

Trans and Gender Diverse Mental Health, Wellness and Suicide Prevention Toolkit

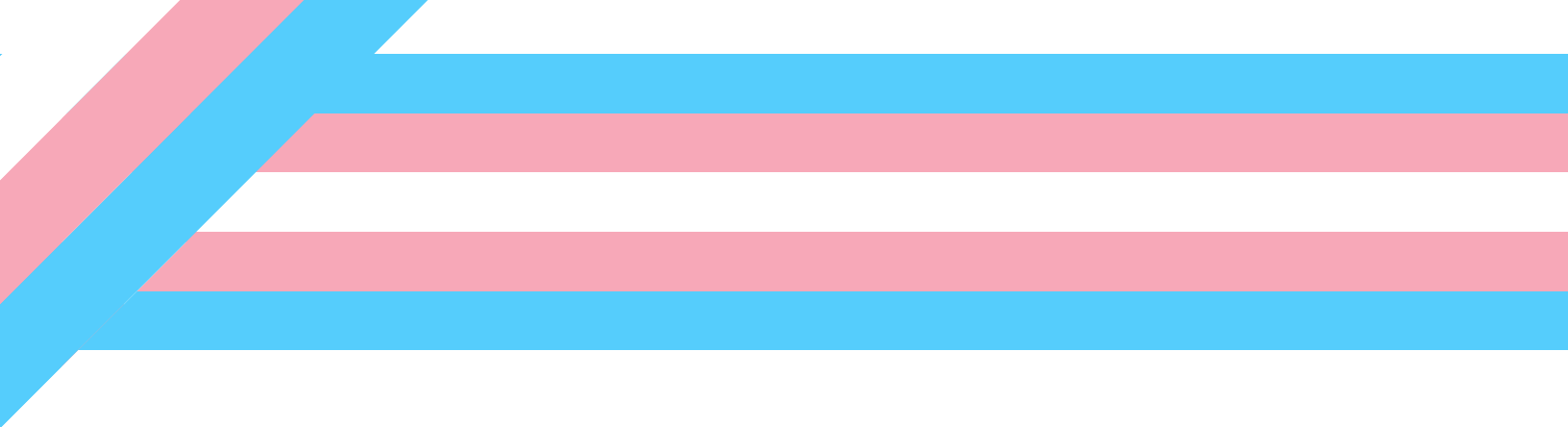
By SPECTRUM, Waterloo Region's Rainbow Community
Space, and Wisdom2Action





Table of Contents

Introduction: A Toolkit on Trans Mental Wellness and Suicide Prevention	4
Understanding Trans and Gender-Diverse Communities	10
Understanding Suicide	17
Understanding Mental Health, Self-Harm, Substance Use and Eating Disorders in Trans Communities	22
General Concepts and Practices for Understanding and Supporting Trans People	27
Preventing Suicide and Promoting Trans Wellness: Resources for Trans People	39
Preventing Suicide and Promoting Trans Wellness: Helping Parents & Caregivers Support Their Trans Children	58



Preventing Suicide and Promoting Trans Wellness: Resources for Friends	63
Preventing Suicide and Promoting Trans Wellness: Resources for Service Providers	64
Appendix A: A Plan for Crisis	70
Appendix B: SPECTRUM Services and Resources in Waterloo	72
Appendix C: Creating My Self-Care Strategy	73
Appendix D: Additional Learning Opportunities for Service Providers	74
Appendix E: Books for Trans and Gender Diverse Children and Youth	75

Introduction: A Toolkit on Trans Mental Wellness and Suicide Prevention

Background and Purpose

SPECTRUM, Waterloo Region's Rainbow Community Space, developed this toolkit on trans mental wellness and suicide prevention in response to trans community needs and priorities. Given that many trans and gender diverse people struggle with suicide, suicidal ideation and suicide attempts, this toolkit was created to

- 1) Help trans and gender diverse people in and beyond Waterloo Region who may be struggling with suicidality or poor mental health.
- 2) Provide concrete tools and strategies to service providers working with trans and gender diverse people on inclusive care and trans suicide prevention.
- 3) Support parents, caregivers, friends and loved ones of trans and gender diverse people to be supportive of trans and gender diverse people in their lives.
- 4) Increase awareness of trans mental health and suicidality in and beyond Waterloo Region.

Authors

This toolkit was authored by SPECTRUM and Wisdom2Action. Wisdom2Action's Executive Director Fae Johnstone and Project Officers Rose Clancey and Alyssa Frampton were the lead writers. SPECTRUM board member and transgen-

der service coordinator Melissa Paige Kennedy supported the process on behalf of SPECTRUM, alongside staff members Scott Williams and Kristy Skelton.

About SPECTRUM: Waterloo Region's Rainbow Community Space

Opening their doors in 2012, SPECTRUM, a non-profit charity, provides a safe space for the region's 2SLGBTQ+ community through programming, resources, events and more. Learn more at www.ourspectrum.com.

About Wisdom2Action:

Wisdom2Action (W2A) is a 2SLGBTQ+ owned and operated social enterprise and consulting firm. Through W2A's commitment to anti-oppression, community engagement, and evidence-based practice, we help civil society organizations and governments facilitate change and strengthen communities. Learn more at www.wisdom2action.org

Land Acknowledgement

SPECTRUM acknowledges the truth that we are situated on the Haldimand Tract, which is the traditional land of Haudenosaunee and Mississauga Anishinaabe nations. We also recognize the Chinonton Peoples of what has come to be known as the Neutral Nations, a people entirely eliminated by the colonization of this land.

The land on which we meet, live, love, and work is land that was originally shared with open arms by the Indigenous peoples who have always called this place home with the settlers of this region. We recognize that our presence here has disrupted thousands of years of culture and belonging. The very land upon which the SPECTRUM space

exists is at the edge of a great wetland that served as a hunting ground and overwintering space and is no more than a short distance from villages, feast and ceremony grounds, and settlements.

We also recognize that the Indigenous Peoples of this land recognize Two Spirit as a sacred way of being, an individual who carries in them the medicines and teaching of many genders and sexualities. We recognize that this traditional regard for Two Spirit peoples has set them apart in their knowledge but also that they have been always regarded as important, respected, and fully accepted members of their communities. We recognize that the histories and teachings of Two Spirit peoples have always influenced and added to Indigenous ways of knowing.

This territorial acknowledgement alone cannot accomplish justice and we are committed to working towards reconciliation and ensuring that our programs, services, and practices are culturally relevant and accessible to Indigenous peoples in our community.

Acknowledgements and Thank You

SPECTRUM would like to thank the Canadian Women's Foundation (CWF), Government of Canada and Women and Gender Equality Canada (WAGE) for funding the creation of this toolkit. Without the support of these organizations, this work would not have been possible.

Our most heartfelt thanks extend to the trans and gender diverse community in the Waterloo Region - without you, this toolkit could not have happened. Without local community leaders who have worked tirelessly to support trans people in our region, we would not be where we are today.

We are grateful to our communities, trans and gender diverse people, service providers and others who have brought us to where we are today, and whose experience and expertise have shaped this toolkit.

We would also like to thank Wisdom2Action Consulting Ltd. for their work connecting with local communities and working with us to create this toolkit.

Trigger Warnings

Suicide and mental health are complex issues that many of us have been impacted by. Given the prevalence of suicidal ideation in trans communities, these topics are undoubtedly difficult and potentially triggering for many in our communities.

Recognizing the triggering nature of these topics, Wisdom2Action and SPECTRUM developed the toolkit from a strength-based approach. Our intention is not to share triggering stories, but to share relevant knowledge and tools to promote trans mental health and reduce suicide in our communities.

While this toolkit indeed references suicide and other issues impacting trans communities, including but not limited to self-harm, harassment and family violence, we intentionally refrained from including stories of trauma, suicide or other forms of violence. This toolkit is not intended to share stories of poor mental health or suicidality, but rather to share knowledge and tools for better understanding and responding to poor mental health and persistent suicidality in trans and gender diverse communities.

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Crisis and Mental Health Support

If you are having a hard time, struggling with your mental health, or experiencing an emotional response from the contents of this toolkit, the following resources are available to you:

- If you live in Waterloo Region and are in crisis, call Here 24/7 at 1.844.437.3247 (here247.ca).
- For trans and gender diverse people in crisis, call the Trans Lifeline at 1.877.330.6366 (translifeline.org).
- For rainbow youth, you can chat live with someone at the LGBT Youthline: <https://www.youthline.ca>.
- For those in Waterloo Region who would benefit from subsidized counselling service check out the OK2BME program at KW Counselling Services <https://ok2bme.ca/services/counselling/>. SPECTRUM established the Chrysalis Fund in memory of a former Board member. Funds donated to the Chrysalis Fund are used to subsidize the cost of counselling services for LGBTQ2+ people through the OK2BME program at KW Counselling Services.
- For more resources in Waterloo-Wellington visit: <https://cmhaww.ca/programs-services/>

You can also find a list of services and where to find even more information in Appendix B: SPECTRUM Services and Resources in Waterloo at the end of this toolkit.

Toolkit Development Process

Recognizing the importance of meaningful community and stakeholder participation, SPECTRUM engaged consulting firm Wisdom2Action to lead consultations with local trans and gender diverse communities, service providers and other community members.

Through an online survey done by 46 respondents that was open from June 25th-August 6th, and a series of key informant interviews hosted by 6 informants throughout August, Wisdom2Action and SPECTRUM consulted with trans and gender diverse communities, service providers and parents, loved ones and partners of trans people within Waterloo Region.

While consultations took place, Wisdom2Action undertook a review of supplementary documents, including academic literature, local reports and other key publications related to mental health promotion, suicide prevention and trans health and well-being.

Alongside SPECTRUM, Wisdom2Action analyzed findings from community members and key stakeholders, reviewed the literature, and created this toolkit to respond to the diverse needs of trans and gender diverse communities and our allies within Waterloo Region.

Our Values

This toolkit is grounded in SPECTRUM and Wisdom2Action's shared values of anti-oppression, intersectionality, meaningful community engagement, evidence-based practice and trauma-informed care.

These guiding values are integral to the effective and inclusive use of this toolkit. Our communities are vibrant, resilient and diverse - and meaningful engagement with trans and gender diverse peoples obligates a deep reflection on systemic transphobia, transmisogyny, colonialism and other forms of oppression impacting trans and gender diverse communities.

- **Anti-Oppression:** We acknowledge the realities of racism, sexism, colonialism, transphobia, homophobia, and other forms of oppression shape the experiences of individuals, organizations and communities. We are committed not only to acknowledging these systems, but actively resisting them in every aspect of our work.
- **Appreciative Inquiry:** We take an appreciative, curious, and strength-based approach to our work and identify what people, organizations and communities need through appreciative questions, interviews, story sharing, creative exploration, and co-analysis.
- **Community Development:** We begin from a place of profound respect for those with whom we work. Our approaches value and support our stakeholders' experiences. We build their involvement into the process and support their ability to continue the work upon project completion.
- **Collective impact:** Every aspect of our work is driven by our desire to build and strengthen relationships, enhance coordination, and undertake mutually beneficial activities to improve sector-wide capacity. We strive to identify opportunities for system transformation that will strengthen community infrastructure and thereby enhance collective impact
- **Evidence-Based Practice:** We believe in using evidence to inform all aspects of our work. We believe that evidence comes from both traditional research and the wisdom of communities and people with lived experience. Our approach combines both community knowledge and academic evidence to guide our work.
- **Trauma-Informed:** We use a trauma-informed strength-based framework, grounded in our collective understanding surrounding the impacts of trauma. We emphasize safety and creating opportunities for control, transparency, and empowerment when engaging community members.
- **Intersectionality:** Our approach recognizes that forms of oppression are interconnected, interlocked and interdependent. We strive to center those most directly impacted by oppression, to ensure our work is grounded in the collective spirit of liberation, health and justice for all.

Definitions

Assigned gender/sex at birth: Assigned gender or sex at birth describes the label that you are given at birth, often based on specific sexual characteristics (i.e., genitalia). Most people are assigned male or female at birth. Assigned gender is often used to reinforce rigid gender norms. Gender assigned at birth is not an accurate predictor of gender identity.

Bisexuality: “Bisexuality” is a sexual orientation, and bisexual (commonly abbreviated to “bi”) people are those who have the capacity to form attraction and/or relationships to more than one gender. Bisexual advocate Robyn Ochs’ popular definition of bisexuality is, “The potential to be attracted – romantically and/or sexually – to people of more than one sex and/or gender, not necessarily at the same time, not necessarily in the same way, and not necessarily to the same degree.”

Cisgender (Cis): Gender identity matches the gender assigned at birth. Most people are cisgender.

Cisgender Privilege: “Cisgender privilege” is a term used to describe the ways in which cisgender people are granted social, political and economic benefits at the expense of trans and gender diverse people. Privilege is not a zero-sum game, as many of us exist with both privilege and oppression. For example, a cisgender white woman experiences privilege based on her race, as a white person, and based on being cisgender, but still experiences oppression as a woman living in a sexist society. Holding relative privilege does not make you a bad person, but it does mean that we should be aware of the advantages we are given, and work to uplift those impacted by systemic

oppression.

Gender Diverse: “Gender diverse” is an umbrella term used to describe all gender identities that fall outside of the gender binary of being a cis man or a cis woman. “Gender diverse” is increasingly used to describe the wide range of identities that fall outside of the settler colonial gender binary, including gendered identities and expressions from diverse cultures and communities around the world.

Gender Identity: This refers to an individual’s sense of their own gender. We all have a gender identity, whether we are cis, trans or something else altogether.

Gender Binary: The gender binary is the idea that there are only two genders (men and women) and that every person is one of those two. The gender binary erases the wide variety of gender identities that are present in communities and cultures around the world.

Gender Expression: Gender expression refers to how we express our gender to the world around us, such as being masculine, feminine, a combination of both, neither or something else altogether.

Intersex: “Intersex” is an umbrella term used to describe differences in sex traits or reproductive anatomy. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes within the Intersex umbrella. Intersex people may be born with these differences or develop them in childhood or adolescence. Being intersex is distinct from being trans. Some intersex people may identify themselves as part of the 2SLGBTQ+ community, while others may not.

Misgendering and Deadnaming: “Misgendering” is a term used to describe the use of the incorrect pronouns or other gendered terms to refer to trans and gender-diverse people. “Deadnaming” refers to the use of a trans person’s birth name, or a previous name which they no longer use. Misgendering and deadnaming are both considered disrespectful and offensive denials of trans people’s expressed gender identities.

Non-binary: An individual whose gender identity does not fit wholly or completely within the traditional binary of man or woman. This can include identifying with no gender whatsoever, as a combination of multiple genders, or identifying outside of the gender binary completely.

Omnisexual: “Omnisexual” refers to someone who is attracted to people of all genders, and for whom gender plays an important part of attraction.

Pansexual: “Pansexual” is an identity term for romantic and/or sexual attraction to people regardless of gender identity or to people of all genders. For some pansexual people, gender is not a defining characteristic of the attraction they feel to others. Other pansexual folks may feel that gender is a significant part of their experience of attraction.

Pronouns: We use pronouns each and every day, as a short and simple alternative to using a proper noun. Pronouns are like shortcuts - they provide a faster and easier way to communicate without frequently repeating a noun. One type of pronoun is a personal pronoun - for example, we might use “he,” “she,” “you,” “they,” or “we” instead of repeating someone’s name. In the English language, pronouns, when used to refer to people in the third person, are often gendered, meaning that we assume an individual’s pronouns based on our

perception of their gender.

Queer: “Queer” is a reclaimed slur, meaning that it has historically and to this day been used to denigrate members of the 2SLGBTQ+ community. It has been reclaimed by many - but not all people - within the 2SLGBTQ+ community. “Queer” is now used as an umbrella term to describe diverse gender and sexual identities and is often used as an alternative to the 2SLGBTQ+ initialism.

Sex: Sex describes our physical sexual anatomies and body parts. While sex is important in specific circumstances, such as while accessing reproductive or sexual health services, sex does not define who we are or how we identify. Our genders, rather than our sex, shape how the world perceives and treats us. For example, a woman (cis or trans) experiencing street harassment is not being harassed based on her sex, but on how her gender identity and expression are perceived by others.

Transgender (Trans): An individual whose gender identity is different from the gender they were assigned at birth. This includes trans men, trans women, non-binary people, and others who do not identify with the gender they were assigned at birth. Trans is an umbrella term meant to describe a wide range and variety of identities and experiences.

Transphobia: Transphobia is discrimination against trans and gender-diverse people. Transphobia is a systemic issue, meaning that it is embedded in our social, political, and economic institutions, as well as throughout our communities and culture. Examples of transphobia include disproportionate rates of poverty and homelessness within trans communities, higher rates of street harassment, and the wide range of other detrimental experiences that trans people face.

Two Spirit: Since 1990, the term “Two Spirit” has been used as a cultural term for Indigenous people who experience gender and/or sexual diversity, and sometimes hold diverse traditional, ceremonial or community roles. There are several other spellings of this term, including “2 Spirit.” “Two Spirit” is not the only Indigenous term for gender and sexual diversity but is often used as an umbrella term to describe cultural gender and sexual diversity within Indigenous communities on Turtle Island (North America). Not all Indigenous LGBTQ+ people identify as Two Spirit. You should only call someone Two Spirit if they use that term to describe themselves. A Two Spirit person may or may not identify as part of the LGBTQ+ spectrum and community.

Understanding Trans and Gender-Diverse Communities

Introducing transgender communities

The first key to understanding the transgender community is recognizing that there is no single, unified transgender community. Transgender communities are incredibly diverse, and this diversity comes with a wide range of often complex experiences, needs and outlooks. It is rare for any generalization to apply to the entire spectrum of trans communities. What applies to one transgender person and their relationship to their gender identity does not necessarily apply to all, or to even many. To get a genuine understanding of trans communities, it is crucial to abandon assumptions and embrace the full diversity of trans

experiences.

If there is no unified transgender community then why do so many different groups of people all use the word transgender to describe themselves and their identities? The reality is that the word transgender is fairly young, at least in its contemporary usage. Transgender identity has its origins in the late 80s, as the term was advanced by activists as a way to unify a wide range of different gender-diverse communities, all struggling for rights, visibility, and survival in a world that largely treated gender diversity with fear, hostility, and disgust.

Transsexuals and transvestites¹ (the latter now considered a slur) constituted the largest of the two identities who were intended to fall under the transgender umbrella, together with certain subsections of drag queens, butches, two-spirit people, intersex people, and countless others. Each of these constituent identities has its own unique history, many of them originating as umbrella identities themselves, conglomerations of still older gender diverse identities.

“Transgender” proved to be a very useful umbrella term for gender-diverse people, facilitating cooperation towards political goals of mutual interest, such as in advocating for protections against discrimination and pushing for medical autonomy. In fact, it was so effective that just a few short years after the popularization of transgender identity the initialism GLB (gay, lesbian, bisexual) was expanded to the now ubiquitous LGBT, uniting gender

¹ While some people still use transsexual (and to a lesser extent transvestite) to describe themselves, many others consider these terms dated and offensive. Both are terms that have their origins in medicalized conceptions of trans bodies, and while they were reclaimed by many, they differ in this way from transgender, an identity that is far more grassroots in its origin.

and sexual minorities under a still wider umbrella identity. This allowed for even more effective advocacy and foreshadowed still further efforts towards inclusion and solidarity between people of diverse gender and sexual identities, in all their myriad forms.

This quick dip into transgender history has probably left you with more questions than answers and that is okay. The most important lessons to take away from this discussion are:

- 1) While the words gender diverse people use to describe themselves have evolved, and will likely continue to evolve, gender diversity is a part of normal human variety
- 2) As long as there have been rigid structures of gender there have been those who bucked the identities forced upon them.
- 3) The ones who understand gender diverse people best are gender diverse people themselves.

Statistics: Their uses and their limitations

Recognizing that transgender people are anything but a monolith, it is still important to ask: what proportion of the population falls under the transgender umbrella? Unfortunately, there is no exact answer to what seems like a simple question. The 2020 Census was the first in Canadian history to acknowledge transgender existence. It did this by asking people to specify both their “sex at birth” and their “gender now.” By cross-referencing responses to these two questions, Statistics Canada arrived at the conclusion that 0.24% of Canadians

are transgender, their first attempt at determining how many Canadians are transgender.

While this is an historic first step, the approach taken by Statistics Canada is highly problematic and the agency has a lot farther to go. Many transgender people dislike being forced to identify within cissexist, binary conceptions of assigned sex and several have stated publicly in interviews with news media that they skipped the question on “sex at birth.” This would explain why Statistics Canada arrived at an estimate of Canada’s transgender population that is far lower than that suggested by previous studies, such as a 2016 American study by the Williams Institute that estimated 0.58% of the American population was trans.²

The figure given by the Williams Institute, despite being more than double the estimate arrived at by Statistics Canada, likely still undersells reality. Even in a perfect world, where the agencies and academics tasked with collecting statistics did so in the most inclusive possible manner, there would still remain an unknown number of people choosing to conceal their transgender status out of very real concerns of harassment, discrimination, and violence. No matter the level of respect afforded from the top-down level, the reality is that an unknown number of trans people will likely remain invisible as long as discrimination persists throughout society at a grassroots level, manifested in the day-to-day lives and experiences of trans people.

2 Williams Study CITATION: Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). How Many Adults Identify as Transgender in the United States? Los Angeles, CA: The Williams Institute.

Ultimately, this makes it impossible to ever arrive at a statistic that reflects the full breadth of transgender communities, at least while transphobia and discrimination remain societal realities. Still, the agencies and academics tasked with arriving at those statistics have a long way to go in making what statistics do exist more accurate and inclusive. Perfect statistics might be beyond reach, but they can certainly do better than they have done so far.

While there may never be exact statistics on the whole of the transgender population, the picture painted by targeted studies shows a community beset by injustice, discrimination, and marginalization in virtually all corners of society. The Trans PULSE Project remains the best source of statistics on trans realities in the Canadian context. Running from 2009 to 2010, Trans PULSE surveyed 433 trans people from across Ontario, compiling a tremendous amount of data on the challenges trans people face in Canadian society. Trans PULSE Canada released their most recent national study which collected survey data from 2873 trans and non-binary people in 2019 and continues to share new reports and findings which are, as mentioned, some of the best collections of trans data sources in Canada.³

The results show beyond a doubt that trans people are discriminated against in every imaginable context, from university campuses where 58% could not get academic transcripts with the correct name/pronoun, to medical care where 40% had experienced discriminatory behaviour from a family doctor at least once and 10% having been denied emergency room care with another 25%

3 The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

being ridiculed by emergency room service providers because they are trans.

Crucially, trans people reported systematic discrimination in the area of employment, with 13% having been fired for being trans and another 15% being fired, and believing it might be because they were trans. Without stable access to employment trans people have unequal access to the expensive necessities of life, crucially including housing. The participants in the Trans PULSE Project had a median income of just \$15,000 per year, with 34% of those surveyed living in households with income below the Statistics Canada Low Income Line. Given that 44% of those captured in this data set had a post-secondary or graduate degree, this represents severe underemployment.

Statistics show that trans youth have difficult lives too. A 2019 study conducted by the University of British Columbia found that 28% of those surveyed reported “being physically forced to have sex when they did not want to,” while “almost two thirds of the trans and/or non-binary youth who took the survey told us that they have self-harmed (64%) and/or seriously considered suicide (64%) within the past year.”⁴ Clearly growing up trans is frequently a dangerous and traumatizing affair.

This brief introduction has hopefully provided you with an understanding of who trans people are, the hardships faced by trans communities, and the negative effects those hardships have had on the safety and well-being of trans individuals and communities. This document is our attempt to reckon with the stark reality painted by these statistics, and ideally you will come away from this document with a better understanding not just of the problems faced by trans people but with con-

4 Being Safe Being Me, 2019.

crete tools with which to address these problems, whether they are being faced by you, your loved ones, or your clients.

Minority Stress, Intersectionality, and the Health Effects of Marginalization

The compounding effect of these socio-economic factors take a heavy toll on the health and well-being of trans people and their wider communities. In 2003 American psychological epidemiologist Ilan Meyer coined the term “minority stress” to describe the strain suffered by those subjected to prejudice and social exclusion on the basis of their identity or intersection of identities.

Social exclusion and discrimination are sadly the reality for the vast majority of trans people and minority stress serves as a useful framework for connecting the prejudice trans people experience to the real damage it does to the health of trans bodies. Over time minority stress leads to negative health outcomes, and this is certainly the case for trans people as its effects range from elevated levels of anxiety and depression,⁵ to higher rates of suicide and self-harm.⁶

5 “Depression (44.1%) and anxiety (33.2%) were reported at higher rates than the national averages of 7.1% and 19.1%, respectively.” (“It just feels right”: Perceptions of the effects of community connectedness among trans individuals)

6 “Sixty three percent of trans adults reported a lifetime history of intentional self-harm (n = 577), while 43% reporting ever having attempted suicide (n = 394). This compares to a lifetime prevalence of self-injury in the Australian general population of 8.1% and previous suicide attempts of 3.3%.” Factors associated with suicide attempts among Australian transgender adults, 2021.

The previous statistics refer to trans adults, but the situation is sadly much the same for trans youth. “Most trans and/or non-binary youth (63%) reported experiencing severe emotional distress,”⁷ with the preventative factors for this distress being supportive families, safe schools, and/or access to legal name change, all factors that work to reduce minority stress by cultivating a sense of social inclusion.

The effects are even greater on those who experience multiple vectors of minority stress, particularly for those who are marginalized for both their race and their gender diversity. While there has been little research focusing directly on people living in the intersection of racism and cissexism/transphobia, what research exists paints a disheartening picture. The Report of the 2015 U.S. Transgender Survey found that while trans people broadly were twice as likely to be living in poverty as the general population, when the sample is limited to just trans people of colour that ratio skyrockets to over three times the general population.⁸

Closer to home, the 2018 OutLook Study, which surveyed LGBTQ residents of Waterloo Region found that racialized newcomers to the region were 20% less likely to be out to their primary care provider as compared to Canadian born residents, while non-racialized newcomers to the region were only 3% less likely to be out to their primary care provider.⁹ Given that inability to access healthcare is one of the leading risk factors

7 Being Safe Being Me, 2019.

8 The Report of the 2015 U.S. Transgender Survey, 2015.

9 Region of Waterloo Public Health and Emergency Services (2018). The OutLook Study. <http://yourwrrc.ca/rcc/outlook-study/>

for trans suicide,¹⁰ this disparity is a serious one.

The situation for transgender indigenous people is also very concerning. Trans PULSE found “High levels of poverty (47%), homelessness or under housing (34%) ...”¹¹ among their indigenous respondents. Furthermore, 61% reported at least one unmet health care need in the past year, and most participants experienced violence due to being trans, at a disturbing 73%.

There is little quantitative research comparing the experiences of rural trans people to those in urban areas but what qualitative data exists suggests that those who live in rural areas suffer from isolation and lack of community support.¹² Without the density of queer and trans people that exists in major urban areas, many inclusive reforms to local service provision are still being constructed in rural communities, forcing residents to commute long distances to access services like trans inclusive healthcare, informed therapy/counselling, and/or community spaces.

Disabled trans people face a unique cocktail of challenges stemming from the interrelated forces of transphobia/cissexism and ableism. Both discriminatory attitudes are strongly present in the medical system, as many practitioners still hold paternalistic and harmful ideas that research has shown to lead to worse outcomes for their patients. The 2015 US Transgender Survey found that 42% of disabled trans people had a negative experience with healthcare professionals in the last year, 12% more than non-disabled trans

people.¹³

The same survey showed that 42% of disabled trans people avoided medical treatment because of the cost in the last year, as compared to 33% of trans people generally,¹⁴ leading into the most universal experience of those subject to social exclusion and minority stress: poverty. Virtually every quantitative study ever conducted has shown that transgender people experience a massively inflated rate of poverty. The 2015 US Transgender Survey is one of the largest such study and it pegged the transgender poverty rate at 29%, more than double the baseline 12%.¹⁵ Smaller, more targeted studies like Trans PULSE often return even higher numbers,¹⁶ showing that the problem of transgender economic disempowerment is one that stretches beyond any particular jurisdiction or demographic subdivision.

Poverty negatively impacts every aspect of people’s lives. Housing insecurity is one of the most dire of these impacts, with 30% of trans people reporting being homeless during their lifetime.¹⁷ But even in Canada, where healthcare user fees

10 Intervenable Factors Associated with Suicide Risk in Transgender Persons, 2015.

11 Barriers to Well-being for Aboriginal Gender-diverse People, 2015.

12 Behind the Asterisk: Perspectives on Young Adult Mental Health from “Small and Hard-to-Reach” Communities, 2019.

13 The Report of the 2015 U.S. Transgender Survey, 2016.

14 The Report of the 2015 U.S. Transgender Survey, 2016.

15 The Report of the 2015 U.S. Transgender Survey, 2016.

16 Trans PULSE reported “about half” of their respondents earned less than \$15,000 a year, despite 71% of them having some form of university education. We’ve Got Work to Do: Workplace Discrimination and Employment Challenges for Trans People in Ontario, 2011.

17 The Report of the 2015 U.S. Transgender Survey, 2016.

have been massively reduced if not abolished in most cases, poverty impacts both the ability of people to access healthcare, as many cannot afford to travel to access trans competent care. Furthermore, trans healthcare remains one of the areas of Canada's single-payer system with major gaps, as procedures such as facial feminization surgery, laser hair removal, and hormone replacement therapy are left to private insurance to pay for, and they are excluded from many private plans as well.

Private health insurance is conditional on employment, as is the income of the vast majority of people. But trans people do not enjoy equal access to employment, with Canadian, Australian, and American studies reporting the trans unemployment rate at three times the baseline.¹⁸ To quote one of those studies, "The impact of employment on mental and physical health, socioeconomic status and quality of life is profound."¹⁹

Given that many trans people live in poverty²⁰, and are therefor unable to access medically necessary healthcare, making transition related healthcare inaccessible to many, despite proven mental health benefits. Trans people are also more likely to experience un- or under-employment.

18 Depressed Economies: Transgender un/deremployment, affective labour, and revitalizing labour activism in austere times, 2016. Factors associated with suicide attempts among Australian transgender adults, 2021. The Report of the 2015 U.S. Transgender Survey, 2016.

19 Factors associated with suicide attempts among Australian transgender adults, 2021.

20 The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

Without employment²¹ access to resources crucial to positive health outcomes such as food, housing, and healthcare, become insecure, leading people to spiral into deeper and deeper marginalization. And so, securing equal access to employment for all trans people is of crucial importance to combating poverty, social marginalization, and all the innumerable effects those forces have on trans people around the world, especially for those who are disabled, who experience racial discrimination, who are housing insecure, and/or who live in rural areas.

Gender-Based Violence and Trans Communities

Trans and gender diverse people are disproportionately impacted by Gender-Based Violence (GBV) and Intimate Partner Violence (IPV). Women and Gender Equality Canada defines GBV as "violence based on gender norms and unequal power dynamics, perpetrated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse"²², and Intimate

21 This framing leaves out a social cause of broader importance, namely that of decoupling income from employment entirely via a mechanism such as a basic minimum income guarantee. This is of particular importance to trans people, as they are 24% more likely to have a disability, (The Report of the 2015 U.S. Transgender Survey, 2016.) negatively impacting the potential reach of any increase to employment access, as a greater portion of trans people live on fixed disability supports rather than employment income, as compared to the cisgender population. A guaranteed basic/minimum income would cut to the heart of this by directly eliminating poverty, however a fulsome discussion of this issue is well outside the scope of this document.

22 Women and Gender Equality Canada Glossary of

Partner Violence as “Physical, sexual, emotional (psychological) or financial harm done by a current or former intimate partner(s) or spouse(s)”

Based on the Trans Pulse survey conducted in 2018, 84% of trans people avoid at least one public space due to fears of harassment and discrimination²³. In the past five years, 68% of trans people have experienced verbal harassment, 37% have experienced physical intimidation or threats, 16% have experienced physical violence, 42% have experienced sexual harassment and 26% have experienced sexual assault. Racialized trans people are disproportionately impacted by violence and harassment, with 72% experiencing verbal harassment, 41% experiencing physical intimidation, and 49% experiencing sexual harassment, all in the past five years²⁴.

While there is little evidence available on the prevalence and impact of IPV on trans and gender diverse people, an American study found that 8% of trans men and 16% of trans women had experiences physical abuse within a sexual or romantic relationship in the last year²⁵.

Terms <https://women-gender-equality.canada.ca/en/gender-based-violence-knowledge-centre/gender-based-violence-glossary.html>

23 The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

24 C. Chih, J. Q. Wilson-Yang, K. Dhaliwal, M. Khatoon, N. Redman, R. Malone, S. Islam, & Y. Persad on behalf of the Trans PULSE Canada Team. Health and well-being among racialized trans and non-binary people in Canada. 2020-11-02. Available from: <https://transpulsecanada.ca/research-type/reports>

25 Clements, K., Katz, M., & Marx, R. (1999). *The transgender community health project: Descriptive results*. San Francisco: Department of Public Health.

Trans people also experience different forms of gender-based and intimate partner violence than cisgender people. For example, an abusive partner might mock trans people for their gender presentation, mock particular body parts that they are sensitive about, or might impede access to objects and tools that are central to an individual's gender expression, such as binders, or transition-related medication such as hormones²⁶.

Experiences of gender-based violence and intimate partner violence have a negative impact on trans people's mental health and well-being. Experiences of such violence are a poignant reminder to trans people that their safety is never guaranteed. The interaction of social stigma, inadequate legal protections, punitive policies and a lack of trans-inclusive counselling and support programs results in significant barriers and disproportionate rates of poor mental health in trans communities. As well, research indicates that experiences of IPV are associated with poor mental health outcomes, including depression, suicide ideation and post-traumatic stress disorder²⁷.

26 Greenberg, K. (2012). Still hidden in the closet: Trans women and domestic violence. *Berkeley J. Gender L. & Just.*, 27, 198

27 Stults, C. B., Javdani, S., Greenbaum, C. A., Barton, S. C., Kapadia, F., & Halkitis, P. N. (2015). Intimate partner violence perpetration and victimization among YMSM: The P18 cohort study. *Psychology of Sexual Orientation and Gender Diversity*, 2(2), 152.

Understanding Suicide

Statistics & Understanding High Risk Populations

In Waterloo Region, between 2013-2015, the Office of the Chief Coroner reported an average of around 58 deaths by suicide per year. The Waterloo Regional Police responded to an average of 1477 occurrences of suicide attempts per year between the years 2012-2016.²⁸

In Ontario, more than 1000 people die each year by suicide. With approximately 1 in 10 Ontario Students report that they have seriously considered suicide in the past year.²⁹

In Canada, approximately 4000 people die each year by suicide. This translates to about 11 people per day loss to death by suicide. From every loss to a person by suicide, 7-10 people will be permanently affected and impacted by that loss³⁰. Issues such as the difficult nature of classifying suicide³¹, and an inconsistent standard in coroner reporting have created a general under-reporting of suicide³², it is expected that these numbers may be higher rather than lower.

28 <https://wrspc.ca/understanding-suicide/facts-figures-2/>

29 <https://wrspc.ca/understanding-suicide/facts-figures-2/>

30 CMHA ON

31 (Stats Canada 2017)

32 <https://bmcpsonychiatry.biomedcentral.com/articles/10.1186/1471-244X-12-9>

Youth

Although suicide has slightly decreased across most age groups in the past 10 years, suicide currently accounts for 24% of all deaths among 15-24-year-olds living in Canada³³ and among youth aged 10 to 25 in Canada it remains the second-leading cause of death in this population,³⁴ second only to accidents. Of all the suicide attempts made by youth in the US, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.³⁵

Men

Suicide is among the leading causes of death in Canada for adults as well, and, unlike in many countries suicide rates are highest among men and women aged 45 to 59 here³⁶, in comparison to being highest in older adult groups (65+) in most countries. Rates in this group are, however, particularly high among men, who have a 3x higher suicide rate compared to women.³⁷ The suicide rate for males in 2019 was 16.5 per 100000; for females, it was 5.1. However, these statistics can be misleading, as women are, in fact, more likely to attempt suicide³⁸. Women are also more likely to engage in self-harm. The 3x higher suicide

33 <https://ontario.cmha.ca/documents/understanding-suicide-and-finding-help/>

34 <https://www.camh.ca/en/driving-change/the-crisis-is-real/mental-health-statistics>

35 <https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>

36 <https://www.thecanadianencyclopedia.ca/en/article/suicide>

37 <https://ontario.cmha.ca/documents/understanding-suicide-and-finding-help/>

38 <https://www.thecanadianencyclopedia.ca/en/article/suicide>

rate in men, represents a higher fatality rate in suicide attempts, but not less attempts. Simply put, males are likely to use more violent methods that are more likely to result in certain death, as a result men have higher suicide rates but continue to have lower suicide attempts when compared to women.

Indigenous Populations

Indigenous people in Canada have some of the highest suicide rates in the world, but there are also many communities that have very low rates of suicide.³⁹ On average, the suicide rate is three times the national average in First Nations communities and about nine times the national average among Inuit in Nunavut.⁴⁰ Suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age.⁴¹ It is important that colonization be recognized as the greatest risk factor when talking about suicide and Indigenous communities. Historically, suicide was a very rare occurrence among First Nations and Inuit. Intergenerational trauma stemming from colonization is one of the primary colonial effects contributing to the elevated rate of suicide among Indigenous people.⁴²

39 <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.html>

40 <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.html>

41 Suicide Info, Trauma and Suicide: <https://www.suicideinfo.ca/resource/trauma-and-suicide-in-indigenous-people/>

42 Suicide Info, Trauma and Suicide: <https://www.suicideinfo.ca/resource/trauma-and-suicide-in-indigenous-people/>

2SLGBTQ+

Thoughts of suicide and suicide-related behaviours are more frequent among 2SLGBTQ+ youth in comparison to their non-2SLGBTQ+ peers.⁴³ Data for 2SLGBTQ+ youth is lacking, and it is hard to find statistics that are accurate or have considered the community. However, we do know some facts, such as that suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.⁴⁴ In a US national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.⁴⁵ Transgender folks are 2x more likely⁴⁶ than other members of the LGBTQ community to attempt suicide. 40% of Indigenous 2SLGBTQ+ youth say that their mental health needs are not being met.⁴⁷

Understanding Suicide in Trans Communities

Without question the most devastating impact minority stress has on trans communities is the inflated level of suicide among trans people. Taking from the richer statistics available in the US, estimated lifetime prevalence of suicide attempts in trans populations range from 26% to 45%, as compared to the general population which is esti-

43 <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

44 The Trevor Project, Suicide Facts: <https://www.thetrevorproject.org/resources/article/facts-about-suicide/>

45 The Trevor Project, Suicide Facts

46 The Trevor Project, Suicide Facts

47 LGBT YouthLine, Do Better: <http://dobetter.youthline.ca>

mated to be between 2% and 9%.⁴⁸ With a suicide rate that is at least triple the general population, it is clear that suicide prevention is a task of critical importance for trans communities.

While the elevated suicide rate of transgender people has long been held up as evidence of transgender people's inherent mental illness by prejudiced professionals, as well as many in the general public, minority stress provides a far more compelling explanation for why trans people have an increased risk of suicidality. To quote a 2017 academic literature review:

“Rather than being an indicator of an underlying mental illness, suicidality in the trans population would appear to be attributable to unbearable stress resulting from a complex mix of risk factors (e.g., discrimination and victimization, social exclusion, identity concealment, internalized transphobia, decompensation) and a relative absence of protective factors.”⁴⁹

In their 2020 report, Trans Pulse found that of those who participated in their national survey on trans health, 31% had considered suicide in the past year, and 6% had attempted suicide in the past year. The Being Safe Being Me survey conducted in 2019 found that 64% of trans youth surveyed had seriously considered suicide in the past year and 21% had attempted. Notably, youth who reported violence such as bullying or harassment were more likely to report having considered suicide – but youth who felt safe in their home, connected to their family and safe at school, were

less likely to report considering suicide⁵⁰.

The following two sections will seek to unpack first the risk factors that drive trans suicidality and then the protective factors that are so urgently needed to protect trans communities and individuals from violence, isolation, and suicide.

Risk Factors

“Discrimination and victimization, social exclusion, identity concealment, internalized transphobia, decompensation;” this is an intimidating list of risk factors but far from an exhaustive one. Other factors include unemployment, waiting for gender affirming healthcare, depression, physical assault,⁵¹ relationship problems, life crises in the past or in the upcoming two weeks, physical health problems, criminal or legal problems, loss of housing, job or financial problems, problematic substance use,⁵² lack of college education, and living in a jurisdiction without legal protections for LGBTQ people.⁵³ Many of these risk factors, such as unemployment and economic marginalization, are discussed in other sections of this toolkit. Instead of diving into the precise way in which these different risk factors operate, this section will tie together the way these factors operate in

50 Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey. Vancouver, Canada: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia

51 Factors associated with suicide attempts among Australian transgender adults, 2021.

52 Suicide and the Transgender Experience: A Public Health Crisis, 2020.

53 Risk and protective factors for mental health morbidity in a community sample of female-to-male trans-masculine adults, 2019.

48 Suicide Risk in Trans Populations: An Application of Minority Stress Theory (TBI)

49 Suicide in Trans Populations: A Systematic Review of Prevalence and Correlates (TBI)

tandem. This section will attempt to explore and communicate the intricacies and connections between these risk factors in order to help both trans people and those who support them recognize the possible danger when these issues surface in their lives and enable for better risk and crisis planning.

It is of critical importance that mental health care professionals know and understand the factors that drive trans suicidality so that they can provide effective support and understand the real and present risk of suicide when their clients report these issues in their lives. Suicide assessment is of critical importance for mental health care service providers in all contexts, but the research shows that there are specific risk factors for trans people that require particular attention, especially given the fact that the suicide risk for trans people is higher across the board.

In practice, being aware of these risk factors means being attentive to the context that trans people are living in. For example, if you, your friend, or your client is waiting for transition healthcare services it is important to recognize the dangerous level of stress that research shows is a common experience of those in that situation and to account for that in your crisis planning.

If you are a service provider, friend, family member or supporter you may want to consider printing out the list below as an easy to access resource along with the crisis plan found at Appendix A as to have on hand.

In general, we do know some characteristics of people who may be at a higher risk of suicide. Research shows that mental illness is the most important risk factor for suicide; and that more than 90% of people who commit suicide have a

mental or addictive disorder.⁵⁴ Other risk factors include people who⁵⁵:

- have had a recent major loss (for example, the death of a loved one or a job loss)
- have a family history of suicide
- have made previous suicide attempts
- have a serious physical illness
- have an impulsive personality
- lack support from family or friends
- have access to weapons, medications or other lethal means of suicide

Protective Factors

The risk for suicide may be reduced when “protective factors” are present. The reality of trans suicidality and the socio-economic factors that drive it is quite grim. But while the research certainly shows that this problem is a terrible one, it also reveals a host of factors that can protect trans people from suicide. These factors are often absent or underdeveloped in many trans communities, but this means that focused efforts towards supporting and cultivating these factors have the potential to very rapidly improve the resilience of trans communities and to save lives.

54 <https://www150.statcan.gc.ca/n1/pub/82-624-x/2012001/article/11696-eng.htm>

55 This list was adapted from lists developed by CMHA Ontario and the Center for Suicide Prevention.

In this section we will expand on protective factors specific to trans people, however, some quick examples of protective factors include:

- positive social supports
- trans affirming care and spaces
- a sense of responsibility for others, such as having children in the home (except when the person has postpartum depression or psychosis) or having pets
- positive coping skills
- a positive relationship with a medical or mental health provider
- self-efficacy (a person's belief in their ability to succeed in specific situations)
- a religious belief that suicide is wrong
- restrictions on the availability of firearms, barriers on bridges and other "attractive hazards," and reductions in the toxicity of gas. This has been shown to reduce suicide rates in some locations.⁵⁶

One of the most important protective factors is access to community. But not all communities are equally effective. In the following few paragraphs, we will investigate what makes a community effective at acting as a preventative factor and what pitfalls or dead ends communities are best off avoiding.

Many communities focus on providing space for people to explore their traumatic experiences and internalized transphobia, through focus groups, workshops, or other spaces. While this exploration of the more negative aspects of trans life is certainly important, multiple studies, as well as the

⁵⁶ <https://www.thecanadianencyclopedia.ca/en/article/suicide>

key informant interviews conducted in the development of this toolkit, stress that communities need to do a better job building spaces focused on trans joy.

Research shows that the emotional support trans people receive from having close friendships with other trans people serves as a highly effective barrier to suicide.⁵⁷ Cisgender people, such as partners or family, can form an important part of a trans person's support network but they are no substitute for other trans people.⁵⁸ Trans friendships validate people's identities and experiences, allow them to express themselves without the omnipresent fear of facing cissexist ignorance or bigotry, and give a sense of collective empowerment.

This same overfocus on the negative, traumatic aspects of trans life reduces the effectiveness of therapeutic work as well. Trauma work is, of course, very important. But just as important as developing tools and strategies to cope with trauma is the work of building effective methods to lead a fulfilling life and distract oneself from that trauma.

Trans youth face different challenges but their need for validation, self-expression, and empowerment is no different than that of trans adults. The main difference is that trans youth are far more dependent on parental/familial support. Having the support of a guardian is of utmost importance for trans youth and can reduce suicide risk.

⁵⁷ "It just feels right": Perceptions of the effects of community connectedness among trans individuals

⁵⁸ Suicide Risk in Trans Populations: An Application of Minority Stress Theory

Caregivers to trans youth must not assume that a simple lack of ignorance or bigotry on their part is enough. Even the most supportive family environment does not insulate trans youth from adverse mental health outcomes, driven by the twin stressors of body dysphoria and stigma from outside environments such as school.⁵⁹

Even when caregivers think they are being supportive, sometimes the youth they look after feel differently. Often family functions that are deemed mandatory by guardians are invalidating to youth, as they either have implicit or explicit gender roles, or they put them in contact with less supportive extended family members.⁶⁰

Furthermore guardians often feel justified in invalidating emotions, identities, or sources of emotional distress as irrational or immature out of a sense of paternalism, telling youth that they will outgrow them.⁶¹ Guardians may feel they can negate the aspects of their charge's experience they do not approve of and still be supportive if they provide a minimum of recognition to the youth's identity but youth themselves often disagree with their guardians on this.⁶² In order to accurately assess whether a guardian is supportive or not don't ask the guardian, ask the youth!

59 Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project

60 Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project

61 Asking for help online: Lesbian, gay, bisexual and trans youth, self-harm and articulating the 'failed' self

62 Family Functioning and Mental Health of Transgender and Gender-Nonconforming Youth in the Trans Teen and Family Narratives Project

Understanding Mental Health, Self-Harm, Substance Use and Eating Disorders in Trans Communities

To best prevent suicide and promote positive mental health in trans communities, we must understand other common mental health issues and risk factors that disproportionately impact trans people. Issues like self-harm, substance use, and eating disorders are more common among trans people. By better understanding other key risk factors, service providers, family members, peers, colleagues and trans people themselves can better understand their experiences, take steps to better maintain their mental well-being, and support themselves and each other.

Overall Mental Health

The 2020 Trans Pulse Survey found that 56% of respondents rated their mental health as fair or poor, followed by 28% who rated their mental health as good, and 16% who rated their mental health as excellence.⁶³ Racialized trans people were slightly more likely to report fair or poor mental health at 58%.⁶⁴ Trans Pulse also found

63 The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

64 C. Chih, J. Q. Wilson-Yang, K. Dhaliwal, M. Khatoun, N. Redman, R. Malone, S. Islam, & Y. Persad on behalf of the Trans PULSE Canada Team. Health and well-being among racialized trans and non-binary people in Canada.

high rates of unmet healthcare needs, high rates of homelessness, poverty, food insecurity and public harassment within trans communities.⁶⁵

Being Safe Being Me found that trans youth often did not receive needed mental health services, with 71% of survey respondents reporting that did not get mental health services when they needed them. A significant portion of survey respondents (88%) also identified having a chronic mental health condition such as depression or anxiety. Within their survey, no youth rated their mental health as excellent, while 96% reported their mental health as poor or fair⁶⁶.

Self-Harm and Injury

Self-harm has been defined as “a preoccupation with deliberately hurting oneself without conscious suicidal intent, often resulting in damage to body tissue.” Self-harm does not include tattooing or piercing, or indirect injury such as substance abuse or eating disorders.⁶⁷ In research, self-harm is also commonly known as self-injurious behaviour (SIB), self-mutilation, non-suicidal self-injury (NSSI), parasuicide, deliberate self-harm

2020-11-02. Available from: <https://transpulsecanada.ca/research-type/reports>

65 The Trans PULSE Canada Team. Health and health care access for trans and non-binary people in Canada. 2020-03-10. Available from: <https://transpulsecanada.ca/research-type/reports>

66 Taylor, A.B., Chan, A., Hall, S.L., Saewyc, E. M., & the Canadian Trans & Non-binary Youth Health Survey Research Group (2020). Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey. Vancouver, Canada: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia

67 <https://www.suicideinfo.ca/resource/self-harm-and-suicide/>

(DSH), self-abuse, and self-inflicted violence.⁶⁸

Self-harm does not always translate in to suicide attempts, or even suicidal ideation, actually the majority of those who self-injure do not have suicidal thoughts when self-injuring,⁶⁹ at the same time however, self-harm can escalate into suicidal behaviours. One study found that almost half of people who self-harm reported at least one suicide attempt.⁷⁰ When we look at hospitalizations, even just here in Canada we can more clearly see the significant impacts self-harm has in relation to suicide.

In 2018, there were 13438 hospitalizations in Canada (excluding Quebec) associated with self-inflicted injuries—over three times the number of suicides.⁷¹ The hospitalization rates in Canada associated with self-inflicted injury have consistently been the highest among the 10-25 age group, compared to all other age groups.⁷² While

68 Klonsky ED. Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychol Med.* 2011 Sep;41(9):1981-6. doi: 10.1017/S0033291710002497. Epub 2011 Jan 5. PMID: 21208494.

69 <https://www.suicideinfo.ca/resource/self-harm-and-suicide/>

70 Klonsky ED. Non-suicidal self-injury in United States adults: prevalence, sociodemographics, topography and functions. *Psychol Med.* 2011 Sep;41(9):1981-6. doi: 10.1017/S0033291710002497. Epub 2011 Jan 5. PMID: 21208494.

71 <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-36-no-11-2016/suicide-self-inflicted-injury-hospitalizations-canada-1979-2014-15.html>

72 <https://www.canada.ca/en/public-health/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/>

suicide rates are higher in men and boys, women and girls have higher rates of self-harm, with rates of hospitalization for self-inflicted injury among females ages 15 to 19 at almost 3.5 times more than any other age category.⁷³

The rate of hospital stays in 2018 were twice as high for Canadians living in the lowest-income neighbourhoods as for those living in the highest-income neighbourhoods. Individuals living in rural or remote areas were more likely to have a hospital stay for self-harm compared with those in urban areas, partly because there may be fewer community services in rural areas.⁷⁴

Compared to studies on suicidality, there is far less research on patterns of self-harm in transgender populations, but what data exists shows that there are many parallels between the two. One Australian study found that 63% of their transgender participants had a lifetime history of self-harm, as compared to the baseline rate of 8.1%.⁷⁵

Transmasculine people are at specific risk of self-harm, with the literature estimating the risk of self-harm as high as twice as likely for transmasculine people as compared to transfeminine people,⁷⁶ while other studies have shown that the inverse

is true for suicidality, with transfeminine people being more susceptible to suicide.⁷⁷

It is important to note that research in this area is far from complete and there remains much work to be done before definitive conclusions can be drawn. Clinicians should be aware of these general trends, but they should not be taken as the final word, given the limited nature of the existing datasets.

Eating Disorders

Approximately, one million people in Canada are living with an eating disorder at any given point.⁷⁸ Eating disorders have the highest mortality rate of all mental illnesses.⁷⁹ Eating disorders are often defined under three main categories: anorexia nervosa, bulimia nervosa, and binge-eating disorder.⁸⁰ Additional diagnosis labels exist under eating disorders, however, it is also important to understand that not everyone who may be dealing with disordered eating has been diagnosed as such. The absence of fitting into one of these main categories or any diagnosis, does not undermine the seriousness of disordered eating. Too many people with an eating disorder are never diagnosed but suffer significant personal and family distress. The social and economic costs of untreated eating disorders are like those of depression and anxiety, with debilitating physical and mental health effects comparable to psychosis and schizophrenia.⁸¹

vol-36-no-11-2016/suicide-self-inflicted-injury-hospitalizations-canada-1979-2014-15.html

73 <https://www.therecoveryvillage.com/mental-health/self-harm/self-harm-statistics/>

74 <https://www.cihi.ca/en/thousands-of-canadians-a-year-are-hospitalized-or-die-after-intentionally-harming-themselves>

75 Factors associated with suicide attempts among Australian transgender adults, 2021.

76 Risk and protective factors for mental health morbidity in a community sample of female-to-male trans-masculine adults, 2019.

77 Trends in suicide death risk in transgender people: results from the Amsterdam Cohort of Gender Dysphoria study (1972–2017), 2020.

78 Statistics Canada, 2016.

79 <http://hdl.handle.net/11375/25062>

80 <https://cmha.ca/brochure/eating-disorders/>

81 <https://nied.ca/about-eating-disorders-in-canada/>

Historically, eating disorders have been believed to primarily afflict heterosexual, affluent, cisgender, thin, white women.⁸² However, we know that this is not the case, and misinformation around eating disorders such as this has resulted in many individuals at these intersections outside of this definition to receive inadequate diagnosis and care. In 2018, a survey of LGBTQ youth in the United States, from the Trevor Project in partnership with the National Eating Disorder Association, found that 54% of LGBTQ youth had been diagnosed with an eating disorder, with an additional 21% suspected they had an eating disorder.^{83,84}

Eating Disorders in the Trans Community

Both trans populations and people with eating disorders have elevated rates of suicide, which means the combination of transgender identity and disordered eating must be taken very seriously.⁸⁵ Trans folks have identified that some of the contributing factors around the prevalence of eating disorders within the community are: cisgender and heteronormative body ideals, prevalence of discrimination within the healthcare system and the eating disorder support system, and internet representation and support.⁸⁶

“Gender dysphoria and body dissatisfaction in transgender individuals is often cited as a key link to eating disorders. It is often hypothesized and reported that transgender individuals may attempt to suppress features of their assigned gender. Or they may try to accentuate features of their gender identity specifically to present gender identity in ways that are understandable to the world around them. However, it is dangerous to generalize. We know that eating disorders are complex and stem from a combination of factors. While some transgender folks with eating disorders may attempt to change their bodies to conform to their gender identity, others may feel that their eating disorder is not related to their physical body.”⁸⁷

A study from McMaster University, *Trans(cending) Recovery: Discussions with Trans and Non-binary Folks Around Recovery in the Context of Eating Disorders*, found a strong connection between transgender identity and the development of eating disorder behaviours that create an experience vastly different than the cisgendered reality in which the treatment programs are based⁸⁸. In general, trans folks often cite a lack of trans specific care around eating disorders even if they are able to access services. A lack of adequate care in this area intersects with other healthcare inadequacies and injustices that trans folks are faced with. Recent studies have highlighted the lack of education and training on trans issues for health-

82 <https://www.verywellmind.com/eating-disorders-in-transgender-people-4582520>

83 <https://www.thetrevorproject.org/survey-2020/>

84 Grant, Zachary. Out of the Binary: What Trans Adults with “Eating Disorders” Want from Healthcare Professionals. 2020.

85 <https://www.verywellmind.com/eating-disorders-in-transgender-people-4582520>

86 <http://hdl.handle.net/11375/25062>

87 <https://www.verywellmind.com/eating-disorders-in-transgender-people-4582520>

88 Pinelli, Alicia. (2019). *Trans(cending) Recovery: Discussions with Trans and Non-binary Folks Around Recovery in the Context of Eating Disorders*.

care providers,^{89,90} biases and stereotypes held by healthcare providers towards trans individuals^{91,92} and the pathologization of trans individuals by healthcare providers.^{93,94}

Substance Use

Alcohol is included here since the Canadian Center on Substance Use includes this in their definition.

Alcohol:

- Alcohol is by far the most common drug used by Canadians and use has increased significantly among females since 2013.⁹⁵

89 Hanssmann, C., Morrison, D. & Russian, E. Talking, gawking, or getting it done: Provider trainings to increase cultural and clinical competence for transgender and gender-nonconforming patients and clients. *Sex Res Soc Policy* 5, 5 (2008). <https://doi.org/10.1525/srsp.2008.5.1.5>

90 Grant, Zachary. Out of the Binary: What Trans Adults with "Eating Disorders" Want from Healthcare Professionals. 2020.

91 Tosh, Jemma. "Gender Non-Conformity or Psychiatric Non-Compliance? How Organized Non-Compliance Can Offer a Future without Psychiatry." *Critical Inquiries for Social Justice in Mental Health*, edited by Marina

92 Grant, Zachary. Out of the Binary: What Trans Adults with "Eating Disorders" Want from Healthcare Professionals. 2020.

93 Stroumsa, D., Shires, D.A., Richardson, C.R., Jaffee, K.D. and Woodford, M.R. (2019), Transphobia rather than education predicts provider knowledge of transgender health care. *Med Educ*, 53: 398-407. <https://doi.org/10.1111/medu.13796>

94 Grant, Zachary. Out of the Binary: What Trans Adults with "Eating Disorders" Want from Healthcare Professionals. 2020.

95 <https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Canadian-Drug-Summary-Alcohol-2019-en.pdf>

- In 2017, the rate of hospitalizations entirely caused by alcohol (249 per 100000) was comparable to the rate of hospitalizations for heart attacks (243 per 100000) and the rate was thirteen times higher than for opioids.⁹⁶

Opioids:

- There were at least 15393 opioid-related deaths in Canada between January 2016 and December 2019, with the highest number of deaths occurring in 2018.
- In Ontario, opioid-related deaths have increased four-fold in Ontario between 2003 and 2018 (from 366 to 1473), increasing by about 17% from 2017 to 2018 alone. Between July 2017 and June 2018, there were 1337 opioid-related deaths, a rate of about 9.3 per 100000. Among these deaths, the non-opioid substances that most often directly contributed to death were cocaine (33.9%), methamphetamine (14.6%), alcohol (13.2%) and benzodiazepines (11.0%). One study suggested that as of 2013, one in five fatal opioid overdoses involved alcohol.

Harm Reduction:

- Harm reduction is an evidence-based, client-centered approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances to abstain or stop.⁹⁷
- Harm reduction approaches such as overdose prevention sites or safe

96 <https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Canadian-Drug-Summary-Alcohol-2019-en.pdf>

97 <https://ontario.cmha.ca/harm-reduction/>

consumption sites, naloxone distribution programs, and other non-abstinence-based programs have been rolling out across Canada increasingly.

- Harm reduction is historically rooted in work from Black and Queer communities. In the US, harm reduction work can be seen in the 60s, 70s, and 80s in the work of The Young Lords' launch of an acupuncture program for heroin users in the South Bronx, and the grassroots and activist response to the AIDS crisis in the 1980s and beyond.⁹⁸

2SLGBTQ+ Folks and Substance Use:

- Evidence suggests that members of the 2SLGBTQ+ community experience substance use issues at a higher rate than those who do not identify with this community.
- Some research suggests that use of alcohol, tobacco and other substances may be two to four times higher among LGBT people than heterosexual people.⁹⁹
- A 2017 study found that, an estimated 12.3% of transgender Ontarians had used at least one of the specified drugs in the past year, with no significant difference by gender identity.¹⁰⁰

98 <https://harmreduction.org/movement/evolution/>

99 <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

100 <https://pubmed.ncbi.nlm.nih.gov/28411424/>

General Concepts and Practices for Understanding and Supporting Trans People

This section explores key concepts and practices for supporting and understanding trans people. Touching on key concepts such as transition, non-binary identity and gender pronouns, alongside practical guidance on how to be inclusive of trans people, these resources are an important starting point for service providers, family members and colleagues of trans people, and all cis-gender people.

Understanding Transition - What it Is and What it Means

“Transition” is a big and broad word, typically used to describe the social, legal and/or medical processes trans and gender diverse people undertake as they come into themselves as trans and gender diverse people. Transition means something different to every trans person, and there is no single way to transition as a trans and gender diverse person.

Important: The term trans is defined as “identifying with a gender identity different from the gender you were assigned at birth”. Being trans or gender diverse is not inherently connected to any specific transition journey. While many trans and gender diverse people access medical support, such as surgical or hormonal interventions, an individual’s trans identity is *no more or less* legitimate based on whether or not they access medical transition services.

This resource is intended to help service providers, educators and loved ones of trans people better understand the complexity of transition, what transition might mean to different people, and how to support trans people in their lives who are in the midst of a transition.

Transition isn't linear, nor is it ever necessarily over. Many trans people, as they explore and seek to better understand themselves, will transition in different ways over the course of their lifetime.

Understanding Different Types of Transition

Transitioning is often described within three interconnected categories – legal transition, social transition and medical transition.

Social transition largely refers to trans people changing their chosen name or pronouns, and/or shifting their gender expression (i.e., changing how they dress to better align with their gender identity). Social transition also includes changing mannerisms, voices and other behaviours.

Medical transition largely refers to either surgical or hormonal interventions that trans people may undertake to better align their bodies with their gender identity. Medical transition is different for every trans person, but may include breast removal or augmentation, permanent hair removal, removal of the adam's apple or trachea, taking estrogen or testosterone, and/or undertaking surgery to reconfigure genitals to better match a person's gender identity. These are but a few examples of processes that *may* be included in an individual's medical transition.

Legal transition generally describes the process of changing your legal name and/or designated sex/gender markers to better align with your gender identity.

Common Misconceptions of Transition

Many misconceptions persist about transition that negatively impact trans and gender diverse people. These misconceptions are important to avoid and unpack, in order to better understand and support trans people in your life.

Misconception #1: "Trans people aren't trans unless they have had the surgery."

Many, but not all, trans people access medical interventions to align their bodies with their gender identity. However, not all trans people want or need to undertake medical procedures. Many trans people are content with their bodies or may only seek certain interventions over others. A trans person's specific transition journey has no bearing on if they are or are not trans.

Misconception #2: "I have the right to know about a trans person's transition journey."

Many people presume that trans people's experiences and stories should be readily available for discussion and debate. Trans people, like all people, have the right to privacy, agency, and autonomy. It is disrespectful to pry into an individual's transition journey or medical histories. You should not ask a trans person about their transition unless they have explicitly provided consent.

Misconception #3: "All trans people are seeking to match binary norms."

While many trans people identify as either male or female and should be treated like any other man or woman, some trans people are non-binary. It is important to note that not all trans people are seeking to fit into gender binary norms and should not be forced to subscribe to or identify by binary terms. The way a trans person wishes to identify has no bearing on the fact that they

should be treated with respect and given the space to identify as they chose.

Supporting Trans and Gender Diverse People's Transitions as a Loved One or Care Provider

If a trans friend, client, loved one or colleague is soliciting your support with their transition, there are some simple steps you can take to best support them.

Thank them for trusting you enough to discuss this:

Transition is fundamentally a personal and private issue, and one that can be difficult or emotionally charged for a trans person to discuss. By thanking them for trusting you in these moments, you demonstrate that you understand the importance of this conversation and recognize the trust they have afforded to you.

Managing your own reactions: Feelings of uncertainty, loss or fear are entirely legitimate and, in many cases, predictable responses to an individual disclosing their transition plans to you. While you have every right to your response, it is important to center and prioritize the needs of the trans person, rather than your own insecurities and curiosity in the moment. Trans people are not looking for a debate on their identities or their intended transition journeys. Rather, they are looking for support, and for a trusted person they can discuss their own feelings and plans with.

Do your own research: If you are new to supporting trans loved ones or clients, consider doing additional research, on your own time, to understand how best to support them. Connect with your local 2SLGBTQ+ community organizations (like SPECTRUM), or explore trustworthy, trans-inclusive websites for more information.

Beyond the Binary: Supporting Non-Binary and Gender Diverse Trans People

Trans and gender diverse people exist on a broad spectrum. While many trans people identify as men, or women, many trans people also identify with gender identities outside of, or overlapping with, those two categories. Trans people may identify as genderqueer, agender, genderfluid, non-binary, or use a variety of other terms to describe themselves and their identities.

What does it Mean to be Non-Binary or Gender Diverse?

Non-binary and gender diverse are both broad categories describing a wide range of identities, experiences and understandings of self. Similarly, men and women both encompass a wide range of experiences. There is no single way to be, or look, as a non-binary person, man, woman, or gender diverse person. Being non-binary or gender diverse means different things to different people.

We often reinforce or revert to gender stereotypes when discussing non-binary and gender diverse people. If we can recognize that all gender categories are complex, and that assumptions about who people are, or how they relate to their gender, are always reliant on outdated stereotypes, we must embrace an understanding of non-binary and gender diverse that resists the replication of such stereotypes. Non-binary and gender diverse people, similarly to men and women, deserve the space and respect to be them

What's the Difference Between Binary and Non-Binary Trans Identities?

In practice, the distinction between binary and non-binary trans people is often exaggerated. Trans people, binary or not, face various complex issues. While there are some issues more commonly associated with non-binary people (for example, the transphobic notion of non-binary identities as a 'fad'), and some that are more commonly associated with binary trans people (for example, transphobic allegations that binary trans people aren't truly the gender they know themselves to be), the different ways that all trans people are impacted by transphobia vary depending on a diversity of factors, including gender expression, race, income, ability and numerous other factors.

While the distinction between binary and non-binary trans identity is often misunderstood, it is important to respect the ways that individual trans people describe and experience their identities. Non-binary and gender diverse trans people, as well as trans men and trans women, deserve to be treated with respect and dignity.

How can I Support Non-Binary and Gender Diverse People in my Life?

1: Respect Names and Pronouns

Many trans and gender diverse people change their names and/or pronouns when they come out. Respecting the chosen names and pronouns is an essential practice to demonstrate respect for trans and gender diverse people.

While traditional pronouns, such as she, her and hers, or he, him and his, are widely recognized, many non-binary and gender diverse people use the pronouns they, them and theirs. While using these pronouns in a singular context may be new to you, it can and will become natural with practice.

Some trans, non-binary and gender diverse people use other pronouns, such as xe and xyr (pronounced 'zee' and "zer"), or cultural pronouns that do not have a clear equivalent in the English language. People use alternative pronouns for a wide variety of reasons, but similarly to how we would respect an individual's name, even if we haven't heard it before, or have to adjust to its correct pronunciation, we should do the same for people's pronouns. In all cases, learning to use an individual's identified pronouns is a small practice change that conveys our respect for trans and gender diverse people's identities and rights.

2: Embrace Diverse Gender Expressions

How we dress should have no impact on how we are treated. We all deserve to be respected, and included, regardless of how we present. If we can acknowledge that a woman is still a woman, with or without makeup, in masculine or feminine clothing, with hair long or short, we must recognize that how we present is *not* an effective way of gauging our gender.

Some non-binary people present masculine. Some non-binary people present feminine. Some non-binary people present androgynous. All are equally non-binary, regardless of how they dress. Non-binary identity is *not* fundamentally tied to any given gender presentation.

3: Avoid Unnecessarily Gendered Language

We often use unnecessarily gendered language, like 'guys' and 'ladies and gentlemen.' This language often excludes trans and non-binary people, and can result in us feeling unseen, or unwelcome, in many spaces. Gendered language often feels natural to us – we use it instinctively without thinking about it. By catching ourselves in the moment, pausing, and replacing our intended words with more inclusive alternatives, we can create more supportive environments for trans and gender diverse people.

Gendered Term	Gender-Neutral Alternative	Rationale
Pregnant woman	Pregnant person	People of any and all genders can become pregnant. Many people assume that a pregnant person is a woman, though that is not always the case.
'Female' or 'male' genitalia or reproductive health systems	Use precise anatomical terminology such as vulva, penis, or reproductive organs. It is always a good idea to ask the client what terms they use to refer to their genitals as sometimes anatomical terms can also create discomfort.	The use of gendered terms like 'male' or 'female' often presents barriers to trans people. For example, many trans men would not see themselves reflected in the term 'female genitalia.'

Gendered Term	Gender-Neutral Alternative	Rationale
Miss, Mister or Sir	<p>Honorifics are often best avoided due to their gendered nature.</p> <p>However, the pronoun Mx. (pronounced like “mix”) is a gender-neutral honorific used by some non-binary and gender diverse people.</p>	<p>If you do not know an individual’s gender identity, using a gendered honorific such as Miss, Mister or Sir can inadvertently misgender someone.</p>
Ladies or guys	Folks, people, humans, friends, team, everyone	<p>“Ladies” and “guys” are both often used to refer to groups of individuals, and inadvertently make assumptions about the gender identities of those you are referring to.</p>
Boyfriend, girlfriend, husband or wife	Partner, significant other, spouse	<p>We often assume that individuals are heterosexual, and dating people of the ‘opposite’ gender. However, use of such gendered terms, without prior consent, erases same-gender relationships, or people in relationships with non-binary individuals.</p>
Brother, sister, etc.	Sibling	<p>Brother and sister are both examples of terms that are appropriate when used accurately, but which, when used incorrectly, may inadvertently misgender trans and non-binary siblings.</p>
Fireman, Chairman, (etc.)	Firefighter, Chairperson, (etc.)	<p>Gendered terms are commonly used to refer to different professions or roles. Using these terms can often result in advertently misgendering people.</p>

4: Emphasize Gender Autonomy

Non-binary and gender diverse people are often obligated to navigate unnecessarily gendered spaces, particularly washrooms, changerooms and similar spaces. While non-gendered alternatives are growing in prevalence, they remain rare and are often unavailable to non-binary and gender diverse people.

Gendered spaces can present significant risks to trans people. Many trans people have experienced discrimination while accessing washrooms, for example. In many situations, trans people are forced to make tough choices. For example, trans men and transmasculine people often choose to use women's washrooms, because of the risk of male violence should they access men's washrooms.

While navigating gendered systems, spaces and services that were not designed to include trans people, autonomy is always essential. Acknowledging the complex factors at play, including safety and comfort, trans people should always be empowered to access whichever gendered space they feel safest within.

Understanding Pronouns – What they are and how to respect them

We use pronouns each and every day, as a short and simple alternative to using a proper noun. Pronouns are like shortcuts - they provide a faster and easier way to communicate without frequently repeating a noun. One type of pronoun is a personal pronoun - for example, we might use "he," "she," "you," "they," or "we" instead of repeating someone's name. In the English language,

pronouns, when used to refer to people in the third person, are often gendered, meaning that we assume an individual's pronouns based on our perception of their gender.

Why Does Using the Correct Pronouns Matter?

Using someone's pronouns shows that we respect who they are and how they want to be described. For trans people, using incorrect pronouns indicates that you don't see them as the person and gender that they know themselves to be. This is what we call 'misgendering.' At its core, misgendering is a way of telling someone that we think we know who they are better than they do.

How Can I Respect Someone's Pronouns?

The best way to respect everyone's pronouns is to never assume what someone's pronouns are without asking them, and to provide opportunities for individuals to disclose their pronouns, while using gender neutral language until their personal pronouns are confirmed. It is also important to encourage others to adopt this practice. A great way to try this out is by disclosing your own pronouns as a way of starting a conversation.

Sharing your pronouns is an invitation for others to do the same. It shows trans and gender diverse people that you are safe for them to be out and honest with.

Example: "Hi, my name is Lisa, and I'm an intake nurse here at the clinic. I use she and her pronouns. What can I help you with today?"

What if You Don't Know, and Don't Have an Opportunity to Ask?

In this situation, using gender-neutral language is a good place to start. In using gender-neutral language, we avoid unintentionally using incorrectly gendered pronouns or terms.

Some gender-neutral terms or pronouns feel more difficult to use than others. If we're used to using "they" in a plural context, it can take time and effort to normalize using it to refer to individual people, and that's okay. Practice using "they" and "them" to refer to individual people, and it'll feel natural in no time.

Respecting Privacy and Autonomy

Asking people for their pronouns, and disclosing your own, is an important part of creating a welcoming and inclusive environment. Nonetheless, it is important to be intentional about how and when we ask people their pronouns. Individuals should never be pressured to disclose pronouns or put on the spot to do so in public spaces where they may not necessarily feel safe enough.

Asking people their pronouns is best done during private conversations, rather than in public spaces. If you do not know someone's pronouns, opt for gender-neutral options, like 'they' or 'them,' or stick to their name, until you have an opportunity to ask.

Some trans people may use different names and/or pronouns in different contexts. This is often due to safety considerations, and is particularly common for trans people who may not be 'out' publicly as trans.

Some trans people, for example, will be 'out' with their friends, but not with their family, and therefore may use two different sets of names and pronouns. In these scenarios, it is best to speak with the trans person in question to confirm which pronouns/name to use in different scenarios. Managing different names and pronouns may sound complicated - and indeed it can be - but is of the utmost importance to protect the privacy, confidentiality and safety of trans clients.

Embracing Diverse Pronouns

While 'he/him,' 'she/her' and 'they/them' are by far the most common pronouns, many trans people use other pronouns to describe themselves. These include new or 'neo' pronouns, like 'ze and zer,' or pronouns associated with different communities, cultures, and languages. Regardless, all people deserve to have their pronouns respected, even if those pronouns are new to us. If you encounter new pronouns, practice them in your head or in front of a mirror until they become easier for you to remember and use.

It is also important to note that many people use multiple sets of pronouns. For example, an individual might use both 'she' and 'they' pronouns. In most cases, if individuals use multiple pronouns, you are generally welcome to use either, or both, at your discretion.

In group contexts, adding pronouns to introductions is an important way to signal acceptance and inclusion of trans people. However, it is equally important to allow people to opt-out of disclosing their pronouns if they so choose. Additionally, not all people use pronouns at all - some people simply prefer to have their name used instead.

If you are hosting a meeting, you may prompt others to introduce themselves, using the following example: "Hi everyone! My name is Mark. I use 'they' and 'he' pronouns, and I'm based in Waterloo. I'd like to invite everyone to introduce themselves, their names, where they're located, and, if they'd like, their pronouns". This approach models inclusion by inviting people to disclose their pronouns, without putting pressure on them to do so if they would prefer not to.

Where Do We Go Wrong?

Many of us are used to assuming someone's gender and pronouns based on our perception of how they look. We make assumptions, largely without noticing it, based on people's hairstyles, clothing, makeup (or lack thereof), physique, and more.

If we can acknowledge that everyone has a right to express their gender however, they would like – that men can wear dresses or makeup, and that women can wear masculine clothing and cut their hair short – then we must acknowledge that we can't possibly know an individual's gender, or their pronouns, based on a superficial assessment.

By assuming an individual's pronouns or gender identity based on how they look, we are making assumptions that reinforce harmful gender roles, and imposing our own loaded assumptions about gender onto others.

Normalizing Pronouns Means Unpacking All of Our Assumptions About Gender

One common mistake people make is to only ever ask people they think are trans or gender diverse about their pronouns. However, you cannot tell if a person is trans just by looking at them. Similarly, you cannot know a person's gender based on their appearance. Any person you meet, whether you know it or not, might be trans.

We need to normalize asking for pronouns and disclosing our own – otherwise, we inadvertently make harmful assumptions about people's identities. This simple practice avoids awkward and possibly hurtful mistakes while showing trans people the respect they deserve.

Conjugating Gender Pronouns

Subjective	Objective	Possessive	Reflective
He	Him	His	Himself
She	Her	Hers	Herself
They	Them	Theirs	Themselves or Themselves
Ze	Hir/Zir	Hirs/Zirs	Hirself/Zirself

Embracing Inclusive Language: Harmful Phrasing and Terminology To Avoid

Language is ever evolving, as we discover or create new ways to describe ourselves and our communities. Due to the pervasive nature of transphobia, there are a wide variety of terms and concepts that have historically been used to malign and denigrate trans people. Simultaneously, there are numerous terms and phrases that, while still used by some trans people, are not considered appropriate for general use. Always respect the terms individual trans people use to describe themselves.

Here are some examples of harmful or outdated terminology, and more inclusive alternatives.

Transgendered: This term inaccurately conveys that being trans is something that happens to someone or is otherwise acquired somehow, rather than being one aspect of an individual's identity. Instead, use "trans" or "transgender."

Transgenderism: This term is unnecessarily medical in nature. “Transgenderism” is often used by opponents of trans rights to argue that transness is a dangerous or harmful social contagion or mental health issue.

Transvestite: Historically, this term has been a slur used to attack, denigrate or mock trans and gender diverse people. Alternatively, try using “trans” or “gender diverse.”

Male-to-Female (MTF) // Female-to-Male

(FTM): While some trans people continue to use these terms - and have every right to do so - MTF and FTM are not in alignment with best practices for talking about or to trans people, as they unnecessarily focus on an individual’s assigned gender rather than on their true gender identity. Instead, use terms like “trans woman”, “trans man” or “nonbinary person.”

“Amanda used to be Jacob”: Disclosing an individual’s previous name, or deadname, is considered offensive and harmful by most trans people. It is best to avoid utilizing a trans person’s previous name unless absolutely necessary. In some cases, you may need to use an individual’s legal name for the purpose of protecting their safety (for example, if they are not ‘out’ to everyone) or for the purpose of documentation, if legal name information must be collected.

“What’s your real name?”: Trans peoples’ chosen names are our real names, and questions about previous names are considered invasive. Questions about trans people’s “real names” perpetuate the idea that trans people are being deceptive or dishonest by living as their true and authentic selves.

“This is my trans friend, Caleb”: Trans people are not defined by our trans identity. Being trans

is just one of many aspects of our identities and is not relevant in most conversations. Introducing us as trans is harmful because it instantly discloses our trans identity in spaces where we may not be safe.

“Have you had the surgery”: Trans people have a right to privacy about our bodies, including any medical procedures we may have participated in. Trans people are often barraged with inappropriate and unnecessary questions about our bodies and medical histories. Questions about medical procedures are only relevant under specific healthcare-related contexts and should be avoided unless absolutely necessary.

“You don’t look trans”: There is no one way to “look trans.” Trans people express their genders with as much variety and diversity as everyone else. Being trans is not fundamentally about how we look, but about who we are.

“Biologically Male/Female”: These terms are unnecessarily rooted in sexual characteristics. Trans people’s bodies are whatever gender they say they are. A trans woman has a woman’s body, and is indeed biologically female. Referring to a specific set of sexual characteristics as inherently male or female can be considered a form of misgendering by some trans people. Rooting trans people’s identities in our assigned gender is harmful and conveys the notion that we’re operating under false pretenses by ‘obscuring’ our true gender/sex.

“Born in the wrong body”: While this narrative resonates with some trans people, it should not be used to describe trans people at large, as it fixates inappropriately on trans people’s bodies and presumes that being trans causes emotional suffering due to one’s body. Not all trans people experience discomfort with their physical anat-

omy, and not all trans people access medical procedures to alter or adjust their physical anatomies.

“Preferred Pronouns”: While this terminology is a step in the right direction, pronouns are in fact obligatory, rather than preferred. The use of the term “preferred” inaccurately conveys that using our correct pronouns is optional. “Gender pronouns,” “personal pronouns” or simply “pronouns” are all viable alternatives

Addressing Mistakes, Misgendering and Other Microaggressions

We all make mistakes. People are not perfect, and it is not fair to expect them to be. Learning a person’s new set of pronouns, or their new name, can take a bit of time, especially if they are someone we have known for a long time. While mistakes will happen, it is important for cisgender people to recognize the harm such mistakes cause. Using the correct name and pronouns is an act of basic respect that is routinely afforded to cisgender people, but often denied to trans and gender diverse people.

What to Do When You Make a Mistake

When we make mistakes, it is important to apologize, correct ourselves and move on. In most situations, when we make a mistake, we can address the issue quickly and move on. Mistakes cause harm, but they don’t have to be a big deal. Many trans people are used to misgendering. That’s not to say it’s okay - but rather, that we live in an imperfect world. To address your mistake, you can take the following steps:

- 1) Apologize: “Oh, sorry, I used the wrong pronoun there.”
- 2) Correct yourself: “Anyways, I saw James today and they were really excited for winter.”

Practice Makes Perfect

If you are struggling to adjust to a person’s new name or pronouns, practice them in the mirror or in your head. Say their name and pronouns out loud a few times. Human brains have an incredible capacity to learn and grow - through repetition, we can help ourselves change our practices and avoid making mistakes in the first place.

Don’t Make it About Yourself

When we make mistakes, it’s important not to centre ourselves. When many trans people are misgendered, they are often then pushed to make the person who made the mistake feel better - to reassure them that they’re a good person, to support them if they’re feeling guilty about the mistake that they made. While your guilt in those moments is a valid emotional response to harm you inadvertently caused, it is inappropriate and unfair to expect a trans person to prioritize you and make you feel better when you are the one who caused harm. This tendency often puts the burden back on trans people, while simultaneously making what may have been a minor mistake into a bigger issue than it had to be.

Working Towards Allyship and Solidarity with Trans People

To support trans people, it is important that we work in allyship and solidarity, that we seek to address and dismantle the structural and systemic factors that perpetuate poverty, homelessness, poor mental health and the high prevalence of suicidality in trans communities. While learning and changing our practices on an individual level is an **important and integral step, we can also work with trans communities towards a better tomorrow.**

Working in allyship and solidarity isn't about a title - we don't get to just wake up one day and call ourselves an ally - it's a process and a commitment. Through allyship - the verb, the action, rather than the noun, we push ourselves to support trans people and tackle transphobia on an ongoing basis.

Working in allyship and solidarity means using the power and privilege afforded to us to support the rights, inclusion, safety, health and liberation of trans people. Allyship is about supporting individual trans people in our lives, but also supporting trans communities in our region, and advocating for trans people to address transphobia and improve well-being on local, provincial, national and international levels.

Allyship has to be Grounded in Trans Communities

Again - we don't get to call ourselves allies because we attended one workshop. That's a starting point, but allyship has to be an ongoing commitment. First and foremost, when working in allyship, we should ground our efforts in the needs and expertise of trans communities. Its not

about us saying "I have all the solutions, trans people should listen to me". Rather, it's asking ourselves "how can I support trans activism in my area? How can I uplift advocacy coming from local trans people and organizations?" By grounding our allyship in a commitment to trans leadership, we ensure that our work is aligned with the organizing efforts of local trans people, and addressing issues that matter most to them.

Allyship has to Extend to our Workplaces and Families

We can't only work in allyship when it's easy or convenient. Working in allyship obligates us to advance trans inclusion in our own workplaces, communities and families. By advocating for our workplaces to improve their trans inclusion policies or bring in training, we are helping ensure trans communities have more positive experiences in those spaces. By working to educate our families and non-trans peers, we are taking the burden off of trans people to have to do that work themselves, to have to educate others, which is often an exhausting practice routinely demanded of trans people

Allyship Should be Grounded in Material Realities and Dismantling Systemic Barriers

Trans and gender diverse communities face persistent structural barriers perpetuated by different levels of government, alongside social, cultural, economic and political institutions. Working in allyship with trans communities should extend to working alongside trans and 2SLGBTQ+ organizations to advance public policy solutions and legislative change for trans communities. Uplifting calls to action and justice, such as calls to end conversion therapy, improve access to transition-related healthcare, for more funding for 2SLGBTQ+ and trans community organizations,

and other key issues, you can help trans communities dismantle structural transphobia.

Allyship Isn't About the Spotlight

Trans and gender diverse people are always the best experts in their own identities, experiences and needs. Our communities are also the best experts on viable solutions to improve our lives and dismantle transphobia. When working in allyship and solidarity, it is important to be mindful of who we center. Allyship isn't about rewards for ourselves - though we can recognize that dismantling transphobia ultimately benefits us all. Allyship is about using our power and privilege to support other communities impacted by oppression.

Working in allyship means centering trans people, rather than taking center stage ourselves. We should always strive to uplift the voices of trans people over and above our own.

Preventing Suicide and Promoting Trans Wellness: Resources for Trans People

While the burden and blame for higher rates of suicidality and poor mental health in trans communities' rests on external factors, including transphobia, stigma, employment discrimination and other systemic factors, trans people can promote and protect their own mental health, and take measures to ensure their safety, comfort and health. Ranging from connection to community spaces to creating a safety or self-care plan, there are many steps trans people can take to support themselves and their trans peers. The below resources include key recommendations, activities and planning documents that trans and gender

diverse people can utilize to support their mental health and well-being.

Breaking From Negative Narratives & Embracing Our Strength

Trans communities are vibrant, resilient, powerful and diverse. While there is a lot of violence in the world around us, and a lot of harm directed at trans people, the narrative that *being trans is simply suffering and pain* is harmful in and of itself. Systemic oppression is debilitating, and the impact of transphobia is felt by all trans people but focusing on the pain and trauma experienced by trans people can often result in us feeling stuck and helpless.

Celebrating Our Trans Identities, Histories and Communities

Trans people are exceptionally resilient. Across decades and centuries, trans people have found ways to live as their authentic selves, to survive and thrive, in different places and cultures around the world. Our communities have a rich and vibrant history, and this history is not limited to, and should not be reduced to, histories of harm and suffering.

It is important to find ways to celebrate our trans identity, and to connect with the positive aspects of our communities' histories and stories.

We can ask ourselves:

- What do I like or love about being trans?
- What unique perspectives do I have to contribute because of my trans experience?
- What am I proud of about my trans identity? What gives me joy about being trans and part of the trans community?
- What has my experience as a trans person taught me about my own resilience and strength?

Connecting with Our Communities

Connecting with other trans people is often an effective way to find strength, community and resilience. Many trans people are consistently pushing back against negative stereotypes about trans people. By meeting other trans people, we can recognize that our experiences are not isolated, and that the harmful stereotypes perpetuated about trans people are not an accurate reflection of our communities.

Connecting with our community also affords us the opportunity to see and meet trans people of varying ages. Opportunities to connect with and learn from trans elders, for example, is an incredible way of learning for ourselves that trans people **can and do** live long, happy lives. Those lives may not always be easy, but there is hope and power in the capacity of trans people to survive and find joy.

We Are Stronger Than We Recognize

The resilience, power and strength of **every** trans person is often unrecognized. As trans people, many of us have had to overcome massive bar-

riers - coming out, changing our name and pronouns, changing how we express our gender, accessing medical interventions to change our bodies, these are all examples of our power. As trans people, we have ventured into the absolute unknown, and often drastically changed who we are, in order to be the most authentic and honest version of ourselves possible. Regardless of where you are at, all trans people are incredibly resilient, powerful and inspiring. Our communities are powerful - we are powerful.

Harm Reduction Strategies for Surviving in a Transphobic World

Many trans people struggle with suicidality. Many trans people struggle with thoughts of suicide. There are many barriers to trans peoples' overall mental health and well-being, and simply surviving as a trans person can be difficult at times. There is no single way to support ourselves if we are struggling with suicide, because each of our needs and experiences are different. Recognizing that there is no one size fits all approach, a harm reduction model is one of the most effective ways to keep ourselves going in a painful world.

What is Harm Reduction?

At the end of the day, harm reduction is exactly as it sounds: reducing harm to ourselves and others. Harm reduction is an approach rather than a specific practice - which means it can be applied to a wide variety of practices.

Reducing Harm Through Boundaries

Boundaries can be difficult to establish, but we have every right to them. If particular people or experiences are causing us harm, we can establish boundaries to reduce the extent to which they can hurt us. Sometimes, our boundaries can be flexible, but other times, we need them to be firm and rigid in order to protect ourselves.

Some examples of harm reduction and boundaries include:

- Visiting our family less frequently if they are unable to gender us correctly, and if we are noticing that their failure to do so is causing us emotional distress.
- Creating boundaries around if and when we are able to provide emotional support to our friends. If we ourselves are struggling, it can be emotionally exhausting to be providing ongoing support to our friends or peers who are struggling too. While everyone deserves to be heard and supported, we may not always be in a position to do so.
- If we are using substances (alcohol or other drugs for example) to cope with our mental health, we can work towards boundaries about how much we will use, in what situations, and with what frequency. While our boundaries can evolve (and sometimes they have to in order for us to keep ourselves alive), by setting such boundaries, we can seek to better control substance use that we may be utilizing to cope with our mental health as best we can.

Keeping Ourselves Alive

At the end of the day, harm reduction is about keeping ourselves alive, while reducing the impact of things that may cause us harm - including activities or coping mechanisms that we may utilize to survive. While we should strive to use healthy and effective strategies to maintain our mental health, many people use a variety of tools to survive, some of which may cause, or may have the capacity to cause, us harm as well. As we work to maintain our well-being, we should prioritize our survival, while striving towards coping mechanisms that are as healthy as possible.

Self-Care Strategies for Trans People

Self-care practices are activities we can undertake to support our own mental health and wellness and care for ourselves. Self-care is not a solution to systemic issues but can be an effective approach to maintaining and monitoring our own mental health and well-being. By making time for ourselves, and intentionally engaging in activities that we know have a positive impact on our sense of well-being and self-worth, we can better care for ourselves.

Self-care is often misunderstood or misrepresented as a short set of superfluous activities such as yoga, going for walks, or taking a bath. While these are examples of self-care, self-care activities are fundamentally individual, and may vary significantly from one individual to the next.

How to Plan Your Self-Care

Self-care activities can be built into your regular daily schedule, or utilized during times of particular stress. Consider setting aside designated time every day or every week to engage in self-care practices, even if for a limited time, as a means of maintaining your mental health and well-being.

What Self-Care Isn't:

Self-care isn't an effective substitute for other interventions such as counselling programs or therapeutic supports. While self-care can help us maintain our mental health, it should not be confused for or used to substitute more rigorous or intensive services if and when we need them. If we are in a state of crisis, our self-care strategies may not be sufficient, and we should reach out for additional supports.

Self-care isn't always accessible or affordable. At best, self-care is a band aid solution, a harm-reduction practice intended to help us manage and mitigate the impact of systemic transphobia and other forms of oppression. Nonetheless, self-care can be an effective band aid – and is therefore a useful tool for our personal 'mental health toolbox.'

Common Examples of Self-Care Practices:

- Going for a walk every day
- Taking a long bath after a busy day
- Practicing yoga or mindfulness exercises
- Playing with our pets
- Watching a movie or TV show
- Reading a book

Self-care isn't limited to activities that allow us to take breaks or relax. At the end of the day, self-care is about doing things that help us feel

good about ourselves and maintain our mental health. Sometimes, self-care is doing the dishes – because a clean kitchen feels like a worthwhile reward – or doing the laundry. At the end of the day, self-care is about finding the moments of joy, peace and reward that enable us to feel good about ourselves and decompress.

The exercises identified below can help you manage stress and anxiety through self-care, breathing exercises, muscle relaxation strategies and thought-changing efforts. These are all practices that can help us better manage and maintain our mental health, particularly during periods of stress or uncertainty.

Breathing Exercises:

When we feel stressed or anxious, we don't always breathe as deeply as we should. Taking short breaths can make our bodies feel more tense and anxious. By practicing deep breathing, we can take steps to still our mind and calm our body.

Simple Breathing Exercise:

- Take a deep breath in and count to four in your head.
- Hold your breath in and count to four.
- Slowly breathe out while counting to four.
- Repeat this exercise as often as needed.

Hand Tracing Exercise:

- Starting at your wrist, trace the left side of your hand up to your middle finger while taking a deep breath for four seconds.
- Pause at the tip of your middle finger and hold your breath in for four seconds.
- Breathe out while tracing down the right side of your hand for four seconds.
- Repeat four times.

Belly Breathing Exercise:

- In a sitting position, put one hand on your chest and the other on your belly.
- Take a deep breath through your nose. Notice the air moving through your lungs. Slowly exhale through your mouth.
- Take a second breath. Imagine bringing the air into your belly. See if you can make your belly move more than your chest.
- Breathe in for four seconds. Hold the air in for four seconds. Feel the movement of the air in your belly.
- Slowly breath out over four seconds.

Muscle Relaxation Exercises:

Feeling stressed or anxious can affect our minds and bodies – including our muscles. We often don't realize the amount of tension we're holding in our bodies, which in turn affects our minds and our mental health. Muscle relaxation exercises can help us reduce tension and stress in our bodies. All our bodies work in different ways, so these exercises can be adapted to make them work for

you and your body.

Stretching Exercise:

- Sit cross-legged or with your legs straight out in front of you on a comfortable surface.
- Slowly turn your shoulders and torso to the left and hold for ten seconds.
- Slowly turn your shoulders to the right and hold for ten seconds.
- Reach your arms out in front of you as far as you can and hold for ten seconds
- Reach your arms out to the sky and hold for ten seconds.
- Repeat this exercise two times.

Chair Exercise:

- While sitting in a chair, put your hands behind your back and touch your elbows with your hands. Count to five.
- Hold your hands up in front of you and hold them there for five seconds.
- With your hands in front of you, make fists, and hold them there for five seconds. Repeat five times.
- With your feet flat on the floor, raise your heels for 10 seconds before letting them drop back down to the floor. Repeat three times.

- Put your hands flat on the back of your head and bend your elbows. Turn your head left (and hold for five seconds). Turn your head to the right (and hold for five seconds)
- Extend your left leg out in front of you for five seconds. Extend your right leg in front of you for five seconds.

Gratitude Exercises:

When we're having a hard time finding the positive side of life, or to recognize our own worth, gratitude exercises can help. They can help us notice the good things, both about ourselves and others around us. Taking time to notice the good in our lives can help us feel happier, and maintain a hopeful attitude.

Personal Gratitude Exercise:

- On a blank piece of paper, answer the following questions:
 - One of my strengths that I am grateful for is:
 - One thing I can do to express gratitude to myself is:
 - One person in my life I am grateful for is:
 - One challenge in my life I am grateful for is:
 - One beautiful thing in my life that I am grateful for is:

Gratitude Notes:

- Using a journal or blank sheets of paper, write out one thing you are thankful for every morning.
- Every evening, or when you are feeling stressed and anxious, re-read your gratitude note from that morning, and re-read others that you've written over the past few days.
- When life is hard, we miss the many things we can be grateful for. Noticing these things can help us recognize the good things in our lives, when we tend to focus on the bad.

Thought Changing Exercises:

We can all find ourselves trapped in our own thoughts sometimes. Whether we're fixated on something stressful, worrying about the future, or just having a hard time finding the good in life at the moment, we can use thought changing exercises to help get out of a bad headspace.

Unhelpful Thoughts	Helpful Thoughts
I made a mistake and that makes me a bad person.	I am a good person, no one is perfect, and everyone makes mistakes.
I haven't gotten anything done this whole week – I am the worst.	It's normal to feel less productive sometimes, especially if I've had a hard time. I deserve to be patient with myself.
I ignored my friend's message – she probably doesn't think we're close anymore.	She probably knows I care about her, and that I'll get back to her when I'm feeling up for it.

Unhelpful to Helpful Thoughts

- When we're struggling, we often get stuck on unhelpful thoughts. By noticing and addressing those thoughts, we can get ourselves out of a thinking trap.
- On a piece of paper, create two columns. In the left column, write out a list of unhelpful thoughts that are stuck in your head.

In the right column, reframe your negative thought with a more helpful one.

Planning Your Coming Out as a Trans Person

There is no one way to come out – and not all people need, are safe to, or want, to come out. We each experience coming out in a different way. For some of us, it's a source of pure excitement and joy. For others, it's a source of uncertainty and anxiety. While there is no one way to come out, or be out, this resource is intended to help you plan and prepare. Recognizing that trans people are immensely diverse, that some people might come out at 12, and others at 60, there is no single coming out experience – it looks and means different things to each of us. This resource is intended as a short guide of key considerations in your coming out process:

Planning for your safety: If you are coming out to your family, or to those you live with, it is important to think about your safety. While this may not be a concern in your particular situation, it is a concern for some trans people, and planning for your safety is never a bad idea.

If you are coming out in an environment that might be complicated, or if you are not sure how your friends and family will react, it is recommended that you identify a safe person – a close friend or family member who you know you can stay with or reach out to for support.

Consider creating a safety plan (see Appendix A: A Plan for Crisis) to support you in coming out. While this might not be necessary, it is a useful exercise to help us plan for the worst and hope for the best. Important questions to ask yourself include:

- If this doesn't go perfectly, where can I stay tonight? Is there a friend or family member I can stay with?

- What can I do to care for myself once this is done? How can I help myself decompress and process any emotions that may arise during the coming out experience?
- What resources, services, or supports could I reach out to, if I need help after I come out?
- Will you say it or write it?

There is no one way to come out. Some people come out through in person, one on one conversations with their partner, family or friends. Other people come out through posts on social media, and still other people write letters to their loved ones. You have many options. There is no right option – the right option is whichever works best for you.

Handling Ignorance and Confusion: Many people don't know much about trans identity or community. Often, when people come out, it is the first time their partner, family or friends have to think about the existence of trans and gender diverse people. They may not fully understand what your coming out means, or even what the word trans means. While it is not fair to expect individual trans people to educate their partner, family or friends, you may have to do so in the early days of coming out. You can also recommend resources where they can learn more.

Identify Your Needs and Requests: Before coming out, reflect on your needs and requests. Coming out is a big moment, and often includes a lot of changes in your life. For example, you may request that your partner, family or friends use a new name and pronouns. You may also request help from your partner, family or friends to come out to others, to help take the burden off of you.

Identifying your needs and requests is a good way to help you, and those around you, understand what you need from them after you come out.

Managing the Adjustment Period: Even in the best-case scenarios, it may take your partner, family or friends time to adjust to a new name, new pronouns, and a new side of you they haven't met before. In those early days, it can be hard. Coming out is a big moment for us – people often feel vulnerable and delicate in the days after. In the early days, it is likely our partner, family or friends will make a lot of mistakes. They may say the wrong thing and inadvertently cause harm, even if they have the best of intentions. In most cases, people will learn and adjust, but that doesn't make it any easier in the moment.

Finding Your Confidant: Given that coming out can be stressful and anxiety inducing, it is important to find the person or people who you can talk through your experiences with. This may be a close friend, another trans person, or a local service provider. It is important to talk about your experiences, and to have someone you know will listen and support you.

Trans and Gender Diverse Self-Advocacy in Health and Social Services

Many trans and gender diverse people have had negative experiences accessing health and social services. Trans and gender diverse people must often be their own best, and sometimes only, advocate to access necessary healthcare or social services. This resource was created to help trans and gender diverse people best advocate for themselves and their needs in health and social

services.

Essential Context: Trans and gender diverse people are often pressured to change or simplify our stories, lives, needs and experiences in ways that providers will understand. While the landscape is changing, and more providers are building their understanding of trans and gender diverse communities, many providers continue to reinforce harmful notions about trans and gender diverse identities. While honesty and accuracy are important when accessing health and social services, you always have the right to choose to share whichever aspects of your identity and your story you are most comfortable discussing with your provider.

Preparing for a Health or Social Service-Related Appointment:

- 1) **Reflect on your priorities for the meeting:** Before an appointment begins, reflect on your key priorities for the conversation. Are there specific next steps you would like to explore? Are there specific issues, or concerns, you'd like to discuss? Write them out ahead of time, in order of priority. This list can help guide you in your conversation with a provider.
- 2) **Do your research:** Health and social service providers don't always have all of the answers, or know what the required steps are, particularly when it comes to trans health and healthcare. If you are looking for transition-related healthcare, it can be helpful to do your own research ahead of time, to both help understand often-complex health issues, and to better understand the required processes to

access specific health interventions, like beginning hormone replacement therapy (HRT) or gender confirmation surgeries.

- 3) **Invite a friend or loved one:** Having someone there with you can make a big difference. Bring a friend, partner or loved one along to support you, and talk through what you think you'll need from them during the appointment ahead of time. You can also reach out to local 2SLGBTQ+ organizations and they may be able to help connect you with a volunteer to accompany you to an appointment.
- 4) **Reach out in advance:** If you are worried about your experience accessing care as a trans person, and if this is your first appointment with a new provider, you have every right to contact them ahead of time (email is a good option.) and ask questions that matter to you. You can ask if they have experience working with trans people or have received training on trans-inclusive health services.

Advocating for Yourself During an Appointment:

- 1) **You have the right to be referred to respectfully:** While it's rarely a comfortable experience, and not one that you should have to deal with in the first place, care providers might not know the best ways to talk about, or respectfully talk with, a trans or gender diverse person. If you feel comfortable, you can correct a care provider who is using the wrong name or pronouns. In these moments, having a friend or loved one with you can make a big difference, and
- 2) **You can disagree with your provider:** Providers aren't experts on everything, and they won't always have all the answers. Patients know what they need best. If you don't agree with what your provider is recommending, you can voice your discomfort or uncertainty. You may also correct them if they are sharing inaccurate or out of date information.
- 3) **You can come back to what matters most:** As your session nears its end, reflect back on your key priorities – what were you looking for from this appointment? You should feel comfortable bringing up issues that weren't discussed sufficiently, or which you haven't yet had a chance to explore.
- 4) **If you need to, you can leave:** If the session is triggering, or the provider is not inclusive, you have every right to immediately end your appointment and leave the location. You do not have to put up with mistreatment, misgendering, discriminatory or otherwise inappropriate behaviour.

Advocating for Yourself After an Appointment:

- 1) **If you had a negative experience:** You have legally protected rights in Ontario and Canada as a trans and/or gender diverse person. Health and social service providers do not have the right to mistreat or discriminate against you. If you have a negative experience with a provider, you may contact the organization, or the provider's regulatory body (depending on their profession). Most health and social service organizations will have a patient complaint or ombudsperson whom you can contact with your concerns. Immediately after a negative appointment, if you feel comfortable doing so, write down what happened and what specific conduct was inappropriate. This will be helpful should you choose to make a complaint.
- 2) **You can request to change providers:** If you don't feel comfortable with your provider, for any reason, you can request to change providers. While this is not always possible, or may result in delays, it is an option available to you.
- 3) **You can send a follow up email:** If you felt there were issues that were not sufficiently discussed, or if there were next steps you need confirmed or clarified, many providers will permit you to send a follow up email. This is an effective way to ensure your priorities are understood by your provider.

- 4) **You can care for yourself:** Talking about our health, physical or mental, can be particularly draining, or triggering, for many trans and gender diverse people. A key aspect of self-advocacy is advocating for our own right to take the time we need to be healthy. After an appointment, give yourself some time to decompress and process your experience.

Dating and Relationships for Trans People

Navigating dating and relationships as a trans person can seem daunting, especially for those of us who are recently out, during our transition (whatever that may mean to us), and/or who have had previous negative experiences in dating and relationships.

First and foremost, it is important to remind ourselves **that we are deserving of love, compassion, and care**. Our trans bodies are deserving of love, compassion, and care. While dating as a trans person can include challenges, many trans people find love and joy through healthy and reciprocal relationships and dating experiences.

Dating and relationships look different to each of us. We all have different experiences and different needs. This resource cannot answer every question. Rather, it strives to share information to help trans people safely navigate dating and relationships.

Safety shouldn't have to be top of mind while dating as a trans person, but it is an important consideration to think through. These tips are intended to help you plan and prepare, to maximize your safety in the world of dating and relationships.

A Complicated Question: Do I Disclose I am Trans?

You are not, and should never be, obligated to disclose your trans identity to anyone, including friends, family, dates, or potential partners. You have the right to privacy, and you have the right to keep fundamentally private information to yourself. Your date does not have a right to know that you are trans.

Both choosing to, or choosing not to, disclose your trans identity comes with risks and benefits. It may be helpful to reflect on these risks and benefits to inform your decision.

If you do not disclose you are trans, and your date or potential partner figures it out, they may react negatively, or feel a sense of betrayal. Some people feel similar emotions if you disclose proactively. Other people's reactions to you being trans are not your fault or your responsibility.

Many individuals only understand trans people through stigmatizing stereotypes. Many non-trans people may feel like they had a right to know prior to a date. In making the decision to disclose or not, you may wish to think ahead about how your date might react if they find out or if you do disclose.

You can ask yourself:

- Has this person made 2SLGBTQ+-inclusive statements or comments? Have we talked about 2SLGBTQ+ or trans people before?
- What social circles is this person a part of? Is it likely that they've encountered trans people before?

If you are unsure about how they might react, you can find ways to mention trans people to test the waters. For example, you can reference a trans celebrity or talk about social justice issues to get a better sense of who they are, their values, and if they know much about trans people.

However – and it's a big however – we must also take steps to protect ourselves in intimate contexts. We are never obligated to disclose we are trans, but, acknowledging that other people can sometimes be volatile or unpredictable, we should plan for our safety.

Navigating Abusive Relationships as a Trans Person

Due to external factors, trans people may be more vulnerable to abuse and may have greater difficulty fleeing their partner(s) should they be stuck in an abusive relationship. Abuse comes in many forms, including financial, emotional, and physical abuse. Any person can find themselves in an abusive relationship, regardless of their confidence, income, or other factors. It is important to be aware of the signs of abuse in intimate relationships so that you can look out for yourself and your peers.

While abuse comes in many forms. The list below includes warning signs adapted from the Canadian Women's Foundation:

- Being called names, having jokes made at your expense, or being humiliated by your partner.
- Feeling like your every move is being watched, or like you can't do things without a partner's permission.

- Being pressured into sex or pressured to engage in sexual activities that you dislike and do not consent to.
- Feeling like you are always at risk of reprisal or violence (physical or otherwise), should you do anything your partner disagrees with.
- Having your privacy violated by a partner, such as having your phone calls, text messages or social media posts monitored.

If you find yourself in an unsafe or abusive intimate partner relationship, here are some steps you can take to protect yourself:

- 1) If you are in immediate risk, or feel unsafe in your home, you can leave. If possible, arrange to stay with a friend. You can explore shelter services available in your region here: <https://endingviolencecanada.org/getting-help/>
- 2) Be mindful of browser history. If you are worried your partner is monitoring your internet history, you can delete it routinely so that they don't know what websites you might be visiting. This is particularly important if you are concerned about your privacy and looking into domestic violence services and supports.
- 3) If you are worried about trans inclusive services in your area, you can reach out to your local 2SLGBTQ+ community centre, such as SPECTRUM in Waterloo, to help find services that you know are well-equipped to support you.
- 4) Remember that your experiences are valid. A key feature of abusive relationships is making those being abused question their own experiences, or to feel that they deserved to be mistreated. You deserve to be supported, to feel safe in your home and with your partner.

Safety Planning for a First Date

If you are heading out on a first date, or otherwise encountering someone in an intimate context for the first time, there are a few steps you can take to feel and be safer. These may not all be always relevant or necessary but are nonetheless worth considering as measures to promote comfort and plan for your safety.

1: Tell a friend

Ahead of your first date, let a trusted friend know where you are going and how to reach you. You may also consider confirming a time for a check-in after the date. This means that your friend will know when to expect to hear from you and gives you a convenient excuse if you need a reason to leave a situation or end a date.

2: Plan your escape:

While never something we hope to put into practice, having an exit strategy makes a big difference for both comfort and safety. An exit strategy can include: a predetermined code word you can text a friend in order for them to immediately call you and fake an emergency, or pre-planning an excuse you can use with your date to bring the event to an immediate close.

If your safety is at immediate risk, you can and should do whatever you can to leave the situation. This can include lying to your date about an emergency, heading to the washroom and leaving, asking a server for help, or asking a friend to pick you up.

3: Meet up in a public space:

If you haven't met in person before, meeting up in a public space for your first date is highly recommended. By choosing a coffee shop, restaurant, or other high traffic area, there's a lower risk of issues, and it can be much easier to leave if needed. This also gives you an opportunity to get to know one another outside of an intimate space. Meeting up in public first is a good idea for dates, hookups or other kinds of engagements, and is recommended prior to heading to a private or intimate setting.

4: Think about your comfort:

Before heading into a date or intimate setting, it is important to reflect on our boundaries and our comfort level. Dates can go in all kinds of directions, or no direction at all. To help maintain our boundaries, we can reflect before a date. For example, how would you feel about sexual intimacy taking place during the date? What are your boundaries and needs pertaining to sexual intimacy, should it occur? Reflect on these questions ahead of time, and don't hesitate to communicate your boundaries to the person you are meeting in advance of the date – if you are all on the same page, you can both be more comfortable.

For more information about accessing sexual assault support services, or shelters, or women's crisis services in our community, visit: <https://www.sascwr.org/> and <https://wcswr.org/>. To find GBV and IPV services anywhere in Canada,

visit: <https://endingviolencecanada.org/getting-help-2/>

Navigating Boundaries and Dysphoria While Dating

Dating while trans can be joyous, exciting, and liberating. It can also be hard, exhausting, and overwhelming. Often, it's a combination of all the above. While all people have (and have every right to) unique boundaries and needs in relationships, there are several considerations that are often particularly relevant to trans people.

You deserve to have your boundaries respected: First and foremost, you have every right to your boundaries, within and beyond physical intimacy. Your boundaries deserve to be respected. If a partner or significant other is unable to respect your boundaries, that is often a clear sign that something isn't working, or that this situation may not be safe.

Key Questions for Consideration:

What kinds of physical intimacy are you okay with? Many trans people have firm boundaries around sexual intimacy. You have every right to refuse to engage in forms of physical intimacy that push against your boundaries. For example, you can assert that certain acts are entirely off limits or that you don't want to be touched in certain places.

Are there things that will make you more comfortable? Many trans people have complicated relationships to our bodies. For example, many trans people opt to keep certain clothing on during intimate moments. Many trans people opt to stay partially clothed during sexual intimacy, often by wearing their binders, gaffs or other gender af-

firming gear. These are fair and reasonable things to do to keep yourself comfortable and should be respected by your partner(s).

Are there words or terms that are triggering, and alternatives that you prefer? We often use unnecessarily gendered language to describe sexual intimacy or certain body parts, but many trans people use (or create) alternative language to describe their bodies. Are there certain words (for example, penis, testicles, breasts, vagina) that you don't want used to describe your body? Are there other words that feel better to use? Create a list of Good versus Bad words, and you can share this with a partner prior to sexual intimacy taking place.

Surviving and Coping with Street Harassment – Guidance for Trans People

Many trans and gender diverse people deal with street harassment and other forms of violence in public every day. Street harassment can have a significant impact on our mental health, our well-being and our sense of safety.

What we know:

- 84% of trans people avoid at least one public space due to fears of harassment and discrimination.
- Street harassment has a proven negative impact on mental health.
- Safety planning is an effective way to reduce risk and best protect yourself should you face harassment.

This resource was created to help individual trans people support themselves if they are subjected to street harassment.

How to Protect Yourself and Reduce the Impact of Street Harassment

1: Plan Ahead

Given that public space is often unsafe for trans people, it is important to plan ahead to reduce the risk of harassment. While trans people should never have to change their behaviour, or avoid certain areas, due to the risk of harassment, harassment is a real and significant risk for us, and we can take steps to proactively protect ourselves.

Key considerations to plan for:

- **Do you have a safer way home?** If you are heading out, particularly in the evening, do you have a safe route home after? You can plan to reduce your risk by asking a friend to drive you home or walk home with you after an event.
- **Do you have a safe place in case of an emergency?** Proactively identify places, including shops, community spaces or other locations in your community, where you feel safe and know you can access support? By identifying local safer places, you can more easily escape unsafe situations.

- **Who is your support person?** In moments of crisis, having a friend in our corner makes a big difference. You can plan ahead of time to know who in your life is able to support you should you be triggered by an experience of harassment.
- **Can you stay with a group?** While all people should be safe alone outside at any and all times, that is not the case for many people, including trans people. Sticking with a group, if and when possible, is a highly effective tactic to minimize risk.
- **Can you defend yourselves?** By taking self-defense classes, or otherwise doing what we can to learn how to better defend ourselves in instances of harassment, we can both build our confidence and become better equipped to escape an unsafe situation, should the need arise.

2: Put Safety First in Instances of Harassment

Every trans person has the right to determine the best course of action when subjected to street harassment, but we can also deploy strategies to de-escalate conflict and prioritize our own health, safety, and well-being during instances of harassment.

Important: harassment of trans people varies. In some situations, our physical safety is placed in jeopardy. In such situations, the best option is always to leave the space and get somewhere safe.

- **Ignoring it:** While keeping our cool in moments of harassment is *not a fair expectation*, ignoring instances of harassment, pretending we didn't hear, or continuing to walk away at a steady rate, is often an effective way to minimize risk.
- **De-Escalating:** If we are not able to leave the situation, we can attempt to placate or de-escalate. We can politely decline interest or mention that we are in a rush while walking away. While de-escalation isn't always a viable option, it can help keep a situation from worsening in the moment.
- **Fleeing the area:** If our safety is at immediate risk, or the instance of harassment seems to be escalating, the best option is often to leave as quickly and urgently as possible. We can run to the nearest shop, to a more populated area, or to another previously identified safer space for us.
- **Contacting emergency services:** If you are worried about your immediate safety, or are the victim of violence, you should contact emergency medical or police services, if you feel safe doing so.

3: Caring for Yourself After Harassment Occurs

Dealing with street harassment is exhausting. If it is a big part of your life, it can have a significant impact on your daily happiness and well-being, if you have to be on guard whenever you are in public. Caring for yourself after experiences of harassment could not be more important. By caring for ourselves in those moments, we remember that we do not deserve the violence that we face, and that we are deserving of support, safety and compassion.

After an incident of harassment, you can:

- **Remind yourself of your value:** While it may seem strange in the moment, simply taking a breath and reminding ourselves that we don't deserve the harassment we experience does matter. When harassment is ongoing, we can internalize the experience and blame ourselves for systemic injustices that *we are not responsible for*.
- **De-brief with a trusted person:** While everyone copes with harassment differently, talking to a friend, colleague or loved one about your experience can be an effective way to process the hurt and fear you experienced. Having someone to talk to also helps remind us that there are many people in this world who care for and support us, even if it doesn't always feel that way.
- **Practice Self-Care:** Taking time to decompress and care for our mental health after an instance of harassment is important. We can read a good book, watch our favourite show, and find other calming or mindfulness activities that help us feel good and grounded.

Coping with Anti-Trans Media as a Trans or Gender Diverse Person

Mainstream media is often ill-equipped to cover or talk about trans issues and trans people. Trans rights and trans people are often considered 'up for debate', and sometimes, the media seems fixated on trans issues in a harmful and negative way. Trans people are regularly bombarded with trauma and tragedy when trans issues are covered by the media, and this can have a harmful

impact on us. Here are some tips for managing negative media coverage of trans people:

- 1) **Unplug:** When the media is talking about trans issues in a way that causes harm, it is important to remind ourselves that we can unplug and disengage. We are not obligated to read the articles or scroll through transphobic posts. We can unplug.
- 2) **Find Affirming News Sources:** There are many trans-inclusive media outlets around the world. Publications like Pink News and Xtra Magazine feature positive and uplifting stories about trans people and trans identities. Focusing on positive media coverage can help us recognize the immense contributions trans people make to their communities, as opposed to negative coverage from other sources.
- 3) **Connect with community:** When trans issues are in the media, particularly when issues are sensationalized or trans people's rights are framed as a danger or threat, connecting back to our community can help us feel seen and supported. Our communities are always best equipped to care for us in moments like these, and simply being in community spaces can help ground us in the beauty, brilliance, and resilience of our communities.

- 4) **Block and Mute Liberally:** If you're finding yourself immersed in anti-trans media coverage, or, as happens for some trans people, you find your social media isn't always a safe place for you, it can have an impact on your mental health and well-being. You deserve virtual spaces where you can be yourself, and where your rights and identity aren't constantly questioned. When bigotry comes up on your feed, you have every right to block and mute liberally. You deserve safe environments without having to manage discriminatory comments.
- 5) **Don't Read the Comments:** Comment sections on mainstream media news articles, and on many social media platforms, often draw out transphobic and homophobic people. While reading the comment section – or getting into an argument in the comments – can be tempting, it is often a source of stress and anxiety. Avoiding comment sections is a good way to reduce the impact of transphobic media and messaging on your well-being.

Identifying Support Systems and Creating a Crisis Plan

A crisis plan, or safety plan is designed to help you have what you need at your fingertips so that you don't have to think much about what you need and how to support yourself in that moment. It's helpful to have this plan in an easily accessible place so it's there for you when you need it. You can also use the printable template in Appendix A: A Plan for Crisis to create a plan. Below is more about the reasons why and way to create a crisis plan and how to identify the systems that could support you. It's also a great idea to have someone you trust help you in creating your plan so they can know how to support you. If you are a carer or loved one of someone, it's a great idea to support the person through creating a safety plan - you do not need to be a professional to support someone in recognizing how they might be able to deal with a crisis in the moment.

If you are supporting a trans person in your life who is having suicidal ideation or thoughts you should not force them to create a crisis plan, rather if they have disclosed these feelings to you and asked for support, offer this as a tool that you could complete together so they can have additional support if they need. It is important to never force someone to create a plan they are not ready to create, but it is also a myth that talking about suicide leads to suicide, so it is important that we still bring forth these conversations and tools with those we are supporting.

What Goes into a Crisis Plan?

- 1) Your personal warning signs:** What thoughts, images, moods, situations, and behaviours indicate to you that a crisis may be developing or that you are feeling unwell? Write these down in your own words.¹⁰¹

Examples:

- **Situation:** argument with a loved one
- **Thoughts:** “I am so fed up with this and I can’t handle it anymore”
- **Body sensations:** Urge to drink alcohol
- **Behaviours:** Watch violent movies, irregular eating schedule¹⁰²

- 2) Your coping strategies:** List things (distracting activity, relaxation or soothing technique, physical activity)¹⁰³ that you can do on your own to help you not act on urges to harm yourself.

Examples

- **Distracting activity:** Watch a funny movie
- **Relaxation technique:** Deliberate breathing
- **Physical activity:** Go for a bike ride¹⁰⁴

- 3) Your distracting people or places:** List people and social settings that may help

take your mind off of difficult thoughts or feelings.¹⁰⁵

Examples:

- **Places:** Go to a movie, sit in a park
- **People:** Text friend (name, phone), go for coffee with a coworker (name, phone)¹⁰⁶

- 4) Your safe supporters:** List the folks in your life who are supportive to you and who might be able to assist you in seeking more help if needed. The people on this list should know that they are part of your support network.

Examples:

- Friend
- Partner
- Parent
- Peer support groups

- 5) Contact mental health professionals or agencies:** Make a list of names, numbers and/or locations of clinicians, local emergency rooms, and crisis hotlines. It’s also a great idea to add these numbers as new contacts within your phone.¹⁰⁷

Examples (add these in your phone!):

- **Trans Lifeline:** 1-877-330-6366
- **Canada Suicide Prevention Helpline:** 1-833-456-4566
- **LGBT Youth Line:** 1-888-687-9688

101 <https://suicidepreventionlifeline.org/help-yourself/>

102 <https://www.suicideinfo.ca/resource/safety-plans/>

103 <https://www.suicideinfo.ca/resource/safety-plans/>

104 <https://www.suicideinfo.ca/resource/safety-plans/>

105 <https://suicidepreventionlifeline.org/help-yourself/>

106 <https://www.suicideinfo.ca/resource/safety-plans/>

107 <https://suicidepreventionlifeline.org/help-yourself/>

- 6) **Ensure your environment is safe:** Have you thought of ways in which you might harm yourself? List the steps to be taken to remove access to means of suicide from the environment.

Examples

- **Pills:** Give to pharmacist or friend for disposal
- **Guns (or rope):** Remove from home (give to a friend, etc.)¹⁰⁸

Preventing Suicide and Promoting Trans Wellness: Helping Parents & Caregivers Support Their Trans Children

Parents, caregivers and families of trans and gender diverse children and youth play an integral role in the lives of trans children. Parents are often young people's best allies and advocates. Parent support is also recognized as one of the most significant determinants of trans young people's overall mental health and well-being. Strong and healthy relationships between trans children and youth and their families is associated with a significant reduction in experiences of suicidality.

Many parents and caregivers experience confusion and uncertainty when their children come out as trans or gender diverse. That is okay. The information provided below is intended to help you best support yourself and your child.

In the 2019 Trans PULSE Canada survey, 58% of

108 <https://suicidepreventionlifeline.org/help-yourself/>

trans and non-binary young people were told by their parents/guardians that they were respected/supported, and half were called by their correct name, pronouns, and gendered language by their parents/guardians. This is an important part of suicide prevention for trans and non-binary youth.

Talking to Trans Youth About Suicide

It is a myth that talking about suicide leads youth to make attempts. Talking about suicide provides the opportunity for communication. Fears shared are more likely to diminish. The first step in encouraging a person with thoughts of suicide to live comes from talking about those feelings. A simple inquiry about whether or not the young person is intending to end their life can start the conversation.¹⁰⁹ However, it is important to note that youth who talk about suicide frequently may still be doing so as their way of asking for support, in fact talking about it frequently is usually a call out for help and an opening for conversation.

While it should **not** be assumed that a trans young person is suicidal simply because they are trans, it is recommended to maintain an ongoing dialogue with your children and youth about their overall mental health, to show them that they are permitted to both experience and talk about their emotions. You should not avoid the topic of suicide if it comes up. While you do not need to *always* be talking about mental health and suicidality, recurring conversations about well-being are integral to emotional literacy, healthy familial relationships and improved mental health.

109 <https://suicideprevention.nv.gov/Youth/Myths/>

Warning Signs of Suicide in Trans Youth: What you need to know¹¹⁰

Understanding warning signs of suicide can play a huge role in help you to support or prevent a crisis. Knowing these major warning signs can help in identifying a need for support in someone you know – even if that person is yourself.¹¹¹

Any significant change in behaviour or mood is a warning sign that someone may be thinking about suicide, for example:

- Losing interest in a previously enjoyed hobby or activity
- Disconnecting from friends or family (not calling as much, not going out)
- Change in sleeping or eating patterns
- Increased and excessive drug and/or alcohol use
- Threatening to hurt or kill themselves
- Talking or writing about dying or suicide
- Admiring people who have died by suicide
- Seeking out ways to kill themselves.¹¹²
- Using drugs or alcohol more than usual
- Giving away their most valuable possessions
- Planning for death by writing a will or letter

110 Adapted from multiple resources created by both the Center on Suicide & Trevor Project

111 <https://www.thetrevorproject.org/resources/article/warning-signs-of-suicide/>

112 American Association of Suicidology, 2018

- Feeling more sick, tired or achy than usual

If you notice any of the following signs, get the young person in your life help immediately – if you feel that person is in a crisis situation or emergency please call 911 or your local crisis centre.

Accessing Community & Support

When we spoke with parents and carers in Waterloo one of the things we heard about often was the desire for community. This is also echoed in literature. “As a parent, I’d love to meet other parents of trans youth in a weekend group. I feel isolated in my small town and worry our town won’t be as accepting as people in a city. I’d be willing to drive to a city (and bring my child) to meet other children and parents.”

Parents and caregivers benefit from connections with others who have shared experiences. Many parents and caregivers have found needed support, peer counselling and mentorship from other parents whose children are trans or gender diverse. All parents and caregivers of trans and gender diverse youth should consider seeking out opportunities to connect with peers of shared experience.

Parents and caregivers also benefit from connection to broader trans and gender diverse communities. Many people struggle with stigma and stereotypes about trans people. Many parents experience a sense of loss and grief, alongside a fear for the safety and future of their children. Connecting with trans adults, and recognizing that trans people, at the end of the day, are simply people too, with their own careers, hopes and dreams, is often helpful to parents and caregivers.

Parents and Caregivers: Supporting Trans and Gender Diverse Children and Youth

If you are a parent or caregiver, and a young person in your life or family has recently come out as trans, you may be struggling with a lot of complicated and conflicting emotions. You are likely some combination of scared, surprised, and confused. These tips were created to help guide you in your initial steps, so that you can support the trans loved ones in your life.

What matters most: If your child has come out as trans, what they need most right now is unreserved reassurance. Reassurance that you still love them, that you support them, and that you will always be there for them. While you may need time to process this change, your first step should be to affirm to your child that you love and support them. Many trans children are scared to come out, and this is a big moment for them, for you, and for your family. Consider thanking your child for trusting you with this information and reassure them that they have your support.

When your child or young person first comes out, it is important to:

- 1) Thank them for trusting you
- 2) Tell them you love and support them
- 3) Ask them what they need from you right now
- 4) Confirm what name and/or pronouns they'd like to use

- 5) Tell them again that you'll do your best to learn and to support them

Where Do We Go from Here?

Once a young person comes out as trans, there are a lot of things that might happen. Your child might want to try on new clothes, change their name, switch up their pronouns, or come out to their classmates and peers. There is no single way to be trans, so you should always be patient with your child, and let them tell you what being trans means to them, and what they need from you.

I'm Having a Hard Time Handling This. What Should I Do?

Lots of parents and caregivers struggle when a child or youth comes out as trans. Your emotions, your fears, and your anxieties, are valid. It is a lot to process, and you deserve support. However, it is important that your child or young person knows that you support them. **If you are struggling with their identity, it is *not* their responsibility to answer all your questions, or to manage your emotions.**

Many communities have local 2SLGBTQ+ organizations that can help support you as you learn to support your trans or gender diverse child. There are also numerous resources, a list of which you can access here, available to you, to help you learn more about transgender people, and how to support your trans child. Organizations like *Canadian Parents for Trans and Gender Diverse Children*¹¹³ can also help you process your emotions, and help you learn how to best support your child.

113 <https://www.facebook.com/canadianparentsoft-ranskids/>

Key Tips for Supporting your Trans or Gender Diverse Child

1) **Respect their name and pronouns:**

Many trans and gender diverse children and youth will change their names and pronouns as soon as they come out. While it *is* an adjustment, and that adjustment can be difficult, especially if you helped choose their birth name, respecting their name and pronouns is one of the most important ways to show your support. You do not have to be perfect – and you likely will make mistakes – but trying your best and correcting yourself when you do make mistakes makes a huge difference.

2) **Educate yourself:** While you don't need to know everything about trans and gender diverse people, educating yourself on what it means to be trans, and what resources are available for trans children and youth, and their families, in your area can help you address your anxieties or uncertainty and debunk any misconceptions you may have about trans identity.

3) **Reach out for support:** You don't have to handle this alone. Many parents experience a sense of grief, based on the idea that they've 'lost' their child. You have not lost your child – your child is just growing up a bit differently than you expected. While our emotional responses are valid, it is important to remember that our children are their own people, with their own dreams, needs and identities. By reaching out for support, be it through a parent support group, a thera-

pist, or talking with a friend, you can best process your own emotions, look out for your own mental health, and best support your child.

4) **Give your child hope:** The world isn't always easy for trans people, but it is getting better. Many parents immediately worry that their child being trans will result in lots of mistreatment. While mistreatment does happen, trans children need to know that there is hope, that there are communities that will love and care for them, and that they can live happy and fulfilling lives as trans children and adults.

5) **Don't get ahead of yourself:** Trans identity isn't just about medical transition, but medical transition *is* an important step for many trans people. Medical transition can look a lot of different ways and mean a lot of different things. Generally speaking, medical transition for trans children and youth pertains to puberty blockers and hormone replacement therapy. These are medical practices that, respectively, either delay or kick-start puberty. To better understand what puberty might look like for your child, you should consult your family doctor or healthcare provider. Medical transition can seem scary – and it's often just as scary for trans young people. By doing your research, you can better understand what medical transition might mean for your child as they grow up.

- 6) **Connect your child to their community:** Many trans and gender diverse children feel isolated, and benefit from opportunities to connect with other trans and gender diverse young people. Many communities have drop-in programs, social opportunities, or other activities for trans, gender diverse and 2SLGBTQ+ children and youth. Not all trans and gender diverse children want or need community spaces, but many do benefit from the safety, connection, and community such spaces provide.

Trans, Gender Creative, and Gender Diverse Children's and Parenting Books

It is important for parents, caregivers and other caring adults to learn about trans and gender diverse communities, so we can create safer environments for all children and all families. It is also important for trans, gender creative and gender diverse children to see themselves reflected in the books they read, or that are read to them. And finally, it is important for all children and youth to understand diversity, that not all people or families look alike. A list of recommended books for children and youth is included in Appendix E.

Books to Help Parents and Caregivers Support Their Trans Children and Care for Themselves Too

The Trans Partner Handbook: A Guide for When Your Partner Transitions, by Jo Green

- This book includes introductory information about trans identity, and provides insights for how partners of trans people can support themselves and their partners through transition. While targeted at partners of trans people, many of the concepts and tools in this book are helpful and relevant to parents and caregivers too.

Gender, Your Guide, by Lee Airton

- This book provides an introduction to everything about gender, trans identity and supporting trans people in your life. The book explores what it means to be a trans man, a trans woman, a non-binary person, or anywhere else on the gender spectrum. Intended as an educational tool, this book is one of the most comprehensive and reader-friendly introductions to trans inclusion.

The Gender Creative Child by Diane Erhenshaft

- Authored by an internationally recognized authority on gender diversity and supporting gender creative children, this book is an all-in-one guide for parents and caregivers looking to better understand and support trans, gender creative and gender diverse children.

Preventing Suicide and Promoting Trans Wellness: Resources for Friends

Supporting Your Friend Through Transphobic Experiences

Many trans people deal with transphobic acts on a daily basis, ranging from microaggressions such as deadnaming (using a previous and incorrect name) or misgendering (using incorrect pronouns or nouns), to harassment and outright discrimination, such as street harassment or hate speech on social media. Learning to support your trans friends through experiences of violence is an important way of supporting trans people.

Ask Your Friend How to Support Them

The best way to learn how to support your friend through transphobic experiences is to consult with them. By opening up a conversation, you can better understand what they need during transphobic experiences (i.e., during acts of misgendering), if and how they might want you to intervene, and how you can support them in the moments and hours after. While there are some key practices you can implement to support your trans friends, it is always best to check with them first.

Acknowledge Acts of Transphobia

Transphobic acts are common, often ignored and unaddressed. When trans friends are misgendered, are targeted with a slur or cat called, it is important to show your trans friends that you 1) witnessed what happened and 2) recognize the harm it caused, big or small. This can be done through a simple moment of eye contact, a nod of empathy or a shoulder pat. By recognizing the act

of harm, you show that you won't normalize those moments of violence, and that you're there to support them through such experiences.

Understand the Papercut Effect

Acts of bullying are often described as papercuts - incessant small acts of harm that build up to deeper wounds. The same concept applies to acts of misgendering, deadnaming or other microaggressions. These acts might seem small, but when they take place every day, and sometimes every hour, they cause compounded harm and exhaustion. This often results in a build up of hurt. As a friend, you can recognize that even if an incident seems small to you, it is part of a continuum of violence for your trans friends; a constant and exhausting denial of their identity and experience. Friends can support trans people in their lives by understanding the compounded effect, and therefore sometimes emotional reactions, imposed by systemic transphobia through the papercut effect.

Let Them Know You Can be an Ear or a Shoulder

Everyday microaggressions, street harassment and other forms of violence have an impact on the mental health and well-being of trans people. While not all trans people need or will take you up on an offer for emotional support, checking in with trans people in your life to let them know that you're an open ear if they need to vent, or a willing shoulder if they need one to cry on, is a good way to support trans people in your life. While providing emotional support to your trans friends, it is also important to manage your own boundaries and needs, to care for yourself as you care for your peers.

Be Consistent in Your Support

Many trans people go through the peculiar experience of being gendered accurately to their faces, but misgendered or dead-named behind their backs. To support your trans friends, and after consultation with trans people in your life, you should interrupt other people when they engage in such microaggressions. By remaining silent in these situations, we enable other people to mistreat our trans friends. It can feel difficult to correct our peers, but these actions make a significant difference for trans people, and have a much greater than often understood impact: they contribute to a culture of trans inclusivity that benefits all trans people.

Preventing Suicide and Promoting Trans Wellness: Resources for Service Providers

Equity and inclusion should always be part of the conversation. Providing trans inclusive care in front-line services is essential to addressing the significant health disparities and barriers to services experienced by many trans people.

Core Inclusion Practices for Working with Trans People

Trans people are diverse, and our care-related needs are too. The tips identified below are key practices that service providers can utilize to inform their work with trans and gender diverse communities. These are not comprehensive, nor are they intended to be, but pertinent core prac-

tices that are essential to inclusive care.

Tip 1: Respect Pronouns and Chosen Names

Respecting the pronouns of individuals accessing services makes or breaks an inclusive experience. Trans and gender diverse people often experience microaggressions (meaning indirect, subtle, and/or unintentional discrimination against members of a marginalized group) when accessing services, often through misgendering (use of the wrong gendered term or pronoun) or dead-naming (use of a previous name that is no longer used). Provide inclusive services to trans and gender diverse individuals by asking clients what pronouns they use, using chosen names when speaking with clients, and normalizing the use of gender-neutral pronouns (like “they” and “them”) in instances where you are unsure of someone’s correct pronouns.

Tip 2: Use Gender-Neutral Language

Respecting pronouns and chosen names are a big first step, but we must unpack the assumptions we make in other parts of our language. We often assume that everyone is heterosexual and/or cisgender (i.e., not trans) by default. Our language often reflects that. Using gender-neutral language helps everyone feel welcome and included while accessing services.

“Could I have everyone’s attention? I think Jay left their health card at the front desk.”

Tip 3: Lead with Empathy

Many people within trans and gender diverse communities struggle isolation, fear of harassment, and higher rates of mental health problems. Many 2SLGBTQ+ individuals are not connected to their families due to histories of homophobia and transphobia and don't have access to personal support networks. While we may not be able to completely understand or put ourselves in the heads of our trans clients, we can lead with empathy.

"Thank you for sharing your story with me. I can imagine it's been hard to manage being stuck in an unsafe home and family environment. I'm here to help as best I can."

Tip 4: Acknowledge and Apologize for Mistakes

No one expects you to be perfect. We are all trying our best to provide inclusive, evidence-based care. Mistakes can and will happen. But when it comes to inclusion and equity, we must acknowledge that our mistakes, intentional or not, can cause harm. Apologizing for and correcting our mistakes helps ensure trans and gender diverse clients feel seen and safe accessing services.

Tip 5: Care for Yourself

Care work is hard work. Service providers often have significant case-loads, a huge diversity of clients with distinct needs, and many other stressors. We must care for ourselves in order to provide inclusive and empathetic care to others. Caring for ourselves best positions us to care for and support others. By prioritizing our own health and well-being, we also model those practices with our clients. We deserve time to recuperate and support ourselves.

"It's been a really hard day, week, month and year. I think I'll treat myself to some Netflix binge-watching tonight to get my mind off everything going on at the clinic and help me decompress."

Creating Welcoming and Trans-Inclusive Environments

Creating an inclusive and welcoming environment is essential to supporting and affirming trans and gender diverse communities accessing community, health, and social services. Physical environments fundamentally shape how people feel while they access services. By taking trans communities into consideration in physical space design, you can demonstrate your commitment to trans inclusion, and signal to trans people accessing care that your organization is committed to providing a welcoming and affirming experience.

Here are Some Steps You Can Take to Create a Welcoming and Inclusive Environment for Trans and Gender Diverse People:**Step 1: Provide Gender Neutral Washrooms**

Many spaces don't provide gender-neutral washrooms, and many trans people, including trans women, trans men, non-binary folks and others often feel unsafe accessing gendered washrooms. Many trans people have experienced harassment or discrimination while using gendered washrooms.

It is important to note that trans people have every right to use whichever washroom they so desire. Trans people should never be forced to use gender-neutral washrooms, but the option should always be available.

Step 2: Display Trans-Specific and Trans-Inclusive Resources

Community, health and social services often have pamphlets, posters and other resources on display to help individuals gain new knowledge or learn about other available services. By including resources for trans-specific services in your community, and ensuring that available resources utilize trans-inclusive language, you can create a more welcoming environment for trans people.

Consider reaching out to local 2SLGBTQ+ and trans organizations to identify and share local resources.

Step 3: Include Pronouns on Name Tags

Creating an inclusive environment extends not only to the physical features of a space, but to the people in your space as well. Consider adding pronouns to your staff team's name tags. Including pronouns on name tags signals to trans people that your staff are knowledgeable about pronouns and acts as an invitation for trans people to disclose their own pronouns. You may also wish to consider having pronoun buttons available in your waiting room, to help ensure your staff respect the genders and pronouns of all service users

Step 4: Explore Other Opportunities to Signal Your Commitment To Trans Inclusion

Consider creating explicit messaging on posters and signage that communicates your commitment to trans inclusion. Putting up rainbow stickers, adding a sign saying, "all genders are welcome here," and similar indicators of your commitment to trans and 2SLGBTQ+ inclusion are an effective way to ensure trans and gender diverse people know they are welcome and accepted in your space.

As you explore making changes to your physical space to better convey your commitment to trans inclusion, keep in mind that these changes entail a promise to trans and gender diverse communities. Before putting up a rainbow flag, make sure your staff have the knowledge and tools they need to provide inclusive services to trans and gender diverse people.

Ensuring Privacy and Confidentiality for Trans People

Many trans people have unique privacy and confidentiality needs that require particular consideration, given that service providers are often privy to confidential information about trans people.

For example, many trans people use chosen names which differ from their legal names, so providers may know a legal name that their trans client prefers not to use. Providers may be aware of the designated 'sex' marker on a trans client's identification documents. Providers may also know additional information expressed in confidence by their trans client, or within shared medical documents.

Private information about trans clients should only be shared with the express and informed consent of the trans client in question. Due to transphobia, information about trans people, such as their medical histories and their trans status, are often of particular interest to cisgender people. This can, in some instances, result in service providers inadvertently violating a trans person's right to privacy through the disclosure of confidential information.

Violations of privacy or confidentiality can often become safety concerns for trans people. For example, some trans people are not out to their

families, and disclosure of their trans status can jeopardize a trans person's safety in their familial context. The utmost care and consideration should be taken to ensure all private information shared in confidence by trans people is kept private and confidential.

Organizations should create clear policies and procedures pertaining to confidential information shared by trans clients and colleagues. For example, while a legal name is often required for medical records and during intake processes, organizations should take every step possible to ensure this information is kept confidential, and that the chosen name provided is used in every possible instance.

Tips for Protecting the Privacy and Confidentiality of Trans Clients

- 1) Communicate clear expectations with all members of your staff regarding trans-specific privacy and confidentiality issues, including legal name, trans status and medical histories.
- 2) Provide staff members with training on trans identities and trans inclusion, including practices for navigating confidentiality and privacy rights.
- 3) Introduce formal policies to guide the use of chosen names versus legal names, and to codify organization-wide practices for maintaining privacy and confidentiality pertaining to legal names that differ from chosen names.
- 4) Codify processes for managing complex privacy and confidentiality issues, such as situations where a trans youth is accessing care under a different name than they use with their family.
- 5) Immediately address any and all instances where staff members have violated a trans person's confidentiality and privacy.

Building Organizational Capacity for Trans Inclusion

We all have to start somewhere on our individual and organizational journeys towards trans inclusion. However, many of us often struggle to take those first steps, or to understand what shape our journeys might take. This resource is intended for organizational leaders and change champions to explore an implementation-based and community-engaged approach to building organizational capacity for trans inclusion.

Step 1: Conduct preliminary staff capacity building on trans inclusion

First and foremost, organizations should build baseline competencies across their staff teams. This includes building common knowledge of key concepts related to trans inclusion, such as gender identity, gender expression, pronouns, and other core competencies. Staff training should be provided to all members of an organization - from front-line staff all the way up to senior leadership and board members - to ensure that all members of the organization have the knowledge they need to positively engage with trans communities.

Step 2: Engage trans communities and organizations

Engaging with local trans communities and organizations is essential to building organizational capacity on trans inclusion. Through engagement with local trans communities, your organization can respond to the unique needs of your region,

build relationships of trust, and work with trans communities to address barriers to trans inclusion within your workplace.

By creating an advisory committee, working group, or similar body, with compensated members of trans and gender diverse communities, you can work together to strengthen your organizational commitment to trans inclusion.

Step 3: Conduct a trans inclusion audit

Addressing issues and gaps regarding trans inclusion first requires a comprehensive audit of existing policies, procedures and practices, across every aspect of your organization. Consider inviting members of local trans communities to undertake a tour of your physical locations, review your policies and procedures, model a typical intake process and otherwise audit your organization for gaps in trans inclusivity. Collect a comprehensive inventory of gaps and opportunities to be addressed through a trans inclusion strategy.

Step 4: Create a trans inclusion strategy

Based on the findings of your trans inclusion audit and input from local trans communities, develop a trans inclusion strategy to guide your efforts. Identify key activities, establish clear timelines and allocate the necessary financial resources to put your trans inclusion strategy into action. Review your trans inclusion strategy on an annual basis to assess progress, identify barriers, and adapt as needed to ensure effective implementation. In developing your inclusion strategy, review established best practices on trans inclusive policies, such as those created by the Ontario Human Rights Commission.

Step 5: Provide comprehensive and ongoing trans inclusion training

Ensuring that all members of your organization have the core competencies and tools required to support trans service users is an essential first step, but organizations should also explore in-depth and program-specific training for different staff teams. This ensures that all teams within an organization are gaining the specific knowledge and skills relevant to their particular roles. For example, the knowledge and tools required to provide trans-inclusive housing services are distinct from those working in a sexual health clinic, which are in turn distinct from those working in a peer drop-in program.

Step 6: Evaluate, measure, and refine trans inclusion efforts

Monitor and evaluate your trans inclusion efforts to ensure fulsome, organization-wide capacity for trans inclusion. Through ongoing monitoring and evaluation activities, you can adjust to address gaps, adapt planned activities to better align with the needs of local trans communities, and otherwise ensure that your efforts towards trans inclusion are resulting in concrete organizational and practice-based change.

Communicating Your Commitment to Trans Inclusion

Trans communities and healthcare institutions have a long, tumultuous, and traumatic history. For generations, healthcare systems have treated trans people as 'disordered' individuals who need to be 'cured' or 'fixed.' While social acceptance of trans people has grown in recent decades, those histories still influence health services and the relationship between trans communities and healthcare systems.

Historical and contemporary transphobia result

in feelings of fear and uncertainty for trans people seeking access to community, health and social services. Given that trans communities have higher rates of poverty, homelessness and other health and socio-economic issues due to transphobia, access to inclusive health services is absolutely essential.

Demonstrating your commitment to trans inclusion is an opportunity to reduce trans people's fears and anxieties about accessing health services. While organizations must take steps to bolster their capacity to deliver trans-inclusive care, they must also communicate their commitment to trans inclusion with the public as a means of building trust with trans and gender diverse communities.

How to Communicate Your Commitment to Trans Inclusion

- 1) Publish a statement articulating your support for trans inclusion, and your organization's commitment to trans inclusion in every facet of your work. Within such a statement, be honest about your organization's current capacity to serve trans people, provide information on what steps you have taken to build your capacity, and include concrete next steps that your organization is taking to advance trans inclusion.
- 2) Communicate with your staff, board and volunteers: Take steps to make sure all employees within your organization understand your commitment to trans inclusion. Provide clear communication to staff and volunteers articulating your expectations of trans inclusion in every aspect of your work and ensure that staff members have access to necessary training and resources to put trans inclusion into action.
- 3) Participate in local, regional and national events and days of action: There are numerous opportunities year-round for your organization to be present at local events, and to mark important annual events relevant to trans communities. Examples include Trans Day of Remembrance, every year on November 20th, Trans Day of Visibility, every year on March 31st, Pride Season - local pride events traditionally take place between June and August every year and the International Day Against Homophobia and Transphobia, every year on May 17th.
- 4) Share relevant resources and information about trans-inclusive services: Your organization can share resources on trans inclusion, trans health, and trans rights on your social media and website. You can also identify and promote local resources that are specific to trans and 2SLGBTQ+ communities. For resources to share, you can connect with local 2SLGBTQ+ and trans organizations or share resources from provincial or national organizations. Some great places to start include Trans Care BC, Rainbow Health Ontario, The Canadian Centre for Gender and Sexual Diversity or Egale Canada.

Appendix A: A Plan for Crisis

Once a crisis hits sometimes we don't have the ability to think about how we can best support ourselves. Printing and completing a crisis plan like the one below helps you have a readily available resource to support you if you do find yourself in a crisis.

Developed based on: <https://suicideprevention-lifeline.org/wp-content/uploads/2016/08/Brown—StanleySafetyPlanTemplate.pdf>

Step 1: What makes me feel (thoughts, moods, behaviours) like I am in a crisis?

- 1)
- 2)
- 3)

Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

- 1)
- 2)
- 3)

Step 3: People and social settings that provide me distraction or comfort:

- 1) (name & contact)
- 2) (name & contact)
- 3) (place/space)
- 4) (place/space)

Step 4: Who are people in my life I can ask for help in a mental health crisis?

- 1)
- 2)
- 3)

Step 5: Who are professionals that I can contact in a crisis? (you can refer to page x for a list if you're not sure!)

- 1) (clinician or help line)
- 2) (clinician or help line)
- 3) (nearest hospital)
- 4) Trans Lifeline: 1-877-330-6366
- 5) Canada Suicide Prevention Helpline: 1-833-456-4566

Step 3: People and social settings that provide me distraction or comfort:

- 1)
- 2)
- 3)

Appendix B: SPECTRUM Services and Resources in Waterloo

SPECTRUM offers a wide variety of in-house resources and services for trans folks. Below is a list of some of the services offered through SPECTRUM.

Transgender Peer Support

The Transgender Peer Support Group is an informal, discussion based, drop-in program. This group is a space for anyone that identifies within the trans/gender variant umbrella, including but not limited to: transgender, transsexual, gender-queer, gender fluid, non-binary, genderless, agender, non-gendered, third gender, two spirit, bigender, transman, transwoman, neutrois, questioning and beyond.

45+ Transgender People

Those of us born prior to the digital age grew up in an era where there was little information, understanding or support on being transgender. This lack of access to information and community uniquely shaped our journey. Come and join others in exploring and sharing with others just like you. This drop-in group is open to 45+ Transgender identifying folks.

Peer Support: Beyond the Binary

This group is a peer support group for people who are non-binary, two-spirit, agender, genderfluid, or otherwise identify outside of the gender binary.

TransMasculine Peer Support

The TransMasculine Peer Support Group is an informal, discussion based, drop-in program. This group is a space for anyone that identifies as TransMasculine within the trans/gender variant umbrella.

Partners, Family, and Friends of Transgender Folk

Coming out as transgender is an incredibly challenging journey not only for the transgender identifying individual, but also for their partners, family, and friends. As transgender folk we often lose sight of the effect our transition has on those who love and support us. This support group is for non-transgender folk who have someone in their life who is transgender. It is a place of shared community where you can chat with others who are also learning how to adapt to this new world.

Where to go for more information

You can find an extensive and updated list of services at both SPECTRUM and in Waterloo region at large by visiting SPECTRUM's TransNAV resource at ourspectrum.com/transnav. TransNAV can support you in finding services with Waterloo region that are safe to access. The current list of mental health providers has over 30 provider options, and there are additional lists of providers of legal support, and social services.

Appendix C: Creating My Self-Care Strategy

Step 1: How can I tell when I am becoming more stressed or anxious than normal?

1)

2)

3)

Step 2: What activities can I do every day that make me feel calmer and more relaxed?

1)

2)

3)

Step 3: People and social settings that provide me distraction or comfort:

1)

2)

3)

Step 4: If I feel overwhelmed, stressed or on the verge of a mental health crisis, what activities can I do to immediately care for myself?

1)

2)

3)

Appendix D: Additional Learning Opportunities for Service Providers

It is important for service providers to continue learning about trans and gender diverse people and to build their capacity to provide inclusive and affirming services to trans communities. While this toolkit has identified core concepts and key practices, it is but a first step on a much longer journey. The resources identified below can help you continue to learn about how to support trans and gender diverse people.

- **Trans Inclusion in Action with Wisdom2Action and the Canadian Public Health Association:** These practical guides and resources can help you learn more about trans people, advocate for trans inclusion in your workplace, and further refine your practice with trans communities. You can view the full resource kit at www.wisdom2action.org/transinclusion
- **LGBTQ2+ Health Connect with Rainbow Health Ontario:** LGBTQ2+ Health Connect is a virtual learning platform with a wealth of resources and training opportunities on gender and sexual health and well-being. You can visit the e-learning platform at learn.rainbowhealthontario.ca/
- **Fostering environments that are inclusive of gender identity and gender expression, by the 519:** This campaign created by the 519 includes posters, resources, a language guide and a toolkit on creating Authentic Spaces. You can view it here: www.the519.org/education-training/our-campaigns/trans-inclusion-matters
- **The Remedy: Queer and Trans Voices on Health and Health Care, by Zena Sherman:** This book brings together key concepts and practices for service providers to better support 2SLGBTQ+ people in healthcare contexts. <https://zenasharman.com/the-remedy>
- **Gender Basics & Education by TransCare BC:** Trans Care BC has a comprehensive set of digital resources pertinent to trans inclusion and trans healthcare, including self-reflection tools, online courses and key information on transition-related healthcare. www.phsa.ca/transcarebc/gender-basics-education
- **SPECTRUM's Rainbow Diversity Training:** SPECTRUM offers a variety of workshops in 2SLGBTQ+ cultural competency that help organizations along the path towards becoming more welcoming and inclusive to 2SLGBTQ+ employees, clients, and other partners or stakeholders: <https://www.ourspectrum.com/services/rdt/>.

Appendix E: Books for Trans and Gender Diverse Children and Youth

Picture Books

- [From the Stars in the Sky to the Fish in the Sea](#), by Kai Cheng Thom (Author), Kai Yun Ching (Illustrator), Wai-Yant Li (Illustrator)

This Canadian picture book, written by Kai Cheng Thom and illustrated by Kai Yun Ching and Wai-Yant Li, tells the story of a magical gender diverse child who brings magic and change to the world around them with the support of their mother's love. The book challenges gender, racial, and body stereotypes and celebrates the unconditional love and support of gender diverse children.

- [Worm Loves Worm](#), by J.J. Austrian (Author), Mike Curato (Illustrator)

This book, written by J.J. Austrian and illustrated by Mike Curato, tells the story of two worms who fall in love and want to get married. Worm loves Worm explores the idea of love and marriage outside of the gender binary, rejecting the notion that marriage needs to be between a bride and a groom. The book is a good introduction to gender and love for children 4-8 years old.

- [Everywhere Babies](#), by Susan Meyers (Author), Marla Frazee (Illustrator)

This board book, by Susan Meyers (Author) and Marla Frazee (Illustrator) is aimed at children from 18 months - 4 years old. The book celebrates the diversity of babies and their families everywhere. It includes representation of 2SLGBTQ+ families and emphasizes that what makes a family is love.

- [I Promise](#), by Catherine Hernandez (Author), Syrus Marcus Ware (Illustrator)

I Promise, a Canadian picture book by Catherine Hernandez (author) and Syrus Marcus Ware (illustrator) showcases, celebrates, and normalizes the different forms that families can take. It focuses specifically on 2SLGBTQ+ families, showing that like all families, they begin with the promise to love a child.

- [Julián Is a Mermaid](#), by Jessica Love (Author and Illustrator)

Julián is a Mermaid, written and illustrated by Jessica Love, tells the story of a young boy who wants to be a mermaid. The story shows children that it is okay to not fit into gender stereotypes and celebrates and encourages the love and support that caregivers can offer children who do not follow the behaviours ascribed by gender stereotypes.

- [The Boy & The Bindi](#), by Vivek Shraya (Author), Rajni Perera (Illustrator)

This Canadian picture book, written by Vivek Shraya and illustrated by Rajni Perera, explores concepts of identity and culture, affirming important values of Hindu culture while challenging dominant expectations about gender expression. It is a joyful exploration of gender identity and cultural differences.

- [When Aidan Became A Brother](#), by Kyle Lukoff (Author), Kaylani Juanita (Illustrator)

When Aidan became a Brother, by Kyle Lukoff (Author), Kaylani Juanita (Illustrator), tells the story of Aidan, a trans boy whose parents are expecting another baby. Through Aidan's struggle to have everything fit the new baby's gender identity perfectly from the beginning this story challenges gender stereotypes and provides an excellent exploration of the importance of approaching conversations about gender identity with honesty, communication, acceptance, and support.

- [The Great Big Book of Families](#), by Mary Hoffman (Author), Ros Asquith (Illustrator)

The Great Big Book of Families, by Mary Hoffman (Author) and Ros Asquith (Illustrator) highlights family diversity, providing children with an opportunity to explore what it means to be a family and the different forms that families can take. The book broadens children's understanding of families and affirms the love within their own family structures.

Chapter Books/Middle Grade

- [Melissa's Story](#), by Alex Gino (published under the title *George*).

This novel, written by genderqueer author Alex Gino, tells the story of Melissa, a Xth grader who knows she is a girl even though everyone sees as a boy. The novel follows her mission towards playing Charlotte in her class's production of *Charlotte's web*. The book celebrates the power that trans and gender-diverse children hold in being themselves, while calling on their peers, caregivers, etc. to offer unconditional love and support as they begin to outwardly express this aspect of

their identity.

- [Zenobia July](#), by Lisa Bunker

Zenobia July by Lisa Bunker is a heartfelt, coming of age story of a trans girl named Zenobia. Importantly it presents readers with full characters who are not defined by their trans identity. The novel strikes a good balance of explaining and normalizing trans and gender-diverse identities.

- [Obie Is Man Enough](#), by Schuyler Bailar

Obie is Man Enough is a novel written by Schuyler Bailar, a trans athlete and the first to compete in any sport on an NCAA D1 men's team. The book follows a trans boy and swimmer named Obie as he faces transphobia from his old swim team and has to join a new swim team and make new friends. The story showcases that trans and gender-diverse children are not defined by their gender identity, but that having friends and family who support this aspect of their identity will help them to live more fully.

- [Kenzie Kickstarts a Team](#), by Kit Rosewater (Author), Sophie Escabasse (Illustrator)

This highly illustrated middle-grade book explores new friendships, first crushes, and getting outside of your comfort zone as the main characters Kenzie and Shelly try to become roller derby superstars. The book includes a diversity of identities, resists gender stereotypes, and offers casual representation of trans parents and non-heterosexual attraction.

- [The Prince and the Dressmaker](#), by Jen Wang

This graphic novel, written by Jen Wang, tells the story of Prince Sebastian. As his parents are pressuring him to find a wife, Prince Sebastian rebels against gender stereotypes and spends his nights dressing in beautiful dresses and taking on Paris as the fabulous Lady Crystallia. This graphic novel encourages readers to celebrate differences in gender expression and accept people for who they are.

- [Princess Princess Ever After](#), by Katie O'Neill

This graphic fantasy novel begins when a princess saves another princess from a tower. As they embark on adventures together and fall in love, the reader is able to challenge traditional understandings of gender and romance. The graphic novel encourages readers to be fully themselves and accept and celebrate others for doing the same.

- [The Witch Boy](#), by Molly Ostertag

This middle school graphic novel, written by Molly Ostertag, follows the story of Aster, a young boy who despite traditional gender roles in his family, wants to become a witch rather than a shapeshifter. The novel helps children to question gender stereotypes and affirms the gender identity of children who do not fit within them.

- [Sex is a Funny Word: A Book about Bodies, Feelings, and YOU](#), by Cory Silverberg (Author), Fiona Smyth (Illustrations)

This comic book includes children and families of a diversity of structures, sexualities, and gender identities. This book is an essential resource about bodies, gender, and sexuality for children ages 8-10 as well as their families.

For an extensive list of books and movies that is sortable by topic and age/grade level, please visit <https://ok2bme.ca/resources/books-and-movies/>

