Supporting Older Trans People

At this point, there is little focus on trans seniors within the context of trans health and wellbeing, or in the context of seniors’ health more generally. This plenary will provide an overview of the research findings in relation to the health and well-being of trans seniors, and will also showcase practice-based learnings in both clinical and community work with trans seniors. Some of the topics explored will include transitioning later in life, aging in place, and issues related to residential care.

Learning Objectives:
• To develop a shared understanding of current research relating to trans seniors, including issues to be considered from the perspectives of policy, clinical care, and community supports.
• To foster awareness of approaches to supporting the health and well-being of trans seniors in community and clinical settings, including successes, challenges, and learnings.

Moderator: to be confirmed

Panelists: to be confirmed

10:30 – 11:00 am Break & EXHIBITS

11:00 am – 12:30 pm CONCURRENT SESSIONS

1. LATE BREAKING CONTENT - to be announced

2. Clinical Case Consultation From an Informed Consent Perspective (Workshop)

Presenter:
Françoise Susset, Clinical Psychologist, Couple & Family Therapist, Montréal, Québec

For almost a century, clinicians have functioned as “gatekeepers” for trans individuals seeking transition related services. “Informed consent” has replaced “gatekeeping” as the recommended approach, yet moving away from a “gatekeeper” role is still a struggle for many when it comes to clients who face a greater number of mental health and psychosocial challenges. Beyond a medical definition of “informed consent” that focuses mainly on the physical impact of hormones and surgeries, this case based workshop will focus on what the approach means for mental health providers. In an informed consent perspective, the clinical assessment allows us to identify and address the potential challenges a client may face throughout the transition process and beyond. It allows us to work collaboratively with our clients, helping to remove obstacles that may be standing in the way of their goals. The workshop will encourage participants to reflect on their practice and identify ways to work consistently within an informed consent approach.

3. Supporting Parents; Rural Practice (Oral Presentations)

a) Families in TRANSition

Presenters:
Lindsay Elin, MSW, RSW, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario;
LeeAndra Miller, MA, Registered Psychotherapist, Program Coordinator, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario

One of the most challenging aspects of working with families of transgender youth is working skillfully with caregivers who struggle to accept their child’s gender identity. Parents report feelings of loss, fear and confusion when their child comes out.
In the context of overwhelming emotions a parent may say things out of fear which can register as rejecting and hurtful to their youth and damage the parent-child relationship. Other parents may say very little or nothing at all when their youth comes out, which can also feel unsupportive to a youth who has just risked sharing their deepest truth. Driven by research indicating a high incidence of mental health problems, suicidality and homelessness among transgender youth with low and moderate levels of family support (TransPULSE, 2012), in 2015 Central Toronto Youth Services (CTYS) expanded its LGBTQ program to offer attachment-informed family services. Through parent counselling, psychoeducation, group-work, and family therapy we offer caregivers opportunities to build skills to manage strong emotions, work through their feelings, and learn accurate information about gender identity, transition options, and the impact of transphobia, transmisogyny and micro-aggressions on adolescent mental health. We aim to repair and strengthen family relationships to build safer, more affirming home environments.

In this oral presentation we will present CTYS’s innovative clinical approaches for supporting transgender youth and their families, including: 1) an attachment-informed family therapy model; 2) a group-work model for parents of transgender youth focused on attachment and emotion regulation; and 3) a resource to support caregivers and clinicians working with transgender youth and their parents: the 2nd Edition of the Families in TRANSition Guide.

b) Transforming Connections: An Attachment-Based Group for Caregivers of Trans and Gender Nonconforming Youth

Presenters:
Antonia Dangaltcheva, Doctoral Student, Clinical Psychology, Simon Fraser University, Burnaby, British Columbia;
Marlene Moretti, PhD, Professor, Psychology, Simon Fraser University, Burnaby, British Columbia;
Chris Booth, FRCP, Child & Adolescent Psychiatrist, Clinical Director, Maples Adolescent Treatment Centre, Burnaby, British Columbia

Gender nonconforming and trans youth experience higher rates of bullying and victimization resulting in greater mental health concerns (Grossman & D’Augelli, 2006; Veale, Saewyc, Frohardt-Dourlent, Dobson, Clark & the Canadian Trans Youth Health Survey Research Group, 2015). Parent support is one of the most significant determinants of risk for mental health problems and suicidality in this population (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Simons, Shrager, Clark, Beizer, & Olson, 2013). Interventions that support parents in understanding the challenges that their teens face and increase parental sensitivity are needed to support the well-being of teens and their families (Gray, Carter, & Levitt, 2012). The study examines the acceptance, uptake and caregiver satisfaction of an adapted version of a manualized attachment-based group, Connect (Moretti & Braber, 2013), that addresses the unique challenges and concerns of caregivers of trans and gender nonconforming youth. Participants in the first two pilot groups were 11 caregivers (9 mothers, 2 fathers) of 10 gender nonconforming youth (ages 14 - 18). All parents attended at least 80% of sessions and reported feeling respected, safe, and welcomed in the group. They indicated that learning about attachment was helpful in enhancing their understanding of their teen and their understanding of themselves as parents. Parents also rated the group as helpful in increasing their understanding of their teen’s gender identity and transition. Qualitative themes from clinical interviews completed post intervention included feeling more confident in parenting and being able to empathize with their teen more easily. Feedback from these pilot groups has informed further revisions of the program with the goal of co-creating a culturally adapted, safe, and helpful intervention. A third group will be facilitated in Spring 2017. Challenges experienced in designing the program, leading the group, and implementing the service in the community will be discussed.

c) Creating Accessible, Safe, Quality Transgender Care in Primary Care Settings in Non-Urban BC Communities

Presenters:
Linda Van Pelt, NP, Coordinator, UNBC Family Nurse Practitioner (FNP) Program, Prince George, British Columbia;
Ingrid Cosio, MD, Clinical Faculty, UBC Family Practice Residency Program, Site Lead Faculty, Behavioural Medicine - Residency Program, UBC-Prince George, British Columbia;
Kerry Layton, RPN, Northern Health Authority, Northern Gender Clinic, Prince George, British Columbia

Until 2015, transgender/gender affirming health care was not readily accessible or coordinated in Northern BC. After significant work in planning starting in early 2014, a small group of health care providers came together in partnership with Northern Health and the Prince George Division of Family Practice to create the Northern Trans Care Clinic, within an existing primary health care clinic (PHC) in August of 2015. The team included a family physician that had been caring for a growing number of transgender patients in their private practice over the previous ten years, a family nurse practitioner who had been caring for transgender patients within the PHC clinic, and a mental health clinician interested in providing supports to the transgender population in the North. The team worked with their partners to create a safe and enduring space for transgender clients to receive quality gender affirming health care, and to meet the needs of the increasing number of transgender people requiring access to gender affirming treatments. This presentation outlines the evolution of the Northern Trans Care Clinic in Prince George BC, as well as transgender/gender affirming care within the Northern Health Region of BC. The approaches and lessons learned while striving to create appropriate services in Northern, rural and
remote practice settings will be the discussed. This presentation is of interest to health care providers, health care administrators, community leaders, and transgender advocates interested in developing innovative, quality, affirming transgender care services in their communities, and will address, but will not be limited to, the following questions.

1. What challenges, facilitators and innovations should we be aware of when working towards safe, inclusive, quality transgender services into existing family practices and communities?

2. In rural and remote settings, how do we educate and support health care providers in providing safe, high quality transgender health care, and what are the current supports for providers practicing in non-urban settings in the province?

3. How can health care professionals contribute to the development of community services and supports for the transgender population?

d) Transgender Care in Rural Community

**Presenter:**
*Beth Berlin, NP, College of Registered Nurses of British Columbia, Lakes District, Northern British Columbia*

In small rural communities of Northern BC, such as Burns Lake, with a population of 3,500 in North-Western BC, Nurse Practitioners commonly provide full scope family practice. Patient need dictates service delivery in these contexts. In the last 2 years, 3 transendered patients have accessed Nurse Practitioners to provide medical care for their transition process in this community. Evidence based resources and experts are readily available to support this process. The Vancouver Coastal Health guidelines were very helpful initially. The RACE line was also utilized with the initial patient. For subsequent patients, consultation and support was accessed from NP colleagues and a Physician at the Northern Trans Care Clinic in Prince George. This has been a highly engaging learning experience for the Nurse Practitioners, and patients in the community have been very appreciative of being able to have their health care needs met locally. This presentation will be developed as part of a panel discussion. It will outline the challenges and successes encountered throughout this learning process. It will be relevant to services providers of trans patients, trans patients and advocates, particularly in Rural Communities; and will discuss the following questions: 1) What are the barriers and biases with regard to health care faced by trans people in rural contexts? 2) What resources are available to support rural Primary Health Care Providers with regard to trans health care service provision? 3) What is the role of the Nurse Practitioner in trans health care? Conference Theme: Fostering safety and celebrating inclusion in service provision, systems and sectors: Will focus on trends, innovative models of practice, issues to consider and approaches to fostering safety and inclusion for trans people, whether in clinical settings, in peer support, in program development, and in sectors such as education, housing, newcomer settlement services, research, and health care.

4. ORAL PRESENTATIONS – TITLE TBC

a) Later and End of Life Care Concerns Among Trans Older Adults in Canada

**Presenters:**
*Celeste Pang, PhD Student, Social-Cultural & Medical Anthropology, University of Toronto, Toronto, Ontario; Gloria Gutman, Research Associate & Professor Emerita, Simon Fraser University, Burnaby, British Columbia*

While grassroots and community-based efforts have led to increased awareness of the general need for trans-inclusive healthcare services, in Canada little attention has been given by the practice community to the special needs of trans older adults in late and at the end of life. With noticeable exception (Hebert et al 2012, 2015) the same is true of the research community. Canadian-based research has documented the health challenges and systemic barriers that members of trans communities face (Rotendi et al, 2011; Bauer et al 2014, 2015) and employed an intersectionality framework to analyze the interaction of race/ethnicity and gender-based discrimination (Marcellin et al, 2013). However, the concerns and experiences of older trans adults in late and at end of life have been largely unstudied. In an effort to better understand and spur conversation about aging and later and end of life care within and for the LGBT community, a series of focus groups were conducted in five Canadian cities in 2015-16: Vancouver, Edmonton, Toronto, Montreal and Halifax. In each city separate groups were held with gay men, lesbians, trans persons and persons providing services to these groups. This presentation shares findings from the trans groups. In total, 24 individuals participated (6 men and 18 women). They ranged in age from 55-89. Themes and examples were extracted from coded transcripts of the discussions. The presentation will highlight those that were unique to trans participants. It will also highlight similarities and differences between the experiences and concerns of trans men and trans women older adults.

b) Cancer’s Margins: Biopolitical Implications of Gender Marginalization & Cancer Health & Treatment

**Presenter:**
*Evan Taylor, text to come*

This presentation presents findings from the Cancer’s Margins project (www.lgbtcancer.ca), Canada’s first nationally funded research project which investigates the complex intersections of gender and sexual marginality, experiences of cancer treatment and support, and health literacy issues pertaining to decision-making and knowledge mobility. Cancer’s Margins conducted qualitative interviews with over 130 LGBT2Q cancer patients and members of their support networks and prioritized the generation of a purposefully diverse (age, race, place, language, SES) sample of participants from across Canada. Utilizing genealogical-phenomenological schematization approaches to analyze the interview data, findings presented in this session represent the subsection of trans and gender nonconforming
patient interviews in order to document the intersection of gender and cancer, specifically in relation to trans and gender nonconforming people's experiences of cancer health and care, knowledge mobility & decision-making, and gender embodiment and marginality. Findings in this presentation document the specific functions of gender, and specifically, gender marginality, in the cancer health and care experiences of trans and gender nonconforming people diagnosed and treated for breast and gynecologic cancer. The organization of breast and gynecological cancers as “women’s cancers” has a significant impact on the cancer care and treatment experiences of trans and gender nonconforming people, with participants reporting various forms of service refusal. While cancer health and risk profiles are an integral part of care decision-making for trans and gender nonconforming people and their care providers, gender affirming care options are not concurrently considered by cancer care providers, and participants often reported that they were unable to locate any cancer resources that were specific to trans and gender nonconforming people. The findings presented identify and explore the specific functions of gender and gender marginality in access to cancer health knowledge, and cancer health decision-making. This presentation will be useful to service providers who are working with trans and gender nonconforming patients who have been diagnosed with cancer, as well as professionals who are involved in health policy and program design, and interested community members. The presentation provides research-based, patient-centered evidence that can inform the design of health programs and policies that are both medically competent and culturally safe/r care environments for trans and gender nonconforming patients.

c) If You Build It, They Will Come: The Infirmary Trans Pod to Support Individuals Recovering from Transition-Related Surgery

Presenters:
Melanie Oda, RN, MHSc, Director, Infirmary & Mental Health, Sherbourne Health Centre, Toronto, Ontario;
Stacey Harris, Intake & Admissions RN, Infirmary Program, Sherbourne Health Centre, Toronto, Ontario

Sherbourne Health Centre (SHC) in Toronto provides primary care, counseling and community programs with a focus on serving newcomers, homeless/marginally housed individuals and LGBTQ communities. It also has an Infirmary – the only medical respite program in Canada offering 24/7 nursing care and allied professional support to serve individuals who are homeless/vulnerably housed with an acute medical issue, acute exacerbation of a chronic health condition, recovering post-operatively or undergoing cancer treatment. Our goal is to provide high quality health care and support that is compassionate and client-centred, in an inclusive, trans-positive, welcoming, supportive environment, regardless of social location, income, status, ethnicity, race, sexual orientation or gender identity. The fall of 2015, transgender issues and barriers to accessing health care for transition-related surgeries became a priority issue for the Ontario government. SHC in partnership with the Centre for Addiction and Mental Health and Women’s College Hospital developed a joint submission proposing an integrated model of service delivery to expand access for assessments, surgeries and post-operative support, as well as build provincial capacity to better serve individuals undergoing transition-related treatment and surgery. In March 2016, SHC received government funding to increase the Infirmary’s capacity from 10 – 14 beds. Since April 2016, we have established a 4-bed “trans pod” within our existing Infirmary program. Our catchment is Toronto, however, this new “pod” is designed to offer medical respite and support to anyone provincially, who needs and would benefit from a short-term stay when recovering from a transition-related surgery. This expansion not only increased access to service for trans individuals, it changed the staff, both in numbers, as well as individually and as a team. This presentation will highlight our experiences and learnings throughout our journey to expand and grow with the addition of a “trans pod”.

5. LATE BREAKING CONTENT - to be announced

12:00 – 1:30 pm Lunch (provided) & EXHIBITS

1:30 – 2:30 pm CPATH ANNUAL GENERAL MEETING

1:30 – 2:00 pm POSTER SESSIONS with Authors Present

POSTER SESSIONS
See Descriptions in Separate Section
2:30 – 4:00 pm

**CONCURRENT SESSIONS**

1. What Does Inclusion Look Like for CPATH and How Can We Do It?

**Facilitators:**
Mary Wilson, Member at Large, CPATH Board, Winnipeg, Manitoba;
Melinda Fowler, MD, Member at Large, CPATH Board, Winnipeg, Manitoba;
Adrian Edgar, MD, CCFP, CPATH Board President, Medical Director, Clinic 554, Fredericton, New Brunswick

Addressing the population and geographic diversity of Canada in CPATH’s work is one of the 6 goals explicit in our organization’s mission statement. In addition, all levels of government and members of society have been called to action by the Truth and Reconciliation Commission of Canada in order to improve the health and equity of our Indigenous peoples. To achieve this goal in a meaningful way, we seek to expand our relationships with, and real representation from, many under-represented members in our communities who have failed to include in the past. In recognition of the significant commitment required to build trust, relationship, and solidarity, a new Diversity and Inclusion Committee is being considered. Please join us for a 1.5-hour round-table brainstorming discussion to answer the question, “What does inclusion look like for CPATH and how can we do it?”.

2. Caring for the Family: Models and Possibilities for Parent Support Groups

**(Panel)**

**Moderator:**
Cindy Holmes, PhD, Adjunct Professor, Faculty of Health Sciences, Simon Fraser University, Burnaby, British Columbia

**Panelists:**
Alyx MacAdams, MSW Student, University of Victoria, Victoria, British Columbia;
Kyle Shaughnessy, RSW, Lead for Indigenous and Child, Youth & Family Education, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;
Lindsay Elin, MSW, RSW, Pride and Prejudice (LGBTQ) Program, Central Toronto Youth Services, Toronto, Ontario;
Julie Temple Newhook, PhD, Professional Associate, Janeway Pediatric Research Unit, Faculty of Medicine, Memorial University, St. John’s, Newfoundland;
Laura Sheils, Community Programs Facilitator, Calgary Sexual Health Centre, Calgary, Alberta;
Ashleigh Yule, MA, RPych, Child Psychologist, Doctoral Candidate, Applied Child Psychology, University of Calgary, Calgary, Alberta

Research shows that support from parents, caregivers, and family members is integral to the health and well-being of Two-Spirit, trans, and gender creative children and youth. This panel brings together the experience and knowledge of six panelists, who started and continue to participate in community, peer, and service-based family support models in St. John’s, Toronto, Calgary, Victoria, and in other remote and urban centres across British Columbia. The conversation will be enriched by the unique perspectives of each panelist, including as parents of trans and gender creative children, as trans and Two-Spirit people, as researchers, as service providers, and as community organizers. Through narrative and collaborative conversation, panelists will outline what brings them to this work; the details of how their groups were formed; the models and frameworks that guide them; and the barriers, challenges, and successes they have experienced through this transformative work. Specific topics will include: supporting families in rural and remote areas; Two-Spirit history and context; funding; addressing barriers to making spaces accessible to marginalized (i.e. racialized, disabled, low-income, queer, etc.) families; and balancing how to hold space for emotional processing, resource and information sharing, and education, while supporting families to understand and mitigate the impact of transphobia and transmisogyny on their children.

The purpose of this panel is to demonstrate the diversity of possible support models and to provide knowledge and learning to service providers, families, and/or trans activists wanting to grow parent and family support in their community.

3. Trans Data Collection & Privacy

**(Oral Presentation)**

**a) Improving Trans Health Data: Evaluation of Trans-Inclusive Sex/Gender Measures for Population Surveys**

**Presenter:**
Greta Bauer, PhD, Professor, Department of Epidemiology & Biostatistics, Western University, London, Ontario

Despite evidence of health inequalities, there is usually no option for trans people to identify themselves on large population health surveys. Options used in trans community surveys, such as expansive check-all-that-apply gender identity lists and write-in options that offer maximum flexibility are generally not appropriate for broad population surveys, which require limited questions and a small number of categories for analysis. We present data from a mixed methods evaluation of two English-language trans-inclusive sex/gender survey item sets. Items tested include a two-step set, which consists of items on sex assigned at birth and current gender identity, and a multi-dimensional series, which consists of gender identity and trans status, with additional sex/gender dimensions collected from trans respondents to allow grouping on varying dimensions in analysis. Data were collected via an online survey of 311 participants age 14+ who resided in Canada, and follow-up cognitive interviews with a maximum-diversity subgroup.
of participants (n=79). We found no indicators of confusion on the part of cisgender participants, and agreement between the two measures on gender identity was very high. However, gender identity was a poor proxy for other dimensions of sex or gender among trans participants. Issues that emerged from analysis and may inform measure development or use included dimensions of sex/gender measured, whether non-binary identities were trans, Indigenous traditional identities, proxy- versus self-reporting, change over time, and the inability of a single survey question to provide a valid measure of sex/gender. Based on this evaluation, we recommend a new Multidimensional Sex/Gender Measure for testing that includes three simple items (one asked only of a small sub-group) to assess gender identity and lived gender, with add-in options. We provide considerations for adapting this measure to different contexts.

b) Data Privacy and Trans Research: New Challenges

Presenter:
Greta Bauer, PhD, Professor, Department of Epidemiology & Biostatistics, Western University, London, Ontario

This presentation is for academic and community researchers, for students who will be doing research, and for potential participants in research. I will present a case study based on my experience in 2016 wherein an application was made to the Quebec Superior Court to order me (an expert witness in a case) to produce raw data on trans participants from a research project, despite my clear statement that this was not something I could ethically do. Ethical concerns included the protection of participants’ identities and privacy, maintenance of trust with trans communities, preserving the ability of researchers to engage in future research with both trans and other communities that experience marginalization, and preventing researchers working with communities requiring privacy protections from being bullied off of court cases that may impact those communities. While the court decision was ultimately favourable, this likely depended on many factors, including: 1) clear wording in the letter of consent; 2) clear wording in the Research Ethics Board-approved protocol; 3) clear policy by the research team; 4) consistent non-sharing of data; 5) strong arguments presented by the researcher; 6) strong legal arguments by counsel in the case; 7) the support of university legal counsel; 8) the support of the university research office. While such court challenges are exceedingly uncommon, there was an unfavourable result in one case not involving trans participants (wherein the court ordered the researcher to produce raw data). Thus, it is imperative that researchers become aware of the criteria that affect decisions on whether research communications (data) are “privileged communication”, and thus not subject to disclosure in legal situations. Lessons learned in planning for and conducting research will be discussed.

c) Count Us In, But Don’t Label Us: The State Has No Business in the Undies of the Nation

Presenter:
barbara findlay, QC, Vancouver, British Columbia

This is an important topic for anyone who
- Has forms that ask about a person’s gender
- Maintains records that have a gender field
- Maintains data bases with gender fields
- Relies on identity documents

What if your birth certificate displayed your sexual orientation? Your race? The law is recognizing that it is no more appropriate to collect or display “gender” in connection with individual identity than it would be to do the same with other personal identifiers like sexual orientation or race. Though the state used to need to know which of its citizens were male and which female, in order to be sure who could and couldn’t vote, own property, etc, that reason no longer exists. Collecting gender information intrudes into a person’s privacy, and perpetuates the oppression of trans people. Because of a recent case brought by barbara findlay, the federal government is now reviewing all gendering practices which are connected to a person’s identity. It is of course necessary and acceptable to gather anonymous demographic data. This session will outline the emerging case law and best practices for gender identification.

4. ORAL PRESENTATIONS – TITLE TBC

a) Enhancing Post-sexual Assault Services for Transgender Survivors: An Initial Assessment of Care Provided by Specialized Hospital-based Violence Services in Ontario, Canada

Presenter:
Janice Du Mont, Senior Scientist, Women’s College Research Institute, Women’s College Hospital, Professor, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario

It is essential for service providers at hospital-based violence treatment centres to be knowledgeable of, and sensitive to, the complex and diverse needs of trans-survivors of violence as they may differ from other survivors in body configurations, high levels of poly-victimization, histories of depression and suicide attempts, and receipt of insensitive services. The 2013 US National Protocol for Sexual Assault Medical Forensic Examinations (SAFE) for Adult/Adolescents contains 25 specific recommendations/statements with respect to the appropriate care of trans clients which have been endorsed by the trans focused anti-violence organization FORGE. To date, however, little is known about whether the services, provided by Ontario’s Sexual Assault/Domestic Violence Treatment Centres (SA/DVTC)
b) Fostering Safety in Clinical Contexts: A Critical Examination of Psychology & Consent

Presenter: Jemma Tosh, Doctor of Psychology, Chartered Psychologist, British Psychological Society & Vancouver, Director of Psygentra Consulting Inc., Vancouver, British Columbia

Objective: To generate discussion around the issue of consent and bodily autonomy in clinical contexts. Background: This paper will briefly summarize the complex history of psychological diagnoses regarding gender identity, including a description and critique of the latest diagnosis, gender dysphoria. The main focus of the presentation will be the consideration of experiences of transgender people within clinical settings when accessing (or attempting to access) medical treatments and support. Method: Drawing on critical discursive psychology (Parker, 2013), intersectionality theory (Cole, 2009; Crenshaw, 1991) and an analysis of archival texts, a genealogical analysis will be outlined on constructions of consent and coercion within psychology and how they can impact on the lived experiences of transgender people accessing medical support. Findings: Descriptions of medical treatments indicate that some genital and bodily examinations can be experienced by transgender individuals as unnecessary, exploitative, non-consensual, or abusive. These examinations occur within a broader context where transgender, gender nonconforming, and non-binary individuals can experience high levels of violence and abuse in a wide range of situations (James et al., 2016; Wyss, 2004). Conclusions: I argue that consent should be defined by the subjective experience of the individual being touched, and that priority should be given to ensure that bodily autonomy and consensual bodily touching is paramount within all treatment and medical procedures.

c) Paradoxical Prisoners: Trans Subjects, “Care”, & the Canadian Prison

Presenter: William Hébert, PhD Candidate, Social-cultural Anthropology, University of Toronto, Toronto, Ontario

In Canada, there has been a recent proliferation of initiatives to respond to trans persons’ thwarted life chances in society, projects that gradually extend to their victimization in correctional facilities. Indeed, in a national context where anti-discrimination protections are becoming normative, institutional policies in federal and provincial correctional facilities have started targeting trans prisoners, while legal advocates, NGOs, and activist groups gradually center these persons in their service provision and political projects. This research presentation is based on 20 months of anthropological ethnographic fieldwork undertaken across Canada since 2014, during which I carried out multi-sited participant-observation and conducted interviews and informal conversations with legal professionals, law enforcement officers, NGO workers, activists, and formerly or currently incarcerated trans people. I provide an overview of the rationales and intended effects of the strategies deployed to respond to trans inmates’ over-representation and vulnerability within correctional facilities, and I identify their shortcomings and often harmful unintended consequences. I argue that the ways in which “care” for trans inmates materializes within the prison – as well as through the spaces trans persons navigate before, and after, incarceration – requires them to be ‘virtuous victims’. This is a subject position that is often untenable, not only because trans prisoners are paradoxical figures who straddle the border between “offender” and “victim”, but also because under liberal logics of rights and protections they are first and foremost understood through their gender identity or presentation, occluding how other aspects of their subjectivities are integral to their lives as gendered persons.

d) Towards Inclusion: Integrating Trans Inclusion Policy & Practices Within Sexual Assault Centres – and Beyond

Presenter: Alexa Robin, Trans Inclusion Coordinator, Victoria Sexual Assault Centre, Victoria, British Columbia

Trans, Two-Spirit, and Gender Diverse people experience sexualized violence at extremely elevated and alarming rates – and yet so few people from these communities are comfortable accessing support, services, or counselling. Are there barriers present in current sexual assault centres that prevent trans clients from accessing care, and if so what are they? What may need to change for a sexual assault centre to be truly open, inclusive, and accessible to trans people? For more than four years the Victoria Sexual Assault Centre (VSAC) has taken an active role in the struggle to answer these questions, and to constantly push for more accessible services within our centre.
and within our community. This has been an ongoing and challenging undertaking, necessitating deep learning, growth within the agency, and a great deal of personal reflection from every member of staff. It’s driven us to challenge dominant narratives around sexual assault and sexualized violence, to work to move beyond the (gender) binary, and transformed how we approach access, service delivery, creating safety, and how we address the needs of the diverse communities we serve. Join me as I reflect on our experiences, our mistakes, our progress, and our hopes for the future, as well as on why I feel this is critical work that needs to begin at every sexual assault centre – and indeed at every service provider.

5. Improving Access to, and Delivery of, Surgical Care: Lessons From a Research-Government Partnership (Panel)

Panelists:
Hélène Frohard-Dourlent, PhD, MA, Post-Doctoral Fellow,
School of Nursing & Faculty of Education, University of British Columbia, Vancouver, British Columbia;
Elizabeth Saewyc, Professor, Nursing & Adolescent Medicine,
University of British Columbia, Vancouver, British Columbia;
Lorraine Grieves, Provincial Program Director, Trans Care BC,
Provincial Health Services Authority, Vancouver, British Columbia;
Nina Usherwood, Member, Trans Care BC Peer Reference Group, Comox Valley, British Columbia

This panel proposes to describe a research collaboration between the Stigma and Resilience Among Vulnerable Youth Research Centre (SARAVYC), located at the School of Nursing at The University of British Columbia, and Trans Care BC, a program of the BC Provincial Health Services Authority. This collaboration has led to two research projects designed to evaluate client experiences of gender-affirming surgical care, with special attention to access and delivery of this care: a large-scale anonymous online survey that has gathered over 200 responses as well as 35 in-depth interviews. In this panel, representatives from SARAVYC, Trans Care BC, and the peer reference group convened to provide guidance to Trans Care BC, will speak to their experience of working together with the goal of creating evidence-based practices in gender-affirming health care, including the motivation for such research-government partnerships. Speakers will introduce the specifics of each research project, including the development of research tools, the process of multi-modal data generation, and the role of a peer reference group and team members with lived experience. We will also discuss how some of the preliminary findings from this research are being used to inform institutional practices and advocate for improvements in the access and delivery of gender-affirming care in the province. At the end of the panel, time will be dedicated to questions and answers from the audience to expand the conversation of how health care practitioners and research can work together to ensure the development of evidence-based practices for improving access to, and delivery of, gender-affirming care.

4:00 – 4:15 pm Break & EXHIBITS

4:15 – 5:45 pm

CONCURRENT SESSIONS

1. Newcomers & Ethnocultural Minorities; Safety & Belonging (Oral Presentations)

a) I Belong Project for LGBTQ Newcomers: Today & Tomorrow of a Community Based LGBTQ Refugee Trauma Focused Project

Presenters:
Zarghoona Wakil, Manager, MOSAIC Settlement and Integration Program, Vancouver, British Columbia;
Faroq Al-Sajee, Youth Worker, MOSAIC Wrap Around Program, Vancouver, British Columbia

I Belong was launched in 2014 as a pilot project with funding from the federal government. With a vision to support LGBTQ newcomers to fully integrate in Canadian society, the pilot project focused on understanding the unique needs of LGBTQ newcomers, increasing awareness and building capacity among immigrant-settlement organizations to better serve the LGBTQ newcomer community. As the project evolved over the years, I Belong has implemented several direct service activities to address the significant service gaps and unique needs of LGBTQ newcomers. Currently, I Belong is focusing on building social connection, breaking isolation and supporting mental wellness of LGBTQ newcomers by providing clinical counselling sessions, peer support group, mentorship and other relevant settlement support. Transgender rights are new territory and may feel overwhelming, if not intimidating. They can particularly face problems when trying to access gender-specific shelters, and may also experience discrimination in finding employment. What’s more, these issues occur in addition to experiences of racism, xenophobia, classism, or language and cultural barriers that newcomers may face after arriving in Vancouver. I Belong conducted interviews during its project development phase to learn about unique experiences of transgender newcomers; I Belong strives to be a safe space for transgender newcomers, to advocate for clients’ rights and to raise awareness within the organization. One of the most important parts of being an ally to transgender people is learning what it means to be transgender.
b) Trans Migration

**Presenter:**
Kusha Dadui, Trans Program Coordinator, Sherbourne Health Centre, Toronto, Ontario

This is a presentation to describe the barriers that the trans community faces as migrants and refugees. From personal experiences of clients with the service providers and organizations I have researched and presented around these barriers and how they impact the overall health of this community. I have sat in refugee hearings with trans refugees who have had to explain what trans means and explain their gender identity and bodies many times. This is not acceptable and one of the main reasons is because of issues around ID documents and the difficulty of getting these document from governments even if it's legal. Many times the presentation of the person and the gender identity does not match and that creates many problems, even incarceration at borders. Access to health care, shelters and essential needs can also be very difficult for trans refugees and non-status trans identified people. Many times the immigration officers at the border have no or very little knowledge about trans identity are the first people that trans refugees come out to as trans to claim refuge. The goal of this presentation is to have service providers think differently around provision of service and their role particularly as a part of the system that is oppressive.

c) Stories & Photos From “The Trans, Two-Spirit & Gender Nonconforming Community Safety and Well-Being Photovoice Project”

**Presenters:**
Cindy Holmes, PhD, Adjunct Professor, Faculty of Health Sciences, Simon Fraser University & Coordinator, Photovoice Project, Vancouver, British Columbia; Cherese Reemaul, Co-Researcher, Photovoice Project, Vancouver, British Columbia; Velvet Steele, Co-Researcher, Photovoice Project, Vancouver, British Columbia; Stephan de Villier, Co-Researcher, Photovoice Project, Vancouver, British Columbia; Abby Hipolito, Co-Researcher, Photovoice Project, Vancouver, British Columbia

We will share stories and photos from a community-based participatory research project about safety, belonging, well-being and place in the lives of trans, Two-Spirit and gender nonconforming people in Vancouver BC. The study used Photovoice, which combines photography, storytelling and social action. It has been guided by a commitment to undertake meaningful and accountable research that respects the lived experiences of trans, Two-Spirit and gender nonconforming people, celebrates their resilience, and focuses on strategies for social action. Our presentation will include sharing a small selection of photos and stories from our diverse co-researcher team.

d) Unique Issues and Challenges in Working With Chinese Canadian Families With Transgender Children and Youth

**Presenters:**
Wallace Wong, Registered Clinical Psychologist, Vancouver, British Columbia; Nena Wang, PhD, Clinical Psychology Graduate Student, Simon Fraser University, Burnaby, British Columbia; Sulin Tan, PsyD, Clinical Psychology Graduate Student, Adler University, Surrey, British Columbia

There are many issues that are unique to ethnic minority families who have a transgender child. In this presentation, we will focus on the experiences and challenges of Chinese families who are living in Canada and have a transgender child or youth. We will discuss themes that are present in the literature as well as seen from our clinical experience. One main theme will examine differences in parent perspectives and acceptance of their transgender children based on parents’ level of acculturation with Western society and their status as first- or second-generation immigrants. A second main theme will examine the importance of the role of individualistic versus collectivistic world views in working with these families and children, and the impact of the one-child policy. Lastly, we will provide concrete strategies for clinicians to develop more culturally sensitive skills and improve care when working with this unique population.

2. Surgeries and Surgical Processes at the Montreal Clinic (Oral Presentations)

a) The Preoperative Process & the Importance of Multidisciplinary Work: Everything Starts at the Very Beginning!

**Presenter:**
Anne Dubé, Clinical Nurse, Trans Care Director, GRS Montréal, Montréal,

This presentation consists of a detailed description of the preoperative process at GRS Montréal in order to provide a better understanding of the information required by the surgical team. This detailed information will provide a better understanding to all stakeholders involved in the various aspects of the client’s experience in gender affirmation surgery process. It will also offer a close look at the rationale for the processes involved, and how they help ensure an overall safe surgical experience. Cases will be used to help professionals be better equipped to support clients in access to surgery, and to understand the beneficial impact of the preparation and involvement of the professionals in the preparation for the surgical experience of their clients.
b) Facial Feminization Surgery

Presenter:
Éric Bensimon, FRCSC, Plastic Surgery, GRS Montréal; President of the Association des spécialistes en chirurgie Plastique et Esthétique du Québec and of the Canadian Society of Aesthetic Plastic Surgery, Montréal, Québec

The presentation will describe our experience with facial feminization surgery in Montreal. The presentation will include a review of surgical technics and clinical results with all the scope of facial procedures used in facial feminization surgery. We will review cranioplasty, rhinoplasty, cheek implants, jaw surgery etc.

c) Types of Phalloplasty: What to Know, How to Choose?

Presenter:
Maud Bélanger, FRCSC, Plastic Surgery, GRS Montréal, Montréal, Québec

This presentation will explain the types of phalloplasty that are done around the world. It will explain in detail, the phalloplasty done by radial forearm flap, dorsal flap, alt flap; and explain how to choose which flap is best for the patient. Explaining the risks that go along with each type of phalloplasty will be discussed.

3. Navigating Legal, Ethical and Clinical Challenges: Youth Consent to Gender Affirming Medical Care (Panel)

Panelists:
Jasreet Badyal, Lawyer, barbara findlay & associates, Vancouver, British Columbia; Lorraine Grieves, MA, RCC, Provincial Program Director, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia; Beth Clark, MM, RCC, PhD Candidate, Interdisciplinary Graduate Studies Program, University of British Columbia, Vancouver, British Columbia; Tina Tsovanis, MSW, RSW, Collaborative Practice Lead, Children, Family and Youth, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia; Tania Culham, MD, CCFP, Three Bridges Community Health Centre, Vancouver Coastal Health, Vancouver, British Columbia

This session reviews the complex issue of how the law in BC deals with consent by youth to health care from three perspectives: Legal, clinical ethics and practice-based. The governing statute in BC is the Infants Act which provides that a child can consent to care, without their parents’ agreement, provided that they understand the nature of the care and the potential adverse effects. A groundbreaking BC case recognizes the right of a youth to determine their own care when parents disagree. A lawyer will be on the panel to talk about this case. Ethical issues are frequently raised by clinicians and parents when it comes to trans health care with concerns amplified if parental support for gender affirmation is low or fractured. A 2016-2017 research project investigated the perspectives of youth, parents and trans health care providers in BC exploring decision-making about initiating hormones. Findings related to clinical ethics will be overviewed to inform the discussion. The Infants Act in BC informs the clinical practice of health care providers in BC who routinely work with youth in a range of care areas and, at times, with no parental involvement by using “Mature Minor Consent” as the basis for providing care without parental consent. To help guide discussion, a family physician, social worker and clinical counsellor will present practice examples related to mature minor consent and the Infant’s Act from the fields of substance use, mental health, sexual and reproductive health, and trans care in order to inspire reflection and local application for clinicians across Canada engaged in trans health care and services for youth. Facilitated small group discussion guided by reflective questions will focus on applicability to clinical practice in provinces across Canada and the practice setting of participants in the room.

4. Toward Trans-friendly & Trans-appropriate Nutritional Care: A Workshop to Inform and Guide the Work of Dietitians (Workshop)

Presenters:
Catherine Morley, Associate Professor & Registered Dietician, School of Nutrition and Dietetics, Acadia University, Wolfville, Nova Scotia; Sfé Monster, Comic, Artist, Writer, Co-Founder, Beyond Press, Halifax, Nova Scotia

Nutrition assessment, the process of determining someone’s nutritional status and nutritional requirements involves estimating nutrient needs (e.g. energy, protein, some vitamins and minerals) for ‘males’ and ‘females’. Nutrition counselling incorporates consideration of psychosocial aspects of eating. How, if at all, are these affected by transitioning? As there is no extant literature on nutrition assessment and counselling approaches when working with trans people, these are some of the questions we plan to explore in a workshop to articulate trans-friendly and trans-appropriate approaches to nutritional care. Findings from the workshop will inform much needed guidelines for nutritional care and research projects. Learning objectives: 1) Raise awareness about the limits of standard nutrition assessment approaches and the lack of nutrition counselling guidelines for use when working in trans health 2. Acquire and contribute insights toward making nutrition assessment and counselling trans-friendly and trans-appropriate 3. Contribute to creating a community of people interested in enhancing nutrition services and nutrition care and research for trans people Workshop format: The workshop will have four parts: 1) Catherine will provide a brief overview of how nutrition assessment is typically done, and where attention is needed to make nutritional care trans-friendly and trans-appropriate. Sfé will share how transitioning affected
their experiences of body shape, appetite, the social experience of eating, and eating behaviours. 2) Participants will work in small groups to contribute ideas toward trans-friendly and trans-appropriate nutrition assessment. 3) All groups will share their ideas with the large group and present questions arising. 4) Sum up/large group discussion about next steps.

5. Advocacy & Autonomy: Disability, Chronic Illness and Aging (Workshop)

Presenters:
Marie Carlson, RN, BSN, CRN®, Clinical Instructor, Department of Psychiatry, Faculty of Medicine/Sexual Medicine, University of British Columbia, Vancouver, British Columbia;
Meera Dhebar, RSW, Therapist & Consultant, Clinical Supervisor, Qmunity Counselling Program, Hospice Consultant, Vancouver Coastal Health, Vancouver, British Columbia;
Cory Grandinetti, OTR/L, Occupational Therapist, Seattle, Washington, USA;
Taylor Straw, Community Member, Vancouver, British Columbia

Gender identity, expression and related sexual expression are integral parts of being human and healthy living. However, these important aspects of well-being are often overlooked or avoided when a person is aging, has a disability or chronic illness, needs personal supportive care, or enters a care facility or assisted living residence. Avoidance of these issues by health care professionals, service providers, family or caregivers is common because the issues of gender identity and expression and sexuality are complex, can be value-laden, and encroach on private areas of our lives. When combined with institutional settings, what were private matters must be addressed in less-than-private contexts, multiple values and lack of privacy add to the complexity. Stigma related to age and ableism in our society impacts health care professionals, persons with disability and their friends, family and other allies. These issues intersect with trans care and transphobia and can create added barriers to the ability to seek and access support. Persons who are aging, with disability and chronic illness can often benefit from professional advocacy. Health care professionals and other care providers and educators may benefit from support and education about how to sensitively provide comprehensive care. This workshop will bring together health care professionals, educators, advocates and ally’s of all abilities to explore the challenges of aging, living with a disability as a trans identified person and/or supporting someone in this situation. It will include common issues faced by those requiring assistance in activities of daily living, examples of care situations, resources available to support the ethical, legal and clinical rights of individuals, and interdisciplinary experiences of applied advocacy. The intent is to provide a space and to work to support the resiliency and autonomy of trans individuals who are aging, live with disability or chronic illness.