

Community Survey: Transition/Crossdressing Services in BC

Final Report

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Introduction: How the Survey Was Created

In May 2002, the Director of the Centre for Sexual Medicine, part of Vancouver Hospital and Health Sciences Centre (VHHSC), announced that cuts to staff positions would result in the closure of the Gender Dysphoria Program (the “Gender Clinic”). Some of the specialized psychological, psychiatric, endocrinological, urological, gynecological, and social services provided to transgendered people and family members from all regions of the province ended immediately after that announcement (including all services to new patients and anyone who became a patient after 1 January 2002), with discharge planning the only service remaining for other patients and a complete closure of the program planned in 2003.

In addition to providing services to transgendered people and family members, as a specialized diagnostic facility the Centre for Sexual Medicine was the sole gatekeeper recognized by MSP to assess patients for sex reassignment surgery. Its closure thus not only leaves transgendered¹ people uncertain how to find practitioners qualified to practice transgender medicine (a specialty in which few community-based practitioners are trained), but also unable to obtain coverage for needed surgery.

Cuts to the Gender Clinic staff positions happened extremely quickly; many patients who began gender transition with the Clinic’s assistance are now stuck halfway through the process and are in serious distress, but do not know where to go to get help.

In response to the Clinic closure and resulting need of transgendered people for an alternate service, representatives from seven transgender organizations met with staff from the Vancouver Coastal Health Authority (VCHA) in July 2002. There was consensus at this meeting that there is a need to create an alternative model for health service delivery to transgendered people across the province. Transgendered people who lack access to appropriate care experience increased stress, anxiety, and depression, with a resulting rise in high-risk behaviors such as substance use, eating disorders, self-harm, and suicide attempts; since the announcement of the closure, volunteer organizations providing support to transgendered people and families have reported a sharp increase in distress calls, including suicide calls. Developing a cost-efficient and community-responsive means of service delivery was felt to be essential, particularly given that the alternative would be people falling through the cracks and utilizing emergency or acute care resources inappropriately.

As part of this process, transgender groups volunteered to work with the VCHA to develop an anonymous, confidential survey to explore options for a new model of delivering services relating to gender transition and crossdressing. Two members of Transcend Transgender Support & Education Society (Nicholas Matte and Joshua Goldberg) coordinated the development of a survey package, consulting with research experts, health planners, and transgender community members to create materials that would both convey information to transgendered people and family members about the

¹ *Transgender* people have a gender identity that is different than their birth sex, and/or express their gender in ways that contravene societal expectations of the range of possibilities for men and women. Some transgendered people identify as men or women, while others have an identity that is not as simple as ‘man’ or ‘woman’. This umbrella term may include crossdressers, drag kings/queens, transsexuals, people who are androgynous, Two-Spirit people, and people who are bi-gendered or multi-gendered. Transgender communities include non-transgendered partners, family members, friends, and other loved ones, who may also need specialized gender services (e.g., counseling). *Gender transition* refers to a change in the way a person presents themselves in their social environment and daily life – for example, from living as a woman to living as a man, or from presenting as uni-gendered to presenting as bi- or multi-gendered. *Crossdressing* refers to wearing clothing (and possibly other accoutrements such as shoes, hairstyle, jewelry, etc.) that is considered appropriate for the ‘opposite’ gender; crossdressers may crossdress occasionally or frequently, and their gender identity may or may not change when they are crossdressed. Not all transgendered people need services relating to gender transition or crossdressing.

cuts to services and soliciting service users' ideas and opinions on what direction the new model for service delivery should take. Maria Hudspith, VCHA Coordinator of Community Consultation and Partnerships for Vancouver, offered logistical support – including mailing of copies to 500 patients on the Gender Clinic list – and acting as the point of contact for community members, service providers, media, and others interested in the survey's progress.

The survey was officially launched on September 30, with a deadline of October 31.

Community members, family members and service providers had numerous ways to obtain and complete the survey:

- paper versions were mailed to 500 people on the Clinic list, with an enclosed SASE (thanks to a generous donation by UVic Pride);
- a web form could be completed online through Transcend's website;
- PDF and Word versions could be downloaded from Transcend's website and sent to the VCHA;
- a Word form could be downloaded from Transcend's website, completed in Word, then emailed to the VCHA;
- PDF versions of the forms and a request to make copies for transgender members of the organization were emailed to over 200 HIV/AIDS, Aboriginal, LGB/Queer, and anti-poverty organizations around the province. Additionally, community health centres in each region received a copy of the survey.
- community volunteers offered to conduct face-to-face interviews with people in Vancouver or Victoria, or phone interviews anywhere else in the province, for any transgendered people or family members who felt more comfortable talking about their ideas than writing them down

The survey was advertised through announcements sent to internet mailing lists, announcements and posters sent to community groups and transgender groups/individuals, and media coverage (over 1000 commercial and non-profit media outlets in BC were sent a press release about the survey). Two LGB groups and an Aboriginal health coalition that received the survey notice posted links to the online version of the survey from their website pages.

The response to the survey was phenomenal. Despite significant obstacles in reaching people (e.g., the Gender Clinic mailing list was out of date), 194 surveys were sent in. Seven of the completed surveys were from people who indicated they were not from the region served by the Gender Clinic (four from eastern Canada, two from the USA, and one from England); these were excluded from the analysis. Also excluded from the analysis were seven surveys that were received far past the deadline. In addition to the surveys being completed, VCHA received several phone calls from both service users and providers to discuss the survey, the status of the Clinic, and possible options for a new model of care.

From its inception, the survey was designed as a community consultation (which would, by its nature, involve as many people as possible) rather than a scientific survey (which would, for example, be more systematic in selecting a sample and attempting to eliminate potential confounds). While this means that the survey results are not necessarily representative of all transgendered people in B.C., the survey does offer useful information for community advocates and health planners planning a new service delivery model.

Historically, transgendered people and family members have been excluded from planning the delivery of transition/crossdressing services. While community groups have expressed grave concern about the abrupt cessation of services and the resulting crises for many transgendered people and family members, the collaboration between the community and the VCHA on this project has been extraordinarily positive. It is hoped that a continuing, joint effort will result in a new model of service delivery that reflects the needs of transgendered people in B.C.

The Survey Results

The survey contained 17 questions (some of which were multi-part questions), divided into four sections:

- 1) use of transition/crossdressing services
- 2) ways to provide transition/crossdressing services
- 3) health needs not related to transition/crossdressing
- 4) demographics

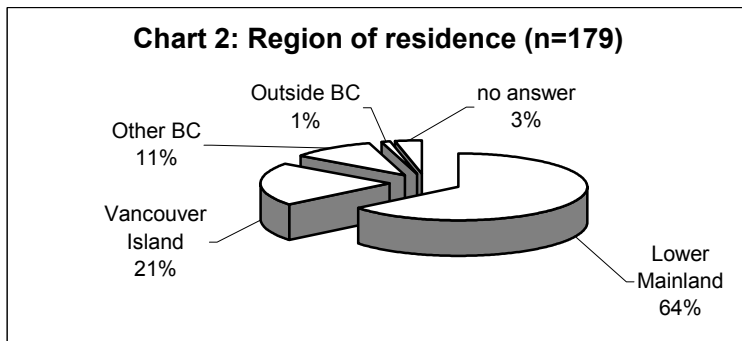
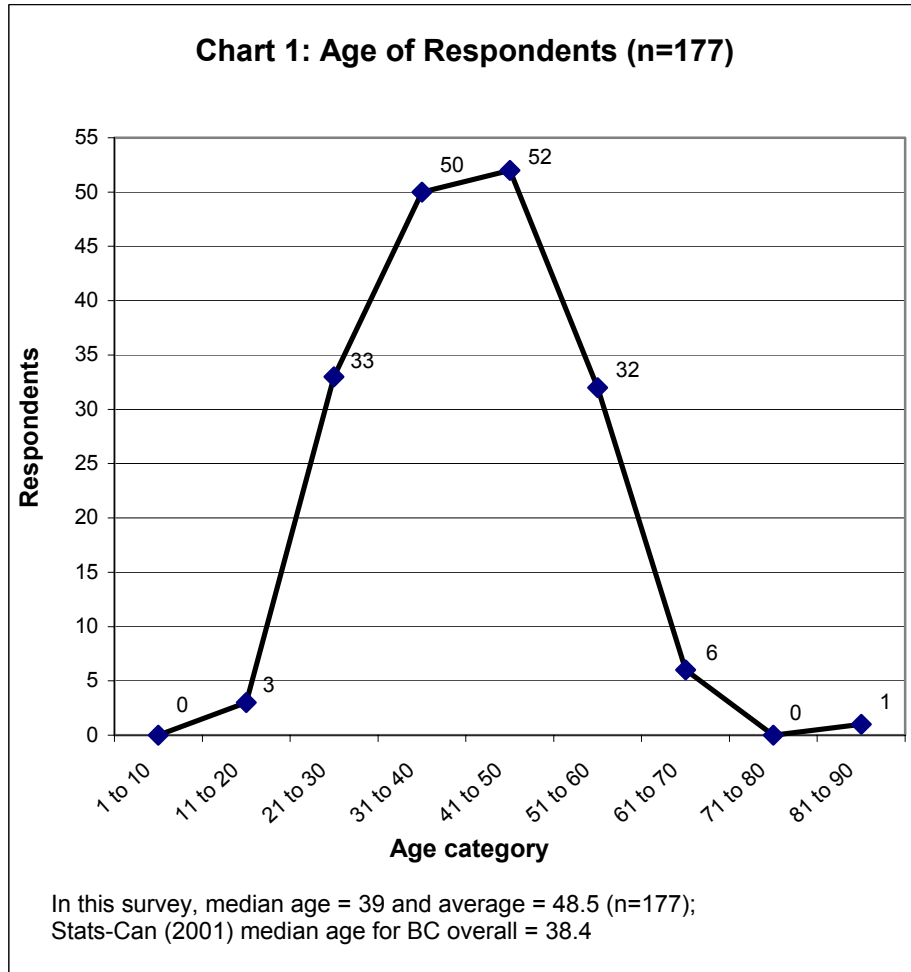
Demographics: Who did we reach?

The demographics information was intended specifically to help us see who we reached and who we missed by the survey, *not* to be used to generalize the results.

Utilization of a written, monolingual survey distributed primarily through internet and mail has particular methodological limitations. This type of methodology, while useful, is often inaccessible to people who are not highly fluent in written English, people with disabilities that affect reading or writing, people who don't have a residential address and have limited access to the internet (e.g., people living on the street, in care facilities, or in prison). Additionally, we may not have captured the perspectives of people who don't identify with the terms "crossdressing" and "transition" and/or do not perceive themselves to be service users (e.g., parents of intersex children who were receiving services not related to transition/crossdressing from the Gender Clinic; people who never went to the Gender Clinic for services).

While there are no profiles of transgendered people in B.C. to compare the survey demographics against, the profile of the respondents is largely urban and between the ages of 21 and 60. The survey did capture relatively large numbers of Aboriginal people living off-reserve, but failed to get information about the needs of transgendered people from other ethnocultural communities² or from parents, partners and other family members, many of whom require support and education services themselves.

² VCHA staff received four phone calls from survey recipients who needed assistance translating the survey document. When referrals were offered to translation services in the Lower Mainland, three of the four respondents said they were unable to access them because of concerns around confidentiality.



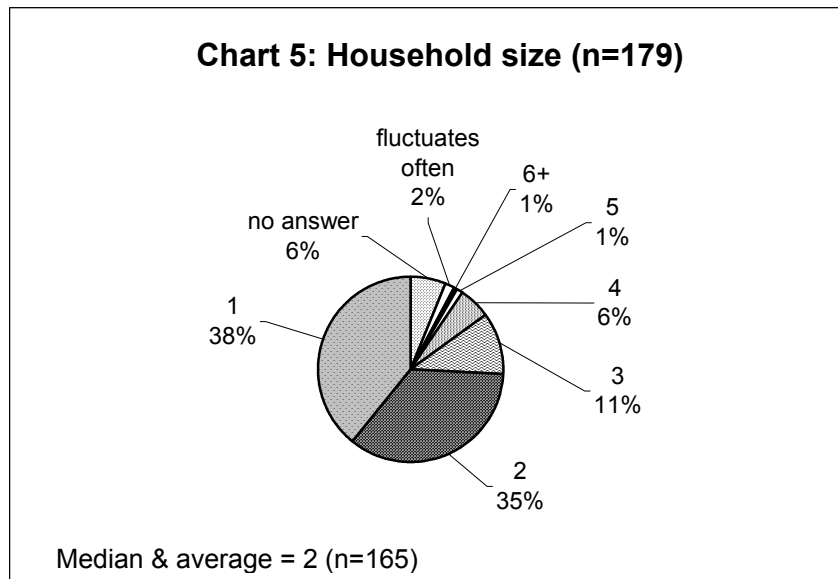
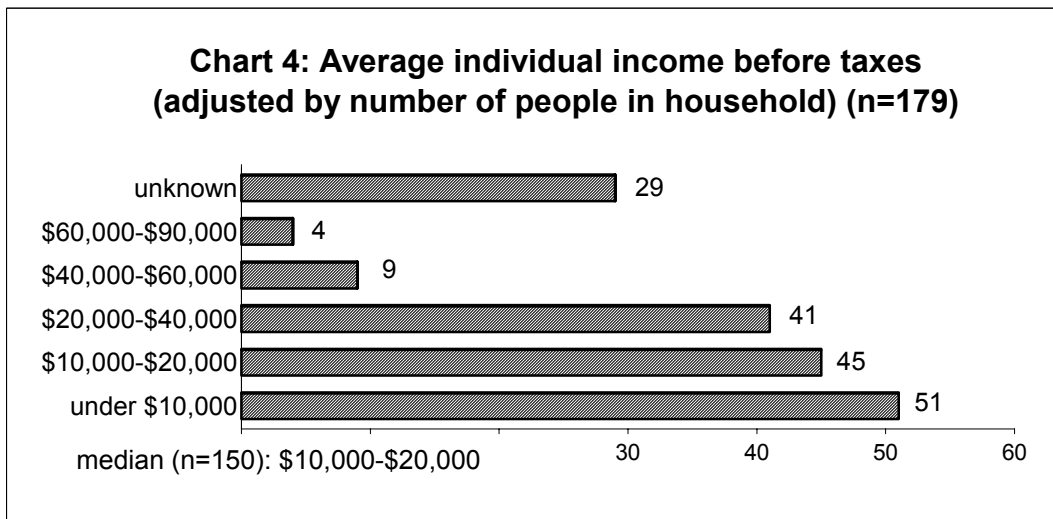
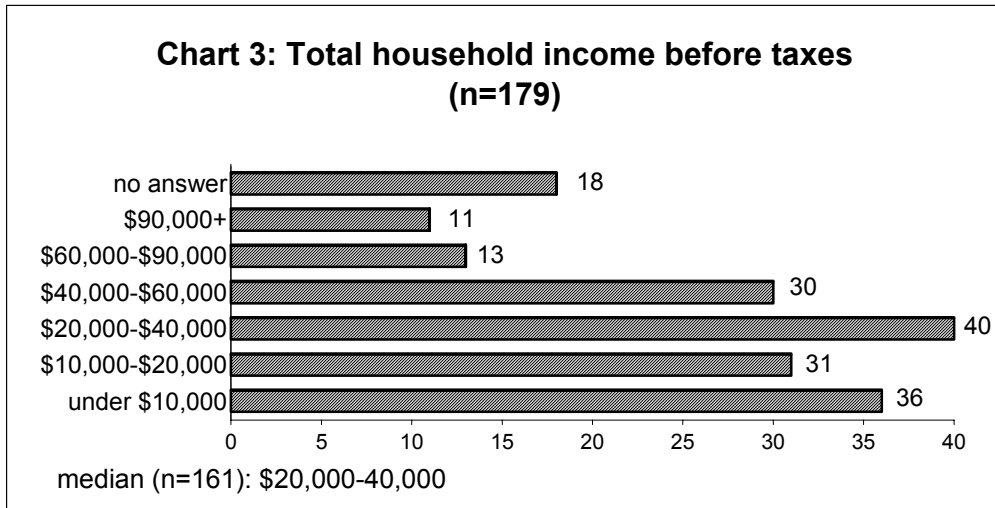
Lower Mainland (115): Abbotsford (1), Burnaby (4), Coquitlam (6), Delta (1), Langley (1), Maple Ridge (2), New Westminister (3), North Vancouver (4), Port Coquitlam (4), Port Moody (1), Richmond (5), Surrey (9), Vancouver (73), West Vancouver (1)

Vancouver Island (37): Coombs & Victoria (1), Courtenay (2), Hornby Island (1), Ladysmith (1), Nanaimo (1), near Victoria (1), Sooke (2), Victoria (27), Victoria-prison (1)

Other BC (19): Crescent Valley (1), Grand Forks (1), Kamloops (1), Kelowna (1), Mission (3), Nelson (1), Okanagan (1), Oliver (2), Prince George (2), Sliammon Indian Reserve (1), Squamish (1), Vernon (4)

Outside BC (2): Calgary-AB (1), Whitehorse-YK (1)

note: 2 participants from Alberta and the Yukon who indicated they came to BC for specialty gender services not available in their region were included in the analysis.



**Chart 6: Sources of income
(more than one may be checked)**

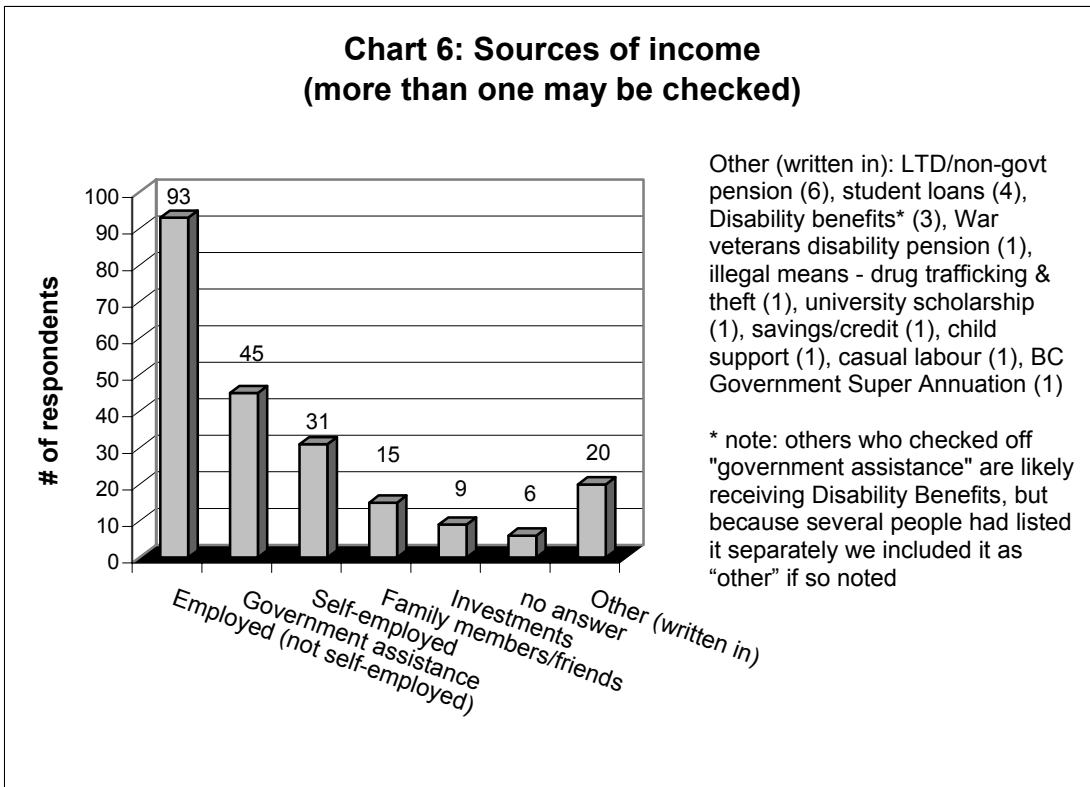


Chart 7: Level(s) of school attended

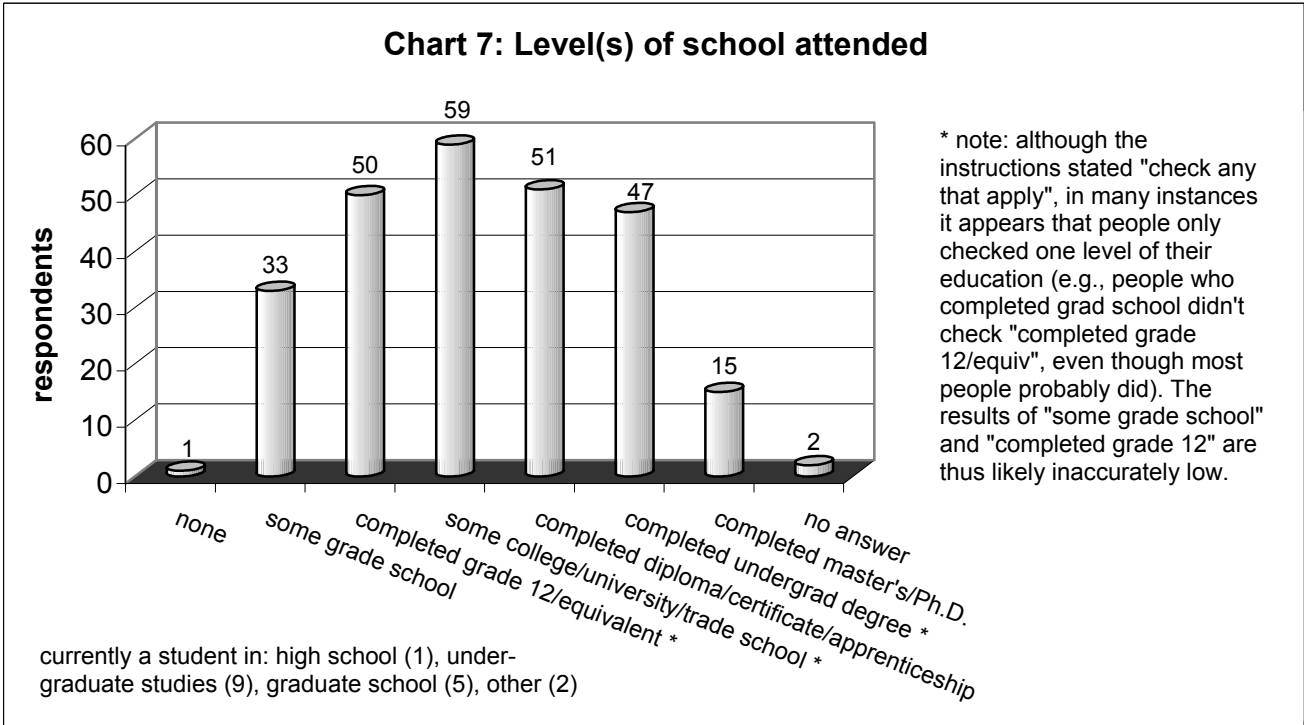
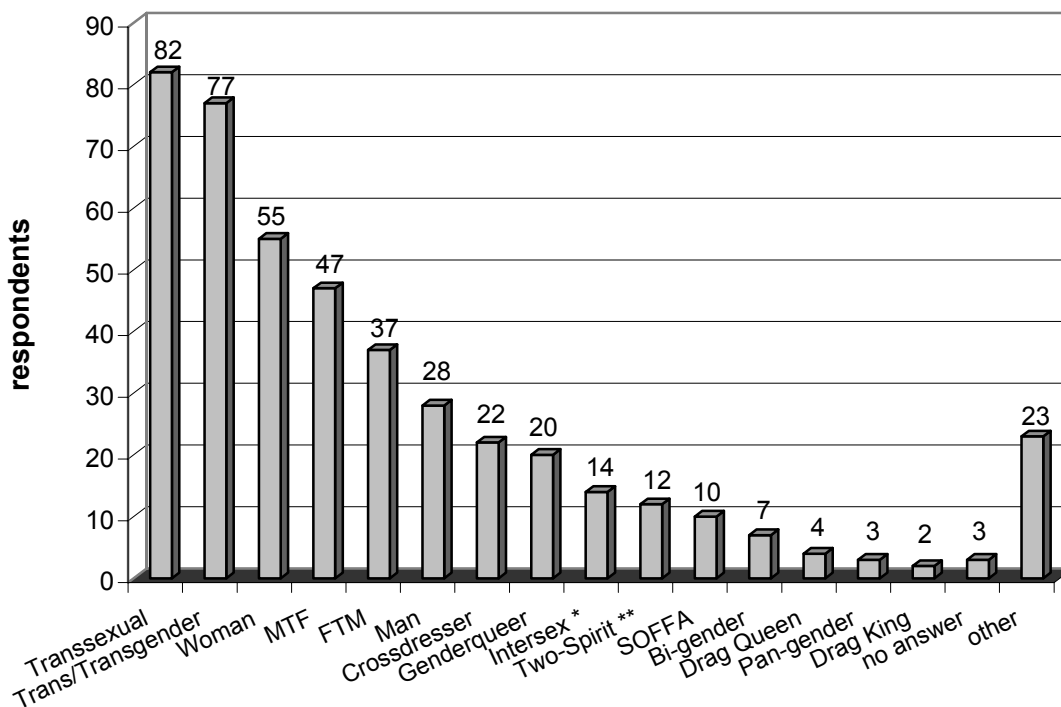


Table 1: Ethnicity

Note: because we asked participants to write in their ethnicity rather than use checkbox groupings like “Aboriginal”, “South Asian”, etc. we felt it would be inappropriate to then group participants’ responses according to our own interpretation – so we have left this as written by respondents. Although it is may not be as easy to use this list to assess, at a glance, who was over/underrepresented in this survey, it does reveal a diversity that is often minimized when people respond by fitting themselves into a checkbox option.

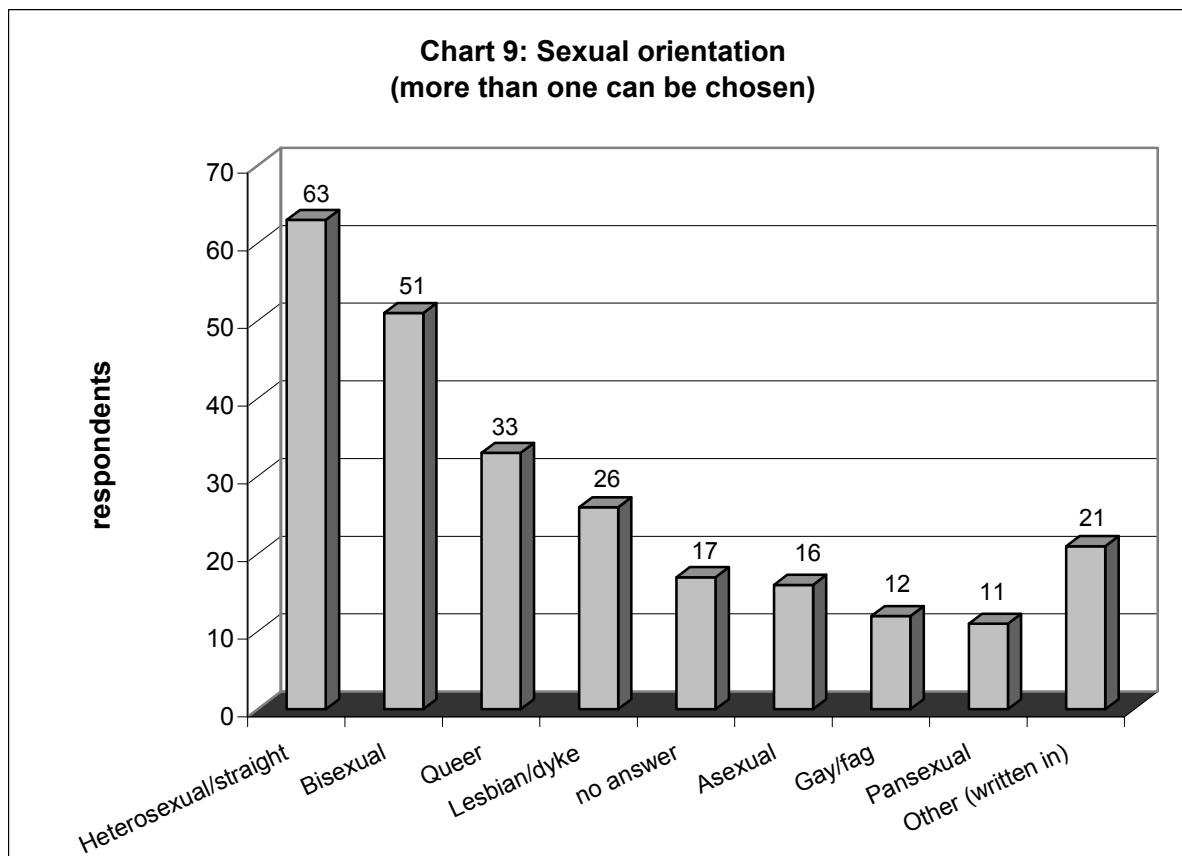
#	Ethnicity	#	Ethnicity	#	Ethnicity
29	no answer	1	English	1	Mixed race (Afro-Canadian/white)
1	Anglo	3	English & Scottish	1	Mixed race First Nations & White
1	Anglo Saxon	1	English, Irish, German	1	Multiethnicity
1	Armenian	1	English, Scottish, Cree	1	Native/White
1	Ashkenasi Jew	1	Euromutt	1	Nordic
1	Asia Pacific	6	European	1	North American Indian
3	Asian	1	European - Canadian 3rd generation	1	North and East European
1	Black	1	First Nation	1	Norwegian
1	Black/Guyana, South America	1	First Nations (Cree) + Norwegian	1	Penus
3	British	2	French Canadian	1	Québécois
1	British Isles	1	French-Canadian mother, Anglo-Canadian father, pink-skinned ("white")	1	Salish
1	British/Australian	1	from ireland (pasty white)	1	Scotch/Irish Caucasian
8	Canadian	4	German	5	Scottish
3	Canadian/English	1	German, Italian, Chinese, Aboriginal	1	Scottish/Canadian
1	Canadian/Phillipines	1	German, Italian, Scottish, Native	1	Scottish/English/German/French
28	Caucasian	1	German/French/Native North American	1	Scottish/Welsh
1	Caucasian - Holland	1	Indo-Canadian	1	South American Native
1	Caucasian - Mixed European	1	Irish	1	Ukranian
1	Caucasian (Irish/French)	1	Irish/French	2	WASP
1	Caucasian (roots from Western Europe)	1	Irish/German	1	Welsh, English, French
1	Caucasian mutt	2	Italian	10	White
1	Caucasian, Canadian (British)	1	Japanese-Canadian	1	White Australian
1	Caucasian-Germanic	2	Jewish	1	White Canadian
2	Celtic	1	Mediterranean	1	White mixed
3	Chinese	1	Metis	1	White/Native
1	Cree First Nation	2	Mexican	1	White/Scottish
1	East Indian	1	i am an irish/micmac/french descendant...but i personally claim no ethnicity.		

**Chart 8: Gender identity
(more than one can be chosen)**



* The Intersex Society of North America has expressed concern about trans people who do not fit the definition of intersexuality (defined by ISNA as congenital anomaly of the reproductive and sexual system) appropriating the term “intersex” to refer to an identity of being between man and woman or the experience of having mixed physiology as a result of gender transition. While some people who filled out this survey specifically mentioned being born with an intersex condition, and this comment is not intended to minimize the experiences of people who are both trans and intersex, it is probable that the response to this demographic question does not accurately reflect the numbers of people who did the survey who fit the ISNA definition of intersexuality.

** Two-Spirit was included in this survey as a term used by some Aboriginal people to describe their gender/sexuality in a way that is more in alignment with Aboriginal cultural approaches than western terms. However, only 4 of the people who checked “Two-Spirit” self-identified as being First Nations, Metis, or of mixed Aboriginal/European heritage; 5 of the people who checked “Two-Spirit” explicitly identify as European. As a culturally specific term with a particular context, it is, arguably, inaccurate and offensive to include non-Aboriginal people who self-identify in this way in the count; we couldn’t reach agreement on excluding people who explicitly identified as non-Aboriginal from this count, so agreed to include a note expressing concerns about appropriation of the term “Two-Spirit” by non-Aboriginal people.



Use of Transition/Crossdressing Services

Within the transsexual medicine field there is general consensus about what constitutes essential medical transition services – including diagnosis and assessment by a mental health professional, hormone therapy, various types of surgery, and electrolysis. This overall consensus is reflected in the *Standards of Care* issued by the Harry Benjamin International Gender Dysphoria Association (HBI-GDA)³. While the medical needs of transsexuals are relatively well understood, less is clear about non-medical services relating to transition, as well as those needed by crossdressers and family members. In a BC-wide needs assessment conducted through a survey in 1998⁴, four of the top ten services needs were non-medical (peer support groups, employment services, weight loss/gain and lifestyle services, and employment services). As the Gender Clinic had offered a place for people to get both medical and non-medical assistance with transition, we wanted to better understand the kind of mix of services that people would need from a new system. We particularly wanted to get a sense of whether there was a steady need for the same kinds of services over time, or if people's needs had changed from past to present and might change again from present to future.

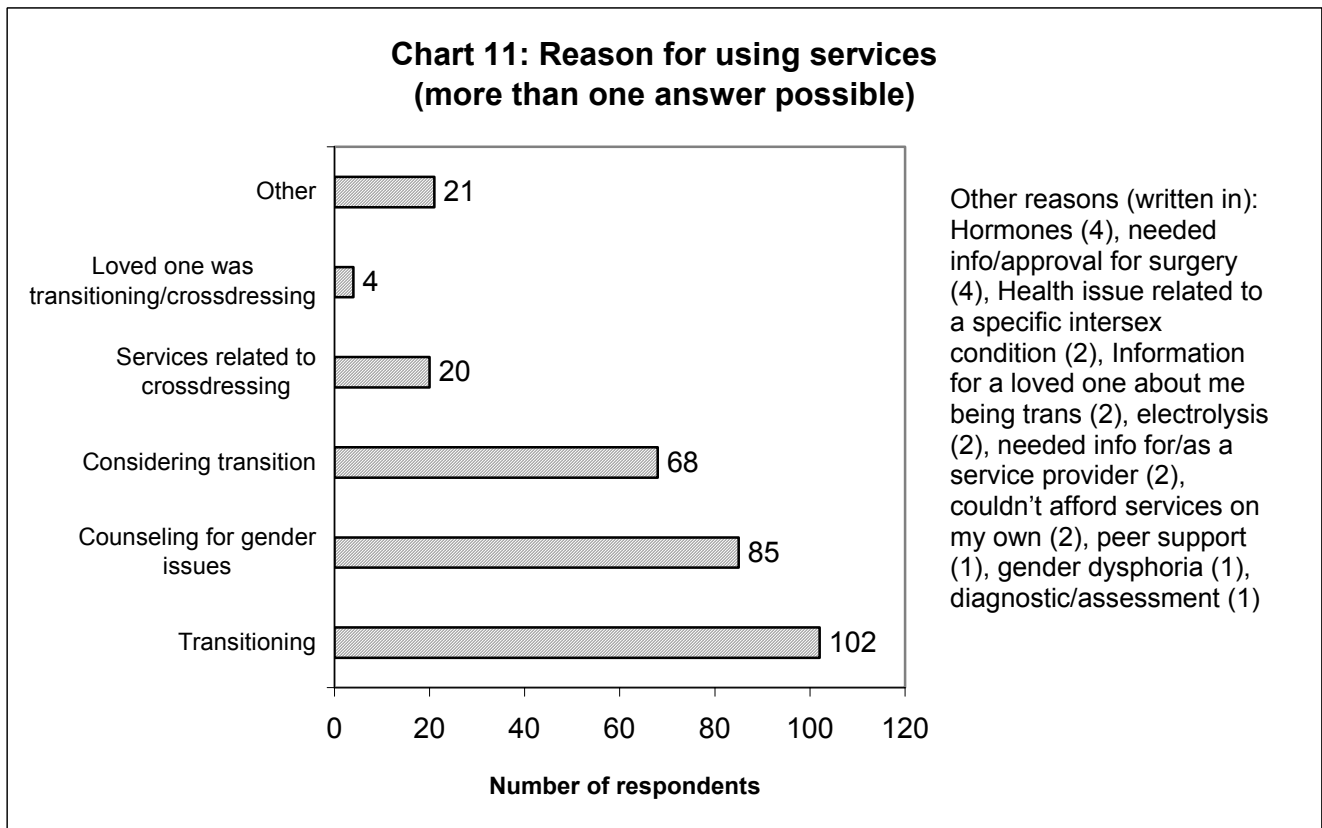
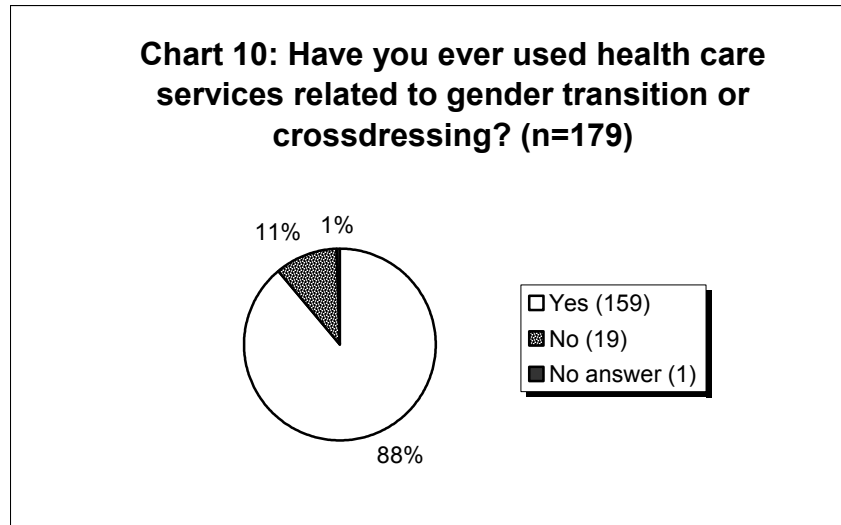
Some of the questions in this section were designed to get a general sense of the barriers people had experiencing in trying to access services in the old system, and the ways people had found to

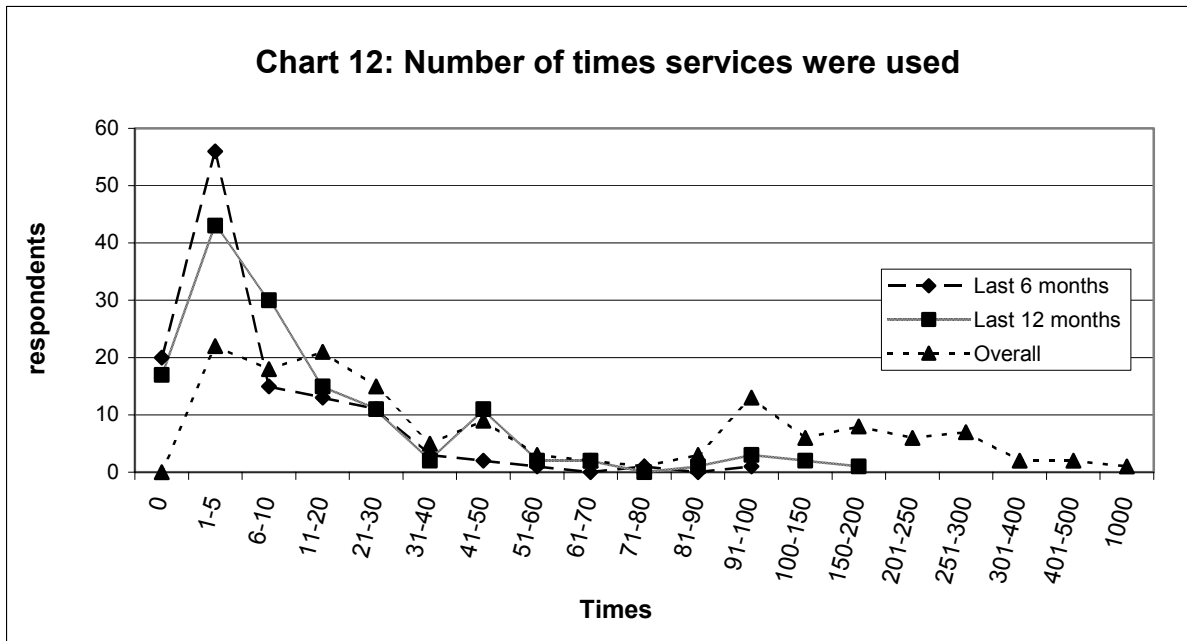
³ Harry Benjamin International Gender Dysphoria Association (2001). *Standards of Care for Gender Identity Disorders* (6th ed.). Retrieved May 2, 2002, from <http://www.hbigda.org/socv6.html>

⁴ WG Burnham (1999). *Transsexual/Transgendered Needs Assessment Survey (1998) Report*. Vancouver, BC: GC Services (out of print).

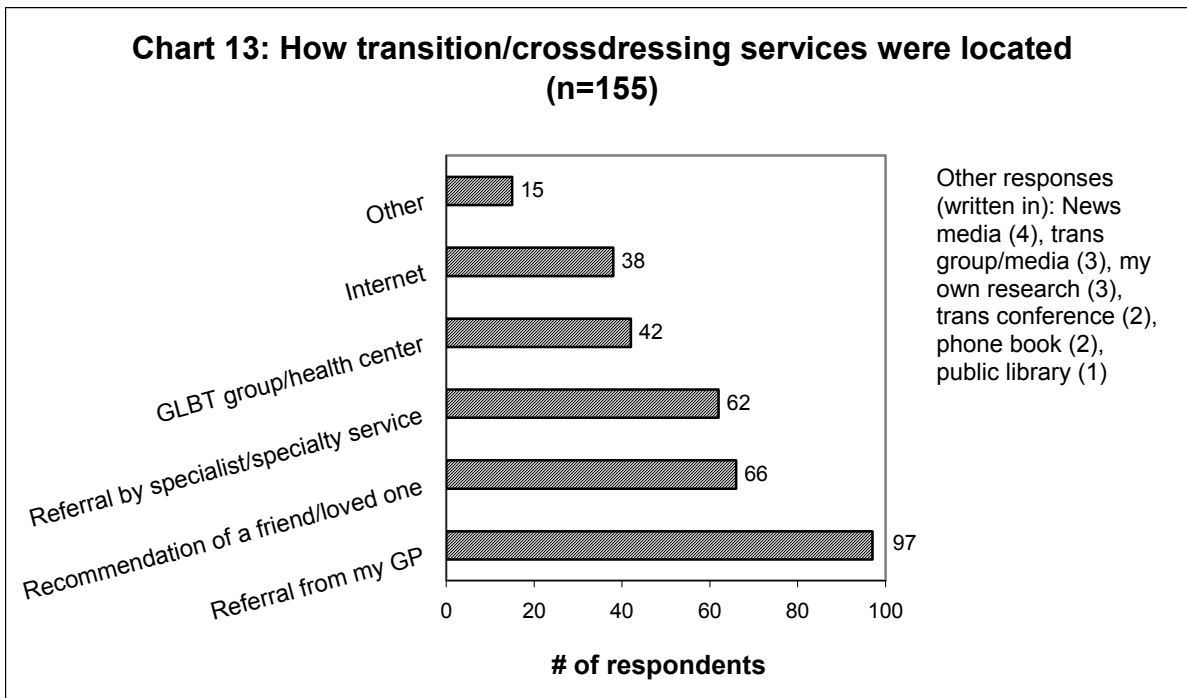
overcome those barriers to get the services they needed. In planning service delivery it is necessary not only make sure that services exist, but that people know how to find them and that they feel comfortable using them.

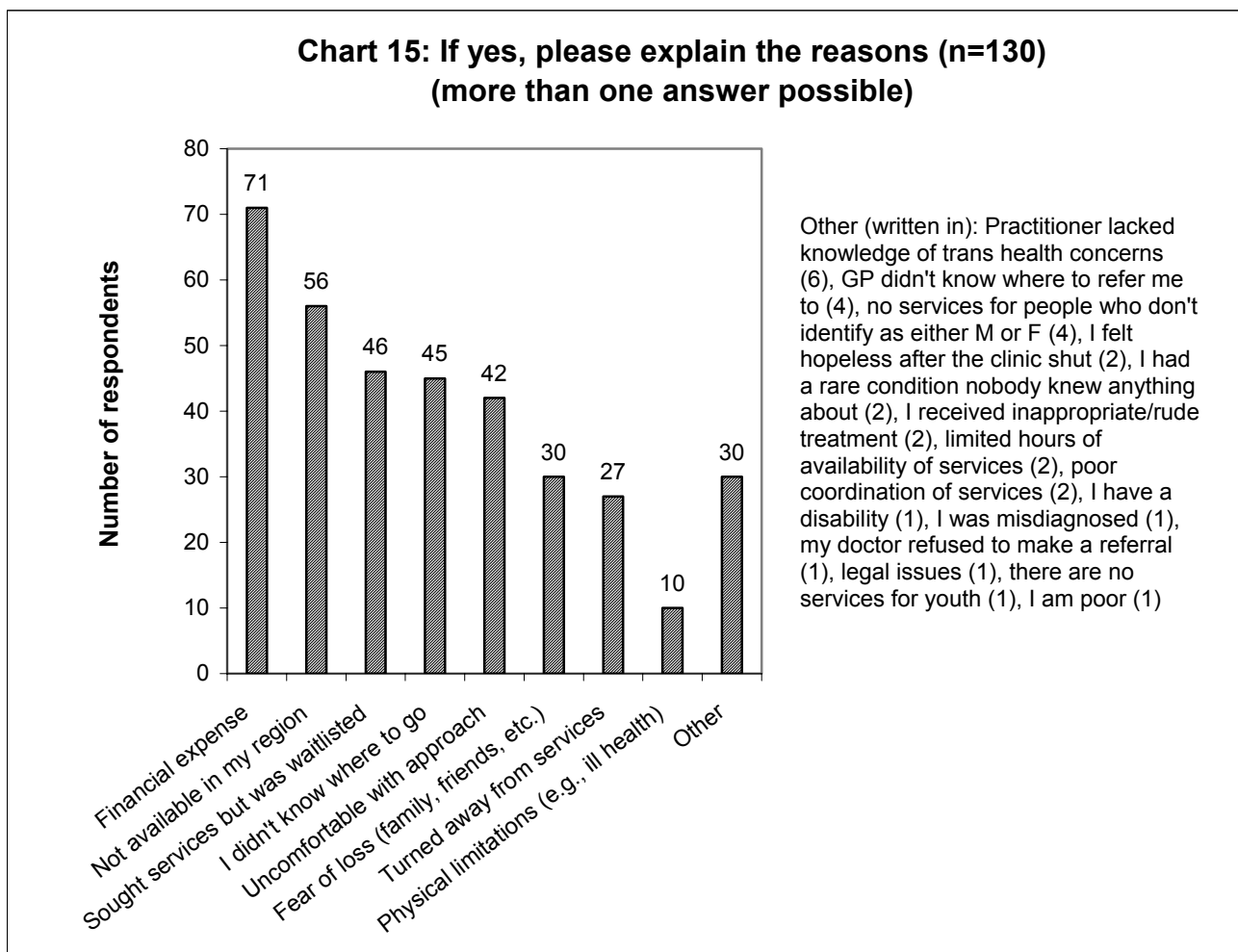
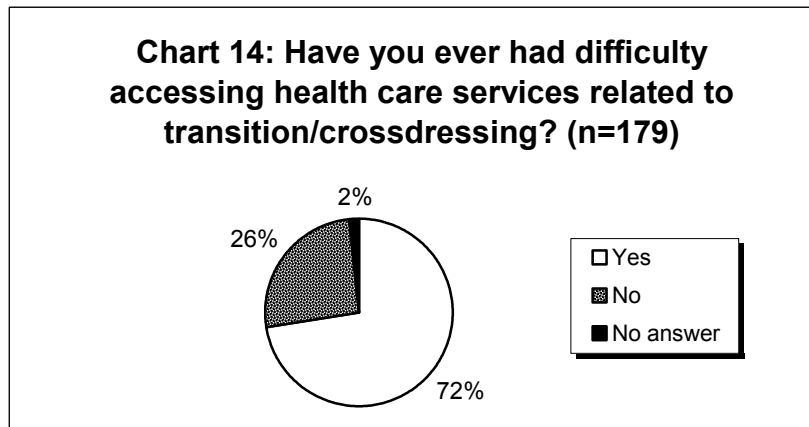
Last but not least, participants were asked if there were practitioners they would recommend to others. These suggestions will be used to help create a database for potential referrals.

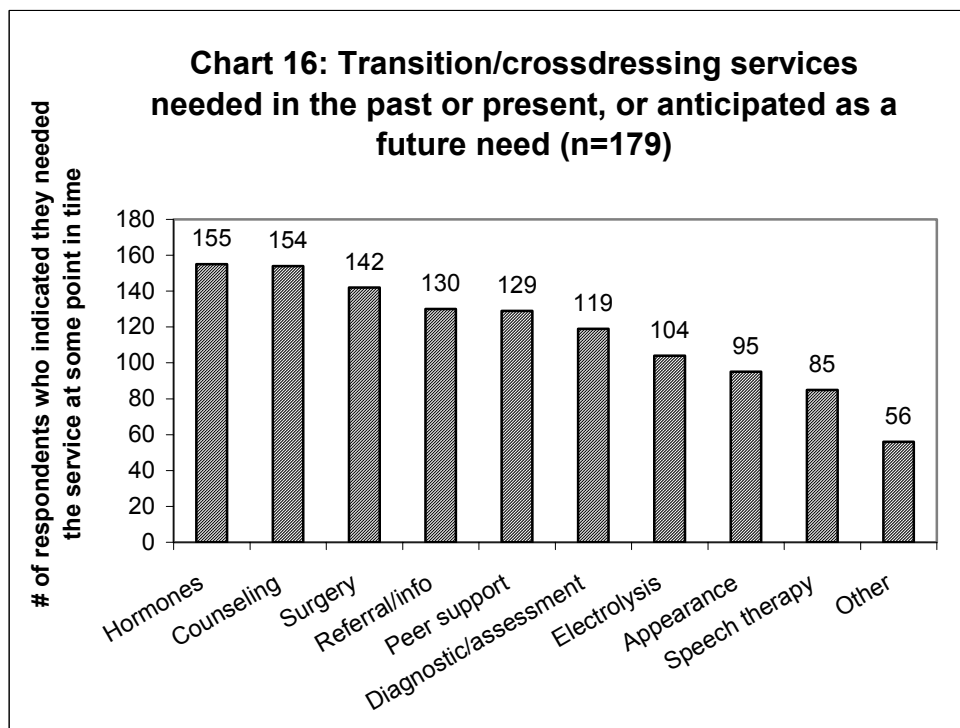




The second peak in service use (91-100 times) reflects the significantly higher number of times trans women and male crossdressers who are undergoing facial electrolysis used services, compared to FTMs and others not needing such a frequent type of service.







Other (written in): Info/support for employers & coworkers (5), protection against discrimination (5), help finding/maintaining work (4), GP who is trans-positive & knowledgeable (4), services for partners/relationship counselling (4), advocacy (3), funding for surgery (2), general legal services (2), mental health – not diagnostic (2), post-surgical complications (2), prosthetics (2), research on surgical methods and outcomes (2), services for family (excluding partner) (2), support for loved ones (2), urological services (2), social aspects of transition (1), cultural services (1), general public education (1), grief & loss (1), health implications of chest binding (1), integration with overall health issues (1), help with name/legal sex change (1), non-allopathic forms of medicine (1), self-care (1), general education for loved ones (1), stress management (1), support for not choosing either one gender or the other (1), anger management (1)

* electrolysis is used almost exclusively by MTFs and male crossdressers (not FTMs); if adjusted for gender, the expressed need for this service is greater than 90% over time

Table 2: Transition/Crossdressing Service Needs - Past, Present, and Future (n=179)

	# of respondents who have needed the service in the past	# of respondents currently needing the service	# of respondents who anticipate needing the service in the future
Hormones	96 (54%)	122 (68%)	121 (68%)
Counseling	118 (66%)	95 (53%)	76 (42%)
Surgery	59 (33%)	58 (32%)	112 (63%)
Referral/info	86 (48%)	77 (43%)	63 (35%)
Peer support	92 (51%)	97 (54%)	74 (41%)
Diagnostic/assessment	89 (50%)	57 (32%)	38 (21%)
Electrolysis *	49 (27%)	69 (39%)	57 (32%)
Appearance	66 (37%)	45 (25%)	28 (16%)
Speech therapy	28 (16%)	42 (23%)	47 (26%)
Other (written in)	36 (20%)	43 (24%)	39 (22%)

* Note: electrolysis is used almost exclusively by MTFs and male crossdressers (not FTMs and non-trans service users); if adjusted for gender, the expressed need for this service ranges from 80-90% depending on timeframe

Ways to Provide Transition/Crossdressing Services

We asked survey participants to think about (1) how community members' diverse service needs could best be met, and (2) how to help people who need services related to transition or crossdressing find what they need. We used the Romanow Commission format of discussion of the pros and cons of specific options, followed by a rating scale; we also left blank spaces for participants to write in their own ideas.

In addition to ranking different service delivery and referral models, many respondents wrote comments about what type of service would best suit their needs. Overall, a holistic model was favoured, one that would incorporate supports around the social determinants of health (e.g., housing, employment, poverty, and discrimination). Respondents suggested moving beyond a narrow biomedical model and encouraged the VCHA to partner with community organizations to provide peer-based support services. In addition, some survey respondents requested that there be more support for people with specific needs: people with disabilities, youth, people from ethnocultural communities, partners and family members, and those who don't identify as either a man or a woman.

Quality of Care and the Education of Health Care Providers

A number of survey respondents expressed concern about the lack of knowledge and experience regarding transgender medicine among GPs, and the deleterious impact this had on transgendered patients and family members. This lack of knowledge, combined with insensitivity or abusiveness on the part of providers, acted as barriers to needed health services. Beyond this, we heard that the system is poorly coordinated, with few links to community or peer support networks that could augment clinical services. A number of respondents commented that the closure of the Gender Clinic, the one centralized source of information known to many GPs around the province, had exacerbated this already negative situation.

Many respondents described poor experiences with the health care system (including practitioners who were identified as “experts” in gender dysphoria). In a number of cases, patients continued to see providers who they felt were incompetent and/or disrespectful because choice of providers was extremely limited or non-existent – especially to complete the steps required by MSP for surgery coverage.

Suggestions for remedying this situation were:

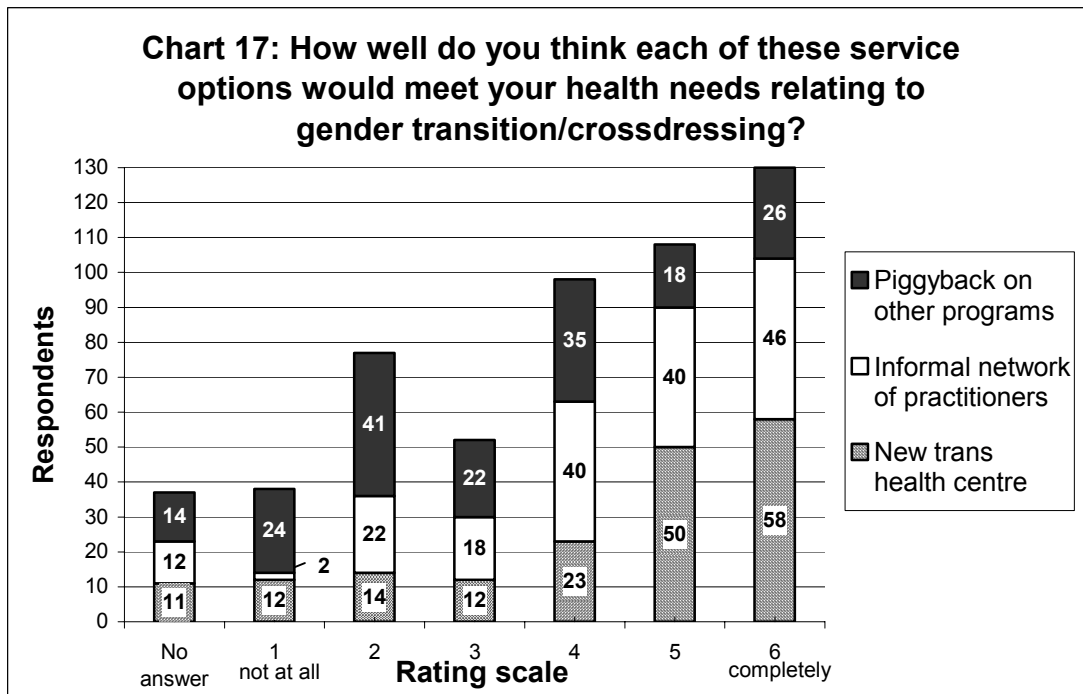
- Inclusion of transgender medicine in the health sciences curriculae
- Continuing medical education sessions on transgender medicine
- Communication to GPs around the province to enable appropriate referrals (although other referral options were favoured over leaving it to GPs, GPs remain the main point of entry to the health system)
- The development of clinical pathways for GPs to improve the care provided at the first point of contact

In addition to improving the knowledge of GPs and bettering the referral system for services, survey respondents suggested that more research (clinical and social science) be conducted to inform the provision of care and improve outcomes for transgender patients.

Service Delivery Models

The three options discussed in the survey as possible models for service delivery were:

<p>A new trans health centre.</p>	<p>A centre could house not only a group of practitioners with interest and/or experience in health care relating to gender transition/crossdressing, but also act as a referral and information base for the entire province, a drop-in space, and a facility for research. Although it would be located in one area, a new trans health centre could offer transition and crossdressing services to anyone in BC who needs them.</p>
<p>An informal network of practitioners.</p>	<p>This type of system would involve creating an informally connected network of individual practitioners with interest and/or experience in transition health care and the health needs of crossdressers. Practitioners would have the option to work with each other, but it would not be required. Ideally, the network would, over time, grow to extend throughout each region of the province.</p>
<p>Piggyback on other health programs.</p>	<p>Community health facilities in each region could be invited to expand their programs to include transition services and services for crossdressers. This might involve resources for a Trans Health Project at a clinic or other site, or specialized training for a mobile nurse, mental health worker</p>



Selected Participants' Comments on Service Delivery Models

Combination options

- Would like to see a combination of a health centre, and a network of practitioners. Would like to see the network of practitioners supported by staff at a trans health centre, who could act as practice leaders, educators, and resources.
- I feel a combination of all three would be the best solution. I live in the Okanagan and because of the prohibitive expense was unable to even start the group therapy sessions at the clinic. Apart from one therapist who is not taking any new clients, I know of no one in my area who I can turn to for help. At this point in time I would be happy to see the implementation of any program that would improve service.
- I see the first option tying into the other two options. I think it is critical to give our service "a face", one we can see, one that can meet the needs of the entire province, one that is trans-centred.

Comments: trans health centre / centralized clinic

- I would like to see a trans health centre integrated into the hospitals like a diabetic centre or a centre for people with arthritis. This way it could be region wide with the same number of team members. This way people in the rural areas and the interior could access them.
- Out of what has been mentioned the idea of a transgender health centre would be about the best, but what else would be needed there would be an advocate specializing in transgender needs regarding things like MHR, RTA, EI and all sorts of things counsellors are not trained for.
- The gender clinic at the Vancouver General seemed the ideal solution, with practitioners and counselors in nearby communities.
- OK provided it would follow the Harry Benjamin International Gender Dysphoria Association Standards of Care. This would help prevent anger with a center acting as "gatekeeper" for services and/or funding, as the decisions would be based on set guidelines and wouldn't seem as arbitrary.
- It is very difficult to decentralize such a rare occurrence as transsexuality. A central clinic with experienced individuals is needed so as the utmost of care is given in all assessments. An incorrect assessment of transsexuality and clearance for SRS could lead to suicide.
- Putting all eggs in one basket never a good idea - hence, my dislike of a new health centre for whole province. Could be possible/workable if the "heads" were progressive enough in their thinking to take a non-judgmental approach towards care/treatment profiles, and if they were willing to travel to other regions during set time periods of the year (like the old judges doing the rounds of all the rural neighbourhoods, providing outreach services, several times a year).
- A new trans health centre would be ideal if it includes both health practitioners and community groups in equal partnership.
- I back the creating of a completely new trans health centre over the others. For me I see not enough education to student medical practitioners at this time and quite frankly I am in need of the help more advanced and experienced people (e.g., gender clinic staff) have. My case is critical and has been for 30 years now but due to drug addiction and other reasons not really stated clearly I have been left without the genital surgery being done.
- Creating a centre doesn't work if you live in rural areas. I have to be my own Dr. and endocrinologist right now. Choice 2 & 3 would work better for people in rural areas.
- The first (centre) is ideal but it only works if one doesn't have to travel long distances.

Comments: Informal network of practitioners

- Work with the informal network of practitioners, but approach it with a grassroots approach that would not rely on ministry of health funding, but could be run through private grants, or by finding other forms of financial support to gather the information onto a website, a handbook, or some other ways of distro'ing info.
- Too wishy-washy as a short-term solution, but what should be strived for, I think, in the long-term.

Comments: Piggybacking on other services

- Having some form of service REQUIRED in each region, with a common set of knowledge, guidelines, etc so that treatment is standardized and readily available throughout the province - OR - having the network of practitioners, but having some sort of formal system governing them to ensure minimal knowledge and skills, with a base level of intra-communication and involvement to ensure skills, knowledge, etc. is shared and improved upon. Also, need to have some way of access being insured in this instance since the ideal "spread across the province" will take time, if it happens at all.
- Piggyback option sounds the best because it will bring TS issues out into the open. Will serve to educate the larger community and not be closeted away in some clinic or some network. My biggest complaint of the Gender Clinic was the feeling of isolation from the rest of the health network. Very uncomfortable feeling.

Other comments on models for service delivery

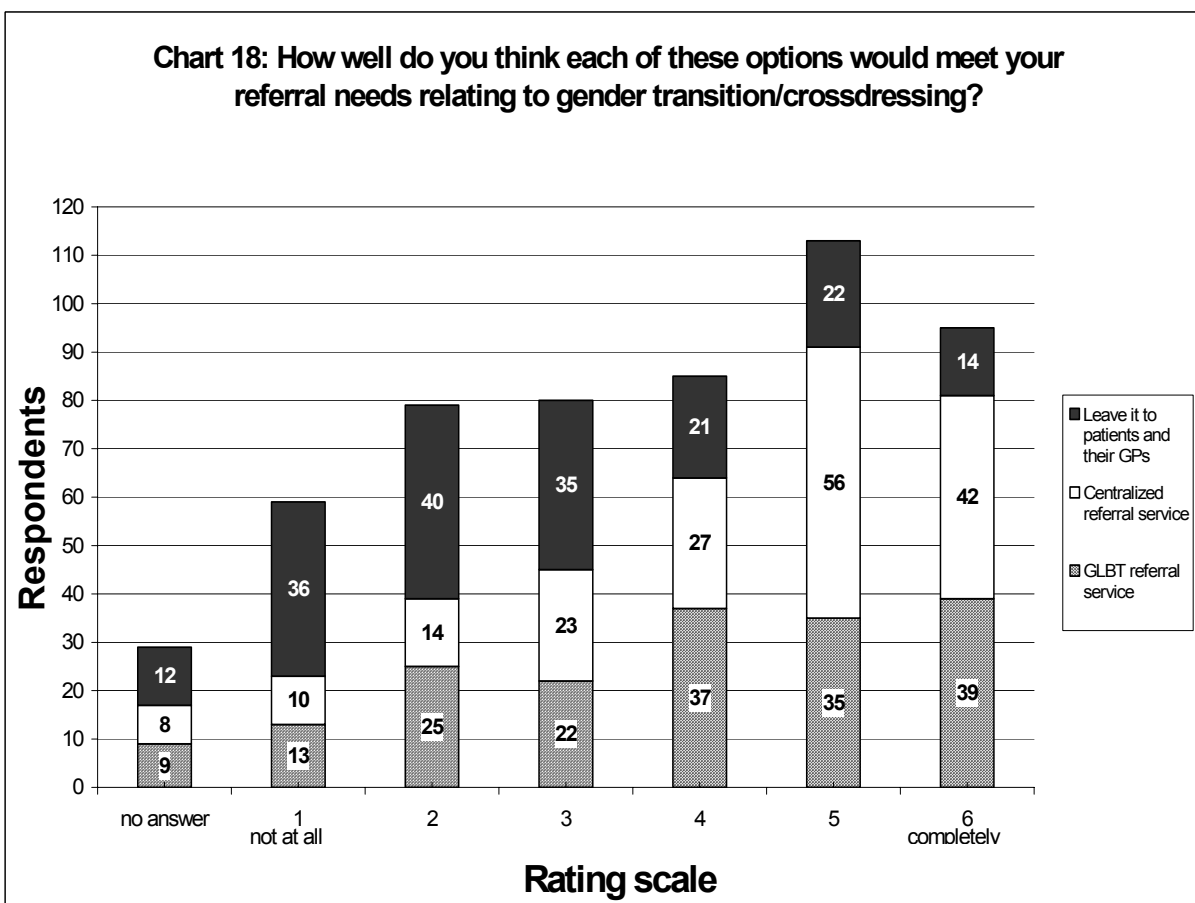
- I'd like to see peer support and peer counselling explicitly included as part of any plan, so that we would be included in decision making and information dissemination.
- The most important thing is that any GP with a patient with gender issues should be able to instantly identify available resources. The current vacuum is unacceptable.
- Would it be possible to have the Educational requirements of teachers in our schools get some type of information to incorporate into the "Health" program offered in schools presently? This would just have to be initial contact information and could be printed material in a guidance counselor's office, but start the ball rolling by acknowledging that this does happen and that it is 'ok'. It doesn't have to be indepth, but to have the opportunity to have the information available would be huge.
- I would add that although my experience (as a subject to the gender clinical profile) is geared to my needs being met by a specific program (often limited in scope) there is a greater need to reach into the community (schools/places of organized recreation/resource centres). Gender/transition/integrational living is a "real" experience; and ANY program must involve psychological/physiological/sociological and spiritual support not only within the "professional" advocacy but also as a continuation of outreach into the community (interactive resources).
- My partner is a crossdresser and not until recently did I know that the clinic could help us (he's not transitioning). We need access to counselling and community.

Referral Models

The three options identified in the survey as possible models for referral were:

<p>Expand existing GLBT referral services.</p>	<p>GLBT (gay, lesbian, bisexual, and trans) groups exist in many areas of the province. Potentially, existing groups could be provided with sufficient information and resources to provide phone and/or drop-in referrals and support in a non-medicalized, social environment. Referrals could be made on a regional basis, or could be coordinated provincially through the Prideline (a toll-free province-wide phone line hosted by The Centre in Vancouver).</p>
<p>Create a centralized provincial program.</p>	<p>A centralized referral program could provide information about resources through an anonymous toll-free line that could be accessed from anywhere in the province. It could be staffed by volunteers, a part-time paid staff member, or a combination of both.</p>
<p>Leave it to patients and their GPs.</p>	<p>General practitioners (GPs) are currently the main point of access for people seeking referrals to specialty services. One option would be to leave the system as it is: leave it to GPs to work with their patients to set up a network of services that best meets the unique and individual needs.</p>

Chart 18: How well do you think each of these options would meet your referral needs relating to gender transition/crossdressing?



Selected Participants' comments on a Referral Model

Combination options

- I think more than one of these options should be explored, since different people with different experience will have different approaches as to how to get information. Someone already part of the queer community might first think of a GLBT info line (I did, though at that time -- late 1980's they had no information at all), while someone who identifies themselves completely as straight might go first to their GP.

Comments: GLBT Referral Service

- I volunteer on the Prideline. We get quite a number of TG/TS/crossdressing calls. Trans awareness is part of the training for volunteers. The gap is in not having access to information about the range of services available.
- Not reasonable. My transition is not about who I sleep with. I don't ID as gay. I don't want to keep going to the gay community.
- A lot of trans folk don't go through the GLB communities, and in rural areas of less tolerance may not even want to be associated with them

Comments: Centralized referral service

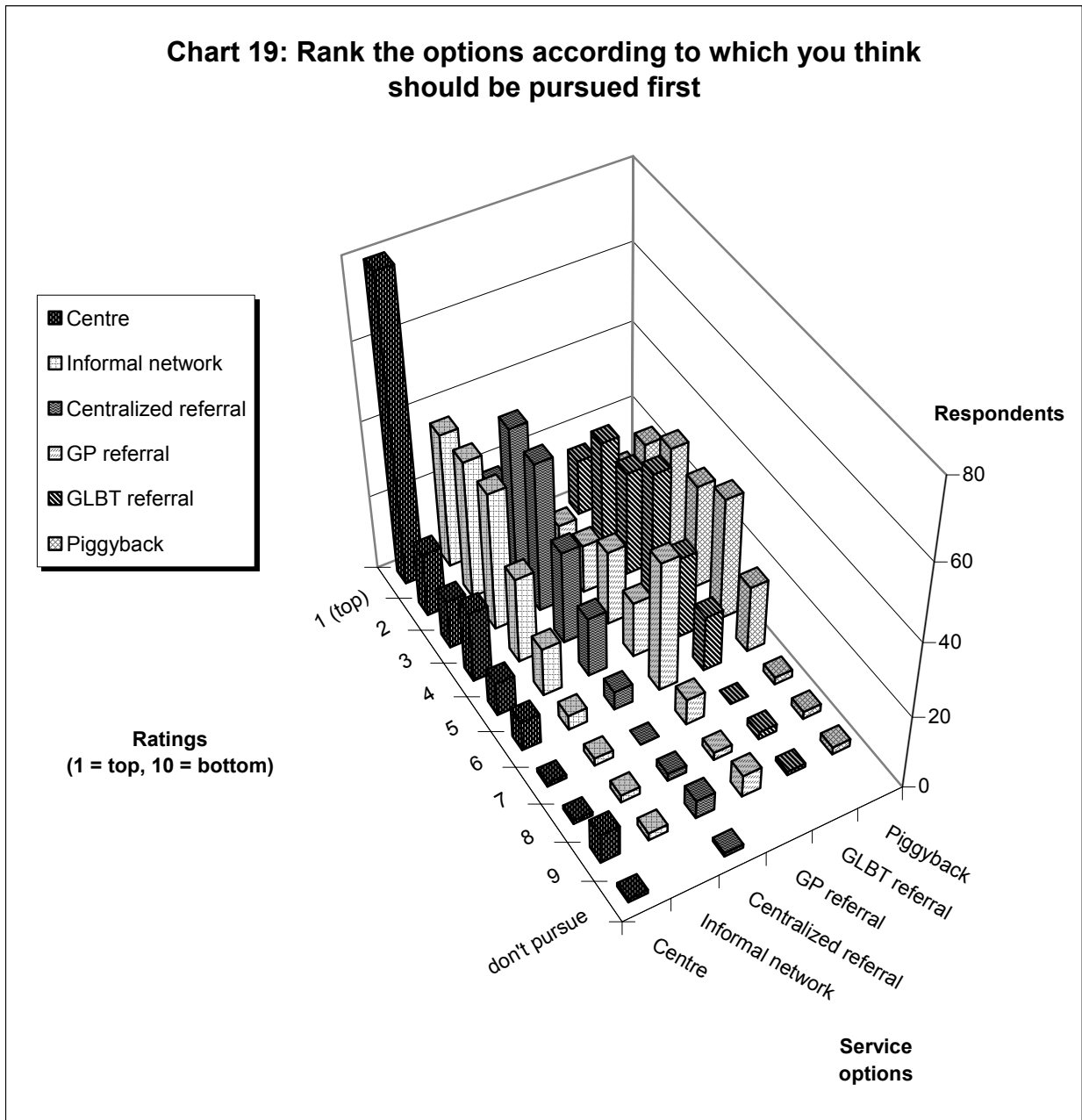
- I think a centralized service/program is critical. The other two options could fit into the centralized service/program.
- People know about the GLBT centres, and their GPs, already for the most part. Why create another centre for handing out info? It would take a long time to get the word out that the place existed. Go for what's already established. Prepare a package of info to give to doctors and GLBT centres.
- Would like to see a centralized referral service as part of a trans health centre. Would also like to see outreach, & possibly training on trans issues & resources, provided by such a centre to GLB(T) organizations and to other crisis and information & referral services.
- Centralized referral fits best, but it'd need to be promoted pretty heavily. I've lived in rural areas of the province and none of the "province wide" services (like Prideline) are known.

Comments: Leave it to Patients and their GPs

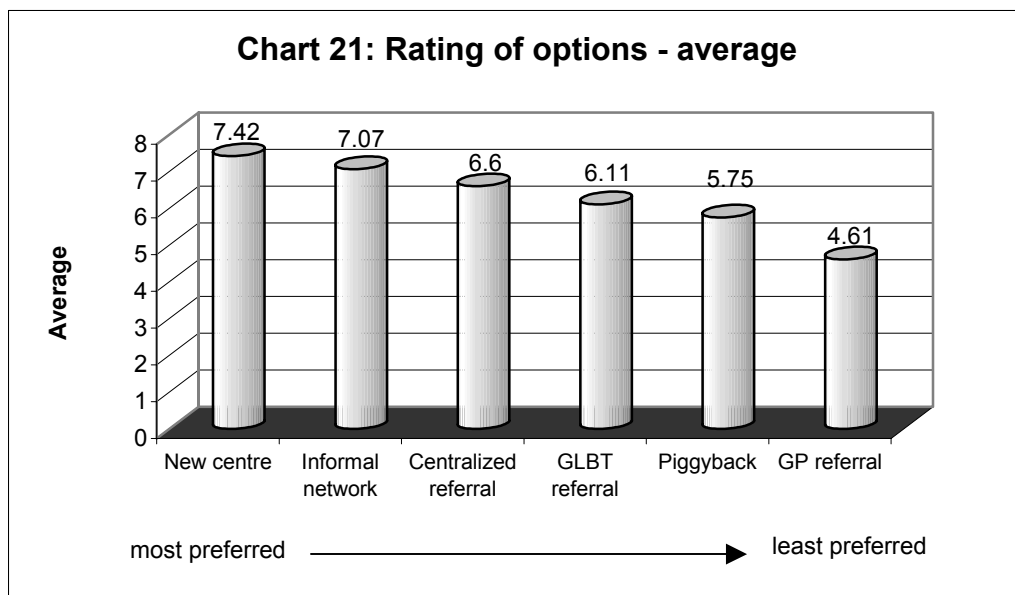
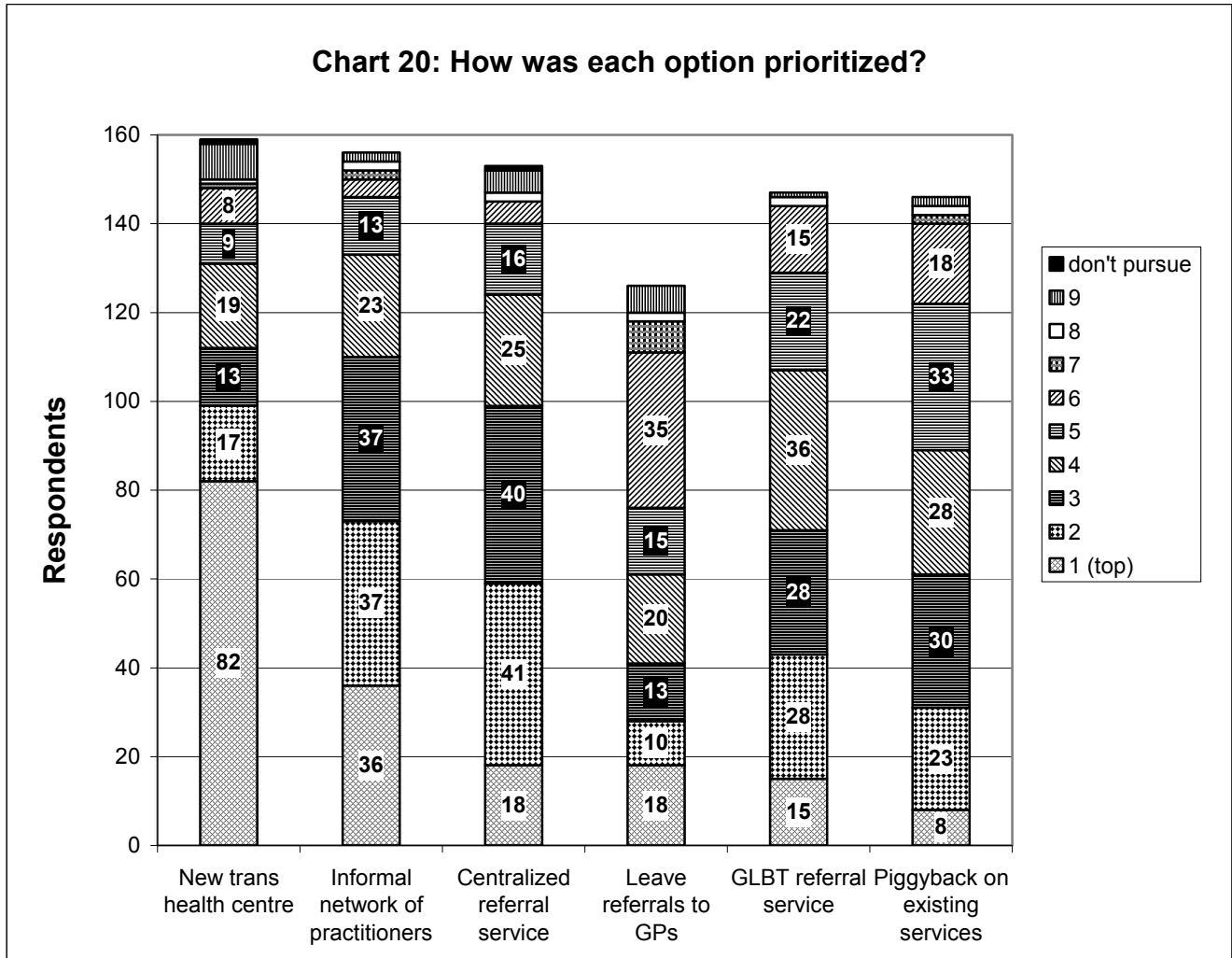
- Can't leave it as it is as there are too many GPs who aren't familiar with transgendered issues. Thus, the solution here is to educate the GPs.
- GPs aren't educated enough in trans issues to handle this (transitioning, hormones, surgeries, etc.) without a support network.

Other Comments on Models for Referral Services

- It seems to me that the referral service and the informal network of practitioners are a natural fit to be combined; that the network could be something slightly more than just a list of willing names, but perhaps a semi-organized service that could offer more connection between practitioners - a newsgroup/ mailing list, for example - and facilitate in other ways communication between practitioners and each other, and practitioners and trans people. Allowing for the busyness of practitioners, it might still be useful to offer them other services, like information mailouts or periodic meetings.
- I think there should be a leaflet or flyer that would promote gender services and have it available at doctor's offices, hospitals or other health centres or in the GLBT community. That way people could access it confidentially and make up their minds whether they needed it
- Produce a directory of trans resources, similar to the Transcend one for Victoria, but covering the whole of BC. It could be printed and widely distributed to a variety of service agencies, as well as put online.



It is obvious that a trans health centre is, by far, the option with the most rankings of top priority. It is perhaps not as obvious that if the rankings for 1st, 2nd, and 3rd are combined, the informal network (110) is almost level with the centre (112) – this is illustrated in the next chart. It is also worth noting that while a centre was the most popular top priority, it also had the greatest number of rankings as bottom priority, above all other options. This reflects the written comments by people who live outside of Vancouver that one centre serving the whole province is not adequate to meet their needs.



Other priorities for action (from participants' comments)

Note: The number in parentheses indicates the number of people who mentioned this as a priority, not the ranking assigned to those items by the person(s) who mentioned them.

Education resources / programs

- General education of health practitioners (3)
- Create training program for health providers (1)
- Print materials for GPs and other health practitioners: brochure, flyer, information package, etc. (1)
- Education of general public to decrease prejudice and stigma attached to looking for transgender and crossdressing services (1)
- Library of gender-related books (1)
- Educate government to trans needs (1)

Services

- Formal network of practitioners/services (2)
- Addiction/detox centre (1)
- Formally piggyback: organizations *must* provide services to trans people (1)
- Mandatory assessment from psychiatric specialists (1)
- Secure ongoing new patient care with old Gender Clinic staff until a successful replacement has been developed - in consultation with existing specialists. (1)
- Endocrinological network resources provincewide (1)
- Support for significant others (1)
- Continuum of care over course of entire transition (1)
- Etiquette & grooming (1)
- More availability of hormones (1)
- Solicit community groups to welcome GLBT to all their ranks (1)
- Counseling service (not just doctors) that did just trans, that knew about physical/emotional transition. One in each region maybe. (1)

Government coverage for services

- Finance services that aren't currently covered (e.g., electrolysis) (2)
- Ensure funding decisions for SRS are based on HBIQDA standards of care (1)
- Protect MSP funding for SRS (1)

Referral

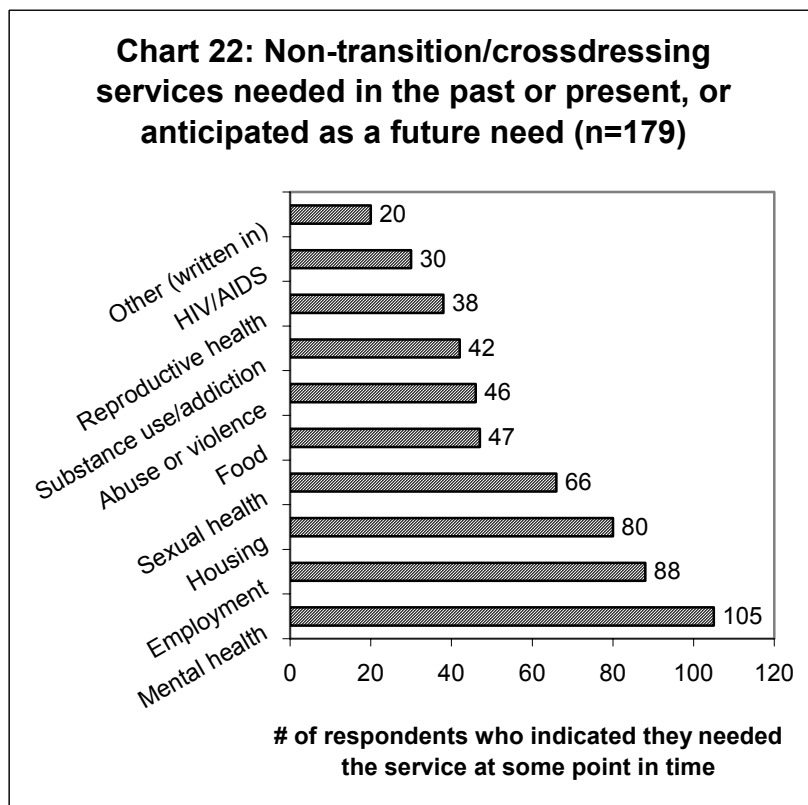
- Directory of trans resources (1)
- Advocacy & referral combined (1)

Other

- Any of the above expanded to recognize those of us who are intergendered/hermaphrodites (1)
- Human rights lawyers (1)
- Use internet for communication between Trans people (1)
- I don't know at the moment how I would rate this. I know it's incredibly important to have something. (1)

Health needs not Explicitly Related to Transition/Crossdressing

Although the current health planning process (and hence this survey) is focused on services related to transition and crossdressing, studies done across North America suggest that there are many other and equally urgent health needs transgendered people and family members have. We listed nine types of health services commonly identified in other research and invited respondents to write in additional/alternative types of services they need to address one or more of the broad determinants of health. As with transition/crossdressing services, we asked participants to indicate whether they needed the service in the past and present, and/or anticipated needing it in the future.



Other (written in): assistance for current/former trans prisoners (2), services related to disabilities (2), advocacy (1), culturally specific services (1), emergency trauma support team that deals with crises (1), family services for trans parents (1), gynecological services for FTMs (1), hormone prescriptions upon patient request (1), legal/immigration documentation (1), Legal (not specified) (1), legal human rights services (1), medical support for surgeries (1), multilingual services (1), non-allopathic medical models (1), RCMP protection (1), support for partners/family (1), youth-specific services (1)

Table 3: Service Needs not Explicitly Related to Transition/Crossdressing – Past, Present, and Future (n=179)

	# of respondents who have needed the service in the past	# of respondents currently needing the service	# of respondents who anticipate needing the service in the future
Mental health	76 (42%)	69 (39%)	63 (35%)
Employment	44 (25%)	46 (26%)	60 (34%)
Housing	39 (22%)	27 (15%)	45 (25%)
Sexual health	32 (18%)	43 (24%)	45 (25%)
Food	27 (15%)	21 (12%)	26 (15%)
Abuse/violence	32 (18%)	21 (12%)	15 (8%)
Substance use/addiction	29 (16%)	22 (12%)	14 (8%)
Reproductive health	20 (11%)	17 (9%)	22 (12%)
HIV/AIDS	15 (8%)	22 (12%)	21 (12%)
Other (written in)	10 (6%)	16 (9%)	16 (9%)

Conclusions

Process Conclusions:

- 1) Community consultation should be ongoing throughout service planning, and service user involvement be actively encouraged in any replacement services. Further outreach should continue as a partnership between the VCHA and community groups, with a focus on reaching populations under-represented in consultation to date.
- 2) Further outreach efforts should include additional measures to protect service users' privacy and confidentiality (e.g., ensuring any future mail outs do not identify a person as having been a patient at the Gender Clinic).

Conclusions regarding immediate needs:

- 3) Endocrinological information needs to be provided, as part of discharge planning, to GPs of Clinic patients (e.g., type and frequency of blood tests, potential complications of hormone use).
- 4) A crisis plan should be developed so that people who have been impacted by the cessation of services at the Gender Clinic have support while a new service model is being developed. Peer support groups and emergency rooms are insufficient to meet the needs of transgendered people and family members who are in crisis.
- 5) A resource list of health and social service professionals throughout the province who are able to provide services to transgendered people and family members should be developed by the VCHA, in collaboration with community groups, and made publicly available.

Conclusions regarding ongoing needs and service planning:

- 6) The partnership between service users and the VCHA has been very successful and should continue as a mechanism for service delivery planning, with an invitation to health professionals and other stakeholders to contribute their expertise.
- 7) Future service delivery planning should be based on the Harry Benjamin International Gender Dysphoria Association's *Standards of Care*⁵, which names the following as essential components of transition/crossdressing care: assessment/diagnosis, counselling, hormones, electrolysis, a range of surgeries, and post-transition followup.
- 8) Given that many transgendered people and family members do not live in Vancouver, a blended model of service delivery is the option that would meet the needs of the greatest number. A mixture of centralized and decentralized structures would be ideal, ensuring a "one stop shop" is available but also providing services around the province.

⁵ Harry Benjamin International Gender Dysphoria Association (2001). *Standards of Care for Gender Identity Disorders* (6 th Ed.). Retrieved May 2, 2002 from <http://www.hbigda.org/socv6.html>. As discussed on page 10, these Standards of Care reflect the international consensus of transgender medicine specialists. A number of survey respondents specifically mentioned the Harry Benjamin International Gender Dysphoria (HBIGDA) standards in their written responses. In conducting the data analysis, VCHA staff and community volunteers found that the list of identified needs fit within the HBIGDA standards; this recommendation reflects that interpretation.

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- 9) Despite the presence of the Gender Clinic, significant numbers of survey participants still identified barriers to care (including cost, lack of availability, lack of information about where to find help, and an insensitive/inappropriate approach to service delivery). These barriers should be reduced in a new delivery model.
 - 10) Transgender medicine is a specialized area with few suitably trained practitioners. Strategies should be developed to increase the pool of professionals within BC who are able to offer health and social services to transgendered people and family members, with an emphasis on addressing current gaps in service delivery.
 - 11) Strategies should be developed to improve the ability of GPs, as primary points of entry into the health system, to properly assist people needing referrals to specialized transition/crossdressing services.

Conclusions regarding health needs not explicitly relating to transition/crossdressing:

- 12) The services identified by the survey participants point to the need for a comprehensive model of service delivery, one that addresses the social determinants of health. This holistic vision was supported by written and phone responses critiquing the bio-medical focus of the Gender Clinic. The VCHA should collaborate with community groups to develop strategies to identify and address the broader health needs of transgendered people and family members.