Social and Medical Advocacy with Transgender People and Loved Ones: Recommendations for BC Clinicians

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Copies of this manual are available for download from the Transgender Health Program website: http://www.vch.ca/transhealth. Updates and revisions will be made to the online version as necessary. For more information or to contribute updates, please contact:

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Scope

Case advocacy is part of the scope of practice for health and social service clinicians working with transgender people and loved ones. While some types of advocacy can be done directly by clients, clients' loved ones, community peers, or professional advocates who are not clinicians (e.g., lawyers, community workers), advocacy by health or social service clinicians may be required in some circumstances. Many government systems require a clinician to provide documentation to support an application (e.g., disability/health benefits, refugee claim). In other cases, a clinician's help is needed to navigate the health and social service system. Clinician advocacy may also be requested to help deal with transphobic discrimination within health and social services.

Case advocacy is most often considered part of social work scope of practice, and certainly social workers do provide many of the types of advocacy assistance outlined in this document. Other clinicians – physicians, nurses, and mental health professionals – may also be called on by transgender people or loved ones to provide advocacy assistance. We have therefore written this document for an interdisciplinary audience, indicating areas where a specific type of clinician is more likely to be (or required to be) involved. The information in this manual may also be of interest to community advocates and self-advocates.

Transgender people and loved ones may voluntarily seek advocacy assistance or may be mandated to interact with a clinician through a government system (child welfare, Ministry of Employment and Income Assistance, prison, hospital) or court order (e.g., mandated counselling). Although the setting, circumstances, and client needs vary greatly, the overarching goal should be to address the societal barriers that interfere with clients' functionality and well-being.

Some transgender people and loved ones seek advocacy assistance for issues unrelated to transgender concerns. In all work with the transgender community, clinicians should be familiar with basic transgender psychosocial issues, and are expected to be respectful and non-discriminatory. However, in trans-specific advocacy, expertise is needed beyond basic awareness and sensitivity: clinicians must know how to effectively navigate the systems their clients are encountering, and must be able to provide effective and appropriate advocacy assistance. This document outlines recommendations for clinicians who have already taken basic transgender sensitivity/awareness training (available through the Transgender Health Program – Appendix A) or have had experience working with transgender people, and are seeking more advanced guidance on how to effectively advocate on trans-specific issues.

These recommendations are based on our combined 20 years of experience as advocates for transgender people and loved ones in BC, as well as published literature specific to clinical advocacy with this population and interviews with expert clinicians. We welcome the input of our colleagues as we shape the guidelines for best practice.

Introductory Comments

Clinicians can expect to encounter transgender people and loved ones in every practice setting, including First Nations, federal, provincial, and regional government programs; family service agencies; public and private residential care; the prison system; the mental health system; elementary, secondary, and post-secondary schools; addiction services; community health centres; employee assistance programs; community living agencies; private practice; community centres/neighbourhood houses; and nonprofit organizations serving specific populations (e.g., immigrant/refugee services, urban Aboriginal services, anti-violence organizations, sex trade worker organizations, HIV/AIDS agencies). While the general advocacy skills utilized in these settings are the same advocacy skills needed for work with the transgender community, there are trans-specific concerns that clinicians should be familiar with.

One of the challenges for clinician advocates is the need to keep informed of changes to the systems that clients have to navigate (in addition to developments in the clinician's specific field of practice). Because transgender people and loved ones often have to navigate multiple poorly integrated systems, legislative and policy changes can be particularly difficult to track when working with this population. Transcend's resource guide[1] (http://www.transgender.org/transcend/guide) has, in the past, provided information about changes to the systems commonly encountered by transgender people; however, due to Transcend's limited resources this guide is not complete, and future changes will not be tracked (as the organization is closing in 2006). Throughout this document we refer to other organizations and websites that we have found useful in understanding the current specifics of particular systems, with a summary of community resources in Appendix A.

While all transgender people and loved ones can benefit from clinical advocacy, some populations are particularly vulnerable to the social inequities that make advocacy necessary. Geographic isolation is a concern for people living in rural and remote areas, people in prison or residential care facilities, and people who are housebound as a result of chronic illness or disability. Many trans-specific print resources are available only in English, creating a barrier for those who do not read English; peer support groups are also typically in English (although interpretation may be available in some cases). Transgender youth, elders, refugees and immigrants, and people with disabilities are both economically and socially vulnerable to caregiver/sponsor abuse, neglect, violence, and discrimination. Multiple forms of oppression are faced by transgender/Two-Spirit Aboriginal people and transgender people of colour, sex trade workers, and people who use illicit drugs. Binary norms of gender create unique barriers for individuals who are bi-gendered or multi-gendered, androgynous, or have fluid gender identity/expression. Clinicians must actively engage in reaching out to people with multiple risks, particularly those who are from communities that historically have been harmed by unwanted interventions.

In a few areas of BC, transgender individuals and organizations have substantial advocacy expertise and can offer assistance with some of the types of issues discussed here. It is certainly appropriate for clinicians to explore this as an option if the client expresses interest in peer-based advocacy. However, in many rural areas peer-based advocacy is not an option, and even in urban areas transgender people may be concerned about privacy or uncomfortable seeking help from social peers. Additionally, lay advocates typically do not have the same access to government systems as clinicians, and the transiency and limited resources of volunteer groups can make it difficult to ensure consistent high-quality advocacy expertise within a peer group. Still, we encourage direct contact with lay resources as they are often aware of ways to navigate complex systems commonly encountered by transgender people and loved ones.

Initial Assessment

Assessment may be done by semi-structured interview, standardized questionnaire, or a combination of both. It has been our experience that a significant number of transgender people did not complete school and are not functionally literate (this is also a concern for people who are not fluent in English); others find verbal interviews very difficult due to speech disability or anxiety about interacting with a clinician. For this reason we strongly recommend offering the client a choice of completing any forms or applications by verbal interview or by writing, offering translation/ interpretation for any clients who need assistance (including Deaf and Hard of Hearing clients).

The content of assessment depends largely on the work setting (e.g., institution vs. community, rural vs. urban), client group (e.g., youth vs. adults), and the priorities of each client. We recommend using a flexible staged process that first identifies immediate risks to health and safety (e.g., abuse/violence, unsafe working or living conditions, hunger, suicidality, untreated physical/mental health conditions, acute detox needs), then considers broader health and psychosocial issues. Immediate goals may include strengthening the support network/reducing isolation, building self-esteem, assistance with system navigation, stabilizing housing (e.g., by referring to shelters and/or affordable housing), or facilitating referral to medical or mental health services.

As discussed in a later section of this document, many transgender people live in poverty and often have difficulty paying for daily costs of living as well as the costs of health care. Early in the assessment process it is important to determine how clients financially survive (e.g., work income, social assistance, family help) and to assess whether they are receiving the benefits to which they are entitled (see pages 4-7).

Assessment of support should include friends, family of origin, chosen family, ethnocultural/faith community, social community, relationship to the transgender community, and professional supports. Care should be taken not to assume a particular family structure (either in family of origin or chosen family) and to be inclusive of any loved ones the client feels are important – for many people who have social anxiety or who are socially isolated, animals/pets can be an important support.

In addition to assessing social supports, we also routinely assess grief and loss. It has been our experience that transgender people and loved ones have often experienced multiple losses related to societal transphobia, including family/community rejection following disclosure of being transgender or the loved one of a transgender person, as well as loss of work and housing.

While it is important to gain an accurate sense of areas of concern, care is needed to ascertain strengths as well. Determining personal strengths and positive supports is necessary not only to bolster a client's sense of competency and agency, but also to give a complete picture of the client's life (including risks).

Advocacy and Referrals

Client assessment includes consideration of resources to address issues that are beyond your scope of practice. Referrals for transgender individuals and loved ones often require advocacy, and it is important to be cognizant of this in developing a care plan.

Most transgender people and many loved ones have had the experience of being refused services outright, either being told "we don't serve people like you" or the slightly more compassionate "we don't know how to help you". Before making a referral it is important to contact the referral source to ensure that the service is accessible to transgender people. In many cases it is necessary to actively

advocate as part of making a referral, to educate agency staff about transgender sensitivity protocols and trans-specific accommodations that may be required.

We often try to gauge the overall trans-sensitivity and competency of a program by asking about previous experience working with transgender people, and routinely share this information with our clients so they know what to expect and can discuss any education or preparation they feel is needed as part of the referral process.

Depending on client concerns and the scope of the services sought, we may also inquire about trans-specific accommodations. Safe access to washrooms is often a key issue regardless of the type of service. If the referral involves a residential program, we often ask about bathing facilities, sleeping arrangements, and safe storage of wigs, prosthetics, and medical equipment (e.g., hormones, dilators). Residential concerns are discussed further in section 10 (pages 17-21).

Because transgender people often have difficulty accessing gender-specific services, we are particularly careful to inquire about client inclusion/exclusion criteria, transgender experience, and trans-specific protocols before making a referral to an agency or program that is specifically for women or for men. In addition to considering the issues for residential services mentioned above, also keep in mind that the content of service (e.g., counselling relating to childhood trauma) should not be so specific that it excludes participation of women and men of transgender experience. Bi-gender, multi-gender, and androgynous individuals who want to access a gender-specific service may require more concerted advocacy to facilitate the referral.

In these sorts of preliminary inquiries no identifying information about the client should be shared unless the client requests it to promote continuity of care. If there is no immediate risk to the client's safety, explicit consent is needed prior to the sharing of information.

Potential Areas of Concern

Transgender people and loved ones present with a wide variety of needs. The following ten areas are ones that in our experience are relatively frequent concerns, both for clients and also for clinicians who are not sure how to provide the best possible care. However, this is not an exhaustive list, nor is it prioritized in order of importance: this will vary from client to client. The first task should be a thorough assessment that determines the client's immediate situation and priorities.

Financial assistance

Daily costs of living

In a recent survey of transgender people and loved ones in BC (n=179), 31% reported income from social assistance (i.e., provincial or federal government benefits), non-government pension, or long-term disability funds.[2] Because unemployment and poverty rates are so high among transgender people, to be trans-competent clinicians must be familiar with provincial and federal options for social assistance. It has been our experience that people applying for government benefits often need help to complete the initial application and, in some cases, to initiate appeals and advocate throughout the appeal process. Clinicians without poverty advocacy experience should consider consulting with or referring to experienced poverty law advocates (http://www.povnet.org/advocates/bc-map.html).

Appendix B provides a very brief summary of the types of social assistance that transgender clients may be eligible for. For more detailed and current information we recommend:

- Legal Support Services Society: http://www.lss.bc.ca/pubs_bySubject/poverty_law.asp
- BC Coalition of People with Disabilities: http://www.bccpd.bc.ca
- PovNet: http://www.povnet.org

Health care benefits

As part of assessment, clinicians should determine whether their transgender clients have the full health coverage two which they are entitled. In BC, health care costs may be covered by individuals paying out-of-pocket, by government bodies (provincial and federal), or by private insurance companies. The Medical Services Plan (MSP), PharmaCare, Ministry of Employment and Income Assistance, and First Nations and Inuit Health Branch (FNIHB) of Health Canada are the government services most likely to be used by transgender people to help cover the costs of health care. An explanation of application procedures and coverage details of these four programs is included as Appendix C. Some transgender clients may qualify for further coverage through Workers' Compensation, Veteran's Affairs, or ICBC. Refugee claimants who are not covered by provincial health care receive coverage through the Citizenship and Immigration Canada Interim Federal Health Program. For all types of benefits assistance may be needed with application for coverage or submission of claim forms, and advocacy required if benefits are denied.

MSP coverage includes coverage for some types of feminizing/masculinizing surgery (see Appendix C). To qualify, clients must be assessed by a psychiatrist and a second clinician (psychiatrist or Ph.D. psychologist) who is approved by MSP as having expertise in transgender medicine. Clients are often very anxious about this process as the mental health clinicians have the power to determine whether or not surgical coverage is recommended. In addition to providing counselling support to manage anxiety around this process (see *Counselling and Mental Health Care of Transgender Adults and Loved Ones*[3]), clinicians can assist by ensuring clients understand the process, coordinating the collection of required documentation (e.g., GP letter, identification, proof of employment/volunteering/school attendance as part of "real life experience"), and providing collateral information in the form of a letter to the assessors to confirm that the client has completed the eligibility and readiness requirements of the Harry Benjamin International Gender Dysphoria Association (HBIGDA)'s *Standards of Care*.[4] A sample letter is included in Appendix E6 (page 52). A similar letter may be written to a patient's GP or mental health professional involved in assessing hormone eligibility and readiness (see *Counselling and Mental Health Care of Transgender Adults and Loved Ones*[3]).

For transgender individuals who are undergoing gender transition, assistance may be needed to budget and plan for transition-related expenses that are not covered by MSP (e.g., counselling, electrolysis, speech therapy, FTM genital surgery, facial feminization surgery). Referral to a trans-positive debt counsellor, financial planner, credit union, or other financial aid resource may be appropriate.

Housing assistance

In a recent survey of transgender people and loved ones in BC (n=179), 15% reported currently needing housing services, 22% reported having needed housing services in the past, and 25% reported anticipating that they would need housing assistance in the future.[2] Studies in several American cities similarly found that 20-25% of transgender people reported unsatisfactory housing conditions.[5-7] As with any population that is disproportionately poor, transgender people may need

assistance to find affordable long-term housing. Transgender people may also need assistance to find safe emergency housing or shelter.

With both long-term and short-term housing, advocacy may be needed to address discrimination by landlords or harassment by neighbours. Transgender/Two-Spirit Aboriginal people and transgender people of colour, youth, elders, undocumented* individuals, people with disabilities, and injection drug users are particularly at risk due to the intersection of oppressions that increase risk for discrimination in housing and employment, poverty, and violence.

Emergency housing/shelter circumstances and needs vary greatly. For some transgender people and loved ones, poverty relating to employment discrimination or inability to work leads to homelessness. Others are fleeing violence by a family member, current or former romantic partner, coworker, or neighbour, and need both shelter and trauma support services. Homelessness may be the result of eviction by a prejudiced landlord, or abandonment by loved ones upon disclosure of personal transgender identity or a relationship with a transgender person. It can be particularly challenging to find safe emergency housing/shelter for transgender people (of all ages) as many shelters are sex-segregated and lack adequate private access to showers, bathrooms, and sleeping facilities. Placement decisions based on genitals rather than identity are not only profoundly disrespectful of transgender people's sense of self but also expose transgender people to harassment and assault by other residents. Residential concerns are discussed further in section 10.

Systemic advocacy (see page 17-18) is necessary to promote agency-wide policy changes that remove barriers to transgender people. Case advocacy is also useful, as many shelters' transgender access policy involves case-by-case decisions about whether or not the person is "appropriate" as a client. In our experience, shelter intake staff who lack experience with transgender people often overestimate the complexity of integrating transgender clients into their service and are, as a result, hesitant to allow transgender people in. Advocates can offer examples of the practical, simple strategies used by other shelters to successfully accommodate transgender needs (e.g., curtain across shower stall, access to single-user bathroom). An excellent resource manual is available to help emergency shelters design policy and practice guidelines for the accommodation of transgender clients.[8]

We are aware of a few cases where the Ministry of Employment and Income Assistance (formerly Ministry of Human Resources) authorized coverage for a transgender adult to temporarily stay at a motel when no emergency shelter facilities were available. This is not the preferred option as it makes access to ancillary shelter services (laundry, food, etc.) more difficult and promotes segregation of transgender clients, but in some cases a motel may be the safest or only option. The MEIA After-Hours line is 1-866-660-3194.

Assistance with the costs of child care

The needs of transgender parents are often not recognized as it is assumed that transgender people do not have children. It has been our experience that many transgender parents are single parents with low incomes, and we therefore strongly recommend inquiring about child care subsidy needs as part of general assessment.

The Child Care Subsidy program (http://www.mcf.gov.bc.ca/childcare/subsidy_promo.htm) is operated by the Ministry of Children and Family Development. In the past it has been delivered through Employment and Assistance Centres of the Ministry of Employment and Income Assistance

* We use the term "undocumented" to refer to individuals who do not have legal status in Canada (e.g., staying longer than a visa allows, residing long-term without having made an application for immigrant/refugee status).

(MEIA), but will be transferred to MCFD in 2006/2007. The Child Care Subsidy Program (CCS) helps pay part of the costs of child care up to a maximum of 20 days per month in a licensed group child care centre, out-of-school program, or preschool program; a licensed or "license not required" family child care facility; or care provided in the child's home. To qualify, the family must have low income (as defined by CCS) and the parent(s)/legal guardian(s) must:

- be working, seeking work, in a job training program, in school, ***or***
- have a medical condition that interferes with ability to care for the child, ***or***
- have child care recommended by the Ministry of Children and Family Development, ***or***
- have a child attending a Licensed Preschool.

If the family is deemed eligible, authorization will include the number of days of care that can be claimed (based on work/school schedule or other requirements) and the subsidy amount based on the type of care authorized, the child's age, and family income. If care is being provided outside the home, the child care provider will directly claim the amount from CCS. If the family is receiving a subsidy for care in the home, the parent(s)/legal guardian will have to submit monthly claims for payment.

Parents/families that are eligible for Child Care Subsidy and have a child designated as having "special needs" according to the Ministry of Children and Family Development's definition (significant health, cognition, communication, sensory, motor, social, emotional, or behavioural disability that results in the need for specialized support relating to health, development, or participation in daily activities) may qualify for an additional amount to help cover the child care space fee. The maximum amount of the Special Needs Supplement is currently $150.

Employment advocacy

Employment is a key area of concern for transgender people. Forty-nine percent of respondents in a recent survey of transgender people and loved ones in BC (n=179) reported needing employment services in the past, currently needing services, or anticipating a future need.[2]

People who are visibly gender-variant or "out" as transgender routinely experience employment discrimination. Blatant discrimination can be addressed by human rights complaints or union grievance (see section 8); there is little recourse if discrimination cannot be proven. However, in some cases proactive advocacy can be useful. For example, transgender people intending to "come out" or transition on the job can be assisted to develop a plan that includes education for the employer about the practical aspects of on-the-job transition and the legal rights of transgender employees.[9, 10] The Transgender Health Program (Appendix A) can assist with this.

In some cases transgender people may seek vocational assistance to explore career options or obtain retraining. Career change may be motivated by a decision that it is not feasible to stay in the current line of work during/after gender transition (e.g., female-to-male client working at an agency that requires staff to be female) or the necessity to leave the current employer after disclosure of transgender status (e.g., due to anticipated harassment), or the client may be seeking to find/leave gender-associated work that is more congruent with the client's sense of self or stereotypical societal gender ideas (e.g., we have worked with transgender women who hoped to leave their manual labour jobs as part of transition). If referral to specialized employment services are appropriate, care should be taken to ensure that vocational counselling resources are trans-competent prior to referral.

Schools

Within the last ten years we have noticed both increasing visibility of transgender teachers, parents, and students and also increased support for transgender people within elementary, secondary, and post-secondary schools. However, there is no consistent support across BC among school districts, within individual schools, or among staff within schools, and so advocacy is still often needed. Despite the existence of general anti-harassment policies in most schools, transgender students still face widespread harassment and violence. A 2001 American study of self-identified lesbian, gay, bisexual, and transgender students in grades 6-12 (n=881) found that transgender youth reported higher frequency of verbal harassment and physical assault compared to non-transgender participants.[11] Unsurprisingly, 90% of the transgender participants reported feeling unsafe in school. Transgender youth are also reported as having higher risk of dropping out of school.[12] Transgender and butch youth interviewed about their experiences of violence described school as “hell” and reported that the violence experienced in school had negatively impacted on their self-esteem, academic achievement, drug and alcohol use, and sexual health.[13]

Throughout North America school boards have attempted to address this by amending existing anti-discrimination, anti-harassment, and anti-bullying policies to provide explicit protection for transgender people. For example, the Vancouver School Board’s Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Policy and Action Plan seeks to “provide a safe environment, free from harassment and discrimination, while also promoting pro-active strategies and guidelines to ensure that lesbian, gay, transgender, transsexual, two-spirit, bisexual and questioning students, employees and families are welcomed and included in all aspects of education and school life and treated with respect and dignity.”

Explicit anti-discrimination/anti-harassment policies, and meaningful enforcement of these policies, are important. But when transgender issues are only framed in a lesbian/gay/bisexual (“LGB”) context, the specific accommodations required by transgender people may not be well understood. School policies should not only explicitly address responses to instances of verbal or physical harassment, but should also address trans-specific accommodation relating to sex-segregation in bathrooms, showers, locker/change rooms, sports teams, gym classes, field trips, support/ counselling groups, sex education classes, and dress codes; records that include legal name and sex designation; protocols relating to preferred pronoun and name; privacy and confidentiality; inclusion of trans-positive content in school curriculum; and training and resources for school staff.[12, 14] Staff who are working with youth who are undergoing medically assisted transition should also have access to information about hormonal and surgical modification. To our knowledge the San Francisco Unified School District is the only school board in North America that covers these details in its transgender policy.[15] Post-secondary schools are also just beginning to initiate policies to accommodate transgender students.[16]

In the absence of such policies, case advocacy has been useful in helping school professionals understand and accommodate the needs of transgender students, employees, and staff. In many instances clinicians working within the school system (social workers, counsellors, and nurses) have been strong advocates to ensure fair treatment of students by staff and also to facilitate connection with community-based resources. We encourage community-based clinicians to liaise with school-based clinicians, and vice versa. For clinicians whose youth clients are seeking a school experienced in accommodating transgender students, the Transgender Health Program’s resource guide includes organizations that work on lesbian/gay/bisexual/transgender issues in schools (e.g., Gay & Lesbian Educators of BC, Gab Youth Services, Safe Schools, Youthquest!).

It has been our experience that elementary schools have a more difficult time with decisions relating to transgender students than secondary and post-secondary schools. There is often concern that by supporting a younger gender-variant child in their self-defined gender identity or gender expression,

the school will be inadvertently creating a psychological pathology in the child. This is reflective of the general debate in psychiatry about the appropriate response to cross-gender identification in young children[17, 18] and is made more complex when the parents/guardians are strongly opposed to their child being allowed to explore/express cross-gender identity and behavior. Generally, we advocate that elementary schools create environments that normalize gender diversity, support gender exploration (including cross-gender role playing, experimentation with different names/pronouns, etc.), and find age-appropriate ways to counter gender stereotypes. For youth who are distressed about their sex/gender, clinicians can help coordinate referrals to trans-competent child/adolescent clinicians (see *Caring for Transgender Adolescents in BC: Suggested Guidelines*[19]). Counselling for family members may also be useful (see *Counselling and Mental Health Care of Transgender Adults and Loved Ones*[3]).

Changing identification and records

Transgender people who use a name that is different than their legal name or prefer a different pronoun than their legal sex designation may require assistance to advocate for use of preferred name/pronoun at work or school, in health/social service settings, etc. It is not only considered disrespectful to use the wrong name or pronoun to address a transgender client, but may legally be considered harassment if done intentionally and persistently.[15] Employers, teachers, health/social service professionals, and others are expected to use the name and pronoun that a transgender person has indicated is preferred. Clinicians can assist with case advocacy when there are institutional barriers to implementation.

Some transgender people may seek assistance to legally change name or sex designation. Clinicians or community advocates can help with the application process, obtaining updated identification, and change of institutional records (government, work, school, bank, etc.). As there are multiple fees to legally change identification and obtain new identification, advocacy with the issuing agency or the Ministry of Employment and Income Assistance may be necessary to make it possible for transgender people living in poverty to complete the process. The process of updating identification and institutional records following legal change of name or sex designation is explained at http://www.transgender.org/transcend/guide/sec272.htm

Name change

Many transgender people change their names informally or formally to better match their sense of self. Some people may be satisfied with informally asking others to use their preferred name; others want to legally change their name. In some cases name change (informal or formal) is done not only to be consistent with felt sense of self, but also to mark a transition, to distance themselves from their past, or to protect privacy (e.g., fear of violence by former partners).

Virtually all institutions require recording of legal name. Advocacy to enable recording of *preferred* name both validates clients' autonomy and right to self-define identity, and also makes it easier to ensure consistent use of the preferred name. If a worksite, school, health clinic, or other institution uses a computerized system that cannot be changed to include a field for preferred name, alternative accommodation should be sought (e.g., noting preferred name in a "notes" field).

In BC, legal changes of name are handled by the Ministry of Health's Department of Vital Statistics. The applicant must have been a resident of BC for at least three months or have had a permanent home in BC for at least three months. Anyone under the age of 19 must either get their legal guardian to apply on their behalf or apply for a waiver of parental consent prior to applying. The application process is explained at http://www.transgender.org/transcend/guide/sec269.htm

Vital Statistics may, in some cases, waive the Name Change portion of the fee. A letter should be written by the applicant to the Regional Manager of Vital Statistics explaining why the cost cannot be paid and asking for a waiver. A letter from a physician is necessary to confirm that the name change is a medical necessity (a sample letter is included in Appendix E11 (page 57). A copy of the income tax claim for the prior year must also be included.

Pronoun change

Assumptions are typically made about preferred pronoun based on name or, in some cases, on legal sex designation. As most institutions do not track client's preference for gender pronoun (she, he, or a gender-neutral pronoun such as "zie"), we recommend advocacy for discontinuation of gender-specific forms of address (e.g., "Mr." or "Ms." on letters) and use of the client's name instead of gender pronouns. If the client prefers that a specific pronoun be used, advocating for inclusion of gender pronoun preference in a "notes" field or on the inside front cover of a client's paper file is appropriate.

Change of legal sex designation

Legal sex is the designation "M" or "F" that appears on legal records and some forms of identification. There is no consistent policy across agencies regarding criteria for change of legal sex designation. Information on application procedures is summarized below; detailed information is available at http://www.transgender.org/transcend/guide/sec278.htm

Medical care includes the recording of the client's sex on the medical chart and on lab requisitions. For accuracy in care and interpretation of lab results, we recommend that either "FTM" or "MTF" be used, and if this is not possible that decisions be made based on the client's physical profile and the purpose of the specific test rather than the legal sex designation (as discussed in *Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia*[20]). If the sex used on a lab requisition form is contrary to the client's identity, the rationale should be explained to the client.

1. Driver's license / BCID

In BC, the policy for changes to legal sex on driver's license or BCID is set by ICBC. The policy has been under review for several years; as of 2005 it is possible to change the sex designation with ICBC with a letter from a physician (see sample in Appendix E9, page 55) stating that the applicant is under their care, is undergoing gender transition as treatment for gender dysphoria, has undergone medical and psychological counselling as part of the process, and is living full-time as a man (FTM) or woman (MTF). It is not necessary to have had genital surgery or hysterectomy.

2. Birth certificate

People born in BC must apply to the Department of Vital Statistics for a change to the sex recorded on the birth certificate. To qualify for change of legal sex designation, genital surgery (MTF) or hysterectomy and small chest/chest reconstruction (FTM) is required. Application includes completion of a Change of Sex Designation on Birth Registration form (available from Vital Statistics). The second page of this form must be completed and signed by the person who performed surgery, and the third page must be completed and signed by a GP, urologist, or gynecologist (not the surgeon) who has examined the applicant after surgery and can verify that the applicant's genitals and chest are considered "acceptable" for a male/female according to the *Vital Statistics Act*. Application for fee waiver follows the same process outlined for legal name change on the previous page.

People born outside BC must follow the regulations of the province/country they were born in. Some countries do not allow change of legal sex on the birth certificate.

3. Citizenship documents

Following surgery, landed immigrants can apply to Citizenship and Immigration Canada (CIC) for a change to legal sex designation on citizenship documentation. The application must include a letter from the surgeon stating that the gender reassignment surgery has been done, that gender transition is now complete, and that the applicant is "anatomically a male or female" (a sample letter is included as Appendix E1, page 46). A letter from a third party must be included stating that they knew the applicant prior to surgery and confirming that she or he is the same person (to prove identity); a sample letter is included as Appendix E2 (page 47). Two other pieces of identification must also be included to establish identity.

CIC's policy does not define "gender reassignment surgery" and interpretation varies from worker to worker. Some FTMs have been told they must have genital surgery, while others have obtained the "M" designation after chest surgery and hysterectomy. A sample letter is included as Appendix E3 (page 48) to assist in advocating for change of ID for FTMs who have been refused by CIC on the grounds that they have not had genital surgery.

Child Protection Services and the youth-in-care system

Transgender people may come into contact with the Ministry of Children and Family Development (MCFD)'s Child Protection Services (CPS) as parents whose children are at risk of removal/have been removed, or as youth who have been neglected and/or abused. In recent years protection for Aboriginal youth in BC has been increasingly moved from the Ministry of Children and Family Development to delegated (contracted) urban Aboriginal organizations or agencies run by First Nations governments. Transgender/Two-Spirit Aboriginal people may therefore be involved with an Aboriginal agency rather than MCFD.

To date there has been no documentation of transgender parents' or youth's experience with CPS systems in BC, and our experience has been limited to advocacy in a few cases. However, as discrimination against transgender people has been reported against transgender parents in Family Court cases involving custody, divorce, family violence, and adoption[21] and against transgender youth in care in other regions,[22] it is likely that transgender people also experience discrimination within CPS.

We strongly encourage community-based clinicians (particularly community-based social workers) to try to develop a positive working relationship with MCFD social workers involved in a mutual client's life. MCFD social workers have the power to significantly affect the client's life, both negatively and positively. We have worked with numerous caring and conscientious MCFD social workers who, with a bit of assistance and information about transgender needs, have been able to be strong advocates within MCFD, with external institutions (schools, youth-serving agencies, legal system), and with members of the client's immediate and extended family. We have also worked with MCFD social workers who have been actively transphobic and have made it very difficult for their clients within the system. When a MCFD staff member is actively transphobic and resistant to working with community social workers, we have found it useful to try to involve trans-positive staff in other areas of MCFD – e.g., the Child & Youth Mental Health system. MCFD social workers are, in our experience, sometimes more receptive to working with people they perceive as direct colleagues.

Transgender youth in care

The term “youth in care” refers to children and adolescents who are under the care of the Ministry of Children and Family Development, living in a group or foster home. Under the *Child, Family and Community Service Act*, youth under 19 years of age may be put into state-supervised care by voluntary agreement of the custodial parent(s) or by involuntary removal if there are immediate threats to the youth’s well-being. Financial restraints within the MCFD have made it extremely difficult for a youth over 15 to be placed in care even if that is what the youth wants; Supported Independent Living will likely be the only option offered to a youth age 16-18 (see Appendix B).

Like all youth in care, transgender youth enter the MCFD system for a variety of reasons and in a variety of ways. Parental abuse or neglect may be directly connected to disclosure of transgender identity or a child’s visible gender variance; in other cases the parents are not transphobic but are not able to provide adequate care for other reasons (mental illness, addiction, difficulty caring for a child with severe disabilities, etc.). Some youth are “out” to their parents as transgender, while others may not start questioning their gender or may not disclose transgender identity until they are in care.

Whatever the circumstances that leads a transgender youth to be in care, once in care the youth faces risks to safety and privacy similar to those in emergency shelters (see page 6). A study of youth in care in New York cautioned that transgender youth were “frequent targets for abuse”, with reports of violence by group home staff, foster parents, and age peers.[21]

It is imperative that transgender youth in care be allowed to live as they feel themselves to be, including support of client autonomy regarding choice of clothing, makeup, hairstyle, etc. Advocacy may be needed with sex-segregated group facilities to ensure this.[23] In *Jane Doe v. Bell*, a 17-year-old MTF living in a group home for boys won a discrimination case against a foster care agency whose clothing policy forbade her to wear “female attire” (including skirts and dresses) to “protect the safety and welfare” of other residents. The judge found that the policy discriminated against Doe and ordered accommodation of her preferences.[24] As discussed in the school section (pages 8-9), use of preferred name and pronoun should be supported.

The Child Welfare League of America recommends that youth-serving agencies support adolescents in foster care who ask for “help on gender orientation issues, as well as the foster parents and birthparents who care for them” (page 18).[25] Help may include trans-competent psychotherapy and medical assistance to change the body. For transgender youth with *gender dysphoria* – a mismatch between physical characteristics or social role and felt sense of self – pubertal development of facial/body hair, breasts, and other secondary sex characteristics can intensify distress. As discussed in *Caring for Transgender Adolescents in BC: Suggested Guidelines,*[19] puberty-delaying hormones may be recommended in some cases; masculinizing or feminizing hormones are not recommended until age 16, and surgery is not recommended before age 18. Dysphoric youth in care who are not considered mature enough to make their own decisions regarding health care (under the *Infants Act*) will need intervention by MCFD social workers to liaise between birth parents and foster parents or other guardians prior to any medical intervention.

The Harry Benjamin International Gender Dysphoria Association’s *Standards of Care* criteria for pubertal suppression include the familial consent and participation in therapy.[4] If the state-appointed guardian supports treatment, it may be possible to proceed even in the absence of consent by birth parents. In 2004, the Family Court of Australia ruled that a 13-year-old female-to-male who was a ward of the court had Gender Identity Disorder and approved of hormonal treatment. In this case the biological father was deceased, and the biological mother did not attend the court hearing, but the guardian (the biological aunt) was supportive of treatment; there have not yet been test cases involving active opposition to treatment by birth parents. However, the BC *Child, Family and Community Service Act* includes a provision for application for a judicial order to provide health care

if a parent refuses to consent to health care "that, in the opinion of two medical practitioners, is necessary to preserve the child's life or to prevent serious or permanent impairment of the child's health".

The Federation of BC Youth In Care Networks (http://www.fbcyicn.ca) can help transgender youth in care connect with peer support and advocacy resources. Not all transgender youth identify with the queer community, but for those who do, the Federation's GBLTQ Welcoming Kit includes information about community resources for youth in care, safer sex equipment (for people of all sexual orientations), stories of transgender/gay/lesbian/bisexual youth, and rainbow/Pride paraphernalia (stickers, hat, necklace, etc.). The Office for Children and Youth (http://www.gov.bc.ca/cyo) can help youth and clinicians explore advocacy options.

Transgender parents

Transgender parents are not intrinsically more likely to have difficulty parenting than non-transgender parents.[26] However, the stereotype of transgenderism being associated with sexual deviance may cause problems for transgender parents. One long-time foster parent reported losing custody of foster children and being removed from the foster parent roster when CPS became aware of the parent's transgender identity. In cases where CPS intervention is not stemming from the parent's transgender status but rather in relation to allegations of abuse/neglect, transphobia may result in the transgender parent being evaluated more harshly than non-transgender parents in similar circumstances.

In our experience, transgender parents at risk of losing custody to another parent or to the state often feel hopeless and helpless, rarely having the confidence to take on the system. In some cases, parents have internalized transphobia, saying their child would be "better off" without them. It can be helpful to ensure parents are aware of positive legal precedents relating to transgender parents' custody rights,[27] and are informed of their rights relating to Child Protection Services. For social workers in CPS, it is important to include trans-specific resources in the types of support services offered to families at risk.

Advocacy for transgender migrants*

Clinicians providing care to transgender migrants must have a strong working knowledge of migrant, immigrant, and refugee-serving agencies; ethnocultural community organizations; Citizenship & Immigration Canada (Appendix D); and transgender peer and professional resources. We encourage counsellors and other clinicians who work at trans-positive migrant-serving organizations to list their agency in the Transgender Health Program's resource guide (http://www.vch.ca/transhealth/resources/directory) to facilitate referrals.

Migrants face multiple barriers to full participation in Canadian society. Institutionalized and interpersonal anti-immigrant bias, racism, xenophobia, and ethnocentrism can be a shock for newcomers whose only exposure to Canada prior to arrival was marketing materials depicting this country as a bastion of inclusivity and tolerance. Many of the transgender immigrants and refugees we have worked with have been particularly affected by obstacles to employment and resulting poverty. Provincial and federal assistance is inaccessible to refugees, who can only qualify for Hardship Assistance while they are waiting for their claims to be processed by Citizenship & Immigration Canada (CIC) – a process that can take a long time.

* We use the term "migrant" to refer to anyone living in Canada who does not have Canadian citizenship status – including individuals with temporary work/student/visitor visas, immigrants and refugees who have permanent resident status, people seeking asylum, and undocumented individuals.

For undocumented transgender individuals, life in BC is often very difficult. Many essential services and benefits are not accessible to undocumented people: without legal status in Canada it is impossible to get a Social Insurance Number or other identification, to legally work, to obtain any type of social assistance, to get Medical Services Plan or PharmaCare benefits, to receive financial assistance with child care, or to attend school or training programs. Despite this, we are seeing increasing numbers of undocumented people who do not meet the Convention definitions of refugees but feel Canada is a safer place than their country of origin. Clients who are undocumented may need substantial and repeated advocacy to facilitate access to health and social services, and/or assistance to apply for refugee or immigrant status (see Appendix D).

For migrants who are not fluent in English, health and social services can be impossible to navigate, and it can be very difficult to find housing or work. Most transgender peer support groups are in English only (although there may be individuals in the group who can interpret). It has been our experience that interpreter services may not be an option for people who are not fully out as transgender, as there are privacy and confidentiality concerns for people in small, tightly-knit communities where an interpreter may know a transgender person's family or social peers. Additionally, interpreters must be familiar enough with transgender issues to accurately translate (this is particularly crucial for medical information). The Transgender Health Program can assist in exploring interpreter options and translation of written material.

The quality of trans-specific health care varies greatly from country to country. Some migrants have had access to hormonal or surgical care that is far superior to that available in Canada; others have received substandard care and may present with serious medical problems. Referral to a trans-competent primary care provider is vital. Some community health centres welcome people who do not have Medical Services Plan coverage, including newcomers and undocumented individuals.

Several of the transgender refugees we have worked with were imprisoned and tortured by prison or military personnel for being transgender. The Vancouver Association for Survivors of Torture (http://www.vast-vancouver.ca) has experience working with transgender survivors of torture and can assist with both peer support and also specialized trauma counselling.

In some cases, transgender people or their lawyers have sought assistance with refugee applications on the basis of transphobic persecution (a sample letter is included as Appendix E4, page 50). It is important to include as much information as possible about the specific conditions faced by transgender people in the country of origin in the letter. International transgender organizations or the Rainbow Refugee Committee of LEGIT (see Appendix A) may be able to assist with this research.

Appendix D provides a brief overview of current permanent residency application options. For up-to-date information, Citizenship & Immigration Canada (http://www.cic.gc.ca) or refugee/immigrant-serving groups should be consulted.

Assistance for transgender individuals with cognitive and/or mental health concerns

Transgender people with cognitive and/or mental health concerns are highly vulnerable to social isolation, abuse, and violence. While some may be financially supported by family, those who are unable to work due to their disability are often living in poverty. Additionally, it has been our experience that people with cognitive disability or mental health concerns are often infantilized by caregivers and thus disregarded when they try to express their felt sense of gender, a wish to crossdress, or desire to be perceived as a gender other than that assigned at birth.

For clients who are seeking medically assisted gender transition (e.g., hormones or surgery), advocacy is often needed to establish client competency to make medical decisions. Clinicians can provide important collateral information in this regard (a sample letter is included as Appendix E5, page 51).

Some clients with cognitive disability or mental illness are able to work with appropriate assistance. Advocacy with vocational and employment support organizations can be useful.

While we support clients' self-definition of gender (including use of preferred pronoun/name) in all circumstances, we have found that some advocates eager to demonstrate their trans-positivity have unconsciously pushed transgender people with cognitive disability and mental illness to make hasty decisions that posed great risk to safety. For example, we worked with one MTF client with borderline cognitive capacity whose counsellor responded to her disclosure of "feeling like a woman" by strongly encouraging her to come out to family caregivers, start publicly presenting as a woman and asking strangers to use a female name and female pronouns, pursue legal name change, and initiate feminizing hormones. All of these changes were overwhelming to family members and also put the client at great risk as she was not able to distinguish between safe situations to come out and situations where it was not safe to disclose her identity.

Some clients who are cognitively impaired by developmental disability or mental health conditions – particularly those who have been taught to be compliant in institutional care – may be easily influenced by professionals' suggestions. The advocate's role is to help the client explore options, not to push to choose any particular option; whatever the client's decisions, safety is an extremely important factor. Having said this, we also note that some advocates can be so protective of the cognitively disabled person that they actively oppose decisions relating to pursuit of transgender identity or expression out of fear of the consequences. The point is that advocates should not assume responsibility for decision-making, neither pushing for suppression nor disclosure of transgender identity.

Transgender people with cognitive disability or mental illness who are dependent on family members for care are particularly vulnerable because family care is not governed by anti-discrimination legislation and also because families often provide both financial and social support. With the client's permission, we have found it useful to work separately with family members to allow them to frankly express their feelings and to explore the roots of any misgivings or discomfort they may be experiencing. In many cases family caregivers have, with support and information, come to actively support their transgender loved one. Counselling with family members is discussed in *Counselling and Mental Health Care of Transgender Adults and Loved Ones.*[3]

Clients who are able to live independently may need assistance to find suitable housing and to set up independent living support services. Crossdressing or other gender-variant behaviour is seen by some residential care providers as "acting out" and is often actively discouraged by caregivers (see section 10 on advocacy in residential care facilities). Advocacy may include negotiation with residential care staff and/or the filing of formal complaints.

Human rights and discrimination

Societal transphobia leads to frequent mistreatment of transgender people and loved ones by health and social service providers, employers, landlords, or others in positions of power. There is a difference between substandard care and discrimination: standards of care for professionals are governed by regulatory associations and involve judgment against the actions of professional peers (e.g., is a doctor acting outside the bounds of commonly accepted practice), while discrimination involves the negative treatment of a person based on their membership in a specific group.

Clinicians can help transgender people and loved ones understand their rights and options for filing a complaint if they feel their rights have been violated. Complaints relating to substandard care may be made to an employing agency, professional association, or government regulatory body; discrimination complaints are made to provincial or federal human rights tribunals. In some cases, civil suits or criminal charges may be initiated if there is sufficient legal support.
It has been our experience that it is helpful for clients to record all of the details of an incident involving mistreatment whether or not they intend to pursue an informal or formal complaint. Recording the information allows the person who experienced it to clarify what happened in their own mind, and also facilitates reporting at a later date if this is the route they so choose.

Four laws govern protection of the human rights of people within BC:

- The *Canadian Charter of Rights and Freedoms* provides constitutional guarantees of equality and prohibits discrimination in legislation and governmental policies and practices.
- The *Criminal Code* prohibits hate propaganda and requires that if a criminal act is motivated by hate, this must be considered as an aggravating factor by the judge in sentencing.
- The *Canadian Human Rights Act* prohibits discrimination in areas of federal jurisdiction, including federal prisons, airlines, and banks. The Canadian Human Rights Commission investigates and mediates complaints of discrimination according to the *Act.*
- The *BC Human Rights Code* prohibits discrimination in areas of provincial jurisdiction, including publications, employment, accommodation, tenancy, public services, and facilities. The BC Human Rights Tribunal hears complaints of discrimination according to the *Code*.

While there is no explicit protection in any of these laws for transgender people, transgender people have succeeded in provincial and federal human rights complaints on the existing grounds of sex, disability, and sexual orientation. In many cases these decisions have rested on the legal concept of *accommodation.* Services and employers are required by law to take substantial and meaningful steps to address barriers to inclusion and participation, including changing rules or policies that are discriminatory, changing the physical structure of a facility, etc. To justify the denial of a request for accommodation, an institution must be able to prove that the cost and disruption, impact on workplace collective agreements, or health and safety concerns are substantial.

Accommodations must respect the autonomy, comfort, self-esteem, and confidentiality of the person to protect their dignity. For example, offering a person in a wheelchair the use of a freight elevator at the back of a building is not considered a dignified accommodation. Similarly, segregation of transgender people is objectionable because it disrespects their dignity.

In BC, the following actions have been found to breach human rights legislation:

- denial of access to feminizing/masculinizing hormones or surgery for transsexual prisoners
- placement of post-operative MTF transsexuals in male facilities
- removal of pre-operative transsexuals from the washroom that accords with their gender (e.g., MTFs have the right to use women's washrooms)
- firing a transsexual employee because they are transsexual
- diminished advocacy by a union on behalf of a transsexual worker who wants to grieve an employer's decision
- Ministry refusal to pay the "going rate" for out-of-province sex reassignment surgery when that surgery is covered by the Medical Services Plan

While these are the only test cases to date, there are other circumstances that would, based on precedents in other jurisdictions and cases that are not trans-related, be extremely likely to be considered discrimination in BC:

- refusal of housing or increased housing cost
- refusal of a public service
- making decisions about employment recruitment, hiring, firing, promotions, wages, job assignments, training, or benefits (unless there is an exemption to facilitate hiring of transgender people for trans-specific positions or as part of affirmative action)
- insufficient effort to accommodate a transgender person in change rooms, group showers, or other places where nudity is involved
- deliberate and repeated use of the wrong pronoun or name
- dress codes that forbid a person to wear clothing that conforms to gender identity

The process for filing a complaint with the BC Human Rights Tribunal is outlined at http://www.transgender.org/transcend/guide/sec4110.htm. In most situations, a complaint must be filed within six months of the incident; the BC Human Rights Tribunal may extend this time limit if it is determined by a Tribunal member that (a) it is in the public interest to accept the complaint, and (b) the delay will not result in any substantial prejudice to any party. Legal support is strongly recommended. The Human Rights Clinic of the Community Legal Assistance Society (http://www2.povnet.org/hr_clinic_clas) may be of assistance. Other resources are listed in the BC Human Rights Tribunal's online factsheets (http://www.bchrt.bc.ca/guides_and_information_sheets).

Violence and abuse

Like non-transgender people, transgender people may be abused by a family member, partner, acquaintance, person in position of power (teacher, law enforcement personnel, health professional), or stranger. One American study of transgender adults found that approximately 50% of respondents were survivors of violence or abuse,[28] and another found that 25% of transgender respondents had experienced hate-motivated physical/sexual assault or attempted assault.[29] In a recent survey of transgender people and loved ones in BC (n=179), 26% reported needing anti-violence services at some point in their life.[2] In examining reports of hate crimes against transgender people, researchers found that 98% of all "transgender" violence was perpetrated specifically against people in the male-to-female spectrum;[30] of the 38 murders of transgender people reported internationally in 2003, 70% were women of colour.[31]

Counselling of survivors of violence is discussed in *Counselling and Mental Health Care of Transgender Adults and Loved Ones.*[3] From an advocacy perspective, key issues include advocating for access to anti-violence services, working with hospital staff to ensure appropriate levels of support during physical examination or forensic rape kit exam, assisting in safety planning, and legal advocacy relating to the criminal justice system. Transgender people fleeing abusive relationships or unable to work as a result of trauma may also need assistance to apply for social assistance or to be excused from work search (see Appendix B).

We strongly encourage counsellors and other clinicians providing anti-violence services to make use of locally available resources for information and training. In the last two years, a number of trans-specific print resources have been published locally offering guidance to frontline anti-violence workers (in the community as well as the criminal justice system) and discussing policy issues relating to anti-violence service provision.[31, 32] Trans-specific workshops for anti-violence personnel can also be arranged through the Centre for Leadership and Community Learning of the Justice Institute of BC (http://www.jibc.bc.ca/clcl).

Residential issues

There are many difficulties for transgender people in residential settings. Although there are some co-ed residential facilities, it has been our experience that many residential services are

sex-segregated. This is intrinsically problematic for transgender people who do not identify with binary concepts of men and women, transgender people who do identify as men or women but do not fit the agency's definition of who a man or woman is, male and female crossdressers or others whose gender expression does not match conventional norms, and individuals who are not able to cross-live full time despite having a consistent cross-gender identity. Transgender people who do not "fit" with the system's structure may be refused services, forcibly placed in a facility that does not conform with their identity, or denied privileges accorded to other residents.

Whether co-ed or sex-segregated, appropriate sleeping quarters, safety, privacy/confidentiality, and shower and washroom access are issues that must be considered. For people in long-term residence, there are additional concerns relating to social isolation and access to trans-competent medical care.

Below we outline some of our experiences advocating for transgender people in hospitals/hospices, prison, and long-term care.

Hospitals and hospices

Increasingly, hospitals and hospices are creating mixed-gender wards. While this is a positive step in promoting safety and respectful treatment of transgender people, typically rooms on a mixed ward are not mixed – i.e., rooms are designated for women or for men. If the facility has sex-segregated wards, floors, or rooms, advocacy may be needed to ensure that the transgender person is accommodated in a way that is respectful of their identity and also allows them privacy in washroom, bathing, and dressing/undressing. A single-patient room on a mixed ward is often the best option.

Advocacy may also be required to ensure sensitive and respectful bathing, physical examination, or any other procedure involving the chest/genitals of transgender patients (whether in emergency or on the ward). For people who are dysphoric about these areas of their bodies, having someone look at or touch them can be humiliating and traumatic. People whose genitals have been altered by hormones or surgery may be fearful of the caregiver's response. There is a need to manage appropriate disclosure to ensure that staff are aware of any special considerations for examination, while still maintaining the privacy of the patient – that is, staff should not gossip about a patient's genitals or include notes on the front of the chart where others could see the information. As not all transgender people are "out" to loved ones, procedures that expose the chest and genitals or discussions about a transgender person's medical or personal history should not take place in front of loved ones unless the patient has explicitly consented to this.

Examinations following a physical or sexual assault, a suicide attempt, or incidents of self-harm (including attempted autocastration) must be handled with particular sensitivity. Increased social work and counselling support is recommended to clients following trauma (including self-inflicted trauma) due to frequent lack of external support and vulnerability rooted in transphobia.

As in any facility or program, hospice and palliative care staff must create and ensure a safe environment for the patient, family, and supporters. "Chosen family" must be valued and have open access to their loved ones, as is traditionally offered to biological family members. Assistance with end-of-life directives or wills may be required.

Funeral or memorial planning can be a complex issue. In some instances, family members do not know a person is transgender, do not recognize their preferred name and pronoun, or clash with partners or other loved ones over burial or cremation decisions. In some instances family or religious leaders have opposed the burial of a transgender family member in a family burial plot or in consecrated ground. It may be helpful to try to find trans-positive spiritual, religious, and cultural

leaders to help advocate with family members for a service that is in accordance with the deceased person's wishes.

It is our experience that community-based clinicians from the same discipline as the hospital staff are the most effective advocates in hospitals/hospices – nurses make a particular impact on other nurses, physicians tend to listen to other physicians, etc. We have, with clients' permission, involved colleagues in mental health, nursing, and family practice to advocate for our hospitalized clients when we feel they will be better received than we would.

Prisons

The Corrections Branch of the BC Ministry for Attorney General and Ministry Responsible for Treaty Negotiations operates remand centres (where people awaiting trial or sentencing are held) and regional "correctional centres" (prisons where people who receive sentences shorter than two years and some remand prisoners are held). Prisoners who receive longer sentences are held in federal facilities run by Correctional Service Canada (CSC).

Numerous reports from various countries suggest that violence against male-to-females (MTFs) imprisoned with men is the norm rather than the exception. A 1998 Canadian legal brief identified safety as a major concern for MTFs held in male prisons in Canada, documenting incidents of sexual assault (and resulting transmission of HIV and other sexually transmitted diseases), physical and verbal harassment, and coercion to provide sex in exchange for protection from other inmates.[33] Following a human rights complaint by a transsexual woman held in a men's facility, CSC's current policy is to transfer male-to-female transsexuals to women's facilities – but only after genital surgery. While it is imperative that people in the MTF spectrum be considered at high risk for abuse and appropriate measures taken to protect their safety, involuntary segregation or placement in isolation is not appropriate – particularly when placement in an Administrative Segregation unit results in being housed with sexual predators or loss of access to programs that are available to prisoners in the general population. Systemic advocacy is needed to promote placement decisions based on safety rather than administrative convenience. In the interim, clinicians working in prisons should ensure that safety concerns are taken seriously by administration.

For both MTF and FTM prisoners, there are shared concerns relating to lack of access to trans-competent health care and peer support, confidentiality/privacy relating to disclosure of gender identity, lack of access to information about gender identity and expression, and policies regarding same-sex strip search. A manual written specifically for criminal justice personnel working with transgender prisoners addresses these issues, with recommendations for policy change and discussion of possible individual accommodations.[34] Connection with trans-competent health and social service practitioners is a practical and reachable goal in many cases.

Transgender prisoners also struggle with the same issues as non-transgender prisoners: overcrowding; lack of access to needles, bleach, and safe sex equipment; separation from family and loved ones; geographic isolation; forced work in unsafe and underpaid conditions; substandard diet; systemic racism and homophobia; lack of access to cultural or faith community; limited phone access; poverty; and lack of privacy. Advocacy with transgender prisoners should be inclusive of the general issues of concern, not only trans-specific issues.

It has been our experience that it is very difficult for clinicians who are not in the prison system to effectively advocate for prisoners without the support and assistance of clinicians who are inside the system. The prison system is extremely insular, with limits on how frequently outsiders are allowed access and what types of information can be shared. In some cases a community-based practitioner may be allowed in to provide specialized assistance relating to gender transition, but for general care community-based practitioners will likely need to work with a point person inside the facility that the

client is being held in, train that point person in the specifics of transgender care, and relay information from the outside in (and vice versa). Consultation with community organizations and individuals with experience in prison advocacy (http://www.prisonjustice.ca) is often useful.

Long-term residential care

Long-term residential care (a.k.a. “continuing care”) refers to medically supervised housing for people unable to live independently or with loved ones. Many of the issues already discussed in other sections apply to advocacy for transgender people living in care. As in hospitals and hospices, trans-specific protocols should be implemented to ensure respectful and sensitive personal care, particularly bathing, physical examination, or any other procedure involving the chest/genitals of transgender patients. Privacy and confidentiality are also key concerns for many people in long-term care, as information can spread very quickly throughout a facility.

Crossdressing or other gender-variant behaviour is seen by some residential care providers as “acting out” and is often actively discouraged. In our experience there is particular confusion within long-term care about crossdressing being an “inappropriate” expression of sexuality (as crossdressing is stereotypically considered a type of sexual fetish). We have found it useful to educate staff about the diversity of reasons people crossdress (including but not limited to erotic stimulation) and also to encourage frank discussion of the sexual needs of long-term care residents. Advocacy may include the filing of formal complaints if transgender residents are being punished for cross-gender expression.

Transgender people in residential care often experience severe isolation, complicated by barriers to accessing peer support. It has been our experience that younger transgender people (in care due to disability or chronic illness) who are living predominantly with seniors can be particularly frustrated by the lack of age peer access and relevant programming. Community social workers may be able to assist by coordinating transportation planning and caregiver assistance to make it possible to access trans-specific community peer support groups and events, or to facilitate inpatient visits. Other clinicians in long-term care facilities can also proactively educate colleagues to help ensure that transgender visitors who are providing peer support to a resident are treated respectfully by all staff.

As the majority of long-term care residents are elderly, advocacy relating to long-term care includes advocacy specific to transgender seniors. Transgender elders are intensely marginalized not only by poverty but also by widespread societal assumptions that gender diversity does not exist among seniors. In our experience staff or family members can dismiss disclosure of transgender identity as being a sign of dementia or confusion, and advocacy may be needed to create an environment that is supportive of the senior to explore and express feelings relating to gender.

Some transgender seniors have identified as transgender for many years or transitioned as young adults; others start questioning their gender, come to identify as transgender, or seek to transition late in life.[35] Many of the elders we have worked with kept their identity a secret for many decades, and are motivated to come out as transgender after the death of a partner or with the diagnosis of a potentially terminal disease (as they feel there is less to lose at this point). While some seniors are very open about being transgender, others are fearful of disclosing that they are transgender – particularly in settings where others have great power over their lives (as in residential care settings) – and may be deeply closeted.

Historically, the North American psychiatric model for treatment of gender-variance focused on suppressing transgender feelings and behaviours. One report noted that transgender elders may have, as children or young adults, experienced the use of electroshock therapy, forced drugging, aversion therapy, and other invasive and traumatic types of “conversion” therapy – with resulting tardive dyskinesia, severe depression, cognitive impairment, or other neurological damage.[36] For

individuals who lived through severe societal or medical repression as transgender people, there may be issues of rage, grief, or shame that intensify or surface with age.

There is no upper limit on the age at which a person may begin medically assisted transition, and people in their 60s, 70s, and 80s who are in good health have started hormones or undergone feminizing/masculinizing surgeries. However, for frail elders or people with some types of chronic illness (e.g., unstable angina) a medically assisted transition may not be feasible due to health risks. This can lead to depression and despair for people who feel they will never be able to live as they know themselves to be.

Counselling may be indicated to address all of the psychosocial issues described above (see *Counselling and Mental Health Care of Transgender Adults and Loved Ones*[3]). In our experience advocacy is often needed to help transgender people in care access trans-competent counselling, address general residential issues (placement, safety, etc.), and help agency staff implement proactive anti-discrimination measures (as few care facilities have trans-specific policies). For example, as part of the transfer of a transgender MTF from acute care to a continuing care facility we provided education sessions for staff and other residents, and care planning to discuss accommodation of the client's specific needs as a non-operative transsexual woman.

Concluding Comments

Case advocacy is extremely important in clinical practice with transgender people. Clinicians also have an important role to play in global (systemic) advocacy. In particular, work is needed to ensure adequate and sustainable services to the transgender community. Improving the available resources will be of benefit not only to transgender individuals and loved ones, but also to clinicians who are currently burdened with unsustainable client/patient loads in many parts of the province. Initiatives to increase community capacity will also help improve the quality and continuity of peer-based counselling, support, and advocacy.

Like case advocacy, global advocacy can be both challenging and rewarding. Most clinicians are so overworked that adding another task to the list seems impractical. But we have found engagement in global advocacy to be a positive antidote to the frustration and cynicism that can result from years of case advocacy. Contributing to positive systemic change, and witnessing the resulting impact on clients' quality of life, is tremendously satisfying. This is a time of profound change and growth in transgender health, both locally and internationally. It is an exciting time to be involved.

In BC, the designated clinician seats on the Transgender Health Program's Advisory Group and Education Working Group provide an opportunity for clinicians to guide the program's development and improve resources for client services and clinician education. Clinician groups and individual clinicians can also independently lobby regional, provincial, and federal health governance bodies to fund transgender health initiatives. Awareness-raising within professional associations and at professional meetings is an equally important endeavour. Clinicians involved in post-secondary and continuing education can help work for inclusion of transgender content into existing education, and support the development of new forms of training. None of these tasks can be done by transgender community groups alone.

The community-based model of the Transgender Health Program is intended not only to improve resources for clients but also for clinicians. The stigma associated with gender-variance can affect clinicians who are marginalized by colleagues for working with people commonly perceived as "perverts" or "freaks". This can be particularly challenging for clinicians who are advocating for change within their own work setting – for example, a nurse who is challenging discriminatory

practices in the hospital, prison, or community workplace. We have found it useful to connect with other advocates to build support to face these challenges, to share information about successful strategies we have used on behalf of our clients, and to discuss changes to the systems we are working in. We encourage clinicians to use the Transgender Health Program as a way to build this network and ensure these guidelines remain relevant to the ever-changing challenges of practice.

Summary of Recommendations

Purpose of social and medical advocacy for transgender people and loved ones

1. Social and medical advocacy for transgender people and loved ones should be offered in the context of a complete approach to health that includes comprehensive primary care and a coordinated approach to psychological and social issues.

2. The primary goal of social and medical advocacy with the transgender community is to address the societal barriers that interfere with functionality and well-being, and to ensure access to appropriate care.

Clinical competence

3. Clinicians working with the transgender community must have a basic understanding of transgender psychosocial issues, and must be familiar with basic sensitivity protocols such as use of preferred gender pronoun and name.

4. Clinicians must know how to effectively navigate the systems their client is encountering, and must be able to provide effective and appropriate assistance on trans-specific concerns. Clinicians are responsible to keep informed of system changes as well as developments in their clinical fields.

5. Clinicians without advocacy experience in an area of concern to the client (e.g., poverty law, immigration law) should consult with or refer to experienced professional and/or lay advocates.

Outreach

6. Clinicians must actively engage in reaching out to transgender community members with multiple risks, particularly those who are from communities that historically have been harmed by unwanted interventions.

7. Clinicians are encouraged to use the Transgender Health Program to build a network of collegial support and to facilitate sharing of information relevant to transgender advocacy.

Assessment

8. The first task is a thorough assessment that determines the client's priorities. Immediate risks to health and safety should be assessed first, with attention to crises before assessment of broader health and psychosocial issues.

9. Clients should be offered the choice of completing any forms or applications by verbal interview or by writing, offering interpretation as needed.

10. Assessment should include evaluation of financial needs and determination of eligibility for health and social assistance benefits.

11. Assessment of social support should use an inclusive definition of "loved ones".

12. Assessment should include discussion of personal strengths and positive supports.

Case advocacy areas

13. Before making a referral, the service should be contacted to ensure accessibility to transgender people and loved ones. Advocacy may be needed to educate the referral source about transgender concerns, sensitivity protocols, and required accommodations.

14. Child/youth advocacy may include working with schools to ensure accommodation of transgender students, including prevention of harassment/discrimination; ensuring that youth in care are aware of their rights; assisting with application for Youth Agreements; advocating with foster families and group homes; and assisting in exploration of medically managed transition for youth with severe gender dysphoria.

15. Employment advocacy may include assisting with employment insurance applications or appeals, planning for clients who intend to “come out” or transition on the job, ensuring vocational counselling resources are trans-competent, and filing complaints relating to employment discrimination.

16. Financial advocacy may include application for benefits and appeals relating to welfare, employment insurance, pensions, disability benefits, child care subsidy, Youth Agreements, or other types of social assistance.

17. Health advocacy may include application for health benefits, addressing discrimination in the health care system, assisting with claim form submission, and advocating for the accommodation of transgender people in acute care, continuing care, and palliative care facilities. Clinicians can assist clients undergoing medically assisted transition by ensuring the client understands the process for hormone/surgery assessment, coordinating the collection of required documentation, and providing collateral information to the assessors relating to client competency, eligibility, and readiness.

18. Housing advocacy may include assistance in finding affordable long-term housing or emergency shelter, ensuring clients are aware of their housing rights, and advocating for the accommodation of transgender people in residential services.

19. Legal advocacy may include assistance with legal change of name/sex designation, coordination of human rights complaints, assistance with application or appeal relating to social assistance, assistance with application or appeal relating to resident status, advocating for the rights of transgender people in custody, ensuring parents involved in child custody cases are aware of their rights, assistance for survivors of violence who get involved with the criminal justice system, end-of-life planning, and will creation.

20. Migrant advocacy may include assistance with application or appeal relating to temporary or permanent resident status, facilitation of access to health and social services for undocumented individuals, and coordination of interpreter/translator services.

21. Parental advocacy may include assisting transgender parents to apply for child care subsidy, working with schools to ensure inclusion of transgender parents, ensuring transgender parents are aware of their rights to custody and access, and monitoring discrimination against transgender parents in the child protection system.

22. Residential advocacy may include prevention of discrimination, advocating for the accommodation of transgender people in residential services, and addressing safety and access to washrooms/showers in residential service settings.

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Appendices

Appendix A: Community Resources

Appendix B: Overview of Social Assistance

Appendix C: Overview of Health Benefits

Appendix D: Overview of Immigrant/Refugee Application Process

Appendix E: Sample Advocacy Letters

Citizenship & Immigration Canada (CIC)

- **E1:** Letter from surgeon to CIC supporting change of legal sex designation
- **E2:** Letter from third party to CIC supporting change of legal sex designation
- **E3:** Letter from clinician to CIC supporting change of legal sex designation for FTM who has had chest reconstruction/hysterectomy but not genital surgery
- **E4:** Letter from clinician supporting refugee application

Hormone/surgery assessors (mental health professionals/GP)

- **E5:** Letter from clinician supporting client competency to make informed medical decisions
- **E6:** Letter from clinician supporting client's completion of eligibility/readiness requirements for hormones/surgery

Human Resources & Skills Development Canada (HRSDC)

- **E7:** Letter from clinician supporting "just cause" as reason for quitting work (in support of EI application)
- **E8:** Letter from clinician to HRSDC supporting application for retraining

Insurance Corporation of British Columbia (ICBC)

- **E9:** Letter from physician to ICBC supporting change of legal sex designation

Ministry of Employment and Income Assistance (MEIA)

- **E10:** Letter from clinician to MEIA supporting "just cause" as reason for quitting work (in support of income assistance application)

Vital Statistics

- **E11:** Letter from physician to Vital Statistics requesting fee waiver
- **E12:** Letter from physician to Vital Statistics supporting change of legal sex designation

Appendix A: Community Resources

Trans Alliance Society, a coalition of transgender and ally organizations in BC, maintains web listings of general trans advocacy resources and also resources for Aboriginal, anti-poverty, disability, employment, legal, medical, and residential advocacy.

- http://www.transalliancesociety.org/advocacy

The Transgender Health Program offers peer-based health advocacy to transgender people and loved ones, and assistance with referrals to trans-positive peer and professional advocates to assist with areas other than health.

- http://www.vch.ca/transhealth

While clinicians can provide valuable assistance, referrals, and support relating to legal issues (family law, poverty law, tenancy law, human rights law, etc.), clients seeking legal advice should be referred to a legal advocate. The BC Legal Services Society provides free legal information, referral assistance, and in some cases legal advice or legal representation.

- http://www.lss.bc.ca

The following listings are for groups and resources that we have found useful in advocacy in each of the specific areas described in the guidelines. To avoid geographic bias, we have only listed resources accessible to anyone in BC. A broader list of services (including region-specific programs) can be obtained from the Transgender Health Program.

As this information will quickly date, we recommend consulting with Trans Alliance Society or the Transgender Health Program for up-to-date information. The following list is not comprehensive, and lack of mention of a specific program or resource should not be interpreted as negative judgment of the efficacy of a particular service.

1. Financial assistance

a) Social assistance (federal or provincial government benefits)

Advocacy resources

- Advocacy Action Kits: http://www.bcpwa.org/empower_yourself/actionkits/
- BC Coalition of People with Disabilities: http://www.bccpd.bc.ca
- Legal Services Society's poverty advocacy publications: http://www.lss.bc.ca/pubs_bySubject/poverty_law.asp
- PovNet: http://www.povnet.org

Government assistance programs

- Human Resources & Skills Development Canada – CPP: http://www.hrsdc.gc.ca/en/gateways/topics/cpr-gxr.shtml
- Human Resources & Skills Development Canada – Employment Insurance: http://www.hrsdc.gc.ca/en/gateways/nav/top_nav/program/ei.shtml
- Human Resources & Skills Development Canada – Old Age Security (OAS)/Guaranteed Income Supplement (GIS): http://www.hrsdc.gc.ca/en/gateways/topics/ozs-gxr.shtml
- Ministry of Children & Family Development – Youth Agreements: http://www.mcf.gov.bc.ca/youth/youth_agreements.htm
- Ministry of Employment and Income Assistance ("welfare"): http://www.mhr.gov.bc.ca/programs

b) Health benefits

Advocacy resources

- BC Centre for Disease Control – STD/HIV Programs: http://www.bccdc.org/content.php?item=25
- BC Coalition of People with Disabilities: http://www.bccpd.bc.ca
- Pacific AIDS Network: http://www.pan.ca
- Transgender Health Program: http://www.vch.ca/transhealth

Health benefit programs

- Citizenship and Immigration Canada's Interim Federal Health Program: http://www.cic.gc.ca/ref-protection/english/infocentre/settlement-etablissement/comm-prof/appendix_i.htm
- Health Canada – First Nations & Inuit Health Branch (FNIHB) Non-Insured Health Benefits: http://www.hc-sc.gc.ca/fnihb/nihb
- Insurance Corporation of British Columbia (ICBC): http://www.icbc.com/Claims-Repairs/claims_injure.html
- Ministry of Health – Medical Services Program (MSP): http://www.healthservices.gov.bc.ca/msp
- Ministry of Health – Pharmacare: http://www.healthservices.gov.bc.ca/pharme
- Ministry of Health – Travel Assistance Program (TAP): http://www.healthservices.gov.bc.ca/rural/tap_patient.html
- Ministry of Employment and Income Assistance: http://www.mhr.gov.bc.ca/factsheets/health.htm
- Veteran's Affairs: http://www.vac-acc.gc.ca/clients/sub.cfm?source=services/healthcare
- Workers' Compensation Board: http://www.worksafebc.com

c) Housing

Advocacy resources

- Aboriginal Housing Management Association: http://www.ahma-bc.org
- Legal Services Society's housing advocacy publications: http://www.lss.bc.ca/pubs_bySubject/housing.asp
- Tenants' Rights Action Coalition: http://www.tenants.bc.ca
- Trans Accessibility Project: http://www.queensu.ca/humanrights/tap
- Trans Communities' Shelter Access Project: http://www.the519.org/programs/trans/access_project
- *Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People*: http://www.thetaskforce.org/downloads/TransHomeless.pdf

Government resources

- BC Housing: http://www.bchousing.org
- Ministry of Employment and Income Assistance' After-Hours line: 1-866-660-3194
- Residential Tenancy Office: http://www.rto.gov.bc.ca

Housing registries

- Aboriginal Housing Management Association: http://www.ahma-bc.org/members.htm
- BC Housing Registry: http://www.bchousing.org/Housing_Registry
- Cooperative Housing Federation of BC Directory: http://www.chf.bc.ca/pages/directory.asp

d) Child care

Advocacy resources
- BC Aboriginal Child Care Society: http://www.acc-society.bc.ca
- Coalition of Child Care Advocates of BC and BC Parent Voices: http://www.cccabc.bc.ca
- Westcoast Child Care Resource Centre: http://www.wstcoast.org

Government programs
- Child Care Subsidy Program: http://www.mcf.gov.bc.ca/childcare/subsidy_promo.htm
- Ministry of Children and Family Development – Special Needs Supplement: http://www.mcf.gov.bc.ca/supported_childcare/supplement.htm
- Ministry of Children and Family Development – Child Care information for parents: http://www.mcf.gov.bc.ca/childcare/parents.htm

2. Employment

Advocacy resources
- BC Federation of Labour: http://www.bcfed.com
- Legal Services Society's employment advocacy publications: http://www.lss.bc.ca/pubs_bySubject/employ.asp
- Transgender at Work: http://www.tgender.net/taw
- Transgender Law & Policy Institute – Employer and Union Policies: http://www.transgenderlaw.org/employer
- WorkRights: http://www.workrights.ca

Employment governance/Government programs
- BC Labour Relations Board: http://www.lrb.bc.ca
- BC Ministry of Skills Development and Labour – Employment Standards Branch: http://www.labour.gov.bc.ca/esb
- Human Resource & Skill Development Canada: http://www.hrsdc.gc.ca

3. Schools

- *Beyond the Binary – A Tool Kit for Gender Identity Activism in Schools*: http://www.nclrights.org/pdf/beyond_the_binary.pdf
- Transgender Law & Policy Institute – Colleges/Universities and K-12 Schools: http://www.transgenderlaw.org/college
- *Transgender and Gender Non-Conforming Youth – Recommendations For Schools*: http://www.transgenderlaw.org/resources/tlcschools.htm

4. Changing ID

Advocacy resources
- Transgender Health Program: http://www.vch.ca/transhealth

Government identification
- Citizenship and Immigration Canada: http://www.cic.gc.ca
- Human Resources & Skills Development Canada – Social Insurance Number: http://www.hrsdc.gc.ca/en/gateways/topics/sxn-gxr.shtml
- Insurance Corporation of British Columbia (ICBC): http://www.icbc.com/Licensing
- Vital Statistics: http://www.vs.gov.bc.ca

5. Child Protection Services / Youth in Care

Advocacy resources

- Federation of BC Youth in Care Networks: http://www.fbcyicn.ca
- Know Your Rights: http://www.knowyourrights.ca
- Legal Services Society's child protection publications: http://www.lss.bc.ca/pubs_bySubject/children.asp
- Office for Children and Youth: http://www.gov.bc.ca/cyo

Governance/Government programs

- Helpline for children: 310-1234 (toll-free in BC)
- Ministry of Children and Family Development – Child Protection Services: http://www.mcf.gov.bc.ca/child_protection

6. Immigrants/Refugees

Advocacy resources

- Immigrant Services Society of BC: http://www.issbc.org
- International Gay and Lesbian Human Rights Commission (IGLHRC): http://www.iglhrc.org/site/iglhrc
- Legal Services Society's immigration/refugee publications: http://www.lss.bc.ca/pubs_bySubject/immigrat.asp
- LEGIT/Rainbow Refugee Committee: http://www.legit.ca

Government programs

- Citizenship and Immigration Canada (CIC): http://www.cic.gc.ca
- Immigration and Refugee Board (IRB): http://www.irb-cisr.gc.ca

7. Cognitive disability/mental health

- BC Association for Community Living: http://www.bcacl.org
- BC Coalition of People with Disabilities: http://www.bccpd.bc.ca

8. Human rights/discrimination

Advocacy resources

- BC Human Rights Coalition: http://www.bchrcoalition.org
- Community Legal Assistance Society – Human Rights Clinic: http://www2.povnet.org/hr_clinic_clas
- Law Office of barb findlay: http://www.barbarafindlay.com
- *Transgender Equality – A Handbook for Activists and Policymakers* : http://www.ngltf.org/downloads/transeq.pdf
- Transgender Law & Policy Institute – Non-discrimination Laws that Include Gender Identity and Expression: http://www.transgenderlaw.org/ndlaws

Government resources

- BC Human Rights Tribunal: http://www.bchrt.bc.ca
- BC Ombudsperson's Office: http://www.ombud.gov.bc.ca
- Canadian Human Rights Tribunal: http://www.chrt-tcdp.gc.ca

9. Violence/abuse

- BC Association of Specialized Victim Assistance and Counselling Programs: http://www.endingviolence.org
- BC Society for Male Survivors of Sexual Abuse and Assault: http://www.bc-malesurvivors.com
- Justice Institute of BC – Centre for Leadership and Community Learning: http://www.jibc.bc.ca/clcl
- Survivor Project: http://www.survivorproject.org
- The (LGTB) Centre – Anti-Violence Project: http://www.lgtbcentrevancouver.com/violence.htm

10. Residential issues

a) Hospice/hospital

- BC Coalition of People with Disabilities: http://www.bccpd.bc.ca
- BC Hospice Palliative Care Association resource directory: http://www.hospicebc.org/resources.htm
- Elderly Liberation Movement Society of BC: http://www.elms.ca
- Transgender Health Program: http://www.vch.ca/transhealth

Note: You can also contact disease-specific organizations (e.g., BC Cancer Agency, HIV/AIDS agencies) to try to get their help in finding an appropriate referral for hospital or hospice advocacy. Many BC hospitals have patient advocates (sometimes called “patient liaisons”).

b) Prison

Advocacy resources

- PrisonJustice.ca: http://www.prisonjustice.ca
- Prisoners’ HIV/AIDS Support Action Network (PASAN): http://www.pasan.org
- Transgender Health Program: http://www.vch.ca/transhealth

Prison governance

- Corrections Branch of the BC Ministry for Attorney General and Ministry Responsible for Treaty Negotiations: http://www.pssg.gov.bc.ca/corrections
- Correctional Service Canada (CSC): http://www.csc-scc.gc.ca

c) Long-term care

- BC Coalition of People with Disabilities: http://www.bccpd.bc.ca
- Caregivers’ Association of BC: http://www.caregiverbc.ca
- Transgender Health Program: http://www.vch.ca/transhealth

Appendix B: Overview of Social Assistance

The following information is a very general overview of eligibility criteria for the main types of social assistance available through the provincial and federal governments. For more details and current information, we recommend the Legal Services Society's manuals and client factsheets: http://www.lss.bc.ca/pubs_bySubject/poverty_law.asp

1. Ministry of Employment and Income Assistance – BC Employment and Assistance (MEIA)

The Ministry of Employment and Income Assistance (formerly known as the Ministry of Human Resources, or MHR) provides crisis, short-term, and long-term financial assistance to residents of BC who (a) are not working, are earning very little income, are waiting for other income, are unable to work, or are working and in need of child care, and (b) do not live on-reserve. People who live on-reserve (whether First Nations or non-indigenous) receive assistance through the Band's social development worker, under rules and regulations that are slightly different than those at MEIA. *Welfare Rights on Indian Reserves in British Columbia* (http://www.lss.bc.ca/legal_info/pubs_pdf/sec_w/welfarerightsReserve.pdf) explains the application process and coverage for people living on-reserve.

Community-based clinicians and MEIA Employment Assistance Workers (EAWs) must be able to advocate for clients who are having difficulty applying for or obtaining benefits. We recommend that community-based social workers and other clinicians try to establish a good working relationship with the EAW, as EAWs have significant power to determine the outcome for the client. We have found that EAWs who are strong advocates for their clients not only move basic applications forward quickly, but also have been able to use the flexibility in the system to accommodate special trans-specific needs that are normally not recognized as essential by the system (including wigs, gender-specific clothing, and beard cover makeup). Conversely, we have found that EAWs who perceive their job to be the minimization of client demands on the system can make it very difficult for clients to get a benefit they are entitled to. Experienced anti-poverty advocates (http://www.povnet.org/advocates/bc-map.html) can provide tips on effective work with EAWs.

Under MEIA there are four options for ongoing costs of living: Persons With Disabilities (PWD) benefits, Persons with Persistent Multiple Barriers to Employment (PPMB) benefits, general Income Assistance, and Hardship Assistance. Eligibility criteria for each are described below. MEIA also provides additional benefits relating to transportation, child care, funeral costs, identification replacement, health care, and medical transportation (http://www.mhr.gov.bc.ca/programs). Clinicians should become familiar with the full range of MEIA benefits to ensure that clients are receiving the full benefits they are entitled to.

a) Persons With Disabilities (PWD) benefits

Being transgender is not intrinsically a disabling condition. However, transgender people may experience trans-related disability (e.g., severe side effects of hormone treatment, extended recovery or complications from surgery, severe clinical depression/anxiety due to ongoing gender dysphoria or difficulty coping with transphobia) or have a disabling condition unrelated to being transgender. To qualify for Persons With Disabilities (PWD) benefits:

- the applicant must be 18 years or older, ***and***
- the applicant must have a severe mental or physical impairment that, in a physician's opinion, is likely to continue for at least 2 years, ***and***

- a physician must state that this disability/illness "directly and significantly restricts" abilities to perform daily living activities (cooking, cleaning, bathing, financial transactions, transportation, making decisions, communicating with people, social interactions, taking medication) “either continuously, or for extended periods", ***and***
- significant assistance is required from another person, an animal, or a device (e.g., wheelchair) to complete daily tasks, ***and***
- the applicant must be a Canadian citizen, permanent resident with landed immigrant status, or a Convention refugee or Person in Need of Protection under the *Canada Immigration and Refugee Protection Act,* ***and***
- the applicant must have a Social Insurance Number (SIN)

b) Persons with Persistent Multiple Barriers to Employment (PPMB) benefits

People who cannot work due to illness or disability but do not meet the PWD criteria may qualify for Persons with Persistent and Multiple Barriers (PPMB) benefits if:

- the applicant is 18 years or older, ***and***
- the applicant has been on income assistance for 12 out of the 15 months immediately before applying, ***and***
- a physician will state that the applicant has a medical condition (excluding addiction) that has lasted for one year and is likely to continue or reoccur frequently for at least 2 more years, ***and***
- a physician will state that this medical condition prevents the applicant from seeking, accepting, or continuing employment, ***and***
- the applicant is a Canadian citizen, permanent resident with landed immigrant status, or a Convention refugee or Person in Need of Protection under the *Canada Immigration and Refugee Protection Act,* ***and***
- the applicant has a Social Insurance Number (SIN)

c) General Income Assistance

“Income assistance” is a general category for people who do not fit the PWD or PPMB requirements. This includes people who are unable to work due to illness or disability but do not meet the PWD or PPMB criteria, as well as people who are able to work but are currently unemployed. People who do not qualify for PWD or PPMB status may be excused from having to look for work if they have a medical condition (including addiction) that prevents them from being employable, but they will not be entitled to the higher monthly amount and extended health benefits that people with PWD or PPMB status are entitled to. Anyone who is not exempt from looking for work must be involved in job search or a job training program to continue receiving benefits.

To be eligible for general income assistance, applicants must:

- be 19 years or older, ***and***
- be a Canadian citizen, permanent resident with landed immigrant status, or a Convention refugee or Person in Need of Protection under the *Canada Immigration and Refugee Protection Act,* ***and***
- have a Social Insurance Number (SIN)

d) Hardship Assistance

Adults 19 years or older who do not qualify for PWD benefits, PPMB benefits, or basic Income Assistance may be eligible for Hardship Assistance. Hardship Assistance is the only option for people who:

- are on a temporary resident's permit
- are waiting for Citizenship and Immigration Canada (CIC)'s Immigration and Refugee Board to decide on an application for refugee status
- are appealing CIC's denial of refugee status
- have been denied refugee status, have exhausted appeals, and are waiting for CIC to do a Pre-Removal Risk Assessment
- have been ordered deported by CIC but the deportation order is not being carried out
- are waiting to receive a Social Insurance Number or other identification (may qualify for up to three months Hardship Assistance)

Hardship Assistance is only issued one month at a time (i.e., is reassessed every month); to requalify the applicants must prove they still have no other means of financial assistance or assets.

In situations that the Ministry views as temporary and resolvable within a short period of time (no identification, no SIN card, waiting for other income, applied for welfare after hours, income/assets exceeds limits for other types of benefits), Hardship Assistance can only be received for three consecutive months. There is then a period of three months where the family will not get further Hardship Assistance (because they are expected by the Ministry to have qualified for other benefits). The three-month limit does not apply to clients who get Hardship Assistance because they are awaiting EI payment, or on strike or lockout, have been disqualified from receiving other benefits because of past fraud, do not meet residency requirements, or have had a breakdown in immigration sponsorship.

In the following circumstances, Hardship Assistance may be issued as a loan that the applicant must pay back to MEIA when other income comes in:

- the individual has applied for but not yet received other social assistance (e.g., Employment Insurance, Old Age Security pension)
- there is a financial crisis as the result of strike or lockout

Some people are not eligible for any type of MEIA social assistance, including Hardship Assistance:

- undocumented migrants
- people with a temporary visa (e.g., work, student, or visitor's permit) who are not Convention refugees or refugee claimaints
- people without PWD status who are in school full-time, unless MEIA has given prior approval

2. Canada Pension Plan disability benefits (CPPD)

A CPPD application may be an option when a transgender client who has a solid work history is unable to work at any job on a regular basis due to a disability which is expected to last for at least one year or is likely to result in death. The work history is essential as Canada Pension Plan benefits are based upon the years of employment wherein regular financial contributions were made to their program (i.e., people who are self-employed or work in jobs that do not involve CPP contributions will not be eligible). In our experience it is a more difficult application than provincial PWD/PPMB benefits as the focus is on medical conditions. Additionally, CPPD does not cover pharmacy or

expanded medical costs and does not provide the reduced-cost bus pass program that is attached to PWD benefits in British Columbia. The support of a physician is essential.

3. Employment Insurance (EI) benefits through Human Resources & Skills Development Canada (HRSDC)

As with any health condition that precludes a persons' ability to work, a medical "leave" from the workplace for surgery or treatment may be available with a letter and completed application form signed by an attending physician. However, any applicant for EI benefits must qualify first under standard EI regulations.

Currently, under EI legislation, being fired from a job or quitting work does not entitle an individual to EI benefits. However, if the situation is one where a transgender person quits due to a dangerous or hostile work environment, advocacy from a clinician, in the form of a detailed letter, may help the applicant receive benefits. If a client quits due to "just cause" but is not eligible for EI for other reasons (insufficient weeks, etc.), provincial Income Assistance (see pages 34-36) may be an option. In either case, a letter by a clinician explaining the reasons for leaving are strongly encouraged. Sample letters are included as Appendices E7 and E10.

When a transgender client is eligible for EI benefits, it is possible to apply for funding to training or retraining programs through HRSDC. Letters of support are recommended. A sample letter supporting an application for retraining as a person with disability is included in Appendix E8 (page 54).

4. Ministry for Children and Family Development – Youth Agreements

In BC, parents and extended family members are expected to be financially responsible for their children (even if they are not living at home) until age 19. There are few options for youth who need social assistance. The only social assistance option for youth under 16 is foster care placement, which will only be considered if the Ministry of Children and Family Development (MCFD) designates a youth as in need of protection (see section 5). For transgender youth age 16-18 who have been abandoned by family members or feel they can't live with family "for reasons of safety", it may be possible to get financial assistance through MCFD's Youth Agreement Program. To apply, youth can self-refer to MCFD – they will be assigned a youth worker, who will interview them and, in most cases, their parents.

Youth agreements are individualized agreements signed between MCFD and youth at risk outlining the amount the Ministry will pay and goals that the youth must meet to continue receiving payment. Typically, return to school and/or engagement in work search/training is required; participation in mental health or alcohol/drug treatment and life skill goals (e.g., money management) may also be included. To qualify, youth must demonstrate that they are mature enough to live without adult supervision.

In our experience it is important to distinguish between criteria for child protection complaints (see section 5) and criteria for youth agreement applications. Forcible removal of a youth from the family home requires proof that the youth is at serious risk of abuse/neglect by family members, and involves a formal investigation. Youth agreements are voluntary (not forced), and while eligibility is dependent on MCFD finding that it is not an option for a youth to live with family members, this may be unrelated to abuse or neglect by family members (e.g., violence from age peers at school has been considered "threat to safety" for some of the transgender youth we have worked with). If the family is supportive of a Youth Agreement it will be far easier to get than if the family is opposed to the youth living independently; advocacy with the family may be helpful in building their support (but

is, of course, conditional on the youth's consent to involve the family). Advocacy with MCFD is often important in addressing both eligibility for benefits and also issues relating to confidentiality/privacy regarding transgender status.

5. Federal Assistance for Seniors

In BC, people age 65 or older are primarily supported through federal benefits (people over 65 who do not qualify for federal benefits can apply for social assistance through the Ministry of Employment and Income Assistance). Old Age Security (OAS) is the basic amount, and may be topped up by the Guaranteed Income Supplement for seniors with low incomes. People who contributed to the Canada Pension Plan (CPP) during their working years will receive an additional pension if they stop work due to disability (as discussed earlier) or retirement. Partners of people who receive OAS or CPP pensions may qualify for survivor benefits if their partner dies.

Clinicians should ensure that transgender seniors are aware of the benefits they are entitled to, and if necessary assist with application for benefits or appeal refusal of benefits. People are not automatically enrolled in federal benefits programs for seniors when they turn 65: application is necessary. In some cases, people age 60-64 may qualify for seniors' benefits. HRSDC recommends that applications be made six months before the date of eligibility (e.g., 6 months before a person's 65th birthday) as it can take some time for applicants to be processed. Application kits are available from Human Resources & Skills Development Canada (http://www.sdc.gc.ca/en/gateways/where_you_live/regions/offices/bc-yk.shtml). For most federal seniors' benefits a birth certificate must be provided to establish proof of age; people born outside of Canada must also submit citizenship or immigration documents to establish proof of legal status in Canada.

a) Old Age Security (OAS) Pension

The OAS pension is a monthly benefit for Canadian citizens or legal residents of Canada who are age 65 or older. The monthly amount depends on the length of time living in Canada. Employment history is not a factor: applicants may still be working, have retired, or never have worked.

Seniors who receive OAS pensions and have low incomes may qualify for the Guaranteed Income Supplement (GIS). Eligibility depends on the yearly income of the applicant or, if married (including same-sex/common-law marriages), the partners' combined income. Each partner in a low-income household is entitled to GIS. Recipients must re-apply annually for the GIS benefit by filing an income statement or completing an income tax return by April 30th. The amount of monthly payments are usually determined annually depending on the income in the previous calendar year; if there has been a change in income, a request can be made to calculate the amount using an estimate of income for the current year. Sponsored immigrants are not eligible for GIS during their sponsorship period unless they have lived in Canada for 10 years after age 18; non-sponsored newcomers who have lived in Canada for less than 10 years and who qualify for OAS under an agreement between Canada and their country of origin are eligible for partial GIS that gradually increases until 10 years of residency is achieved.

When a couple is dependent on one person's OAS pension, the Allowance may be paid monthly to their spouse or common-law partner to help supplement the couple's income. A person whose spouse or common-law partner was receiving the OAS pension may qualify for the Allowance for Survivors if their partner dies. To qualify, the applicant must be age 60-64 and must have lived in Canada for at least 10 years after turning 18, and the couple's combined yearly income beyond OAS/GIS cannot exceed the limits set quarterly by HRSDC. Recipients must re-apply annually. The Allowance stops when the recipient becomes eligible for OAS pension at age 65 or if the partners separate or divorce; Allowance for Survivors stops if a survivor remarries or lives in a common-law

relationship for more than 12 months. As with GIS, sponsored immigrants are not eligible for the Allowance during their sponsorship period unless they have lived in Canada for over 10 years after age 18, and non-sponsored immigrants who have lived in Canada for less than 10 years will have their benefits pro-rated.

b) Canada Pension Plan (CPP)

People who have paid into the Canada Pension Plan (CPP) during their working years qualify for retirement benefits when they retire at age 65 (people age 60-64 may be eligible but will receive a reduced amount). The length of time paying into CPP and the amount paid determines the amount of monthly benefits. Typically CPP is approximately 25% of the earnings on which CPP payments were based during working years; in 2004 the average monthly retirement pension was $458.

Appendix C: Overview of Health Benefits

1. Medical Services Plan

The Medical Services Plan (MSP) is the basic government coverage plan for residents of BC who are Canadian citizens, landed immigrants, documented refugees (recognized as per the Convention), or visitors with a study/work permit. Undocumented individuals do not qualify.

MSP is not just for people living in poverty: everyone who is eligible in BC is required to register and to pay into the plan. The cost of MSP premiums depends on income and family size, and may be fully or partially subsidized by the government or private extended health plans. MSP coverage includes most services provided by a GP or specialist physician and diagnostic services. MSP does not cover services that it does not deem medically necessary (e.g., cosmetic surgery) or proven to be medically effective (e.g., whole body CT scans), equipment or appliances (e.g., hearing aids, eyeglasses), services of counsellors or psychologists, prescription drugs (these are covered by Pharmacare), ambulance fees, or medical exams or tests required for immigration/school/work. Some services are only covered for specific populations (e.g., youth, seniors, people receiving social assistance), or are only partially covered (e.g., dental services).

MSP covers some but not all of the medical costs associated with gender transition.

a) Female-to-male (FTM)
- full coverage for one-stage chest reconstruction surgery; no coverage for revisions
- full coverage for hysterectomy (removal of uterus), oophorectomy (removal of ovaries), and vaginectomy (removal of vagina)
- no coverage for metaidioplasty, phalloplasty, urethroplasty, or testicular/erectile implants

b) Male-to-female (MTF)
- coverage of one-stage genital surgery up to a maximum dollar amount (not sufficient to pay the full fees many surgeons charge); no coverage for recovery at a private facility
- full coverage of breast augmentation if there has been no breast growth after two years on feminizing hormones, or if breasts are significantly lopsided
- no coverage for electrolysis, pitch-elevating surgery, or facial feminization surgery

To be eligible for MSP coverage for sex reassignment surgery, clients must go through a series of medical assessments, have their GP send an application to MSP, and be treated by a surgeon approved by MSP. Clients must pay the surgeon and then be reimbursed by MSP, a significant concern for most people (as surgical costs can be $10,000-$20,000). Advocacy with a financial lending institution may be necessary.

Although MSP doesn't provide direct assistance with travel costs, under the Ministry of Health Services' Travel Assistance Program (TAP) transportation companies waive or discount their regular fees for travel to the nearest specialist. To be eligible clients must have MSP coverage and their GP must complete a TAP form.

More information on MSP coverage is available at http://www.transgender.org/transcend/guide/sec262b.htm. More information on the TAP program is available at http://www.transgender.org/transcend/guide/sec264.htm

2. PharmaCare

People in hospital have the costs of their medication covered by the hospital system. For other BC residents, PharmaCare is the provincial insurance program that subsidizes the cost of designated prescription medication and medical supplies. The amount of subsidy depends on net family income. Unlike MSP, there are no premiums that must be paid with PharmaCare.

Prior to 2003, BC residents enrolled with MSP were automatically enrolled in PharmaCare. In 2003, BC began a new program (Fair PharmaCare) that requires separate registration. While some parts of the registration process can be done by phone or internet, registration will not be complete until the client has completed, signed, and mailed consent forms.

PharmaCare does not routinely cover all medications or medical supplies (see http://www.transgender.org/transcend/guide/sec266.htm). It is possible to apply for special coverage for medical necessities that are not typically covered by PharmaCare (e.g., testosterone). The physician must complete a Special Authority Request form and explain why special consideration is needed. Approval must be granted before the item is purchased: there is no retroactive coverage.

3. Ministry of Employment and Income Assistance (MEIA)

The Ministry of Employment and Income Assistance (formerly Ministry of Human Resources), which administers provincial social assistance benefits, provides health benefits to supplement MSP/Pharmacare for people with low incomes (whether or not they are currently receiving social assistance). MEIA factsheets on health coverage – including dental coverage, diet supplements, medical transportation, and optical coverage – are posted at http://www.mhr.gov.bc.ca/factsheets/health.htm

Prior to 2001, income assistance legislation included a general provision for coverage of “life-threatening” health needs. In several cases, the BC Appeal Board found that electrolysis was a health need required to avoid potentially life-threatening transphobic violence and psychologic distress, and ordered the Ministry of Employment and Income Assistance to cover the cost of treatments. However, in 2001 the section of the legislation that allowed for this (under Schedule C) was changed so only “life-threatening” health needs defined by the Ministry (http://www.mhr.gov.bc.ca/publicat/VOL1/Part3/3-3.htm#C) are now covered.

While it is no longer possible to get MEIA coverage for services not paid for by MSP, there have been cases of successful applications to MEIA for money to supplement MSP’s maximum payment for a service recognized as medically essential. For example, in one case the EAW was successful in obtaining $3000 to cover the discrepancy between MSP’s surgery maximum and the surgeon’s actual fees, with additional money for the recovery clinic’s costs and out-of-province transportation costs.

4. First Nations and Inuit Health Branch (FNIHB)

Health Canada's First Nations and Inuit Health Branch (FNIHB) provides coverage to registered status First Nations, Innu, and Inuit people through the Non-Insured Health Benefits Program (NIHB). NIHB provides extended benefits to supplement other federal, provincial, territorial, or third-party health insurance plans. Areas that may be covered include medication, dental care, vision care, medical supplies and medical equipment, short-term mental health services (e.g., crisis counselling), and transportation to access medical services. For further information contact the closest FNIHB branch at http://www.hc-sc.gc.ca/fnihb/nihb/publications/infobook.htm#Contact

Appendix D: Overview of Immigrant/Refugee Application Process

There are three main options for getting permanent residency status in Canada:

- ***Immigration, Family Class*** – sponsorship of a spouse, common-law partner, child, parent, or other family member by a person who is a Canadian citizen or permanent resident.

- ***Immigration, Economic Class*** – for people who can prove they can become "economically established" in Canada, under "skilled worker" status or "business class" status (for people who run/invest in businesses).

- ***Refugee*** – for people who can prove they have a "well-founded fear of persecution based on race, religion, nationality, political opinion or membership in a particular social group, as well as those at risk of torture or cruel and unusual treatment or punishment".

It is not required that immigrant/refugee applicants have legal assistance. However, we strongly recommend that, at minimum, applicants be encouraged to get advice from immigrant/refugee organizations who are experienced with immigration law and policy. There are multiple complex forms to be completed and numerous procedures that must be arranged as part of the process, and errors in completing the process can have serious consequences (including deportation). The Affiliation of Multicultural Societies and Services Agencies of BC (AMSSA) lists immigration services throughout the province on its website at http://www.amssa.org/iicc/index.cfm?fuse=immigrating

All applicants must pass a medical exam given by a doctor designated by Citizenship & Immigration Canada (CIC). The primary purpose of the exam is to check for any conditions that are a public health risk (e.g., untreated tuberculosis, SARS). HIV infection is not grounds for refusal of an application under “public health” grounds. As many transgender people are anxious about medical exams, advocacy with the physician before the exam may be useful both in preparing the client for procedures that will be done and also (with the client’s consent) disclosing transgender status and discussing ways to sensitively and respectfully examine the chest and genitals.

For people applying under Economic Class (not refugees and Family Class applicants), the medical exam includes assessment of chronic health conditions that "might reasonably be expected to cause excessive demand on health or social services". This can include HIV infection or chronic illness (heart condition, breast cancer, etc.). It is not known whether plans to seek hormones/surgery to treat gender dysphoria would be considered “excessive demand” for Economic Class applicants.

CIC conducts background checks on all applicants to assess security risk. A past criminal record does not necessarily mean refusal of application: this depends on the nature of the conviction and the length of time that has passed since the conviction. As part of the background check, applicants are required to get police certificates from their country of origin and any other countries where they have lived for more than six months in the past 10 years; the process depends on which countries the applicant has lived in. For more information, refer to the specific application package for the class being applied under on the CIC website: http://www.cic.gc.ca/english/applications

People whose immigrant/refugee applications are approved will be given Permanent Resident Status. This confers partial rights, including the right to live, work, study, and travel in Canada, and the legal obligation to pay taxes (but not to vote or hold certain jobs – e.g., serving in the Canadian military forces). Departure from Canada for an extended period of time may result in loss of permanent resident status. After having been a permanent resident for at least three years, an

application for Canadian citizenship can be made. Immigrants/refugees who have become Canadian citizens have the same rights and obligations as people born in Canada.

The following is a brief overview of eligibility criteria for people seeking immigration/refugee status. Further information is available at:

- Citizenship & Immigration Canada: http://www.cic.gc.ca
- Legal Services Society: http://www.lss.bc.ca/pubs_bySubject/immigrat.asp
- LEGIT (support for LGBT immigrants and refugees): http://www.legit.ca

1. Application for immigrant status

a) Family Class

Canadian citizens/permanent residents can apply to sponsor:

- spouse, common-law partner, or conjugal partner
- dependent child
- parents or grandparents
- children adopted outside of Canada or intended to be adopted in Canada
- siblings, nephews/nieces, or granddaughters/grandsons who are orphaned and under 18
- one relative of any age if there is no aunt, uncle, or family member from the above list who could be sponsored, or who is already a Canadian citizen or permanent resident

Same-sex/same-gender partners of Canadian citizens/permanent residents can apply for Family Class status as common-law or conjugal partners. The Canadian citizen/permanent resident must agree to sponsor their partner, and the couple must be able to demonstrate that their relationship meets the CIC's definition of common-law or conjugal partners.

The first part of a Family Class application is the request to be approved as a sponsor for the loved one. The sponsor must agree to be financially responsible for the applicant for three years (partner or dependent children over the age of 22) or 10 years (other family). There is no specific minimum income requirement, but the sponsor cannot:

- be receiving social assistance for any reason other than disability
- have an undischarged bankruptcy
- have failed to support a previously sponsored family member
- have failed to make a court-ordered support payment to a spouse or dependent children
- be late in making a payment on an immigration loan, performance bond, or any other amount the sponsor agreed to pay under immigration legislation

The second part of a Family Class application involves the immigrating family member completing an application for permanent residence – including the application form and related paperwork, medical exam, and police certificates. For common-law or conjugal partners (of any gender), the documentation must include the Statutory Declaration of Common Law-Union and other proof that the relationship is "genuine" and that it meets the CIC definition of spouse, common-law, or conjugal partner. The LEGIT website lists tips at http://www.legit.ca/tips.html

Applications are usually made outside Canada. If the family member who is applying already has legal status in Canada, an application can be made within Canada. The application depends on the type of family member being sponsored and whether the claim is internal/external to Canada: see http://www.cic.gc.ca/english/applications.

b) Economic Class

Skilled workers must be able to demonstrate that they can become "economically established" in Canada. CIC evaluates applicants on a system that awards points for specific types of education and work experience, knowledge of English/French, age, confirmed employment in Canada, and employment adaptability. The number of points needed to be considered a skilled worker changes periodically so the CIC website (http://www.cic.gc.ca/english/skilled/assess) should be consulted prior to application. Proof of funds to support self and family is also required if the applicant does not have work confirmed in Canada (http://www.cic.gc.ca/english/skilled/qual-4.html).

Business class immigrants (http://www.cic.gc.ca/english/applications/business.html) are selected based on their ability to become economically established by investing in or starting businesses in Canada. There are three designations for people applying for Business Class status. *Self-employed persons* must have the experience and ability to purchase/manage a farm or establish another business that will, at minimum, create an employment opportunity for themselves and "make a significant contribution to cultural activities or athletics in Canada". *Enterpreneurs* must demonstrate business experience and a minimum net worth of CDN$300,000, and are subject to conditions upon arrival in Canada. *Investors* must demonstrate business experience, a minimum net worth of CDN$800,000, and be able to invest at least CDN$400,000.

2. Application for refugee status

Under Canada's *Immigration and Refugee Protection Act*, a person in Canada can claim status as a Convention refugee and/or a person in need of protection. A *Convention refugee* is defined as a person who is unable or unwilling to return to their home country because of a "well-founded fear of persecution for reasons of race, religion, political opinion, nationality or membership in a particular social group." A *person in need of protection* is defined as a person in Canada whose removal to their country of nationality or former habitual residence would subject them to the possibility of torture, risk to life, or risk of cruel and unusual treatment or punishment.

Although persecution on the basis of gender identity or expression is not explicitly mentioned in the definition of "refugee" in Canadian law, there are precedents of transgender people having refugee applications approved on the basis of transphobic violence they have experienced. "Social group" may also include claims on the basis of sexual orientation or HIV+ status.

A claim for protection can be made at a port of entry or at a CIC office in Canada. Once a CIC officer decides that a refugee claimant is eligible to be referred, the claim is sent to the Immigration and Refugee Board (IRB) for a decision on the risk on return. Protection is conferred when the IRB determines that they are a Convention refugee or person in need of protection.

Refugee applications will not be considered for anyone who:

- is recognized as a Convention refugee by another country to which they can be returned
- passed through the USA en route to Canada (in these cases the refugee application must be made in the USA)
- is determined to be inadmissible on grounds of security, human rights violations, serious criminality or organized criminality
- had a previous refugee protection claim rejected by the IRB or deemed ineligible for referral to the IRB
- withdrew or abandoned a previous refugee claim

As mentioned earlier, there are precedents for people to be accepted as refugees on the basis of transphobic persecution. Clinicians can assist by providing or collecting collateral information, such as letters from GPs and mental health professionals stating that the applicant was traumatized by their experiences (e.g., imprisonment, torture, persistent verbal harassment by state officials because their appearance didn't match their ID) as a transgender person in their country of origin and that it is their clinical opinion that return will cause serious deterioration of mental and/or physical health. Conditions described in the letter must be different than conditions in Canada – i.e., describing the same types of discrimination and harassment that frequently occur here will not be enough to qualify for refugee status. A sample letter is included as Appendix E4 (page 50).

In recent years we have worked with increasing numbers of undocumented transgender individuals from the USA who have found life there untenable because they could not afford the costs of health care and/or experienced transphobic harassment and violence. We strongly recommend that any American transgender people seeking refugee status be referred to refugee advocacy specialists who can provide a realistic assessment of options. Historically, it has been rare for Canada to consider *any* refugee applications from the USA (e.g., although conscientious objectors to the war in Vietnam were allowed to enter Canada, in March 2005 the IRB denied the refugee application of a conscientious objector to US military policy). Additionally, it is very difficult to prove that conditions for transgender people in the USA are substantially different than conditions for transgender people in Canada (as numerous American jurisdictions offer better anti-discrimination protection than Canada). The *Safe Third Country Agreement*, which came into effect in 2004, makes it impossible for anyone who has landed in the USA prior to coming to Canada to make a refugee claim, further entrenching a political relationship between Canada and the USA that we feel makes it untenable for transgender people from the USA to pursue refugee application. Mindful of the numerous difficulties faced by undocumented people, in some cases it may be appropriate to explore the possibility of helping transgender Americans relocate to San Francisco, New York, or other locations in the USA that have legal protections for transgender people and also subsidized trans-friendly housing and health care. Education about Family Class and other immigration options may also be appropriate.

Appendix E: Sample Advocacy Letters

Note: We strongly recommend that clinicians who are coordinating the provision of collateral information modify the following template letters to accurately reflect a client's situation and complete as much detail as possible *before* the template text is sent to the clinician who will be signing it. Coordinating advocates should also offer to provide reminders about letters needed, confirm receipt of the letter, and proofread the letter after receipt to ensure that it is complete. (Some clients prefer to do this as self-advocates.)

E1: Letter from surgeon to CIC supporting change of legal sex designation (following genital surgery/hysterectomy)

[surgeon's letterhead]

[current date]

Citizenship and Immigration Canada
Communications Branch
Ottawa, ON K1A 1L1

Greetings,

I am writing in support of [patient's name] application for a change of legal sex designation from ["F" to "M" *or* "M" to "F"]. I performed gender reassignment surgery on [patient's name] on [date]. This patient's transition from ["F" to "M" *or* "M" to "F"] should now be considered complete.

For MTFs after genital surgery: This patient can now be considered anatomically female.

For FTMs after hysterectomy: As a result of the virilization of genitalia by masculinizing hormones and the removal of the uterus and ovaries, this patient can now be considered anatomically male.

For FTMs after genital surgery: This patient can now be considered anatomically male.

I affirm that the change of legal sex designation is appropriate and necessary to allow [patient's name] to safely work, study, and travel.

You can contact my office at [phone number] if you require any further information.

Sincerely,

[surgeon's name and signature]

E2: Letter from third party to CIC supporting change of legal sex designation (following genital surgery/hysterectomy)

[third party's mailing address]

[current date]

Citizenship and Immigration Canada
Communications Branch
Ottawa, ON K1A 1L1

Greetings,

I am writing in support of [client's name] application for a change of legal sex designation from ["F" to "M" *or* "M" to "F"]. I have known [client's name] in a [professional/personal] capacity prior to and since gender reassignment surgery, and can confirm that [she/he] is the same person. I affirm that the change of legal sex designation is appropriate and necessary to allow [client's name] to safely work, study, and travel.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[3rd party's name and signature]

E3: Letter from clinician to CIC supporting change of legal sex designation for FTM who has had some type of surgery (i.e., chest reconstruction/hysterectomy) but not genital surgery

[clinician's letterhead]

[current date]

Citizenship and Immigration Canada
Communications Branch
Ottawa, ON K1A 1L1

Greetings,

I am writing to request reconsideration of [client's name] application for a change of legal sex designation from "F" to "M". I have known [client's name] in a professional capacity for [number of years], prior to and following gender reassignment surgery. I am concerned that the refusal of CIC to change his papers is causing mental distress and is preventing my client from safely working and traveling.

As the surgeon's letter that was sent to you on [date] indicates, sex reassignment surgery was performed on [date] and in the opinion of the surgeon the patient's transition is now complete. On [date] my client was informed by CIC that he would not be granted a change of legal sex designation as he has not had genital surgery.

CIC policy states:

> 6.7 Surgical procedures completed
> In all cases where an applicant wishes to amend the gender on citizenship records, the surgical procedures must be complete. The statement from the surgeon confirming surgical procedure must indicate that the gender reassignment procedures are completed and that the person is now anatomically a male or female.

Gender reassignment is the prescribed treatment for Gender Identity Disorder (GID). My client has been diagnosed with GID and has completed the gender reassignment process under the supervision of physicians and mental health professionals with transgender medicine expertise, and has completed sex reassignment surgery. As such he meets the criteria outlined in policy 6.7 and should be granted the change of legal sex designation that he has requested.

Options for further explanation (if the client wishes to explain why genital surgery was not pursued):

- Phallic reconstruction was not pursued in my client's case as the virilization from testosterone has been sufficient to allow him to live as a man.
- Phallic reconstruction was not pursued in my client's case as the BC Medical Services Plan does not cover phalloplasty for female-to-males, and the costs are prohibitively expensive. My client does hope to pursue phalloplasty should the BC Medical Services Plan change its position. If he is able to undergo phalloplasty, he will need tissue from his vagina to extend the urethra as part of the procedure. Vaginectomy is therefore not an option at this time.
- Phallic reconstruction was not pursued by my client as it involves a highly invasive series of surgeries with the potential for grave complications.
- Vaginectomy was not pursued in my client's case as there are numerous risks associated with vaginectomy (including bowel perforation) and the patient and his surgeon felt the risks outweighed the potential benefits.

The position that genital surgery is required prior to change of legal sex designation is not supportable. For example, in 1999, as a result of a complaint filed with the Superior Court of Quebec and expert testimony by gender reassignment surgeons, the Director of Civil Status amended the requirements for female-to-male transsexuals to indicate that vaginectomy and phalloplasty were not mandatory for change of legal sex designation. Indeed, we are aware that many female-to-males have been granted change of legal sex designation by CIC following hysterectomy (without vaginectomy or genital surgery).

Regardless of one's genitals, it is not workable to have identification with contradictory legal sex designation. My client has already been granted a change from "F" to "M" on identification issued by the Insurance Corporation of British Columbia [and any other agencies that have issued "M" ID], as per their policy that transsexuals should be granted identification if requested by their family physician. Having incongruent identification is creating problems for my client in employment and in travel. This must be resolved in an expedient fashion.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E4: Letter from clinician to CIC supporting refugee application

[clinician's letterhead]

[current date]

Citizenship and Immigration Canada
Communications Branch
Ottawa, ON K1A 1L1

Greetings,

I am writing to support [client's name]'s application for status as a protected person as defined by the *Immigration and Refugee Protection Act*.

My client is a [bi-gendered person, female-to-male transsexual, male crossdresser, male-to-female transsexual, etc.]. As a transgender person, [he/she] experienced severe and prolonged mistreatment in [country of origin], including:
Edit details to accurately reflect client's case, and provide as much specific detail as possible; the types of incidents that are commonly reported include:

- verbal harassment by customs/border officials when trying to leave or re-enter the country
- repeated arrest and detainment for being transgender
- torture by police/military for being transgender
- conviction and imprisonment for crossdressing (as this is considered illegal in some countries)
- threats to the safety of self or loved ones by police/military personnel

Human rights organizations have expressed concern about systemic mistreatment of transgender people in [country of origin], including:
Insert information about the country of origin as per documentation from:

- The International Gay and Lesbian Human Rights Commission: http://www.iglhrc.org/files/iglhrc/Asylum.pdf
- supplemental: do Google search for: <"human rights" violation transgender [country of origin]">

The mistreatment experienced by my client has seriously impacted [her/his] mental health. [She/he] has been diagnosed with [clinical depression, post-traumatic stress disorder, etc.] as a result, and is under medical care for this condition as per the attached letter from the client's family physician. As a mental health professional I concur with the physician's opinion that my client's mental health will likely further deteriorate if [she/he] is forced to return to [country of origin]. I am further concerned that as conditions for transgender people in [country of origin] have not improved, my client will be at risk for further persecution, mistreatment, and potentially loss of life.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E5: Letter from clinician to hormone/surgery assessor supporting client competency to make informed medical decisions

[clinician's letterhead]

[current date]

[name and address of assessor]

Greetings,

I am writing to support [client's name]'s request for assessment for [hormone/surgery] eligibility and readiness. I am a [social worker, nurse, physician, etc.] [in private practice/with name of agency] and have been seeing [client's name] [duration/frequency of appointments: e.g., "once a week for the last six months", "approximately six times in the last three months"].

[Client name] has a [cognitive disability/mental illness] that results in a need for some assistance with daily living. However, it is my professional opinion that [client's name] understands the potential risks and benefits of [hormone/surgery] and is capable of providing informed consent to proceed. In our sessions [client's name] has articulated having gender concerns, has identified a treatment course [she/he] wishes to pursue, and has indicated an understanding of probable benefits and possible medical and social risks of undergoing treatment.

I also note that [client's name] has demonstrated functional independence in other areas of [her/his] life, including:
Edit details to accurately reflect client's case, and provide as much specific detail as possible; the types of measures of independence that are commonly reported include:

- ability to make decisions relating to medication and to take medication appropriately
- ability to maintain independent residence
- ability to conduct financial transactions and manage money
- ability to map out transportation route and to drive/take public transit
- ability to make health/social service appointments and to consistently attend them

While I am not an expert in [hormonal/surgical] care and cannot evaluate the accuracy of [client's name]'s understanding of the specific risks that may be associated with a particular [type of hormones/surgical technique], I see no evidence of delusional thinking in [client's name]'s description of [her/his] gender concerns or in discussion of possible consequences of treatment. I believe [she/he] has a realistic sense of the general pros and cons of treatment and is capable of making a rational and informed decision.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E6: Letter from clinician to hormone/surgery assessor supporting client's completion of eligibility/readiness requirements for hormones/surgery

[clinician's letterhead]

[current date]

[name and address of assessor]

Greetings,

I am a [social worker, nurse, physician, etc.] [in private practice/with name of agency] and have been seeing [client's name] [duration/frequency of appointments: e.g., "once a week for the last six months", "approximately six times in the last three months"]. [During that time/since date] [client name] has consistently presented as a [woman/man] in name, preferred pronoun, and overall clothing and appearance in our sessions, and [she/he] reports also doing so [with loved ones, coworkers, at school, as a volunteer with a community agency, etc.] [Her/his] request for [hormones/surgery] is consistent with the gender identity expressed by [client name] in our sessions.

Despite the difficult circumstances that arise from societal transphobia, [client name] is coping well and I would characterize [her/his] mental health as being sufficiently stable to make an informed decision regarding [hormones/surgery]. [Client's name] has appropriately sought peer and professional support as needed to cope with everyday challenges. I am not aware of any reason why [client name] might not be considered eligible or ready to undertake [hormones/surgery] as per the Harry Benjamin International Gender Dysphoria Association's *Standards of Care*.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E7: Letter from clinician to HRSDC supporting "just cause" as reason for quitting work (in support of EI application)

[clinician's letterhead]

[current date]

Human Resources & Skill Development
[address of branch office where client is applying for benefits]

Greetings,

I am writing to support [client's name]'s application for Employment Insurance benefits.

My client is a [bi-gendered person, female-to-male transsexual, male crossdresser, male-to-female transsexual, etc.]. As a transgender person, [he/she] reported experiencing severe and prolonged mistreatment in [his/her] workplace, including:
Edit details to accurately reflect client's case, and provide as much specific detail as possible; the types of incidents that are commonly reported include:

- breach of privacy and threat to safety through the nonconsensual disclosure of transgender status by a co-worker/supervisor to others in the workplace
- verbal harassment, including derogatory jokes and transphobic comments by other co-workers
- deliberate and repeated use of the wrong gender pronoun by co-workers and the supervisor – a practice which is considered harassment by anti-discrimination legislation in some jurisdictions
- threats to the safety or self or loved ones by co-workers and customers
- significant change to work duties and reduction of hours of work following disclosure or discovery of transgender status
- sexual harassment following disclosure or discovery of transgender status
- persistent hostility by the supervisor following disclosure or discovery of transgender status
- pressure on the claimant to leave employment and pursue other work

I believe this meets the criteria for "just cause" outlined in paragraph 29(c) of the *Employment Insurance Act*, as my client had no reasonable alternative to leaving to ensure [her/his] safety and dignity.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E8: Letter from clinician to HRSDC supporting application for retraining

[clinician's letterhead]

[current date]

Human Resources & Skill Development
[address of program client is applying to]

Greetings,

I am writing to support [client's name]'s application for employment training as a person with a disability. My client is a transsexual who is under the care of a [physician/mental health professional] for treatment of *Gender Identity Disorder* (see attached letter).

Gender Identity Disorder (GID) is a diagnosis in the standardized handbook used by mental health professionals in Canada (*DSM-IV-TR*) and refers to people who have a persistent feeling of conflict between their sex or gender role and their gender identity, sufficient to cause "clinically significant distress or impairment in social, occupational, or other important areas of functioning". The inclusion of GID in the *DSM-IV-TR* is indicative of the medical perspective that transsexualism is a type of medical condition that can be disabling.

It is well documented that transsexuals experience numerous barriers to employment as a result of the societal understanding that being transsexual means you have a mental illness, and also, for some people, the chronic disabling depression and anxiety that accompanies GID. In human rights complaints relating to discrimination against transsexuals, the BC Human Rights Tribunal found that transsexuals are protected under the *BC Human Rights Code* on the grounds of "physical or mental disability" (Sheridan v. Sanctuary Investments Ltd. (No. 2, 1998), 33 C.H.R.R. D/464, B.C.Trib. and Ferris v. Office and Technical Employees Union, Local 15, (1999, B.C.H.R.T. No. 55)). Similarly, American courts have also found that transsexualism falls under legal definitions of disability (e.g., Doe v. United States Postal Service, No. CIV.A..84-3296, 1985 WL 9446 (D.D.C. June 12, 1985).; Underwood v. Archer Management Services, Inc., 857 F.Supp. 96 (D.C. Cir. 1994); Doe v. Boeing, 846 P.2d 531 (Wash. 1993); and Smith v. City of Jacksonville (Case No. 88-5451 Fla. Div. Admin. Hearings 1991)).

An excerpt from Smith v. City of Jacksonville may be helpful, as it is the ruling which goes into the most detail about the question of whether or not transsexuals have a disability. The issue before the Hearings Officer was whether transsexualism constitutes a handicap under Florida law. The Hearings Officer concluded that:

> based upon the plain meaning of the term "handicap" and the medical evidence presented, an individual with gender dysphoria is within the coverage of the Human Rights Act of 1977 in that such individual "does not enjoy, in some manner, the full and normal use of his sensory, mental or physical faculties"...apart from [an] actual handicap, Smith was handicapped because of the attitudes with which she was confronted by her employer."

Based on this, I believe it is appropriate to consider transsexuals persons with a disability in determining eligibility to take part in employment training programs. Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E9: Letter from physician to ICBC supporting change of legal sex designation

[physician's letterhead]

[current date]

Manager, Licensing and Adjudication
Insurance Corporation of BC
910 Government Street
Victoria BC V8W 3Y5

Greetings,

I am writing in support of [patient's name] application for a change of legal sex designation from ["F" to "M" *or* "M" to "F"] on identification issued by ICBC. [Patient's name] has been under my care for [length of time] and is currently undergoing medically assisted gender transition as treatment for gender dysphoria. My patient has undergone medical and psychological counselling as part of the gender transition process, and has been living as a [man/woman] for [number of months/years].

To facilitate their "real life experience" (which is a necessary condition of qualifying for gender reassignment surgery) and to ensure safety in work, study, and travel, it is necessary that [patient's name] have identification congruent with their gender presentation. I hope ICBC will change the legal sex on records and issue new identification in an expedient fashion.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[physician's name and signature]

E10: Letter from clinician to MEIA supporting "just cause" as reason for quitting work (in support of income assistance application)

[clinician's letterhead]

[current date]

Ministry of Employment and Income Assistance
[address of branch office client is applying to]

Greetings,

I am writing to support [client's name]'s application for income assistance.

My client is a [bi-gendered person, female-to-male transsexual, male crossdresser, male-to-female transsexual, etc.]. As a transgender person, [he/she] reported experiencing severe and prolonged mistreatment in [his/her] workplace, including:
Edit details to accurately reflect client's case, and provide as much specific detail as possible; the types of incidents that are commonly reported include:

- breach of privacy and threat to safety through the nonconsensual disclosure of transgender status by a co-worker/supervisor to others in the workplace
- verbal harassment, including derogatory jokes and transphobic comments by other co-workers
- deliberate and repeated use of the wrong gender pronoun by co-workers and the supervisor – a practice which is considered harassment by anti-discrimination legislation in some jurisdictions
- threats to the safety or self or loved ones by co-workers and customers
- significant change to work duties and reduction of hours of work following disclosure or discovery of transgender status
- sexual harassment following disclosure or discovery of transgender status
- persistent hostility by the supervisor following disclosure or discovery of transgender status
- pressure on the claimant to leave employment and pursue other work

I believe this meets the criteria for "just cause" outlined in section 13(1)(a)(ii) of the *Employment and Assistance Act*, as my client had no reasonable alternative to leaving to ensure [her/his] safety and dignity.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[clinician's name and signature]

E11: Letter from physician to Vital Statistics requesting fee waiver

[physician's letterhead]

[current date]

Regional Manager
British Columbia Vital Statistics Agency
PO Box 9657, Stn Prov Govt
Victoria, BC V8W 9P3

Greetings,

I am writing on behalf of my patient, [patient's current legal name] (aka [patient's preferred name if it is different than legal name]), to request a waiver of fees for a change of name. [Patient's current legal name] has been under my care for [length of time] and is currently undergoing medically assisted gender transition as treatment for gender dysphoria.

People undergoing gender transition are medically required to cross-live full-time in the gender they are transitioning to as a prerequisite to surgery. For my patient, having identification that is incongruous with [her/his] [name/gender] makes it impossible to cross-live full-time, breaching [her/his] privacy when applying for services that require [her/him] to show identification (CareCard, SIN card, etc.) and also causing [her/him] difficulties at [work/school] as outlined in [her/his] letter.

Without a [legal change of name certificate/change to the legal sex designation on the birth certificate], a person undergoing gender transition is not able to change their social insurance card, bank records, employment records, or other necessary documents to facilitate their process of cross-living. [*If applying for name change:* A legal change of name is also expected by the Medical Services Plan as proof of fulfillment of the cross-living requirement that is a prerequisite to surgery.]

For these reasons, I consider change of [name/legal sex designation] a medical necessity in this patient's care.

I hope this information will be helpful in you considering [patient's current legal name]'s request for a fee waiver.

Please feel free to contact me at [phone number] if you require any further information.

Sincerely,

[physician's name and signature]

E12: Letter from physician to Vital Statistics supporting change of legal sex designation (following surgery)

[physician's letterhead]

[current date]

Regional Manager
British Columbia Vital Statistics Agency
PO Box 9657, Stn Prov Govt
Victoria, BC V8W 9P3

Greetings,

As a [family physician/gynecologist/urologist] licensed to practice in BC, I am writing in support of [patient's name] application for a change of legal sex designation from ["F" to "M" *or* "M" to "F"]. [Name of surgeon] performed gender reassignment surgery on [patient's name] on [date]. I examined the applicant following surgery and can confirm that the surgery is complete by accepted medical standards.

I affirm that the change of legal sex designation is appropriate and necessary to allow [patient's name] to safely work, study, and travel.

You can contact my office at [phone number] if you require any further information.

Sincerely,

[physician's name and signature]