

Working with Gender Variant People: A Guide for Service Providers



The Gender Variant Working Group 2014

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The AIDS Committee of Cambridge, Kitchener and Waterloo Area, The Gender Variant Working Group, Inclusive Counselling Consulting & Training, Julie Wise Consulting, Novell Community Development Solutions and The Waterloo Region Rainbow Coalition.



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Disclaimer

Please note that throughout this document, the terms gender-variant and transgender will be used synonymously. Please refer to the glossary at the end of this document for more details about language. Also note that depending on where you live, the information in this document may be different and the requirements for qualifying to offer clinical support or services may also change. The details in this document are intended for people in Ontario, Canada in 2014. All efforts will be made to update this material if any other significant changes are made in the future.

Introduction to Trauma Initiative

In 2012, the Ontario Trillium Foundation granted funding to the Waterloo Region Trauma Service Initiative; a collaborative made up of Sanguen Health Centre, the AIDS Committee of Cambridge Kitchener Waterloo and Area (ACCKWA), the Kitchener Waterloo Multicultural Centre, Mosaic Family Counselling Services (now Carizon Family and Community Services) and the Centre for Community Based Research, to explore trauma service needs within the Region and develop an action plan to make trauma services accessible, affordable, inclusive and appropriate. The project had three stages: community engagement; needs assessment; and action planning. Julie Wise (Julie Wise Consulting) was project coordinator, and Dr. Jonathan Lomotey (Novell Community Development Solutions) was the lead researcher on the project. The project culminated in two community forums which brought together 72 agencies and community members to develop and adopt a community action plan to enhance access to trauma services. This action plan has resulted in a 2-year pilot project to be implemented from April 2014 to April 2016.

The needs assessment indicated that several client groups in the Region, including the lesbian, gay, bisexual, transgender (LGBTQ+) community, lack access to competent trauma services. In an effort to address an identified gap in awareness among local service providers about gender, the Gender Variant Working Group (affiliated with the Waterloo Region Rainbow Coalition), created the following document to offer education, resources and support to local service providers about gender variance to enhance their competency when working with gender-variant populations.

About the Gender Variant Working Group

The Gender Variant Working Group is a grassroots organization that creates opportunities for community members to get involved with gender issues through activism, educational opportunities, local events, outreach, peer support, civic engagement and more. This is a volunteer group, and everyone is welcome to participate. Join us on facebook at: <https://www.facebook.com/WWGenderVariance?ref=hl>. To be added to the group and learn when meetings are, email us at: wwgender.variant@gmail.com.

The members of the Gender Variant Working Group that contributed to this document (listed in alphabetical order) includes: Colin Boucher, Joscelyn Guindon, Jayden-Terryn Jones, Lyn McGinnis, Douglas Morton, Allisa Scott, and Vince Strickland.

Understanding Gender Variance and Trauma

There has been little academic research conducted on the impact of trauma on gender variant people. Transgender people are often amalgamated into the “LGBTQ” spectrum in research, however; most research has focused solely on the impact of trauma related to sexual orientation, and not gender. However, the gender variant population is starting to be researched more in order to understand the complexity of trauma that is experienced by gender variant people.

As noted by Brown and Pantalone (2011) in the journal *Traumatology*, LGBT identified people “are more likely to be targets of trauma, particularly interpersonal violence trauma, than are their heterosexual peers.” (p. 1). In addition, they mention that “particularly the most gender nonconforming, are targets of hate crimes”. (P. 1). It is also common for gender variant people to be categorized as experiencing social stigma and minority stress. The term minority stress is defined as a model that describes how “the stress associated with stigma, prejudice, and discrimination will increase rates of psychological distress in the transgender population.” (Bockting et al. 2013).

In addition, the minority stress model describes the unique stressors that transgender people encounter, including that minority stress is experienced as chronic social and systematic oppression that is “both external—consisting of actual experiences of rejection and discrimination (enacted stigma)— and, as a product of these, internal, such as perceived rejection and expectations of being stereotyped or discriminated against (felt stigma) and hiding minority status and identity for fear of harm (concealment)” (p. 943).

Other research has also documented the strong influence of social stigma and psychosocial stressors which has been coined “transphobia,” which is defined as an “irrational fear of, aversion to, or discrimination against people whose gendered identities, appearances, or behaviours deviate from societal norms” (Serano, 2007). Transphobia has also been described as “acts of exclusion, discrimination, and violence, as well as attitudes that trans people themselves may internalize” (Longman Marcillin et al, 2013). The Trans PULSE research found that 98% of transgender people in Ontario reported at least one experience of transphobia (Longman Marcillin et al, 2013, p. 2). This research found that “11% of trans Ontarians report experiencing high levels of transphobia and 51% have experienced moderate levels, 39% have experienced lower levels” (p. 2). The most common form of transphobia (96%) was hearing from others that being transgender is not “normal” (p. 1). Therefore, transphobia is extremely common in Western society, and has a lasting and damaging impact of transgender populations.

The impact of trauma on gender variant people’s physical and mental health has been slimly researched, but what has been shows significant evidence for concern. Increased risk of anxiety, depression and suicidal ideation/attempts were reviewed in the section of this document entitled “TransPulse Data.” New research is also being conducted on the impact of domestic violence and intimate partner violence with transgender populations. Research conducted by the Scottish Transgender Alliance (2010) found that “eighty percent of respondents stated that they had

experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner,” and it was reported that “seventy-three percent of the respondents experiencing at least one type of transphobic emotionally abusive behaviour from a partner or ex-partner” (p. 5). This study also found that “thirty seven percent of respondents said that someone had forced, or tried to force them to have sex when they were under the age of sixteen,” and “forty-six percent of respondents said that someone had forced, or tried to force them to engage in some other form of sexual activity when under the age of sixteen (p. 5).

All of these studies have just started to document and understand the complexity of trauma that is experienced by gender variant populations. The details of other factors such as how race, class, education etc. impact trauma have not been considered yet for research, so much more is needed in order to gain a more comprehensive understanding of the impact of trauma on transgender populations.

Trans Pulse data

In the past several years, more effort has been put into learning more about the Transgender Identified population in Ontario. In 2003, Sherbourne Health Centre in Toronto Ontario described being “overwhelmed” with the number of transgender identified people that needed services (Trans PULSE, Project history). They also realized how little they knew about transgender identified people as a hospital with medical staff, so they decided to do some research on this population for the first time in Ontario.

Trans PULSE is a community-based research project created in response to meeting the needs of transgender identified Ontarians regarding access to health care and social services (Trans PULSE, About us). The focus of study was on “social exclusion, cisnormativity (the belief that trans identities or bodies are less authentic or “normal”), and [how] transphobia shape[s] the provision of services for trans people”, and the impact this has on transgender identified people’s overall health (Trans PULSE, About us).

The trans PULSE research focuses on “income stability, housing, relationships and family, sexual health, HIV vulnerability, mental health, community connectedness, access to social services, health care services, and hormone use and more” (Trans PULSE). An 87 page survey was created based on community knowledge and feedback, and used respondent driven sampling methods which resulted in 433 responses (Bauer, 2012).

The following is a brief overview of some of the key findings from the research by listed category (statistics taken from Bauer, 2012):

Demographics of the transgender Ontarians who participated in the research study:

- Fifty-nine percent were first aware their body did not match their identity under age 10, 21% between ages 10-14, 13% between ages 15-19, 7% aged 20-29 and 1% aged 30 and

over.

- Thirty percent of respondents are heterosexual, 30% bi or pansexual, 31% queer identified, 14% lesbian identified, 13% questioning, 11% gay, 9% two spirited, 8% other identified, 5% asexual.
- Thirty-two percent of transgender people live in the Greater Toronto Area; 27% live in Western Ontario, 17% in Central Ontario, 15% in Eastern Ontario, 9% in Northern Ontario.
- Fifty-five percent live with a disability, 27% are parents, 23% are racialized, 19% were born outside Canada, 7% are aboriginal, 6% are intersex identified.
- Forty-five percent are masculine identified, 35% are feminine identified, and 20% identified as other.
- Fifty-four percent identified as FtM, 47% as MtF, 20% identified as other.

Mental and physical health of the transgender Ontarians who participated in the research study:

- Seventy-seven of all age groups seriously considered suicide, and 43% have attempted suicide with 50% having considered suicide because of their trans identity.
- Thirty-three percent have considered suicide because of experiencing verbal harassment or threats, and 47% because of physical or sexual assault.
- Of those aged 16-24, 47% seriously considered suicide in the past year, and 19% have attempted suicide in the past year.
- Sixty-one percent of male-to-female and 66% of female-to-male identified transpeople have depressive symptoms. Health care for transgender identified people is typically intended for “white” populations.
- The majority of transgender identified people have experienced transphobia from service providers.
- Forty-six percent have never been tested for HIV/AIDS.
- Fifteen percent have been involved in sex work.
- Nineteen percent of male-to-female versus 6.7% of female-to-male had sex in the past year that was considered “high risk”; this result differs from the majority of existing studies.
- Fourteen percent use non-prescribed drugs.
- Fifty-three percent have never used hormones.
- Twenty percent have been denied a hormone prescription from a doctor.
- Five out of 433 participants had self-performed surgeries, or had attempted to, during the 10-year period in which Sexual Reassignment Surgery was delisted by OHIP.

Employment of the transgender Ontarians who participated in the research study:

- A transgender identity made it more difficult for people to find work due to transphobia, which resulted in under-housing (homelessness, living in substandard housing, or being at risk of losing one’s housing).

- Thirty-seven percent of transgender people had a full-time job, 15% a part-time job, and 30% were unemployed or on a disability pension.

Transphobic experiences of the transgender Ontarians who participated in the research study:

- Over 30% had been harassed by police because of their race or ethnicity.
- Over 30% of aboriginal and non-aboriginal racialized identified transgender people experienced discomfort in trans spaces because of their race or ethnicity.
- The research indicates that the impact of transphobia on sexual risk depends on the level of racism which is also related to the level of transphobia.

Current unmet needs identified:

- Voice therapy
- Relationship and sex therapy
- Hair removal
- Non-OHIP-funded surgeries (e.g. tracheal shave)

More details can be found on the Trans PULSE website, such as [journal articles](#), [e-bulletins](#), project reports, presentations and videos (Trans PULSE, Research). Further research is needed in all areas related to transgender lives, as well as longitudinal research to identify the impact these results show over time. Investigate into the impacts this research has made on bringing awareness to transgender issues in Ontario is also important, and if further research projects and opportunities have resulted.

Gender versus Sexuality

A common misconception or stereotype that is often confusing to individuals is that gender and sexuality are the same thing. This is indeed a misconception, and it is important to understand the distinction between one's gender and one's sexuality, or sexual orientation which will be explained below.

Gender is our perceived expression of personal identity, which may or may not be congruent with the gender designation we are given at birth and is a part of a spectrum, like being male, transgender, gender neutral, gender-queer, female or any other congruent sense of personal identification (Rathus, 2010). For a diagram of how this looks, refer to the following picture: <http://itspronouncedmetrosexual.com/wp-content/uploads/2012/03/Genderbread-2.1.jpg>.

Sexuality is our experience or expression of attraction and/or sexual desire (Rathus, 2010). Sexuality is more strongly associated with who we are attracted to physically or emotionally and can involve who we choose to be in meaningful or sexual relationships with (Best Start Resource Centre, 2012). Sexuality is also associated with one's sexual orientation, which traditionally speaks to our attraction to members of the opposite sex versus members of the same sex as our

own, or both (Best Start Resource Centre, 2012). As our views of gender have broadened, our terms for diverse sexual orientations have also expanded to be more inclusive to those who are gender variant (Rathus, 2010).

One of the main misconceptions regarding the difference between sexuality and gender is that people assume that they are integrated and that by changing one's gender automatically changes their sexual orientation or sexual preferences. This is again the Western cultural ideas and values of traditional gender roles that continue to be highly prevalent around the issues of both gender and sexuality. It is up to each individual to decipher who they are attracted to and their personal expression of their sexuality, which may or may not be attached to their gender identity as well.

Health Care for Gender Variant People in Ontario

In the past several years, attention has been given towards offering more competent health care services for gender-variant people in Canada, and other parts of the world. In order to offer better services, a number of organizations created different standards of care guidelines to assist medical and mental health practitioners to work better with transgender identified clients. The way professionals work with transgender identified clients has greatly changed over time; moving from a medical/pathological perspective that diagnosed people and treated disorders, to a more compassionate, informed, and client-centered perspective that offers more options for people. In Canada, Sherbourne Health Centre's standards of care called "Guidelines and Protocols for Comprehensive Primary Health Care for Trans Clients" were published in 2009 (Sherbourne, 2009).

The leaders in offering transgender health care has been from the World Professional Association for Transgender Health (WPATH), named after Harry Benjamin, one of the first physicians to work with gender issues medically (WPATH, History). They offer both ethical guidelines as well as detailed standards of care for how to work with transgender identified people from a medical and professional perspective from an international perspective. Their current standards of care is at version 7, and is regularly reviewed for relevance, the newest medical findings, and continues to lead the world on issues related to transgender health issues. Their dedication to mainstreaming the standards of medical care for transgender identified clients internationally has changed the way services and support is offered to transgender identified clients medically, and professionally.

In other parts of Ontario, professionals are being trained on a regular basis by Rainbow Health Ontario in order to offer more health care, services and support to gender-variant people (Rainbow Health Ontario, Training). This includes medical practitioners (doctors and nurses), as well as other professionals that work with the transgender community, such as mental health professionals (Rainbow Health Ontario, Trans health). Depending on the city you live in, different services are offered. There is currently no comprehensive listing of trained professionals available for all regions in Ontario, but information can be gathered by contacting

large counseling agencies, Rainbow Community organizations, and health care centres locally.

A new guideline for assessing the readiness of trans identified people to obtain hormonal treatment has been created by Raj & Schwartz (in press)m which is called “A collaborative preparedness and informed consent model: Guidelines to assess trans candidates for readiness for hormone therapy and supportive counselling throughout the gender transitioning process.” This model has given further training to clinicians that is very necessary to provide them with competent medical support.

It is important to note that an effort to include more health care services throughout Ontario has happened partly because of the changing laws. For example, in 2012 “gender identity” and “gender expression” were added to the Ontario Human Rights Code as a form to be protected against discrimination (Ontario Human Rights Commission, Gender identity). This legal change is currently being discussed at the federal level, and activists have continued to advocate for this legal change. Even though this is related to the law, the implications this has for other areas such as health care are significant. This change in law also means that transgender identified people can no longer be refused medical care or other services due to their gender identity. It is also likely going to change the legal requirements for businesses and organizations moving forward to be more inclusive of diverse people, including transgender identified people regarding services.

For more details about medical transition, please refer to the section “Medical Transition”.

Counselling Support for Transgender Identified People

Please note that this section is intended for adults aged 18+. For information on younger ages, please refer to the section “Families, counseling, and development for children and youth” .

Transgender people may need to seek counseling from a qualified clinician, such as a psychologist, psychiatrist or social worker, in order to gain support regarding their mental or emotional health, coping with coming out, challenges with their family, or for other reasons. They may also be seeking support for their medical transition. The reason for seeking support varies depending on the person.

The difference between a “trans-friendly” and “trans-informed” clinician, is someone that has been trained to specifically work with transgender identified people and the issues that commonly present which includes assisting them if they are questioning, coming out, support for talking to family and friends, how to cope with any mental health challenges, as well as medical advocacy and physical transitioning if it is requested. Once a clinician has obtained training, they also need to have other skills and qualities to offer support to transgender clients. A clinician needs to be open-minded and inclusive when working with gender diverse clients. This refers to

not only a clinician that is empathic and understanding of the client's issues, but also an informed and trained clinician that can assist the client with their diverse needs. Clinicians also need to be up to date with the recent laws, standards of medical care and other relevant research related to working with transgender identified people. Clinicians may also assist clients with social advocacy in various ways by working with a client's partner, family and friends as well – or assisting a client to prepare themselves for doing this on their own. Some clinicians offer assistance by offering couples or group therapy as well. Clinicians also give resources and assist the client with enhancing their knowledge about their options regarding gender and any changes they wish to make in their life.

When working with clients that want to medically transition, it is not uncommon for clinicians to offer medical advocacy and work with their doctor and other medical professionals who are assisting the client with their transition. In addition, it is important that the client be informed of how the medical system works and what to anticipate during their transition and clinicians can assist clients to understand and interpret the medical and legal system.

Clients that call an agency or person for support with gender issues, typically ask if anyone at your agency or work place is qualified and familiar with how to assist a transgender identified person. If they are questioning, they may say they are “confused” or need support to sort out their gender. If they are seeking social or medical support, they will ask questions pertaining to these issues. For example, they will ask if you can assist them with navigating their relationships, with coming out, or with how to cope with the gender dysphoria or transphobia that they may be experiencing. If they are seeking support for transition, they may ask what the process is to obtain hormones and for further details about hormones. They will also often ask what fee you charge, and when you can meet with them.

It is not uncommon for transgender identified or questioning people to be very anxious about this process. Sometimes, it is easier for them to contact you or your agency by email instead of by telephone.

Some clients may also present with a lot of gender dysphoria, and may need immediate support in coping with it. Sometimes, clients may also present as suicidal or grieving their life previous to when they realized they were transgender, or decided to come out as transgender to others. When clinicians work with clients that do not want medical transition, but support with questioning, coming out, working with their family and friends, mental health issues or with learning new coping techniques, the clinician works with the client until all of their needs are met. It can be useful to inform clients about resources available online, and provide printed out materials for them to review, and also give to others in their life. Please refer to some of the material at the end of this document for resources.

For gender-variant people seeking information or support around hormone therapy, the clinician will need to complete a hormone readiness assessment or “HRT” letter using the document called “A Collaborative Preparedness and Informed Consent Model” which details the process for completing this assessment (Raj & Schwartz, in press). This is a psychosocial assessment that reviews different aspects of the person’s life to determine if they are ready to start hormones. The HRT letter is a lengthy document that typically takes 2-3 sessions to complete, and is often 6-10 pages in length depending on the depth of the assessment. There are different outcomes of the letter based on where the person is at in their decision making and readiness of transition, as well as the assessor’s ability to determine what areas of their life need further work and support in order to start hormones. Once the HRT letter is completed, this can be given to a medical practitioner or endocrinologist to assist with administering the hormones.

After the HRT assessment, the clinician’s role is to continue working with the client on their concerns, including any areas identified in the HRT assessment related to their mental health and other relevant issues (social, financial, work related, family etc.) For clients that want to medically transition, counselling continues until the client’s needs are met and they are happily transitioned. It is common to continue working in counselling even after transition, and it is also a recommendation for those that are undergoing physical transition of any kind to make sure there is support given for all the changes that occur during that process. The amount of time a person works with a clinician can vary greatly depending on this process.

Families, counselling, and development for children and youth

Gender-Variant Children and Youth

Working with gender-variant children and youth, in counselling and other service provision, is similar to working with adults, but it needs to be age appropriate. Specific needs, such as using gender-neutral language and being respectful of chosen pronouns is a good start. However, there are many aspects of working with children that are important areas to recognize.

Children’s internal sense of gender can be established as early as the age of 2 years old and they can begin to show signs of gender dysphoria, which is a strong sense of incongruence of one’s internal sense of gender versus one’s biological, or assigned, gender (Rathus, 2010). Gender-variant children and youth express themselves in diverse ways and may communicate their gender identity in a variety of ways, like wishing to be the opposite gender, openly expressing having a fluid or changing identity, having multiple gender identities, or behaving in ways that are inconsistent with the expected norms of their assigned gender (Rainbow Health Ontario, RHO fact sheet). Family members and parents may see a gender-variant child’s behaviour as deviant or as ‘acting out’ however, children and youth are often expressing their gender identity in a way that is authentic to their sense of self (Rainbow Health Ontario, RHO fact sheet).

Counselling

Historical approaches of working with children and youth that do not conform to typical gender norms have often been pathologizing and insensitive. Newer and more inclusive approaches of support are now being offered to children and youth that focuses less on the pathology of Gender Dysphoria, and leans more towards a strength based affirmative model (Rainbow Health Ontario, RHO fact sheet). In the use of an affirmative model, parents are encouraged to focus less on the behaviour of their children/youth, and instead learn new skills on how to best support their child through their experiences of feeling incongruent or distressed with their gender (Rainbow Health Ontario, RHO fact sheet). A major facet of this approach is to build up a child's sense of confidence, pride and self-worth so that they can experience healthy developmental milestones regardless of how they identify (Rainbow Health Ontario, RHO fact sheet). Other important aspects of this approach are to give parents the skills and knowledge necessary to advocate for their children's social transition of their gender within their schools, and other social locations, for the creation of safe spaces regarding bathrooms, classroom rules of behaviour, extracurricular activities, pronoun use, and gender appropriate language use (Rainbow Health Ontario, RHO fact sheet). Another important factor for parents and service providers to consider is that the most effective prevention of long-term difficulties like suicide, substance abuse, homelessness, self-harm and psychological trauma for gender variant and transgender children and youth is to have a family who supports them and provides them with a safe space to be their true self without judgment (Best Start Resource Centre, 2012). Therefore, the education and support given to parents regarding providing to their children's specific needs can create powerfully positive differences in a gender-variant child or youth's development (Best Start Resource Centre, 2012).

Legal and Ethical Considerations Regarding Medical Care

One of the most important considerations surrounding gender-variance in children and youth is how to support their medical needs ethically. Some youth and children will not desire or need gender reassignment surgery, where others will ultimately feel that it is necessary for them as they grow into adults (WAPTH, 2011). Children who wish to transition in the future can get medical treatment from their doctor and obtain puberty blockers, known as GnRHa, thus allowing their bodies to avoid the process of puberty and allowing them more time to consider their future gender identity by reducing the stress they experience if they feel incongruent with their gender or their physical embodiment of gender (Rainbow Health Ontario, RHO fact sheet). The use of puberty suppressing hormone blockers does not necessarily mean that a child will progress to gender reassignment surgery and once the suppressants are discontinued their effects are reversible (Rainbow Health Ontario, RHO fact sheet). In order to move forward into gender reassignment, the next step would be to begin hormone therapy, which means taking either testosterone or androgen blockers with estrogen to masculinize or feminize one's secondary sex characteristics, respectively (WAPTH, 2011). The current legal limitation to begin this process is being at minimum 16 years of age and once a young person has been through the two year process for the requirements of gender reassignment surgery (see above section for details) the minimum age requirement for being approved for surgery can be at 18 years of age (Rainbow

Health Ontario, RHO fact sheet). There is a great deal of discussion over whether or not individuals at this young age are able to make a decision that is life changing and irreversible, however, follow-up studies have shown that a large percentage of fully transitioned youth are satisfied with their choices and unsatisfactory outcomes of regret are more highly associated with individuals who had to wait until they were older to transition (Rainbow Health Ontario, RHO fact sheet). Further, it is not a young person's decision alone; they are often supported by their parents and other services providers, in order to gain access to hormones and, to begin the process for sex reassignment surgery at an earlier age, done at the discretion of the medical practitioner and parents (Rainbow Health Ontario, RHO fact sheet).

Medical Transition

To medically transition is to alter the physical body, either through hormone therapy or various surgery options, to bring the body into congruence with a person's gender identity. The World Professional Association for Transgender Health (WPATH) publishes the Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People, now in its 7th version, published in 2011. This extensive document outlines the options patients have to medically transition, as well as recommended guidelines for care providers during the transitional process. It is important that care providers understand the options available to clients in order for those clients to make well informed decisions about whether or not they wish to pursue body alterations.

Treatment of gender dysphoria should be individualized and based on well-informed consent (WPATH, 2011). Treatment designed to change a person's gender identity and expression to match that of their assigned sex at birth is not considered ethical (WPATH, 2011). While, historically, gender nonconforming people were assessed upon candidacy for sex reassignment surgery, treatment now includes integration of the client's gender identity within psycho-social realms, and as such, may or may not include hormone and/or surgical interventions (WPATH, 2011). It is not ethical to deny these treatments if the client meets the criteria outlined in the Standards of Care, 2011, even under situations if incarceration (WPATH, 2011). The WPATH Standards of Care, 2011, are guidelines to help clinicians effectively treat clients who present with gender dysphoria, and treatment should be tailored according to the client's needs and life circumstances (WPATH, 2011).

In Ontario, the Centre for Addiction and Mental Health (CAMH) in Toronto is the only organization approved by Ontario Health Insurance Plan (OHIP) to refer patients for surgical interventions paid for by OHIP. CAMH's Gender Identity Clinic does comprehensive assessments for children and youth (under 18) (CAMH, Gender identity service) and adult clients (CAMH, Gender identity clinic), in order to determine a diagnosis of gender dysphoria and to explore treatment options. It is recommended that children and youth (under 18) have their assessments at CAMH in order for parents and youth to make informed decisions on treatment.

Because of an increase in demand for CAMH's gender identity clinic services, the waiting time for an appointment is approximately 1 year (CAMCH, FAQ). CAMH advocates for more services to be provided within the community, such as diagnosis of gender dysphoria in adults by competent mental health professionals and initiation of hormone therapy by family doctors or endocrinologists, in order to decrease this wait time and to concentrate on surgery approvals. CAMH will see clients who are unable to access diagnostic or hormone services in their own community.

The diagnosis of gender dysphoria by a competent mental health care provider is recommended in the WPATH Standards of Care, 2011, in order to seek hormone therapy or surgical interventions. It is recognized that gender-variant people are not inherently disordered, but that cultural prejudice and discrimination can lead to minority stress, which can leave gender-variant people vulnerable to mental health concerns (WPATH, 2011). Mental health professionals must assess a client's gender dysphoria, provide information on options for integrating their gender identity and expression, provide information on medical interventions, and assess and discuss treatment for co-existing mental health concerns (WPATH, 2011). In Ontario, a counselor with at least a Master's degree, a psychiatrist, or a psychologist can perform the assessment of gender dysphoria and refer a client for hormone therapy, either by a general practitioner or an endocrinologist. However, in order to receive funding by OHIP for surgical interventions, two psychiatric assessments must be performed by CAMH staff. For surgical options that are paid for out-of-pocket, it is at the discretion of the performing surgeon whether a referral is needed from a mental health care provider. Mental health care professionals can also provide ongoing psychotherapy to the gender-variant client, although this is no longer a requirement for hormone therapy or surgery, in order to adjust to new gender roles and experiences (WPATH, 2011).

Hormone therapy is "the administration of exogenous endocrine agents to induce feminizing or masculinizing changes" (WPATH, 2011). It is medically necessary for some clients to receive hormone therapy and must be individualized based on the clients goals, presence of other medical conditions, and the ratio of risk to benefit, while taking into consideration social and economic issues (WPATH, 2011). In male-to-female patients, hormone therapy can include anti-androgens, estrogen, and progestins, and can illicit such changes as body fat redistribution and decreased muscle mass, softening of the skin, male sexual dysfunction, breast growth, and thinning of body and facial hair (WPATH, 2011). For female-to-male patients, hormone therapy includes testosterone, and can illicit such changes as increased skin oiliness, facial and body hair growth, scalp hair loss, increased muscle mass, body fat redistribution, cessation of menses, clitoral enlargement and vaginal atrophy, and a deepening of the voice (WPATH, 2011). Hormone therapy can carry adverse risks and can be unique for each client, as such the client should be aware of all possible risks in order to make an informed decision on their treatment (WPATH, 2011). The criteria for hormone therapy includes a diagnosis of gender dysphoria, capacity to make informed decisions and full consent, age of majority (18 in Ontario), and co-

existing medical or mental health concerns should be well-controlled (WPATH, 2011).

Sex reassignment surgery (SRS) is medically necessary for some individuals and can be an effective treatment for gender dysphoria (WPATH, 2011). Surgical options for male-to-female clients can include breast augmentation, genital surgeries such as penectomy, orchiectomy, vaginoplasty, clitoroplasty, and vulvoplasty, as well as facial feminization surgeries, liposuction, voice surgery, and/or hair reconstruction (WPATH, 2011). Surgical options for female-to-male clients can include mastectomy and chest contouring, genital surgeries such as hysterectomy, ovariectomy, metoidioplasty, phalloplasty, vaginectomy, and scrotoplasty, as well as voice surgery, liposuction, and pectoral implants (WPATH, 2011). The criteria for surgeries vary with the surgical procedure required by the client and are outlined in detail in the WPATH Standards of Care, 2011. For non-genital surgeries it is no longer required that the client be on hormone therapy, as it is acknowledged that some people do not want hormone therapy, or, where there are contraindications, cannot partake in hormone therapy (WPATH, 2011). For genital surgeries two referrals are required and it is recommended that clients be on hormone therapy for at least 12 months prior to surgery, unless there are contraindications, and have 12 months of living in a gender role which matches their gender identity, also known as the gender role experience (GRE) (WPATH, 2011). For OHIP to pay for genital surgery a client must be referred to CAMH in Toronto (CAMH, Gender identity clinic: Criteria). Provincial and private insurance companies make a distinction between aesthetic surgeries versus reconstructive surgeries, with the former being regarded as not medically necessary and therefore paid for by the client, whereas the latter is considered medically necessary (WPATH, 2011). For example, with male-to-female clients on hormone therapy, breast growth is often seen, therefore breast augmentation is not seen as medically necessary and is not covered by OHIP (Ministry of Health, 2008). On the other hand, a double mastectomy for female-to-male clients is often regarded as medically necessary in order to 'pass' as male and reduce gender dysphoria, therefore it is covered by OHIP, while male chest contouring may not be included (Ministry of Health, 2008).

The treatment of children and adolescents with gender dysphoria can be complex and needs to take into consideration the physical and mental development of the child or adolescent. Studies have shown that gender dysphoria during childhood does not necessarily persist into adulthood, with studies showing a 12-27% persistence rate, whereas persistence into adulthood of gender dysphoria in adolescents seems to be much higher (WPATH, 2011). On the other hand, many adults diagnosed with gender dysphoria do not recall having gender nonconforming behaviors in childhood (WPATH, 2011). Physical interventions for children with gender dysphoria is not recommended before puberty (WPATH, 2011). The prevailing treatment options at the onset of puberty is through the use of puberty suppressing hormones to delay the development of secondary sex characteristics brought on by puberty (WPATH, 2011). Treatment of adolescents with gender dysphoria come under three intervention banners, fully reversible interventions which include puberty suppressing medications, partially reversible interventions which include

feminizing or masculinizing hormone therapy, and irreversible interventions which include surgical options (WPATH, 2011). Criteria for each of these interventions is discussed in detail in the WPATH Standards of Care, 2011, and highlights physical, mental, and social development of the child or adolescent. It is not recommended to refuse medical interventions for adolescents, as this may lead to prolong gender dysphoria and psychiatric distress (WPATH, 2011). Please also refer to the section titled “Families, counselling, and development for children and youth” within this document.

Lifelong primary care by a medical care provider is essential for the continued monitoring of transgender people who undergo medical transition. Removal of gonads and/or long-term hormonal use can increase risk factors in areas such as the cardiovascular system, osteoporosis, and some cancers, and patients should be screened accordingly.

In Ontario, a person is no longer required to have sex reassignment surgery to change their sex designation on their birth certificate or driver’s licence. A declaration by the person requesting the change, with a supporting document by a treating physician or psychologist stating that the sex designation change is warranted, along with any other applicable forms required for processing the request, is now required (Service Ontario, Changing your sex designation, & How do I change). There is no cost to changing the sex designation on a driver’s licence, however, there is a cost to changing a birth certificate, both to make the change and to receive a new certificate.

There are many resources available on the internet pertaining to transgender and gender-variant health care. Organizations such as Rainbow Health Ontario, Vancouver Coastal Health’s Transgender Health Program, and Sherbourne Health Centre offer programming for clients and information and support documents for both clients and service providers, much of which is widely available online. It is highly recommended that care providers understand the guidelines outlined in the WPATH Standards of Care, 2011, and to seek additional resources within national and provincial perspectives, in order to effectively help those clients presenting with gender dysphoria.

Historical Politics

Why is gender variant inclusion and equal access to health care important?

Our society has been created to acknowledge two distinct and separate genders - male and female. Gender-variant people, who do not live within the binary boundaries of gender that are created by society, are marginalized, silenced, and excluded. Historically, the paradigm for medical treatment of gender-variant people has been to ‘fix’ the person’s outward body and presentation to ‘match’ that person’s internal gender identity. This upholds the binary system of having only two prescribed genders and does not give thought to the possibility that gender identity can be expressed as being fluid and not fixed. Gender, and its origin, is a much

debated topic, with theories stemming from biology to sociology, nature versus nurture, and everything in between. Regardless of where we draw lines in the sand, gender-variant people exist and the question becomes, do we include their experiences of gender within our social fabric? Or, do we exclude them, systematically silence them, and hope they go away? A humanitarian ethic dictates that we should treat all people with dignity and respect. We have been falling short on this particular ethic with our exclusion of gender-variant people in Western society. However, as we can see through publications such as this, the conversation has reached the table and changes can be made.

It has been a long struggle, with transgender liberation taking a back seat to the gay liberation movement, which gained real momentum in North America with the Stonewall riots in 1969. In 1996 the Canadian federal government passed an amendment to the Canadian Human Rights Act to include sexual orientation as a prohibited grounds for discrimination (Government of Canada, Canadian heritage). As of 2013, an amendment to the Canadian Human Rights Act to include gender identity and gender expression as prohibited grounds for discrimination, has passed the House of Commons and is in the reading process in the Senate (Parliament of Canada, Private member's bill C-279). In Ontario, we saw the passing of Toby's Law (The Right to be Free from Discrimination and Harassment Because of Gender Identity or Gender Expression) in 2012 (Legislative Assembly of Ontario, Bill 33). These bills have the potential to shift exclusion-based practices, such as physicians no longer being allowed to refuse to provide care to transgender clients, or shelters refusing to house them. The political shifts in Ontario are also being seen with the re-enlisting of Sex Reassignment Surgery by OHIP in 2008 (Ministry of Health, 2008), and allowing people to change their sex designation on their drivers licenses and birth certificates, without undertaking gender reassignment surgery (Service Ontario, Changing your sex designation). These victories are not nationwide; they vary from province to province, and still leave glaring gaps in access to adequate and respectful services within many communities for those living on the margins or outside of the two-gendered system.

A discussion of access to care cannot be without an analysis of the intersectionality of race, class, ability, age, and ethnicity, and how all these factors combine in an individual's life and work in determining self-agency with regard to choice. Gender-variant individuals need respectful care that is not contingent on conforming to rigid, socially acceptable gender presentations or roles, but that allow the fluidity of gender identity and expression to unfold in people's lives. By breaking down the barriers that exclude gender-variant folks we can create a society that has less gender-based discrimination and that is more resilient to meeting people's changing needs.

Please note that due to the history and the changing nature of society understanding gender, there are a number of complex histories that are not included in this document. It is important

to understand context, as well as people's personal experiences. Politics and history are not something that can be easily captured in a couple of paragraphs. If you are interested in learning more about our local history, you can refer to the Grand River Region Rainbow Historical Project (in the resource section) to understand more. Gender variant communities are very diverse, and so are their histories.

Allyship/Advocacy

What does it mean to be a gender-variant ally?

A gender-variant ally is someone who does not personally identify as gender-variant but supports gender-variant people and their right to live authentically in the gender/non-gender they choose. An ally actively works towards inclusion and acceptance of gender-variant people, both in their lives and in society at large, and works towards liberation from the oppression and marginalization gender-variant people experience.

It is important to think of allyship as a transformation in personal thoughts and action, which help to support gender-variant people, make them feel respected and safe to express their gender identity, and challenge gender binary assumptions in our society. To be engaged as an ally is an active process that requires one to constantly challenge themselves and their socialized belief system.

What is an advocate?

Merriam-Webster defines "Advocate" as one who:

- Pleads the cause of another
- Defends or maintains a cause or proposal
- Support or promotes the interests of another

Many gender-variant people have to become fierce self-advocates in order to receive the treatment and care they deserve, which is a fundamental human rights. Allies can also work as advocates by creating atmospheres for social change. They can create space for gender-variant people to be heard, not speak for gender-variant people (unless asked to), and help support gender-variant people in exercising agency over their own gender identity.

Professional advocates, such as those in medicine, law, and social services, can have direct influence and greatly impact inclusivity and social change, for gender-variant people. Some examples include a doctor who openly treats transgender patients, a lawyer prosecuting a human rights violation, or a social worker instituting a transgender inclusion policy.

How to become an ally and advocate with the transgender community (TransWhat?, Allyship)

Become informed – Educate yourself about transgender identities, issues, and experiences by reading books, blogs, websites, etc. Challenge your understanding of gender and the role

gender plays in all of our lives.

Think about what you say – Are you authenticating a person’s gender/non-gender by using their name and correct pronouns? Are you making them comfortable or uncomfortable with the questions you may be asking? Are you using derogatory statements? Are you drawing conclusions about a person based on stereotypes and biases?

Ask – What pronouns does someone use? Is it ok to ask personal questions? Not all gender-variant people want to be educators. Although you may be curious about a person’s history or experiences it is inappropriate to ask personal questions if the relationship does not warrant that knowledge. Be respectful if they don’t want to answer your questions.

Don’t make assumptions – Don’t assume that what you see, think, or read about transgender people applies to all gender-variant people. Don’t assume someone’s biology, history, or experiences based on what you perceive their gender identity to be.

Listen – Listen to the experiences of gender-variant people when they are shared with you. Don’t impose your solutions onto someone’s problems; listen to how they may want you to assist them.

Public Spaces and Gender Policing

Gender segregated spaces are especially problematic for gender-variant people, such as public washrooms or change rooms, and can be the catalyst for oppression, harassment and violence. Gender policing, which is the social “enforcement of normative gender expressions on an individual who is perceived as not adequately performing...[a specific] gender,” (Wikipedia, Gender policing) is especially emphasized in gender segregated spaces. Gender policing is also seen when gender-variant people are critiqued on their gender presentation/non-presentation. This form of harassment devalues a person’s lived experiences as gender-variant and is the stimulus for the violence perpetrated towards gender-variant people.

How to Respectfully Interact with a Gender Variant Individual: A Primer

Firstly, be aware that we all make mistakes! The important thing is that you're making an effort. That's not as common as you'd think and we appreciate that you are! In this complicated issue, intentions really do mean a lot. It is better to ask questions than to assume and be embarrassed or feel awkward from not understanding.

Something to keep in mind is that, in many ways, gender variant people are in hostile territory the majority of the time. There is a very real threat of aggression, if not violence, in many common social situations, such as public washrooms and in any situation involving a person whose appearance or dress does not conform to those expected. This is also true if someone’s

gender openly blurs or crosses the accepted lines of gender norms. It is an everyday experience for many gender-variant people to be misgendered or ungendered by many people – sometimes by accident, but often on purpose. Because of this reality, many gender variant people can be defensive – it's how they survive. *Don't take this defensiveness personally.* In some ways, you may have to prove that you are not just another ignorant person who doesn't want to disrespect them. This can be accomplished in a number of ways, some of which are highlighted below.

First off, if you're unsure of someone's gender identity (how they understand themselves to be gendered) then ask them directly and respectfully which pronoun they feel most comfortable with you using to address them. It is much more comfortable to answer the question “How would you like to be addressed” than it is to correct someone that you aren't a “Sir” or a “Ma'am”. This is generally more comfortable for everyone involved. And it shows that you're open and respectful.

If you make a mistake in your use of pronouns, it is vitally important to correct yourself immediately afterwards. This shows simple respect. It's understandable that everyone makes mistakes. But when someone cares about having made a mistake, they correct themselves and apologize. As an analogy: if your client Sandy looks like someone you know named Tracy, you may accidentally call her Tracy. But when you do, common courtesy is to catch the mistake and correct yourself – with a light apology to Sandy. In the same way, someone may have physical characteristics that you have been taught to associate with a certain gender. This may cause you to slip in your use of pronouns. That's understandable. The important thing is, if pronoun mistakes are handled the same way as accidentally using the wrong name, it shows the same common courtesy to the individual. It makes it clear to others within hearing that you recognize that individual in their gender identity and makes it more likely that they will also take that person's gender identity seriously. It is also important to apologize, then move on. Focusing on the mistake can trip you up in your language and make the situation feel more uncomfortable for everyone.

In all cases, if you are not sure about someone's gender, ask them. For gender-variant identified people, answering a respectfully worded question is much more comfortable than having to correct someone. Remember, the common experience is assumptions and ignorance. Your respectful question is a welcome change from that common, negative experience.

One note about questions: It is never appropriate to expect your client to educate you about being gender variant, or to ask questions about their personal life, their body or anything else that is outside the services that you are providing to them. It is important to remember that there is often a burden of education placed on gender variant individuals which isn't expected of people who are not gender variant. If you have questions about the experience of being gender variant, there is the Gender Variant Working Group or other online resources available, as noted at the

end of this document.

How to be a More Inclusive Business/Organization

Being inclusive to transgender identified people is much more than just learning inclusive language. In order to be truly inclusive, there are a number of things that need to be thought about, planned for and acted upon. The following is a list of some of the ways in which an organization can be more inclusive:

- Include the transgender community in strategic planning
- Have (or create) inclusive washrooms in your place of business
- Participate in community events that are inclusive of the transgender community
- Have ongoing education and training for all staff and volunteers
- Actively promoting your allyship and the advantages of being an ally
- Policies, procedures and practices that specifically address the inclusion of the transgender community
- Recruiting and hiring transgender identified people in your business or organization
- Working with other businesses and organizations that promote transgender inclusion
- Ongoing advocacy and education for your business or organization about transgender identities
- Having a presence at Pride to inform the larger Rainbow Community you are inclusive to the transgender community
- Use visibly inclusive signage in your workplace, as well as on your website and in promotional materials
- Get involved with the community by volunteering and working with transgender people and on transgender issues

Making a commitment to being a more inclusive business or organization requires work at a strategic and practical level that impacts your business or organization in many ways. To learn more about how to do this work, contact some of the local professionals that are listed to assist you with this.

Please note: To obtain a copy of local professionals that can assist you in further understanding gender, please contact the gender variant working group as noted at the beginning of this document.

Resource list

Gender 101:

<http://www.thegenderbook.com/#/the-book/4553374748>. – The Gender Book

<http://www.thegenderbook.com/#/the-booklet/4561649703> – The Gender Booklet

<http://www.loribgirshick.com/gender-work.html> - Gender Spectrums and terminology

<https://genderspectrum.org/understanding-gender> - Understanding Gender
<http://qwww.transstudent.org/graphics> - Infographics, Gender Education

Glossaries:

<http://www.tsroadmap.com/start/tgterms.html> - Glossary of Terms and Videos
http://www.fenwayhealth.org/site/DocServer/Handout_7C_Glossary_of_Gender_and_Transgender_Terms_fi.pdf?docID=7081.- Excellent Glossary of Terms

Questioning:

<http://www.pflagcanada.ca/pdfs/questioning.pdf> - PFLAG
http://www.twenty10.org.au/s/media/resources/gender_questioning.pdf - Questioning Presentation
<http://www.genderbridge.org/index.php/get-information/guide> - Questioning Gender Stages for Support

Pronouns:

<http://www.aetherlumina.com/gnp/> - All About Gender Neutral Pronouns
<http://motivatedgrammar.wordpress.com/2009/09/10/singular-they-and-the-many-reasons-why-its-correct/>
<http://grammar.quickanddirtytips.com/he-they-generic-personal-pronoun.aspx>

Gender blogs:

<http://genderfork.com/> - Blog
<http://www.tumblr.com/tagged/trans-ally> - Trans Ally
<http://transenoughblog.tumblr.com/> - Trans Enough

Ontario Research:

<http://transpulseproject.ca/> - Trans research - About Trans Ontarians

Medical Standards of Care:

World Professional Association for Transgender Health (WPATH) – Standards of Care V7, 2011. (International). <http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>

Guidelines and Protocols for Comprehensive Primary Health Care for Trans Clients - Sherbourne Health Centre, 2009. (Canadian). <http://www.sherbourne.on.ca/PDFs/Trans-Protocols.pdf>

Support in Waterloo-Wellington Ontario:

<http://www.inclusive-cct.ca/> - Inclusive Counselling, Consulting & Training – For HRT letters, medical advocacy, gender therapy and more.

www.kwcounselling.com – Major counselling agency that works with trans adults
<http://ok2bme.ca/about> - OK2BME services for youth
http://www.acckwa.com/en/?page_id=85 - ACCKWA - AIDS Committee of Cambridge, Kitchener and Waterloo Area
<http://www.torchlight.ca/> - Torchlight Gender Support
<https://sites.google.com/site/transgenderkw/> - Kitchener Transgender Resource Website
<http://www.feds.ca/glow/> - GLOW Centre for Sexual and Gender Diversity @ University of Waterloo
<http://waterloo.mylaurier.ca/rainbow/info/home.htm;jsessionid=CE565BAA93E1466FB8759968127611DD> – Rainbow Centre at Wilfrid Laurier University
<http://grrh.cjclearline.com/> - Grand River Rainbow Historical Project
<http://www.uoguelph.ca/~wrc/GRCGED/GRCGED.html> - Guelph Resource Centre for Gender Empowerment and Diversity
<https://www.startonline.ca/oweeek2012/guelph-queer-equality> - Guelph Queer Equality @ University of Guelph
<http://www.outontheshelf.ca/> - Out on the Shelf in Guelph
<http://www.qlinks.ca/> - Qlinks in Guelph
<http://www.uoguelph.ca/~outline/> - Outline Crisis Telephone Service in Guelph

For a more comprehensive list of resources, visit the following website link: http://inclusive-cct.nfshost.com/Trans_Resources_2013.html.

Glossary of Terms

This list is a selection of gender terminology that is most often used in transgender/gender-variant communities. Please note that this list is not exhaustive and the terminology can change regionally and/or depending on who is using it. For more in-depth information please refer to the references listed above.

Agender – Describes an identity label used by people who do not identify with or conform to western social norms of gender in society; also known as gender-neutral (Nonbinary.org, Agender).

Ally – A cissexual person who believes in and works towards transgender equality, equity, and acceptance. They can be advocates for positive change with the transgender community, stand up against transphobia, and can help educate those who are unfamiliar with gender diversity (Gender Equity Resource Center, LGBT resources).

Androgyny – Having a gender expression/presentation that is not clearly identified by other people as being female or male (TransWhat?, Glossary of terms).

Bigender – People who identify as having both female and male, (or feminine and masculine), traits or qualities (Fenway Health, 2010).

Cisgender/Cissexual – Refers to people whose biological sex matches their assigned gender role in society (i.e. male = boy, and female = girl) (Fenway Health, 2010).

Cissexism – The belief that transgender identities are inferior to cisgender identities and often leads to transphobia (Serano, 2007).

Cross-dressing – Wearing clothing that is socially attributed to be worn by the opposite sex. People who cross-dress may or may not identify with diverse gender identities (TransWhat?, Glossary of terms).

Gender Assignment – The gender often assigned at birth based on external genital recognition and recorded on the birth certificate. Gender socialization in childhood often follows the assigned gender (Bornstein, 1994).

Gender Attribution – The perception of someone's gender by other people in society based on physical and behavioral cues, otherwise known as a person's gender expression and presentation. A person's gender attribution often dictates ways in which they are treated by others in varying situations (Bornstein, 1994).

Gender Binary – The classification of people into one of only two sexes/genders, female or male, and the expectation/assumption that every person falls into only one of these categories (TransWhat?, Glossary of terms).

Gender Dysphoria – Distress, anxiety, and/or depression that is often felt with the discrepancy between one's gender identity and one's sex assigned at birth and subsequent gender socialization (WPATH, 2011).

Gender expression/gender presentation – The way a person communicates their gender to the world externally through their appearance.

Gender Identity – A person's internalized sense of self as being male, female, or transgender/gender-variant (WPATH, 2011).

Gender non-conforming – A term used to describe people who do not identify within binary gender categories (Rainbow Health Ontario, RHO fact sheet).

Gender role - A set of cultural, social, and behavioral norms that indicate a person's gender

within the binary gender system (male or female). It is assumed that one's gender role matches their assigned gender at birth, however, this is not necessarily the case for gender-variant people (Fenway Health, 2010).

Gender Role Experience (GRE) – A period of time in which a transgender person must live full-time in the preferred gender in order to access some surgical medical procedures CAMH, Gender identity clinic: Winter 2012 updates).

Gender-creative/gender-independent – A newer and more positive term used to describe children and youth whose gender is diverse, variant, or nonconforming to typical social gender norms (Rainbow Health Ontario, RHO fact sheet).

Gender-diverse/gender-variant – Describes a spectrum of gender identities that spans the entire transgender umbrella, between the notions of strictly male or female within the binary gender system (Gender Identity Research and Education Society, 2008).

Genderqueer - Refers to people who identify outside the strict binary notion of gender as male or female. Also referred to as gender-fluid (Fenway Health, 2010).

Intersex – Describes a person whose biological sex is ambiguous. There are many genetic, hormonal or anatomical variations that make a person's sex ambiguous. This term replaces the pathological and offensive term "hermaphrodite".

Rainbow Community – A newer term used to describe the lesbian, gay, bisexual, transgender, queer, and questioning community. This term is considered regional, and is more accessible language than using the acronym LGBT+.

Sex Reassignment Surgery (SRS) – The list of surgeries which can be undertaken to alter sex characteristics to affirm a person's gender identity and to shift gender attribution in social roles; also known as gender reassignment surgery or gender affirmation surgery (WPATH, 2011).

Transgender/Trans* – An umbrella term used by people whose gender identity and/or gender expression differs from the biological sex they were assigned at birth. The term may include but is not limited to: transsexuals, some cross-dressers and other gender-variant people. Transgender people may identify as female-to-male (FTM), male-to-female (MTF), and/or use the terms "male" or "female" to identify themselves. Others may identify as gender-fluid or agender. The asterisk (Trans*) is symbolic of the diverse range of identities transgender people may identify with within the gender spectrum. Transgender people may or may not decide to alter their bodies hormonally and/or surgically. Their identity often reflects their

social, political and/or personal values about their gender identity in relation to the gender spectrum (Fenway Health, 2010).

Transition – The social and/or physical changes that take place over time in order to live a preferred gender identity (WPATH, 2011).

Transphobia – Describes negative attitudes, feelings and beliefs that are discriminatory, prejudice and/or not inclusive of gender-variant people. It can involve harassment, prejudicial treatment, intolerance, and can be displayed through words, actions, feelings of fear or disgust, hatred and/or violence (Gender Equity Resource Center, LGBT resources). Internalized Transphobia is a negative sense of self due to the discrimination that transgender identified people experience in a society that only promotes binary gender (Wikipedia, Transphobia).

Transsexual – A person who identifies psychologically/emotionally as a gender other than the one they were biologically assigned at birth. Transsexuals may wish, or have, transformed their bodies hormonally and/or surgically to match their inner sense of gender. Historically it's been a term utilized by the medical establishment for those who are pursuing/had sex reassignment surgery. This is a term that some people still find challenging because it is misperceived as referring to sexual behaviour, when it is actually referring to biological sex (Fenway Health, 2010).

Two-Spirit - An Aboriginal person who is attracted to the same sex, or both sexes, and/or is transgendered or intersexual, and/or someone who possesses sacred gifts of the female/male spirit which exists in harmony in the one person. Most Aboriginal cultures in North and South America have special status or roles, or understood gender crossing roles ceremonies to acknowledge his/her special identity and special relationship with the Spirit (O'Brien-Teengs, 2008).

References

Bauer, G., Anjali K, J. Pyne, N. Redman, K. Scanlon, & R. Travers. (2012). *Improving the health of trans communities: Findings from the Trans PULSE Project*. Rainbow Health Ontario Conference, Plenary Presentation. Ottawa, Ontario, Canada. Retrieved from Trans PULSE website and available online at: <http://transpulseproject.ca/research-type/presentation/>

Best Start Resource Centre. (2012). *Welcoming and celebrating sexual orientation and gender diversity in families: From preconception to preschool*. Toronto, Ontario, Canada.

Bornstein, K. (1994). *Gender Outlaw: On Men, Women, and the Rest of Us*. Routledge, London, UK.

Bockting, W.O., M. H. Miner, R. E. Romine, A. Hamilton, & E. Coleman (2013). *Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population*. American Journal of Public Health, v103 (5).

CAMH (Centre for Addiction and Mental Health). (2013). *FAQ about surgery approvals with the gender identity clinic (GIC) at CAMH*. Available at: http://www.camh.ca/en/hospital/care_program_and_services/CATS_centralized_assessment_triage_and_support/Documents/FAQ_GIC_surgery.pdf

CAMH (Centre for Addiction and Mental Health). *Gender identity clinic*. Retrieved July, 2013, from http://www.camh.ca/en/hospital/care_program_and_services/hospital_services/Pages/gid_guide_to_camh.aspx

CAMH (Centre for Addiction and Mental Health). *Gender identity clinic: Criteria for those seeking hormones and/or surgery*. Retrieved July, 2013, from http://www.camh.ca/en/hospital/care_program_and_services/hospital_services/Pages/gid_criteria_hormone_surgery.aspx

CAMH (Centre for Addiction and Mental Health). *Gender identity clinic: Winter 2012 updates*. Retrieved July, 2013, from http://www.camh.ca/en/hospital/care_program_and_services/hospital_services/Pages/gid_winter2012.aspx

CAMH (Centre for Addiction and Mental Health). *Gender identity service*. Retrieved July, 2013, from http://www.camh.ca/en/hospital/care_program_and_services/child_youth_and_family_program/Pages/guide_gender_identitycyf.aspx

Centre for Community Based Research. *Enhancing capacity for trauma services in Region of Waterloo*. Retrieved January, 2014, from <http://www.communitybasedresearch.ca/Project/view/id/1499.html>

Fenway Health. (2010). *Glossary of gender and transgender terms*.

Gender Equity Resource Center. *LGBT resources: Definition of terms*. UC Berkeley. Retrieved January, 2014, from http://geneq.berkeley.edu/lgbt_resources_definition_of_terms

Gender Identity Research and Education Society. (2008). *Definition & synopsis of the etiology of gender variance*. Ashted, Surrey, England.

Government of Canada. *Canadian heritage: Sexual orientation and human rights*. Retrieved June, 2013, from <http://www.pch.gc.ca/eng/1355925591901/1355925767915>

Hepp, U, B. Kraemer, U. Schnyder, N. Miller, & A. Delsignore (2005). *Psychiatric comorbidity in gender identity disorder*. *Journal of Psychosomatic Research*, v 58 (3), p. 259-261.

Legislative Assembly of Ontario. *Bill 33, Toby's act (right to be free from discrimination and harassment because of gender identity or gender expression), 2012*. Retrieved June, 2013, from http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2574&detailPage=bills_detail_status

Longman Marcillin, R, A. Scheim, G. Bauer & N. Redman. (2013). *Experiences of Transphobia among Trans Ontarians*. *Trans PULSE E-bulliten*, V2, (1), p. 1.

Ministry of Health and Long-Term Care Processing Sites. (2008). *Bulletin 4480: Subject: Relisting of sex reassignment surgery under OHIP*.

Nonbinary.org. *Agender*. Retrieved January, 2014, from <http://nonbinary.org/wiki/Agender>

O'Brien-Teengs, D. (2008). *Two spirit women 2nd Ed*. 2-Spirited People of the 1st Nations. Toronto, Ontario, Canada.

Ontario Human Rights Commission. *Gender identity and gender expression*. Retrieved June, 2013, from http://www.ohrc.on.ca/en/code_grounds/gender_identity

Parliament of Canada. *Private member's bill: C-279 An act to amend the Canadian human rights act and the criminal code (gender identity)*. Retrieved June, 2013, from <http://www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&Bill=C279&Parl=41&Ses=1>

Rainbow Health Ontario. (n.d.). *RHO fact sheet: Supporting gender independent children and their families*. Retrieved January, 2014, from http://www.rainbowhealthontario.ca/admin/contentEngine/contentDocuments/Gender_Independent_Children_final.pdf

Rainbow Health Ontario. *Training and education*. Retrieved January, 2014, from <http://www.rainbowhealthontario.ca/training/RHOtraining.cfm>

- Rainbow Health Ontario. *Trans health connection*. Retrieved January, 2014, from <http://www.rainbowhealthontario.ca/transhealthconnection/home.cfm>
- Raj, R., & Schwartz, C. (In press). *A collaborative preparedness and informed consent model: Guidelines to assess trans candidates for readiness for hormone therapy and supportive counselling throughout the gender transitioning process*. (revised October 31, 2013).
- Rathus, S.A., Nevid, J.S., Fichner-Rathus, L. & Herold, E.S. (2010). *Human sexuality in a world of diversity*. Toronto, Ontario: Pearson Education Canada.
- Roch, A, Ritchie, G & J. Morton (2010). Out of Sight Out of Mind? *Transgender People's Domestic Abuse*. LGBT Youth Scotland and the Equality Network, Leith, Edinburgh. Available online at: www.scottishtrans.org/wp-content/uploads/.../trans_domestic_abuse.pdf.
- Serano, J. (2007). *Whipping girl: A transsexual woman on sexism and the scapegoating of femininity*. Berkeley: Seal Press.
- Service Ontario. *Changing your sex designation on your birth registration and birth certificate*. Retrieved June, 2013, from <http://www.ontario.ca/government/changing-your-sex-designation-your-birth-registration-and-birth-certificate>
- Service Ontario. *How do I change the sex designation on my driver's license?* Retrieved June, 2013, from <http://www.ontario.ca/government/how-do-i-change-sex-designation-my-drivers-licence>
- Shelton, M. (2013). *A most stigmatized population*. November/December Issue. Available online at : <http://www.addictionpro.com/article/most-stigmatized-population>.
- Sherbourne Health Centre. (2009). *Guidelines and protocols for comprehensive primary health care for trans clients*. Toronto, Ontario, Canada. Available at: www.sherbourne.on.ca/PDFs/Trans-Protocols.pdf
- Trans PULSE. *About us*. Retrieved January, 2014, from <http://transpulseproject.ca/about-us/>
- Trans PULSE. *Project history*. Retrieved January, 2014, from <http://transpulseproject.ca/about-us/project-history/>
- Trans PULSE. *Research and study results*. Retrieved January, 2014, from <http://transpulseproject.ca/research/>.
- TransWhat? A guide towards allyship. *Allyship: First steps*. Retrieved May, 2013, from

<http://transwhat.org/allyship/>

TransWhat? A Guide Towards Allyship. *Glossary of Terms*. Retrieved May, 2013, from <http://transwhat.org/glossary/>

Wikipedia. *Gender policing*. Retrieved May, 2013, from http://en.wikipedia.org/wiki/Gender_policing

Wikipedia. *Transphobia*. Retrieved January, 2014, from <http://en.wikipedia.org/wiki/Transphobia>

WPATH (World Professional Association for Transgender Health). (2011). *Standards of care for the health of transsexual, transgender and gender non-conforming people, Version 7*. *International Journal of Transgenderism*, 13:165-232, 2011.

WPATH (World Professional Association for Transgender Health). *History: Harry Benjamin*. Retrieved January, 2014, from http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1347&pk_association_webpage=3903