CPATH 2017 Conference Program

Friday, October 27 / vendredi 27 octobre 2017

All Day
Registration / Inscription

8:30 - 9:00 am
CONFERENCE OPENING
Welcome to the Traditional Territories of the Xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Tsleil-waututh Nations.

Speaker - tbc

9:00 - 10:30 am
PLENARY
(service de traduction simultanée au besoin)
Centering Indigeneity and Decolonizing Gender

Indigenous people who transition socially and/or through medical interventions are resilient, despite facing a range of challenges to achieving optimal health and wellbeing. Challenges stem from intersections of colonization, racism, the general challenges that trans people experience in Canada, and a range of other factors. Topics explored in this plenary will include (re)connection with culture and community, fostering resiliency, and issues to consider in health care and other sectors.

Moderator:
Tuma Young is a traditional Two-Spirited person from the Malagawatch First Nation. Over the last thirty-five years, Tuma has been learning/teaching about the traditional roles of Two-Spirited people in Indigenous communities from elders, peers, activists and traditional folks. He is the co-founder of the Wabanaki Two-Spirit Alliance, a NGO focused on improving the lives of Two-Spirited people in Atlantic Canada. Tuma works as an Assistant Professor of Indigenous Studies at Cape Breton University and in his spare time, loves to take picture of birds with his partner of 23 years, Nicolaas.

Speakers:
Saylesh Wesleyn (Invited) is Stó:lō on her mother’s side (Fraser Valley, southwest BC) and Tsimshian (northwest coast of BC) on her father’s. She has completed both her undergraduate and master’s degrees in Education at UBC. As a two-spirited indigenous educator, she wishes to further contribute to the budding field of Queer Indigenous Theory. Her autobiographical paper, “Twin Spirited Woman: Sts’iy̓gyē Smest’iyexw Sīhā:li” published in Transgender Studies Quarterly, is centered around a Stó:lō worldview regarding her experience as a m2f woman and offers the first Coast Salish voice in this critical field. Her other interests as a transgendered woman include the privileges of ‘beauty’ and ‘passability’, tranny-chasing heterosexual men and objectivity / subjectivity, feminist and transgender intersectionality (male privilege), racism, classism and discrimination within the queer community, and the problematics of the “two-spirit” concept.

8:30 - 9:00 am
OUVERTE
DE LA CONFÉRENCE
French to come

9:00 - 10:30 pm
PLÉNIÈRE
(Simultaneous translation provided)
French to come

10:30 - 11:00 am
Break & EXHIBITS

11:00 am - 12:30 pm
CONCURRENT SESSIONS
1. Walking with Integrity: Safety & Respect in Service Provision to Indigenous Trans/Two-Spirit People and Trans People of Colour (Workshop)

Presenters:
Riel Dupuis-Rossi, MA, MS, RSW, Counsellor, Aboriginal Wellness Program, Vancouver, British Columbia; Jenn Matsui DeRoo, MA, RCC, Private Practice, Vancouver, British Columbia

This will be a hands on workshop geared toward increasing cultural safety and respect in service provision to Indigenous trans and Two-Spirit people and trans people of colour (PoC). The workshop will begin with acknowledging the traditional territory of the Coast Salish and with a circle of introduction in order to respect traditional teaching and protocol (10 min).

Drawing on social justice pedagogy, the presenters will use creative teaching tools and methods to provide participants with a comprehensive orientation to the social context of Indigenous and PoC trans service provision. An interactive timeline of Indigenous trans/Two-Spirit and trans people of colour history will be built as a group (30 min).
Case studies will also be presented and “workshopped” applying cultural safety, anti-oppression, intersectional and ethical lenses to increase participants competency in working with Indigenous trans/two spirit people and trans people of colour (40 min). A closing circle will encourage participants to briefly share the most significant learning of the session (10 min).

This workshop will be delivered with a relational social justice/ anti-oppression orientation and will engage participants in a kind and respectful way that will foster reflection, constructive accountability, learning and skill development on personal and professional levels.

2. Between Asylum and Exile: “Double Punishment” & Precarious Refuge of Trans Migrants in Canada (Workshop)

Presenters:
Sharalyn Jordan, Assistant Professor, Counselling Psychology, Simon Fraser University, Burnaby, British Columbia; Nora Butler-Burke, Doctoral Student, Interdisciplinary Centre for Studies on Society and Culture, Concordia University, Montréal, Québec

Over the past 20 years, researchers and activists alike have highlighted the role of state violence, administrative erasure and criminalization in driving the precarity and social exclusion of trans people. Trans people who (im)migrate to Canada are both propelled and constrained by these forces. Presenting qualitative research informed by front-line work, activism and advocacy, panelists describe how everyday realities of migrant trans people are shaped by the racialized exclusions of the immigration system, criminalization and quotidian threats to safety. Montreal based study “Double Punishment of Trans Migrant Women,” focused on the everyday realities of migrant trans women who sell sex.

Critical readings of legal documents and interviews illuminates how criminal convictions and immigration penalties intersect, resulting in “double punishment” and constraining life chances. Vancouver based study “Precarious Refuge” used narrative and ethnographic strategies to document the daily efforts of trans refugees to build safety and belonging in their new communities.

Both presenters highlight the survival and resistance strategies of trans migrants. Juxtaposing these studies raises critical questions about the Canadian nation state’s use of immigration controls, detention and deportation. At the conclusion of the workshop, the presenters hope to host a conversation about how community organizers, activists, health and service providers might work to resist these forms of violence and advocate for greater safety and belonging of trans migrants.


Panelists:
Ryan Watson, Assistant Professor, Human Development & Family Studies, University of Connecticut, USA;
Jaimie Veale, PhD, Lecturer, Psychology, University of Waikato, New Zealand;
Hélène Frohard-Dourlent, PhD, MA, Post-doctoral Fellow, Sociology, University of British Columbia, Vancouver, British Columbia;
Sabra Katz-Wise, PhD, Assistant Professor, Adolescent/Young Adult Medicine, Boston Children’s Hospital, Department of Pediatrics, Harvard Medical School, Boston, USA

Transgender youth often report poor mental health. There is growing interest in the health and well-being of these youth as demonstrated by the dedication of public discourse to transgender health (as demonstrated by recent laws in BC and federally that include gender identity and expression in human rights code). However, we lack robust data and scholarship regarding experiences, protective factors, and risks for this population. This 90-minute panel brings together four papers that utilized diverse methodologies to explore transgender youth experiences using four different sources of rich data, from two countries, and includes a discussant (Dr. Elizabeth Saewyc) to synthesize all four papers.

Paper 1 used a national dataset of 923 Canadian transgender youth (Canadian Trans Youth Health Survey; CTYHS) surveyed in 2014 and found that different combinations of risk and protective factors (parent, friend, and teacher support) were strongly associated with disordered eating. Paper 2 used data from a 2016 study of 96 family members from 33 families of transgender youth and found high risk of mental health problems among transgender youth, such as clinically significant depression scores, which were associated with perceptions of the quality of communication among family members. Paper 3 used qualitative and quantitative data from the CTYHS to analyze how young people understand and argue for modern definitions of sex, gender, and gender identity. Last, Paper 4 analyzed younger youth in the CTYHS to investigate risk and protective factors related to substance use among transgender young people and found that protective factors lower the risk of cigarette and marijuana smoking, but not binge drinking. Taken together, these four studies investigated not only the disparities transgender youth face, but how the contexts they navigate can be leveraged to improve the lives of a vulnerable – yet resilient – population.
4. Oral Presentations

a) Interpersonal Communication Needs of Transgender People

Presenter:
matt heinz, Professor & Dean, College of Interdisciplinary Studies, Royal Roads University, Victoria, BC

Starting with a data collection at the 2015 CPATH Conference, I have worked with community members British Columbia, Newfoundland, Nova Scotia, Ontario, and Quebec to collect the first Canadian interpersonal communication data set on transgender people. Fifty participants completed three long-standing social-psychological communication survey instruments measuring communication apprehension, willingness to communicate, and social isolation. In addition, they provided open-ended data on their communication experiences in cisgender-transgender communication settings. The quantitative findings were statistically significant and should be relevant to all who provide services to trans people, whether they are educators, health providers, or front line staff. They help identify differences and commonalities in interpersonal communication between cisgender and transgender people; they also offer participant-generated recommendations on improving communication dynamics.

b) Ethical Guidelines for Research Involving Trans People: Launch of a New Resource

Presenters:
Greta Bauer, Professor, Epidemiology & Biostatistics, Western University, London, Ontario;
Aaron Devor, PhD, FSSS, FSTLHE, Chair in Transgender Studies, Founder and Academic Director, The Transgender Archives, Professor, Sociology Department, University of Victoria, Victoria, British Columbia;
matt heinz, Professor & Dean, College of Interdisciplinary Studies, Royal Roads University, Victoria, BC;
Zack Marshall, Lecturer, Renison University College, University of Waterloo, Waterloo, Ontario

With increasing visibility of trans people, the number of research projects involving trans-identified people, whether led by transgender or cisgender researchers, is also increasing. To promote greater research integrity, the CPATH Research Committee developed ethical guidelines for research involving trans people. Guidelines were developed through workshops at CPATH (2015) and WPATH (2016), as well as community and researcher consultations (2017). We present these final guidelines first to the CPATH community. The guidelines will then be made available as recommended practices to researchers and granting councils as well as institutional Research Ethics Boards. The guidelines will also be publicly available through the CPATH website and those of other related organizations. At the same time, the guidelines will be circulated in community and public organizations working with trans people across Canada so that they can make informed decisions about whether or not to participate in particular projects.

c) Investigating the Medicalization of Trans Identity

Presenter:
Kinnon Ross MacKinnon, PhD Candidate, Public Health, University of Toronto, Toronto, Ontario

Background: The theory of medicalization has been used to explain the addition and removal of “homosexuality” from the Diagnostic and Statistical Manual of Mental Disorders. Literature in the domain of trans studies similarly argues that the identities of transgender/transsexual (trans) people are medicalized and pathologized, to the detriment of respectful healthcare for this population. Meanwhile, debates within trans studies and amongst trans communities argue for de-medicalizing trans identities primarily through the obliteration of the psychiatric diagnosis “gender dysphoria”. Scholars, however, have yet to conceptually verify if trans identity meets the conditions necessary to make a claim that medicalization has indeed occurred. Objectives: Scholars’ claims surrounding the medicalization of trans identity will be substantiated using Sadler and colleague’s (2009) three-pronged rubric for identifying when a human experience has undergone medicalization. To this end, trans people’s experiences are explored in the context of clinical encounters with healthcare providers. Methods: A literature review of contemporary and historical trans studies research is used in connection with Sadler et al’s (2009) three-step rubric to conceptually confirm cases of medicalization. The process is comprised of: (1) historically situating trans identity to ensure it is a recent medical development; (2) identifying medical theories and meanings that are voiced by the larger culture and individuals within the trans population; and (3) a discussion of how explanations of trans experiences primarily use medical theory as a rationale. Conclusions: The positioning of trans identity as a diagnosable and treatable medical condition was completed through complex clinical interactions between trans patients, surgeons, sexologists, and other healthcare providers. Using Sadler and colleague’s (2009) rubric, the medicalization of trans identity has been conceptually verified.
d) Providing Culturally Affirming Care for Trans Black, Indigenous and POC Youth

Presenters:
Aimée Beauchamp, School Support Counsellor, Urban Native Youth Association, Vancouver, British Columbia;
Anna White, Camp Director, CampOUT!, University of British Columbia, Vancouver, British Columbia;
Vanessa Bui, Education Director - Out on Screen, Vancouver, British Columbia

Are you curious about barriers experienced by trans BIPOC youth? Is your program or community project struggling to find creative ways to centre the voices of trans youth who are black, Indigenous, or people of color? As a marginalized community, we must work to ensure that the voices and participation of all gender diverse youth are fully represented not only in our client base and physical space, but also in our staff, board, and curriculum. Join us for a brief presentation on the ways that your program can work more effectively towards providing affirming healthcare experiences for BIPOC youth.

5. Speech & Voice (Oral Presentations)

a) Doing Diversity in (vocal) Interaction: Insights From Analysing Interviews With Transmasculine People & Suggestions for Clinical Practice in the Areas of Voice & Communication

Presenter:
David Azul, Certified Speech Pathologist, La Trobe Rural Health School, La Trobe University, Bendigo, Australia

Transmasculine people, assigned female gender at birth but who do not identify with this classification, position themselves and are positioned diversely in terms of major categories of identity (e.g., gender, race, sexual orientation, age, dis/ability) just as is the case for every other person who goes about their everyday life. In clinical voice research with transmasculine people, this diversity tends to be limited to the category of gender and the question of whether or not transmasculine speakers’ voices match the standard of cisgender male speakers’ voices. As a consequence, such research is at risk of unduly simplifying and standardizing how individual transmasculine people would like to present themselves and be seen or heard in interaction. Further, clinical practice that is informed by voice research with such a limited scope might not meet transmasculine clients’ needs. In this paper, I will present some of the results of a qualitative content analysis of interviews with 14 German-speaking transmasculine people, in which they spoke about their voices and their attempts at communicating their multifaceted subjectivities in everyday encounters. Focusing on the participants’ accounts of their gender identity, sexual orientation, age, and perceived voice and communication difficulties, I will demonstrate the diversity and complexity of the processes involved in producing transmasculine subjectivities in (vocal) interaction. In conclusion, I will make a few recommendations for how the scope of clinical practice with transmasculine people in the areas of voice and communication could be expanded to become more inclusive of the variety of aspects of their identity clients would like to be able to communicate to others.

b) Self-perceptions of Vocal Functioning and Voice-related Impact on the Everyday Lives of Trans Women: Clinical Implications

Presenter:
Georgia Dacakis, Adjunct Lecturer, Discipline of Speech Pathology, La Trobe University Melbourne, Australia

Co-Authors:
Jennifer M. Oates and Jacinta M. Douglas, La Trobe University, Melbourne, Australia

Because of the salience of voice in listener perceptions of gender and gender identity, a gender incongruent voice in women assigned male at birth holds the potential for significant negative personal and social consequences. Women in the qualitative studies of Byrne (2007) and Pasricha, Dacakis and Oates (2007) identified a range of these negative voice-related experiences and the importance that they attached to using a gender congruent voice in everyday life situations. The development and psychometric evaluation of the voice self-report measure for trans women, the Transsexual Voice Questionnaire (TVQMf) (Dacakis, Davies, Oates, Douglas and Johnston, 2013) provided further insight into the factors associated with varying degrees of impact on their activity and participation in everyday life. These factors include, but are not limited to, the woman’s perception of the femininity of her voice and her stage of transition. This paper will report on the clinical implications of the findings of Byrne (2007), Pasricha et al. (2007), Dacakis et al, (2013), Dacakis, Oates and Douglas (2016a, 2016b & 2017) for voice assessment, setting voice training goals and monitoring progress in training and outcomes.

c) Ensuring Best Practice in Voice and Communication Training: Improving Quality of Life

Presenter:
Sandy Hirsch, MS, CCC-SLP, Give Voice (private practice), Seattle, Washington, USA

Standards of Care, Version 7. The World Professional Association for Transgender Health promotes the highest standards of health care for individuals through the articulation of Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People… The overall goal of the SOC is to provide clinical guidance for health professionals to assist transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health,
many Indigenous LGBT/Two-Spirit groups have advocated for and spiritual aspects of their health and wellbeing. In response, of holistic services that include the physical, mental, emotional, Nations trans people increasingly demand a full complement social and health programs and policies. This generation of First inclusion of Indigenous trans men and women into First Nation this workshop will review recent developments that address the


3.00 - 3.30 pm Lunch (provided) & EXHIBITS

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

POSTER SESSIONS
See Descriptions in Separate Section

2:00 - 3:30 pm CONCURRENT SESSIONS

1. Agookwe*: Transgender Ojibwe Healers and Warriors (Workshop)

Presenter:

Albert McLeod, Co-director, Two-Spirited People of Manitoba, Winnipeg, Manitoba

This workshop will review recent developments that address the inclusion of Indigenous trans men and women into First Nation social and health programs and policies. This generation of First Nations trans people increasingly demand a full complement of holistic services that include the physical, mental, emotional, and spiritual aspects of their health and wellbeing. In response, many Indigenous LGBT/Two-Spirit groups have advocated for more education, funding and services to address these needs. Historic and contemporary examples of Indigenous trans men and women will be shared with participants to demonstrate the impact of colonization and the challenges being faced today. The Indian Residential School era was a century long period in which the identities and roles of Indigenous transgender people was severely oppressed and suppressed resulting in transphobia in many First Nations today. The presenter will review recent research findings, writings, and art that portrays the resilience and strength of Indigenous trans men and women. Counsellors, psychologists, and therapists are increasingly called on to provide emotional and mental supports to Indigenous transgender people as they transition. Many are parents with children from rural, remote, and on-reserve locations who require intergenerational supports. This workshop will provide time for participants to discuss and recommend how best to deliver this kind of support and service. Participants will increase their knowledge about Indigenous transgender people and their health. Participants will increase their knowledge about the roles, purpose, and destinations that Ojibwe trans people continue to hold within their cultures and communities.

*In the Ojibwe language, Agookwe, means “hidden woman”

2. Doing Our Own Work (Workshop)

Presenter:

Margaret Drewlo, Doctorate, Clinical Psychology, MA, Psychology, Couple and Family Therapy, Vancouver Advanced Transgender Health Clinical Care Team, Vancouver, BC

Trans people seeking services in health care deal with overt and covert bias from professionals offering that care. The effect of our culture is both within and outside our awareness. Accordingly, well intentioned health professionals socialized in transphobic cultures may fall prey to transphobic attitudes and values without being aware of them. For the purposes of this presentation, the term trans will be used to encompass people who self-identify as transgender, transsexual, genderqueer, gender fluid, gender diverse, gender creative, or other self identities. The working definition of transphobia for the purposes of this workshop will be “negative attitudes and feelings directed toward trans people when they express their gender identity”. Oppression in the form of transphobia is implicated in higher rates of depression, anxiety, PTSD and suicidality for trans people. Trans individuals may be reluctant to seek out the services of psychotherapists and other health providers due to past negative experiences with service providers or negative views of trans people portrayed in the academic literature. Consequently, health providers may not be considered trustworthy allies to trans people. This workshop will introduce exercises health professionals can utilize to identify transphobic reactions in themselves, their clients, and supervisees. This process requires courage, self-examination,
and a willingness to challenge the concepts of gender promoted by the dominant culture. Health professionals who examine their own transphobia become more aware of how social constructions of gender harm their clients, themselves and the public at large. Increased awareness and self-work may allow health professionals to become more trustworthy partners in health and wellness. In addition, examining transphobia helps to rebalance the responsibility for oppression; from the client to society. Overall, this will hopefully lead to reductions in depression, anxiety, PTSD and suicidality and increase levels of wellness for trans people.

3. Primary Care Approaches to Caring for Trans Youth (Panel)

Panelists:

Marria Townsend, MD, CCFP, Medical Director of Health, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;
Carys Massarella, MD, FRCP, Lead Physician, Transgender Care Program, Quest Community Health Centre, St. Catharines, Ontario;
Ian Whetter, MD, Primary Care Physician, Klinic Community Health Centre, Winnipeg, Manitoba

Trans youth with supportive individuals in their families, schools, and communities have increased well-being and safety. Primary care providers can support trans youth by providing education, counselling, and assistance with accessing gender affirming medical and surgical care. Caring for youth, however, can present unique challenges depending on the youth’s age, level of independence, level of family support, and the presence of physical or mental health concerns. Because of the potential increase in complexity in caring for trans youth, primary care providers require additional strategies to perform their important role. The aim of this talk is to present and discuss different approaches to providing gender affirming care within a primary care context with the goal of empowering primary care providers to better serve this population. This panel will bring together experienced primary care clinicians from British Columbia, Manitoba, and Ontario with the purpose of sharing their approaches to providing gender affirming care to youth. The conversation will be framed by an overview of the unique needs of youth and the impact of access issues on the health of young people. Presenters will describe their practice settings and the approaches they have taken to increase youth access. They will compare approaches to youth hormone readiness assessment and hormone initiation in the primary care context, and discuss any differences from their approach with adults. Finally, the presenters will address how they handle more challenging scenarios such as lack of parental support and how they make decisions regarding when to refer youth for more specialized care. The talk will conclude with a general discussion and audience questions related to the provision of youth care in the primary care context.

4. Ontario’s Trans Health Expansion: The Journey So Far (Panel)

Presenters:
Devon MacFarlane, MA, Director, Rainbow Health Ontario, Toronto, Ontario;
Brenda Finlayson, Registered Nurse & Social Worker, Gender Identity Clinic, Centre for Addiction and Mental Health, Toronto, Ontario;
Cheryl Woodman, ND, MHSc, CHE, Chief Strategy and Quality Officer, Women’s College Hospital, Toronto, Ontario;
Navi Boparai, Project Manager, Rainbow Health Ontario, Toronto, Ontario

In March 2016, the Ontario Ministry of Health and Long-Term Care changed the Ontario Health Insurance Plan (OHIP) funding criteria for transition-related surgeries to allow “qualified providers” throughout the province to refer clients for surgery in order to reduce wait times and improve healthcare access and services for trans people. Previously, trans people seeking transition related surgeries could only access referrals for OHIP-funded surgeries through Ontario’s Centre for Addiction and Mental Health (CAMH). Limited access, combined with an increased demand in services, resulted in a significant wait list for surgical referral in Ontario. To execute the change in legislation, the government directed Sherbourne Health Centre/Rainbow Health Ontario, CAMH and Women’s College Hospital to partner to support the expansion of health services for trans individuals and communities across the province. This partnership is taking a collaborative systems approach to enhance and improve surgical access, waitlist management, training and education, and includes mechanisms for evaluation. The session will include a panel of representatives from each organization and a community member project participant to outline the work of the partnership progress to date, as well as the challenges and learnings.
5. Oral Presentations

(a) How We Do It: Changing Keys – A Voice and Speech Feminization Program in British Columbia, Canada

Moderator:
Sherri Zelazny, RSLP, CCC-SLP, Transgender Health Information Program, Vancouver, British Columbia

Panelists:
Lorraine Grieves, Provincial Director, TransCare BC, Provincial Health Services Authority, Vancouver, British Columbia;
Shelagh Davies, Speech Language Pathologist, Transgender Health Information Program, Vancouver, British Columbia;
Abby Brooks, MSc, Speech Language Pathologist, Transgender Health Information Program, Victoria, British Columbia;
Gillian Grevstad, MSc, Registered Speech Language Pathologist, Transgender Health Information Program, Vancouver, British Columbia

This thirty-three years ago a program of voice and speech feminization called Changing Keys was offered, free of charge, to four transgender women in Vancouver. Since then the program has blossomed and now over 150 people from around the province are Changing Keys graduates. This presentation will discuss Changing Key’s development, structure and administration. We will describe how research has informed the program’s development and give an overview of its format and weekly activities.

(b) Trans Primary Care Guide: A Web-based, Visual Resource Guide on the Primary Health Care of Trans & Gender-diverse Clients

Presenters:
Kelly Speck, MSc, Biomedical Communications, University of Toronto, Toronto, Ontario;
Jordan Zaitzow, Trans Health Connection Coordinator, Rainbow Health Ontario, Toronto, Ontario

This presentation introduces the “Trans Primary Care Guide”: A web-based, visual resource guide that helps primary care providers familiarize themselves with the guidelines and protocols for primary health care and hormone therapy for trans and gender-diverse clients. It is the product of a collaborative community-academic research project between the University of Toronto Biomedical Communications program and Rainbow Health Ontario. Since trans-sensitive care has not typically been part of medical nursing curricula and in-person training sessions are often limited by time, place and instructor availability, this web-based resource gives health care providers convenient, non-sequential access to relevant information on trans care (including assessment, hormone therapy management and referrals). The presenters will firstly provide an interactive “walkthrough” of the website with examples of interactive visualizations and illustrations intended to enrich the medical discourse and to help health care providers learn how to provide care in a trans-competent manner. Secondly, the primary researcher will explain the iterative design research strategy employed and explain how community-based evaluations with trans participants, researchers and primary care providers shaped the design and development of this resource.

(c) Questions trans en travail social :
Pratiques d’intervention trans-affirmatives et (dé)solidarités des intervenant.e.s sociaux face à leurs destinataires de service trans

Conférencier-ère:
Maxime Faddoul, étudiant-chercheur, travail social, Université du Québec à Montréal, Montréal, Québec

Cette communication portera sur ma recherche de maîtrise dans laquelle je cherche à cerner les pratiques d’intervention sociales mises en œuvre auprès des personnes trans dans les milieux institutionnels et communautaires à Montréal par les intervenant.e.s sociaux et évaluer comment celles-ci répondent à leurs besoins. Pour ce faire, j’ai réalisé 9 entrevues semi-dirigées avec des intervenant.e.s sociaux amenés à travailler avec des personnes trans de tous âges dans les réseaux publics, privés et communautaires. Lors de cette communication, je présenterai les résultats et analyses de ma recherche effectuée à travers un cadre conceptuel s’appuyant sur les travaux de Karen Healy (2014) portant sur les contextes organisationnels de la pratique du travail social ainsi que sur les différents discours traversant ces contextes. Je m’appuierai aussi sur des concepts issus des études trans, soit la cis(genre)normativité (Baril, 2009; Bauer et al., 2009), le cissexisme et la transmisogynie (Serano, 2007). À travers la présentation de mes résultats, je tâcherai de répondre aussi aux questions suivantes : Comment les organisations de services sociaux se (dé)solidarisent des personnes trans? Comment les travailleur.se.s sociaux peuvent construire des solidarités avec les personnes trans? Quelles formes ces solidarités peuvent-elles prendre? À quels moments? Qu’est-ce qui peut les entraver ou faciliter leur construction? Et quels sont les espaces qui existent pour créer ces solidarités? Il s’agit d’un projet promettant une contribution intéressante dans un champ d’études en évolution, puisque peu de productions scientifiques ont cherché à documenter les pratiques d’intervention réalisées auprès des personnes trans, et ce, en dépit de l’essor récent des recherches touchant les personnes trans en travail social. Ces connaissances restent à ce jour majoritairement développées en Anglais.
c) Trans Issues in Social-Work: Trans-affirmative Intervention Practices and Lack of Solidarity of Social Workers Towards Their Trans Service Recipients

(service de traduction simultanée au besoin)

**Presenter:**
Maxime Faddoul, student-researcher, social work, Université du Québec à Montréal, Montreal, Quebec

This communication will focus on my master’s research in which I seek to identify social intervention practices implemented among trans people in institutional and community settings in Montreal by social workers, and to assess how these practices respond to their needs. To do this, I conducted 9 semi-directed interviews with social workers working with trans people of all ages in public, private and community settings. In this paper, I will present the results and analyzes of my research carried out through a conceptual framework based on the work of Karen Healy (2014), focusing on the organizational contexts of social work practice and the various discourses found in these contexts. I will also rely on concepts from trans studies, cis (gender) normativity (Baril, 2009, Bauer et al., 2009), cissexism and transmisogyny (Serano, 2007). Through the presentation of my findings, I will also try to answer the following questions: How do social service organizations demonstrate a lack of solidarity towards trans individuals? How can social workers build solidarities with trans people? What forms can these solidarities take? At what points in time? What can hinder solidarities or facilitate their construction? And what are the spaces that exist to create these solidarities? This project promises a relevant contribution in an evolving field of studies since few scientific productions have sought to document the practices carried out with trans people, despite the growth of recent research on trans individuals in social work. To date, most of this knowledge has been developed in English.

3:30 - 3:45 pm  Break & **EXHIBITS**

**3:45 - 5:15 pm**

**CONCURRENT SESSIONS**

1. Trans and Two-Spirit Youth Talk Back!
(Workshop)

**Presenters:**

Let the voices of trans and Two-Spirit youth take center stage to gain deeper understanding of their unique experiences accessing support and affirming care. This workshop invites participants into a witnessing circle, where youth from across British Columbia share their stories, discuss their experiences with care, and answer questions that they’ve developed to talk about the impact of service access in their lives. Trans and Two-Spirit youth will teach us the skills required to address their specific needs, and guide us through a practice of integrating trans inclusion into our practice through storytelling. Rural trans and Two-Spirit youth are an underserved population, and struggling to access needed care, especially mental health care (see Canadian Trans Youth Health Survey, 2015). In this context, it is vital that care providers understand how to provide gender affirming care to transgender and Two-Spirit young people that truly works for them. Adults often define the experiences of youth. When we intentionally centre the voice of youth, families, community members, and service providers can gain a deeper understanding of their unique experiences accessing support and truly listen to their answers, without any preconceived notions of what works for young people. This innovative presentation allows us to hear from a group of trans youth who are directly impacted by our services through a youth-designed and led learning experience. Three adult allies from the Trans Care BC and the CALL Out! Project, which aims to build capacity for rural and remote LGBT2Q+ youth across BC, will co-facilitate. Participants are asked to witness and learn from these youth leaders, to truly let youth be the experts of their own experience.
2. HIV: Accessing Gendered Health and Housing (Oral Presentations)

a) How Does Intersecting Stigma Shape Access to HIV-related Healthcare for Trans Women? A Literature Review and Applied Example

**Presenters:**
- Ashley Lacombe-Duncan, PhD Student, Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Ontario;
- Yasmeen Persad, Trans Education and Training Facilitator, The 519, Toronto, Ontario

This oral presentation will present results of a literature reviewed focused on how intersecting stigma shapes the experiences of trans women with HIV. Transgender women experience decreased access to HIV-related healthcare relative to cisgender people, in part due to pervasive transphobia in healthcare. This presentation describes intersectionality as a salient theoretical approach to understanding this disparity, moving beyond transphobia to explore how intersecting systems of oppression, including cisnormativity, sexism/transmisogyny, classism, racism, and HIV-related, gender nonconformity, substance use, and sex work stigma influence HIV-related healthcare access for transgender women living with HIV. The presenters will draw on results of a literature review which includes studies that the co-presenters have been involved in. Additionally, a case study developed from research and practice experience will be used to discuss intersecting stigma in HIV-related healthcare in Canada. Lastly, the presentation will include a discussion of whose experiences have been overlooked in intersectionality research and will highlight how trans women experience resiliency and empowerment in HIV-related healthcare settings.

b) The Diverse Ways Stigma Impacts the Lives of Trans Women Affected by HIV

**Presenters:**
- Zack Marshall, Lecturer, Renison University College, University of Waterloo, Waterloo, Ontario;
- Yasmeen Persad, Trans Education and Training Facilitator, The 519, Toronto, Ontario;
- Jemma Tosh, Doctor of Psychology, Chartered Psychologist, British Psychological Society, Vancouver, British Columbia;
- Gabrielle Leblanc, Outreach Worker, Action Santé Travesti(e)s & Transsexuel(le)s du Québec (ASTTeQ), Montréal, Québec

**Background:** Trans women have previously identified the ways stigma, marginalization, and violence often restrict their access to HIV information, support, and education. Despite this, the experiences of trans women affected by HIV and stigma remains under-researched. Methods: In March-June 2016, focus groups and interviews were conducted with 78 trans women affected by HIV in Vancouver, Edmonton, Winnipeg, Toronto, and Montreal, including Indigenous, and African, Caribbean and Black (ACB) specific groups. Data were analyzed using deductive content analysis and discourse analysis. In this presentation we explore one of the key themes identified during data analysis: HIV stigma. Findings: Average age of participants was 40 years (SD 10.5, range 18-65). 38% identified as Indigenous, 26% white, 18% Latin American, 12% ACB, and 4% South Asian or SE Asian. 78% had exchanged sex for money or other goods, and 72% had used drugs in the past year or less. Within this group, stigma plays a complex role in silencing trans women affected by HIV. Trans women described diverse and nuanced forms of stigma including interconnected stigma, internalized stigma, victim blaming, intracommunity difficulties between community members related to stigma, and fear of stigma and its impact. Stigma was described both as a reason for why people found it difficult to talk about HIV, but also as a consequence of talking about HIV too much. For example, some participants felt that by highlighting trans women as a vulnerable group for HIV, researchers were associating trans women with disease and inadvertently increasing stigma for trans people. Conclusions: Researchers, service providers, and community leaders need to attend to the multifaceted complexities of HIV stigma facing trans women and to consider how to better support trans women affected by HIV without further stigmatizing trans communities by explicitly positioning them as a vulnerable group.

c) Sharing Our Wisdom: A Gender Diverse Project With a Focus on Trans

**Presenter:**
- Arthur “Dave” Miller, National Transgender Project Coordinator, Canadian Aboriginal AIDS Network, Halifax, Nova Scotia

The Canadian Aboriginal AIDS Network (CAAN) launched a project in November of 2016 that focused on the wellbeing of Indigenous Transgender Peoples living with HIV and/or HCV. The principles of GIPA (Greater Involvement of People with HIV and AIDS) and “nothing about us without us” were incorporated into the study. A series of sharing circles were conducted across the nation for Indigenous Transgender Peoples living with HIV and/or HCV to address key issues that impact them. Policy recommendations and priorities were articulated through a regional and national lens through discussions that engaged the mental, physical, emotional and spiritual aspects of Indigenous Trans Peoples. This project was a first step in ensuring that Trans voices are, and will continue to be heard. This presentation will present key findings from the sharing circles: discrimination and access to care, supports and services, for example.
d) Experiences of Trans Women and Two-Spirit Persons Accessing Women-Specific Health and Housing Services in a Downtown Neighborhood of Vancouver, Canada

Presenters:
Tara Lyons, PhD, Research Scientist, Gender and Sexual Health Initiative, British Columbia Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, Vancouver, British Columbia;
Sekanl Dakelth, PACE Society, Atira Property Management, Vancouver, British Columbia;
Adrienne Smith, LLB, Human Rights Activist & Drug Policy Lawyer, Vancouver, British Columbia

Purpose: Little is known about trans women’s experiences accessing gender-segregated health and housing services, particularly services for marginalized individuals living in poverty. As such, we conducted a qualitative investigation into experiences of accessing women-specific health and housing services among trans women and Two-Spirit persons in a downtown neighborhood of Vancouver, Canada. Methods: Between June 2012 and May 2013 interviews were conducted with 32 trans women and Two-Spirit individuals who had accessed women-specific health and/or housing services. Participants were recruited from four open prospective cohorts of sex workers and individuals who use drugs. Interview data were analyzed using a participatory analysis approach with two participants who were hired as research assistants. Results: Participants were generally able to access women-specific services in the neighborhood. However, there were reports of discrimination related to gender identity, discrimination based on gender expression (e.g., requirement of a feminine gender expression), and lack of staff intervention in harassment from other service users. Conclusions: Trans women and Two-Spirit persons in our study relied upon services for their health and safety and, therefore, exclusion from women-specific services had potentially severe consequences, such as homelessness and sexual violence. Recommendations to improve accessibility, including policy development, are put forth.

3. Centering Wholeness With Mindfulness: An Embodied Anti-Oppression Teaching Model for Inclusivity and Intersectionality in Trans Health Education (Workshop)

Presenter:
Lu Lam, MEd, CCC, Clinical Counsellor & Mindfulness Consultant, Private Practice, Vancouver, British Columbia

In seeking health care, trans people are routinely denied services and, when they do receive services, treated often disrespectfully. And these barriers cost lives. We also know the more marginalized a trans person’s social locations are, the higher their health risks are. How do we centre the wholeness of Two-Spirit, trans, gender diverse and non-binary, Black, Indigenous, people of colour and mixed race people? How do celebrate liberational trans health practices that emerge from trans women of colour, gender diverse, Indigenous, Black, racialized, immigrant and refugee communities? Anti-oppression practices can offer intellectual understanding of how to serve trans clients living multiple marginalized social locations. However, oppression is profoundly felt and stored in our bodily experience. And anti-oppression practices do not include the embodied experience as a teacher. A creative pedagogy is urgently called for that includes our whole experience of oppression and liberation, one that re-integrates body, heart and mind. Learners need tools to bravely move through places of discomfort inevitably felt when undoing power and privilege. I have developed a new creative pedagogy I call the “Embodied Anti-Oppression Teaching Model” from an integration of my clinical, academic and mindfulness practice. The Embodied Anti-Oppression Teaching Model integrates mindfulness based practices with an intersectional and anti-oppressive lens. This teaching paradigm centres the wholeness of both trans people and the learner. By doing so, we can model an inclusive, interdependent, holistic health paradigm, which can mitigate colonial, individualistic and pathologizing paradigms found in mainstream health. This experiential workshop is for educators, counsellors, clinicians, and service providers in teaching, training and facilitation roles, who align with anti-oppression values and are curious about how to include mindfulness and embodiment in their trans health education practices.
4. Gender Affirming Surgery: Using Client Feedback & Input to Improve Surgical Care and Access (Workshop)

**Presenters:**
Hélène Frohard-Dourlent, PhD, MA, Post-doctoral Fellow, School of Nursing & Faculty of Education, University of British Columbia, Vancouver, British Columbia;  
Lorraine Grieves, Provincial Program Director, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;  
Fin Gareau, Surgical Coordinator Nurse, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;  
Sandy Gunderson, Surgical Coordinator Nurse, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;  
Lauren Goldman, RN, Nurse Educator, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;  
Marria Townsend, MD, CCFP, Medical Director of Health, Trans Care BC, Provincial Health Services Authority, Vancouver, British Columbia;  
Stacy Wood, RSW, Health Navigator, Vancouver, British Columbia

This workshop will focus on the ways that a provincial trans health program has partnered with community members, clinicians, health authorities, surgical teams, researchers and other key stakeholders to build capacity for gender-affirming surgical services and related care. The Trans Care BC team will share specific tactics used to move forward quality improvement work in partnership with surgeons and service providers around gender affirming surgeries, both locally and out-of-province. Guided by the recommendations of 2014/15 Trans Health Steering Committee that included the voices and feedback of community representatives, the program has implemented initiatives related to surgical care access that have applicability for other provinces and settings. The team will present, from multiple perspectives, concrete activities that aim to improve the client experience, safety and quality of care from referral to care completion. Concrete ideas and tools will be shared in order to coalesce the results of this work to-date nationally with other stakeholders. Part of the work has involved direct client engagement and partnership with researchers which will also be overviewed as part of the presentation.

Speakers will highlight work from the following perspectives:

**Medical** - Engagement with the physician community and results of that work will be overviewed. Primary care and specialist access improvements and work flow will be shared and efforts to improve client information and access to surgical readiness assessments will be shared.

**Navigation and Care Coordination** - Work of a small system navigation and care coordination team that intentionally includes team members with relevant lived experience will be shared. An overview of their short term role in direct support of clients will be highlighted. Additional work and success to date bridging clients to aftercare resources and assisting with care plans for clients who face barriers to access will be discussed.

**Education** - Client and clinician information tools, resources and approaches will be shared. Approaches to capacity building and clinician education will be highlighted.

**Evaluation and monitoring** - A working partnership with a local university and the Patient Experience of Care research project will be summarized to demonstrate ways publicly funded health care services can partner with research and community members to help raise awareness about clinical and system of care improvements.