The Development of Resources for the Trans* Community and Their Allies

by

Mackenzie Clark

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The procedures in the enclosed manual are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

For Mom and Dad.

Firstly for raising me to know the importance of dedication and hard work. For being excellent role models of what I want to be as a person. Your belief in my abilities helped push me through hard times. Lastly for knowing my dreams could turn into reality.
Abstract

The “Trans* 101: Guide for Trans*-People and Their Allies” was created as a resource for individuals within the community to expand their knowledge regarding trans*-identity. Part 1 of the guide was created specifically for people identifying currently or previously as trans*, as well as people exploring their gender identity. Part 2 of the guide was developed for people wishing to better their understanding and inclusivity of the trans* community. Trans*-allies may be family members, caregivers, friends, relatives or helping professionals. The guide was created to be used both trans*-people and trans*-allies to provide easier access to supports and services available. To the author’s knowledge, there was no such resource existing in the Kingston community. Five HIV/AIDS Regional Service staff, one who identified as trans*, evaluated the guide using the Trans* 101 Feedback form created by the researcher. They were asked to rate the appearance, readability, perceived usefulness of the information in the guide, and whether the guide would be beneficial for other individuals in different environments. Positive findings in terms of the guide were reported, with all of the respondents selecting either “strongly agree” or “agree” to statements in regards to feeling that they now have more knowledge of supports, feel the guide itself is a good asset for the community, and would recommend it to others. Recommendations for further research include developing a workshop for trans*-allies working with individuals identifying as trans*, using the “Trans* 101: A Guide for Trans*-People and Their Allies.”

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1 For the purpose of the thesis study, the use of an asterisk (*) after the word “trans” indicates that the study will be including all individuals that identify as transgender as well as all gender identities involved in trans* identity.

2 Additionally, the use of the word “they” will be used throughout the thesis to replace he/she in certain circumstances to avoid mis-pronouncing trans* participants.
Acknowledgements

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BPSYC Family: My classmates and I have battled four long years of exhausting schooling, and we have managed to stay a family. I am leaving this program with an entire new group of friends that will stay with me for years to come. Also it is impossible to forget the professors involved in this great program. Each faculty member spends years of dedication making this thesis an achievable goal.

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CHAPTER I: Introduction

The intersection of gender and sexuality is a topic that will be discussed in great detail throughout the entirety of this paper. The ability to view sex as separate from gender is relevant in the focus on sexuality because not all people agree with the gender that society has assigned to them (Martin, Ruble, & Szkrybalo, 2002). Sears, Maccoby, and Levin (1957) noted that children who are as young as five years old can display gender-related behaviour. As development in understanding the topic of sexuality began to occur, controversy began to emerge as people resisted such a change (Martin, Ruble & Szkrybalo, 2002). Society plays a large role in viewing sex and gender as synchronized; a female should possess a feminine gender identity, and vice versa (Our Bodies Ourselves Sexual Orientation & Gender Identity Contributors, 2014). As society’s gender-zeitgeist changes, there is an increased need to acknowledge those whose individual gender identity diverges from their sex. The Diagnostic and Statistical Manual of Mental Disorders (DSM 5) term gender dysphoria refers to the experience of distress related to identifying with a gender different from the one assigned at birth (American Psychiatric Association, 2013). A diagnostic category, such as gender dysphoria, refers to characteristics that may be shared by a number of people, but that does not innately define the person. Additional terms used to refer to people who do not identify with their sex are “transgender”, “people who are trans*”, “trans*” or “trans identifying” (Bradford, Reisner, Honnold & Xavier, 2013). An individual identifies with the gender that corresponds to their biological sex is referred to as cis-gender.

The trans* population exists outside of societal norms (Mayer et al., 2008), making them a minority. Stigma develops when people in normative groups hold irrational beliefs about those whose behaviour deviates from the norm. The minority group (trans* in this case) may suffer from exclusion and hostility in various forms. Such discrimination can play a large role in triggering mental health issues. In order to decrease unwanted mental health problems and increase positivity (the amount the person feels accepted and understood) is through access to services in the community. Social service providers aim to enhance community members’ overall wellbeing and to develop life skills such as accessing available supports to resolve problems (Canadian Association of Social Workers, 2014). Maulik, Eaton and Bradshaw (2011) indicate that supportive services have a large role for service users. Various factors affect the use these services, including public opinion and personal insecurities (Maulik et al., 2011). Having specific types of services for various circumstances is important, and can be achieved by expansion of social services to transgender populations. This expansion appears beneficial because social networks and social support greatly influence the well being of service users (Maulik et al., 2011).

Rationale

HIV/AIDS Regional Services (HARS) is a social service agency in Kingston focused on sexuality, gender, sexual education and sexual health. Clients at HARS are provided many services for sexual health related issues. However, one domain has received less attention than others. Various clients have informed staff members at the agency of a gap in resources for the trans* community. Feedback from such clients made
it evident that a comprehensive resource needed to be developed. ‘Trans* 101: A Guide for Trans*-People and Their Allies’ was created in attempt to fulfill this need. The guide focuses on the main topic of trans* identity. The first section of the guide is for people identifying as trans*. Section one addresses personal experiences of people who are trans*, where to seek medical attention, and self-care. The second section provides education on the trans* lifestyle for people who do not identify as trans*, as well as trans*-specific supports, education and information. Part 2 covers relevant information on how be inclusive and understand trans*-identifying individuals. Components of the guide provide professionals, people who are trans*, and the rest of the population with beneficial trans*-related information. The overall goal of the guide was to provide a resource to support the trans* population, including educating trans*-allies, through a life-changing process. Staff members at the placement agency evaluated the guide through a feedback survey provided to HARS staff members. The data from the evaluations provided information on the usefulness and informative characteristics of the guide.

Overview of Thesis

The following chapters of the thesis document describe the development of the Trans* 101: A Guide for Trans*-People and Their Allies guide in its entirety. Chapter II is a review of the literature amassed thus far, enabling identification of gaps in current research. Literature indicated there is a dearth of resources available for trans*-identifying individuals. Chapter III is the methodology section where the layout of the guide is displayed. Here, each section of the guide is described. The methodology also set out the process for the evaluation of the guide through a feedback survey. Chapter IV presents the guide itself and the results of the feedback surveys and interviews. The concluding chapter discusses the strengths and limitations of the manual and its evaluation,
CHAPTER II: Literature Review

Key Terms

In order to fully understand the different components of sexuality and gender discussed below, certain terms must be defined. Sex refers specifically to chromosomes (xx for female, xy for male), hormones, and sex organs (American Psychological Association, 2012). Gender, according to Killermann (2014), is determined by the characteristics that society considers masculine or feminine. Furthermore, Benson (2013) defines gender identity as a person’s own sense of masculinity or femininity. It has been customary to view sex and gender as synchronized; for example, a person with the sex of a female would possess a feminine gender identity (Benson, 2013).

As society’s gender zeitgeist changes, in North America there comes an increased need to acknowledge those whose individual gender identity diverges from their sex. Language around sexuality and gender identity can be difficult because the language that is considered acceptable is constantly changing. Given that, the thesis study uses specific language that has been identified by literature as current inclusive terms regarding sexuality and gender identity. For example, Killermann (2014) indicates that when using the term “trans” in writing, it is best to use an asterisk after the word [trans*] to increase the inclusivity of the writing. Killermann (2014) further explains that, by using the term “trans***”, the author is able to refer to all of the identities inclusively. By replacing the terms such as “transgender” with “trans***” in writings, the inclusivity is maximized. The existing gender spectrum that individuals can identify with is very broad. The inclusion of an asterisk makes special note in an effort to include all “non-cisgender gender identities, including transgender, transsexual, transvestite, genderqueer, genderfluid, non-binary, genderfuck, genderless, agender, non-gendered, third gender, two-spirit, bigender, and trans man and trans woman” (Killermann 2014, p. 1). Bradford, Reisner, Honnold and Xavier (2013) identify examples of how to refer to such previously mentioned individuals, such as “trans*-person”, “individual identifying as trans***” or “trans* community”.

Prevalence

According to the International AIDS Society (IAS, 2014) there are no prevalence estimates of what percentage of the population identifies as trans*. According to Bauer and Rainbow Health Ontario Staff (2012), the lack of data is due to trans* information not being individually asked in Statistics Canada surveys. The data that are available focus specifically on “LGB” (Lesbian, Gay, Bisexual)-identifying individuals. Research suggests that the LGB data may not be an accurate reflection, due to people being hesitant to disclose their sexual and gender identities to researchers, and the same thing is hypothesized to happen to the trans* population (Bauer & Rainbow Health Ontario Staff, 2012). Statistics Canada developed the Canadian Community Health Survey as the first to include a question on sexual orientation (Statistics Canada, 2003). In that study, 1% of Canadians age 18 to 59 identified as gay or lesbian, and 0.7% identified as bisexual. Among men, 1.3% identified as gay, and 0.6% identified as bisexual. Among women, 0.7% identified as lesbian, and 0.9% identified as bisexual (Statistics Canada, 2003). LGBT health information broken down by geographic region (city, region or Local Health
Integration Networks) or by ethno-cultural community is often unavailable, and this lack of regional data is a barrier to local health planning. Gates (2011) theorizes that trans*-people may identify as lesbian, gay, or bisexual, making an estimate of trans*-specific impossible. Gates (2011) reports the percentage of adults who are trans* is estimated to be very low. Conron, Scott, Stowell, and Landers (2011) analyzed United States’ survey data from 2009, which showed that only transgender 0.5% of adults aged 18-64 identified as transgender. Gates (2011) asserted that an estimated 9 million Americans identify as lesbian, gay, bisexual, gay or transgender (LGBT). Of these individuals, an estimated 3.5% identify as either lesbian, gay, or bisexual and only an estimated 0.3% identify as trans*. It can hypothesized through US data that the info would be similar in Canada, although the data could be an underestimate because of gender fluidity.

**History**

In the late 19th century, 1885, all homosexual behaviour was considered illegal; anyone suspected of homosexuality faced jail time (Whittle, 2010). Counter-intuitive to traditional gender norms and sexuality, individuals identifying as trans* were originally thought to be homosexuals (Whittle, 2010).

Derogatory terms for trans*-identifying individuals developed, including “transvestites” and “cross-dressers”. Inclusive language regarding gender and sexuality did not exist until the 1970s (Whittle, 2010). Gender reassignment was also non-existent, and misunderstood, as people were not educated regarding the topic of transgender (Glicksman, 2013). This lack of understanding and education led to illogical beliefs and prejudice toward such marginalized populations, referred to as stigma.

Glicksman (2013) discussed significant developments that have occurred in regard to the understanding and acceptance of people who are trans*. Successful treatment for people who wish to have gender reassignment now exists. Interventions have been developed to reduce the discrimination faced by people who identify as transgender. Glicksman (2013) states that transgender people are entering a more hopeful time period. Education is increasing in attempts to create a worldwide understanding of trans* lives. For example, in 2012, one contestant of a famous competitive dance show “Dancing with the Stars” disclosed their transgender identity on live television (Glicksman, 2013). Also, a Hollywood movie director revealed an unpleasant past growing up transgender (Glicksman, 2013). Furthermore, in an attempt to reduce stigma, the American Psychological Association is creating standards for practitioners working with gender-nonconforming clients (Glicksman, 2013).

An article by Emerton (2006) examined a development in Hong Kong regarding the transgender community. In 2004, two trans* identifying committed suicide only a few days apart (Emerton, 2006). This event reportedly sparked a strong desire for a new wave of activism amongst trans*-people in Hong Kong, and led to the creation of the Transgender Equality and Acceptance Movement, ‘TEAM’, as the first organized group of transgender people and supporters there. Emerton (2006) concluded that Hong Kong’s transgender community had “finally found its voice” (p. 244). The development of
“TEAM” resulted in progress for anyone questioning their gender identity. The movements mentioned are a small sampling of developments that are occurring.

Stigma

Stigma can be described as actions and/or beliefs held towards people, in order to ostracize them from society based on irrational fears and stereotypes. Kalichman (2014) defines stigma as a negative emotion held towards a person or group of people, which in the case of trans* is also known as transphobia.

Transphobia. Social norms, according to Mcleod (2008), are beliefs that society holds regarding the ways that people “should” act. Groups that do not follow established norms are linked to high levels of stigma (Rost & Weibel, 2013). Transphobia reportedly creates barriers for everyday functioning (Mizock & Mueser, 2014).

Walch et al., (2012) developed a study that included 45 students from an undergraduate course. The students were randomly assigned to one of two conditions. In one group, participants were involved in a trans* speaker panel presentation (condition A), followed by a lecture presentation two days later (condition B). In the other group, participants were involved in a lecture presentation on various components of gender (condition B), followed by a trans* speaker panel two days later (condition A). Exposure to trans*-people and level of transphobia was measured at baseline, and after exposure to either condition. Walch et al., (2012) found an overall significant reduction in transphobia for both A and B conditions. Further analysis of the data showed that the trans* speaker panel presentations developed greater reduction in stigma (condition A) than the lecture presentations (condition B). Overall, the results support the notion of brief, contact-based interventions to reduce sexual stigma and prejudice (Walch et al., 2012).

Lombardi, Wilchins, Priesing, and Malouf (2001) surveyed 402 trans*-identifying individuals: half of the people had experienced harassment, and 21% were victims of sexual assault. The researchers also reported that discrimination prevents transgender individuals from setting limits with sex partners. The stigma endured by people identifying as trans* increases their risk for unprotected sexual behaviour, depression, and suicide (Kosenko, 2010). Further findings of the study by Lombardi et al., (2001), regarding the welfare of trans*-people, indicate that stigma and isolation increase the likelihood of various mental health related issues, such as depression and suicide.

Internalized stigma. According to Kaplan (2011), internalized stigma refers to internal negative associations that individuals have regarding trans* identity. These feelings may arise, and the individuals may not even realize it. Furthermore, it refers to how some people who are trans* hate themselves in some way for identifying with such a gender identity. Internalized transphobia occurs as a result of various forms of stigma that exist within society towards people who do not conform to gender identity norms. This can happen because people often learn the attitudes and beliefs of those around them before they become sufficiently self-aware or wise to start questioning them. People generally develop these views from trusted figures in society. Research by Kaplan (2011) demonstrated that sometimes internalized transphobia can prevent trans* individuals from
making connection with others who have the same gender identity. Kaplan (2011) indicated that in order for a reduction in internalized transphobia to occur, their needs to be an increase in awareness regarding the topic. The author also noted that additional strategies include engaging with trans* related topics to improve one’s knowledge about gender issues, but a supportive friend or a support group can work too. By attempting to reduce the internal stigma of trans* people, individuals are a step closer to reducing overall stigma.

**Mental health.** The stigma toward individuals who are trans* can largely influence their mental health. A study conducted by Mizock and Mueser (2014) was developed in an attempt to answer questions regarding trans* research. The sample in this study included 55 trans*-identifying individuals. The researchers investigated participant strategies for coping with transphobia. Higher levels of coping with stigma were associated with lower levels of experienced stigma (both internalized and external). The researchers found that due to transphobia, mental health problems have been associated with barriers faced by trans*-people. Stigma creates difficulties in accessing medical and mental health services (Lucksted, 2004). Furthermore, medical providers who lack the ability to work with the trans* population contribute to the existence of trans* related stigma. This is because such individuals tend to feel discriminated against, and that their values are not being acknowledged.

Bockting, Miner, Romine, Hamilton, and Coleman (2013) had 1093 male- to-female and female-to-male trans*-people complete an online survey that included standardized measures of mental health. The online survey evaluated associations between stigma and mental health and tested whether indicators of resilience moderated these associations. Bockting et al., (2013) found a high prevalence of various mental health issues including clinical depression, somatization, and anxiety. As hypothesized, stigma was associated with psychological distress. In addition, peer support significantly moderated the relationship between stigma and psychological distress. Discriminative actions from others were linked to the development of negative self-worth of the group receiving the discrimination. The findings supported the notion that mental health treatment needs to include procedures for people who do not identify with hetero-normative gender identities. The researchers noted that, by enhancing peer support and improving access to mental health and services that accept and promote trans*-identifying individuals, there may be an improvement in their overall mental health (Bockting et al., 2013).

Mizock and Mueser (2014) examined 55 trans*-identifying individuals. The goal of the study was to expand understanding of transphobia, mental health stigma, and internalized stigma among trans* individuals with mental health problems. For this study, internalized stigma referred to feelings of not fitting in with the rest of society. Results indicated that participants who reported high levels of internal stigma were those who had jobs. Lower levels of internalized stigma were correlated with effective coping strategies. Participants who reported use of outpatient mental health services and psychiatric medication reported higher levels of internalized stigma. Overall, the results indicated that
mental health for trans* identifying individuals could be predicted by employment, stigma, and coping strategies.

**Human rights.** Kollman and Waites (2009) provide a global overview of political issues around key Lesbian, Gay, Bisexual, and Trans* (LGBT) developments. The article begins by indicating that human rights for LGBT populations require critical examination of each gender and sexuality identity category within the LGBT spectrum. Kollman and Waites (2009) state that by doing so, there could be a possible redefinition of human rights, which could lead to the development of progressive LGBT human rights. The authors point to the LGBT population as virtually non-existent in regard to politics. A key point is that society may not actually have a consistent idea of human rights. The authors expand on this notion by comparing what existing human rights notions have included. The research suggested that notions involve an array of concepts, but completely disregard sexuality. Overall, LGBT human rights in politics remains under-explored.

**Access to everyday resources.** Health care is another service where discrimination against transgender people occurs. Bradford, Reisner, Honnold, and Xavier (2013) reported that in a study of 182 trans*-identifying clients, “12% were refused routine health care, 3% were refused mental health care, and 14% reported difficulty getting emergency health care because they were transgender” (p. 1820). Although this study did not directly provide data on the refusal rates for individuals who did not identify as trans*, the authors did state the rates were much higher for trans*-people. Such social stigma makes it so that these individuals are unable to access health services necessary for everyday living. In addition, many colleges also fail to provide adequate accommodations for students identifying as trans* (Watjen & Mitchell, 2013). It is reported that the trans* students are forced to live with individuals of the same legal sex, and the majority of male students refuse to share a public bathroom space with a trans*-person.

**Overcoming Stigma**

Research by the International AIDS society (IAS, 2014) suggests that as prejudice towards trans* people decreases, their visibility increases. Essentially, increasing knowledge of trans* identity can minimize illogical fears and stereotypes that develop.

**Counselling.** Counselling teaches clients to make life changes that will help in becoming self-reliant and self-confident (Sherwood, 2012). Counselling strategies allow for positive change by providing alternative ways for clients to cope (Sherwood, 2012). The coping strategies acquired through counseling are developed through behaviours that enable the individual to feel self-sufficient. Sherwood (2012) states that in addition to coping, counselling aims to help participants build stronger support systems and relationships.

A study by Budge, Adelson, and Howard (2013) consisted of 351 participants who identified as trans*. The purpose of the study was to examine facilitative and avoidant coping as mediators between distress and transition status, social support, and loss. Participants were recruited through social networking sites, and local LGBTQ services in the United States. An online survey was posted and participants were given two months to
participate. Only participants who completed the entire survey were included in the final data set, which included trans* women, trans* men, and genderqueer individuals. The data demonstrated that levels of anxiety and depression among trans* individuals were much higher than in the general population (Budge, Adelson, & Howard, 2013). The dominant coping process for trans* identifying individuals was found to be avoidance coping (avoidance of aversive situations and stimuli). This study affirms that the amount of stress felt by the individual is stress directly related to the amount of social support they have. The findings suggest that the more social support an individual experiences, the less distress will be experienced. Results confirm the need for services workers to implement interventions that minimize the use of avoidance as a way of coping and increase social support to benefit the mental health of trans*-people (Budge, Adelson, & Howard, 2013).

**Education.** Illogical beliefs can be diminished through providing educational information in an attempt to decrease transphobia (Singh, Hays, & Watson, 2011). Despite the extensive evidence demonstrating the stigma and discrimination the trans* community battles every day, there is some good being done. Papers advocating for equality are constantly being published. Singh, Hays, and Watson (2011) address the need to further inform society by advocating on behalf of trans* individuals. Informing the public of the current strategies that trans* individuals use in their everyday lives, despite being discriminated against merely due to their nonconformity, is critical to providing trans*-affirmative counselling. The American Psychiatric Association (2013) indicates that gender identity disorder used to be considered to be a mental disorder, which has now been changed to gender dysphoria, and which is less stigmatizing for individuals who are so classified.

Kalichman (2014) identifies a link between stigma and the extent an issue is exposed in society. Concealability is the component of stigma referring to how much a subject is hidden or apparent to others (Kalichman, 2014). Another aspect of stigma is that of people reacting in objection or disgust. Kalichman (2014) states that these elements of stigma are related to negativity and mental health issues for the victim. By teaching the basic principles of stigma, people can learn how to reduce negative perceptions of marginalized populations (Kalichman, 2014).

A study by Gowen and Winges-Yanez (2014) provides critical information on how to overcome stigma. The study focused on the quality of school-based sexuality education in LGBTQ youth. This research measured inclusivity of sexual education classes, as well as suggestions for improving sexuality. Thirty volunteer students were randomly assigned to one of five focus groups. Participants indicated that LGBTQ-related issues were not brought up in class (Gowen & Winges-Yanez, 2014). Additional responses indicated that several teachers told students that they were not allowed to discuss issues related to non-hetero-normative sexuality. In describing their sexuality education experiences, many participants recalled instances in which heterosexuality was the perceived norm. The students were taught education regarding vaginal intercourse regarding involvement of a penis. This type of sex education makes the discussion of alternative sexual behaviour seem irrelevant and not normal. Some participants specifically suggested that teachers take on the responsibility of learning about LGBTQ sexual orientations and gender
identities that stray from the hetero-normative view, in order to provide an inclusive sexuality education experience. Participants additionally stated that addressing the various sexual and gender identities that stray from societal norms are beneficial, as many may also have friends and family members who identify within the LGBTQ population. This study indicates that LGBTQ kids advocate for education issues and it is important to provide to reduce stigma. Additionally, it appears education regarding sexuality and gender can provide benefits in the reduction of stigma when presented in an inclusive manner.

**Relation to the Thesis**

The literature supported the need for a reduction in transphobia. The available literature strongly supports a link between increasing…. And decreasing stigma and the negative…Examining resources available in scientific literature can link the fact that increasing resources for the trans* population and providing educational resources for allies/the general population may decrease stigma and thereby reduce the negative effects of discrimination. Accordingly, the goal of this thesis is to create a resource to support the trans* population, including educating trans*-allies, through their transitioning processes. The creation of a guide for trans*-identifying individuals and their allies is hypothesized to be helpful in reducing stigma and thereby reducing discrimination against the trans* community.

Word count: 3175
CHAPTER III: Methodology


This resource was developed for quick access to essential material to benefit the lives of trans*-people. The guide was created for two groups: people who identify currently or previously as trans*, as well as anyone seeking information regarding trans* identity. A section was generated specifically for both target groups. To obtain feedback on the guide, a survey was provided for readers. The feedback forms both contained a total of eight questions pertaining to the usefulness of the guide. There were three trans*-specific and three ally-specific questions on the surveys. The components of the guide are described in detail below.

Participants. Two sets of participants were included in this study. The first group focused on one trans*-identifying individual that used the agency services, who was interviewed through a standardized questionnaire to provide information for the guide itself. The participant provided informed consent using the consent form in Appendix A. The consent form contained an invitation to participate in the study, the purpose of the study, and what the participant would have to do to participate in the study. It also outlined the benefits and risks of the study, instructions regarding steps to take if anything went wrong during the duration of the study, and informed the participant that all information would be kept confidential, and of the right to withdraw from participation in the study at any time. The second group of participants was staff at HARS who agreed to review the guide and provide feedback. Participants who did not return the questionnaires to the author within the given timeframe were excluded from the study. Completed questionnaires were taken as implied consent to using the feedback.

Trans* 101: A guide for trans*-people. The first section in the guide was called “Trans* 101: A Guide for Trans*-People”. Although anyone might read this section of the guide, the focus was on those identifying as trans*. The process involved in changing one’s gender identity is lengthy and has many different aspects and stages. This section included advice and information on multiple areas a trans*-individual may face. Below is a table displaying the sections, topics, and components in the “Guide for Trans*-People” section (Table 1).
Table 1

Trans*-People Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is trans*</td>
<td>• Definition of transgender and transsexual</td>
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<tr>
<td></td>
<td></td>
<td>• Overview</td>
</tr>
<tr>
<td>2</td>
<td>Education</td>
<td>• Difference between sexuality and gender</td>
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<tr>
<td></td>
<td></td>
<td>• Biological sex</td>
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<td></td>
<td></td>
<td>• Societal norms</td>
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<td></td>
<td></td>
<td>• Gender Dysphoria</td>
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<tr>
<td>3</td>
<td>Transitioning</td>
<td>• Prices</td>
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<td></td>
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<td>• Locations</td>
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<td></td>
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<td>• Recovery</td>
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<td>• Health care</td>
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<td>• Injecting hormones</td>
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<td></td>
<td></td>
<td>• Changing name</td>
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<tr>
<td>4</td>
<td>Trans* Support</td>
<td>• Community</td>
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<td></td>
<td></td>
<td>• Facebook</td>
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<tr>
<td></td>
<td></td>
<td>• LGBTQ friendly businesses</td>
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<tr>
<td></td>
<td></td>
<td>• Surrounding areas</td>
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<tr>
<td>5</td>
<td>Additional Resources</td>
<td>• YouTube tutorials</td>
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<tr>
<td></td>
<td></td>
<td>• Books</td>
</tr>
<tr>
<td>6</td>
<td>Inside the Life of a Trans*-Person</td>
<td>• Stories</td>
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<tr>
<td></td>
<td></td>
<td>• Advice</td>
</tr>
</tbody>
</table>

In order to gather helpful information for section 6 of the manual, a trans*-person was given a structured interview about their life as a trans*-person by the student researcher. The interview questions are in Appendix B. The interview questions were administered via e-mail to the participant, who answered and emailed the responses back. The informant was also given the option to share experiences by providing artwork, personal stories, and poems. The artwork, stories and poems provided by this participant were incorporated into the guide (with their consent).
Trans* 101: Education for trans*-allies. The second section of the guide was ‘Trans* 101: Education for Trans*-Allies’. Allies were considered any person interested in expanding their knowledge regarding the lives of trans*-people. Essential information was provided for this group of people using visually appealing techniques. Below is a breakdown of the components in this section of the guide.

Table 2

Trans*-Ally Content

<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is an Ally</td>
<td>• Definition</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Importance</td>
</tr>
<tr>
<td>2</td>
<td>Overview of Trans*</td>
<td>• Definitions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Examples</td>
</tr>
<tr>
<td>3</td>
<td>History</td>
<td>• LGBTQ History</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Canadian History</td>
</tr>
<tr>
<td>4</td>
<td>Stigma</td>
<td>• What is stigma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How it develops</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Relevance to trans*-people</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How to prevent it</td>
</tr>
<tr>
<td>5</td>
<td>Mental Health</td>
<td>• Triggers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support</td>
</tr>
<tr>
<td>5</td>
<td>Interacting/Acceptance</td>
<td>• How to stay gender neutral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Never assume</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Safe spaces</td>
</tr>
<tr>
<td>7</td>
<td>Supports/ Services</td>
<td>• What is available</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Support for trans*-allies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Contact information</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Forms</td>
</tr>
</tbody>
</table>
**Part 2: Feedback on the Guide**

**Trans* 101 feedback survey.** In order to investigate the potential utility of the guide, a “Trans* 101 Feedback Survey” (Appendix C) was given to five staff members of HARS. Access to the Tran* 101 guide, and the feedback survey was available at the HARS front desk, by asking the receptionist. A blank envelope for returning the survey was given, in addition to the guide and survey. Information about the feedback process, including the purpose, risks and benefits, and the voluntary nature of participation was presented at the beginning of the feedback survey. Completion and return of the feedback survey to the HARS front desk indicated consent to participate. When the survey was complete, the participant placed the survey into the envelope provided and handed it to the receptionist. The survey items were rated on a five-point Likert scale, with one representing complete disagreement and five representing complete agreement with the statement. One version of the questionnaire was available to those who identified as trans* and another version was available for those who did not. Both versions asked questions regarding the reader’s response to the guide. The trans*-specific questions asked how they found the guide portrayed the topic of trans* identity. The second version asked non-trans* individuals questions on how they found the guide informed them of the topic of trans* identity. Results from this survey enabled necessary changes to be made to the guide.
CHAPTER IV: Results

Creation of The Trans* 101: A Guide for Trans*-People and Their Allies

The Trans* 101: Guide for Trans*-People and Their Allies (Appendix F) was created for anyone interested in expanding their knowledge regarding the topic of transgender. This guide was created to increase the awareness of trans* identity. It was organized in two parts (described below), as presented in Table 1 and Table 2. Copyright permissions were obtained for the materials reproduced in the guide and can be found in Appendix D.

Part 1: A Guide for Trans*-People. Part One: ‘A Guide for Trans*-People’ provided information that was relevant for individuals who are questioning their sex/gender, do not identify with their birth sex, and/or those who identify as trans*. The first section of the guide provided a large amount of important information beneficial for the lives of trans-people. It was also intended to help anyone identifying as trans* broaden their education on the topic of trans* identity. This section included an interview with a trans*-person (see pages 51 to 55 in the Guide). The trans*-person who participated in the interview provided written and photo material, following the procedure outlined in method above.

Part 2: Education for trans allies. Part Two: ‘Education for Trans*-Allies’ provided information relevant for allies of individuals identifying as trans*. Trans*-allies were considered to be family members, caregivers, friends, relatives or helping professionals. Allies were also considered to be anyone wishing to better their understanding and inclusivity of the trans* community. This section provided education on history, stigma, mental health, interacting/inclusivity, and supports/services. In addition, ways to access community supports for ally persons, as well as anyone in their lives identifying as trans*, were provided.

Feedback Survey Results

Five HARS staff members completed the Trans* 101: Feedback Survey, four of whom self-identified as non-trans* and one who self-identified as trans*. Clients were also approached but could not complete the questionnaire within the available timeframe. The respondents’ results can be found in Tables 3 and 4 (raw data on the feedback survey can be found in Appendix E). In addition, the respondents were given the option of leaving additional comments, which are provided in Table 5.

As can be seen in Table 3, the one trans* respondent found the guide to be visually appealing, yet was not sure if it was easy to read. The respondent disagreed with a statement that they could relate to the stories of the trans*-person included in the guide. The respondent indicated that they found they guide helpful and that they now had more knowledge on existing supports. The respondent completely agreed with statements that
the guide was inclusive, a good asset to the community, and that they would recommend
the guide to their family and friends.

Table 3
Feedback Responses of a Trans*-Identifying Individual (n=1)

<table>
<thead>
<tr>
<th>Feedback Question</th>
<th>Respondent Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>The format of the handbook was visually appealing</td>
<td>Completely Agree</td>
</tr>
<tr>
<td>The information was easy to read</td>
<td>Neither Agree Nor Disagree</td>
</tr>
<tr>
<td><em><em>I can relate to the stories of other trans</em>-people provided</em>*</td>
<td>Disagree</td>
</tr>
<tr>
<td><strong>I found this guide helpful in finding relevant services</strong></td>
<td>Completely Agree</td>
</tr>
<tr>
<td>I have more knowledge now on available supports than before reading the handbook</td>
<td>Agree</td>
</tr>
<tr>
<td><strong>The handbook was all-inclusive and non-offensive</strong></td>
<td>Completely Agree</td>
</tr>
<tr>
<td>The handbook is a good asset to have in the community</td>
<td>Completely Agree</td>
</tr>
<tr>
<td>I will recommend the “Trans 101: A Guide for Trans*-People and Their Allies” to friends and family</td>
<td>Completely Agree</td>
</tr>
</tbody>
</table>

*Note: Feedback questions formatted in bold in Table 3 are those questions that are specific to individuals that identify as trans*.

It can be seen in Table 4 that most non-trans* identifying respondents agreed that the guide was a helpful resource. Seventy-five percent of respondents found the guide to be visually appealing, as well as readable and relevant. All readers agreed that they could now relate to trans*-people, had gained knowledge on supports, the guide itself was a
good asset for the community, and would recommend it to others. Most readers felt that they knew how to be inclusive before reading the manual.

Table 3

*Feedback Responses of Non-Trans* Identifying Individuals (n=4)*

<table>
<thead>
<tr>
<th>Feedback Question</th>
<th>Completely Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The handbook is visually appealing</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>The handbook is readable and relevant</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>I can now relate to trans*-people*</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>Prior to reading the manual, I did not know how to be inclusive</td>
<td>75%</td>
<td>0%</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>I now have more knowledge on supports</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>The handbook helped me see the gap in services</td>
<td>0%</td>
<td>0%</td>
<td>25%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>The handbook is a good asset for the community</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>I would recommend “Trans 101: A Guide for Trans-People and Their Allies” to friends and family</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>75%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Note: Feedback questions formatted in bold in Table 4 are those questions that are specific to individuals that do not identify as trans*.

The statement marked with an asterisk at the end was not answered by all respondents.

The feedback provided in Table 5 indicated that the guide may be useful in a number of areas, including the HARS agency, the trans* population, and the overall community in the future. Some suggestions for improving the guide included reorganization and revision of some of the content.

Table 4

Additional Comments

- Put a lot of time and effort into this handbook, obviously hard work pays off, because this is something I would differently [sic] recommend. Great work Mackenzie!

- The handbook is beautifully laid out and designed.

- Visually it is very appealing. This booklet is very well done and a needed resource with community.

- I work with trans people at various stages of transitioning, and know, first hand, how useful this resource will be.

- Good, comprehensive info in Section 1. Excellent list of resources and clean definitions/examples of stigma.

- The content is very useful and with a few edits and reorganization of some of the content, this will be a valuable resource for individuals and the community.
CHAPTER V: Discussion

Summary

The Trans* 101: A Guide for Trans*-People and Their Allies was developed as a resource for HIV/AIDS Regional Services (HARS) in Kingston, Ontario as a resource for individuals identifying as trans*, The Guide provides information on supports in the community and education on the topic of trans* identity. Additionally, the guide was developed for people referred to as “trans*-allies” who are those seeking education on the topic of transgender, wish to provide support to people identifying as trans*, are affected by the topic of trans* identity, and/or want to expand their understanding of sexuality. As the first list of resources and education of this kind in the Kingston area, the guide was intended for use both inside and outside the HARS agency. The guide includes education, history, medical procedures and options, and an overall exploration of what it means to be trans*. Exploring and referencing online resources, textbooks, journal articles, clients and staff within the agency, and local services all contributed to create the components of the guide.

The Trans* 101: A Guide for Trans*-People and Their Allies was perceived to be useful both within the agency and outside of the agency, based on the feedback received through Trans* 101 feedback surveys. Five staff members at HARS who completed the feedback survey reviewed the guide, one of whom identified as trans*. Results of the five agency feedback forms indicated a general agreement that the guide was a helpful resource. In general the respondents chose “agree” and “highly agree” as their response to most questions. Respondents indicated the guide was visually appealing, that it will be useful as a resource for the community and the agency, and that they would recommend the guide to others. Readers suggested a few revisions to the guide to increase inclusivity and readability. Feedback results displayed high level of satisfaction with the development of the guide for use at HARS and outside of the agency.

Implications for the Behavioural Psychology Field

The present thesis project contributes to the field of behavioural psychology by providing a guide for both trans* people and their allies to help the Kingston community decrease stigma by increasing education. The current study increases access to resources and education for trans*-people and their allies in the Kingston area. Through the review of the literature, it became evident that minority groups’ (such as those identifying as trans*) quality of life may increase with access to supports. To the author’s knowledge, there was no such guide for trans* identifying individuals or their allies in the Kingston community, which underlined its potential value. The creation of the guide adds to education available as it encompasses a large amount of information into a succinct, easy-to-read document. The current study will be beneficial for those involved in the behavioural psychology field because many may deal with people who are trans* at some time in their career. Having access to this study and the information it possesses will enable individuals in this field to expand their knowledge of and inclusivity with trans*-people.
Strengths

From the review of the literature, it is clear that providing information about stigmatized groups, and information for those in stigmatized groups is helpful. The major strengths of the current study include the development of a resource to provide information and education to trans*- and non-trans* identifying individuals. From the feedback responses, those who reviewed the guide found it to be a helpful resource and intend to use it.

In addition, the guide is very inclusive. It does not limit the definition of trans* to a specific gender identity. Rather, it is available for anyone that does not identify with the societal gender assigned to their birth sex. Through involvement with the community, clients and staff at HARS, as well as research, the guide contained the most up-to-date, inclusive and non-judgmental language regarding sexuality and gender identity available.

Limitations

Limitations of the current study are essential to note for further research. Limitations were present in collection of data for both the feedback form and the direct interviews. The staff that were asked to complete the feedback form had to read the entire guide in order to complete the feedback survey. This meant taking time out of their busy schedules to read approximately 70 pages. One individual who was asked to provide feedback accepted the task but did not return the feedback form. To make this step less troublesome for staff members, the author could have chosen specific areas in which the staff could choose to provide feedback, rather than making it all of the guide or nothing. Time constraints did not allow the author to provide the staff with the content of the guide much in advance. The respondents had only four days to read the guide and provide feedback.

It should also be noted that understanding of inclusivity for trans* -people varied across participants and respondents. The guide included information that was the current inclusive way to address anyone identifying as trans* according to specific literature. To a few readers, this language was unclear (e.g., using trans*).

Due to the fact that agency staff work in positions dealing with minority populations on a regular basis, various staff members indicated on the feedback surveys that they already held inclusive views prior to the creation of the guide. For example, agency members were educated to not make assumptions about individual gender identity and/or pronouns. It would have been valuable to have a broader range of raters in order to explore the issue of inclusivity.

Another limitation has to do with limited access to individuals identifying as trans*. The high level of existing stigma likely limits the number of individuals that openly identify with their preferred gender identity. Even individuals, who did at one point identify as trans*, but had begun to transition, tended to refer to themselves as strictly male or female. It may have been threatening because the creator of the manual
was identified as cis-gender, not trans*. This could have potentially decreased the willingness and openness of people to share their personal information.

It is possible that by engaging in this study, some trans*-identifying individuals might have had to remind themselves that prior to their transitioning, they had a different – and painful - gender identity. Such individuals may be currently attempting to push down memories they have when they identified as a different gender. The researcher believes that this also may explain the hard time finding individuals willing to participate in the study.

**Recommendations for the Future**

One recommendation for the next step of the study would be to develop and facilitate “Trans* 101” workshops. It is hypothesized that creating an educational trans* workshop using the guide would be most effective for the trans* community. This could be implemented as inclusivity training (e.g. how to avoid mis-pronouncing someone) in work settings such as schools and doctors’ offices. Another recommendation is the use of the guide in various settings other than HARS will maximize its effectiveness by expanding the number of potential readers. This could be done by distributing the guide, with permission, to local agencies in the community. Explaining the guide and its purpose to such agencies could at least get people thinking about the topic of trans* identity. Third, a few feedback questions generated low ratings, which may have been due to the level of experience of the staff at HARS. For example, one question stated, “I did not know how to be inclusive prior to reading this guide”. The ratings for this question were quite low, as inclusivity training is essential for work at the agency. The guide is not intended to create inclusivity in people; rather it is intended to increase it. Therefore, including a broader group of respondents in future endeavors with and for the trans* community should be helpful. By incorporating these recommendations, it may be possible to expand on a study that is beneficial for those involved in the behavioural psychology field.
References


Appendix A: Informed Consent

St. Lawrence College

Trans* 101 Informed Consent Agreement

Project Title: The Development of Resources for the Trans* Community and Their Allies

Principal Investigator: Mackenzie Clark
Name of supervisor: Dr. Susan Meyers
Name of Institution: St. Lawrence College
Name of partnering Agency: HIV/AIDS Regional Services (HARS)

Invitation

You are being invited to take part in a research study. I am a student in my fourth year of the Behavioural Psychology program at St. Lawrence College. I am currently on placement at HIV/AIDS Regional Services (HARS). As a part of this placement, I am completing a research project (called an applied thesis). I would like to ask you for your help to complete this project. The information in this form will help you understand my project. Please read the information carefully and ask all the questions you might have before you decide if you want to take part.

Why is this study being done?

The focus of the thesis is on developing resources for trans*-people and their allies. It is hoped that providing the resources in the form of a guide will allow quicker access to necessary services. As part of developing those resources, the researcher is interviewing trans*-identified people about their experiences. The researcher conducting the treatment regarding this study is the St. Lawrence College placement student,
Mackenzie Clark. My personal qualifications include being currently enrolled in the Behavioural Psychology Bachelor of Arts Degree Program and a desire to help the trans* community. The agency that I am currently working with voiced their desire to have a resource that incorporates all of the existing supports in the area for trans*-people. What will you need to do if you take part?

You will be asked to share some of your life experiences as a trans*-person through a standardized interview with the researcher. As well, you will also be asked if you would like to share your experiences through your artwork, personal stories, and poems (etc.) being included in the final handbook. The purpose of including work of individuals is to provide firsthand experiences that other people may be able to relate to.

What are the potential benefits of taking part?

This main focus of this study is to benefit individuals who identify as trans* and their allies. It is intended to provide increased support for trans people and their allies. It is anticipated that the knowledge gained through this project can be carried on throughout life. This study will increase the community’s knowledge of support and services related to the topic of trans* identity. By completing this study, you may feel a sense of accomplishment in providing information for other trans*-people and their allies. You may also feel a sense of validation of your experiences. Lastly, you will be helping to develop a supportive resource for others.

What are the potential disadvantages or risks of taking part?

The possible risks that may present themselves regarding this study include having unwanted feelings as experiences from the past are brought to attention. If these occur, you are able to stop the interview at any point. You can also debrief and share your
feelings with the student or another staff member.

Will my information you collect from me in this project be kept private?

The interview data will be stored in a file locked in a cabinet at the agency while being used for the study. Items used will be confidential since no real names will be used on the interview forms, and pseudonyms will be used for any material contained in the final handbook—unless you specify that your real name be used. After the development of the handbook, all interview information will be shredded within two days of the termination of the study. The information will be used only for creation of the handbook that will make up part of the placement student’s thesis paper for St. Lawrence College. This paper will use pseudonyms to protect your identity while maintaining use for the student.

Do you have to take part?

Participation in this study is completely voluntary. You will not be penalized in any way if you do not take part. If necessary, you are able to withdraw from the study at any time you like, without penalty. It is important that each person involved feels comfortable and not pressured. In addition, you may ask for your information not to be used in the study if you want.

Contact for further information

The Research Ethics Board at St. Lawrence College has approved this project. The project will be developed under the supervision of Dr. Susan Meyers, my college supervisor from St. Lawrence College. I really appreciate your cooperation, and if you have any additional questions or concerns, feel free to ask me, Mackenzie Clark (Mclark28@student.sl.on.ca). You can also contact my Dr. Susan Meyers, my college
supervisor, (smeyerscan@gmail.com) or the Research Ethics Board at reb@sl.on.ca.

Consent

If you agree to take part in this research project, please complete the following form and return it to me as soon as possible. A copy of this signed document will be given to you for your own records. An additional copy of your consent will be retained at HARS, and in a secure location at St. Lawrence College for seven years, after which it will be destroyed.

By signing this form, I agree that:

- ✓ The study has been explained to me.
- ✓ All my questions were answered.
- ✓ Possible harm and discomforts and possible benefits (if any) of this study have been explained to me.
- ✓ I understand that I have the right not to participate and the right to stop at any time.
- ✓ I am free now, and in the future, to ask any questions I have about the study.
- ✓ I have been told that my personal information will be kept confidential.
- ✓ I understand that no information that would identify me will be released or printed without asking me first.
- ✓ I understand that I will receive a signed copy of this consent form.

<table>
<thead>
<tr>
<th>Participants Name (printed)</th>
<th>Participant Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________________________</td>
<td>______________________</td>
<td>______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student Name (printed)</th>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td>_________________</td>
<td>______</td>
</tr>
</tbody>
</table>

Appendix B: Trans* 101 Interview Template

1. What pronoun do you identify as (he, she, they, zie, not specified)?

2. What does the term “transgender” mean to you?

3. Do you find the word transgender offensive?

4. Do you identify as transgender?

5. If so, what age did you begin to realize you did not agree with your gender assigned by society?

6. In a few sentences, describe what was like for you to come upon this realization.

7. Have you taken part in a transition toward a different gender?

8. If yes, what was the most influential part during this transition?

9. Did you have any setbacks during your transition?

10. What advice do you have for anyone going through the same process you did?

11. What advice do you have for people NOT going through the same process to help them understand you better?

12. What are the supports and services you have used?

13. If any, how did you find them?

14. Do you feel there are currently enough existing services for people identifying as trans*? If not, what do you think needs to be added?

15. Would a list of all the current supports be useful to have in the community?

16. Do you have any personal material—artwork, writing, stories—that you would like us to include in the information we are putting together to share with trans*-people and their allies? (It will be anonymous since we won’t use your name—unless you want us to.)
Appendix C: Feedback Survey

St. Lawrence College

Project Title: Development of Resources for the Trans* Community and Their Allies

Principal Investigator: Mackenzie Clark
Name of supervisor: Dr. Susan Meyers
Name of Institution: St. Lawrence College
Name of partnering Agency: HIV/AIDS Regional Services (HARS)

The purpose of the feedback survey below is to provide information on the effectiveness of the handbook “Trans* 101: A Guide for Trans*-People and Their Allies.” This is a handbook developed to provide information and support for trans*-people and their allies. It is being prepared by Mackenzie Clark as part of her research project (called an applied thesis) for St. Lawrence College. By having you review the handbook and getting your feedback, necessary revisions can be made.

In the survey, you will be asked to indicate your degree of agreement with a number of statements about the handbook. You will also be asked for any comments that you might have. It should take you about 10 minutes to complete, after you have reviewed the handbook. You have the right to not participate or refuse to answer any question. Your identity will be kept confidential; please don’t put your name on the questionnaire.

When the survey is completed, you are to put the survey in the attached envelope and give it to the HARS receptionist. Please complete it by November 15, 2014. If you complete the survey and return it, we assume that you have given your consent to participate in the study and that your answers may be included.

You may contact Mackenzie Clark directly for additional information by calling HIV/AIDS Regional Services at (613)-545-3698. Further questions or concerns can be directed to Mackenzie’s college supervisor, Dr. Susan Meyers at (smeyerscan@gmail.com).

If you agree to complete the feedback survey, Please complete Survey #1 on page 2 if you self-identify as trans*. All others should complete Survey #2 on page 3.

Survey #1: Please complete this survey if you do identify or have previously Self-identified as trans*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>1- Completely Disagree</th>
<th>5- Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The format of the handbook was visually appealing.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>2. The information was easy to read.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>3. I can relate to the stories of other trans*-people provided.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>4. I found this guide helpful in finding relevant services.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>5. I have more knowledge now on available supports than before reading the handbook.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>6. The handbook was all-inclusive and non-offensive.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>7. This handbook is a good asset to have in the community.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>8. I will recommend the ‘Trans* 101: A Handbook for Trans*-People and Their Allies” to friends and family.</td>
<td></td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

Please add any additional comments about the handbook:

Thank you for your feedback.
Survey #2: Please complete this survey if you DO NOT self-identify as trans*

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The format of the handbook was visually appealing.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2. The information was easy to read and relevant.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3. I can now better relate to the stories of other trans*-people provided after reading the handbook.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4. Prior to reading the manual, I did not know how to be all-inclusive.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5. I have more knowledge now on available supports then before reading the handbook.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6. The handbook helped me see the gap in services in Kingston.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7. This handbook is a good asset to have in the community.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8. I will recommend the ‘Trans* 101: A Handbook for Trans*-People and Their Allies to friends and family.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Please add any additional comments about the handbook:

Thank you for your feedback.
Appendix D: Copyright Permissions

1. Photography

Dear Mackenzie,

Congratulations! The Dollar Photo Club Review Committee has approved your application for membership. We hope you will enjoy this new elite members club, offering benefits far in advance of any traditional stock photo service you may have used before.

As a newly approved member of Dollar Photo Club, you gain access to our over 26 million premium images and vectors at just $1.

Also, as an approved member, you have the opportunity to invite five trusted friends or colleagues to join Dollar Photo Club. Their applications will be automatically approved and they will all receive membership so that you can all enjoy Dollar Photo Club together.

To send your five invitations please follow the link: Invitation

Remember, memberships are limited so to avoid disappointment we recommend sending your invitations out quickly.

Enjoy your membership!

Sincerely,

The Dollar Photo Club Review Committee

2. Trans* Template

It's Pronounced Metrosexual
Share this if you pledge to start writing "trans*" to be more inclusive of all trans* folks.

Read a bit more here: http://itspronouncedmetrosexual.com/2012/05/what-does-the-asterisk-in-trans-stand-for/
Like · Comment · Share · May 30, 2012
3. OHIP Insurance Bulletin

http://www.ontario.ca/government/copyright-information-c-queens-printer-ontario

4. Application for Change of Sex: Service Ontario

http://www.ontario.ca/government/copyright-information-c-queens-printer-ontario

5. Trans* and Ally Resources
Hi there,

My name is Mackenzie Clark and I am currently in Behavioural Psychology at St. Lawrence College. I am on my fourth year placement at HIV/AIDS Regional Services and am making a Trans 101 Handbook. This handbook is for my thesis study, which will be an attempt to list all the resources available in Kingston and surrounding areas, as well as advice on transitioning. Anyways, I was wondering if I could have permission to include info from your wonderful website in my handbook? The information is very beneficial and seems to be the only of the kind.

Thanks for your time,

Mackenzie Clark

Hi Mackenzie, of course that's fine. All I'd say is please check the validity of the resources. It's really hard to get people to keep listings up to date. If you do find any that need correcting or removing I'd be very glad to hear about them. Good luck with your project!

cheers,

Tony.

http://www.outinkingston.org

6. The Genderbread Person:
Thank you!
See your post on Twitter.

Click the following button to access your content:

THE SOCIAL JUSTICE ADVOCATES HANDBOOK: A GUIDE TO GENDER, BY SAM KILLERMANN

We hope you liked Pay with a Tweet
You want to know more about Pay With A Tweet? Subscribe to our newsletter!

Your email-address

SUBSCRIBE

Close this window Is there a problem with this campaign? Click here to let us know!
## Appendix E: Feedback Questionnaire Raw Data

Feedback Response for Each Question By Trans*-Identifying Individuals

<table>
<thead>
<tr>
<th>Feedback Question</th>
<th>Completely Disagree</th>
<th>Disagree</th>
<th>Neither Disagree Nor Agree</th>
<th>Agree</th>
<th>Completely Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The format of the handbook was visually appealing</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>The information was easy to read</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I can relate to the stories of other trans*-people provided</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I found this guide helpful in finding relevant services</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I have more knowledge now on available supports than before reading the handbook</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>The handbook was all-inclusive and non-offensive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>The handbook is a good asset to have in the community</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>I will recommend the “Trans* 101: A Guide for Trans*-People and Their Allies” to friends/family</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
### Feedback Responses for Each Question By Individuals That Do Not Identify as Trans*

<table>
<thead>
<tr>
<th>Feedback Question</th>
<th>Completely Agree</th>
<th>Agree</th>
<th>Neither Disagree Nor Agree</th>
<th>Disagree</th>
<th>Completely Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The handbook is visually appealing</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The handbook is readable and relevant</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I can now relate to trans*-people*</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Prior to reading the manual, I did not know how to be inclusive</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>I now have more knowledge on supports</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>The handbook helped me see the gap in services</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>The handbook is a good asset for the community</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>I would recommend “Trans* 101: A Guide for Trans*-People and Their Allies” to friends and family</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Note: The question marked with an asterisk at the end, indicates that not all respondents provided a response for that specific statement
Appendix F: Trans* 101: A Guide for Trans*-People and Their Allies
TRANS* 101
A GUIDE FOR TRANS*-PEOPLE AND THEIR ALLIES

Created by: Mackenzie Clark
St. Lawrence College
Behavioural Psychology Degree Program
Trans* 101: A Guide for Trans*-People and Their Allies

By: Mackenzie Clark

Permission for the graphics in this handbook was obtained from Dollar Photo Club for educational purposes
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INTRODUCTION

‘The Trans* 101: A Guide for Trans*-People and Their Allies’ is intended audiences are split into 2 groups for the use of the handbook:

1. Anyone who:
   - Is questioning their gender identity or sexuality
   - Has previously or currently identify as transgender
   - Has received surgery regarding their sexual characteristics

2. Anyone who:
   - Is seeking education on the topic of transgender
   - Wishes to provide support to people identifying as trans
   - Is affected or effected by the topic of transgender
   - Wants to expand their understanding of sexuality

PURPOSE

The Trans *101 handbook is a resource created by Mackenzie Clark, a student at St. Lawrence College to be used for her undergraduate thesis.

The handbook is intended for anyone interested in expanding their knowledge regarding the topic of trans* identity. This package of information was created to increase the awareness of transgender and trans* sexuality. It is hoped that with the handbook, the helping supports currently available will be discovered, explored and utilized.
HIV/AIDS Regional Services (HARS) is a social service agency in Kingston focused on sexuality, sexual education and sexual health. HARS is a non-profit, charitable organization that has been providing education and support to individuals and community organizations for over 20 years. The support services include counselling and advocacy for people who are HIV positive, or at high risk of becoming infected with HIV. The education services provides clients with harm reduction materials to minimize the spread of blood borne infections. Information sessions are also provided for anyone looking to further their knowledge regarding HIV/AIDS and sexuality.

Additional services include programs targeted at groups who are considered at a high risk for HIV (such as men who have sex with men, drug users, sex workers, and prisoners). The goal of the services at HARS is to decrease the discrimination about HIV/AIDS, sexual or gender orientation and drug use by: 1) increasing skills and ability to practice safer sex and drug use and 2) increasing the capacity of communities to provide targeted populations and others with accurate, non-judgmental information and support.

Although clients at HARS are provided many beneficial services for sexuality, gender, and HIV, one domain has received less attention than others. Various clients informed staff members at the agency of the gap in resources for the transgender community. Feedback from such clients made it evident that a comprehensive resource needed to be developed.

‘Trans* 101: A Guide for Trans*-People and Their Allies’ was created in attempt to fulfill this need. The handbook focuses on the main topic of transgender (or the preferred term “trans”). The first section of the handbook is for people identifying as trans. Section one includes personal experiences of people who are trans*, where to seek medical attention, and self care. The second section includes education on the trans* lifestyle for people who do not identify as trans*. This section covers all relevant topics one should know in order to fully understand the life of a person who identifies as trans*. The components of the handbook are intended to provide professionals, people who are trans*, and the rest of the population with beneficial trans-related resources.
PART 1:
A GUIDE FOR TRANS*-PEOPLE
Overview of Part 1

The focus of Part 1: A Guide for Trans*-People is to provide information that is relevant for individuals who are either questioning their sex/gender, do not identify with their birth sex, or those who identify as trans*.

The first section of the handbook provides a large amount of important information beneficial for the lives of trans*-people. It is also intended to help broaden anyone identifying as trans with their education on the topic of transgender. Education, history, and several other medical procedures are described as well as an exploration what it means to be transgender.

What is Trans*?

Education

Gender Dysphoria

Sexuality vs. Gender

Terms

Transitioning

Trans* Support

Additional Resources

Inside the Life of a Trans-Person
What is Trans*?

TRANS*

I recently adopted the term “trans*” (with the asterisk) in my writing. I think you should, too. If it’s new to you, let me help clarify. Trans* is one word for a variety of identities that are incredibly diverse, but share one simple, common denominator: a trans* person is not your traditional cisgender wo/man. Beyond that, there is a lot of variation.

WHAT DOES THE * STAND FOR?

*TRANSGENDER
*TRANSSEXUAL *TRANSVESTITE
*GENDERQUEER
*GENDERFLUID *NON-BINARY *GENDERF*CK
*GENDERLESS
*AGENDER *NON-GENDERED
*THIRD GENDER
*TWO-SPIRIT * BIGENDER
*TRANS MAN
*TRANS WOMAN

read more at ItsPronouncedMetrosexual.com

Document used with permission from http://itspronouncedmetrosexual.com
*Cisgender:* a gender identity used to describe a person who’s experiences of their own gender match the sex they were assigned at birth.

A person identifying as trans* generally believes that their sex and gender are separate. Many individuals that identify as trans* may appear physically as one gender but identify with an entirely different gender, or neither.

*Sex:* refers to a person’s biological characteristics including sex chromosomes, gonads, internal reproductive organs, and external genitalia.

→ For a female sex, individuals may have ovaries, uterus, X chromosomes and a vagina.
→ For a male sex, individuals may have testicles, XY chromosomes and a penis.

*Gender:* refers to the attitudes, feelings, and behaviours that a society associates with a person’s biological sex.

→ Behaviour that is compatible with societal expectations of gender is referred to as gender-normative. This means that the behaviours that are viewed as incompatible with these expectations constitute gender non-conformity.
→ Generally, gender is considered masculine or feminine, and in relation to one’s biological sex.

Examples of characteristics that a person identifying trans* may display (but are not limited to) include:

- Born with a female biological characteristics and identifies with male gender characteristics
- Born with a male biological characteristics and identifies with female gender characteristics
- Born with male or female biological characteristics and does not identify with male or female gender characteristics
- Born with both male and female biological characteristics and does not identify with either male or female characteristics
• Born with male, female or both sexes and identifies with both male and female characteristics

According to the American Psychological Association (2012), a person who is trans* may identify with any of the above characteristics. These various ways to identify oneself are all included in someone who is trans*. Regardless of their beliefs, intentions, and morals, these people do not fit what society has developed for sex and gender.

**How society reacts to the societal divergence of trans*-people is discussed throughout the rest of the handbook.**
Education

The current way that society views biological sex and gender is that they are synchronized. Biological sex is a person’s chromosomes (xx, xy), internal reproductive organs, and external genitalia. Gender is how individuals display male and female-based actions. Based on societal norms, a male would display masculine behaviours and a female would display feminine behaviours.

Here are some examples of what society has developed as characteristics of sex:

- Males have a penis, women have a vagina
- Females have breasts, men do not
- Males have deeper voices than females
- Females can get pregnant, males can't
- Males have testicles and females have ovaries

Here are some examples of what society has developed as characteristics of gender:

- Women are passive and weak
- Men are strong and brave
- Men are doctors, women are nurses
- Women wear dresses and skirts
- Men wear pants and shorts

These lists indicate that all females have certain aspects that men do not. This view is problematic because not all people agree with this society-based definition. A person who is trans* does not identify with the gender society has assigned to them in regards to their sex. Social definitions make it very challenging for a person who is trans* to feel accepted. These people will go to great lengths to alter their sex to fit their gender.
Gender Dysphoria

The term used to describe trans by the Diagnostical and Statistical Manual of Mental Disorders (DSM 5) is *gender dysphoria*.

A diagnosis of gender dysphoria is generally needed to access certain sexual reconstructive surgeries.

The following DSM criteria are not the opinions of the author, rather that of the American Psychological Associations (2013).

**Criteria:**

**ADULTS & ADOLESCENTS** → there must be: (An incongruence between a person’s experienced/expressed gender and their assigned gender of at least 6 months’ and at least two of the following)

- A marked incongruence between one’s a person’s experienced/expressed gender and primary and/or secondary sex characteristics
- A strong desire to be rid of one’s primary and/or secondary sex characteristics because of marked incongruence with one’s experienced/expressed gender (e.g. to get rid of one’s penis or vagina)
- A strong desire for the primary and/or secondary sex characteristics of the other gender (e.g. wishing you have a penis)
- A strong desire to be of the other gender different then one’s assigned gender (e.g. wishing to be typically masculine if assigned feminine by society)
- A strong desire to be treated as the other gender than one’s assigned gender
- A strong conviction that one has the typical feelings and reactions of the other gender

(American Psychiatric Association, 2013, p. 452)

**FOR CHILDREN** → there must be: (A definite difference between experienced/expressed gender and the one assigned at birth of at least 6 months duration, with at least six of the following must be present)
→ In boys (assigned gender), a strong preference for cross-dressing or simulating female attire. In girls (assigned gender), a strong desire for wearing only masculine clothing or refusal to wear typical feminine clothing

→ A strong preference for cross-gender roles in make-believe play or fantasy play

→ A strong preference for the games, toys or activities stereotypically used or engaged in by the other gender

→ A strong preference of playmates of the other gender

→ In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough-and-tumble play; in girls (assigned gender), a strong rejection of typically feminine toys, games or activities

→ A strong dislike of one’s sexual anatomy (e.g. vagina, vulva or penis, urethra)

→ A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender


A diagnosis of gender dysphoria is generally required in order to undergo certain transition procedures. To get insurance coverage for the medical treatments, individuals need a diagnosis.

While this diagnosis is quite stigmatizing, a diagnosis of gender dysphoria increases the chance that trans*-people will be covered by health insurance when accessing supports.
## Sexuality vs. Gender

<table>
<thead>
<tr>
<th>Gender: refers to the attitudes, feelings, and behaviours that a society associates with a person’s birth sex</th>
<th>Example: They were born a male therefore they are masculine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Identity: A person’s own feelings of male or female</td>
<td>Example: I am a male, but I personally feel female</td>
</tr>
<tr>
<td>Sexuality: refers to a person's sexual orientation or preference</td>
<td>Example: Men that sexually prefer women (heterosexuality)</td>
</tr>
</tbody>
</table>

Weiss, K. (2012)

The current issue with gender and sexuality in society:

When people talk about gender, they assume much about sexuality. When they talk about sexuality, they assume much about gender.

Gender = Sexuality  
Sexuality = Gender

Gender/Sexuality Non-conformity = fear and discrimination  
With each step towards gender and sexual equality, there is a desire by many regarding the preservation of heterosexuality

Society has developed ideas on how women and men **should** behave and interact as sexual beings.

<table>
<thead>
<tr>
<th>Male Sex=</th>
<th>Masculine gender and male gender identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masculine gender=</td>
<td>Heterosexual sexuality (attracted to feminine women)</td>
</tr>
<tr>
<td>Female Sex=</td>
<td>Feminine gender and female gender identity</td>
</tr>
<tr>
<td>Feminine gender=</td>
<td>Heterosexual sexuality (attracted to masculine men)</td>
</tr>
</tbody>
</table>
Sexual and gender norms do not leave room for anyone not falling within these guidelines. Gender, gender identity, and sexuality are actually all separate dimensions. Society needs to further expand and allow for norms to incorporate variations of all sexuality types, gender types, and gender identity types.

"The Gender Spectrum" refers to the idea that there are many gender identities (female, male, trans*, two-spirit, etc.).

It also acknowledges that there is a range of gender expressions, or ways in which people externally communicate their gender identity to others through behaviour, clothing, haircut, voice, and other forms of presentation.

Gender expression may or may not conform to common expectations around one’s gender identity.

Pride Education Network (2013)
Gender Identity “Spectrum”

Hetero-normative Gender Identity
- Male
- Female

Non-hetero-normative Gender Identity
- Trans Woman
- Trans* 
- Trans Man
- Transgender
- Transsexual
- Transvestite
- Intersex
- Third gender
- Genderqueer
- Any other non-hetero-normative gender identities

Gender Fluid
- Non-Binary
- Gender F*ck
- Transgender
- Transsexual
- Transvestite

Non-Gender
- Agender
- Bi-gender
- Genderless
- Intersex
- Third gender
- Trans* 
- Trans Woman
- Trans Man
- Transgender
- Transsexual
- Transvestite

Male
- Female
so.....who am I?

**LGBTQ+:**

LGBTQ\(^+\) is an acronym used to describe sexual orientation and gender identities that do not match hetero-normative ways

**Lesbian:** An individual who identifies as a woman and who is predominantly sexually and romantically attracted to other women.

**Gay:** An individual who identifies as a man and who is predominantly sexually and romantically attracted to other men.

**Bisexual:** A person who is attracted to both people of their own gender and another gender.

**Trans*:** refers to gender identity non-conformity and is separate from sexual orientation

**Transgender:** This term has many definitions. It is frequently used as an umbrella term to refer to all people who do not identify with their assigned gender at birth or the binary gender system.

**Transsexual:** A person whose gender identity is different from their biological sex, who may undergo medical treatments to change their biological sex, often times to align it with their gender identity, or they may live their lives as another sex.

*People who identify as trans*\(^*\) *may further identify with the following terms:*

**Trans-man:** a person, who was assigned a female sex at birth, but identifies as a man.

**Trans-woman:** a person, who was assigned a male sex at birth, but identifies as a woman.

------------------------

Information in this section used with permission of the author, Killermann (2014)
Queer/Questioning

Queer: An umbrella term sometimes used by LGBTQ+ people to refer to the entire LGBT community.

** It is important to note that the word queer is an in-group term, and a word that can be considered offensive to some people that do not identify within the queer community.

Questioning: For some, the process of exploring and discovering one's own sexual orientation, gender identity, or gender expression.

The (+) of the LGBTQ+ spectrum is a way to include all of the other types of sexualities that exist that do not fit with hetero-normative ways.

The following is a list of a few (but not all) existing sexualities/gender identities within the (+) category:

Asexual: A person who generally does not feel sexual attraction or desire to any group of people.

Pansexual: a person who is sexually attracted to members of all gender identities/expressions

Skoliosexual: attracted to individuals who are trans*

Fluid(ity): describes an identity that is a fluctuating mix of existing sexualities

FTM/MTF: a person who has undergone medical treatments to change their biological characteristics, generally to match their gender identity.

            FTM= Biological female to male gender identity,
            MTF= Biological male to female gender identity.

Third Gender: a person who does not identify with the traditional genders of “man” or “woman,” but identifies with another gender all together

Two-Spirit: a term traditionally used by Native American people to recognize individuals who possess qualities or fulfill roles of both genders
**Intersex:** A person whose sexual anatomy or chromosomes do not fit with the traditional markers of "female" and "male."

For example: people born with both "female" and "male" anatomy (penis, testicles, vagina, uterus).

Individuals in this category may identify with any of the previously mentioned sexualities.

Regarding gender, these individuals may identify as intersex, as male, as female, neither or both.

**Genderqueer:** is a recent attempt to signify gender experiences that do not fit into binary concepts. It suggests nonconformity and challenges existing constructions and identities.

**Androgyne:** is a person who cannot be classified into the typical gender roles; they may identify as beyond gender, between genders, moving across genders, pangender, ambigender, non-gendered, agender, gender fluid or intergender.

**Bigender:** is one who moves between masculine and feminine gender roles.

**Agender:** refers to identifying as genderless; beyond gender.

**Non-LGBTQ+ sexuality (hetero-normative):**

**Heterosexual:** A person who is only attracted to members of the opposite sex.
Transitioning:
Steps that a person who is trans* may participate in whether it is medical, emotional, or physical.

Transitioning generally describes these steps that a person who is trans* may participate in whether it be medical, emotional, or physical.

Transition must begin with a personal decision to transition, prompted by the feeling that one's gender identity does not match the gender that one was assigned at birth. One of the most significant parts of transitioning for many transgender people is coming out for the first time.

Transitioning is a process, not an event, that takes anywhere between several months and several years to a lifetime.

Transitioning generally begins where the person feels comfortable: for some, this begins with their family with whom they are intimate and reaches to friends later or may begin with friends first and family later. Sometimes, transitioning is at different levels between different spheres of life. For example, someone may transition far with family and friends before even coming out at work.

*Sex reassignment surgery (SRS) refers to surgical techniques used to change trans* people’s bodies. For inclusivity purposes, SRS will be referred to as reconstructive surgery.

*Hormone Replacement Therapy refers to the use of hormones into one’s body in various ways to essentially replace their existing hormones.
*MTF and FTM will be used for the following depiction of the types of hormones and surgeries because available research on the topic classifies them into the two sections. The use of the two acronyms can be offensive and non-inclusive when referring to such procedures.

**MTF: Hormone Replacement Therapy**

1. Estrogen

   Ashbee & Goldberg (2006) indicated that estrogen is the main hormone that promotes “female” physical traits by working on your tissues in your body and also indirectly suppresses your testosterone. Estrogen can come in different methods:

   - oral forms via mouth
   - patch or gel
   - injection

2. Anti-androgens

   Anti-androgen drugs also work by blocking the effect of testosterone. Anti-androgen drugs are generally prescribed as well as estrogen, as the two produce positive results by working together. Taking anti-androgens minimizes the quantity of estrogen you need to get the same effects, which decreases the chance of any health risks associated large doses of estrogen (Ashbee & Goldberg, 2006).

3. Progestagens

   Progestagens are hormones that are used by doctors when:

   - estrogen isn't producing desired results, even at the highest dose
   - as a substitute for estrogen if high chances of side effects or health risks occur
   - or because the belief that the hormone will assist in nipple development.

   There are several side effects involved in the use of progestens such as depression and health complications

   ____________________________

   Material presented in this section obtained from Ashbee & Goldberg (2006) with permission.
**MTF: Reconstructive Surgery**

### Breast Implants/Breast Augmentation

Breast surgery is done in addition to taking estrogen, due to the limit of breast growth on only hormones. These procedures alter your breasts or a change in breast shape. Implants are sacs inserted into your body through an incision under the breast, in the armpit, or around the nipple.

### Orchiectomy

Testicles are sperm production organs where the largest amount of testosterone is stored in a person with the birth sex of a male. The testicles sit in a skin pouch called the scrotum. During an orchiectomy, the testicles are removed but the scrotal skin is typically left behind to create labia and to line part of the vagina.

Surgeons do not recommend having orchiectomy as a separate procedure if you may want to pursue vaginoplasty at a later date. Other surgeons are not as concerned about this, as a skin graft can be taken from the abdomen if scrotal skin is not useable.

### Penectomy

A penectomy refers to the procedure to remove the penis. A shallow vaginal dimple is created and a new urethral opening is created to allow you to urinate in a sitting position.

A penectomy is not recommended if you are considering vaginoplasty in the future as skin and tissue from the penis is typically used in vaginoplasty.

### Vaginoplasty

A vaginoplasty includes several procedures designed to transform the “male” genitals into “female” genitals. Generally, the surgery is done as one step involving removal of the testicles, partially removing the penis, and creating a vagina, clitoris, and labia. Certain surgeons wish to proceed with the labia and clitoral hood as a second surgical process.
A technique used frequently for creating a vagina is the “penile inversion” where the surgeon uses the skin from your penis by inverting it in order to develop walls of your new vagina.

The challenging part of vaginoplasty involves developing a sensation to touch and penetration of the developed labia and clitoris. In addition, the surgeon must alter the urinary tract so you urinate downwards.

Face and Neck Surgery

Testosterone in a person with a male birth sex causes physical and observable body changes. Similar to the development of breasts, hormone therapy alone cannot make drastic enough changes to your bones and fast tissue. The only way to reshape these characteristics is through surgery. Neck and face surgery softens and thins your cartilage and bone shape.
FTM: Hormone Replacement Therapy

Injectable Testosterone

Testosterone is the hormone responsible for developing “male” characteristics in a person. For people with the birth sex of a female, testosterone is used to block estrogen development.

The dosage amount and timing for injectable testosterone will depend largely upon which type is being used, as well as your personal response to the hormone.

Testosterone doses range from 50 mg and 300 mg per injection. Typically, the injectable dose ranges from 200-250 mg every two weeks. The dosage level can be decreased by a doctor for individuals whose ovaries are inactive, or anyone who has had their ovaries removed.

**Testosterone enanthate:** Testosterone enanthate is one of the main forms of injectable testosterone prescribed due to its slow-release time. Additionally, testosterone enanthate can easily be obtained through a compounding pharmacy in the United States.

**Testosterone cypionate** Testosterone cypionate is another main injectable form of testosterone for its slow-acting ester with a release time between 8-10 days. This type of testosterone can also be obtained through a pharmacy.

**Sustanon** Sustanon is the brand name for two formulas of injectable testosterone that contain a blend of esters (which are components in testosterone) This type of testosterone has fast-acting and slow-acting abilities and can be injected anywhere from once every week to once every four weeks.

**Testosterone propionate:** Testosterone propionate is a fast-acting ester with a release time of 3-4 days that is injected up to three times a week. This type of testosterone has been reported to cause painful injection, with swelling in areas around the injection site.

**Testosterone phenylpropionate:** Testosterone phenylpropionate is a slow-acting ester, with a release time of 1-3 weeks.

Material presented in this section obtained from Hudson (2004).
Aqueous testosterone suspension is a very short-acting form of testosterone and requires constant re-injection to maintain results and intact blood levels.

Transdermal testosterone

The term "transdermal" refers to topical delivery through the skin, by the use of a patch, gel, or cream. Transdermal testosterone is usually applied to the skin daily in small doses in an effort to keep a steady level of testosterone in the system at all times. This approach is designed for individuals who are not comfortable with needles and injections, as well as avoiding side effects of the injection forms of testosterone.

Although this version is less aversive physically, it is substantially more expensive than injectable testosterone and can fall off or be wiped off easily.

Patches are very fast-acting once they have permeated the skin. In order to deliver testosterone efficiently into the body, chemical enhancers are added to the patch to increase permeability of the skin.

Androderm patches come in doses of either a 2.5 mg/patch or 5.0 mg/patch due to a high amount of the testosterone in the patch that cannot manage to get into your system. These patches are placed on your back, abdomen, thighs, or arms. These areas can be covered and you do not have to worry about skin contact with a partner.

Testoderm TTS refers to the type of patch that is applied on the body rather than on the scrotum. Testoderm TTS patches also come in two doses: 4.0 mg/patch and 6.0 mg/patch.

Similar to Androderm, the quantity of testosterone entering the body is small, and are to be applied on the back, abdomen, thighs, or arms.

Androgel is another topical based testosterone form that is a gel-based liquid. The gel is very fast acting once it has been absorbed by the skin, and must be applied 1-2 times daily to maintain desired levels of testosterone. Androgel contains either 25 mg or 50 mg of testosterone, but roughly only 10% of the applied testosterone from the packets is absorbed into the system. The gel is intended to be used on clean, dry skin and is not applied to the genital area.

Testim is similar to Androgel. It is also gel form of testosterone that is very fast acting once it has been absorbed by the skin and so must be applied 1-2 times daily. This form of gel comes in 5.0g unit tubes. Testim gel should
also be applied to clean, dry skin and not applied to the genitals or to the abdomen.

Axiron is an alcohol-based form of testosterone that delivers 30 mg of testosterone per 1.5 mL solution. Each dose produces 30 mg of testosterone to the armpit. A dosage of Axiron can vary from one pump (30mg) to up to four pump doses (120mg) per day. Axiron should be applied to clean, unbroken skin in the armpits and should not be applied any other part of your body.

**Oral testosterone**

Oral testosterone is a form of testosterone that has been successfully shown to induce masculine characteristics when taken through the mouth (Hudson, 2004).

Testosterone undecanoate is a delivery method where the hormone is absorbed through the small intestine into the lymphatic system. This type of testosterone leaves the body very quickly through fecal and urinary matter. Three to six capsules of testosterone undecanoate is the prescribed daily dose.

Sublingual/buccal testosterone is a testosterone form that is taken by placing a dissolving tablet under your tongue (sublingual). Bucal testosterone is ingested by placing a tablet against the surface of the gums (buccal).

**FTM: Reconstructive Surgery:**

**Chest reconstruction surgery**

Chest surgery is the most common surgical procedure. The goal of chest surgery is to create a contoured chest. There are two basic procedures that are typically performed to accomplish this goal.

There are a few other surgical variations used for chest reconstruction and other combinations of incisions that a surgeon may see as the best approach for the patient.

The surgical method chosen will depend on the body type of the patient and the skills/preferences of the surgeon.
**Double incision/Bilateral mastectomy**

The double incision technique is effective for individuals with a medium to large amount of breast tissue (cup size C and above, often also recommended for cup size B).

In this method, large incisions are made horizontally across each breast, usually below the nipple. The skin is then peeled back so that the mammary glands and fatty tissue can be removed with a scalpel. Usually, the original nipples are completely removed, trimmed to a smaller size, and are then grafted onto the chest in a higher, more aesthetically-male location. They may or may not be trimmed to a smaller size.

Before the incisions are sealed, two "drains" consisting of long, thin tubing are placed along the length of each incision. The drain tubing exits the body through a small incision hole under each armpit and is attached to a small plastic bulb on either side.

The tubing/bulbs are to help drain off and collect excess blood/fluid so that it will not build up under the skin. They are left in place for several days to a week, depending on how much fluid continues to drain. Drains need to be periodically emptied of fluid by the patient (you may need a friend to help with this).

The surgery itself takes about 3 to 4 hours and is done under general anesthesia.

Do not try to go back to tasks before your body has had a chance to heal properly; the risk of scarring and complications is greatly increased if adequate healing time is not allowed.

The final result of the surgery usually provides for a well-contoured male chest, but it leaves two significant horizontal or U-shaped scars below the pectoral area.

This method provides for easier access to and removal of all mammary tissue, as compared to the keyhole procedure.

**Keyhole/Peri-areolar incision**

The keyhole and peri-areolar techniques are effective for individuals with small amounts of breast tissue (cup size A or smaller is ideal; sometimes recommended by certain surgeons for cup size B). They are both done via incisions around the areola (the area of darker skin around the nipple), though the techniques differ slightly, as described below.

In the keyhole method, a small incision is made along the border of the areola (usually along the bottom), and the breast tissue is removed via a liposuction needle through the incision. The nipple is left attached to the body via a pedicle (a stalk of
tissue) in order to maintain sensation. Once the breast tissue has been removed, the incision is closed. The nipple is usually not resized or repositioned.

In the peri-areolar method, an incision is made along the entire circumference of the areola. The nipple is usually left attached to the body via a pedicle in order to maintain sensation. Breast tissue is then "scooped out" by scalpel, or with a combination of scalpel and liposuction. The skin is then pulled taut toward the center of the opening and the nipple is reattached to cover the opening.

Like in the double incision method, "drains" consisting of long, thin tubing may be placed in the chest to help drain off and collect excess blood/fluidd so that it will not build up under the skin.

The surgery itself takes about 3 to 4 hours (perhaps longer if there is a large amount of chest tissue) and is done under general anesthesia. You’ll probably need at least a couple of weeks off from work to allow for the body to heal. If your job requires moderate or heavy lifting, or frequent raising of the arms above the head, you’ll probably need at least a month or two away from those heavy-lifting tasks. Speak to your surgeon about specific tasks and concerns. Do not try to go back to tasks before your body has had a chance to heal properly; the risk of scarring and complications is greatly increased if adequate healing time is not allowed (Hudson, 2004).
Pre and Post Information for Surgery

Pre-surgical advice

Hudson (2004) noted that one of the main keys to an optimal surgical outcome is the overall health and fitness of the patient going into surgery.

Two factors that are often considered important before a chest surgery procedure (besides overall good health) are smoking and excess body weight.

Smoking slows the ability of the body to heal itself after surgery; thus, it is usually recommended that patients who smoke avoid smoking for at least two weeks prior to surgery, if at all possible.

As for the issue of excess body weight, the aesthetic result of chest reconstruction is dramatically improved if the patient is near optimal body weight at the time of the procedure.

However, if a patient cannot foresee losing weight before the procedure, or simply chooses not to lose weight, he should be able to proceed if he is in otherwise good health.

Other, specific pre-surgical advice will be provided to you by your surgeon. Typically, you will be asked to discontinue use of aspirin, ibuprofen, and other blood-thinning medications during the 10 days prior and up to the surgical date. You may also be asked to discontinue use of other medications; be sure to discuss any medications you are taking—including supplements—with your surgeon.

Scarring

The degree of scarring will vary depending on the type of procedure and techniques of the surgeon, the amount of tension on the incisions as they heal, and the genetic makeup of the patient (Hudson, 2004).

The body makes scar tissue in the natural process of healing itself from a wound. During the first several weeks after surgery, collagen accumulates at the scar site. After this initial healing period, the scars begin to mature and become less prominent over time, usually flattening and fading in color over a period of months and years.
If hypertrophic scarring occurs, there are post-operative scar treatments available to address the problem. Keep in mind that scars will look their worst at about six weeks post-operative, and will fade and become less noticeable in the upcoming months and years. If you have an area of particularly bad scarring, you may wish to consult with your surgeon about possible revisions.

**Costs for chest reconstruction**

In Ontario, chest reconstruction surgery is not covered by OHIP. For chest surgery you can expect to pay anywhere from $1,500 to $8,500. This variation in price depends on the individual surgeon’s fee, cost of the surgical facility, the cost of the anesthesiologist, and other miscellaneous expenses.
Steps for Individuals interested in receiving Hormone Replacement Therapy or Reconstructive Surgery in Ontario

Step 1:
Hudson (2004) states that you should inform your doctor that you wish access trans*-friendly services or a specialist for an assessment regarding gender identity - the specialist is not covered through health care in Ontario – approximately $500 for the first appointment and $150 every appointment after that

OR

Contact CAMH first yourself by filling out a form- although this is generally up to a year waiting list for initial appointment...but is covered by health care in Ontario

Step 2:
After an assessment, the organization or specialist can provide a variety of options:

They can agree to put you on Hormone Replacement Therapy (HRT)

OR

They can deny you for Hormone Replacement Therapy

Step 3:
If desired, continue on HRT

If surgery is desired, a letter of approval is absolutely required from Ministry of Health and Long-Term Care (MOHLT) stating that a gender dysphoria diagnosis is appropriate

In addition to the letter of approval, the individual must book appointments to CAMH for Gender Identity Clinic Program

Step 4:
If a letter of approval is obtained and Gender Identity Clinic Program complete, explore options for surgery and locations
<table>
<thead>
<tr>
<th><strong>Sex-reassignment surgical procedures, including reconstruction of genitalia</strong> are covered by OHIP only if:</th>
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<tbody>
<tr>
<td>• The client has completed the Gender Identity Clinic program at CAMH</td>
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<tr>
<td><strong>AND</strong></td>
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<tr>
<td>• CAMH has recommended that surgery take place</td>
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<tr>
<td><strong>AND</strong></td>
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<tr>
<td>• A letter of approval has been obtained by MOHLT</td>
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Breast enlargement or breast reconstruction in a male to female conversion is not an insured benefit by OHIP (Ontario Ministry of Health and Long-Term Care, 2014).
Subject: Relisting of Sex Reassignment Surgery under OHIP

Effective June 3, 2008, Regulation 552 of the Health Insurance Act (HIA) has been amended to add sex reassignment surgery (SRS) as an insured service under the Ontario Health Insurance Plan (OHIP).

Sex-reassignment surgical procedures, including reconstruction of genitalia and mastectomy, are an insured benefit effective June 3, 2008 only if they are performed on patients who have completed the Gender Identity Clinic program operated by the Centre for Addiction and Mental Health and for whom the Clinic has recommended that surgery take place.

Within the foregoing guidelines, reconstruction of genitalia and mastectomy are insured benefits. However, since the hormonal treatments associated with sex-reassignment themselves give rise to breast enlargement, augmentation mammoplasty or breast reconstruction in a male to female conversion is not an insured benefit. Prior approval from the MOHLTC is required.

As the Province moves forward in the delivery of SRS services, we want to ensure that we are adopting the most up to date and efficacious techniques to serve the transgender community. To that end, we have sought the advice of the Centre for Addiction and Mental Health as well as the Sherbourne Health Centre about using the World Professional Association for Transgendered Health (WPATH) standards of care to inform our implementation strategy.

For services proposed to be received at a hospital or health facility outside Canada, prior approval of the General Manager of OHIP is required. See http://www.health.gov.on.ca/english/public/program/ohip/outcountry_services.html for the application process and requirements.

Bulletins and the updated version of the Schedule of Benefits are available on the Ministry of Health and Long-Term Care website http://www.health.gov.on.ca/.

This Bulletin is a general summary provided for information purposes only. Physicians, hospitals and other health care providers are directed to review the Health Insurance Act, Regulation 552 and the Schedules under that regulation, for the complete text of the provisions. You can access this information on-line at: www.e-laws.gov.on.ca/. In the event of a conflict or inconsistency between this bulletin and the applicable legislation and/or regulation, the legislation and/or regulation prevail.

<table>
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<tr>
<th>Processing Sites</th>
<th>Hamilton 119 King Street West, 10th Floor P.O. Box 2280, Station A L8P 4Y7</th>
<th>Kingston 1055 Princess Street, Suite 401 P.O. Box 9000 K7L 5A9</th>
<th>London 217 York Street, 5th Floor Station A N6A 5P9</th>
<th>Mississauga 201 City Centre Drive Suite 300 L5B 2T4</th>
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<tr>
<td></td>
<td>Oshawa Executive Tower, Oshawa Centre 419 King Street West P.O. Box 635 L1J 7J2</td>
<td>Ottawa Fuller Building 75 Albert Street K1P 5Y9</td>
<td>Sudbury 199 Larch Street Suite 801 P3E 5R1</td>
<td>Toronto 47 Sheppard Avenue East Suite 505 M2N 7E7</td>
</tr>
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</table>
Injecting Hormones

In order to safely inject hormones, universal precautions and harm reduction procedures need to take place (new equipment, and avoiding sharing).

Ask your specialist to go over steps for safely injecting, as well as anyone at the following agencies.

Free injection equipment and information can be provided privately in Kingston at:

HIV/AIDS Regional Services- 844 A Princess St.
&
Street Health Centre- 235 Wellington

For more information on these agencies visit:
www.hars.ca
http://www.kchc.ca/index.cfm/street-health-centre/
Changing Your Name in Ontario

To change your name as an adult, you must:

▪ be 16 years of age or older
▪ have lived in Ontario for at least one year before submitting a change of name application
▪ If you are 16 or 17 years old you can apply to have your name changed as an adult with the written consent of your parents, legal guardian, or anyone who has legal custody of you before you can change your name.
▪ If you are married, you do not require written consent but you must send proof that you are married. You do not require consent if a judge has dispensed with the consent requirement.

To start the process, complete the Service Ontario Form (below) and mail the completed application to ServiceOntario.

Office of the Registrar General
P.O. Box 3000
189 Red River Rd, 3rd Floor
Thunder Bay, ON P7B 5W0

Or call toll-free at 1-800-461-2156

Ontario Government (2014)
Application for a Change of Sex Designation on a Birth Registration
Section 36, Vital Statistics Act

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<th>Mailing Information</th>
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<tr>
<td>Last Name</td>
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<tr>
<td>Unit Number</td>
<td>Street Number</td>
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<td>City/Town</td>
<td>Province/Territory/State</td>
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<td>Telephone Number</td>
<td>Fax Number</td>
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**Important information:** Because this is a permanent legal record, only blue or black ink may be used. Do not use correction fluid or tape on any of the documents.

**Documents to be Submitted**

Please send the following:

1. This page complete with mailing address and payment information.
2. Statutory Declaration by a Person for a Change of Sex Designation on a Birth Registration, in the required form, completed by the applicant who must be born in Ontario and is at least 18 years of age, and signed before a commissioner for taking affidavits (e.g., lawyer, notary public, member of provincial parliament).
3. A letter (on the medical professional’s letterhead) signed by a practising physician or a psychologist (including a psychological associate) authorized to practise in Canada, stating that he/she:
   a. is a practising member in good standing of the appropriate regulatory body (e.g., College of Physicians and Surgeons of Ontario, College of Psychologists of Ontario) and licence number;
   b. has treated or evaluated the applicant (identified by full name) who is requesting the change in sex designation (specify the change in sex designation);
   c. confirms that the applicant’s gender identity does not accord with the sex designation on the applicant’s birth registration; and
   d. is of the opinion that the change of sex designation on the birth registration is appropriate.
4. All previously issued birth certificates and certified copies of the birth registration.
5. A completed birth certificate application form.

**Alternative Evidence**

In lieu of item 3 above, any one of the following documents may be submitted and will be reviewed on a case by case basis:

I. A document or certificate issued by a jurisdiction in which the applicant was domiciled or ordinarily resident that, in the opinion of the Registrar General, confirms that the applicant’s gender identity does not accord with the sex designation on the applicant's birth registration and it is appropriate that the sex designation be changed; or

II. If an applicant is not domiciled or ordinarily resident in Canada, such medical evidence that, in the opinion of the Registrar General, confirms that the applicant’s gender identity does not accord with the sex designation on the applicant's birth registration and it is appropriate that the sex designation be changed; or

III. A certificate signed by a practising physician authorized to practise in Canada, that complies with the current requirements of s. 36(2)(a) or (b) of the Vital Statistics Act.

**Resources for Physicians and Psychologists**

The Registrar General relies on medical professionals to exercise their own medical judgment in accordance with their own experience, expertise and contact with the applicant to determine whether the applicant's request to change the sex designation on their birth registration is appropriate. For additional resources, medical professionals may consult the Centre for Addiction and Mental Health (CAMH) at [www.camh.net](http://www.camh.net) and refer to the guidelines established by the World Professional Association for Transgender Health (WPATH), Standards of Care at [www.wpath.org](http://www.wpath.org).

Used with permission from Ontario Government (2014) & Queens Printers for Ontario
**Payment Method and Credit Card Authorization**

<table>
<thead>
<tr>
<th>Applicant's Information</th>
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<tr>
<td>Last Name</td>
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<tr>
<th>Person Named on the Birth Registration</th>
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<td>Last Name</td>
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<th>Fees</th>
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<tr>
<td>♦ Application to change the Sex Designation on a Birth Registration $37.00.</td>
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<tr>
<td>♦ Birth Certificate $25.00.</td>
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<tr>
<td>♦ Certified copy of the Birth Registration $35.00.</td>
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- If you're sending your payment from anywhere other than Canada, you must pay with an international money order in Canadian funds drawn on a Canadian clearing house, or by VISA, MasterCard or American Express.
- We will not accept post-dated cheques. An administration fee of $35.00 will be applied to any cheques returned by a Financial Institution.
- We DO NOT accept cash as payment for any type of application.
- Please note that fees are subject to change without notice. You may send your request by mail, and pay by cheque or money order, made payable to Minister of Finance, or by VISA, MasterCard or American Express.

**Method of Payment**

Cheque or Money Order, please make payable to "Minister of Finance".

- [ ] Cheque
- [ ] Money Order
- [ ] VISA
- [ ] MasterCard
- [ ] American Express

**Credit Card Information**

- Print Name of Cardholder (as it appears on the credit card)

**Signature of Cardholder**

[X]

**Credit Card Number**

Expiration Date (MM/YY)

For assistance, please visit ServiceOntario.ca or contact us at:

- Toll-free: 1 800 461-2156
- Toronto: 416 325-8305
- TTY Toll-free: 1 800 289-7095
- TTY Toronto: 416 325-3408

Personal information contained on this form and other documents submitted with this application is collected under the authority of the Vital Statistics Act, R.S. O. 1990 c.V.4, as amended, and may be used to register and record births, stillbirths, deaths, marriages or changes of name, make additions, corrections or amendments to registrations, provide certified copies, extracts, certificates, search notices, photocopies; and for statistical, research, medical, law enforcement, adoption and adoption disclosure purposes. The Ministry of Government Services may verify with medical professionals or jurisdictions the information they have provided on the documents in support of this application. It is an offence to willfully make or cause to be made a false statement on this form and other documents submitted with this application. Questions about this collection should be directed to: The Deputy Registrar General, Office of the Registrar General, PO Box 4600, 189 Red River Road, Thunder Bay ON P7B 6L8. Telephone - Toll-free: 1 800 461-2156; Toronto: 416 325-8305; TTY Toll-free: 1 800 289-7095; TTY Toronto: 416 325-3408.

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Trans* Support

Resources in Kingston and Surrounding Area

Community Support:

**HIV/AIDS Regional Services (HARS)**
844a Princess Street - HARS is an all-inclusive agency that provides a safe drop in space, as well as sexual health education and sexuality counseling for the LGBTQ+ community.
613 545 3698 hars@kingston.net

**F.U.S.E. Youth Group**
844 A Princess Street, HIV/AIDS Regional Services Building. F.U.S.E. is a group for queer, trans*, genderqueer, two spirit, lesbian, bisexual, gay, pansexual, and questioning youth under the age of 19. Operating as both an activity group and a drop-in space, F.U.S.E. is a place to meet friends, get support, foster empowerment and self-reliance, build community, share knowledge and skills, access resources, work on projects together, and have fun doing it.

amanda@kingston.net 613-545-3968
ashley@streethealth.kchk.ca 613-876-3449

**Lets Y.A.P. About It**
A Youth Awareness Program, affiliated with HARS Kingston, was created to engage and facilitate discussion with youth regarding topics that are often considered to be taboo. This program is designed to meet the needs of ALL youth participating in groups. Booking an appointment for a group session can be made by contacting :

amanda@kingston.net 613-545-3968

Material presented in this section obtained from http://www.outinkingston.org
The Space  
20 Montreal Street - The space is a drop-in space for youth including anyone identifying within the LGBTQ+ community, under the age of 26. This is a safe, non-judgmental, all-inclusive place to hangout, eat pizza and meet other youth in the Kingston community. The group meets every Friday at 11:00am-3:00pm  
613-876-3449

Youth Line  
A way to for youth to talk to other youth free, confidentially, and anonymously regarding LGBTQ support, information and resources in your area. Toll-free: 1-800-268-9688  
askus@youthline.ca

Kids Help Phone- Canada  
A phone service for youth wishing to talk to someone for support or advice.  
1-800-668-6868  
www.kidshelpphone.ca

Kingston LGBT Pride Committee  
The goal of this group is to inspire, educate, commemorate, and celebrate our diverse community of the LGBTQ+ in Kingston and the surrounding area. Kingston Pride creates a wide range of activities such as: the annual Pride parade, social gatherings, dances, sporting events, educational workshops, speaker events, film showings, theatrical performances, art exhibitions, and more.  
info@kingstonpride.org - website:  
www.kingstonpride.ca

The QUEER Listserv  
This electronic connectivity resource is for Queer (LGBTQ+) identifying in the Kingston community. Discussion is between other members of the queer community regarding all sorts of issues experienced, specifically, issues affecting the larger Kingston community. The goal is to provide a safe, enjoyable and supportive environment for discussion.
The Trans PULSE Project Listserv
This resource is a way to develop collaboration and resource sharing among transactivists and allies with a focus on Ontario. List members can use the list to post events, share ideas and seek resources and support for work they are doing. Please forward this invitation to others. To join email trans.advocacy.ontario

Gender Bender on CFRC 101.9FM
This radio broadcast is every Tuesday evening from 5:30pm to 6pm giving queer news and views. Listen live on www.cfrc.ca and 101.9 FM

Kingston Queer Volleyball
This is a recreational, pickup league that meets each Tuesday night from 7 p.m. until 10 p.m. in the large double gym at LCVI, 153 Van Order Drive. All skill levels are welcome, with two nets available to ensure you get enough court time. A small fee is charged to cover equipment costs and gym rental. Use the double doors from the parking lot on the south side of the school. Doors are open from about 6:45 until 7:15, after which you may have to call another player inside to come open the doors for you. Bring along indoor, non-marking court shoes and your own sport drink of choice. 613-539-5876

Listen to Out-FM on CFRC
This radio stations is on 101.9fm featuring the best in progressive lesbian, gay, bisexual, transgender and queer talk radio. This chat happens every Wednesdays at 11.30am-12pm.

Listen to "Women's Word"
This radio broadcast and conversation talks about topics regarding “womens world” on Fridays at 11:30 am until 12:00 noon. Listen at 101.9 FM or at www.cfrc.ca

Out In Kingston:
This is a large, comprehensive web site with a list of all LGBTQ things happening in Kingston, as well as
current resources available.
www.outinkingston.ca

TransFamily Kingston: A group of trans* identifying individuals, their family members, and supporters, in attempts to combat the loneliness and isolation often felt by trans*- people and those journeying with them.
http://transfamilykingston.com/

Sexual Assault Centre Kingston (SACK) The Sexual Assault Centre Kingston (SACK) provides free, confidential, all inclusive, non-judgmental support to survivors of sexualized violence, offers school and public education on issues of sexualized violence and strives toward the prevention of all forms of sexualized violence.
613- 545-0762 http://www.sackington.com

Queen's University Human Rights Office Information on human rights information and resources. Mackintosh-Corry Hall
613 533 6886 - hrights@post.queensu.ca

Telephone Aid Line Kingston (TALK) TALK is a phone line for the Kingston community for confidential, non-judgmental listening service. This resource is intended for anyone in crisis, looking for advice, information or support.
613 544 1771 - talk@kingston.net
Facebook:

- KINGSTON LGBT TEENS
- LGBT KINGSTON ONTARIO
- KINGSTON’S LGBT COMMUNITY
- OUT IN KINGSTON
- HARS KINGSTON
- KINGSTON LOVES THE QUEER COMMUNITY
- PFLAG KINGSTON
- REELOUT KINGSTON
- YGK LGBT

LGBTQ Friendly Businesses in Kingston

Kingston Sunday Antique and Collectable Market
613 217 9647
pastonkingston@hotmail.com

Mark Julien Illustration
613 548 0854
markjulien@sympatico.ca
www.markjulienillustration.com

Kingston Nissan
775 Gardiners Road
613 384 2531
sales@kingstonnissan.com

Fort Henry Hospitality (Jessop Food and Heritage Ltd)
Fort Henry
613 530 2550
paul.fortier@foodandheritage.com

www.foodheritage.com

Zorba’s Banqueting Facility
1474 Bath Road
613 545 1348
info@zorbaskingston.com

- Novel Idea Book Store
156 Princess Street
613 546 9799
Purple Door New Age
Metaphysical Books & Gifts
376 Barrie Street
613 542 0823
purpledoorbooks@live.ca

What I'll Wear
338 Princess Street
613 544 9419

Smokey Joe's Deli
83 Aberfoyle Road
613 531 9322
smokeyjoe@cogeco.ca

Christian Gays
www.christiangays.com

Free to Be Metropolitan
Community Church
freetobemcc@yahoo.ca
www.geocities.com/freetobe_ca/

Gay Christian Network
www.gaychristian.net

Kingston Unitarian Fellowship
206 Concession Street
613 544 8777
info@kuf.ca

Sydenham Street United Church
82 Sydenham Street
613 542 9616
sydenham@kos.net

The Grey House
51 Bader Lane
613 533 3189
info@opirgkingston.org

Womyn Kingston
www.womynkingston.ca

Block and Cleaver Meat Market
Ltd
322 King Street East
613 542 1160

Tara Natural Foods
81 Princess St.
613 546 4439
admin@taranaturalfoods.com

Dogs Without Borders
613 378 2088
info@dogswithoutborders.ca

XCHANGE Media
613 507 9244
www.xchangemedia.net

Betty Ann Howard Certified
Financial Planner
204 Princess Street
613 548 3031

FundEX Investments Inc.
303-275 Bagot Street
613 887 2735
gmarshall@kingstonfinancial.com
Kingston Community Credit Union Limited
18 Market Street
613 549 3901
www.kccu.ca

Loyalist Flowers
4451 Bath Road
613 634 1626
info@loyalistflowers.com

Pam's Flower Garden
793 Princess Street
613 549 8160
info@pamsflowergarden.com

The Flower Shop "and Friends"
1730 Bath Road
613 384 3940
theflowershop@bellnet.ca

Trugs
65 Brock
613 547 5348

Scandesign Custom Furniture
675 Bath Road
613 384 2567

Earth to Spirit
340 King Street East
613 536 5252
earth@kingston.net

XTapa Ceramics and Silver
186 Wellington Street
613 546 9691
xtapastore@hotmail.com

Creative Thunder
613 583 2500
creative-thunder@cogeco.ca

Grafixsgirl
12 Churchill Street
613 549 2499
info@grafxsgirl.com

Esthetics Essentials at FAB
390 King Street East
613 549 2194
fabhair@hotmail.com

James Brett
189 Princess Street
613 542 2427
info@jamesbrettcoiffure.com

Luce Hair Studio
170 Princess Street
613 544 3330
lucehairstudio@bellnet.ca

The Sapphire Room
376 Barrie Street
613 542 0823
www.sapphireroom.com

Let Go Wellness Centre
633 Norris Court
613 634 9094
letgo@kingston.net

Path Yoga
179 Sydenham Street, Suite 3
613 328 5856
info@pathyoga.com
Tantric Nirvana - the Elite Massage
613 541 9385
tantricnirvana@hotmail.com

K-TOWN Physiotherapy
368 King Street East · Kingston
613 542 5878
www.k-townphysio.com

Jenn Storey Designs
227 Princess Street
613 547 9666
jendesigns@hotmail.com

Mary Ann Higgs - Lawyer
275 Ontario Street
613 548 7399

The Screening Room
120 Princess Street
613 542 6080
www.moviesinkingston.com/sr/
Camera Kingston
114 Princess Street
613 549 3747
sales@camerakingston.com

Barb Guiden, Re/Max Realty Concepts
851 Norwest Road
613 541 8171
bguiden@realtykingston.com

Katharine McClelland
Royal LePage Pro Alliance
790 Blackburn Mews
613 384 1200
km@kos.net

Royal LePage ProAlliance Realty
640 Cataraqui Woods Drive
613 449 SOLD
lizatallen@me.com

Chez Piggy
68-R (rear) Princess Street
613 549 7673
chezpiggy.com

Windmills Cafe
184 Princess Street
613 544 3948
www.windmills-cafe.com

Byers Limousine & Stretched SUVs
1-800-787-5466
limoman@ripnet.com

Algonquin Travel
945 Gardiners Road
613 384 9230

darcy@sg-travel.com

Service Guaranteed travel plus
645 Gardiners Road, Suite 114
613 384 4567 x235
darcy@sg-travel.com

Classic Video
40 Clarence Street
613 542 3900
www.classicvideo.ca
Surrounding Area Supports

Health Care:

Centre for Addiction and Mental Health (CAMH) — Gender Identity Clinic (Ottawa)

250 College St. - CAMH Clinic is a service that provides “consultation, support, and time-limited counselling to anyone over 18 wishing to explore gender identity issues or any degree of transgender expression. CAMH offers comprehensive assessments for transsexual clients seeking hormone treatment (HRT) and/or sex reassignment surgery (SRS). Assessment and treatment for youth ages 3-18, and their families better understand a young person’s struggle with gender identity development and any related behavioural or emotional problems.

416-535-8501, press 2

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Material presented in this section obtained from http://www.outinkingston.org
Cosmetic Surgery: Silverman, Dr. Howard J. (Ottawa)

1525 Carling Avenue, Suite 502- Dr. Howards is a certified surgeon specializing in chest/breast surgery and other plastic surgeries. 613- 792-4137

Sherbourne Health Centre (Toronto)

333 Sherbourne St- This is a health care centre that seeks to reduce barriers to care by offering comprehensive culturally competent primary health services. Services include mental health counselling, support groups for trans*-people and families, routine primary health care as well as hormone therapy, workshops, special events, links to community groups, trans specific resources and information. 416- 324-4103 - info@sherbourne.on.ca

Hassle Free Clinic (Toronto) 66 Gerrard St East, 2nd floor - This clinic provides free medical and counselling regarding various sexual health areas. 416- 922- 0566 - http://www.hasslefreeclinic.org

Trans Health Lobby Group (Toronto) Transsexual and transgender people working with allies and supporters to advocate for publicly funded SRS and related medical procedures (access to hormones, electrolysis, counselling). To educate politicians and the media about transsexual and transgender people and their health care needs, to gain agency and empower transsexual and transgender persons and their communities. 416 760 2280 – email: info@translobbygroup.ca

The 519 – FtM Transgender Peer Support (Toronto) Peer Support group for transmen & transgender females. (FtM only) Ftm meets on the 1st and 3rd Friday, 7:30-9 :30 p.m. 416-392-6878, Ext. 325- tmtoronto@yahoo.ca
The 519– Trans Youth (Toronto)

Drop-in group for trans*-identified youth and individuals exploring their gender identity. This drop-in service is open to anyone under 27 years of age. Trans Youth is a place for trans* youth to get together, have snacks, learn about resources, and share ideas and experiences with each other. This group meets weekly on Wednesday night from 5pm to 9pm.
416-392-6874 - http://www.the519.org

The 519– Transition Support for Transwomen and Transmen (Toronto)

This is a social support group for transsexuals and transgender identifying people. The goal is to provide a place to be yourself hang out, listen, give and get support.
416-392-6874 - http://www.the519.org

The 519 – The Space Between Peer Support (Toronto)

Peer-facilitated support group for bio-born females or people assigned the gender of female at birth who feel that this does not best describe their gender identity. Meetings are monthly on the 1st Wednesday from 8pm-10pm.
416-392-6874 - http://www.the519.org

Supporting Our Youth (SOY) (Toronto)

333 Sherbourne St. - Works to improve the lives of lesbian, gay, bisexual, transsexual and transgendered youth in Toronto through the active involvement of youth and adult communities. This is a recreational space for young people providing supportive housing and employment opportunities. SOY also provides youth access to adult mentoring and support.
416-324-5077 - http://www.soytoronto.org
Trans* 101

**SOY – Alphabet Soup (Toronto)**

This service is an afternoon drop-in for queer and trans* youth under age 20, where they can hang out, grab a snack, get community resources and information, meet new people, do workshops, and much more. Meet on Tuesdays from 4-6 p.m.
416-324-5077 - [http://www.soytoronto.org](http://www.soytoronto.org)

**Trans Fusion Crew (Toronto)**

Trans Fusion is a community support group for transgender, transsexual, genderqueer, of trans* experience, or those questioning their gender. Meet every Thursday from 6:00-8:00pm.
416-324-5077 - [http://www.soytoronto.org](http://www.soytoronto.org)

**ONTARIO 2Spirits (Toronto)**

593 Yonge St. Suite: 202 - This is a non-profit social services organization for Aboriginal GLBT people in Toronto. The services include: HIV/AIDS education, outreach, prevention, support, and counselling.
416- 944-9300 - [http://www.2spirits.com/](http://www.2spirits.com/)

**Counselling: David Kelley LGBTQ Counseling Program (Toronto)**

355 Church Street - This is a counseling program providing professional, short-term, individual, couple and family counselling to LGBTQ-identified clients.
416- 595-9618 - serviceaccessunit@familyservicetoronto.org

**Gender Mosaic (Ottawa)**

251 Bank St, Suite 301- Gender Mosaic is a safe, supportive, and non-judgmental environment where MTF, FTM, Cross-dressers, Two-spirited, trans* individuals of all ages can freely express their gender identity. The aim is to develop positive relationships among its members and seeks to empower them and the community at large through educational and outreach activities. Discussion group meets monthly on the last Monday at 7:00pm
819- 771-3764 - info@gendermosaic.com

**Gender Mosaic Youth (GMY) (Ottawa)**

This is a social and support
group focusing on youth-oriented events and activities for transgendered people.
613- 728-5104 - [http://www.oocities.org/gender_mosaic_youth](http://www.oocities.org/gender_mosaic_youth)

**Ontario Female to Male Network (Ottawa)** Peer support, resources, gatherings, and community outreach/education in Guelph, Kingston, Ottawa, and Toronto.
613- 798-9552 - [onftm@cyberus.ca](mailto:onftm@cyberus.ca)

**Ottawa FtM** Group for FTM transsexuals, transgendered, and 2-spirited individuals, or anyone who was born female but does not wholly identify as such.
613- 728-5104 - [ottawaftm@yahoogroups.com](mailto:ottawaftm@yahoogroups.com)

**PTS – Gender Quest (Ottawa)** 251 Bank St, Suite 301- Peer Support group for trans*-people who wish to explore their gender identity and gender expression.
613- 563-4818 - [http://ptsottawa.org/](http://ptsottawa.org/)

**PTS – Pink Triangle Youth (Ottawa)** 251 Bank St, Suite 301- Peer-led social/support group for GLBTTQ youth under 25 in the Ottawa area. Two trained counselors available to offer anonymous one-to-one or group counselling.
613- 563-4818 - [pinktriangleyouth@yahoo.ca](mailto:pinktriangleyouth@yahoo.ca)

**Education Services**

**The 519 – Trans Programming (Toronto)** Community Centre with extensive programs meeting the needs of the transgender, transsexual and two-spirit community with a focus on lower-income, street-involved, homeless, sex-workers and marginalized members of the trans* communities.
[http://www.the519.org](http://www.the519.org)
Service offered by trans* women with sex work experience who ensure that local trans* sex workers are getting condoms, lube, and safer sex information to live healthy lives. Housing referrals and support is available.
http://www.the519.org

Fred Victor Centre (Toronto) 145 Queen St East- A range of programs to help people find the support they need, whether it is advocacy for renters or finding shelter, job training, or counseling, food access or health information. 416- 364-8228 - http://www.fredvictor.org/

Rainbow Health Ontario (Toronto) The Rainbow Health Ontario (RHO) is a program that is intended to improve the health of LGBTQ+ people in Ontario by providing education, research, outreach and public policy advocacy. The website provides health information, news and events that promote the health and well-being of lesbian, gay, bisexual and trans*-people in Ontario. http://www.rainbowhealthontario.ca

Carleton University – GLBTQ Centre for Sexual and Gender Diversity (Ottawa) 427 Unicentre Building - This centre works toward gender and sexual equity through a mandate of education, advocacy and support. 613- 520-2600, ext. 3723 - glbt@csaonline.com
Additional Resources

Trans*-Friendly YouTube Tutorials

Joseph Harwood: Tutorials

_Becoming a Visible Man_
by Jamison Green

_Body Alchemy: Transsexual Portraits_
by Loren Cameron

_Self Made Men: Identity, Embodiment and Recognition Among Transsexual Men_
by Henry Rubin

_Just Add Hormones: An Insider's Guide to the Transsexual Experience_
by Matt Kailey

_The Testosterone Files: My Hormonal and Social Transformation from Female to Male_
by Max Wolf Valerio

_Self-Organizing Men: Conscious Masculinities in Time and Space_
by Jay Sennett
Popular Trans*-Friendly Books:

**Luna**  
By Julie Anne Peters

**Almost Perfect**  
By Brian Katcher

**I am J**  
By Cris Beam

**Middlesex**  
By Jeffery Eugenides

**Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity**  
By Julia Serano

**Transgender Warriors: Making History from Joan of Arc to Dennis Rodman**  
By Leslie Feinberg

**Transgender History**  
By Susan Stryker

**A More Feminine Face: Techniques and Tips**  
By Ms. Chrissie

**Becoming a Visible Man**  
By Jamison Green

**S.E.X.: The All-You-Need-To-Know Progressive Sexuality Guide to Get You Through High School and College**  
By Heather Corinna
Inside the Life of a Trans*-Person

*Formal consent was given regarding any pictures and personal information to allow them to be included in the handbook.

Shayne Dominic McGregor
*The following information was obtained through a written interview with Shayne.*

1. **What pronoun do you identify as (he, she, they, zie, not specified)?**
   Born with female genitalia but I identify as male. Male pronouns and in the process of name change from shyanne Marie McGregor to shayne Dominic Mcgregor. I go by shayne.

2. **What does the term “transgender” mean to you?**
   Transgender to me means, my gender identity does match my assigned birth gender. I identify myself as a male but biologically I am female. transgender does not imply any specific sexual orientation meaning transgender people may additionally identify as straight, gay, lesbian, bisexual, or pansexual. Transgender is my label, like it or not we all have one whether we’re sis gendered females or males everyone has a label.

3. **Do you find the word transgender offensive?**
   I do not find the word transgender offensive. It isn’t who I am as a person but it helps identify certain things about me to people and society as a whole. In a perfect world I would be identified as a straight male and I’m sure one day we will get there that’s the goal.

4. **Do you identify as transgender?**
   I identify as a transmale for now. I say for now because I am in the process of living as male. Further along in my journey once my body starts presenting more and more as male I will identify strictly as a straight male. But for now it is a label that is needed in order for society and medical practitioners to understand me.

5. **If so, what age did you begin to realize you did not agree with your gender assigned by society?**
   In fourth grade my world came to an all time stop... I ran in from playing outside with the other boys to realize that in fact I was not one of the boys... I had just gotten my first menstrual cycle. That day crushed me figuring out that I would grow up to be like mommy and not daddy was heart breaking for me. I didn't understand why the creator put me in the wrong body. I lived through public school and high school as a female. Living with a lot of depression, anger, resentment towards myself and the creator. It wasn't until 2013 that I heard of the term "transgender," I was filled with hate and anger because I had lived so long trapped in a body that isn’t mine when there were procedures and hormone therapy that I could have been under going all this time but it was never apart of my education or community so I had no idea it had even existed. Now I am starting my transition and feeling a lot more optimistic, excitement and hope.
6. In a few sentences, describe what was like for you to come upon this realization.

Realizing that I was transgender was almost relieving because I now have a term, a title, a label for myself and why I have been feeling the way that I have for so many years. Understanding that I was not the only person that felt this way. That it was possible to transform my body into the physical appearance of a person of another gender. Male was the best news I could ever possibly come accessed. It was finally a dream come true...those nights that I would dream of waking of a man are going to come true finally. It was the best feeling ever but of course then came fear of what others will think, will I be accepted by my friends family and community.

7. Have you taken part in a transition toward a different gender?

Today is I am 1 month and 1 week on testosterone hormone therapy. 1 month 1 week closer to having my physical appearance match the man that I’ve always been on the inside.

8. If yes, what was the most influential part during this transition?

The most influential part during my transition has been this past summer. I volunteered at an lgbtq youth summer camp, there were 5 transgender youth that attended the camp. So many of them suffer from depression, anxiety and fear. These youth inspired me to be more open with my transition because I want people to be aware that we are also human and we deserve to be treated the same as anyone else. They looked up to me as a role model and it felt amazing to see that my stories and my experiences can influence someone’s life. I am the voice for our trans youth and I’m making sure that I get heard on this topic. My goal is to make sure no child ever goes through what I went through alone.

9. Did you have any setbacks during your transition?

There are many set backs in every transition for a transgender person. Finially I have had set backs. I had to go to a natural path specialist that specializes in hormone replacement therapy which is 500$ for the first appointment and 150$ every appointment after that so far I have had 4 appointments with my doctor which has added up to 1100$ in one month not including the price of tests and scans that are not covered by OHIP. Also testosterone is another expense every month which is about 70$. I have had set backs in the community to the point where I will not go to the washroom in public because I have had traumatic experiences, which will change the further I am on testosterone. My gender dysphoria is a huge set back for me to go to work or be in society.

10. What advice do you have for anyone going through the same process you did?

My advice to other transgender people is that you need to know that in time things will get better. Don’t let one bad experience set you back, take it with a grain of salt. Don’t let people's opinions or words break you down. Know who you are and what you want and don’t let anyone make you feel like less of a person or unworthy of happiness or living life as you’re authentic self.
11. What advice do you have for people NOT going through the same process to help them understand you better?

   My advice to help you better understand me is that I am human just as you are, each and every one of us are different whether it be our ethnicity, religion, race, a physical, mental or psychological impairment. Don't make assumptions whether it be about a trans persons sexual orientation or that they "must have had a traumatic childhood" don't assume anything, if you are unsure just ask the person. If you don't know what pronouns to use just ask. Avoid back handed compliments or "helpful" tips. Example: "I would have never known that you were ever a girl or boy," "you look like a real man, or woman," "he's so hot I'd date him even though he's trans," "you'd pass so much better if you just did this with your hair or so on and so forth". Don't ask Trans people what their birth name is. Respect their confidentiality. Don't ask what their genital or surgical status is. One more thing, watch your past tense when talking about the past try not to use phrases like "when you were a girl" because many Trans people feel they have always been the gender they have come out to you as. Don't be afraid to ask questions and don't assume you know what it's like to be transgender or know what Trans people go through. Every experience is different.

12. What are the supports and services you have used?

   I have used a lot of programs and talk and share nights through PFLAG Durham. One that I benefited from greatly is called (gender journeys) which is an 8 weeks program for anyone thinking about changing their gender. Topics include, coming out to friends, family and co-workers.

   Dealing with discrimination, health and well being, developing personal and professional connections to enhance your quality of life. They also give you a certificate at the end of the program which is sometimes helpful if you need to prove to your doctor that this is something you've thought long and hard about and you know and understand all the risks.

13. If any, how did you find them?

   I found most of my supports through PFLAG Durham

14. Do you feel there are currently enough existing services for people identifying as trans*? If not, what do you think needs to be added?

   Transgender health and awareness is still fairly new to society so yes I think there could be more awareness and supports out there. Sharing groups and educational groups and programs are always a good idea when assisting with Trans awareness and emotional support programs.

15. Would a list of all the current supports be useful to have in the community?

   A list would be very useful to people that don't have support at home at school or at work. Somewhere safe to go for people that need it.
16. Do you have any personal material—artwork, writing, stories—that you would like us to include in the information we are putting together to share with trans*-people and their allies?

What I see …

I look in the mirror and I see a man. The short hair replacing the long hair that had been my identity for so long. I can see the squares jaw that I long to have. I can hear the deep masculinity in my voice as I speak. I see the peach fuzz that is slowly growing on my face. If I turn my body to the side and press down on these lumps on my chest. I see pecs. I can see all of these things, I can see how much of a man I am. It should be freeing to know who I am and what I want, but instead I am trapped. Trapped in a body that is not mine. That same body that everyone else sees when they look at me. They don’t see a squared jaw, pecs or peach fuzz. They see a rounded feminine face, soft skin and the smooth texture along my jaw line. They see the lumps on my chest as breast a an easy tell that I have feminine parts. These lumps sticking out screaming to anyone that passes by. This person they see is a woman… But I am not a woman, this is just the body in which I am trapped behind. I can’t wait until the day that I don’t get mis gendered or ridiculed or discriminated against for being me.

Washrooms...

I stand at a crossroads, I stare at the signs "men’s or woman’s ", they ask me to define who I am solely on this body of mine. I’m not wearing a skirt.. Would it really hurt to try the other door? Or will I face persecution for my gender revolution? Sometimes I want to be the martyr, rise up, rebel and get things started but I’m always shoved back into my closet. My biggest fear was always .. "What will they say what will they do to me" I turn for a moment unsure, people have probably never seen this door to door confusion, this sudden evolution of my personal revolution, as I reach out grasping for the handle, I feel justified in my actions " I am a man, I should be allowed to use the men’s washroom’ but still nervous of the smallest infraction. I’m on guard today, I grunt and walk in anyway…. I swing the door open….. "Get out of hear dyke you’re in the men’s you little faggot" and punches me in the face…. And I’m back to where I started.
PART 2:

EDUCATION FOR TRANS*- ALLIES
The focus of Part 2: Education for Trans*-Allies is to provide information that is relevant for allies of individuals identifying as trans*.

A large portion of information relevant to trans*-allies has already been mentioned in Part 1 of the handbook, and therefore will not be repeated in the following section. Please read through Part 1 for information on defining trans*, education, Gender Dysphoria, sexuality vs. gender, terms, transitioning and trans* resources.

Trans*-allies may be family members, caregivers, friends, relatives or helping professionals. Allies are also considered anyone wishing to better their understanding and inclusivity of the trans* community.

Allies are provided educational trans*-specific material in the handbook below such as stigma, mental health, terms, etc. In addition, ways to access community supports for ally persons, as well as anyone in their lives identifying as trans*, is provided.

**Overview of Part 2**

What is an Ally?

Overview of trans*

History

Stigma

Mental Health

Interacting/Inclusivity

Ally Supports
What is an Ally?

-A trans*-ally: is typically any non-trans* identifying person (or group of people) who support and stand up for the rights of the trans* community.

-Individuals within the LGBTQ+ spectrum are considered trans*-allies if they also support and stand up for the rights of trans*-people.
**Trans***

**Review of Trans***:

“Trans***” is a term encompassing a variety of non-hetero-normative ways to view gender.

Trans is listed in the LGBTQ+ spectrum as the “T”, which is a way of identifying all sexualities and gender identities that are not included in traditional, hetero-normative views.

The word trans* is the current way to describe such a view of gender in an all-inclusive, non-judgmental way (anyone can use it, if done in an appropriate way.

*It is important to note that the term “transgendered” is no longer used, and can be offensive to individuals identifying as trans*. By placing the “ed” on the end of a term, it gives the impression that someone has some sort of issue placed upon them. The actions and beliefs of a person who is trans* is not a choice or an issue at all; it is their life.
This may help you understand a little bit better.....
LGBTQ HISTORY

**LGBTQ+ History**

In 1885 all homosexual behaviour was ILLEGAL; anyone suspected of homosexuality faced jail time.

Trans* identifying individuals were called “transvestites” and “cross dressers” which were derogatory terms describing their actions. All-inclusive language such as transgender did not exist until 1970 (Whittle, 2010).

Gender reassignment was non-existent and misunderstood, as people were not educated regarding what the transgender topic consisted of (Glicksman, 2013).

The trans* community were thought to be homosexuals, hence the lack of education around the topic (Whittle, 2010).
LGBTQ+ Rights in Canada

1969- Consentual sex between same sex adults was removed from the Criminal Code of Canada

1973- Homosexuality was no longer classified as a mental illness

1974- Gays and lesbians permitted as immigrants to Canada

1997-1998- Territories/provinces prohibited discriminations on basis of sexual orientation

2003- Ontario legalized same sex marriage

2012- Ontario recognizes gender identity and gender expression in human rights legislation
### STIGMA

**Types of stigma based on sexuality and gender:**

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Transphobia</td>
<td>- Aversion towards a person or group of people identify as trans*, based on stereotypes and irrational fears (Kalichman, 2014).</td>
</tr>
<tr>
<td></td>
<td>- This discrimination creates barriers for everyday functioning (Mizock &amp; Mueser, 2014).</td>
</tr>
<tr>
<td>Homophobia</td>
<td>- Aversion toward a person or a group of people based on their identification as a homosexual (Kalichman, 2014).</td>
</tr>
<tr>
<td></td>
<td>- Discrimination generally derives from illogical fears and sexual stereotypes.</td>
</tr>
<tr>
<td>Biphobia</td>
<td>- Aversion toward bisexuality and bisexual people as a social group or individually (Kalichman, 2014).</td>
</tr>
<tr>
<td></td>
<td>- Biphobia is a way in which people who identify as bisexual experience discrimination that are generally due to irrational fears and stereotypes.</td>
</tr>
</tbody>
</table>

- Stigma is an aversion to a group of people or individual resulting in various aversive experiences. These experiences can involve discrimination, isolation, and negativity. Stigma develops from stereotypes and illogical
fears that develop as a lack of understanding regarding a topic.

- Despite the stigma that still remains, there have been large developments in regards to the understanding and acceptance of people who are trans*.

- Successful treatment for people who wish to have gender reassignment now exists.

- Studies are being developed to reduce discrimination that people who identify as trans* face. Glicksman (2013) states people are entering a more hopeful time period for trans* people.

- Education is increasing in attempts to create a worldwide understanding of transsexual lives. In 2012, one contestant of a famous competitive dance show “Dancing with the Stars” disclosed their transgender identity on live television, reports Glicksman (2013).

- Furthermore, in attempts to reduce stigma, The American Psychological Association has created standards for practitioners working with gender nonconforming clients (Glicksman, 2013).
Case Study:

Lombardi, Wilchins, Priesing, and Malouf (2001) surveyed 402 trans-identifying individuals; half of the people had experienced harassment, and 21% were victims of sexual assault. The researchers also report that discrimination prevents trans* identifying individuals from setting limits with sex partners. The stigma endured by people identifying as trans* increases their risk for unprotected sexual behaviour, depression and suicide.
How Can I Fight Stigma?

- When you hear homophobic or transphobic comments, calmly assert your belief in everyone’s right to be treated with dignity and respect.
- Join the LGBTQ+ collaboration with straight people in your school/work/group, or start one if it doesn’t already exist.
- Ask to speak with people in positions of power about the importance of an all-inclusive agency policies and procedures.
- Write a letter to the newspaper in your community regarding importance of inclusivity and gender equality.
- Get involved in the community supporting the rights of LGBTQ+ individuals.
- Ask for a relaxed dress code at agencies that honor each person’s sexuality and expression.
- Advocate for resources available in the community.
- Distribute this list of community resources for queer and trans*-people.
MENTAL HEALTH

Stigma and the Health Care System:

Access to health care services has become quite challenging for individuals identifying as trans* which can be linked to existing stigma regarding trans* identity. Difficulty can be experienced when accessing basic life services, such as medical and mental health care when medical providers lack the ability to work with the trans* population. The knowledge and inclusivity of health care employees has influenced an increase in trans*-people accessing health care services when necessary.

- The stigma toward individuals who are transgender largely influences their mental health. Disclosure is a main trigger for mental health issues for people identifying as transgender (Bockting, Miner, Romine, Hamilton & Coleman, 2013).

- Trans-identifying individuals face large amounts of discrimination for gender nonconformity, which results in a build up of negative emotions (Bockting et al., 2013).

- For transgender people, coping with stigma can mean concealing transgender identity. This can encourage passing as a non-transgender individual (concealment).
INCLUSIVITY & ACCEPTANCE

Inclusivity & Acceptance

The following information is advice derived from GLAAD. (2015).

✓ Realize that gender is a spectrum; there is a range of gender identities between and outside of the categories of male and female.

✓ Gender identity development happens from birth until death.

✓ Gender is a product of the mind. It is influenced by nature, nurture, and context.

✓ There is no correct style of expression for males or females. It is healthy for people to express who they feel they are.

✓ You can't tell if someone is trans* just by looking.

✓ Know that gender identity is different than sexual orientation.

✓ If you don't know what pronouns to use, ask.

✓ Respect the terminology a transgender person uses to describe their identity.

✓ Understand there is no "right" or "wrong" way to transition

✓ Don't ask a transgender person what their "real name" is.
✓ Avoid backhanded compliments or "helpful" tips.

<table>
<thead>
<tr>
<th>Not Gender Neutral</th>
<th>Gender Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>*He/She</td>
<td>They</td>
</tr>
<tr>
<td>*Himself/Herself</td>
<td>Themself</td>
</tr>
<tr>
<td>*Female/Male</td>
<td>Gender Identity</td>
</tr>
<tr>
<td>*Hers/His</td>
<td>Theirs</td>
</tr>
<tr>
<td>*Policeman/Chairman (etc.)</td>
<td>Police Officer, Chair Person</td>
</tr>
<tr>
<td>*Waitress/Waiter</td>
<td>Server</td>
</tr>
<tr>
<td>*Husband/Wife</td>
<td>Partner/Spouse</td>
</tr>
<tr>
<td>*Girlfriend/Boyfriend</td>
<td></td>
</tr>
</tbody>
</table>
Community Supports for Allies (Kingston)

Support Groups:

**PFLAG Kingston** 33 Adelaide St. – PFLAG Kingston provides confidential support group for families and friends of LGBT identifying individuals.
613-876-8984 – e-mail: KingstonON@pflagcanada.ca

**Positive Space Program:** The purpose of the Positive Space Program is to identify and encourage the development of positive spaces within the Queen's University community in order to strengthen the LGBTQ and ally communities on campus and in Kingston.
http://www.queensu.ca/positivespace/

**Queer Parents Association of Kingston** This association is for those: Considering becoming a parent, or are already one and want to make connections with others like you. Care to share your experience and wisdom? QPAK is a fledging association, begun from a desire for mutual support, camaraderie and shared experience.
qpakingston@gmail.com

**Trans Family Kingston** A support group including trans*-individuals and their family members/ supporters in Kingston that seeks primarily to combat the loneliness and isolation often felt by trans*-people and those journeying with them.
http://www.transfamilykingston.com/p/resources.html

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Material presented in this section obtained from http://www.outinkingston.org
Education:

**HIV/AIDS Regional Services**

844a Princess Street - HARS is an all-inclusive agency that provides an extensive education library regarding LGBTQ+ community and sexual health.
613 545 3698 - hars@kingston.net

**Queer Community Interest and Discussion Group:**

This is a discussion group that meets weekly to discuss queer topics and LGBTQ issues in the community.
e-mail: 8js41@queensu.ca

**Ontario Public Interest Research Group (OPIRG):**

OPIRG is a group that contributes to community engagement with environmental and social activism at Queen's, in Kingston with the aim of broadening understanding and increasing social awareness of topics relevant for discussion, as decided by the community.
http://www.opirgkingston.org/

**Queen’s Human Rights:**

The Queen’s Human Rights office is designed to promote human rights and address harassment and discrimination on the grounds of various personal characteristics relevant to equality.
http://www.queensu.ca/humanrights/

**The Trans PULSE Project Listserv**

The TransPulse Project is a research project through Ontario that responds to problems identified within Ontario trans communities regarding access to health and social services.
http://www.transpulse.ca
This website is a way to help give LGBT individuals a voice by watching stories of real people on real journeys.

A resource developed for people who are trans* to help assist them through their transition. Helpful information for allies is included on this page to understand the process.
http://www.tsroadmap.com/start/timetable.html

This is a resource providing education regarding trans* identity including statistics, relevant information and current news.
http://www.glaad.org/

Egale Canada Human Rights Trust is Canada’s only national charity promoting lesbian, gay, bisexual, and trans (LGBT) human rights through research, education and community engagement
http://egale.ca

Out In Kingston is a website that provides a list of all the LGBT events taking place in the Kingston Community.
Surrounding Area Supports for Allies

Education:

- **The 519 – Trans Access Project (Toronto)**
  Trans people providing trans awareness workshops to service providers working in shelters, detox centres, settlement agencies, youth agencies, assaulted women’s services and more. The goal is to help these agencies become more accessible to trans people.
  [http://www.the519.org/blog/tag/trans/](http://www.the519.org/blog/tag/trans/)

- **Trans Partner Network (Toronto)**
  333 Sherbourne Street -
  This is an eight-week, psycho-educational workshop for partners, lovers, spouses, or significant others of gender-variant and/or trans* - people.
  e-mail: [info@transpartnernetwork.com](mailto:info@transpartnernetwork.com)

Support Groups:

- **LGBTQ Parenting Connection - (Toronto)**
  A network designed to provide information, resources, and support to LGBTQ-led families to create healthy and informed communities within which LGBTQ families can thrive.
  [http://lgbtqpn.ca](http://lgbtqpn.ca)
Trans Health Lobby Group (Toronto)  
Trans*-people working with trans*-allies and supporters to advocate for publicly funded sex reassignment surgery, and related medical procedures.  
416-405-8253 - www.rainbowhealthnetwork.ca

Central Toronto Youth Services– Transceptance (Toronto)  
65 Wellesley Street East, Suite 300 - This is a peer-support group for parents and caregivers of transsexual and transgendered children. This group meets the third Thursday of each month from 7 - 9 p.m.  
416-924-2100, ext. 241 - email: karen.brookfield@ctys.org
References


