



## Shifting Paradigms: Breaking with Pathology, Affirming Gender Diversity

### Friday September 21st 2012 at a glance

- 4:30 pm- 6:30 pm | Registration
- Starting 7:00 pm | Welcome Cocktail and Cross-country update. Join us for this excellent start to an exciting weekend! Learn about the status of Canadian trans-healthcare coast to coast to coast and begin networking with your colleagues from across the nation and from other countries! The Welcome Cocktail will be open to the local community; there will be a small cover charge that includes a complimentary drink.
- 9:00 pm | Movie: Trans - "TRANS" is an up-close and very personal journey into the transgender world through the memorable stories and the unusual lives of a remarkable cast of characters, read [more](#).

### Saturday September 22nd 2012 at a glance

- 8:00 am | Registration + Breakfast – Provencher Room
- 9:00 am | Greetings from Spiritual Advisor Peetanacoot Nenakawekapo of Ojibway Nation
- 9:15 am | Greetings from The Honorable Jim Rondeau
- 9:20 am | Francoise Susset, President of CPATH: Welcome and Opening Remarks
- 9:30 am | | Keynotes: Lin Fraser and Gail Knudson
- 10:15 am | Break – Provencher Room
- 10:30 am | **Concurrent sessions St1**
  - [Session A](#): Voice Training – panel
  - [Session B](#): Models of Care 1 – panel
  - [Session C](#): Transphobia: Doing Our Own Work
- 11:30 am | Break

- 11:45 am | **Concurrent sessions St2**
  - [Session A](#): Trans Sensitive Primary Care – panel
  - [Session B](#): Models of Care 2 – panel
  - [Session C](#): Transition, Transphobia and Suicidality among Trans People in Ontario
- 12:30 pm | Lunch – Keynote: Helen Kennedy – Provencher Room
- 1:30 pm | **Concurrent sessions St3**
  - [Session A](#): Trans Health on the Frontlines - Direct Service Providers and Community Activists Sharing Critical Perspectives on Trans Health – round table
  - [Session B](#): Gender Independent Children – panel
- 2:30 pm | Break - Mezzanine
- 2:45 pm | **Concurrent sessions St4**
  - [Session A](#): Hormone therapy protocols – panel
  - [Session B](#): At the Crossroads: Policies, Politics and Health – panel
  - [Session C](#): The Dynamic Process of Developing our Collaborative Preparedness and Informed Consent Model
- 3:45 pm | Break
- 4:00 pm | Keynote: Tamara Adrián
- 5:00 pm | Break
- 5:10 pm | AGM
- 7:00 pm | Evening Gala: dinner and dance with keynote barbara findlay - ([bio](#)) – Assiniboine Room

## Sunday September 23rd 2012 at a glance

- 8:00 am | Registration + Breakfast – Provencher Room
- 9:00 am | Business
- 9:15 am | Keynote: Donna Bear Glover
- 10:15 am | Break – Provencher Room
- 10:30 am | **Concurrent sessions -Sn1**
  - [Session A](#): Trans Aging - panel
  - [Session B](#): Mobilizing Research, Strengthening Community: A Report on the Trans PULSE Advocacy Summit
  - [Session C](#): Saving Trans History: Building a Transgender Archive at the University of Victoria
- 11:30 am | Break
- 11:45 am- 12:30 am | **Concurrent sessions – Sn2**
  - [Session A](#): Sexuality – panel
  - [Session B](#): Trans Surgery - panel (part 1)
- 12:30 am | Lunch – Keynote: Greta Bauer – Provencher Room
- 1:30 pm | **Single session – Sn3**
  - [Session A](#): Trans Surgery - panel (part 2)
- 2:15 pm | Wrap up and Goodbyes
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CPATH is grateful for the funding support of the [CIHR](#) Institute of Gender and Health

We also wish to thank all the organizations and individuals who have contributed to the success of this conference

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# Saturday September 22nd 2012

## Full day schedule

8:00 am – 9:00 am | Registration + Breakfast

9:00 am | Spiritual Advisor Peetanacoot Nenakawekapo of Ojibway Nation brings Greetings: Welcome from Treaty One territory and Opening Prayer

9:15 am | The Honorable Jim Rondeau brings Greetings from The Ministry of Healthy Living, Seniors and Consumer Affairs

9:20 am | Francoise Susset, President of CPATH: Welcome and Opening Remarks

9:30 am – 10:15 am | **Keynote: Lin Fraser** ([bio](#)) and **Gail Knudson** ([bio](#))

10:15 am – 10:30 am | Break

10:30 am – 11:30 am | **Concurrent sessions – St1**

### **Session A:** Voice training – panel

1. **Stemple's Vocal Function Exercise for Voice Feminisation** | Georgia Dacakis ([bio](#) / [abstract](#))

2. **Finding the Voice Within: Evidence-based Practice in Transgender Voice Training** | Shelagh Davies ([bio](#) / [abstract](#))

### **Session B:** Models of care 1 – panel

1. **The Catherine White Holman Wellness Centre: An Innovative Model of Trans Care** | Marria Townsend ([bio](#) / [abstract](#)), Janine Farrell ([bio](#)), Fin Gareau, Lorraine Grieves, Gwen Haworth ([bio](#)), Shantel Ivits, and Andrea Szewchuk

2. **Trans Health Connected: Building New Models of Care in Ontario** | Jordan Zaitzow ([bio](#) / [abstract](#))

### **Session C:**

**Transphobia: Doing Our Own Work** | Margaret Drewlo ([bio](#) / [abstract](#))

11:30 am – 11:45 am | Break

11:45 am – 12:30 pm | **Concurrent sessions – St2**

**Session A:**

Trans Sensitive Primary Care | Marria Townsend ([bio](#)) and Ian Whetter ([bio](#))

**Session B:** Models of care 2 – panel

1. Creating a "GDAAY" for Transgender Youth. Developing an Interdisciplinary Team | Nicole Kirouac ([bio](#) / [abstract](#))

2. The SHARP Access Project: The Shelter, Housing and Residential Program Access Project Trans Inclusion Workshops | Nikki Gravelle ([bio](#) / [abstract](#))

**Session C:**

Transition, Transphobia and Suicidality Among Trans People in Ontario: Identification of Strategies for Suicide Prevention from the Trans PULSE Project | Greta Bauer ([bio](#) / [abstract](#))

12:30 pm – 1:30 pm | Lunch – Keynote: **Helen Kennedy** ([bio](#))

1:30 pm – 2:30 pm | **Concurrent sessions – St3**

**Session A:** Front line workers – panel

Trans Health on the Frontlines - Direct Service Providers and Community Activists Sharing Critical Perspectives on Trans Health | Moderator: Nora Butler-Burke ([bio](#) / [abstract](#))

**Session B:** Gender Independent Children – panel

1. How Do You Know What You Know? An Epistemology of Parental Knowledge Among Parents of Gender Independent Children | Jake Pyne ([bio](#) / [abstract](#))

2. Launching a Gender Variant Child: What Difference Can the New Standards of Care Make? | Fiona Smith ([bio](#) / [abstract](#))

3. Supporting Gender Creative Youth in K-12 Schools: Strategies for a Successful Transition | Kris Wells ([bio](#)) Carol Allan ([bio](#)) ([abstract](#))

2:30 pm – 2:45 pm | Break

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2:45 am – 3:45 am: **Concurrent sessions – St4**

**Session A:** Hormone therapy protocols – panel

1. **Teens in Transition: The Paediatrician’s Role in Supporting our Transgender Population** | Dan Metzger ([bio](#)) ([abstract](#))

2. **Adult Endocrine Care in Family Medicine** | Marria Townsend ([bio](#))

**Session B:** At the Crossroads: Policies, Politics and Health - panel

1- **On an Island: Experiences of Isolation among Trans People on Vancouver Island** | Matthew Heinz ([bio](#) / [abstract](#))

2- **A critical framework for understanding transgender health and wellness** | Janine Farrell ([bio](#) / [abstract](#))

**Session C:**

**The Dynamic Process of Developing our Collaborative Preparedness and Informed Consent Model** | Rupert Raj ([bio](#)) Celia Schwartz ([bio](#)) ([abstract](#))

3:45pm - 4pm | Break

4:00 pm – 5:00 pm | **Keynote: Tamara Adrián** ([bio](#)) | **Stairways to Heaven: Trans Population and Equal Rights**

5:00 pm – 5:10 pm | Break

5:10 pm – 6:10 pm | **AGM**

7:00 pm | **Evening Gala: dinner and dance with keynote speaker: barbara findlay** ([bio](#))  
- **Unlearning Oppression: Gender Oppression, Gender Shock and the Courts**

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# Sunday September 23rd 2012

## Full day schedule

8:00 am – 9:00 am | Registration + Breakfast

9:00 am – 9:15 am | Business

9:15 am – 10:15 am | **Keynote: Donna Bear Glover** ([bio](#)) | **Agookwe: Exploring Gender-Variance among Aboriginal Peoples in North America**

10:15 am – 10:30 am: Break

10:30 am – 11:30 am: **Concurrent sessions -Sn1**

### **Session A:** Trans Aging - panel

1. **Narrating and Navigating Trans Aging** | Will Rowe ([bio](#) / [abstract](#))

2. **Trans and Elderly: An Emerging Population's Experiences and Needs in Health Care, Social Services, and Aging-Related Care** | Billy Hébert ([bio](#) / [abstract](#))

### **Session B:**

**Mobilizing Research, Strengthening Community: A Report on the Trans PULSE Advocacy Summit** | Jake Pyne ([bio](#)) and Anna Travers ([bio](#)) ([abstract](#))

### **Session C:**

**Saving Trans History: Building a Transgender Archive at the University of Victoria** | Aaron Devor ([bio](#) / [abstract](#))

11:30 am- 11:45 am: Break

11:45 am- 12:30 am: **Concurrent sessions – Sn2**

**Session A:** Sexuality - panel

1- **Gay, Bisexual and MSM Trans Guys: No Assumptions!** | Nik Redman ([bio](#) / [abstract](#))

2- **A Different Take on 'Out': Transgendered and Disabled** | Marie Carlson ([bio](#)) Gwen Haworth ([bio](#)) / [abstract](#))

**Session B: Trans Surgery update** - panel (part 1) (TBA) | Dr. Cameron Bowman ([bio](#))

12:30 am – 1:30 pm: **Lunch - Keynote: Greta Bauer** ([bio](#))

1:30 pm – 2:15 pm: **Single session – Sn3**

**Session A: Trans Surgery update** – panel (part 2) (TBA) | Dr. Maud Bélanger ([bio](#))

2:15 pm – Wrap up and Goodbyes

## Poster presentations

**TRANS-itioning Back to School** | Ambrose Kirby ([bio](#)) Lee Delaino ([bio](#)) ([abstract](#))

**"But Mom, you ARE a boy!"** | Damien Leggett ([bio](#) / [abstract](#))

**Reviewing Phalloplasty from 1946 to Now: What All Transgender Health Professionals Should Know** | Noah Adams ([bio](#)) / [abstract](#))

**The Gender Independent Children Project: Building Capacity for Community-Based Support in Ontario** | Lorelee Gillis ([bio](#) / [abstract](#))

**Identifying strategies to enhance CPATH's ability to be a highly successful organization** | Devon MacFarlane ([bio](#)) / [abstract](#))

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# Abstracts of poster presentations

## **TRANS-itioning Back to School | Ambrose Kirby ([bio](#))**

This is a program called TRANS-itioning Back to School. It is an upgrading program for trans, genderqueer and two-spirit people who are trying to get back into school after an absence or who haven't finished high school or who just want to upgrade their communication, math, computer and/or science skills.

## **"But Mom, you ARE a boy!" | Damien Leggett ([bio](#))**

Navigating the world of teenage cynicism and the playground, health care and transphobic university policies, this is the story of one single father who has faced many challenges in his transition from a female body to a male one. How can we better support trans parents in the process of accessing and interacting with everyday institutions? We need to open up dialogue about gender politics and parenthood. My presentation will be the beginning of that conversation, beginning with my journey through depression, anxiety, discrimination, activism, and, ultimately, triumph over adversity.

## **Reviewing Phalloplasty: What All Transgender Health Professionals Should Know | Noah Adams ([bio](#))**

Transgender health professionals facilitate access to transgender surgery and act as assessors for public funding of such surgeries, as is the case with phalloplasty. It is crucial that these professionals be intimately aware and knowledgeable of the specific techniques and standards for these surgeries so that they can more accurately assess and advise individuals seeking SRS.

Unfortunately, the technical information pertaining to phalloplasty is directed primarily at surgeons and is not generally accessible to the transgender health professionals responsible for assessing and approving funded access to these surgeries. Of particular concern are anecdotal reports that some of the transgender health professionals responsible for these assessments tend to hold conservative and potentially antiquated notions of the outcomes of this surgery. These professionals may erroneously believe that phalloplasty is not a viable surgical option, due to a belief that it has consistently poor outcomes. We hope to change this by highlighting the different surgical methods of phalloplasty and their role in establishing the free forearm flap as the present standard for phalloplasty. First performed by Sir Harold Gilles in 1946, transgender phalloplasty has evolved to, in the hands of skilled surgeons, provide a pleasing cosmetic result, the ability to urinate while standing, erogenous sensation and penetrate during sexual intercourse.

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## **The Gender Independent Children Project: Building Capacity for Community-Based Support in Ontario | Lorelee Gillis ([bio](#))**

Ontario families with gender independent children lack supportive resources and services. In January, 2012 Rainbow Health Ontario responded to this gap by launching the Gender Independent Children Project, an initiative to build capacity in Ontario's health and social sector to provide community-based support for gender independent children and their families. An Advisory Committee comprised of both professionals and parents helped to guide this project through a number of activities including developing key resources such as: a fact sheet summarizing research in the field; brochures for parents and service providers; and a training module for health and social service providers. This poster presentation will share the outcomes of this project including recommendations for the development of community-based support for gender independent children and their families in Ontario.

## **Identifying strategies to enhance CPATH's ability to be a highly successful organization | Devon MacFarlane ([bio](#))**

This poster outlines a consultation process with CPATH members for determining next steps in the development in of the organization. Formed in 2008, CPATH's mission is to further the understanding and health care of individuals with gender variant identities by providers in health-related professions. CPATH is purely a volunteer-driven, interdisciplinary professional organization which actively includes trans identifying persons and representation from trans community support and service groups and organizations. CPATH is now at a critical juncture in its development, and the results of the consultation will guide the Board in the next stages of the organization's development.

At the Board's invitation, Devon MacFarlane will be leading an action research project during the conference in Winnipeg. The purpose of the project is to identify strengths that can be built upon, and to identify and assess challenges. The project will result in valuable recommendations on strategies, drawn from stakeholder contributions. These recommendations to the Board will enhance CPATH's ability to be a highly successful organization. All interested CPATH members are invited to participate in the project. Research methods include both brief individual interviews and a small group method called an "interview matrix."

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# Abstracts of presentations

in chronological order

## **Stemple's Vocal Function Exercise for Voice Feminisation - Georgia Dacakis ([bio](#))**

Georgia Dacakis will report on the findings that Stemple's Vocal Function Exercises are advantages for male-to-female transsexuals who wish to undergo voice feminisation. This will be a PowerPoint presentation.

## **Finding the voice within: evidence-based practice in transgender voice training - Shelagh Davies ([bio](#))**

Transgender speech and voice change is an exciting new area within the practice of speech-language pathology. To date no evidence-based protocols have been developed to guide clinicians working with transgender clients. This presentation describes how 2 evidence-based protocols commonly used in the treatment of voice disorders may be adapted by clinicians working with transgender women. The protocols discussed are the LMRVT (Lessac Marsden Resonant Voice Therapy protocol) developed by Verdolini Abbot and the use of semi-occluded vocal tract techniques, explored by Titze et al. Underlying concepts from voice science will be explored and modifications of the techniques for working with transgender voice will be discussed.

## **The Catherine White Holman Wellness Centre: An Innovative Model of Trans\* Care - Marria Townsend ([bio](#))**

Increasing evidence suggests that many trans\* clients do not seek professional health care, and of those that do, many do not trust their health care providers enough to be open about issues related to their trans\* identity. The resulting negative health outcomes include lower rates of health screening, neglected health issues and unsupervised use of hormones. With the aim of making knowledgeable and respectful health care more accessible to trans\* clients, the Catherine White Holman Wellness Centre (CWHWC, previously known as the All Genders Wellness Centre) opened its doors in Vancouver, BC in 2011. This presentation will provide an overview of the innovative model of care currently practiced at the CWHWC. The CWHWC is founded on the belief that a model of care that seeks to truly respect gender diversity must recognize the client's right to self-determine their gender identity and expression. The CWHWC is unique in that it is organized and operated primarily by trans\* people. It is also community-driven, actively soliciting feedback from the clients it serves about how to make health and wellness services more accessible and respectful. The

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practitioners hope that by committing to anti-oppressive values, providing low-barrier services, embracing harm reduction practices, and taking a holistic and interdisciplinary approach to health promotion, trans\* clients will be more likely to seek professional care, be forthcoming about their health needs and concerns, and have better health outcomes.

### **Trans Health Connected: Building New Models of Care in Ontario - Jordan Zaitzow** ([bio](#))

After years of consultations between stakeholders and community members in response to the relisting of some trans surgeries for coverage under OHIP, Rainbow Health Ontario piloted a new and exciting project. In May 2011, Trans Health Connection was launched, with the goal of increasing the capacity of Ontario's primary health care system to provide high-quality, comprehensive care to trans communities through training, education, mentorship, resources, and networking. We are beyond thrilled to come to CPATH to present and discuss some of the incredible successes of the project, as well as key information on the changing landscape of health and social services for trans people across Ontario!

Our goals are to:

- Present a model of capacity building around trans health – directed at community health centres, individual providers, and interdisciplinary provider teams – in a Canadian context
- Share some key learnings from the project so far
- Explore some of the unique considerations of partnering with communities that are rural, small towns, urban centres, or “up north”
- Discuss the benefits and pleasures of building a province-wide community of practice around trans health across disciplines and geographies
- Have lively and engaging discussions, laugh, and have fun! We're really excited about this work, and are continually inspired by the incredible changes we have observed with different health teams in short amounts of time. Often, making health and social services trans competent, positive, and accessible is seen or described as an almost insurmountable task, but we want to say that it really can be done!

### **Transphobia: Doing Our Own Work - Margaret Drewlo** ([bio](#))

Trans people belong to one of the most stigmatized client groups psychotherapists and other health professionals may encounter. The effect of our culture is both within and without our awareness. Accordingly, well intentioned health professionals socialized in transphobic cultures may fall prey to transphobic attitudes and values without being aware of them. This can also occur for trans clients. 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, or gender creative. Oppression in the form of transphobia is implicated in higher rates of

depression, anxiety, PTSD and suicidality for trans clients. 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 therapists and all 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 psychotherapists and other 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 clients. \*Thank you to Shantel Ivits and Kevin Manders for reviewing this workshop description

### **Creating a "GDAAY" for Transgender Youth. Developing an Interdisciplinary Team - Nicole Kirouac ([bio](#))**

In the past, Manitoba transgender youth have sought health services through various providers in the province. Services have at times been unavailable, difficult to access and/or poorly coordinated. This lack of patient centered coordinated care spurred the creation of the Gender Dysphoria Assessment and Action in Youth (GDAAY) program. Through consultation with the adult transgender team from "Klinik", the Manitoba Rainbow Resource Centre, and guided by other North American models (e.g., Vancouver Coastal Health) and the WPATH SOC, the GDAAY program was formed as an interdisciplinary interprofessional program for transgender youth from Manitoba.

The challenges and successes of creating the GDAAY program will be discussed. The intake and assessment process from mail-out packages to clinical visits will be described, as will strategies used to make community practitioners, schools and other GLBTT services aware of our clinic. The GDAAY group reviews consults together to determine which team member is most appropriate for the youth to see first in consultation (Psychiatry, Psychology or Endocrinology) for the best possible care in a timely manner. Current referrals, assessment and treatment approaches will be discussed, as will our future plans for the GDAAY program.

## **The SHARP Access Project: The Shelter, Housing and Residential Program Access Project Trans Inclusion Workshops - Nikki Gravelle ([bio](#))**

We will provide an overview of the SHARP Access Project, highlighting the successes of the Trans inclusion workshops that we delivered alongside peer facilitators over the last 4 years at social service agencies. We will review the key areas that are necessary to make a service agency more inclusive to Trans and gender-variant folks, as well as discuss the leanings and evaluation from this project. We will highlight some of the current research on barriers and challenges faced by Trans and LGBTQ people in accessing social services. Q & A to follow.

## **Transition, transphobia and suicidality among trans people in Ontario: Identification of strategies for suicide prevention from the Trans PULSE Project - Greta Bauer ([bio](#))**

Evidence suggests that trans (transgender, transsexual or transitioned) people experience some of the highest documented prevalence of suicidality. Strategies for prevention of suicidal ideation and attempts were investigated as part of the community-based Trans PULSE Project. Methods: Survey data were collected from trans people age 16+ in Ontario using multi-mode respondent-driven sampling (n=433). Weighted frequencies were estimated. Weighted nested logistic regression was used to estimate effects of factors on suicidal ideation, and among those who have seriously considered suicide, on suicide attempts.

Results: Within the past year, an estimated 32.2% of Ontario trans people seriously considered suicide and 10.4% attempted. Suicide risk was not evenly distributed. Among the most vulnerable groups were trans youth (attempted in past year: 19.0% vs. 6.6% among age 25+), and those who experienced transphobic physical or sexual violence (attempted: 28.8% vs. 4.3% among those experiencing no trans-related harassment or violence). transitioning having high prevalence of past-year attempts (26.6% and 17.7%, respectively), vs. 1.1% among those who indicated completing medical transition and 2.9% among those not planning a transition or for whom the concept did not apply. We present a model exploring the effects of socio-demographic, transition-related, transphobic social exclusion, structural, and psychosocial factors that may impact suicidality among trans people. We identify key factors with the potential to have the largest impacts on suicide prevention. Conclusions: High rates of suicidality demand that actions be taken to mitigate the risks and protect the lives of trans people. The identification of readily modifiable factors that are strongly associated with reductions in suicide risk supports great potential for risk reduction and suicide prevention.

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## **Trans Health on the Frontline - Nora Butler-Burke ([bio](#))**

Content: This round table will focus on issues that are key to the health and well-being of trans people, but that are sometimes left out of consideration when discussing trans health. Frontline workers and activists will speak from direct experience in supporting community members seeking access to essential medical and social services, and will provide a holistic understanding and rich analysis of the social determinants of health often impacting marginalized trans people - including sex workers, low-income/unemployed trans people, and migrants, Indigenous and racialized trans people.

In addition, speakers will highlight cutting edge initiatives and collaborations that have been developed to respond to these issues - including harm reduction based clinical services, ground breaking multilingual resource guides, and peer based outreach projects.

## **How Do You Know What You Know? An Epistemology of Parental Knowledge Among Parents of Gender Independent Children - Jake Pyne ([bio](#))**

Families with children who do not conform to expected gender norms (gender independent children) are at the centre of increasing professional and public debate. A growing number of parents are choosing to support their children to express themselves freely, to live outside of binary gender roles, and at times to socially transition. While these approaches are gaining support, they remain unintelligible to many and parents have found their competency called into question by mental health professionals, child protection authorities, school administrators, and by their own family and friends. Currently, we lack an understanding of the basis for decision-making among parents of gender independent children, in particular those decisions which present a challenge to social norms.

This presentation reports on the findings of a qualitative study which conducted interviews with 16 parents of gender independent children in Toronto, Vancouver and Montreal. As an epistemological inquiry, this study sought to understand participants' knowledge of their child's gender identity and how they had come to this knowledge, essentially asking "how do you know what you know?" This presentation offers insights useful for health and social service providers aiming to adopt affirming practices in their work with families with gender independent children.

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## **Launching a gender variant child: what difference can the new standards of care make? - Fiona Smith ([bio](#))**

Launching a child can be challenging in the best circumstances. How can we balance social transitions, physical transitions, financial transitions, our children's need for growing independence and our concerns for their safety? This presentation will explore literature on the "normative" launching experience, and current best practice knowledge for parenting transgender and gender-variant children. The presenters will discuss some of the considerations, questions and learning that have arisen as we have prepared our children and ourselves for their leaving the nest. Each of us has been involved in these conversations with other parents of trans youth. Much of the workshop will be devoted to facilitating dialogue on how the Standards of Care may be interpreted to support transgender and gender-variant children's transition to independent adulthood.

Objectives: 1. Briefly review developing knowledge about parenting transgender and gender-variant children 2. Broaden understanding of our parenting to include social, physical and legal transition of gender and to adulthood. 3. Explore facilitating and constraining aspects of Standards of Care. 4. Promote dialogue to highlight and share the challenges, understanding and problem-solving that parents face in assisting their children's transition to healthy adulthood.

## **Supporting Gender Creative Youth in K-12 Schools: Strategies for a Successful Transition - Kris Wells ([bio](#))**

Increasingly, provincial human rights' statutes, professional codes of conduct, and school district policies across Canada now interpret and/or specifically include gender identity as a prohibited ground against discrimination. Given the increasing legal, social, and media attention surrounding gender identity, perhaps quite surprisingly, very few schools are familiar with the health, safety, and educational needs of transitioning students and have not yet developed policies and procedures to support these students or their families.

This presentation explores the Canadian Teachers' Federation's newest publication entitled "Supporting Transgender and Transsexual Students in K-12 Schools: A Guide for Educators." This first-of-its-kind bilingual Canadian resource is designed to help educators obtain evidence-informed information, reflect on emerging trends and issues, learn inclusive educational strategies, and develop policies and procedures to help transgender and transsexual students and their families to feel respected, welcomed, and fully included within all aspects of their school communities. "The authors write with great



skill and compassion as they recognize the important and life-changing role that inclusive educational environments can play in building the personal resilience of transgender and transsexual students and their families. This guidebook is a ground-breaking, leading edge, and timely resource for all who understand education as a critical means for raising the quality of life and potential for all students who walk through our school house doors. Wells, Roberts, and Allan compel us to question our taken for granted practices and to open up our hearts and minds to ensure that a truly inclusive education becomes a practice of freedom, liberation, and hope that we live out everyday in our classrooms and schools across the nation.” - Paul Taillefer, President, Canadian Teachers’ Federation.

### **Teens in Transition: The Pediatrician’s Role in Supporting our Transgender Population - Dan Metzger ([bio](#))**

Dr. Metzger will be discussing the results of a descriptive study done by Dr. Karine Khatchadourian, a Pediatric Endocrinology fellow working with our team, looking at the first 84 gender-questioning patients seen in our clinic.

### **On an Island: Experiences of Isolation among Trans People on Vancouver Island - Matthew Heinz ([bio](#))**

This presentation offers the results of a qualitative, interpretive analysis of trans people's experiences on Vancouver Island, BC. Forty individuals participated in in-depth narrative interviews between 2009-2011 and spoke to their social, medical, professional and political needs. The study offers a thematic analysis in the context of a quantitative survey administered as part of the Vancouver Island Trans Needs Assessment.

### **A critical framework for understanding transgender health and wellness- Janine Farrell ([bio](#))**

Current mainstream health research and practice often understand and address issues of health and wellness at the individual level; however, we know the vectors of poor health outcomes are largely social. While it is crucial to address health issues at the individual level, it is equally necessary to consider the multiple levels of social and structural forces that drive behaviours, exposures, and experiences that may lead to poorer health outcomes for some. Although the (small) body of research on transgender health has begun to discuss the influence of forces like gender, sexuality, and heterosexism on trans health outcomes, there are fewer examples that draw together multiple levels and factors that combine to produce poorer health for gender variant folks, particularly those who experience overlapping forms of discrimination and violence. Founding clinical practice, activism, advocacy, and future exploration

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on limited research stands in the way of interrupting persistent social issues that deliver limited life chances to gender variant individuals, framework grounded in critical social and transgender theory, and empirical research to support activists, advocates, clinicians, allies, and professionals in their pursuit of social justice and better health and wellness for gender variant individuals and populations. This framework maps the route of processes like sexism, cisnormativity, racism, and colonialism as they move through social services, the medical system, academic and research institutions, the mental health system, and the legal system, into communities, families, hospitals and clinics, until they eventually become embodied as individual experiences of health. The framework is flexible, and can be taken up to inform research, policy, clinical practice, or political action in such a way that clearly and accessibly articulates a range of critical moments for meaningful health intervention.

**THE DYNAMIC PROCESS OF DEVELOPING OUR  
“COLLABORATIVE PREPAREDNESS AND INFORMED  
CONSENT MODEL: Guidelines to Assess Trans Candidates for  
Readiness for Hormone Therapy and Supportive Counselling  
throughout the Gender Transitioning Process” - Rupert Raj ([bio](#))  
Celia Schwartz ([bio](#)) ([abstract](#))**

The proposed presentation would primarily focus on the dynamic process involved in the drafting of the final document (including the peer-review process), and not the model itself, although this will, of course, be referenced in the discussion of the drafting process. What we wish to highlight for both our professional colleagues and for trans and genderqueer candidates for hormone therapy are the many challenges we had to overcome as we navigated the writing process from start to finish. These challenges were both clinical and political, given that there exists some variability and even, at times, controversy, around philosophical and clinical approaches to assessment and treatment within trans care.

Some of these challenges involved the task of negotiating three existing protocols for hormone therapy for trans people, namely, those of Sherbourne Health Centre (the existing primary care guidelines minus the mental health piece), Vancouver Coastal Health (Guidelines for Transgender Care) (subsequently adopted by the Canadian Professional Association for Transgender Health [CPATH]), and the World Professional Association for Transgender Health (WPATH) (Standards of Care, seventh version), in addition to not only our own unique approach, as informed by our clinical practice in trans care, but also that of the stricter standards of the Gender Identity Clinic at the Centre for Addition and Mental Health (CAMH).

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Specific areas of focus, in the model itself, included: capacity building of trained transpositive assessors, gender distress/dysphoria versus “Gender Identity

Disorder,” both the eligibility and the readiness criteria, as set out by the DSM-IV and the WPATH Standards of Care, our own explication of readiness (which we are calling “preparedness”), a client-centred, collaborative working relationship between assessor and hormone therapy candidate, informed consent, the need to assess for, and to address (in therapy), existence of internalized transphobia (see Healy, 2011), in addition to other emotional or social impediments to a successful gender transition.

### **Keynote | Agookwe: Exploring Gender-Variance among Aboriginal Peoples in North America | Donna Bear Glover ([bio](#))**

Prior to European contact, many indigenous societies around the world possessed a broader understanding and acceptance of gender identity and gender expression. In North America, historical accounts inform us about the presence of transgender woman among the various Aboriginal peoples in Canada and the United States. Records describing lesbian women, and gay and bisexual men, are rarer due to censorship among the observers and historical institutions, and the homophobia and transphobia inherent in the contact and post-contact eras.

In Canada, colonization and assimilationist policies disrupted Aboriginal traditions and cultural practices that sanctioned and honoured the role of GLBT people within families and societies. As with most colonial undertakings, binary gender identities (ultra-female and ultra-male) were imposed upon indigenous populations, demonizing and pathologizing gender-variant roles and people who did not fit into this rigid, Christian-defined framework. During the Indian Residential School period (1870-1990), many generations of Aboriginal GLBT people were forced to hide their identities as they attempted to assimilate into a foreign society and culture. As a result of the inculcation of children to accept colonial attitudes, homophobia and transphobia is pervasive in some Aboriginal communities and institutions in Canada. This presentation will explore the Two-Spirit liberation/de-colonization movement that Aboriginal GLBT people have been engaged in over the past thirty years. The process of self-naming has been integral to this movement, allowing indigenous people to explore and value their own histories and cultures, and find words that validate who they are from a cultural point of view. The Ojibwe word agookwe describes a transgender woman, interpreted by language specialists to mean “hidden woman”. Historical accounts confirm that agookwes were socially accepted as woman and wives in their communities. A Two-Spirit transgender woman will share her experience growing up on her reserve and what life is like living in Winnipeg.

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## **Trans Aging – panel: Narrating and Navigating Trans Aging | Will Rowe ([bio](#))**

Negotiating gender identity and expression is central to trans (transgender and transsexual) people's lives. As trans people age, we will increasingly rely upon social and healthcare institutions created specifically for senior populations. These institutions in many ways have not been equipped to cope with those who present with gender identities that do not always match the materiality of their bodies. What we know of elderly trans people has been extrapolated from research undertaken within the lesbian, gay and bisexual (LGB) senior communities, with trans people occupying a 'subset' of this community (LGBT). Although there are some similarities between 'LGB' and 'T' communities, there are also many differences, as sexual identity and gender identity manifest in quite distinct ways, and are linked with distinct vulnerabilities and resiliencies. Drawing from data collected during doctoral studies, utilizing constructivist grounded theory, I will highlight the unique strategies that trans elders have generated to continue to meet their day-to-day needs while attending to their aging, non-normatively gendered bodies and identities; the complex impact of gender identity on caregiving relationships and experiences; the range of ways aging trans people make sense of the tensions that arise out of the disjunctures they encounter; and how they articulate their needs. Implications for practitioners and policy makers will be highlighted.

## **Trans and Elderly: An Emerging Population's Experiences and Needs in Health Care, Social Services, and Aging-Related Care | Billy Hébert ([bio](#))**

Trans elders are an 'emerging' understudied population composed of individuals with a diversity of self-identifications and of life paths, who thus face varied challenges as they age. This paper presents the results of a community-based qualitative research project investigating the needs, experiences, and worries of older trans people, in particular in regards to their access to health care, social services, and aging-related care. Based on a research and intervention community-based initiative, the results presented in this paper synthesize the content of twelve semi-structured interviews done with a diverse sample of trans people aged 54 and older, and of 5 semi-structured interviews with health care and social service providers who offer such people adapted care. A thematic analysis of this data set reveals that trans elders face a wide range of individual and systemic barriers when attempting to access adequate care and services, and that various factors intersect to facilitate or to hinder such access. This presentation concludes on the identification of effective, applicable strategies to improve trans elders' experiences in health care and social services, and presents the preliminary stages of an intervention and education initiative that aims to raise awareness in such contexts as well as in aging-specific facilities.

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## **Mobilizing Research, Strengthening Community: A Report on the Trans PULSE Advocacy Summit | Jake Pyne ([bio](#)) and Anna Travers ([bio](#))**

Trans PULSE is a community-based research project which explores the impact of social exclusion on the health of Ontario's trans communities. Built on a model of community based research which emphasizes the full participation of the trans community, we are working to ensure that our research results in positive social change by prioritizing capacity building within trans communities and employing dissemination strategies which lead toward education, advocacy and policy change. While Trans PULSE has put these principles into action in a number of ways, this presentation will focus on the recent Trans PULSE Advocacy Summit. Held in August 2012, the Summit was an opportunity to mobilize Trans PULSE data by inviting 30 trans activists from across Ontario to come together to learn, network and enhance their advocacy skills in support of stronger trans communities. In this presentation we will describe the goals and objectives of the retreat and the program that evolved from consultations with potential delegates. Drawing on delegate feedback and the organizing committee's analysis, we will share the successes and challenges of the forum, and our learnings through the process. Ultimately, this presentation seeks to open a dialogue about strategies for making trans health research relevant and meaningful for trans communities as they work to create a more just and equitable society.

## **Saving Trans History: Building a Transgender Archive at the University of Victoria| Aaron Devor ([bio](#))**

Pioneering transgender activists of the 20th century are aging and some have already died. It is imperative that they and the work they have done be remembered and valued. The MacPherson Library Archives and Special Collections at the University of Victoria in Victoria British Columbia have begun to collect the papers and memorabilia of people who have worked for the betterment of transgendered people in the twentieth century. The core of the current collection, donated from the now-defunct Rikki Swin Institute, included an extensive collection of small regional transgendered periodicals from across North America; historical and contemporary books on transgender topics; a wide range of audio and video recordings from transgender events; historical materials tracing the development of Fantasia Fair from 1974 to 1995; materials related to the International Foundation of Gender Education; and materials from the personal collections of Ari Kane, Betty Ann Lind, and Virginia Prince. The UVic collection also included the personal papers of transgendered philanthropist Reed Erickson who operated the Erickson Educational Foundation which was central in the development of transgender awareness in the 1950s-1980s. The University of Victoria also holds the papers of Stephanie Castle one

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of the founding members of the Zenith Foundation of Vancouver. Other acquisitions are under negotiation. How the collection has been grown and plans for the future of the collection will be discussed.

### **Gay, Bisexual and MSM Trans Guys: No Assumptions! | Nik Redman ([bio](#))**

I will be presenting new findings from Trans Pulse focusing on sexuality and sexual health among Trans guys in Ontario who are gay, bisexual or MSM with an emphasis on HIV-related risk, and psychosocial and resiliency factors that have the potential to impact health.

### **A Different Take on 'Out': Transgendered and Disabled | Marie Carlson ([bio](#))**

Gender identity and 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 needs physical or emotional supportive care or enters a care facility such as a nursing home, group home, or assisted living residence. Avoidance of these issues is common because the issues of gender identity and expression and sexuality are complex, can be a value-laden, and private area 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.

Persons with disability and chronic illness can often benefit from professional advocacy to support their resiliency and autonomy. As well, health care professionals and other caregivers may benefit from support and education about how to sensitively provide comprehensive care. This presentation will include; Common issues faced by those requiring assistance with their physical and emotional activities of daily living, case study examples, and interdisciplinary outreach education experiences of applied advocacy. The objectives are to provide information and inspiration related to how you may support the journey for trans folks with various disabilities that you may work with.

### **Trans Surgery - panel (part 1-2) (TBA)**

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# Keynotes' bios

**Tamara Adrián** is a doctor of law and has worked for over 25 years as a professor of law at the most prestigious universities in Venezuela. She is the author of numerous articles on human rights, commercial law, constitutional law and civil law issues.

As a transsexual lesbian woman, she has tirelessly strived for the recognition and protection of the civil and human rights of lesbian, gays, transsexual, transgender and intersex people. As a feminist woman, she is part of the women's movement of Venezuela, and she has been involved in all of the cases concerning the protection of women rights. She has been a lecturer in both LGBTTTI and gender legal issues in Venezuela, Colombia, Switzerland, France, Argentina, Peru, Italy, and many other countries.

**Dr. Greta Bauer** is an Associate Professor in Epidemiology and Biostatistics in the Schulich School of Medicine and Dentistry at Western University. Her research interests are in the health of lesbian, gay, bisexual and transgender communities, and in viral sexually transmitted diseases. Her research bridges the biological, behavioural and social determinants of health, with a methodological focus on quantitative and mixed methods for studying the health of marginalized communities. She is a principal investigator on the CIHR-funded Trans PULSE Project, a community-based research initiative to study the health of trans communities in Ontario.

**barbara findlay** is a lesbian feminist lawyer committed to making the law work for all of us. This means everything from helping someone prepare their will, to fighting ground breaking equality rights cases, to drafting donor insemination agreements for couples planning a child by assisted insemination.

In her non-lawyer capacity, she has done political work and advocacy around issues of oppression, including sexism, racism, homophobia, transphobia and disability. As a member of AWARE (the Alliance of Women against Racism Etc.) and as a member of Across Our Differences, she has done hundreds of unlearning oppression workshops for groups ranging from workplaces to university classes to legal audiences. It is her conviction that unless we work as hard on the ways we are privileged - whether by white skin, by heterosexuality, by able-bodiedness, or by economic advantage – as we do on the ways we are oppressed, equality will never come.

Within the legal profession, she has been a founding member of the provincial and national queer lawyers' groups in the Canadian Bar Association, called SOGIC, (Sexual Orientation and Gender Identity Conference). She has been a member of the equality committees of the Law Society, the B.C. Branch and

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the National Canadian Bar Association. She has also been a member of LEAF (the Women's Legal Education and Action Fund) as a board member of West Coast LEAF and as a member of the National Legal Committee.

She was designated as "Queen's Counsel" in 2001. That is a designation awarded by the Queen, through the Lieutenant Governor in B.C., to the most distinguished members of the legal profession.

**Dr. Lin Fraser** is President of WPATH. She saw her first transgender client in 1972 and has been in private practice with a gender subspecialty since 1976. Over the years, she has seen hundreds of people all along the transgender spectrum. She is a charter member of WPATH (then HBIGDA) and currently serves on the Executive Committee of the Board of Directors. She presents regularly at symposia, serves on the IJT editorial board, and is co-editor of the WPATH Update. She participates in education and advocacy through teaching, consulting, working with the judicial system, and appearing in the media to educate others about transgender health. Her main activity, however, remains her private practice and she considers it her daily privilege to see, listen to and learn from transgender, transsexual and gender nonconforming people during the process of psychotherapy

**Donna Bear Glover** is a co-director of the Two-Spirited People of Manitoba. She is a First Nation Two-Spirit woman, originating from Sandy Bay First Nation in northern Saskatchewan and she has lived in Winnipeg for the past 40 years. Donna received a Bachelor of Arts degree in Political Science at the University of Winnipeg, and is currently involved in community development focusing on Aboriginal cultural competency.

**Helen Kennedy** Executive Director of Egale Canada (coming soon)

**Gail Knudson** MD, MPE, FRCPC, is a Clinical Associate Professor at the University of British Columbia Department of Sexual Medicine, Consultant Psychiatrist at the British Columbia Centre for Sexual Medicine at Vancouver Hospital, Medical Director of the Transgender Health Program at Vancouver Coastal Health and Faculty Development Leader for the Island Medical Program, Faculty of Medicine, University of British Columbia.

She served as co-chair of the DSM 5 Consensus Committee for the World Professional Association for Transgender Health (WPATH), writing group member of the new Standards of Care for Transgender Health (version 7) and is the current co-chair of the WPATH ICD 11 Consensus Committee. Dr. Knudson is serving her second term as the Secretary-Treasurer of WPATH and is a founder and served as the first President of the Canadian Professional Association for Transgender Health (CPATH).

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# Presenters' bios

**Noah Adams**, BSW and RSW is a trans man who lives in the Commercial Drive neighbourhood of Vancouver, British Columbia. He completed a Bachelor of Arts in Psychology at the University of British Columbia, a Bachelor of Social Work at the University of Victoria and is currently mid-way through a Master's of Social Work at Dalhousie University. After completing his MSW, he plans to go on to complete a PHD. Noah has worked in Vancouver's Downtown Eastside for almost seven years, primarily in mental health and addictions. In his spare time, Noah works on his thesis on transgender suicide. Specifically, he is trying to determine why the rate of transgender suicide fluctuates so widely between studies.

**Dr Maud Bélanger** Dr Bélanger is a plastic surgeon who has joined Dr. Pierre Brassard's GRS Montreal clinic and works with him offering transgender surgeries

**Dr Cameron Bowman** is a plastic surgeon who performs sex reassignment surgery in Vancouver BC

**Nora Butler-Burke** is the coordinator of ASTT(e)Q (Action santé travesti(e)s et transsexuel(le)s du Québec), a Montréal based a front line harm reduction project working with low-income trans people in and around Montreal.

**Marie Carlson** RN, BSN, CRN(C), is a Clinical Instructor for the Department of Psychiatry, Faculty of Medicine/Sexual Medicine at UBC. As a sexual Health Clinician Marie works with persons with disability, their families and caregivers in the area of sexuality intimacy and relationships. Marie is a certified Rehabilitation Nurse and one of the co-creators of the 'Guidelines for Supporting Adults Living in Long-Term Care Facilities and Group Homes in British Columbia' 2009. Marie is also a longstanding member and current Co-chair of the Vancouver Coastal Health Disability and Rehab Ethics Committee and has a strong interest in end of life issues, ethics, human rights and diversity.

**Georgia Dacakis** is a lecturer and clinical educator in the Department of Human Communication Sciences, La Trobe University, Melbourne. She is also a member of the Monash Gender Dysphoria Team. Georgia has a number of publications and conference presentations around her research and clinical interest – voice feminisation.

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**Shelagh Davies** is a registered speech-language pathologist in private practice, specializing in vocal rehabilitation and training. She is also a clinical assistant professor at UBC. For the past 8 years she has conducted speech and voice training programs for transgender women in BC through the Transgender Health Program of BC. In 2006, along with Joshua Goldberg, she wrote 'Transgender Speech Feminization/Masculinization: Suggested Guidelines for BC Clinicians'.

**Lee Delaino**, MTS, is a faculty member at George Brown College in the Redirection Through Education and For You Programs teaching communication and life skills. She recently conducted research examining a course on learning and violence and its impacts on students' essential skills.

**Aaron Devor** has been studying and teaching about transgender-related questions for thirty years. He is the author of the widely-acclaimed books *Gender Blending: Confronting the Limits of Duality* (1989) and *FTM: Female-to-Male Transsexuals in Society* (1997) as well as numerous scholarly articles and he has delivered lectures to audiences around the world, including more than 20 keynote and plenary addresses. He is an elected member of the International Academy of Sex Research, a fellow for the Society for the Scientific Study of Sexuality and a nationally award-winning teacher. He was one of the authors of versions 6 and 7 of the WPATH Standards of Care.

Dr. Devor is a professor of Sociology and Dean of Graduate Studies at the University of Victoria.

**Margaret Drewlo**, MA, is a Mental Health Counsellor at Three Bridges Primary Care Clinic in Vancouver, BC. Prior to joining the Three Bridges clinic five years ago, she worked in the counselling field for 16 years - in the British Columbia provincial jail system, coordinating and facilitating addictions and anti-violence psycho educational groups in the private sector, and as a family therapist working with high conflict families. She has a Master's degree in psychology and is currently completing a doctorate in Clinical Psychology at Antioch University Seattle, a school with a strong social justice focus. Her dissertation looks at the factors in optimal psychologist-physician collaboration. Melis Alkin, PsyD, ABPP received her doctorate in Clinical Psychology from the California School of Professional Psychology in 2004 and was certified by the American Board of Professional Psychology as a Diplomate in Clinical Psychology in 2007. Between 2004 and the Fall of 2008, she lived and worked in Istanbul, Turkey where under the Helsinki Citizen's Assembly's Refugee Legal Assistance Program she founded and directed a mental health services program for asylum seekers and refugees, had a private practice, and taught at Bosphorous and Dogus Universities. Since her emphasis on trans mental health care during her pre doctoral internship at the LGBT Center in San Diego, Melis has continued to provide services to LGBTQ clients.

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**Janine Farrell** is a determined, queer, cisgender ally, who is committed to anti-oppressive education, activism, advocacy, and praxis that promotes meaningful change in the lives of individuals and contributes to shifting persistent health inequities drawn along lines of gender, class, sexuality, indigeneity, ability, race, ethnicity, and other constructions of difference in the Canadian context. As a graduate student in the Faculty of Health Sciences at Simon Fraser University, Janine takes up critical health equity approaches to a range of holistic experiences of health and seeks to leverage multiple forms of knowledge such as lived experience, critical social theory, and empirical evidence, to inform the development of accessible, practical, and meaningful solutions to alleviate individual suffering and/or interrupt systems of violence and oppression. Finally, Janine loves to thrift shop, go running and dancing when her body allows her, dig in the garden, sleep in, and drink coffee. All of the above are enjoyed in particular, with friends and loved ones.

**Loralee Gillis** is the Research and Policy Coordinator for Rainbow Health Ontario. In her role at RHO she works with researchers across the province to build capacity for LGBT health research. She also works with a variety of stakeholders, including community members, service providers, and policy makers to ensure that health policies reflect the diverse needs of LGBT people and communities across the province.

**Nikki Gravelle** has worked in community social services for the last 18 years and holds a degree in Gender, Sexuality, and Women's Studies from Simon Fraser University. Nikki has worked in a variety of areas including Mental Health, Sexual Health, Addictions, Outreach, Harm Reduction and LGBTQ2S Education. Nikki identifies as a cisgender woman, a SOFFA and an ally to Trans and Two Spirit people.

**Gwen Haworth**, BA, MFA, is the Educator with Prism at Vancouver Coastal Health facilitating workshops on LGBTQ2S inclusion & policy implementation within shelters, housing & health services. Gwen's community activism includes years of front line work in Vancouver's Downtown Eastside working alongside people facing multiple barriers. She is also a core team member of the All Genders Wellness Centre community initiative. She is an accomplished independent filmmaker who produced, wrote and directed the internationally acclaimed film *She's a Boy I Knew* in 2007.

**Billy Hébert** is the Project Manager of a community-based research and intervention initiative on the experiences of aging trans people in health care and social services. He has a Master of Arts in Social and Cultural Anthropology from Concordia University and centers his research interests on social justice and social movements, in particular as related to the realities of populations excluded because of sexuality, gender, and other sites of oppression. Interested in bridging the gap between academia and activism, he sees himself as an "engaged" researcher

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**Matthew Heinz** is a trans-identified professor in School of Communication & Culture and Dean of Faculty of Social and Applied Sciences at Royal Roads University, Victoria, BC.

**Ambrose Kirby** is a community activist, educator and psychotherapist. He has worked with trans youth and adults at the Sherbourne Health Centre for the past 2 and as well in his private psychotherapy practice. Additionally, he has worked as a project coordinator in the department of Academic Upgrading at George Brown College for the past 2 years. His teaching, facilitation and therapy practice aims to nurture the development of shamelessness and group cohesion through a radical attention to the everyday effects of sociopolitical power structures on interpersonal relationships. Ambrose has a Masters of Education in Counselling Psychology, University of Toronto

**Nicole Kirouac** is the Pediatric Endocrine Nurse Clinician at the Winnipeg Children's Hospital. Nicole is a graduate of the Bachelor of Nursing program from the University of Manitoba as well as the Pediatric Endocrine Nursing Society's Research Fellowship program. Nicole has been working in the Section of Endocrinology for Fourteen Years and has a special interest in working with children with Osteoporosis, Hypopituitarism, Disorders of Sexual Differentiation as well as Transgender.

**Damien Leggett:** I am a single transgender father of three children. I have been parenting since I was sixteen years old. I am 32 now. I have faced considerable discrimination in the areas of health care, counselling, and university life, and especially in my interactions within the public school system, as a single father. I am a drum carrier, feminist and artist, and have presented at several conferences about the rights of birthing women and trans people.

**Devon MacFarlane** is a trans person who has over a dozen years of experience within the health care system in leading initiatives addressing trans and queer health. These initiatives have addressed both strengthening trans and queer communities and creating positive change within health care systems. Devon has led several consultations within communities and organizations based on action research principles. Devon's background in community, program, and organizational development is supplemented by a master's degree in leadership. Devon has been a CPATH member since the organization's early days.

**Dan Metzger:** Dr. Metzger is a Pediatric Endocrinologist at BC Children's Hospital, and a Clinical Professor of Pediatrics at the University of British Columbia. He and his colleagues have been following transgender teens and young adults for the past 12 years.

**Jake Pyne** is a community-based researcher and trans activist who has worked in a variety of research and advocacy roles in Toronto's trans community over the past 10 years. His work has focused on access to services for trans people in the areas of

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housing and homelessness, health care and family planning and parenting. He is currently a Co-investigator on the Trans PULSE project and on a research team based at the Centre for the Study of Gender, Social Inequities and Mental Health at Simon Fraser University. In addition, he is a research assistant with a Concordia University study exploring the social and activist worlds of gender non-conforming children. Jake is completing a Master of Social Work degree at Ryerson University with a focus on support for gender non-conforming children.

**Rupert Raj** is a 60-year-old, Eurasian, pansexual, Gender Specialist, consultant, psychotherapist, clinical researcher, book co-editor, professional trainer and veteran trans activist. Has a private practice (<http://www.rrconsulting.ca/>) and also works at Sherbourne Health Centre in Toronto.

**Nik Redman** is an artist, activist and community worker who was born in Montreal, Canada. He is member of the GBQ Trans Men's Working Group, part of Ontario Gay Men's Sexual Health Alliance; the MaBwana Community Advisory Committee, the Prisoners Justice Action Committee(PJAC) and the Trans Fathers 2B Parenting Course Project Team. Nik is also one of the Co-investigators of The Trans PULSE, a community-based research (CBR) project. Nik was one of the online facilitators for the province-wide HIV/AIDS-themed Stigma campaign. Nik currently works as a Grievance Officer with University of Toronto's Local 1998 United Steelworkers Union. In addition, he works doing Anti-Harassment and Human Rights Training for the Union. Nik volunteers with the LGBT Youth Line, the Community One and is part of the programming committee and the Board of Inside Out Film and Video Festival. He also serves on the Board of Black Coalition for AIDS Prevention (Black CAP). As a member of blackness Yes!, He has been instrumental in programming the Blockorama stage at Pride Toronto. Nik is also an award-winning DJ, writer and radio programmer. He can be heard every Thursday 5-7 p.m. on [www.radioregent.com](http://www.radioregent.com) in Toronto.

**Will Rowe** is a PhD student in social work at McMaster University and the Trans Outreach and Advocacy Coordinator for The Well. He is a registered MSW with 17 years of frontline experience working within anti-poverty/anti-violence/queer and trans social justice movements.

**Celia Schwartz** is a clinical social worker with St. Michael's Hospital in Toronto, working out of Inner City Health, Department of Family & Community Medicine. She provides both individual and group psychotherapy for a diverse client population. Ms. Schwartz runs several groups including the African Women's Trauma Recovery and Empowerment Group and Seeking Safety, a group for individuals surviving trauma and addiction. She also works with a diverse client population offering clinical services for a range of issues such as counselling for individuals suffering from Post-Traumatic Stress Disorder, Anxiety and Depression. Ms. Schwartz provides counselling for individuals going through Transition or having Transitioned and also offers clinical assessments for trans men and women around readiness for hormone therapy.

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**Fiona Smith:** Assistant Professor of Psychiatric Nursing at Brandon University in Winnipeg, Canada. Her clinical background is in child and adolescent mental health. Her early research explored the experience of mothers seeking help with children suffering depression. Three youth in her family and community identify as transgender. She is completing her PhD in Applied Health Sciences at the University of Manitoba, focusing on families of transgender/variant children

**Marria Townsend** is a family physician who has the privilege of providing care to many trans and gender diverse people in her practices at the Catherine White Holman Centre and Three Bridges Community Health Centre. Biographical information on the other presenters will be provided prior to the workshop.

**Anna Travers**, MSW, initiated Canada's largest primary health care clinic for lesbian, gay bisexual and trans communities at Sherbourne Health Centre. She is now Director of Rainbow Health Ontario a province-wide program designed to increase access to services and to improve the health of LGBT communities in Ontario. Anna is also an active writer, presenter, community-based researcher and activist. In 2009, Anna received a lifetime achievement award from the American Psychological Associations, Division 44.

**Dr. Kristopher Wells** is a researcher at the Institute for Sexual Minority Studies and Services in the Faculty of Education, University of Alberta. His research, teaching, and service work centres on creating safe, caring, and inclusive schools and communities for sexual and gender minority students, teachers, and families. Currently, Kristopher serves as the Book Review Editor for the International Journal of LGBT Youth. He is also the co-founder of Camp fyrefly (<http://www.fyrefly.ualberta.ca/>), which is Canada's largest leadership retreat for sexual and gender minority youth. Kris is a frequent consultant to the Alberta Government, Canadian Teachers' Federation, Public Health Agency of Canada, UNESCO, and the World Health Organization.

**Carol Allan** is a PhD student working at the Institute for Sexual Minority Studies and Services, Faculty of Education, University of Alberta. She is a retired public school teacher, having taught 31 years for Edmonton Public Schools in various elementary and junior high schools. Carol taught for 12 years as a male before transitioning to become female during the summer of 1988. That summer was one of legal proceedings between lawyers for the district and those representing Carol. The final outcome was that she was able to continue teaching as a female for 19 more years before choosing to retire. Carol was most likely the first openly transgender teacher to publicly transition while teaching within the school district.

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**Ian Whetter** is a family physician in Winnipeg. He works with the Trans Health Clinic, facilitating access to hormone therapy and gender affirming surgeries. He is also a clinical educator in the University of Manitoba's Northern Remote Family Medicine Program and a primary care provider in the Norway House Cree Nation.

**Jordan Zaitzow** is the current coordinator of the program Trans Health Connection: a joint program of Rainbow Health Ontario and Sherbourne Health Centre. He is a white trans masculine person who has been doing trans-related programming, training, activism and organizing for almost a decade and is passionate about trans health and health access.



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**We also wish to thank all the organizations and individuals who have contributed to the success of this conference**

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