine the most feasible way to achieve excellence in trans care. It is our recommendation then, that **systematic analysis be undertaken of (1) trans care delivery systems in other Canadian centres and (2) clinical guidelines for trans care. The results of these analyses, together with the findings from this needs assessment, would form the basis of a consultation with providers of trans**

medical, counselling, and information services with the aim of determining the optimal achievable approach to meeting the needs of the community.

Psychiatric Assessment

At present there is a chronic lack of access to psychiatric assessment in the region and all assessments are being done by one psychiatrist. It is recommended that **an effort be undertaken to reach agreement with two additional psychiatrists to commit to make themselves available for assessment purposes** and develop the knowledge base necessary to do so.

Trans-competent Counselling

Participants also recommended that the trans-competency of counsellors and crisis workers in the region be further developed through a workshop to be designed by experienced counsellors, health care providers and clients. The current situation is that trans people who need support often find themselves educating crisis workers about their issues, and in a situation where there is a general lack of counsellors, it is important that any counselling provided be competent. Klinik's phone line, in particular, is an important lifeline for many trans people that should be strongly supported. We therefore recommend that **the trans-competence of Klinik Community Health Centre's phone line and other counselling centres in the region be further developed and supported through workshops on trans issues.**

Public Information

We further recommend that **people be made aware that Nine Circles is able to accept new transgender and Two Spirit clients.** We also recommend that a **public service announcement campaign be undertaken to reach transgender and Two Spirit people throughout Manitoba and Northwestern Ontario** who were not reached in this needs assessment. The campaign should be a clearly trans-positive message that provides information about the availability of medical support and counselling at Nine Circles and the Klinik crisis support hotline. Print announcements should appear in general-circulation newspapers such as the *Winnipeg Sun*, the *Winnipeg Free Press*, the *Brandon Sun* (???) as well as in the LGBTT newspaper, *Swerve*.

We recommend that the **Winnipeg Regional Health Authority be asked to develop an information pamphlet on transgender identity and where to go for help** and make it widely available in medical centres, counselling offices, schools, and other public venues throughout the region.

We recommend that Nine Circles be asked to coordinate **development of a video on trans issues for trans people** who need information about their situation and the medical/psychiatric processes involved in transitioning. This could be made available through various venues in the region and online.

Trans-care Protocol and Poster for System-wide Distribution

In connection with this, it is our further recommendation that the Winnipeg Regional Health Authority be asked to **develop a trans-care and referral protocol and office poster for distribution to family physicians and clinics throughout the region in consultation with experienced trans health care providers and trans clients.** The protocol would cover key aspects of trans-competent health care and include contact

information for Nine Circles and specialists offering transition-related medical services. It would not be an attempt to educate all physicians on all related mental and physical health issues, but rather to ensure that all physicians are in a position to treat trans clients respectfully and to make appropriate referrals for their health needs. The office poster could be modelled on the successful “lgbt-positive space” campaign used in universities and be accompanied by an explanation of why it would be important to display the poster. The words “transgender” and “Two Spirit” should appear prominently on the poster.

LGBTT-positive Physicians List

We recommend **the LGBTT-positive health care providers list that was developed by the Rainbow Resource Centre be updated**, this time including a separate focus on transgender and Two Spirit concerns, and that a phone line for accessing the information on the list be publicized through *Snerve* and other public venues.

Funding for Sex Reassignment Procedures

We recommend that supporters and allies of transgender and Two Spirit people **encourage Manitoba Health to provide the necessary funding for sex reassignment procedures**, including out-of-province surgeries where an adequate level of expertise is not available in Manitoba. As one respondent explained, the human and financial cost of continuing to deny people needed medical services is far greater than the cost of providing those services:

- *Since curing the brain of transsexuality is not possible, the only treatment is to change the physical. Those who cannot or will not change are doomed to a quality of life far below standard. Most end up on psych drugs, many on the streets, some prostituting themselves, ending up addicted to street drugs, gambling, dangerous lifestyles or suicide, not to mention all the bankrupt ones. With all the adversity we face as TG, it would be nice if some of the grief was alleviated by others like MB Health. In addition, what is the cost of not helping those in need, in terms of welfare, EI, crime, alt treatments, counseling, decreased workforce, lost potential/ knowledge, etc. I am fortunate to have been able to transition (at the same job as well) although it cost me my marriage, children, many friends & a bankruptcy. My hope is that future trans people can enjoy better conditions than those of us presently do.*

Schools, Workplaces, Organizations

Trans-inclusive Discrimination Policies

It is also our recommendation that schools, workplaces, health clubs, entertainment venues, social services, and other agencies and organizations **update their discrimination policies to specifically prohibit harassment of LGBTT people generally but also transgender and Two Spirit people specifically**. Very often organizations argue that a general prohibition against bullying and abusive behaviour is sufficient to protect everyone including LGBTT people, but experience suggests that it is not. People in organizations that do not explicitly prohibit transphobic actions are unlikely to interpret company policies as including LGBTT people. (Winnipeg School Division instituted its anti-homophobia initiative when it became clear that the general Human Rights policy of the Division was not being interpreted by school officials or teachers as including LGBTT human rights.) Similarly, we cannot assume that an organization is adequately acting on transgender and Two Spirit people’s needs just because it adds “T” or even “TT” to its LGB policies. Organizations need to be helped to understand that they must be explicit that discrimination based on sex/gender identity will not be tolerated or a great many trans people will feel unsafe there.

The issue of organization-level action on trans rights is crucial in the workplace because so many trans people are unemployed, underemployed, or unhappy at work because of the prejudice they encounter in the work-world or a rational fear of the repercussions of being identified as trans. In many ways major corporations have been at the vanguard of progress in same-sex protections and benefits because they recognize that when employees are treated well they are more productive loyal and to the company; they need to be encouraged to lead the work world in developing sex/gender identity protections and benefits for similar reasons.

Gender Neutral Restrooms and Change Rooms

We recommend that **workplaces and other organizations be encouraged to adopt a unisex restroom and change room policy whenever feasible or provide family washrooms and change rooms with an open-access policy.**

Education in the Schools and Organizations

We recommend that **school divisions be encouraged to develop policies and curriculum materials** to counter transphobia and let trans students know that they are not alone in their situation. At the very least, trans children and youth need to learn that there is support available for adult trans people and that they are not doomed to an utterly impossible life. Many divisions have demonstrated reluctance to address LGBTTT rights and regard it as inappropriate subject matter for children, but homophobia and transphobia are being learned at school and need to be unlearned there.

We also recommend that the **Rainbow Resource Centre be assisted in finding funds to develop anti-transphobia workshops for organizations** such as schools, workplaces, and health clubs, and that **LGBTTT organizations be encouraged to make genuine efforts to include transgender and Two Spirit people and provide supports.**

Law Enforcement and Emergency Response Protocol

It would reduce an unnecessary additional layer of stress in crisis situations involving police officers, paramedics, firefighters, and “biz-district” patrol people if such personnel were aware ahead of time of the existence of transgender and Two Spirit people and why there might be differences between a person’s gender presentation and their sex/gender designation on identification papers. We recommend that **training be offered to Law Enforcement and Emergency Response Protocol on appropriate treatment of transgender and Two Spirit people.**

We want to close with comments from participants whose descriptions of life as trans people trying to get needs met in a hostile society sums up the experiences of many who have contributed their painful experiences to this report:

- *For many years I have conformed and denied and hide my true self from others – and myself. The past two years have been slow – coming out to myself and eventually to my support system (friends and Mom and sister) has lifted a big weight off my shoulders. The weight comes back to haunt me in our binary two gender world. The pressure to be one or the other is too great at times. More education – gender deconstruction – needs to happen in all areas of our lives. A gender overhaul. I’m sick of faking it.*

- *Although I am extremely grateful for the tremendous support I have received on my journey to be me from my spouse, doctors, and friends, I have also been subject to painful discrimination. I have been denied my rightful employment and have had to battle for years to be reinstated in my profession. I have to this day been subject to poor and prejudicial treatment from the health care system with direct respect to my transsexualism when hospitalized for various gender reassignment surgeries. I have suffered from self-hatred, depression, loneliness, rejection from family and friends, from guilt, oppression, anxiety, low self-esteem, loss of income, loss of self-worth to arrive at last at a place where most people begin, at self-acceptance, at thinking one's self to be good enough despite the imperfections. I believe this survey to be an essential first step, a necessary connection, that can give a voice to those who often go unheard.*

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SELECTED RESOURCES

Please see the References list for resources available on the web.

Transgender Café <<http://www.transgendercafe.com/>>

“The Winnipeg Transgender Group is a volunteer-run organization of male-to-female, female-to-male and intersexed individuals. The group has been active in the city since 1998. Our primary goal is to offer peer support and information for anyone who wishes to explore issues of sexual identity or transition in a non-judgmental environment. Individuals of all ages, sexes and cultural backgrounds are welcome to join us. There is no cost and no obligation. We also encourage families, friends or significant others who wish to support a transgender individual to join us.”

The website provides invaluable information about the basics of transgender life in Winnipeg and the region, including contact details for relevant health care providers and extensive links to key support organizations and transgender health organizations.

Transgender Health Program (Vancouver) - <<http://www.vch.ca/transhealth/resources/tcp.html>>

“In partnership with [Transcend Transgender Support & Education Society](#) [no longer active], the Transgender Health Program completed the Trans Care Project in January 2006. The project aimed to create training materials and practice guidelines for clinicians in BC who are already “trans-positive” but lack the clinical knowledge necessary to effectively work with the transgender community. Recognizing that transgender people have diverse health needs, the Trans Care Project aimed to address both general primary care and also the following trans-specific health concerns:

- sex-associated prevention, testing, and treatment (e.g., cancer of the cervix, prostate, ovaries, and uterus)
- assessment and treatment of gender concerns
- clinical feminization/masculinization: endocrine therapy, surgery, speech change
- trans-specific clinical advocacy”

Pdf copies of their full set of clinical guidelines and consumer information pamphlets are available on the website.

Rainbow Resource Centre < <http://www.rainbowresourcecentre.org/> >

“Serving Manitoba's Gay, Lesbian, Bisexual, Transgendered, and Two Spirited Communities”

1 - 222 Osborne St. South

Winnipeg, MB

(Osborne at McMillan)

Open Monday – Friday from 7:30 - 10 pm and Wednesday – Friday from 1 - 4:30 pm

Send mail to: Box 1661,

Winnipeg, MB,

R3C 2Z6

Info-Line (Mon-Fri 7:30pm -10 pm): 284-5208

Counselling: Phone 284-5315 or email counselling@rainbowresourcecentre.org
Toll-free: (rural Man., NW Ontario): 1-888-399-0005

Mildred L. Brown and Chloe Ann Rounsley, *True Selves: Understanding Transsexualism--For Families, Friends, Coworkers, and Helping Professionals*

San Francisco: Jossey-Bass (Wiley), March 2003,
ISBN: 0-7879-6702-5

From the publisher's website < <http://ca.wiley.com/WileyCDA/WileyTitle/productCd-0787967025.html>>:

“Combines authoritative information and humanitarian insight into the transsexual experience.

“Filled with wisdom and understanding, this groundbreaking book paints a vivid portrait of conflicts transsexuals face on a daily basis--and the courage they must summon as they struggle to reveal their true being to themselves and others. True Selves offers valuable guidance for those who are struggling to understand these people and their situations.

“Using real life stories, actual letters, and other compelling examples, the authors give a clear understanding of what it means to be transsexual. They also give other useful advice, including how to deal compassionately with these commonly misunderstood individuals--by keeping an open heart, communicating fears, pain and support, respecting choices.”

Appendix A: Short Questionnaire

Male

Female

Trans



Is your safety affected?

Do you have trouble fitting in?

Do you have trouble accessing health care?

because you don't fit into sex/gender stereotypes?

The aim of this survey is to identify needs, barriers to health care and safety issues for people who do not fit society's expectations of sex or gender.

This is the Short Survey. Contact us for the Long Survey if you are willing to offer us more of your expertise. Please do NOT do both.

The Legal Stuff

The project is sponsored by Nine Circles Community Health Centre, a community-based centre that provides advocacy, care, treatment and support to people living with HIV/AIDS, those at risk for HIV/AIDS, as well as Gay, Lesbian, Bi-sexual, Transgender, and Two-Spirit persons. The project is funded by the Public Safety and Emergency Preparedness Canada department of National Crime Prevention Centre. The project manager is Jennifer Davis at (204) 940-6000 or jdavis@ninecircles.ca. The academic partner is Dr. Catherine Taylor, Education Program, University of Winnipeg, at (204) 786-9893 or taylor@uwinnipeg.ca. They will be pleased to discuss any concerns you may have about participation in the project. If you have concerns about how the project is being conducted you may contact Dr. Jerry Ameis, Chair of the Education Program Ethics Committee, at 786-9936 or j.ameis@uwinnipeg.ca, or Kerry Murkin, Ethics Administration Officer, at k.murkin@uwinnipeg.ca or (204) 786-9058.

Most members of the Project Advisory Committee are members of the transgender community and all are members of the lesbian/gay/bisexual/transgender/two-spirit community. We fully understand the dangers of identification as transgender, so this questionnaire is anonymous and will be kept in a locked cabinet in the Project Coordinator's private office. The questionnaire will be destroyed within 5 years. Nothing that could identify you as the unique source of information will be included in any public report on the project. You do not need to answer any question that you would rather not answer. You may withdraw your consent to participate in this project at any time before you return the questionnaire. (Because it is anonymous, it cannot be retrieved after it has been submitted.)

By completing the questionnaire and sending it in, you are consenting to participate in the project, and to publication of project results. If you are under 18 and have a parent or guardian who supports your transgender identity, please show them this questionnaire and seek their consent for your participation before sending it in.

The information will be used to lobby for better health care, safety, education and services.

Please drop off the questionnaire at the agency where you picked it up, or mail the complete questionnaire to Jennifer Davis, Nine Circles Community Health Centre, 705 Broadway Avenue, Winnipeg MB R3G 0X2. Please do not put a return address on the envelope.

If you have any questions or concerns;

if you would prefer to fill out the long survey or do either survey verbally or with a translator:

contact Jennifer Davis (204) 940-6000 or 228-2319 jdavis@ninecircles.ca

This is a confidential survey so please DO NOT include your name on any of these pages.

If you are willing to be part of a focus group or individual interview, please contact

Jennifer at (204) 228-2319, (204) 940-6000 or jdavis@ninecircles.ca

I have read "The Legal Stuff" on page 1 and agree to the terms as listed Yes No

Who You Are

1) I was born Female Male Intersex (medical designation at birth)

2) At heart I am (check all that apply) Female Male Two-spirit Trans Intersex
 Other _____

3) I am living in my chosen gender role Full-time Part-time Never
If part time, when? In private In a safe environment Among the general public
Please explain _____

4) I have transitioned I am currently transitioning
 I am considering transition I have no plans to transition
Please explain what that means to you _____

5) I am gay lesbian bisexual straight other _____

6) Have you ever lived in Manitoba or Northwestern Ontario? Yes No

7) Have you ever left this region for reasons related to your sex/gender identity? Yes No
(abuse, unsafe environments, better health care, more supportive communities, etc.)
Please explain _____

8) When were you born? _____ month / _____ year

9) What group/s do you identify with? (Aboriginal, White, Mennonite, etc) (List as many as apply)

10) I live in: Winnipeg a small city (Brandon, Thunder Bay, Thompson, Kenora, Portage La Prairie)
 a town or small rural community a reserve
 other (please describe but do not name) _____

11) What is your average annual income? _____

Education

12) Level of education completed (check all that apply):

grade school high school post-secondary other _____

13) Type of school attended (*the school experience is very important, so we ask that you describe your school as well as you can. (ie. All girls Catholic OR Aboriginal Rural OR mixed cultures and religions and very poor, etc.) Please describe each type of school you went to.*)

14) Was your education interrupted because of your sex/gender identity? Yes No
(dropped out due to teasing/abuse; skipped enough classes to affect your studies, etc.)
Please explain _____

Safety

15) On a scale from 1-5 (1 is *Completely Unsafe* - 5 is *Very Safe*), what is the most unsafe you have ever felt AND how safe do you feel now when expressing your preferred sex/gender identity in the following situations.

	Most unsafe ever felt	Safety felt now
Home area	_____	_____
At work	_____	_____
Place of learning	_____	_____
Doctor's office	_____	_____
At social services	_____	_____
Place of worship	_____	_____
LGBTT space	_____	_____
Public place	_____	_____
Travelling	_____	_____
Please explain or add:	_____	

16) Please indicate the incidents which have occurred which you reasonably believe are related to your sex/gender identity. Include events wherever they occurred (home, school, work etc.)

	Never	Not sure	Once	2-3	Often	Where/When
Refused service	<input type="checkbox"/>	_____				
Refused access to bathrooms	<input type="checkbox"/>	_____				
Verbal insults	<input type="checkbox"/>	_____				
Received phone threats	<input type="checkbox"/>	_____				
Personal property damage/stolen	<input type="checkbox"/>	_____				
Threatened with physical violence	<input type="checkbox"/>	_____				
Attempted physical violence	<input type="checkbox"/>	_____				
Had objects thrown at you	<input type="checkbox"/>	_____				
Been chased or followed	<input type="checkbox"/>	_____				
Punched, hit, kicked or beaten	<input type="checkbox"/>	_____				
Attempted rape or sexual assault	<input type="checkbox"/>	_____				
Raped or sexually assaulted	<input type="checkbox"/>	_____				
Threatened with a weapon	<input type="checkbox"/>	_____				
Assaulted with a weapon	<input type="checkbox"/>	_____				
Attempted murder	<input type="checkbox"/>	_____				
A friend was killed or assaulted	<input type="checkbox"/>	_____				
Please feel free to explain or add:	_____					

Health

17) Who do you see for health care? (check all that apply)

- doctor specialist public health nurse dentist
 mental health professional (therapist / counselor) spiritual advisor
 complimentary practitioner (chiropractor, massage therapist, naturopath, Reiki healer, etc.)
 traditional healer family member peer support friend
 other _____

18) Where do you get most of your medical care? (check one)
 professional in private practice community health centre/clinic walk-in clinic
 hospital home care gender clinic phone line
 internet other _____

19) How trans-competent is the person who provides most of your medical care?
Please answer on a scale from 1 (worst) to 5 (best)

_____ Accepts you for who you are
_____ Listens respectfully to you
_____ Is knowledgeable about health care for people with sex and gender variations
_____ Knows about local resources
_____ Works with and recommends other supportive service providers
_____ Seems actively interested in learning more

20) What is your general state of health? Excellent Good Fair Poor

21) What are your current health needs? _____

22) Have you ever had an STI (sexually transmitted infection)? Yes No Don't Know

23) What is your HIV status? Positive Negative Don't Know

24) Please estimate on a scale from 1 to 5 how often you experience any of these feelings:

1 = Never 5 = At all times

_____ depression	_____ feelings of detachment
_____ loneliness	_____ loss of interest
_____ irritability	_____ loss of ambition
_____ nervousness, anxiety	_____ poor concentration
_____ body image concerns	_____ impaired memory
_____ sleep disturbances	_____ joint pains, muscle pains
_____ sudden angry or violent outbursts	_____ emotional numbness
_____ exhaustion and chronic fatigue	_____ physical numbness
_____ guilt	_____ low self-esteem
_____ an overwhelming sense of injustice and a strong desire to do something about it	

Please feel free to add comments _____

25) Please let us know which of the following you use. (check all that apply)

Alcohol Over-the-Counter Drugs (ie. Sleep Aid) Prescription Drugs
 Street Drugs (ie. cocaine, heroine) Other _____

26) Has the use of any of the above ever been a problem for you? Yes No

Please explain _____

26) Comments _____

This is a confidential survey so please DO NOT include your name on any of these pages.

If you are willing to be part of a focus group or individual interview, please contact
Jennifer at 228-2319, 940-6000 or jdavis@ninecircles.ca

Thank-you