Invisible Men

FTMs and Homelessness in Toronto

The FTM Safer Shelter Project Research Team

June 2008

Advanced Grant

The Wellesley Institute's Advanced Grants programs supports and funds community-based research on housing, health equity, poverty, social exclusion, and other social and economic inequalities as key determinants of health disparities.

The Wellesley Institute's strategic focus is Health Equity, and we work in diverse collaborations and partnerships for social innovation, progressive social change, policy alternatives, and solutions to pressing issues of urban health and health equity.

Because of being trans I don't know where I would go if I was homeless. I don't really fit. I feel totally screwed.

– FTM

Honestly, I knew about male-to-female, but I didn't know anything about female-to-male. Like I had no freaking clue.

– Front-line shelter worker

You might be the most invisible minority around.

– Manager

Acknowledgements

WELLESLEY INSTITUTE
a decade of advancing urban health | 10 YEAR ANNIVERSARY 1998–2008

Table of Contents

Executive Summary

Homeless Female-to-Male (FTM) Transgender/Transsexual people have unique needs in the Toronto shelter system. While the City of Toronto acknowledges the barriers for transgender people seeking shelter, and directs facilities to provide access for both male-to-female and female-to-male shelter residents, there is currently no consensus regarding where FTMs should go for shelter. FTMs themselves describe a situation where they are unsafe in men's shelters and unwelcome in women's.

Noting an urgent need to create new options, The 519 Community Centre partnered with stakeholders on this issue and formed the FTM Safer Shelter Project. This community-based research project explores and documents issues of homelessness and shelter access affecting FTMs within the Greater Toronto Area with the aim to dramatically improve access to safe shelter facilities for FTMs. Qualitative interviews were conducted with 18 FTMs who had experienced homelessness and 20 service providers within the shelter system. The project's principal investigators and research assistants were all members of the Toronto FTM community with the goal of building community capacity to conduct research and take leadership roles in addressing barriers.

Interviews with FTMs revealed that the overwhelming factors contributing to their experiences of homelessness and poverty include loss of family at a young age, histories of abuse and violence, mental health issues, discrimination and marginalization specific to their lives as FTMs in a transphobic society. Most FTMs who were homeless actively avoided the shelter system, choosing instead to sleep outside, couch surf, use substandard housing or the drop-in services of shelters without actually staying in them. These were all seen as preferable options to staying in a men's shelter because of real fears of violence, and were also preferable to using a woman's shelter due to a fear that their male identity and personal dignity would be undermined. In both situations, FTMs witnessed and/or experienced policies and practices that were degrading to them.

Interviews with service providers highlighted the lack of visibility of FTMs in the shelter system and pointed to fears of violence, the lack of trans-appropriate resources, and religious affiliations or political frameworks that were sometimes used to justify transphobic behaviours. Men's shelter providers described the double bind of exclusion where they could not safely serve FTMs yet women's shelters were viewed as an inappropriate alternative. Efforts by service providers to find appropriate referrals for housing was clearly based on the desire to protect FTMs from unsafe services, however this only served to illuminate the lack of effort spent on the creation of safe services within the existing men's shelter system.

Women's shelter staff commented on the gender-normative appearance-based conditions that were forced onto FTMs who tried to access service, and the hostility that they faced from other

residents when they were suspected of being trans. Providers in general noted a lack of clear, implementable policy expectations from the City of Toronto, and the need for ongoing staff training on FTM issues, including relief staff.

Drawing on these findings, we have developed several key long-term and immediate recommendations and best-practice guidelines concerning access to safe shelter for FTMs:

Critical Recommendations

The City of Toronto Must:

1. **Fund Specialized Shelter Services**.

   a. Develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk of violence in order to meet their shelter and housing support needs. Funding must be sufficient to provide extra staffing support, private rooms and separate washrooms and showers accessible only to these residents.

   b. Develop and fund a Family Reunification queer program to reunite vulnerable homeless queer-identified youth and adults with their families and communities.

2. **Undertake an Anti-Violence Campaign in All Shelters with a Specific Focus on Men's Shelters**. Take immediate action to ensure that there are appropriate policies and standards in place in all men's shelters that support and improve safety for vulnerable men. This anti-violence campaign should include developing training materials and resources for clients, staff, boards and management.

3. **Create a Community Advisory Panel for Anti-Violence Campaign**. Establish a Community Advisory panel that will assist the City in developing and evaluating the effectiveness of the Anti-Violence Campaign.

4. **End Discrimination**. Revise the City of Toronto Shelter Standards to ensure that direct and indirect discriminatory practices cease in all shelters. Required revisions shall include: mandatory trans access training and policy development for all shelters, and extending the City's Don't Ask Don't Tell policy directive to trans people seeking shelter to ensure that identification is not a barrier to access the services of one's choice. A zero-tolerance policy for transphobia, racism and misogyny must be in place. The City must provide adequate sustained funding to support anti-discrimination and anti-

oppression training for all shelter staff, board, and management. Hiring practices must also be reviewed to ensure they are equitable and allow trans people access to positions within the shelter system.

5. **Utilize Community Expertise**. Foster and mobilize the expertise that exists within the women's shelters that are effectively working with trans clients. Ensure that FTMs who do not feel safe to enter the men's system are able to access the women's system. This is an integral – albeit temporary - step to providing immediate safe shelter while the men's system undergoes changes to become more accessible. Women's services can play a key role in assisting the men's sector in developing strategies to house vulnerable populations including FTMs and providing services to survivors of assault and trauma.

6. **Improve Housing Outcomes**. FTMs must be considered a priority group for rapid housing and included in all relevant policy decisions.

7. **Fund the Development of Best Practices**. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters in providing safe and effective services for FTMs. Commit to train all shelter staff including overnight and relief staff, Board members, managers, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

8. **Conduct regular Access and Equity reviews**. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.

Shelter Providers Who Receive Municipal and Provincial Funding Must:

1. **End Discrimination**. Ensure that the Board of Directors and management of each shelter establish clear anti-discriminatory access practices and provide shelter for all vulnerable trans people. Management must provide clear direction to staff on how to address transphobia in the shelter and record incidents.

2. **Foster Trans-Positive Shelters**. Identify that their services are trans-positive including: ensuring that there are appropriate visual materials that support and foster inclusive environments.

3. **Support the City's Anti-Violence Campaign**. End violence and discrimination in all shelters by creating safe spaces for vulnerable people. Ensure all residents can receive the services needed to end their homelessness.

The Province of Ontario Must:

1. **End Discrimination**. As a principle funder of shelter services throughout Ontario it is the responsibility of the Province of Ontario to ensure that all municipalities adopt trans positive access policies and practices to mitigate discriminatory practices throughout the province.

2. **Fund Training**. Provide funding to municipalities to support the development of best-practice service guidelines and training videos to assist shelters throughout the province to provide safe and effective services for FTMs.

3. **Reduce Service Barriers**. Ensure that Provincial forms (i.e. the Application for Ontario Works) include broader gender categories such as Female, Male, MTF, FTM, and a self-identify section.

4. **Develop Services for Male Survivors of Abuse/Violence**. Ensure that shelter and counseling services are available to men who have experienced violence. These services must be accessible to the diversity of men including FTMs, gay men and bisexual men.

5. **Train Staff in Violence Against Women's Shelters**. Ensure that all Violence Against Women's shelters are Provincially mandated to receive trans-positive training. Violence Against Women's Shelters must explore strategies for providing services to vulnerable FTMs. Violence Against Women's shelters must also be Provincially mandated to provide shelter for trans women (MTFs).

6. **Create Joint Province-wide Task Force on Improving Safety Within Shelters For Vulnerable People**. The Province should bring together policy and community stakeholders to ensure that the needs of vulnerable people are being met within the shelter system.

Adopting these recommendations would be indicators of a municipal and provincial commitment to provide a safe environment for the full diversity of clients who may need to use shelter services.

Introduction

Homeless Female-to-Male (FTM) Transgender/Transsexual people have unique needs in the Toronto shelter system. The City of Toronto Shelter Standards state *"It is expected that all shelters be accessible to transgender/transsexual/two-spirited residents in their self- defined gender […]"*[1] With this statement, the City of Toronto acknowledges the barriers faced by transgender people seeking shelter and directs facilities to provide access for both male-to-female and female-to-male shelter residents.

Most traditional female-to-male gender transitions involve the use of hormones and surgeries, however for those who are homeless or living in poverty, these can be difficult or near impossible to obtain. This has forced some FTMs to attempt to access a men's shelter as a visibly transgender person – a prospect many FTMs find alarmingly dangerous. In addition, men's shelters are generally found to offer less privacy than the women's system, and are less likely to have received training around supporting abuse survivors. Many FTMs have faced significant risks, experiences of traumas, gendered violence, sexual assault, partner abuse, and gender discrimination, and therefore many have attempted to find safety within the shelter sector that historically best addresses these issues: women's shelters.

Women's shelters, however, are not properly equipped to accommodate FTMs. Historically, when Toronto women's shelters have allowed access to FTMs they required that they present themselves as women, which many FTMs find extremely degrading. Toronto FTMs have had to choose between potential violence in a men's shelter or hiding their identity in a women's shelter. There has been an urgent need for more options.

In response to this, the 519 Community Centre undertook a community-based research project to explore and document issues of homelessness and shelter access affecting female-to-male (FTM) transgender people within the Greater Toronto Area. Interviews were conducted with 18 FTMs from within the Greater Toronto Area who had experienced homelessness in order to understand their needs and how those needs had/had not been met by shelter services. In order to gain their perspective on providing shelter service to FTMs, interviews were also conducted with 20 shelter service providers including front-line staff and management from all sectors of the shelter system.

This report will contribute to the growing body of knowledge regarding equitable access to services for transgender people. The ultimate goals of this project are to document the

---

[1] City of Toronto, Shelter Housing and Support (2002) Toronto Shelter Standards. Retrieved November 3, 2007 from http://www.toronto.ca/housing/pdf/shelter_standards.pdf

experiences, needs and concerns of FTMs in Toronto at risk for homelessness, to document the input, feedback and concerns of stakeholders within the shelter system, to develop a collaborative project that would facilitate dialogue between all stakeholders to strategize and identify achievable solutions to the challenges that FTMs face in the shelter system, to build community-based research capacity within FTM communities, and to dramatically improve access to safer shelter for FTMs in Toronto.

1. Guiding Principles

The FTM Safer Shelter Project is a Community Based Research (CBR) Project conducted *by* and *for* FTM communities. The FTM Safer Shelter Project is committed to the following principles: participation, collaboration, empowerment, community ownership, capacity building, openness and transparency, confidentiality, respect and advocacy.

The FTM Safer Shelter Project engages in an open and transparent process where a collective vision of this research goal is shared. Project team members are committed to an open and collaborative partnership where our different roles and responsibilities are clearly understood.

This project strives to respect all research participants, team members and trans community members, with awareness of each person's capacity, privacy, vulnerability, dignity, culture and rights through all stages of the research. All interviews, data collection and data storage is managed such that the identities of participants in this research is protected according to our Code of Ethics and with approval from the Ryerson University Research Ethics Board. This project will engage in data collection and data analysis processes that are sensitive to and best reflect the lived experiences/knowledge of community members.

This project employs dissemination strategies leading towards education, advocacy, policy change, change within shelters/social services/housing sector, community benefit, and broader social change.

2. Summary of Methodology

This collaborative research project was informed by principles of Community Based Participatory Research. This project was managed and carried out by members of FTM communities as a component of community capacity building. FTMs were involved in all aspects of the project, from developing the proposal through analysis of the research and writing the report. FTMs and Stakeholders from shelters and the City of Toronto were engaged as Steering Committee members to recruit interview subjects, to ensure that research questions were

appropriate and thorough, and to confirm that the research recommendations would be practical and implementable.

Two standard sampling procedures in qualitative research were utilized: purposeful sampling which involves selecting information rich cases, and qualitative informational isomorph which involves selecting a sample that is expanded until redundancy with respect to information is reached.

Interviews were conducted with 18 FTMs who had been homeless or were at risk for homelessness. Recruitment efforts were sensitive to the diversity in our communities. Areas of focus in the interviews included: current living situation, causes of homelessness, shelter experiences or avoidance of shelters, and suggested improvements to the shelter system. Open-ended questions were utilized to encourage discussion between the researcher and interview participant.

Twenty service providers within Toronto's shelter system were also interviewed, including front-line staff and management and representing a cross-section of men's, women's, youth, violence against women, and co-ed/family shelters. The Steering Committee helped to select key stakeholders from these agencies to request an interview. Shelters were notified about the project via a letter from the City of Toronto that encouraged their participation. Areas of focus of the interviews included: knowledge of FTMs, knowledge of shelter standards, experiences with FTMs, referral, intake, policies, facilities, and suggested improvements to the system. Open-ended questions were utilized to encourage discussion between the researcher and interview participant.

Interviews were audio-taped and transcribed verbatim. After the transcripts were checked for accuracy they were transferred into the qualitative software program NVIVO for storage and analysis. As issues of consent, confidentiality and ethics were imperative to this community-based research project, the team sought and received approval from the Ryerson Research Ethics Board.

Readers who are interested in a fuller exploration of our research methodology are invited to visit Appendix A on page 65. Also, a review of the literature related to trans shelter access is available in Appendix B, on page 69.

3. Limitations of this Research

We regret that we had insufficient data to fully explore the impacts of racism and colonialism on the experiences of First Nations FTMs, FTMs of colour, and FTM refugees/immigrants. We believe these issues are central to any dialogue about homelessness and poverty in Toronto and hope that this can be better accomplished in further research. We also regret that we were

not able to explore the experiences of other 'vulnerable' men in comparison to FTMs as this would be a key element in truly assessing the safety of men's shelter services. Additionally, we regret having insufficient data to explore the impacts of disability as it relates to trans accessibility in shelters.

The Co-Principal Investigators on this project were ideally situated to conduct this research. All investigators and research assistants were members of the Toronto FTM community, many already working in local agencies serving the trans community and thus in good positions to be able to build trust and explore this issue within our community. There are however, tremendous challenges inherent in conducting research from within small communities. Confidentiality, as well as the relationships among investigators can be more complex than in traditional research, particularly in communities heavily impacted by extreme marginalization. Marginalization tends to create the perfect circumstances for internal conflict and 'horizontal hostility', and we regret that this project lost several excellent staff. Despite these challenges, we remain committed to the community-based research model and the hope it offers for long-term social change, remain committed to building the capacity of our community to conduct research and remain committed to assuming leadership roles in addressing and removing layers of oppression that act as barriers to equitable service access.

Part 1. Pathways Into Homelessness

... I had to first move out when I was 17. Like I hate that kids have to go through that stuff and I was, I was like the last kid on earth you'd ever think that that would happen to. – FTM

In order to better understand the needs of FTMs in the Toronto shelter system, we interviewed 18 FTMs regarding their experiences with homelessness, perspectives on the shelter system, and their proposed suggestions for service improvement.

FTMs reported numerous and overlapping factors contributing to their need for shelter and housing services and their experiences with poverty, including: loss of family, histories of abuse and violence, mental health issues, and discrimination. Their experiences echo those of other homeless women and men in Canada, but also spoke to the nuances of additional marginalization and the burden of multiple barriers specific to their lives as FTMs attempting to secure and maintain housing in a hostile environment.

1.1 Early Experiences with Homelessness

Sixty-seven percent of participants reported that their first experience with losing housing was as a youth. By the ages of 12-18, these FTMs were no longer living with their families and were instead living in group-homes, on friend's couches, in shelters or on the street.

> *[…] I was in and out of like group homes and things when I was younger […] and then thirteen to twenty-one in and out of shelters, and then trying to get my own housing […] - FTM*

Their stories of prolonged poverty revealed the effect that these early experiences had on their ability to stay housed later in life.

> *I wanted to stay home until I was 21 […] and just save money and have it be all convenient and that's what my mum wanted too but […] ever since [becoming homeless] that molded my whole, my travels, until this day of like living on my own […] - FTM*

1.2 Loss of Family

Family rejection was integral to these early experiences with homelessness as it posed the most immediate threat to secure stable housing and in most cases was directly related to gender expression and coming out as transgender/GLBTQ.

> *[…] everything was just so abusive at home and it was all because I was coming out […] - FTM*

Some FTMs were requested or ordered by their families to leave home as early as 12 years old. Many more, however, described their 'choice' to leave home as exercising the only option remaining in a situation that had become uncomfortable, abusive or simply unlivable. In one instance a participant found himself homeless with only sporadic parental support, even though his mother worked at a shelter.

> *[…] it's very cold right now so I think sometimes when I'm there for dinner it's acceptable for me to stay over for a night […] I think she feels bad when I'm over for dinner and she notices that I don't know where I'm going. Yet she doesn't acknowledge […] me as someone who is street involved and as someone who has come to that genuinely. And that she could have played a part in it […]*

11

Seventy-two percent of FTMs interviewed spoke about losing their families for varying periods of time. Many recounted with sadness that this suspension of parental responsibility seemed to accompany their coming-out process.

> *[...] if I wasn't trans, I'd always have my mum and dad there to help me out, right? But […] right now I can't really, I can't really ask them for help. - FTM   - FTM*

Others articulated the double burden of the absence of a family safety net and the absence of shelter access for FTMs. There was a sense that the social safety net inherently existed for other people, but not for them. These youth described being forced to leave their families and establish their own homes, yet continuing to struggle due to a lack of housing security.

> *[…] with the situation with me and my roommate, like if something does happen, she can always go to a shelter... but how am I going to go into a shelter, right?   - FTM*

1.3 Abuse and Violence

Participants were not directly asked about experiences of abuse and violence as part of this research; however the majority of participants described this as a central factor to their experience with homelessness.

Sixty-seven percent of FTMs reported that they had experienced one or more of the following types of abuse or violence: childhood sexual abuse, sexual assault, physical violence, emotional/psychological abuse, and financial abuse. Abuse came from one or more of the following sources: parents, intimate partners, police, family members, roommates and strangers.

FTMs vividly described living an impossibly dangerous existence within a larger context of violence against transgender people. Some reported that their homeless experience resulted in violence:

> *I think it [being sexually assaulted] …was directly related to […] low-income housing in that […] if I had money and I could have stayed in like some bed-and-breakfast […] then I don't think it would have happened. – FTM*

Others reported experiences of violence that resulted in homelessness:

> *In 1991, I experienced police brutality. And they incarcerated me and they tortured me and all kinds of stuff, which left me with no visual memory – kind of like an amnesia type of thing […] I went through this and I lost my housing. – FTM*

Finally, FTMs also recounted stories of abuse and violence that occurred while they were housed.

But I certainly have had the experience of having…experiencing more trauma and abuse in a housing situation, be it from a landlord or a roommate or what-have-you […] - FTM

1.4 Mental Health

[…] my health has been messed up by traumas or experiencing […] everything from abuse to sexism, misogyny, homophobia, transphobia, that certainly affected my self-esteem and my self-confidence and my ability to assert my belief in myself, my belief that I deserve to be treated well and with respect, and my ability to […] recognize this landlord/roommate is going to be bad news […] – FTM

Previous research and anecdotal evidence has confirmed that trans people experience high levels of violence[2] which can lead to depression, anxiety, despair, grief, and post-traumatic stress.

I wasn't well for a long time. It's taken me – it's been 16 years. It's taken me a long time to heal […] After I got assaulted, it was very difficult for me…I had post-traumatic stress disorder at that point. I thought I had gone mad. – FTM

It is not unexpected that in an inhospitable and often violent environment, profound self-esteem and mental health issues arise. Consistent with reports from other communities, mental health played a significant role in FTMs' ability to retain stable housing. They drew strong links between discrimination, self-esteem, and the ability to care for themselves as contributing to their (lack of) housing status.

[…] there were a lot of times when the transphobia certainly affected my emotional and mental health which again, affected housing. And that would affect my even wanting to go out and get housing. I would stay in bad circumstances that I couldn't afford, unhealthy places, because the thought of going out there and facing all the bullshit and the landlords was too much, and just deterred me. – FTM

Some participants reported that low self-esteem (eroded by discrimination) affected their ability to make basic choices about their housing.

[…] it certainly affected where I ended up living. It took away, many times, my ability to choose – for me, where I want, a safe circumstance. I would end up with an abusive partner in an abusive housing circumstance. […] if someone would take me, then I would just be so grateful that I had gotten a place from them that I would take it. – FTM

---

[2] Currah, P. & Minter, S. Transgender Equality. Retrieved December 18, 2007 from

http://thetaskforce.org/downloads/reports/reports/TransgenderEquality.pdf

1.5 Employment Discrimination

Discrimination in employment and housing dominated FTMs' descriptions of their attempts to support themselves and access services. Identification posed a major barrier for FTMs seeking employment, as they lacked identification that matched their chosen gender or because of discrimination towards them as visibly transgender people. In other instances they were forced to leave good jobs because of unchallenged transphobia in the workplace or were fired without adequate explanation or reason.

Discrimination towards openly transgender people motivated many to attempt to hide their trans status. Yet, faced with the need for a Social Insurance Number, job experience, and references in their current name and gender, participants found this extremely difficult to conceal.

I had to show them my ID, right? They had to make a copy of my health card and all that. Like what am I going to do? –FTM

[…] it is very difficult to find a job […] there is confusion between my appearance and my ID. – FTM

Well, I was out applying for jobs as a male. So when people started making call-backs looking for this delightful young fella who seemed so full of pizzazz or just really wanted the job, [my roommates] they'd be like, "Oh, there is no young male [here], but we have a wonderful young lady." And then I never got…subsequently, never got an interview after that. –FTM

One FTM newcomer articulated his struggle with getting his employment experience and education recognized in Canada. His country of origin would not permit a change of name on his education certificates, making them of little use to him.

This is because in my country there is no law which acknowledges this problem.-FTM

When FTMs did manage to secure employment, they found it was often difficult to remain employed due to a lack of dignity and lack of sufficient employment protection policy in the workplace.

I actually left a part time position that I had there when I really needed the work because I experienced transphobia from my boss who told me that my voice was too low and inappropriate for the job I was doing. -FTM

I lost a lot of jobs when I came out as trans about 10 years ago. I wasn't really accepted. […] I lost about 5 jobs in a year. Even less than a year. They wouldn't even give me an explanation. They would say, "Oh, you just, you're not fitting in here." -FTM

1.6 Housing Discrimination

A similar theme regarding a lack of dignity and basic protections was apparent in FTM reports of housing discrimination. FTMs could not find a landlord who would rent to them and could not find competent housing support services to assist with this process. Identification continued to be a primary reference point for FTM participants describing discrimination, as many FTMs were unable to improve their living situations without identification in their current name and gender.

> *[…] even right now, like I think, like I have enough money to really get my own place. But cuz I don't have the ID […] I don't think any landlord would want to hear me tell my whole life story before giving me their place right? But they want legal documents – FTM*

Landlord discrimination based on trans status was common. FTMs described their powerlessness when dealing with property owners in the private rental market.

> *I think it was because people wouldn't rent to me - that it took away my ability to choose a place to live, and I just had to go where I could. – FTM*

More discouraging is that this discrimination was mirrored in the supportive housing sector, as housing support workers contradicted their very purpose by making themselves and their services unavailable to this community.

> *[…] when I tried to work with an advocate that was from the queer center in another city, who was supposed to help me with some housing, it went very badly […] They had no idea […] So even that supposed support worker was not very good. – FTM*

Lack of dignity was an ongoing barrier to services that should have assisted FTMs to escape homelessness. The threat of not having housing was experienced as less dangerous than the immediate threat of personal violation and harm when forced to provide legal identification.

> *I signed up for this housing service thing but I had to do it under my legal name, right, with my legal ID and all that and then they called me back and […] but I didn't call them back cuz […] I don't want to have to hear them, like call me by another name and using pronouns cuz it hurts […]And I, you know I could've gotten a place […] – FTM*

Early experiences with homelessness, loss of family, abuse and violence, mental health issues, and widespread discrimination were among the primary variables that contributed to loss of housing among FTMs. Viewed separately, each of these pathways into homelessness forms a barrier - a challenge. Woven together, they form a barricade – an interlocking system of barriers preventing one from accessing or securing safe and stable housing. The result is that our society has constructed a precarious position for FTMs on the verge of homelessness and a near impossible situation for FTMs attempting to escape it. Although most FTMs interviewed

confirmed that they did eventually escape homelessness, many described being shuffled back and forth between 6 or 7 different types of shelter/housing before receiving appropriate service. This revolving door experience raises serious questions about the quality and effectiveness of the social safety net for its most vulnerable clients.

Resulting Recommendations

Improve Housing Outcomes. FTMs must be considered a priority group for rapid housing and included in all relevant policy decisions.

Part 2. Unsafe in Shelters

Homeless FTMs felt the Toronto shelter system was unsafe for them to use. The majority of FTMs (61%) stated lack of safety as their reason for not accessing shelters even when homeless, and many participants described a process of weighing risks and trading one unsafe situation for another. FTMs described their main options outside of shelters as: sleeping outside, couch-surfing, sub-standard housing, and strategically using the services of shelters without staying at them.

Despite the obvious dangers in sleeping in public outdoor spaces, 39% of participants reported that they chose to sleep outside to avoid the confrontation, humiliation and violence they feared in the shelter system.

> *[…] shelters would be my last option. -FTM*

> *[…] I would sleep in a park before I'd go to a shelter. - FTM*

> *Well, I avoid them [shelters] like the plague […] I don't feel that those places would be safe for me. –FTM*

Thirty-nine percent of FTM participants stated that they relied on a social network for couch-surfing, sometimes hosted by their FTM friends and community members, and some found this was a safer option than going into a shelter. Others described the inherent lack of control in couch-surfing, noting that it could also be unsafe and put them in potentially exploitative situations. Two FTMs described their couch-surfing as a form of survival sex.

16

[…] it was really the only place I had to go and I actually ended up having to sleep with that person. It was difficult to actually get out of that situation that was pretty unsafe and manipulative. - FTM

And sometimes I feel that it [couch-surfing] is unsafe in terms of what my physical boundaries are, what I'm willing to do to sleep somewhere safe for a night […] – FTM

Fifty-sex percent of FTM participants described living conditions that were best characterized as *underhoused*. Rooming houses, over-crowded apartments and various other forms of substandard housing were experienced as one-step-up from the street. One FTM described the lack of security in his rooming house:

Like no security, like you didn't know who was coming or going in. Like I didn't know the people coming in […] Because, my bedroom […] like had a window, but there was no lock on it. So anybody could've creeped over […] –FTM

Participants described housing that lacked basic living necessities such as clean water, heating, and secure building infrastructure.

Uh, towards the end we didn't have hot water […] - FTM

There was a deck that was falling apart in the back, and that was supposed to be my escape route in case there was ever a fire. I was actually told that they kinda figured I could jump if I needed to from there. - FTM

No heat in the winter. Windows with the cold coming in. Water very infrequently. –FTM

Participants also explained how substandard and over-crowded housing affected their health, forced them to move, and prevented them from accessing stable housing.

I've lived in some places that have been unhealthy situations like that are cheap but […] I was sick the whole time I lived there. -FTM

And that was part of my decision to leave, was that it started to get cockroaches again. There had been a time when it had maggots, it had ants. There were mice, there were rats.   -FTM

It was really sad and stressful having to leave several living situations because I'd been living with so many people and it just got out of control […] -FTM

As further indication of safety issues among FTMs in shelters, some participants recounted their strategic use of shelter services while avoiding actual shelter stays. They would enter the shelter to access a meal or to obtain necessities such as menstrual pads, and then leave.

*I didn't stay there all night, but I went there to eat late at night and then just took off. –
FTM*

For FTMs interviewed, fear of violence and discrimination were powerful determinants of
whether or not they chose to access shelter. Front-line staff and managers at men's, women's,
youth, anti-violence, and co-ed shelters corroborated FTM safety fears by expressing their own
concerns about this issue.

*There is fear of sexual violence. There is fear of physical assaults. You just never
know. But you have to prepare yourself for the worst possible scenario and that would
be my concern. – staff of men's shelter*

In one interview an FTM reported an encounter he had with a women's shelter staff member
who was so concerned for his safety in a men's facility, she pulled him aside to warn him
against transferring to a men's facility.

*[…] at that point I was so uncomfortable with all the women that I felt I'll just take my
chances and go in the Men's shelter. […] And I was going to the storage area and
picking up my stuff that was in storage there; and there was a woman that worked
there, just like I guess a cleaning staff or someone like that; and she pulled me aside
[…] and I'll never forget it because just the urgency, the way she was expressing
herself was of very deep concern, and said, "I know this is what you want to do, but I
really..." She said that she's worked in the Men's shelter and she's seen first-hand what
goes on there, and she was extremely concerned about any type of sexual assault, any
kind of anything like that going on; and so then at that point I reconsidered because I'm
thinking that "this person is really scared"[…]   - FTM*

Resulting Recommendations

Fund Specialized Shelter Services.

a. Develop and appropriately fund specialized shelter programs to allocate beds for
    FTMs and other vulnerable homeless men who are at severe risk of violence in
    order to meet their shelter and housing support needs. Funding must be sufficient to
    provide extra staffing support, private rooms and separate washrooms and showers
    accessible only to these residents.

b. Develop and fund a Family Reunification queer program to reunite vulnerable
    homeless queer-identified youth and adults with their families and communities.

<div style="border: 2px solid #2b7bc0; padding: 20px;">

Undertake An Anti-Violence Campaign in All Shelters with a Specific Focus on Men's Shelters. Take immediate action to ensure that there are appropriate policies and standards in place in all men's shelters that support and improve safety for vulnerable men. This anti-violence campaign should include developing training materials and resources for clients, staff, boards and management.

Community Advisory Panel for Anti-Violence Campaign. Establish a Community Advisory panel that will assist the City to develop and evaluate the effectiveness of the Anti-Violence Campaign.

Develop Services for Male Survivors of Abuse/Violence. Ensure that shelter and counseling services are available to men who have experienced violence. These services must be accessible to the diversity of men including: FTMs, gay men, and bisexual men.

Create Joint Province-wide Task Force on Improving Safety Within Shelters For Vulnerable People. The Province should bring together policy and community stakeholders to ensure that the needs of vulnerable people are being met within the shelter system.

</div>

Part 3. Life in the Shelter

When other options failed, some FTMs entered the shelter system. Of the FTMs who were interviewed, 40% had accessed shelters at some point, while only 29% had actually used a shelter once they began identifying themselves as trans.

FTMs reported staying in women's, men's, and co-ed shelters and had experienced a wide-range of experiences and held preferences for which sector they felt was most appropriate. Negative experiences with intake, policy, and staff were common across all sectors, with each presenting particular barriers such as upholding admission criteria that could not be met by FTM residents.

3.1 The City of Toronto Shelter Standards

We begin our analysis of FTM experiences in Toronto shelters with a review of the current policy defining trans accessibility within the City of Toronto Shelter Standards. These standards

are grounded in a number of principles and values that promote a philosophy of broad non-discriminatory access to services and are intended to guide the delivery of shelter services across the city. Some of the principles can be directly applied to service provision for FTMs:

1. All homeless persons have the right to shelter service regardless of political or religious beliefs, ethno-cultural background, (dis)ability, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of residents. Discriminatory and racist incidents or behaviors are not tolerated.

2. The shelter will provide an atmosphere of dignity and respect for all shelter residents, and provide services in a non-judgmental manner.

3. Residents are capable of moving toward increasing levels of self-reliance and self-determination. Shelter staff will work with residents to assist them in achieving their goals.

5. Gender identity is self-defined. Sometimes this may not correspond with a person's physical appearance. Service providers need to accept gender identity as defined by the individual rather than by the perception of staff and/or other residents.

6. Shelter staff often have access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance.

8. The health and safety of residents, volunteers and staff is of the highest importance in each shelter. Training, policies, procedures and regular maintenance are intended to encourage, improve and maintain the health and safety of all people residing, volunteering and working in the shelter.

9. People who are homeless have few resources and the shelter system is often their final option to receive the basic necessities of life: food and shelter. Issuing service restrictions in the shelter system must be done only as a last resort and in the most serious cases.

With these guiding principles in mind, the City was proactive in consulting with trans community stakeholders, including staff members of The 519 Church Street Community Centre to create a framework for trans accessibility in its next incarnation of the City of Toronto Shelter Standards. In November 2002, Toronto City Council approved a revised version of the City of Toronto Shelter Standards that became effective for shelter providers as of January 1st, 2004. The update included a more comprehensive section on *Access to Shelters*. Specifically, Section 4.7 was included to address access for transgender/transsexual and Two-spirited clients. The Standards state:

It is expected that all shelters be accessible to the transgendered/ transsexual/ two spirited residents in their self defined gender, and that shelters will work toward improving access to this group. Shelters will support the choices of TG/TS/2S residents to gain access to services in the gender they identify will best preserve their safety.[3]

Other aspects of the revision of The Standards indicate that shelters are to abide by the following guidelines:

- Gender identity is self-defined

- Shelter providers must have a policy that specifically addresses access for transgender clients

- Shelters are encouraged to organize staff training regarding the TG/TS/2S community

- Shelters that are unable to admit trans clients are expected to make an appropriate referral to a shelter that is able to admit

Providing trans accessibility has been officially required of Toronto emergency shelters for just over four years, and this section explores themes emerging from discussions with service providers and examines the ways in which shelter staff and managers have understood and implemented the 2004 directive.

3.2 General Understanding of the Standards

According to FTMs seeking services, shelter staff and managers often act as gatekeepers. Therefore it is important to understand the perceptions held by shelter workers of the City of Toronto Shelter Standards as they relate to trans people in general, and specifically to FTMs. Shelter workers were asked to summarize the City of Toronto Shelter Standards section on trans access in their own words. All of the service providers interviewed responded in ways that captured the key aspect of the statement on accessibility: namely, that trans people should be able to access services corresponding to their gender identity, regardless of clothing or appearance. For example:

…we accept people as the gender they choose or present themselves as. There's no clothing requirement or appearance requirement. It's simply how somebody decides they're going to be. – staff

Despite this recognition that shelters are mandated to provide access to trans people, the FTM community appears to be disproportionately under-represented within the shelter system.

[3]City of Toronto, Shelter Support and Housing Administration (2002) Toronto Shelter Standards. Retrieved November 3, 2007 from http://www.toronto.ca/housing/pdf/shelter_standards.pdf

3.3 FTM Invisibility

You might be the most invisible minority around. – manager

The City of Toronto Shelter Standards do not indicate a difference between access standards for male-to-female (MTF) trans people and access for FTMs, yet the shelter providers interviewed explained that most access work done by Toronto shelters has centred on male-to-female trans people and has largely ignored FTM issues. Interviewees had extensive knowledge about the factors contributing to MTFs' needs for shelter, citing unemployment, substance use, HIV status, stigma around sex work and transphobia at those who do not pass. The unspoken assumption - stemming from a lack of awareness and education - was that FTMs did not experience those same risk factors. As a few front-line staff note, this notion that FTMs won't need shelter is a critically misguided assumption.

> *A lot of them are like, "Well, trans women, HIV, and sex work and these things, they're all really important and we should be making that connection". And they've sort of just let the other 50% of the trans community sort of fall off the table just because they're assuming that these people won't necessarily walk in the doors, which is ridiculous. – staff*

Shelter staff described an almost complete absence of "out" FTMs in their services. They acknowledged that some FTMs might be avoiding the shelter system altogether and speculated on some possible factors in this apparent absence. They cited location of the shelter, proximity to trans-relevant supports, accessibility by public transit, density of shelter population, religious or political frameworks.

> *I have not known of a trans male to access our services. Some of it might be because of our location, we're so out of the downtown core. We're away from some of the support systems […] agencies and programs that support that community. - manager*

> *And I think this religious affiliation [of the shelter] is a big problem. […]Even though our staff team is diverse, we have a large number of really religious people that work there and that don't hide it. –staff*

Perceptive shelter staff commented that this apparent absence could be related to a lack of disclosure on the part of the FTMs who do use the system. This absence of FTMs from the shelter system is problematic for a variety of reasons. Staff at different shelters described the conundrum of creating inclusive programming for a community while it is believed to be absent or completely invisible within these spaces.

There could be, you know, more than what I actually think. However, because […] they're not comfortable to disclose, you cannot visibly make an assumption. – front line staff

In 2005, Fred Victor Centre published a comprehensive report exploring trans access in Toronto's shelter system. In *Creating a Space Where We Are All Welcome* 39 trans people who had accessed shelters were interviewed (34 male-to-female trans people and 5 female-to-males).[4] These disproportionate numbers reflect the general understanding of who is currently using the Toronto shelter system. As the report states: *"It is generally reported that the vast majority of trans individuals accessing shelters are MTF."* While our research does confirm that many homeless FTMs are successfully avoiding the shelter system, it also confirms that some are entering it. Staff may be incorrect in assuming that they are not housing FTMs.

…to my knowledge, in the past, say, seven years that I've been working in shelters and housing, we have never worked with FTMs. – manager

There are a variety of theories about FTM invisibility. Some theories point to the ability of many FTMs to pass quickly, citing the speed at which testosterone is absorbed in the FTM's body during a hormonal gender transition as compared to the relatively slower absorption rate of estrogen into the body of an MTF. Others cite the differences in how males and females are regarded within society at large. For example in our society it is generally more acceptable for females to dress in male clothing than vice versa. It is commonly perceived that MTFs, whether pre-hormonal or non-hormonal, will stand out more prominently if they are presenting in women's clothing.

On the other hand, FTMs who may or may not be taking testosterone, and who dress in typical men's clothing may go unnoticed. Some members of the trans community describe FTMs as possessing more options than MTFs regarding whether to make themselves visible or not, however it is important to note that this will not be true for all FTMs, especially for those living in poverty and unable to access the means to transition.

FTMs may attempt to pass as women in a women's shelter or may successfully pass as men in a men's shelter. Some FTMs may identify as gender-fluid and may go unrecognized because their presentation appears to others as being butch or lesbian. Regardless of the reason, when FTMs remain unidentified in the shelter system their distinct needs and experiences are not addressed.

---

[4] Strang, C. & Forrester, D. (2005) *Creating a Space Where We Are All Welcome.* City of Toronto.

Recommendations surrounding access for male-to-female trans people appropriately focus on respect for trans women as women and access to women's services accordingly.[5] This has not been easy for trans women to achieve within women's services that are reluctant to view them as legitimate women. In the case of female-to-males, the severe lack of safety within men's services makes identifying the appropriate service much more challenging. As described by FTM participants, respecting trans men as men does not necessarily enable them to access men's services.

3.4 Men's Shelters

Only 11% of FTMs interviewed had used a men's shelter while being homeless. The experiences of these individuals varied greatly depending on their ability to pass as men. The ability to pass is often dependent on whether one is proceeding with a traditional "transition" process and how far into that process one has progressed. An FTM in transition may begin taking steps to live as male, such as undergoing various kinds of medical interventions (ie, hormones, surgeries) legal name change, change in style of dress, haircut, binding his chest, etc. It is important to note that hormones and surgeries are not covered under OHIP, meaning that those who cannot afford the procedures must live without them.

The inability to pass is generally understood in trans communities to be a pre-cursor to discrimination, harassment, and even violence. One FTM described passing well enough to gain admittance into a men's shelter, only to spend the night fearing his trans status would be discovered.

> *I was worried about getting found out […] I just slept in my clothes and I slept poorly, very poorly. I was up every half hour. Just worried about people coming in the room […] -FTM*

Another FTM found it necessary to grow a beard to gain admittance to a men's shelter.

> *[…] at first they refused me, but when I had the beard they let me in to eat and they didn't notice me […] –FTM*

Safety was the recurrent issue raised when contemplating the possibility of entering a men's shelter. FTMs agreed that men's shelters are theoretically the most appropriate for them, however the risks associated with entering men's spaces were simply too frightening for many participants. The spectres of sexual and physical assault were ever-present as FTMs described the dangers in being identified as transgender in an all-male space.

---

[5] Trans Shelter Access Project at The 519 Church Street Community Centre. *Tips for Problem Situations.* Retrieved January 20, 2008 from http://www.the519.org/programs/trans/access_project/scenarios.shtml

[…] if you don't pass there's going to be one person in there that has an issue with it, you know. "So, what are you doing?" Physical violence, you know? -FTM

Shelter staff and managers echoed these concerns. Men's shelter staff were concerned about their ability to provide safety for trans clients because of the number of staff available at any given time during a shift and the proximity of those staff to the clients.

On the overnight shift, there's only two staff on. So if one staff is dealing with a crisis somewhere, another staff I don't know – might be doing something else – talking to the police or on the phone with somebody. I guess the supervision of the top floor, which is where the male rooms are. Staff do rounds, and they do regular rounds, but we know that things go down up there. So just safety concerns around violence, around targeting, bullying, sexual assault. –staff

FTM research participants also raised lack of privacy as another factor preventing them from using men's shelters. There was a commonly held perception that Toronto's existing men's shelters could not offer the level of privacy required to ensure their safety. Without guaranteed access to private areas to sleep, change clothes, shower, and use washroom facilities, some FTMs said men's shelters were not a viable option.

I wouldn't feel safe unless I was in a private room […] when you're in a men's shelter, it's like a men's gym, you don't have privacy. So that would be, you know, what I need in a men's shelter.   – FTM

Problems emerged regarding two key areas of the physical shelter space: bedrooms and washrooms/showers. Most emergency shelters in the City of Toronto offer primarily sex-segregated dormitory-style rooms and results in a lack of privacy that is a serious barrier to creating safe services to FTM clients. Washrooms and showers in men's facilities were identified by shelter staff as areas where violence could occur.

[The shelter's] got 45 men in there that have been living with each other, day in and day out. My fear would be perhaps an FTM would be discovered. He could be discovered in the dorm, he could be discovered in the shower facility. There is fear of sexual violence. There is fear of physical assaults. – staff

Front-line staff and managers agreed that one of the best options for safety is being able to provide a private room, which do currently exist in some men's and young men's shelters for specific situations, such as for clients with mental health issues. Providers identified the private-room model as an excellent option for enabling shelters to provide safer services to trans people and options beyond the current standard dormitory rooms where they are most at risk.

And then there's one extra room for people who we would like to house separately or maybe have requested a separate room or they have other issues like mental health

issues. So, I mean, it's used partly for trans youth who want to stay in there, but it's also used for other youth. —staff

Unless personal preference was to go into a dorm setting we would automatically put them in a semi-private or a private dwelling. I think for due diligence on our part, for the safety of everybody concerned. —manager

Private rooms are described as rare in Toronto's shelters, and even in shelters with private rooms, there are rarely more than one or two. These rooms are intended to meet the needs of people with mental health issues, people with disabilities and trans people. Front-line workers advise that those few private rooms fill up quickly and that additional private rooms in all shelters would greatly assist service providers to meet the needs of FTMs and ensure their safety.

Another issue raised by FTMs regarding access to men's shelters was that many identified as survivors of abuse and violence, leading them to question whether the staff of men's shelters were adequately trained to house and support survivors of sexual violence, partner abuse, sexism and misogyny. Of particular concern to participants was the possibility that they may be housed together with perpetrators of this violence.

[…] going into the men's [shelter] is often terrifying […] especially for people who have experienced abusive men. —FTM

Some service providers alluded to an absence of access training in men's shelters. They commented that unlike the women's shelter sector which has been shaped by an anti-oppression and social-justice framework, the men's system has not been progressive in tackling issues of accessibility, anti-violence, etc.

I think a challenge is that the men's facilities haven't done nearly the accessibility work that women's hostels have. I think there is a lot of assumption that when it comes to trans people in the hostel system, that it'll only ever be an MTF thing, which is absurd and incorrect. —staff

In light of these concerns, staff at men's shelters explained that they would refer FTMs elsewhere. Shelter staff described their thought process around referring FTMs to women's shelters rather than allowing them to remain in the men's shelter they had chosen for themselves. This was particularly true for FTMs who were not able to pass as men.

I think to be very honest it would have to be, like, in terms of putting them in the men's sector…. I'd be very worried to put somebody in the men's sector. Especially somebody who still looks visibly very female. Just for fear of violence or any type of issues that can arise in that case. —staff

This system of referrals has the potential to remove choice from the hands of FTMs and denies them the opportunity to assess and negotiate their own risk. Although clearly based on a genuine wish to protect FTMs from unsafe services, the effort invested in referrals serves primarily to illuminate the lack of effort spent on the creation of safe services.

> *When they told me that they really didn't think I could stay, at first […] I don't think it was so much a personal attack on me; they were very friendly, professional; but I think that they really did have my well-being…they were really trying to do what was best for me […] And I was a little disappointed and said, "Where am I supposed to go?" – FTM*

Steps such as discussing trans identities in the shelter and holding residents accountable for their actions were not raised as options by shelter staff. Some men's shelter staff acknowledged their shame in being unable to provide safe shelter to FTM clients and in turning them away.

> *I don't know which card is harder to play. Saying "I can't service you" or "These are the reasons why I can't service you. I'm ashamed that I don't feel confident enough that you're going to be safe here." -staff*

> *There is fear of sexual violence. There is fear of physical assaults. For an FTM I can't guarantee them 100% safety. As much as a professional I'd love to, I can't. –staff*

When asked whether he could guarantee any other clients' safety, one front-line staff member at a men's shelter described the vulnerability of many of his clients to violence. He cited racist and homophobic violence, and mentioned other men who might be vulnerable, such as those with disabilities or mental health issues. A theme from interviews with workers and management at men's shelters was that men's violence against other men was frequently dismissed. Violence against FTMs was not contextualized as part of a larger systemic problem.

> *I can't guarantee a client coming in that somebody's not going to think that he stole his knapsack and decide that he's going to swing a punch outside in the courtyard, so you're absolutely right. You can never guarantee it, but I don't know... I think my concern would be greater simply because of the backgrounds that a lot of our gentlemen are coming from. For some reason I can't help but think about the movie Boys Don't Cry. –staff*

Occasionally staff at shelters had clients who they believed could be FTM but who did not disclose their trans status. In these cases, providers felt that making an appropriate referral was also difficult.

> *My assumption was "You're here at a men's shelter seeking shelter. Lets go with how you're identifying." So I had referred to another men's program. Now, if the relationship would've been different, if there had been some sort of disclosure, then I think that*

definitely would have enabled me to think a little bit more critically about what would've been the most appropriate referral. –staff

In instances like these, it is relevant to note that the onus is sometimes placed back onto the FTM individual to come out even if he feels unsafe in order to get an appropriate referral. Within men's shelters, the role of staff to create that safe "coming-out" environment remains largely unexamined. In light of these barriers it comes as little surprise that some FTMs have opted to access the women's shelter system.

Resulting Recommendations

Fund Specialized Shelter Services.

c. Develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk for violence in order to meet their shelter and housing support needs. Funding must be sufficient to provide extra staffing support, private rooms and separate washrooms and showers accessible only to these residents.

d. Develop and fund a Family Reunification queer program to reunite vulnerable homeless queer-identified youth and adults with their families and communities.

Undertake An Anti-Violence Campaign in All Shelters with a Specific Focus on Men's Shelters. Take immediate action to ensure that there are appropriate policies and standards in place in all men's shelters that support and improve safety for vulnerable men. This anti-violence campaign should include developing training materials and resources for clients, staff, boards and management.

Community Advisory Panel for Anti-Violence Campaign. Establish a Community Advisory panel that will assist the City to develop and evaluate the effectiveness of the Anti-Violence Campaign.

Develop Services for Male Survivors of Abuse/Violence. Ensure that shelter and counseling services are available to men who have experienced violence. These services must be accessible to the diversity of men including: FTMs, gay men, and bisexual men.

Create Joint Province-wide Task Force on Improving Safety Within Shelters For Vulnerable People. The Province should bring together policy and community

stakeholders to ensure that the needs of vulnerable people are being met within the shelter system

3.5 Women's Shelters

Women's shelters were used by 29% of FTM participants, who described their need to use them with resignation and indicated that they had accessed them for a lack of safer or better options. Both FTMs and women's shelter staff spoke about women's shelters as an alternative to the potential dangers of men's shelters and in lieu of a more appropriate place to go.

> *And we are a women's hostel, but we do – rarely, but it does happen – we get FTMs who self-refer to the hostel or who are referred, because they didn't feel safe staying at a men's facility or they just heard it was a safe place to stay as an FTM to come and stay.   -staff*

> *I said to him "Are you sure you want to stay here?" And he said yeah. When I asked him why, he said it's because he felt safer in a woman's shelter because of the fact that - and this is a big ass assumption (and it's not mine) - women are a bit more understanding in terms of different choices that people make in life, whereas men may get more physically aggressive with him. – staff*

FTMs recounted that the primary determinant of a positive or negative stay in a women's shelter was the facilities' willingness to openly extend their services to FTMs. One FTM described staying in a women's shelter that follows a written policy to accept FTMs who did not feel safe in the men's system:

> *I was given a tour by this very nice staff member. She had introduced me to a transgender staff member which was really kind of inviting. So even though it was a women's shelter, it felt more like unisex in a way. […] I didn't necessarily see it as necessarily a women's shelter. Or I did, but it was more. – FTM.*

The City of Toronto Shelter Standards do in fact provide a basis for women's shelters to openly extend services to FTMs. Standard 4.7 states that *"Shelters will support the choices of TG/TS/2-S residents to gain access to services in the gender they identify will best preserve their safety."*[6] This sentence suggests that services are to be provided in the gender that a trans

---

[6] City of Toronto, Shelter Housing and Support (2002) Toronto Shelter Standards. Retrieved November 3, 2007 from http://www.toronto.ca/housing/pdf/shelter_standards.pdf

individual believes will keep them safest. The majority of FTM experiences in women's shelters would seem to suggest that this part of the standard is neither understood nor implemented.

When women's shelters were not openly extending services to FTMs, the quality of service depended on the FTM's ability/willingness to conceal their transgender/male identity. Some women's shelters expected FTMs to 'fit in' with female service users by presenting themselves as women and complying with feminine appearance-based codes.

> *In the women's shelter […] they said I needed to shave. They asked how I identified, accepted me as long as I shaved my beard. But I didn't feel as if I fit in there comfortably. It felt like a women's prison. -FTM*

> *[…] I'd have to go to a women's shelter. That was the only problem. I could access them but I'd have to compromise who I am. –FTM*

A number of front-line shelter workers who identified as 'allies' opposed these conditions of forced feminization.

> *"We're going to have to tell everyone, just because it's a women's facility, that you're a woman if you're going to stay here, and that's where you're going to have to identify." That's all complete bullshit. It's a huge barrier, you know? It's not an accessible facility if you're barely being tolerated to even be there.–staff*

One FTM described his feelings regarding the expectation that he present himself as female:

> *[In a women's shelter] I can't imagine changing my outward appearance, you know? […] I would be so uncomfortable, I would probably kill myself. –FTM*

Some FTMs recounted being forced to access women's shelters when they were unable to pass as men. Physical appearance was the understood basis for admission to services, with little regard shown for the harm done to an FTM misidentified as female.

> *[…] I had to go to a women's shelter […] because they told me I had to […] because of where I was in the transitioning process. I was still a girl to them. And they weren't willing to let me go to anywhere else. –FTM*

Yet accessing the intake process was simply the first step. Once inside women's shelters, FTMs encountered a new set of problems associated with negotiating their male identities in women's space. They were keenly aware of the political nature of their positions as men accessing women's services and some had adopted an apologetic and self-deprecating affect in response to this.

I feel like I'm way less deserving of services for women because I know that I'm not a woman, even if no one else does. But at the same time I have to tell myself there are no services for me so I need to take what I can get. –FTM

The relationship of FTMs to feminism and feminist-based services was complex. Women's services grappled with the implications of serving male-identified people both in terms of women-specific funding and the safety and comfort of women using the service.

There's a lot of apprehension about, "Well, what would it be like for the women that are here? They're here assuming this is a safe house [...] –manager

This relationship between FTMs accessing women's shelters and the assumed subsequent threat to the safety of female service users is under-explored. The existence of women's shelters that have chosen to openly accept FTMs would suggest that safe services are not necessarily compromised by the inclusion of FTMs for safety reasons. Nevertheless, referrals often occurred when women's service providers perceived FTMs as not fitting their client base. However referrals alone did not solve the problem. Service providers attempting to refer-out FTMs merely encountered more barriers.

You know, I called several different places. There were men's facilities that I thought were really good, and either they were full or they were a crappy facility that was being like, "We can't guarantee that person's safety," which is ridiculous. I can't believe I've had shelters say that to me. I'm like, "You should be guaranteeing everyone's safety – anyone's safety. You're shelter workers. It's what you do." […] I know shelters aren't safe environments per se, but you could try. –staff

FTMs grappled with this conundrum of identifying as men yet seeking the safety they often found in women's services. Some participants identified themselves as having worked in women's services prior to transition and articulated both gestures of solidarity as well as sentiments of frustration in relation to these services.

They're wanting to keep those safe, the space safe for women and unfortunately some of us have to be included in the women's [shelters]. -FTM

…a lot of the women's spaces shelters are built on second wave feminism. So either they'll tell you that you're a woman or you know say that you are going to scare us […] which totally centers you as the problem instead of the oppression that's the problem. –FTM

Much like the phenomenon of erasure written about by trans women, FTMs described a similar experience in the shelter system.[7] They could not exist as men inside a women's service and

---

[7] Namaste, V. (2000) Invisible Lives: The Erasure of Transsexual and Transgender People. University of Chicago Press.

yet their existence was threatened in a more immediate sense by the potential dangers of men's services. They expressed confusion and frustration about this lack of choice.

> *I don't want to go anywhere that's going to treat me as if I'm a woman and I also don't want to go anywhere that's unsafe because of who I am, which I feel that the men's shelters would be.   –FTM*

Notably, the issue of housing FTMs was not a barrier at all for one women's shelter. They stated that because FTMs were designated female at birth, FTMs were similar enough to their target female population that they would fit right in, even more so than trans women. This perception that FTMs are essentially/really still women and the implication that MTFs (male-to female trans people) are essentially/really still men perpetuates problematic stereotypes about trans people.

> *It's a lot easier to deal with, to be honest with you, because for trans women, there's always that whole argument of aggression and physical violence and whatever else, whereas with trans men you just assume inherently that they're sweet people. – manager*

The assumption that FTMs are feminine/passive and that MTFs are masculine/aggressive has the potential to negatively impact service delivery and harm transgender clients. MTF survivors of gendered violence can experience trauma and re-victimization if inappropriately placed in the category of abuser. For FTMs, if access to services is based on the invalidation of their male identities, it is questionable whether they will experience this as access at all. These attitudes serve to hinder understanding between women's services and the trans people who attempt to access them.

Resulting Recommendations

Utilize Community Expertise. Foster and mobilize the expertise that exists within some women's shelters that are effectively working with trans clients. Ensure that FTMs who do not feel safe to enter the men's system are able to access the women's system. This is an integral, albeit temporary step to providing immediate safe shelter while the men's system undergoes changes to become more accessible. Women's services can play a key role in assisting the men's sector to develop strategies to house vulnerable populations including FTMs and providing services to survivors of assault and trauma.

Foster Trans-Positive Shelters. Identify that services are trans-positive including ensuring that there are appropriate visual materials that support and foster inclusive environments.

> **Train Staff in Violence Against Women's Shelters**. Ensure that all Violence Against Women's shelters are Provincially mandated to receive trans-positive training. Violence Against Women's Shelters must explore strategies for providing services to vulnerable FTMs. Violence Against Women's shelters must be Provincially mandated to provide shelter for trans women (MTFs).

3.6 Co-Ed Shelters

One potential solution raised by shelter providers was to consider exploring FTM access to co-ed shelters. One participant described his positive experience of being in a co-ed shelter where his identity was not an issue.

> *[…] it was not separated by binaries. They didn't even really ask how do you self-identify […] which worked out for me and I was able to – I was traveling with a partner at the time who was also trans-identified, so it was a really good experience actually, the only good experience. –FTM*

Twenty-two percent of FTMs accessed co-ed shelters, but rather than finding a reprieve from the sex-segregated men's and women's facilities, the majority of FTMs experienced co-ed shelters as reinforcing gender–based exclusion. Rarely given the option to self-select which dorm to use, FTMs found themselves assigned to the gender appearing on their identification documents (e.g driver's license and birth certificate) without a sound basis for this policy.

> *I had to stay on the girls' floor. It was a safety concern and a funding issue or something like that. I really, I really don't know. It's really vague. It was really uncomfortable for me even though I had a place to stay.   –FTM*

Interviews with staff from co-ed shelters mirrored the perspective that co-ed shelters were still "gendered" spaces and imposed most of the same barriers as the sex-segregated shelters. They also acknowledged special barriers for those individuals who do not identify as male or as female, but rather identify elsewhere along the gender spectrum.

> Interviewer: *If someone showed up at the door of your shelter tomorrow and they said, "I'm not male and I'm not female," would there be any way to deal with that person?*

> Staff: *That person would probably be asked if they wanted to stay on the couch.*

> Interviewer: *And if the couch was full?*

Staff: *Well, there's two couches. –staff*

Resulting Recommendations

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

Conduct regular Access and Equity reviews. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.

3.7 Intake and Identification

Barriers with respect to intake and identification spanned across the shelter sectors. Many FTMs felt that the intake process contained personal and medical questions they found irrelevant to their housing situations and their current need for shelter.

> And what I found with that intake process is that they cared more about "so what's going on in your pants?" Things like that. I got horrible questions about "how far are you in your transition?" and I didn't think they were appropriate questions if you ask me personally. They should stick to what the person is actually there for. –FTM

Many shelter intake forms are standardized documents that are outside the control of individual shelters. FTMs expressed frustration about these bureaucratic identification requirements and the barrier they presented to accessing the shelter system. For some their identification had been lost or stolen during their housing instability, making it impossible to present any legal documentation. For those who did possess ID, it represented an invasion into their medical and personal histories as it revealed their birth sex and name. Most FTMs chose to preserve their safety by withholding it. Once again, the threat of lack of shelter presented a less immediate threat than that posed by making one's body and history vulnerable to strangers.

[…] they had an option for a meal and an overnight stay […] I knew that the intake process would have to write down your name and who you were […] that was something that I didn't want to disclose […] no I didn't even access it. –FTM

Another participant declined an opportunity to access transitional housing because of the need to show identification. This particular service had taken steps towards inclusion by listing FTM and MTF on their intake form, however, it was a gesture this participant felt he could not trust as long as identification was still required. Distrust of staffs' ability to maintain confidentiality ran very deep among FTMs who had been victimized as a result of their identities. The request for identification mirrored participants' invasive life experiences and became an added reason for why many would not access much needed services.

Just the whole ID issue […] the staff could be talking about me right and they could hear about something and then I would be outed. I don't want to be outed right. Especially if it's somebody I don't know and the safety concern there. –FTM

Participants reported that multiple shelters insisted they were required to be addressed by the names and gender pronouns listed on their identification. Rather than address one FTM by his chosen name, one shelter went so far as to invent a nickname for him regardless of the fact that he was already 'out' and accepted by the other residents.

[…] even on the girls' floor they all knew and they were, they'd call me by my name right? But even then the workers couldn't call me my name and they just used this nickname, which is really odd because even that name, it's not my legal name, right? - FTM

Resulting Recommendations

End Discrimination. Revise the City of Toronto Shelter Standards to ensure that direct and indirect discriminatory access practices cease in all shelters. Required revisions shall include: mandatory trans access training and policy development for all shelters and extending the City's Don't Ask Don't Tell policy directive to trans people seeking shelter to ensure that identification is not a barrier to access the services of one's choice. A zero-tolerance policy for transphobia, racism, and misogyny must be in place. The City must provide adequate sustained funding to support anti-discrimination and anti-oppression training for all shelter staff.

Reduce Service Barriers. Ensure that Provincial forms (i.e. the Application for Ontario Works) include broader gender categories such as: Female, Male, MTF, FTM and a

3.8 Access to Washrooms

The right to use the washroom is something most shelter residents take for granted, however FTMs did not. They described safe washroom use as vital to the quality of their stay in the shelter. These descriptions were consistent with current literature regarding the discrimination in public washrooms that trans communities endure.[8] The Ontario Human Rights Commission states *"Individuals should be given access to the washroom and change facilities that match their lived gender, unless they request other accommodation (such as for safety or privacy reasons)."*[9] Despite this clear direction available to shelters, one participant described having to use clandestine means to ensure his basic right.

> *I was very vigilant, very careful about everything I did. You know, and I always made sure that, like when I used the washroom that there weren't, there wasn't going to be any discomfort for the other people, which I feel like is really unfair. Like I had to like go out of my way so I can take a shower at night, you know or had to go pee. It's like, God, I need to use the washroom but if someone's in there and they're not comfortable with me then […] like I had to step aside and wait, you know, till that person was done. –FTM*

In some instances, it was outright fear that determined when or if an FTM would use the washroom in any given shelter.

> *[…] if I go to a men's shelter, there's a chance that I might get raped or beat up there if I use the washroom […] –FTM*

A participant described relying on particular staff allies to contradict the accepted shelter practice and assist him in using the washroom in private.

> *[…] she allowed me to use the washroom at night. So it was really on like individual staff that really kinda made it better for me to be in the shelter cuz they didn't really*

---

[8] Transgender Law Centre. (2005) Peeing in Peace: A Resource Guide for Transgender Activists and Allies. SF California.

[9] Ontario Human Rights Commission. Gender Identity: Your Rights and Responsibilities. Retrieved December 5, 2007 from http://www.ohrc.on.ca/en/issues/gender_identity/index_html/view

have like a guideline they could follow, you know […] they don't really have a policy. – FTM

One front-line staff shared an experience she had assisting an FTM resident to have a bath.

I remember one morning him and I were having a cigarette together and I remember he said to me "I haven't had a bath in 4 years", like to sit in an actual bathtub, and honestly that broke my heart. Even if I think about it now, I feel like crying. So I went out and bought a shower curtain and he had a bath that day. –staff

These stories demonstrate the profound experiences of dehumanization that FTMs within Toronto's shelter system have endured. In 2000 Chief Commissioner Keith Norton unveiled The Ontario Human Rights Commission's "Policy on Discrimination and Harassment because of Gender Identity" to ensure *"that the dignity and worth of every person be recognized and that equal rights and opportunities be provided without discrimination because of gender identity."* It is clear his vision has yet to be achieved in Toronto shelters.

Resulting Recommendations

Fund Specialized Shelter Services. Develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk for violence in order to meet their shelter and housing support needs. Funding must be sufficient to provide extra staffing support, private rooms and separate washrooms and showers accessible only to these residents.

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff (including overnight and relief staff), Board members, managers, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

Conduct regular Access and Equity reviews. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.=

End Discrimination. Ensure that the Board and management of each shelter establish clear anti-discriminatory access practices and provide shelter for all vulnerable trans people. Management must provide clear direction to staff on how to address

transphobia in the shelter and record incidents.

3.9 Discrimination from Residents

FTMs described being told that concern for their safety among other residents was the reason for particular shelter practices that they found degrading. Although they perceived that staff concern for their safety was genuine, FTMs discussed their frustration with shelter staff making decisions about their safety. Staff would assess their risk as FTMs in the shelter and impose make-shift practices to address these risks. In co-ed and women's shelters, FTMs were forced to stay in girl's/women's dorms and be addressed by a female name and pronoun. In one men's shelter, staff attempted to force an FTM to go on hormones as they believed this would conceal his trans status and ensure his safety among the other residents.

> *[…] they said I needed to get on hormones. They drove me to the doctor but the doctor refused to give me hormones just to get into a shelter. I was asked to leave. –FTM*

Despite the obvious fear of encountering dangers, FTMs did not find all residents threatening and recounted some stories of support and solidarity among fellow residents. Some participants shared their stories of relying on supportive shelter roommates or finding connection with other residents.

> *I had a roommate […] she was very cool with the whole thing and she basically never broke any rules so I didn't have to be afraid of her getting kicked out and then I would share a room with someone else. –FTM*

> *There was a woman there who identified as a lesbian, and she was pretty butch and stuff so I know I started talking to her. […] I think at one point she actually did express to me that she had considered hormones […] but I guess realized that she was okay living as a female, identifying as a butch lesbian. So I kind of had that camaraderie with her, I kind of connected with her because of that. –FTM*

Despite the diversity of experiences FTMs had with other residents, decisions were consistently made for them by staff and management, and regularly resulted in lack of access to the shelter based on staff perceptions of FTM safety. Regardless of intention, this practice was received as a refusal of service.

> *FTMs would often have to just hope they pass when they get into a shelter system or they get refused services: "You can't stay here with the guys 'cause it's not safe for you." -FTM*

While speculating on the challenges that other shelter residents would have in accepting the presence of FTMs, shelter staff reported contradictory perspectives. On one hand, providers highlighted the ways that FTMs can be targeted by transphobic attitudes when their identities may be in question.

> *If a female-to-male transgender came to the shelter and presented as male and wanted to be called by David or Dylan and be referred to as "he", that would take a lot of adjusting for some. Not all, but some. - staff*

> *I think they do get targeted in the women's hostel a little bit. A lot of people have a lot of questions, like, why and everything, and a more interrogator stance – not shelter workers, but residents. You know, like, "Why are you staying here? Why are you doing this? Why would you do this?"   -staff*

Alternately, some shelter staff highlighted the acceptance that they witnessed from shelter residents.

> *People who've been on the streets for a period of time…it's amazing how tolerant they are. Much more tolerant than our society generally. –staff*

As well, one FTM recounted an experience of being supported by the MTFs who were staying in a shelter that refused him service once his status as an FTM was disclosed.

> *They did ask me to leave and not come back, and I felt really, really upset about it. […] So what happened was the girls knew about this, that I had been asked to leave, so then they had their Thanksgiving dinner and one of them said, "Well, geez, just come by there anyway, they won't turn out away for Thanksgiving dinner, I can't see that." And [the shelter staff] wouldn't even let me stay for Thanksgiving, and [the girls] created quite a ruckus and drama with that, saying "Why can't [name] stay for Thanksgiving?" –FTM*

Some shelter workers based their opinions of residents' attitudes toward trans clients on specific experiences. They felt these experiences illustrated hostility towards FTMs from the other residents.

> *They had given us cards and little pamphlets "Are you an FTM? Would you be interested in interviewing and sharing your story?" […] And I would find them torn up, and in the garbage and pen marks scratched over the pamphlets, and it was just sort of another subtle indicator that whatever it is we were trying to discuss was not welcomed by that group of men that were staying there at that time. –staff*

One front-line staff member who identified themselves as a trans person addressed the subtle and trans-specific forms of transphobia and violence that can exist within the shelter

39

environment. Harassment and hostility towards FTMs by other residents can take a variety of forms and points to the importance of understanding safety in a broad context when discussing FTMs.

> *Threatening to spread rumors is another deeply invasive way to cause damage to somebody and their life, and their livelihoods. And we have to define what is violence. Like is it somebody coming and hitting you or is it somebody who's maybe sitting too close to you or taking too much liberty or asking you questions about your physical attributes? Is that a form of violence? -staff*

Shelter staff had conflicting views over how to respond to the issue of name-calling, rumours and harassment from residents and they identified a number of possible strategies to address the problem. Some front-line staff described a zero tolerance policy, with a need to be firm in implementing policies such as barring those who discriminate against FTMs.

> *But if they're going to keep discriminating against trans people, [the clients] will be discharged. And there's no exception to that rule because we explain it very carefully at intake.   –staff*

Others suggested it would be better to provide opportunities for growth. Rather than merely punishing people for their mistakes, barring them from one shelter and forcing them to move on to perpetuate the same behaviours elsewhere, residents might learn to adapt to difference. A strategy of providing education as a first step towards positive growth followed by a zero tolerance philosophy could integrate the two approaches.

Some FTMs mentioned the possibility of education for residents but clearly placed the onus on staff to set the tone in the shelter environment.

> *Also the transphobia of the other clients at the shelter. I don't put the same burden on them that I do on the staff, but I think there is some sort of responsibility we all have, basically, to treat people with respect. But when you have hardly had access to housing, nutrition, traumas and abuse, and you're also in a place where no one has told you about it and no one's helped educate you […] if there hasn't been clear – everything from policies that really have teeth and are enforced […] signage: you're in a space […] you share this space with trans people, queer people, etc., and it is expected that everyone will be treated well or there are consequences […]I think that becomes a real barrier for people, too. –FTM*

The use of mediation as a tool to resolve conflict was also raised. As well, some front line workers in all sectors described the need for regular training workshops for residents because of high client turnover.

In a way, I like the fact that there's a zero tolerance policy, but also I think that if we're trying to move people to a place of change and move people to a place of reintegrating into the larger community, then we need to be able to equip people with the skills on how to survive. -manager

I think there needs to be, in terms of safety, training for -- and when I say training it's for residents. In terms of like workshops, things that bring the subject more to the forefront. The problem with that is that it would have to be consistent. –staff

Shelter staff and management indicated that front line staff members need to address the transphobic attitudes and behaviours of residents immediately. Their neglect to do so only serves to reinforce residents' attitudes that it is acceptable to insult or harass a trans person. The onus is firmly on the staff member to effectively address any behaviours or conflicts resulting from transphobia in order to send a strong message to residents that these types of actions will not be tolerated. Staff responsibilities are ultimately agency responsibilities and managers must ensure that front-line staff are adequately trained to address these situations quickly and with confidence.

Lastly, a common concern raised by staff in addressing transphobia among residents was the issue of confidentiality. Staff astutely perceived the need to address transphobia in ways that would not "out" a particular resident as being trans. One tactic used to address this concern was to remind residents upon intake that the shelter was full of diversity, including trans people.

Some people will ask "Is that a trans person in my room?" We say, "You know, I can't disclose that ever. But if you have a problem with it, you're going to accept the fact that trans people are part of this house and that's a fact and you need to get over it." Then they will be like, "No." Sorry. You may be sharing your room with a trans person. But we do also explain that on intake – that they may be sharing their rooms with many types of people. –staff

Resulting Recommendations

End Discrimination. Revise Toronto Shelter Standards to ensure that direct and indirect discriminatory access practices cease in all shelters. Revisions shall include: mandatory trans access training and policy development for all shelters and extending the City's Don't Ask Don't Tell directive to ensure that identification is not a barrier to access the services of one's choice. A zero-tolerance policy for transphobia, racism, and misogyny must be in place. The City must provide funding to support anti-discrimination and anti-oppression training for all shelter staff.

> **Fund the Development of Best Practices**. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all staff to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

3.10 Strategies for Shelter Survival

FTMs spoke of employing resourceful strategies to ensure their safety within services that were poorly equipped to do so for them. They made themselves invisible by not speaking or avoiding interaction with other residents.

> *I wouldn't personally interact. I wouldn't talk […] it was very isolating. –FTM*

Some FTMs re-arranged their work schedules to return to the shelter when they were less likely to encounter other residents.

> *[…] during that time I worked a lot because that – that was my only way of being able to be there when everyone would sleep, essentially, right? So I made sure I worked really late shifts. –FTM*

FTMs also disassociated themselves from their experiences as an escape mechanism from the extreme stresses of shelter life.

> *I suppose my safety tactic was sort of just shutting down, kind of disassociating. Just sort of numbing out what was happening. –FTM*

FTMs rigidly self-monitored their behaviour to ensure they could continue to use shelter services.

> *[…] the reason why they [shelter staff] could tolerate me was because of my own character. I never broke any rules and I always did my chores […] I never caused any problem at all, but if I were like my friends who would try to bend the rules, I don't think they could've tolerated me. –FTM*

FTMs learned the language of service providers in order to reduce their powerlessness as service users.

> *[…] one of the strategies I've used was to learn their language […] learning the language of anti-oppression and be able to call it that. In volunteering for social service*

organizations I was able to sort of get in on that club when otherwise I wouldn't have been able to because of my background and what I have access to as someone who I feel was forced out of the high school system because I was queer and because I was trans.

FTMs reflected on their vulnerability within shelters and their need to resort to resourceful means for ensuring survival and safety.

I guess there's so many people who just go to places and they take everything for granted right? And I have to come up with all this creative crap […] –FTM

Resulting Recommendations

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff – including overnight and relief staff -, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

3.11 Shelter Success Stories

In recounting their experiences within shelters, FTMs described occasional success stories that included situations in which their needs had been met as both a shelter resident and a trans person. One common thread in these success stories involves the way in which personal questions were handled.

[…] when they did ask questions it was – they were also questions that I felt comfortable with.   –FTM

But I was actually relieved at least with the housing worker asking me blatantly about gender identity issues because then I felt like it had made it easier for me to talk to her about myself. –FTM

FTMs felt respected when staff had the basic transgender knowledge that allowed them to respond professionally as they would to other issues. It was very important for FTMs that they not be made to feel strange or out of the ordinary.

> *[…] he didn't bat an eye when I said the trans thing […] it was nice in that it wasn't an issue. It was not "Wooh, really?" It was just "Okay, that's just another part we're going to have to deal with." -FTM*

Lastly, FTMs also described the importance of being treated with dignity and having their identities recognized and validated.

> *Another thing too, when I went to [women's shelter], with the initial intake, I was kind of surprised about…I thought I would have to use my legal name because social services was covering my stay there basically, and I didn't really question it until the staff member that did my intake said that "You don't have to use your legal name." –FTM*

Resulting Recommendations

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff – including overnight and relief staff -, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

Part 4. Agency Capacity

4.1 Creating a Welcoming Environment

Front-line staff who identify themselves as allies to trans communities have unique challenges a system that has traditionally operated in opposition to trans accessibility.

> *There's a few of us in the organization that are trying to resist this whole "we're not intaking trans community at all", and for those of us who are in this resistance*

movement, we don't really care what you tell us. As long as you're a homeless person and you need a place to go and you can go upstairs and sleep on a top bunk. –staff

A number of these allies flagged the recruitment and hiring process of trans people as shelter staff as a significant factor in increasing accessibility for FTMs. More frequently, they said shelters are hiring people without significant social service backgrounds who might be ignorant of anti-oppression philosophies. Hiring committees need to be able to assess a job applicant for their knowledge of anti-oppression, and put questions into the interview that highlight the service needs of trans people.

I think that's a struggle, ensuring that we have the most qualified staff with the appropriate background. I mean, is somebody that we've hired with a hospitality and tourism background going to know these things? -staff

Not just hiring practices, but where you're even posting for jobs, and who has access to even know that you're hiring, what hiring committees look like, what interview questions look like. –staff

A number of these self-identified allies described themselves as belonging to marginalized groups. This included people self-identifying as gay, lesbian, FTM, MTF, intersex and members of racialized groups. A number of these individuals suggested that this experience of personal oppression influenced their recognition of the oppression of others and allowed them to address discrimination more readily. They also implied that residents responded well to them as staff members because there was a sense of shared experience through oppression.

I think going into the work that I do having that background and belonging to a minority group has enabled me to better observe what's going on around within the shelter and also being able to educate in moments where I feel as though we could have different teachable moments. -staff

So in a sense, I think I have an understanding of transitional space, and being in that type of space in your life, I guess. […] Instinctively the clients feel at ease around you, I guess, a little bit, although they probably don't know why. –staff

Service providers therefore identified a number of ways in which they attempted to create a welcoming environment for trans people despite many obstacles.

Resulting Recommendations

Conduct regular Access and Equity reviews. Ensure shelters are held accountable

to the trans-inclusive policies that are developed and implemented.

Foster Trans-Positive Shelters. Identify that their services are trans-positive including: ensuring that there are appropriate visual materials that support and foster inclusive environments.

4.2 Responding to the Needs of Trans Staff

Although many shelter staff attempt to create a welcoming climate for trans people, their agencies are not always able to fully accommodate trans clients' needs. There are also challenges associated with trans staff. Although there are increasing numbers of trans people (visible or not) who are working as shelter staff, recognition that trans people might serve as staff members within social service agencies is a relatively recent phenomenon. As such, those trans people who work in shelters experience some difficulties as well as advantages. Staff who are "out" describe different experiences than those who are not. One openly trans staff member laughed while she described scenarios where clients threaten to "out" her as trans.

> *You know, they'll get mad at me and say, "If you don't stop harassing me right now, I'll tell everyone you're trans," and I'm like, "I don't care!"   -staff*

For those who are not "out" at work, there is a catch-22 when dealing with harassment from clients or colleagues. The only means to tackle the harassment and hold the perpetrator accountable with management would be to out one's self. One trans person who worked on the front line at an agency years ago described an instance of violence that erupted following rumours about their trans history and the disappointment that was felt following an unsupportive response from the employer.

> *You know, there's rumors around about me, and I don't confirm or deny them, for the most part. And yeah, in a couple of cases, there were […] I actually had to leave an agency because of the physical threats that were happening towards me as a staff member. -staff*

> *The problem or the major barrier of having […] to being able to deal with that is I'd have to out myself to be able to deal with it, which would basically destroy my sense of wellbeing in the workplace, and potentially my safety. –staff*

Accommodating a staff member's transition can be difficult for an agency, particularly when it is a gendered facility and the trans person's new lived identity is as the opposite sex than that of

the target population being served by the facility. One staff member described the way their workplace handled that transition.

They've just made it so they can accommodate this person, like for example when the person's doing check, they won't do it or the women will know that today it will be "Bob" that's coming to do room check so when they see this person that's a male, they're not afraid or nervous, shocked or surprised. –staff

Resulting Recommendations

End Discrimination. The City must provide adequate sustained funding to support anti-discrimination and anti-oppression training for all shelter staff. Hiring practices must also be reviewed to ensure they are equitable and allow trans people access to positions within the shelter system.

4.3 Management's Ability to Enhance Access

Managers described their own role in making services accessible for FTMs in three ways: Providing leadership and education, acting as positive models, and sending clear communications about commitments to trans access.

Well it filters down, right? It filters down because they observe me and then I can make sure that the appropriate policies are in place and I can […] we have progressive discipline and if I find staff aren't treating people fairly, I'll have to do that. I don't want to do that, but its all about educating ourselves too, right?   -manager

In my office, I do have a couple of [trans-positive] posters that are up because I think that that also speaks to the staff that I'm working with. You know, having a supervisor with an office, that has a variety of messages that are up and very clear. – manager

Managers also play a disciplinary role in their respective agencies and are responsible for following up on residents' complaints about prejudice and discrimination from staff towards trans people. A number of managers described the specific challenge that comes in trying to follow up on those complaints and the murky nature of trying to assess oppression.

You can't measure feeling discriminated against, and you can't measure feeling like you're being targeted. You can describe it, you can be able to say "This is how I felt" but the reality of it is that society in general, we don't give weight to feelings. We don't do that. So when a resident comes to you and they tell you "I feel like this person was

rude to me because I'm trans or because I'm black or because I'm gay" or whatever the case may be, you validate that feeling, but when you go back to the staff member, usually, they say "Well, what did I do?". Well it's not about what you did, this is how the person felt. – manager

Front-line staff noted that although their managers could play a key role in providing leadership to the agency on trans access issues they often do not because of the long-term commitment it would take to properly address it.

I think from management's perspective, from the executive director of these agencies' perspective, it's not that they are not wanting to push this as an agenda, it's just it's not one of those quick fixes. So sometimes the tendency is just to shy away from it. –staff

Resulting Recommendations

End Discrimination. Ensure that the Board and management of each shelter establish clear anti-discriminatory access practices and provide shelter for all vulnerable trans people. Management must provide clear direction to staff on how to address transphobia in the shelter and record incidents.

Foster Trans-Positive Shelters. Identify that their services are trans-positive including: ensuring that there are appropriate visual materials that support and foster inclusive environments.

4.4 Staff Capacity: Training Needs

Managers and front-line staff from all sectors had a great deal to say about the benefits and importance of training about trans issues. They remarked on the potential impact that training has while identifying the need for training on a consistent basis due to high staff turnover. They also noted that such training should be mandatory for all staff, including temporary and overnight relief staff.

I think there needs to be training first and foremost for staff from like the top of the agency - the executive director, board members, like the top - to cleaners to administration staff - because all these people work with all the clients in some capacity, so they need to know all the issues. -staff

Honestly, I knew about male-to-female, but I didn't know anything about female-to-male. Like I had no freaking clue. I'm embarrassed to say, but I didn't even think about it. Like seriously, that workshop, it totally raised my consciousness. I had no freaking idea.   -staff

[…] we are not equipped in terms of staff training, in terms of the way that we're set up, to really, you know, properly service a trans client to the extent that they would want or need […]   -staff

Knowing what resources – making sure that we know where to send trans people, understanding issues, knowing that it's not always a fact of just referring people on. – manager

While training is a valuable component for the professional development of shelter staff, some front-line workers say that without practical experience, reinforcement and interpersonal interaction to move the training from theory to practice, the lessons learned in training sessions can be lost. In order for the benefits of training to have the strongest impact on staff and agencies, it would need to be integrated as part of everyday practice and policy.

Not only training, but just like experience and interaction between staff and the people that are implicated in all of this. Because you can be trained 'til you're blue in the face, but if you don't work with the community you're being trained about, it can only go so far. –staff

It was also noted that not all staff receive training when it is offered, and there is generally very little "trickle down" to relief staff. Training in trans issues (and in particular for this study, the needs of FTMs) is viewed by shelter workers as being an invaluable asset to the quality of service. In order to achieve the best results from training it should be offered to all staff and supported at all levels of the organization by ongoing staff development activities and practical implementation.

I heard that you guys [519 training facilitators] came to [shelter] but I'm a relief staff, so we're not included in those things. And [other workers] don't actually come back and tell us about the training that they have. –staff

Staff expressed the desire to effectively advocate for and provide relevant resources to potential FTM clients and cited the ways training could positively impact on services.

You know, not just being accessible but being committed to the issues that are relevant to the urgent needs and wants of the trans community and advocating for it, and not being afraid to do some work.   –staff

Service providers emphasized the importance of training here, noting with concern that even if they understood FTM shelter needs, they might not be able to meet them. They reiterated the importance of knowledge, comprehension, and above all their ability to put good intentions into practice. One example of putting new knowledge about trans people's needs into practice is through policy development.

Resulting Recommendations

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff – including overnight and relief staff -, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

Train Staff in Violence Against Women's Shelters. Ensure that all Violence Against Women's shelters are Provincially mandated to receive trans-positive training. Violence Against Women's Shelters must explore strategies for providing services to vulnerable FTMs. Violence Against Women's shelters must be Provincially mandated to provide shelter for trans women (MTFs).

4.5 Creating Environments that are Non-Discriminatory

Policy development is a significant part of creating effective organizational change. As a result of encountering trans individuals, attending training sessions on trans awareness through The 519 Church Street Community Centre or as a result of the requirements of the revised City of Toronto Shelter Standards, more and more of Toronto's emergency shelters are beginning to develop trans-specific policies.

> *And basically, up to this point our policy was like a one-sentence policy. As you can see, we have a 2 page policy, so we put a lot more research and more effort into […] .I think that first policy came out of our first encounter, back in that day, [several] years ago. –manager*

Some of the managers interviewed expressed the importance of constantly updating access policies to ensure that they remain inclusive, are based on current research and are informed by

the experiences of front-line staff. One religious-based men's shelter described the process they use in reviewing policies and this same process has been recently used to further develop FTM policies.

> *But our current review policy and procedure committee consists of front-line staff and I'm the only managerial staff on there. And, so, it's front-line – it's not top-down – it's coming from the front-line. –manager*

Many shelter staff and managers agreed that while it's important to develop strong policies, it is equally important to focus on the value of operationalizing those policies (i.e. making them concrete and applicable to the daily workings of the shelter) and to ensure the policy has power in the agency.

> *How do you create a safe space that's really genuinely safe? Where it's not just a policy that somebody wrote to satisfy […] to cover their own ass. Because very often the policies that they write are just, like, pieces of paper, and they have very little meaning as to what actually transpires.   –manager*

Shelter staff found it difficult to disentangle the challenges in FTM access to shelter. The challenges themselves were complex and interlocking, and study participants found it difficult to speak about them. Various barriers cropped up during the discussions of how to move forward.

As a front-line staff member at a men's shelter described, even if workers could sense or identify problems, they often did not have a way of expressing them either conceptually or verbally:

> *I feel like I'm not able to articulate what it is that needs to be […] or possible solutions […] because they haven't been thought of before. It's not part of our language, it's not part of our vocabulary, even. –staff*

A number of front-line staff also expressed concern about whether staff members on the team would prioritize the policies that are in place according to the values of the agency rather than picking and choosing which policies to apply based on personal beliefs.

> *And that's another concern. Are our staff onboard? […]Because if not all staff are, we lose merit as an entire team, right? And that's where I think perhaps different agencies are struggling. There are [staff] that will selectively pick out pieces that are appropriate for them. –staff*

Service providers recommended that policy development must be an ongoing process that is "bottom-up" based on current evidence including research and the experiences of front-line staff. Trans-specific policies must be thoughtfully implemented and meaningfully enforced in the daily operation of the shelters if they are to be effective.

Resulting Recommendations

End Discrimination. Ensure that the Board and management of each shelter establish clear anti-discriminatory access practices and provide shelter for all vulnerable trans people. Management must provide clear direction to staff on how to address transphobia in the shelter and record incidents.

Conduct regular Access and Equity reviews. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.

4.6 Improving Facilities

For those who were able to explore and talk about the changes that would need to happen within the shelter system, changes to the physical facilities to improve FTMs' access, accommodation and overall safety were a common topic of discussion.

Maybe to have more options than that; to have some single rooms for people if that is something that they would feel more comfortable with, to have just that as an option. - manager

I think having more open spaces in terms, again, [of the] building. A lot of things are sort of tucked in here and there and I think that's where[bad] things can happen. – staff

Predictably, funding challenges were commonly cited in combination with those facility changes. Shelter managers and front-line staff mentioned the limitations their shelters faced due to lack of funding, and particularly, the challenge of per diem funding, where funding is provided for the reasonable costs of providing women, men or children with food, lodging, and safety, but is only provided for every bed that is utilized by a client. There is no funding for empty beds. Therefore, no incentive exists to hold beds or private rooms for individuals with unique needs like FTMs as every empty bed means the shelter has less money to use for operating costs.

If you're going to fund [shelters] per diem and then [require] safe space, but not give the funds to make the space safe […] I guess, there is an issue. –manager

Resulting Recommendations

Fund Specialized Shelter Services. Develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk for violence in order to meet their shelter and housing support needs. Funding must be sufficient to provide extra staffing support, private rooms and separate washrooms and showers accessible only to these residents.

4.7 Staffing Questions

Along with funding for physical improvements there were also funding challenges related to staffing. First: service providers wanted funding for enough staff to ensure a safe environment. As noted in the section above on security and safety, service providers pointed out that it is important to maintain a full complement of staff during all shifts so that they can circulate throughout the shelter. Second: providers emphasized the importance of having enough money to pay for training/education for all staff on FTM issues.

> *To continue to have staff who are very aware and are constantly circulating around the premises inside and out, 'cause we have a backyard area where things can happen, too. -staff*

> *I think where funding might be a barrier would be in some of the sensitivity training that should happen to make people aware of what the issues and barriers are, what it feels like to be a female-to- male client in a shelter. That's what funding could do in a shelter. –manager*

Resulting Recommendations

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff (including overnight and relief staff), Board members, managers, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

Train Staff in Violence Against Women's Shelters. The Province must ensure that all Violence Against Women's shelters are Provincially mandated to receive trans-positive training. Violence Against Women's Shelters must explore strategies for providing services to vulnerable FTMs. Violence Against Women's shelters must be Provincially mandated to provide shelter for trans women (MTFs).

4.8 Organizational Change

Not all improvements depend on finances, but rather can occur through organizational change. In answering a question about funding barriers one shelter worker chose to focus on the parts of the accessibility process that are free.

> *Because you can make it physically more accessible, but are you making it, you know, emotionally more accessible for these people? That I think you can always do, because that's free, you know. –staff*

Indeed, some barriers that providers identified were related to organizational philosophies and perceptions of those philosophies. Religious affiliations were sometimes raised as factors that could put the brakes on access. While some shelter staff discussed the historical implications of their agencies' religious affiliations, other staff pointed to very current complications that they faced when answering to a higher power. Board membership, likewise, was mentioned as a concern in some shelters.

> *Being a [religious affiliation] shelter, there may be some historical reasons why someone may think that we might discriminate in some way, might prohibit someone from coming. Past experience, bad experience, maybe. -manager*

> *We're a [religious] organization at the end of the night, that's what it comes down to. I'm not going to bullshit you. […] Because as much as our management on our site is very progressive, and very anti-oppressive and very inclusive, the reality is the buck doesn't stop there, and someone else has power. -staff*

> *I think Board of Director membership is very homogenous and it's from a very privileged part of the community. I'm not going to say across the board, but the majority of Board members are. –manager*

While pointing out challenges from management and governance structures, a number of shelter staff (front-line and managers) commented that it was difficult to interpret the shelter

standards. They noted that staff beliefs and biases have an impact on how service is delivered, which can make implementation of and adherence to access policies uneven.

> *And I think even staff itself... staff's own level of self-awareness... what staff believe about the issue, what staff's personal thoughts and feelings are towards gender identity in general […] . what are their biases? What are their own values? Where do they come from on the topic? All of these things, I think when you look at the issue internally, they'll fold in together to form an understanding for the agency as a whole. – staff*

The organization of shelter services and the lack of providers' awareness of trans issues was a significant barrier at all levels of the agency, from the most senior management or board down to front-line workers. Providers sought clear direction from the City.

Resulting Recommendations

End Discrimination. Ensure that the Board and management of each shelter establish clear anti-discriminatory access practices and provide shelter for all vulnerable trans people. Management must provide clear direction to staff on how to address transphobia in the shelter and record incidents.

Conduct regular Access and Equity reviews. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs. Commit to train all shelter staff – including overnight and relief staff -, residents, Board, managers, and other service providers to improve services and reduce barriers for homeless trans people.

4.9 Supports from the City

A theme expressed by both managers and front-line staff was related to the difficulty in turning a vague and broad access policy into something specific that can be implemented and enforced. A number of shelter workers and managers requested that the City of Toronto assist them to make the standards on trans access concrete and applicable. Staff felt that the City could play

an important role in helping shelters work towards increased accessibility, if it was handled correctly.

But to really have it be a commitment and a priority and not to do it in a way like bossing around shelters – "You need to do this," but to really help us put it into place in a meaningful way, and not just go through some tokenistic motions. -staff

More support from the City of Toronto in terms of making some of these changes. Getting that help around developing the policies or some monetary help. But not just giving the money, but actually having plans – what kind of renovations, what would need to happen that would make the space safer?   -manager

I think another piece is operationalizing policies into procedures. Policies can be very broad. What does that mean to somebody who is working on an overnight shift? What does that actually look like?   -staff

Indeed, shelter staff often viewed the City as a partner or key player rather than a detached policy-making body, and they sought City support and input in making their organizations trans-accessible. Staff and managers wanted firm direction as to how to proceed, but felt they could not find this direction in the Standards.

Resulting Recommendations

End Discrimination. Revise the City of Toronto Shelter Standards to ensure that direct and indirect discriminatory access practices cease in all shelters. Required revisions shall include: Mandatory trans access training and policy development for all shelters; and extending the City's Don't Ask Don't Tell policy directive to trans people seeking shelter to ensure that identification is not a barrier to access the services of one's choice. A zero-tolerance policy for transphobia, racism, and misogyny must be in place. Hiring practices must also be reviewed to ensure they are equitable.

Fund the Development of Best Practices. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters to provide safe effective services for FTMs.

4.10 Quality Assurance

In order to ensure that agencies were meeting the new standards, the City of Toronto Shelter Housing and Support initiated a review of all shelter programs in 2004. According to the City of Toronto, quality assurance findings indicated that at that time the majority of shelter providers stated that they were working toward becoming accessible for trans clients, but that only 44% of providers had developed a policy/ process that outlined how they were accessible. It should be noted that through 2005/2006 providers were expected to remediate any standards they did not meet or only partially met.[10]

Some service providers commented on their hopes for the continuation of the quality assurance process and its impact on trans accessibility.

Now we're looking into a small section of the standards, and I think - hope - as you move forward [to the next phase of the quality assurance process] we're going to see even more attention paid to the issue.   –staff

As part of the second phase of quality assurance, hostel services will be conducting an in-depth review of several key policy areas: access (admission and discharge), including trans access, service restrictions, and complaints management.

The second phase of quality assurance will also include an opportunity to identify, document and share best practices in these policy areas, and the City hopes this will assist service providers in concrete ways.

In consultation with shelter providers, hostels services are currently in the process of developing the methodology for the quality assurance, Phase 2 process. It is hoped that there will be opportunities for input from the FTM community to ensure that FTM accessibility is measured and that any future revisions to the City of Toronto Shelter Standards are done in consultation with the trans community in much the same way that the community was involved in earlier versions.[11]

---

[10] In personal communication with Trish Horrigan, City of Toronto, Shelter Housing and Support, January 18, 2008.

[11] Ibid.

Resulting Recommendations

Conduct regular Access and Equity reviews. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.

4.11 Gender-Segregated Shelters and FTM Access

Managers and front-line staff commented on the growing visible and vocal presence of trans activists and FTMs within the system as service users and also as shelter workers. They recognized the importance of the role of those individuals in raising the paradox faced by FTMs in a gender-segregated shelter system.

> *More activists, more clients that have actually utilized the system and have had poor experiences that are stepping up and saying "No. Something needs to be done. This needs to be looked at as a critical issue simply because […] we're not finding service in the female sector, we're not getting serviced in the male sector, where are we going to go?" -staff*

Incorporating FTMs into existing women's shelters and creating shelter options that went beyond the categories of male and female were some of the suggestions that shelter providers and FTMs offered to address the complexities of housing FTMs.

> *Sometimes I wish we weren't called [agency name] Women's Hostel. I wish it said, flat-out, [agency name]Women's and Trans People's Hostel. I wish it said that. -staff*

> *I know that there are youth and there are people in my life that identify as ambiguous... It's not an either/or, a male/female, where you put somebody that not everybody wants to fit into that kind of box, and be able to have a shelter that's open enough to be able to work with somebody and not force them into a box that they don't want to be in. – staff*

Opening a "transgender only" shelter was raised by both shelter staff and FTMs, but concerns about issues of segregation were raised as well.

> *If you were to create a facility that was specifically just geared towards the transgender community are we providing access or are we practicing exclusion? –manager*

> *There would be even a separate shelter where it's transgender, specifically transgender…whether that is for both male-to-females or female-to-males or having a separate shelter for that. But the other feeling, at the same time with that though, is that*

they're just being segregated here, and to me, I'm thinking, would it be so much nicer just to have transgender people part of the whole, not just being segregated like that. But at the same time though, I think I would, based on my experience, it would be a heck of a lot easier if there was a shelter at least to go to. –FTM

It is worth noting that while shelter workers readily acknowledged the lack of safe services that were available to FTMs in men's shelters, most of the proposed solutions did not specifically address changes to the men's system. One solution that was suggested for men's shelters (and all gender-segregated shelters) was the inclusion of more private rooms, which would offer increased privacy and safety for FTM residents within gender-segregated spaces.

And then there's one extra room for people who we would like to house separately or maybe have requested a separate room or they have other issues like mental health issues. So, I mean, it's used partly for trans youth who want to stay in there, but it's also used for other youth. –staff

A number of service providers also admitted that perhaps a different strategy is needed to find safe beds for FTMs. Some proposed transitional housing as a preferred way to provide shelter to FTMs due to the increased ability to offer private rooms and therefore increased safety in that setting.

You know, if people are coming to the shelter expecting to have their own room and washroom facilities, that's not going to happen. But hopefully there will be an injection of cash to transitional housing where people will have more privacy. -manager

And part of me thinks "Why do we keep focusing on shelters? Why can't we just start thinking about getting trans people housing?" –manager

Resulting Recommendations

Improve Housing Outcomes. Include FTMs in all policy decisions around rapid housing. FTMs must be considered a priority group for rapid housing.

Fund Specialized Shelter Services. Develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk for violence in order to meet their shelter and housing support needs. Funding must be sufficient to provide extra staffing support, private rooms and separate washrooms and showers accessible only to these residents.

Part 5. Suggested Improvements

When interviewing both FTMs and service providers we posed questions about their ideas for improving shelter services to the FTM community.

FTM Suggestions for Service Improvement

- A trans-only dorm/shelter program should be developed inside an existing shelter facility
- Shelters should undergo fundamental changes to the way identification is requested and handled:
- City forms should have the option of identifying as FTM
- If ID must be requested it should be done sensitively
- FTM residents should be assured that their chosen name and gender pronoun will be used at all times in the shelter regardless of legal identification
- Shelter staff should receive training regarding shelter provision for FTMs
- Privacy should be increased in sleeping areas with optional private and semi-private rooms
- Non-gendered single-stall bathrooms and showers should be available for increased privacy and safety
- FTMs should be provided with choices regarding their safety in using men's or women's services
- Shelters should identify themselves as trans-positive to residents via posters, pamphlets, signs, and a trans-positive intake process
- Shelters should explicitly identify themselves as trans-positive in the community through outreach
- Shelters should hire trans people onto their staff teams

Service Provider Suggestions for Service Improvement

- Mandatory training for all staff including relief staff
- Private rooms in shelters with private washroom and shower facilities
- More money for transitional housing

- Funding that is not "per diem" which would allow shelters to hold some safe beds and/or rooms for FTMs as well as other vulnerable populations

Part 6. Conclusion

This research highlights the struggle that FTMs have faced in navigating the shelter system in Toronto. While most avoided the system altogether, others struggled while they were constantly referred from one sector of the shelter system to another. Some remained completely invisible to their providers.

Through this research we have attempted to combine a variety of voices from FTMs and shelter providers to expose the barriers that keep FTMs from attaining safe shelter. We have also provided the opportunity for FTMs to voice their own opinions about suggested changes that would improve men's, women's, co-ed, family, youth and VAW shelters, and provide more assurance that their physical safety will be protected. Shelter workers (front line and management) candidly discussed the challenges they face in housing FTMs within their agencies. FTMs and shelter workers often mirrored each other's sentiments regarding safety and harassment concerns when trying to place FTMs in men's, women's or co-ed shelters.

In some instances participants indicated that improvements included policy and administration issues, while others pointed to training and professional development as a solution. Most agreed that privacy for FTMs in terms of safe beds, single rooms, separate bathrooms and single showers were key factors to being able to provide safety and described a variety of ways to integrate these concepts into existing shelter spaces through trans-only units, block funding for beds rather than per diem funded beds and additional funds for transitional housing. In considering this issue it is clear that in order to develop a safer, accessible space within shelters for FTMs, the process of change will be multi-faceted. The recommendations to follow serve as a guide for creating a shelter system that is safe and accessible to FTMs.

Though this research has been conducted to address Toronto shelter practices, it is hoped that the findings have broader implications to enhance the ability of communities across North America to respond to this pressing problem.

We sincerely hope this report and its recommendations have done justice to the voices of our research participants.
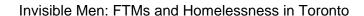
Part 7. Recommendations

Based on our research findings, the following recommendations are made in order to assist shelter funders, managers, front line staff and regulatory bodies to remove the systemic barriers to FTMs that exist within shelter services in Toronto. These recommendations must be implemented with the recognition that inequality and discrimination related to transphobia intersects all other forms of oppression and inequality, such as racial inequality, homophobia and ableism.

CRITICAL RECOMMENDATIONS

The City of Toronto Must:

1. **Fund Specialized Shelter Services.**

   a. Develop and appropriately fund specialized shelter programs to allocate beds for FTMs and other vulnerable homeless men who are at severe risk of violence in order to meet their shelter and housing support needs. Funding must be sufficient to provide extra staffing support, private rooms and separate washrooms and showers accessible only to these residents.

   b. Develop and fund a Family Reunification queer program to reunite vulnerable homeless queer-identified youth and adults with their families and communities.

2. **Undertake an Anti-Violence Campaign in All Shelters with a Specific Focus on Men's Shelters**. Take immediate action to ensure that there are appropriate policies and standards in place in all men's shelters that support and improve safety for vulnerable men. This anti-violence campaign should include developing training materials and resources for clients, staff, boards and management.

3. **Create a Community Advisory Panel for Anti-Violence Campaign**. Establish a Community Advisory panel that will assist the City in developing and evaluating the effectiveness of the Anti-Violence Campaign.

4. **End Discrimination**. Revise the City of Toronto Shelter Standards to ensure that direct and indirect discriminatory practices cease in all shelters. Required revisions shall include: mandatory trans access training and policy development for all shelters, and extending the City's Don't Ask Don't Tell policy directive to trans people seeking shelter to ensure that

identification is not a barrier to access the services of one's choice. A zero-tolerance policy for transphobia, racism and misogyny must be in place. The City must provide adequate sustained funding to support anti-discrimination and anti-oppression training for all shelter staff, board, and management. Hiring practices must also be reviewed to ensure they are equitable and allow trans people access to positions within the shelter system.

5. **Utilize Community Expertise**. Foster and mobilize the expertise that exists within the women's shelters that are effectively working with trans clients. Ensure that FTMs who do not feel safe to enter the men's system are able to access the women's system. This is an integral – albeit temporary - step to providing immediate safe shelter while the men's system undergoes changes to become more accessible. Women's services can play a key role in assisting the men's sector in developing strategies to house vulnerable populations including FTMs and providing services to survivors of assault and trauma.

6. **Improve Housing Outcomes**. FTMs must be considered a priority group for rapid housing and included in all relevant policy decisions.

7. **Fund the Development of Best Practices**. Trans Access training must become mandatory. In consultation with the FTM community, fund the development of best-practice service guidelines, computer modules, and training videos to assist shelters in providing safe and effective services for FTMs. Commit to train all shelter staff including overnight and relief staff, Board members, managers, residents and other service providers to improve services and reduce barriers for homeless trans people. Training materials must be reviewed and updated regularly to reflect current information.

8. **Conduct regular Access and Equity reviews**. Ensure shelters are held accountable to the trans-inclusive policies that are developed and implemented.

Shelter Providers Who Receive Municipal and Provincial Funding Must:

1. **End Discrimination**. Ensure that the Board and management of each shelter establish clear anti-discriminatory access practices and provide shelter for all vulnerable trans people. Management must provide clear direction to staff on how to address transphobia in the shelter and record incidents.

2. **Foster Trans-Positive Shelters**. Identify that their services are trans-positive including: ensuring that there are appropriate visual materials that support and foster inclusive environments.

3. **Support the City's Anti-Violence Campaign**. End violence and discrimination in all shelters by creating safe spaces for vulnerable people. Ensure all residents can receive the services needed to end their homelessness.

Province of Ontario Must:

1. **End Discrimination**. As a principle funder of shelter services throughout Ontario it is the responsibility of the Province of Ontario to ensure that all municipalities adopt trans positive access policies and practices to mitigate discriminatory practices throughout the province.

2. **Fund Training**. Provide funding to municipalities to support the development of best-practice service guidelines and training videos to assist shelters throughout the province to provide safe and effective services for FTMs.

3. **Reduce Service Barriers**. Ensure that Provincial forms (i.e. the Application for Ontario Works) include broader gender categories such as Female, Male, MTF, FTM, and a self-identify section.

4. **Develop Services for Male Survivors of Abuse/Violence**. Ensure that shelter and counseling services are available to men who have experienced violence. These services must be accessible to the diversity of men including FTMs, gay men and bisexual men.

5. **Train Staff in Violence Against Women's Shelters**. Ensure that all Violence Against Women's shelters are Provincially mandated to receive trans-positive training. Violence Against Women's Shelters must explore strategies for providing services to vulnerable FTMs. Violence Against Women's shelters must also be Provincially mandated to provide shelter for trans women (MTFs).

6. **Create Joint Province-wide Task Force on Improving Safety Within Shelters For Vulnerable People**. The Province should bring together policy and community stakeholders to ensure that the needs of vulnerable people are being met within the shelter system.

Adopting these recommendations would be indicators of a municipal and provincial commitment to provide a safe environment for the full diversity of clients who may need to use shelter services.

Appendix A: Research Methodology

This Community Based Participatory Action Research project is part of a larger social change initiative which seeks to increase access to shelter for trans people by shifting policy at city and agency levels, working together to increase the knowledge and skills of both the trans community and social service providers. The methodology outlined below reflects our commitment to integrating the diverse FTM communities in Toronto in all phases of the research, from research conceptualization to dissemination of results (Fletcher, 2002).

It was essential that this project be managed and carried out by members of FTM communities. Specifically, it needed to be informed by FTMs who had experience of homelessness or identified themselves as being at risk for homelessness. It was essential that any strategy to address access to shelter in Toronto include the experiences of the most marginalized people within FTM communities.

Capacity Building

Since this study was an example of community-based participatory research it included a component of community capacity building. This meant including people who were intended as the focus of the research in all aspects of the project, including the design, implementation and analysis of the research. Since transgender people are often denied work at professional levels due to discrimination and stigmatization, this research presented an opportunity for trans research assistants to improve their skills and demonstrate their potential in this area (Xavier, 2002). Building on recommendations concerning qualitative research and homelessness, two FTMs with experience of being homeless/at risk for homelessness were hired as research assistants (Kraus & Graves, 2002). We hired people who represent a reasonable cross-section of FTM communities in Toronto with an emphasis on diversity relating to race and class. Research assistants received training on qualitative research, interviewing skills and data analysis. In order to inform the discussion concerning safe access for FTMs, this research team also recruited members of the FTM community to act as paid (via honoraria) members of the Steering Committee.

Project Membership

Stakeholders from shelters and the City of Toronto were engaged as Steering Committee members in an effort to ensure that the research questions were appropriate and the research recommendations would be practical and usable by the shelter system. To conduct this research, two streams of confidential interviews were conducted.
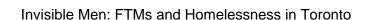
Information Gathering

The first stream included 18 FTMs who had been homeless or were at risk for homelessness. This project allowed for a broad definition of "FTM", incorporating a range of identities and experiences along the female-to-male continuum with no criteria about use of hormones or surgeries or legal identity. Because FTMs who have experienced homelessness in Toronto constitute a largely hidden, underground population, random sampling was not possible. Our target goal for number of FTM interviews was determined by two standard sampling procedures in qualitative research. First, based on the logic of "purposeful sampling" (Patton, 1987), a sampling framework will be devised to seek "*information rich cases […] from which one can learn a great deal about issues of central importance to the purpose of the evaluation*" (Patton, 1987; p.52). Second, the principle of "*qualitative informational isomorph... [selecting] a sample that is expanded until redundancy with respect to information is reached, at which point sampling is terminated*" will be utilized (Lincoln & Guba, 1985, p.233-234).

In an effort to ensure our recruitment efforts were sensitive to the diversity in our communities including differences across class and race, careful attention was paid to the language used in all stages of the research including outreach materials, interview questions and project reports. Participants were contacted via word of mouth, email lists, flyers, advertising in community centres and community services, regional networks and outreach to health care providers. A primary recruitment poster was created and then translated into Arabic, Spanish, Farsi, Portuguese, Russian, Somali, Tagalog and French All interviewees were 17 years of age or older.

Building on previous research with people who have experienced homelessness (Kraus & Graves, 2002) areas of focus in the interviews included: current living situation, time when homeless (for people who are not currently homeless), causes of homelessness, prevention, moving back into housing (for people who are not currently homeless), shelter experiences or avoidance of shelters and suggested improvements to the shelter system. Open-ended questions were utilized to encourage discussion between researcher and interview participant. Each FTM interviewed received $50 as compensation for participating in the study. Researchers followed a protocol to obtain informed consent and assure participants that their identity would remain anonymous and their interview tape and transcript kept confidential.

The second stream of interviews included 20 service providers within Toronto's shelter system, both front-line staff and management, representing a cross-section of men's, women's, youth, violence against women and co-ed/family shelters. With 65 homeless shelters operating in the City of Toronto and an additional 20 shelters who work with women leaving abusive situations, the Steering Committee helped to select key stakeholders from these agencies to request an interview. We also attempted to interview FTMs and trans women currently working in the shelter system in Toronto for their unique perspective. Shelters were notified about the project via a letter from the City of Toronto that encouraged their participation. Areas of focus of the

interviews included: knowledge of FTMs, knowledge of the City of Toronto Shelter Standards, experiences with FTMs, referral, intake, policies, facilities and suggested improvements to the system. Open ended questions were utilized to encourage discussion between researcher and interview participant. Interviews with service providers were conducted by one of the members of the research team who is a trans service provider and who has knowledge and experience with the hostel system in Toronto. Researchers followed a protocol to obtain informed consent and assure participants that their identity would be anonymous and their interview kept confidential.

The protocol for obtaining consent for all interviewees involved the use of a standardized form that included the following text:

> *The interviews are anonymous. You may choose a pseudonym. Your name and identifying details will be removed from transcripts, reports, publications, etc. Your name will not be released unless we are required to release it by law. The FTM project is interested in your experiences and know that you may have or continue to work in the sex trade, use substances or are an immigrant with varying degrees of status. Please be assured that the project is not concerned about the "illegality" of these issues and strict confidentiality will be observed. However, if you are a crown ward or under the age of 16, and if you disclose physical or sexual abuse, we must report this to the authorities. We are also under legal obligation to report any disclosure of imminent harm to yourself or others. We will also help you contact services you may be interested in. Tapes will be kept in a locked and secure place and erased at the end of the project. Only researchers and project staff have access to them.*

As issues of consent, confidentiality and ethics were imperative to this community-based research project, the team sought and received approval from the Ryerson Research Ethics Board.

Data Analysis

The data analysis phase involved several key steps. This phase of the project primarily involved the Principal Investigators and Research Assistants, though other Steering Committee members were invited to participate as part of an ongoing process of learning new skills (ie, data analysis software) and sharing their own knowledge. Interviews were audio-taped and transcribed verbatim. After the transcripts were checked for accuracy they were transferred into the qualitative software program NVIVO for storage and analysis. Transcripts were subjected to a thorough content analysis in order to generate an initial coding scheme. An initial classification scheme was created and then modified to include more elaborate coding structures. Using the constant comparative method (Glaser & Strauss, 1967; Strauss & Corbin, 1990) of going back and forth between the data and coding, an initial thematic framework was developed.

Concerns regarding trustworthiness of the coding structures and thematic framework was addressed using a strategy suggested by Lincoln and Guba (1985). The coding procedures and initial identification of themes were validated by the other Principal Investigators and also through discussions with community partners at Steering Committee meetings. We considered this an interim analysis point, where as researchers, we were allowed to go back and refine questions, in order to pursue emerging avenues of inquiry in further depth (Pope, Ziebland & Mays, 2000). Modifications were then made to refine the interview guide to allow for more in-depth inquiry into particular thematic areas. The thematic framework was considered adequate and appropriate when "saturation" – "*consistent repetition in the information obtained and confirmation of the previously collected data*" – occurred (Morse, 1994, p.230).

Appendix B: Literature Review

Access to safe shelter is critical to all members of the trans community. This review documents the need for shelter for FTMs who experience homelessness and/or violence. We begin by briefly defining what we mean by the trans community and review definitions of homelessness relevant to this research. We then discuss the historical context of trans inclusion research and identify knowledge gaps specifically regarding FTMs and access to shelter. Challenges to trans inclusion are then reviewed in the context of feminism and anti-violence theory. We end with a discussion of how the proposed project will address safe shelter access for FTMs in Toronto.

Trans What? Defining Terms in Trans Communities

There is a range of experiences and identities within trans communities (Xavier, 2002, p.9-10). Xavier (2002) notes:

> *To non-transgendered people, the myriad terms and labels that transgendered people use to identify themselves can appear to be ill-defined, confusing and sometimes contradictory. The term 'transgender' itself is a purposefully vague umbrella term for a diverse group of gender variant identities that includes transgender itself, transgenderist, transsexuals, crossdressers (the preferred term in lieu of 'transvestite'), intersexed people (formerly, hermaphrodites), Doms (dominant lesbians), passing women, some (but not all) drag queens and drag kings, and many others. (p.9)*

An awareness and analysis of the impact of intersecting oppressions on gender expression and identity is crucial. As noted by Xavier (2002):

> *[…] cultural differences along race, ethnic and class lines are to be expected, and there also are many visibly gender variant gay, lesbian and bisexual people who do not use the term transgender to describe themselves. Although self-identification is an important personal right […] It also can cause some researchers to omit significant members of transgender or transgender appearing populations from their research efforts. (p.9)*

As Rachlin (2002) explains, even if we use one term such as FTM, this can be defined in a number of ways. Some people might use this phrase to refer to "*someone who is male-identified and was born in a female body and socialized as female*". Defining FTMs as "*someone who has undergone phalloplasty*", "*someone who has undergone chest surgery*" or "*someone who take masculinizing hormones*" identifies very different groups of people (Rachlin, 2002, p.11-12). In research this has significant implications, making it important to pay attention to eligibility criteria as well as outreach and recruitment materials.

How Many FTMs Live in Toronto?

Census data on the number of trans people in Toronto or Canada does not exist. That said, "*[…] it is generally acknowledged that Toronto is home to the largest and most diverse community of transsexual and transgender people in the country*" (Strang & Forrester, 2005, p.2). There is some debate concerning estimates of the prevalence of trans people, particularly in comparing rates for FTMs and MTFs with some sources reporting greater numbers of MTFs than FTMs (JSI Research and Training Institute, 2000) and more recent sources reporting relatively equal numbers (Govorun & Vornyk, 1997; Landen, Walinder & Lundstrum, 1996; Finke & Northway, 1997).

These figures are skewed by a number of factors including how we define terms such as FTM (Rachlin, 2002), availability of care for transsexual health needs and/or the likelihood of transgender individuals self-identifying (JSI Research and Training Institute, 2000). As noted by Strang & Forrester, "*Most transsexuals who have the financial means to successfully complete transition to the other sex, do so and carry on with their lives.*" (2005, p.2)

The Centre for Addiction and Mental Health estimates that transsexuals occur once in every 30,000 to 50,000. Using the estimate of 1/30,000 this would mean there could be 133 transsexuals living in the Toronto population of 4 million (Strang & Forrester, 2005). This figure grossly underestimates the true size of Toronto's transgender community and does not include trans people who migrate to Toronto from other regions of the country. (Strang & Forrester, 2005) In contrast to this estimate provided by the Centre for Addiction and Mental Health, according to staff at the Sherbourne Health Centre, a Toronto community health centre that provides care to a percentage of Toronto's trans population, their trans clients already number more than 400.[12] Despite these debates and difficulties with quantification it is clear that trans people use or attempt to use services in Toronto. The 17 shelters included in Strang & Forrester's (2005) research reported serving 117 trans individuals in one year alone, most of whom were MTFs.

There is no research on FTM communities and rates of homelessness in Toronto or Canada. According to Raj & Gapka (2003, p.12), "*A large number of trans youth and transwomen, and transmen, are street-active, homeless/underhoused and/or poor or on a low income.*" In one research project with trans people in the United States, 14% of FTMs reported lack of stable housing (Minter & Daley, 2003). In another, 19% percent of all participants reported eviction during their lifetime. The most frequently cited reasons for evictions are inability to pay the rent (64%) and drug or alcohol issues (32%) (Xavier, 2002, p.30-32). The most common barriers mentioned by those who lacked housing were economic situation (38%), housing staff

---

[12] In Personal communication with Anna Travers, LGBT Program Manager, Sherbourne Health Centre. November 2007.

insensitivity or hostility to transgendered people (29%), estrangement from birth family (27%) and lack of employment (23%) (Xavier, 2002).

Racialized and other minority groups within the trans population are more likely to lack stable housing as reported in one US study:

> […] people who are Latina/Latino/Hispanic face homelessness at almost twice the rate as the general population. People who are 3rd Gender/Gender Queer/Gender Nonconforming, male to female, and/or who earn less than $25,000 a year face elevated rates of homeless or are more often at risk of homelessness. On the other hand, respondents who earn over $25,000 a year almost universally have secure housing." (Minter & Daley, 2003, p.32)

In a number of studies, trans people consistently rank housing as a top priority in terms of self-perceived needs (Wilkinson & Gomez, 2004; Xavier, 2002). In one study from British Columbia, " […] 80% of 179 respondents indicated that housing services were needed in the past or present or anticipated as a future need. More specifically, 22% of respondents needed housing services in the past, 15% needed services currently and 25% of respondents anticipating needing housing services in the future." (Goldberg, Matte, MacMillan, & Hudspith, 2003, p.24).

Historical Development of Research on Trans Shelter Access

We are at an interesting point in the development of policy to address the shelter needs of the trans community. The trans movement in Canada grew out of the work of transsexual women who came from experiences as sex workers, sharing histories of poverty, addiction, HIV infection, homelessness and incarceration (Namaste, 2005, p.87). This vital activism came in direct response to a demand for access to basic needs including food and shelter.

Building on this history, a number of research studies have examined the importance of safe shelter for "trans people" (Namaste, 1995; Strang & Forrester, 2005). Research approaches addressing trans access to social services has been primarily qualitative with an emphasis on focus groups and interviews with trans people and/or service providers (Cope & Darke, 1999; JSI Research and Training Institute, 2000; Maine HIV Prevention Community Planning Group, 2003; Namaste, 1995; Nemoto & Keatley, n.d.; Raj & Gapka, 2003; Strang & Forrester, 2005; Ware, 2004; White, 2003; Wilkinson & Gomez, 2004). Studies regarding trans people and HIV generally include more quantitative data obtained from questionnaires (Clements, Wilkinson, Kitano & Marx, 1999; Currah & Minter, 2001; Maine HIV Prevention Community Planning Group, 2003; Nemoto & Keatley, n.d.; Raj & Gapka, 2003; Xavier, 2002).

After Namaste's groundbreaking report in 1995, *Access Denied*, in which she documented the difficulties trans people face in accessing health and social services, Strang & Forrester (2005) looked specifically at access to shelter for trans people in Toronto.

Similarly in the mid-1990's community-based researchers also began to document the exclusion of trans women in women's shelters and transition houses (Ross 1995; White, 2002) and the need for trans inclusive policies (Cope & Darke 1999; White 2002). White was innovative in her inclusion of questions about trans men while interviewing staff of women's sexual assault centres and transition houses. To our knowledge, these are the only three research studies on trans access to women's shelters and transition houses (White, 2002).

Research documenting the barriers for trans people in accessing shelters led directly to changes in the City of Toronto Shelter Standards (City of Toronto, 2002), which continue to have a profound impact on trans communities in Toronto. It also supported the growth of projects such as the Trans Shelter Access Project at the 519 Community Centre, one of the leading initiatives on trans inclusion in North America. Subsequent work in British Columbia (Goldberg, 2002, 2004; Warrilow, 2003) and the USA led to innovative reports such as Transitioning Our Shelters (Mottet & Ohle, 2003) from the National Gay and Lesbian Task Force. Situated within the context of access to social services for the LGBT community, the focus on access for trans people has expanded to include reports and policy recommendations in areas such as safe prisons (Goldberg, 2002; Scott & Lines, 1999).

Knowledge Gaps Regarding FTMs and Trans Inclusion

While this work has been crucial for our communities, there is a serious gap in research and policy recommendations concerning the specific needs of FTMs. Almost all of the existing research on shelter access has focused either exclusively or predominantly on transwomen (Cope & Darke, 1999; Darke & Cope, 2002; Namaste, 1995; Ross, 1995; Strang & Forrester, 2005;). Titles such as "Access Denied: The Experiences of Transsexuals and Transgendered People with Health Care and Social Services in Toronto" (Namaste, 1995) or "Creating a space where we all are welcome: Improving access to the Toronto hostel system for transsexual and transgender people" were not able to include extensive FTM data. (Strang & Forrester, 2005). For example, Namaste's (1995) research included 2 FTMs in a sample of 33. In Strang & Forrester's (2005) study 5 of the 39 participants identified as FTM.

Why does this matter? While we work together on many issues in our communities there are differences between experiences for MTFs and FTMs in areas including sex work, passing, poverty. Community organizers such as Mirha Soleil-Ross advocate increased specificity in talking about our communities. For example, when talking about violence against transgender people what we are really talking about is violence against sex workers who are nearly 100% MTF and who are often women of colour. (Namaste, 2005)

Although there is little research documenting these experiences, in Strang's document, transmen report that attempts to access men's shelters put them at intense risk, with significant potential for rape and sexual assault. In contrast to the response from the women's movement regarding inclusion of FTMs, discussion of FTM access in men's shelters is nonexistent. Men's shelters are not organized around a politics of "safe space" and are generally acknowledged to be unsafe for most men. Within this framework there is no opening to discuss FTM concerns regarding safe access. This contrast between shelters is noted by Mirha-Soleil Ross:

> […] there [is] perhaps a bigger and more serious problem of "safety" for transsexuals in men's shelters. […] it [is] perhaps time to stop spending all our energy nagging only women's agencies to include transsexuals if so many transsexual men don't feel safe in men's spaces. (Namaste, 2005, p.95)

Interaction of Feminism and Anti-Violence Theory and Access to Safe Shelter

It is important to discuss how debates within feminism and the violence against women movement directly impact trans access to safe shelter and to understand how these impact differently on MTFs and FTMs.

Politically the issue for MTFs is primarily one of accessing the "safe space" of women's shelters. The most frequent arguments against the inclusion of MTFs are related to biological determinism within feminism arguing that MTFs will never be "real women", that they have "male privilege", etc. Response to these debates is about recognizing the diversity of all women in so-called women's space. Researchers such as White (2004) have argued that inclusion of trans people calls for a redefinition of gender, which includes a more complex analysis of race and class.

The situation for FTMs is different. Many believe FTMs should access men's shelters. Some members of the violence against women movement have argued that if FTMs identify as men, they should not have access to women's space.

At times women's shelters have argued that if FTMs are willing to identify as female, they will not be denied access.

> I am a guy. Not only am I a guy now, I always was a guy. When I marched in rallies carrying banners, and worked in women-only spaces, I've always been a guy. It seems as if they are telling me to just pretend I'm not a guy. How screwed up is that? (Cross, 2001, p.33)

Many feminists, including transfeminists such as Namaste (2005) argue that FTMs cannot "have their cake and eat it too" by identifying as men and attempting to access services for women.

> My main critique of dominant female-to-male politics has to do with the insistence of FTMs who pass, FTMs who are years post transition, on being included in women's

73

spaces based on their "history" as women (Interview with Mirha-Soleil Ross in Namaste, 2005, p.93)

In the lives of FTMs who experience homelessness and/or violence these debates are not so clear-cut. In the Trans Biographies Project of BC (Cross, 2001) where four FTMs were interviewed there are mixed views of FTMs in women's spaces:

I lived as a woman for the first twenty-five years of my life. […] This stuff isn't easy for any of us. But I know I'm gonna walk into the local woman's health center for a pelvic exam, or a women's shelter in crisis, and these places need to be prepared for that because my boy identity doesn't take away from the fact of my woman's body, and this body doesn't erase or negate my identity. (Romham, p.22-23)

I'm not sure where I stand on FTMs in women's spaces. For trans women, I feel it's straightforward: they are women, they have a right to access women's stuff. Whether FTMs do or not, I'm not so sure... If we are at a stage of transition where we are clearly wanting to be perceived as male, I don't think you can have it both ways. But I still have questions to women who want to keep FTMs out. Why do they want us to leave? If we've fought with them for 20 years and they like the work we do, who cares how we look? (Cross, 2001, p.29)

Right now there is no access for us in women-only spaces. I could go out and get raped tomorrow but I'd have nowhere to go. I see this as totally wrong. I should be able to go to women's spaces and women's clubs. (Cross, 2001, p.35)

For these FTMs, accessing women's spaces was not necessarily a political act, but a reflection of their urgent needs.

FTMs and Access to Safe Shelter

FTMs have described a situation in which they are unsafe in men's shelters and unwelcome in women's. To say that all trans people in Toronto have the right to "*gain access to services in the gender they identify will best preserve their safety*" (City of Toronto Shelter Standards, City of Toronto, 2002), is currently an ideal for transmen, without the research, community consensus or policy to support it.

In TransRealities, Minter & Daley (2003) note:

One in five survey respondents reported experiencing discrimination at a social service agency. Such discrimination may be perpetrated by an agency's staff and/or clients. Basic examples include: the failure to use a client's correct name and/or the appropriate pronoun, denial of services, harassment and disrespect, invasive and inappropriate inquiries and denial of access to appropriate facilities. (p.10).

According to a Boston report on Access to Health Care for Transgender people: "*In mental health units, detox centers or shelters, most of the FTM youth said they do not feel safe or accommodated […]*" (JSI Research and Training Institute, 2000, p.23). One participant commented: "*It tends to be the staff that has more problems with me being transgender than the other clients or patients [have].*" (JSI Research and Training Institute, 2000, p.23).

In a local report concerning service gaps for youth in Southeast Toronto, Oldfield (2003) reports:

> *Another gap […] identifie[d] is services for transgendered youth from agencies serving only men or women. Female-to-male transgendered youth have a difficult time accessing men's services. They are presently fewer in number than male-to-female transgendered youth, but that may change. Miner finds that women's services are more accepting of male-to-female transgendered youth. She says that youth-serving organizations are working through these difficulties. (p.18)*

These comments briefly highlight the difficulties FTMs face in accessing safe shelter.

Appendix C: Bibliography

American Psychiatric Association (APA). (2000). Diagnostic and Statistical Manual of Mental Disorders (4th edition, text-revised) (DSM-IV-TR). Washington, DC: Author.

Califia, P. (1997). Sex changes: The Politics of Transgenderism. San Francisco: Cleis Press.

Canadian Auto Workers Union. (2003) Canadian Pride Legal History. Retrieved Jan 12 2008 from http://www.caw.ca/whatwedo/pride/pridehistory.asp)

City of Toronto. Toronto Community & Neighbourhood Services: Shelter, Housing & Support. City of Toronto Shelter Standards. (2002). City of Toronto Shelter Standards. Retrieved May 29, 2005, from http://www.toronto.ca/housing/pdf/shelter_standards.pdf

Clements K., Wilkinson W., Kitano K., & Marx R. (1999). HIV Prevention and Health Service Needs of the Transgender Community in San Francisco. IJT , 3: 1+2, http://www.symposion.com/ijt/hiv_risk/clements.htm

Cope, A., & Darke, J. (1999). Trans Accessibility Project: Making Women's Shelter's Accessible to Transgendered Women. Kingston. Retrieved May 29, 2005, from http://www.queensu.ca/humanrights/tap/index.html).

Courvant, D. & Cook-Daniels, L. (1998). Trans and Intersex Survivors of Domestic Violence: Defining Terms, Barriers and Responsibilities. Survivor Project, 10 NE Fargo #2, Portland, OR, 97212 (http://www.survivorproject.org).

Cross, K. (2001). The Trans Biography Project: Stories From the Lives of Eleven Trans People in BC. Vancouver: The Women/Trans Planning Committee and The Trans Alliance Society. Retrieved September 5, 2005, from http://www.transalliancesociety.org

Currah, P. & Minter, S. (2001). Transgender Equality: A Handbook for Activists and Policymakers. New York: National Gay and Lesbian Task Force and National Center for Lesbian Rights. Retrieved September 5, 2005, from http://www.ngltf.org/downloads/transeq.pdf

Darke, J., & Cope, A.(2002). Trans Inclusion Policy Manual for Women's Organizations. Vancouver, BC: Trans Alliance Society.

Feinberg, L. (1996). Transgender Warriors: Making History from Joan of Arc to RuPaul. Boston: Beacon Press.

Finke, G. & Northway, R. (1997). Patterns in and Treatments for Gender Dysphoria. In Bonnie Bullough, Vern L. Bullough, and James Elias, eds., Gender Blending. Prometheus Books.

Fletcher, C. (2002). Community-based Participatory Relationships with Aboriginal Communities in Canada: an overview of context and process. Pimatziwin: 28-61.

Gaetz, S. (2004). Understanding Research on Homelessness in Toronto: A Literature Review. Toronto. Retrieved September 5, 2005, from http://www.wellesleycentral.com

Glaser, B.G. & Strauss, A.L. (1967). The Discovery of Grounded Theory: Strategies for Qualitative Research. Chicago: Aldine.

Goldberg, J., Matte, N., MacMillan, M., & Hudspith, M. (2003). VCHA/Community Survey: Gender Transition and Crossdressing Services – Final Report. Vancouver, B.C.: Vancouver Coastal Health Authority.

Goldberg, J. M. (2002) Trans People in the Criminal Justice System: A Guide for Criminal Justice Personnel. Vancouver, BC: Women/Trans Dialogue Planning Committee, the Justice Institute of BC and the Trans Alliance Society.

Goldberg, J. M. (2004) Trans People in the Criminal Justice System: A Guide for Criminal Justice Personnel – 2004 Update. Vancouver, BC: Women/Trans Dialogue Planning Committee, the Justice Institute of BC and the Trans Alliance Society.

Govorun, T. &,Vornyk, B. (1997). The Self-concept Development of Transsexual Persons. A Paper Presented at the XVth Harry Benjamin International Gender Dysphoria Association Symposium, Vancouver, Canada.

JSI Research and Training Institute (2000). Access to Health Care for Transgendered Persons in Greater Boston. Boston, Mass. Retrieved September 6, 2005, from http://www.glbthealth.org/documents/transaccessstudy.pdf

Kraus, D. & Graves, J. (2002). Research Project on Homelessness in Greater Vancouver. Volume 3: A Methodology to Obtain First Person Qualitative Information from People Who are Homeless and Formerly homeless. Prepared for: The Greater Vancouver Regional District.

Landen, M., Walinder, J. & Lundstrum, B. (1996). Prevalence, Incidence and Sex Ratio of Transsexualism in Sweden. Acta Psychiatry Scandanavia, 93, 221-223.

Lincoln, Y. & Guba, E., (1985). Naturalistic Inquiry. Newbury Park: Sage, pp. 289-

231.

Maine HIV Prevention Community Planning Group (2003) HIV Risk Among Transgender People in Maine: A Statewide Needs Assessment of Behavioral Risk.

Minter, S. & Daley, C. (2003). TransRealities: A Legal Needs Assessment of San Francisco's Transgender Communities. Retrieved September 6, 2005, from http://www.transgenderlawcenter.org/tranny/pdfs/Trans%20Realities%20Final%20Final.pdf

Mottet, L. & Ohle, J. M. (2003). Transitioning Our shelters: A Guide to Making Homeless Shelters Safe for Transgender People. National Gay and Lesbian Task Force. Retrieved September 6, 2005, from http://www.transgenderzone.com/library/hl/pdf/TransHomeless.pdf

Namaste, K. (1995). Access denied: A Report on the Experiences of Transsexuals and Transgenderists with Health Care and Social Services in Toronto. Report submitted to Project Affirmation and the Coalition for Lesbian and Gay Rights in Ontario, Toronto. (http://www.web.ca/clgro).

Namaste, V.K. (2000). Invisible lives: The Erasure of Transsexual and Transgendered People. Chicago: University of Chicago Press.

Namaste, V.K. (2005). Sex change, Social Change: Reflections on Identity, Institutions and Imperialism. Toronto, ON: Women's Press.

Nemoto, T. & Keatley, J. (n.d.) Critical Health Needs for MTF Transgenders of Color: Preliminary findings. Retrieved September 6, 2005, from http://www.caps.ucsf.edu/TRANS/TRANScriticalneeds.pdf

Oldfield, M. (2003). Final Report: Gaps Between Youth Needs and Services in Southeast Toronto. Toronto, Ontario. Retrieved September 5, 2005, from http://www.wellesleycentral.com

Patton, M. Q. (1987). How to Use Qualitative Methods in Evaluation. Newbury Park, California: Sage Publications.

Pope, C., Ziebland, S. and Mays, N. (2000). Qualitative Research in Health Care. British Medical Journal, 320, 114-116.

Rachlin, K. (2002). FTM 101: Dispelling Myths About the Invisible and the Impossible. In The Phallus Palace, Dean Kotula (Ed.), Los Angeles, CA: Alyson Publications.

Raj, R. & Gapka, S. (2003). Trans Health Project. Ontario Public Health Alliance.

Ross, M.S. (1995). Investigating Women's Shelters. Toronto: Gender Trash 3, pp. 7-10.

Scott, A. V. & Lines, R. (1999). HIV/AIDS in the Male-to-Female Transsexual and Transgendered Prison Population: A Comprehensive Strategy. Toronto, ON: Prisoners with HIV/AIDS Support Action Network. Retrieved September 5, 2005, from http://Www.Pasan.Org/Publications/T-S_&_T-G_In_Prison_99.Pdf

Strang, C. & Forrester, D. (2005). Creating a Space Where We All are Welcome: Improving Access to the Toronto Hostel System for Transsexual and Transgender People. Toronto, Fred Victor Centre.

Strauss, A.L., & Corbin, J. (1990). Basics of Qualitative Research: Grounded Theory Procedures and Techniques. Newbury Park, CA: Sage.

Trans Communities Shelter Access Project of the 519 Community Centre. Retrieved September 20, 2007, from http://www.the519.org.

Transgender Law Centre. (2005). Peeing In Peace: A Resource Guide for Transgender Activists and Allies. San Francisco, California.

Xavier, Jessica. (2002). The Washington, DC Transgender Needs Assessment Survey (WTNAS). Washington, DC: Helping Us, People Into Living, Inc. Retrieved September 1, 2005, from http://www.gender.org/resources/dge/gea01011.pdf

Ware, S. (2004) Assessing the HIV/AIDS Prevention, Education and Support Needs of Trans People Living in Toronto. Toronto, ON: AIDS Committee of Toronto.

Warrilow, L. (2003). Exploring Transgendered Community and Gender-based Programs in Greater Victoria. Victoria, BC: Victoria Public Interest Research Group. Retrieved September 5, 2005, from: http://www.transalliancesociety.org/education/documents/03vipirg.pdf

White, C. (2003). Re/defining Gender and Sex: Educating for Trans, Transsexual and Intersex Access and Inclusion to Sexual Assault Centres and Transition Houses. Unpublished Masters Thesis. Retrieved September 5, 2005, from http://www.transalliancesociety.org/education/documents/03cwhitethesis.pdf

Wilkinson, W .& Gomez, P. (2004). Assessing the Needs of Female-to-Male Transgendered People of Color and their Partners. San Francisco, CA: FTM International.

Appendix D: Glossary of Terms

FTM: For the purposes of this research project FTM has been defined broadly to include any trans person on the female-to-male spectrum. Outreach materials invited the participation of people identifying as: FTM, man, trans man, trannyfag, genderqueer, transsexual, transgender, stone butch, Two-Spirit and boi.

MTF: For the purposes of this research project MTF has been defined broadly to include any trans person on the male-to-female spectrum, living as or identifying as a woman.

Passing: The ability of trans people to appear to others as the gender they identify as, rather than their birth sex. Passing is often tied to social class and income as the surgeries and hormones often necessary for passing are expensive and not covered under OHIP. Inability to pass is also the basis for much discrimination and violence. When an FTM who wishes to be perceived as male is correctly perceived as such – ie, no one knows he is trans - he is considered to be "passing".

Trans Community Shelter Access Project: This is the name of a project run out of the Trans Programmes at The 519. With financial assistance from The Supporting Communities Partnership Initiative (SCPI) in 2001, The 519 launched a shelter-training project, the Trans Community Shelter Access Project. This project recruits TS/TG people from diverse backgrounds and experiences and trains them to facilitate workshops for shelter service providers and residents. Facilitators provide an interactive workshop based on the needs of the particular shelter. The project offers staff training on homeless TS/TG issues and assists in policy development. It also acts as a resource for both street-active trans communities and shelter service providers in Toronto.

Trans: An umbrella term encompassing transgender, transsexual and others who identify along these spectrums that challenge gender norms.

TS/TG: This acronym stands for Transsexual/Transgender, which are linked but distinct identities.

Two-Spirit: This is a contemporary term which is culturally specific to North American Aboriginal community developed in the early 90's as a term to identify queer Aboriginal people who identify with both a male and female spirit. This can refer to either sexual orientation or gender identity. In the context of this report, Two-spirit refers to those of Aboriginal ancestry who would place themselves on a trans spectrum.

VAW: This acronym stands for Violence Against Women. It refers to a whole sector of services and a funding stream that is designed specifically for women and children escaping violence and abuse. Services include shelters and crisis lines among others.

Appendix E: Shelter Standard 4.7

http://www.toronto.ca/housing/pdf/shelter_standards.pdf

In November 2002, Toronto City Council approved a revised version of the City of Toronto Shelter Standards. This new version was effective for shelter providers on January 1st, 2004. The update included a more comprehensive section on Access to Shelters. Specifically, Section 4.7 was included to address access for transgendered/ transsexual two spirited clients. The Standards state:

"It is expected that all shelters be accessible to transgendered/ transsexual/ two spirited residents in their self defined gender, and that shelters will work toward improving access to this group. Shelters will support the choices of TG/TS/2S residents to gain access to services in the gender they identify will best preserve their safety.

As a first step, shelters will be required to identify how they respond to people who are TG/TS/2-S seeking shelter service, so that Hostel Services and people who are TS/TG/2-S are aware of which shelters can meet their needs.

Shelters will be required to develop a process detailing how they will ensure accessibility to the TG/TS/2-S community that will be reviewed by Hostel Services. The process to ensure accessibility may include reviewing current shelter policies relating to access, developing new policies specific to this group, completing staff training, designating beds, etc., and must be conducted in consultation with the TG/TS/2-S communities.

For shelters that are not yet able to accommodate TG/TS/2-S residents, referrals to programs and services that are able to meet their needs, in their identified gender, must be completed.

Shelters are encouraged to organize staff training regarding TG/TS/2-S people, which is facilitated by these communities."

Appendix F: City of Toronto Shelter Standard Guiding Principles

The City of Toronto Shelter Standards are grounded in the following principles and values that promote a philosophy for service provision. These principles and values are not shelter standards, but rather help guide the delivery of shelter services.

1. All homeless persons have the right to shelter service regardless of political or religious beliefs, ethno-cultural background, (dis)ability, gender identity and/or sexual orientation. Staff must respect and be sensitive to the diversity of residents. Discriminatory and racist incidents or behaviors are not tolerated.

2. The shelter will provide an atmosphere of dignity and respect for all shelter residents, and provide services in a non-judgmental manner.

3. Residents are capable of moving toward increasing levels of self-reliance and self-determination. Shelter staff will work with residents to assist them in achieving their goals.

4. Shelters will be sensitive to the ethno-specific and linguistic needs of residents. Staff will work to ensure residents have access to culturally appropriate interpreter services and that written materials are available in other languages.

5. Gender identity is self-defined. Sometimes this may not correspond with a person's physical appearance. Service providers need to accept gender identity as defined by the individual rather than by the perception of staff and/or other residents.

6. Shelter staff often have access to detailed and highly sensitive personal information about residents. Protecting the privacy and confidentiality of shelter residents and their personal information is of the utmost importance.

7. All people staying in shelters will have access to safe, nutritious and culturally appropriate food.

8. The health and safety of residents, volunteers and staff is of the highest importance in each shelter.   Training, policies, procedures and regular maintenance are intended to encourage, improve and maintain the health and safety of all people residing, volunteering and working in the shelter.

9. People who are homeless have few resources and the shelter system is often their final option to receive the basic necessities of life: food and shelter. Issuing service restrictions in the shelter system must be done only as a last resort and in the most serious cases.

10. People who are homeless, like other members of our community, may use substances to varying degrees. Everyone is entitled to shelter service whether or not they use substances. As a result, admission, discharge and service restriction policies must not be based on substance use alone, except for those shelters operating on an abstinence basis. To increase the accessibility of the shelter system and to respond to diverse resident needs, a range of service approaches from abstinence to harm reduction must be available within the shelter system.

11. In order to provide effective shelter programs and services, shelter residents must be involved in service provision, program planning, development and evaluation, and policy development.

12. Shelters that include children and youth must provide supports and activities and ensure that the school-related, recreation and treatment needs of resident children are met on-site or through referral to community-based services.

13. The shelter should offer an opportunity for children and youth with developmental and/or physical disabilities to develop their full potential within an environment where they can interact and socialize with other children.

14. Shelters are part of a larger network of homeless services and agencies. Collaboration within this network is important to ensure effective and coordinated services.

Excerpted from *City of Toronto Shelter Standards*
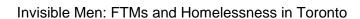www.toronto.ca/housing/pdf/shelter_standards.pdf

Appendix G: Sample of FTM Interview Questions

Office Use Only   Indicate Interview Number: _____

Interviewer Name: _____

Date of Interview: _____

FTM Safer Shelter Research Project

Interview Questions For FTM participants

1. What is your current housing situation and what problems have you had with housing?

2. Tell us about your experiences with shelter and housing services.

3. Is there anything you want to share about how you came to need housing services?

4. What has been your experience with shelters? (i.e. intake processes, programs offered that met needs of ftms, required to show id, other residents, staff, privacy?)

5. Have you ever experienced problems trying to find housing/access shelters due to gender expression, race, ID or other issues like mental health, etc?
    a) if yes, with which agency did you experience problems?

6. What strategies did you use to help you access shelters safely?

7. Were you "out" as trans?

8. Are you connected with the "trans community"? Do you feel a part of it? Do you have allies within it? Have these allies ever helped you access shelter?
9. Have other trans guys given you tips on how to access/avoid the shelter system?

10. In your opinion, what are the problems that FTMs face accessing shelters.

11. What are the problems facing FTMs residing within them?

12. If you could design a shelter what would it be like? What accessibility policies would it have? What services would it offer? How would it be structured (i.e. bathrooms, beds, etc.) Who would work there?

13. If you feel comfortable: tell us about yourself, how do you self-identify? Describe yourself in relation to "transitioning". What is a typical day like?

14. Do you have any questions for us?

Appendix H: Sample of Shelter Service Provider Interview Questions

Office Use Only   Indicate Interview Number: _____

Interviewer Name: _____

Date of Interview: _____

FTM Safer Shelter Research Project

Interview Questions For Shelter Service Providers

1. Type of shelter? Mens? Womens? Anti-violence? Co-ed? Youth?
    Please specify age groups?

    Number of beds?

    Type of dorms/rooms? Number of beds per unit?

    Shower facilities? Communal or sectioned off individually?

2. How would you describe your background? (examples)
   How long have you worked in the shelter system?

   What positions have you held in your career in the shelter system?

3. How would you describe your gender? (if trans: how would you describe yourself in relation to transitioning?)

4. Do you identify with any visible or invisible minority groups? How has this impacted on your working situation? (if queer/trans: Are you out at work?)
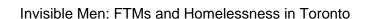

5. Have you ever attempted to access shelter services? If so, what was the program/service? How successful were you at receiving services? What were the circumstances leading up to your attempt to access shelter services? Were you ever required to present/provide ID? Were you refused services based on not providing ID?

6. Are you familiar with the Hostel Standards review's revised section on transsexual and transgender residents? Can you briefly explain what it outlines about trans people accessing the shelter system?

7. When I say FTM, what does that mean to you? Can you estimate how many transmen/FTMs (on the full spectrum) have attempted to access your services in the last 30 days? 60 days? Month? Year? Have you had to turn anyone away? What were the reasons? Where were they referred?

8. If you haven't had any FTM residents, why do you think that might be?

9. Can you estimate how many transwomen/MTFs (on the full spectrum) have attempted to access your services in the last 30 days? 60 days? Month? Year? Have you had to turn anyone away? What were the reasons? Where were they referred?

10. In your opinion, what have been the challenges with the shelter system and its attempts to serve people in the trans communities? Specific challenges for FTMs?

11. How would you gauge whether you are providing adequate/appropriate services?

12. What trans resources are available at your agency?

13. For resources you don't have, where would you refer FTMs?

14. Would you say other shelter staff aware of/knowledgeable about issues affecting FTMs? (ie, support around/understanding of: abuse, violence, access barriers) On a scale of 1 to 10, how knowledgeable?

15. Can you explain your confidentiality policies, and comment on keeping confidentiality with peers and other agencies around trans issues?

16. Have issues around inclusivity and accessibility for FTMs arisen at your shelter? Have there been any discussions, and if so, what issues get raised concerning supports for FTMs? Thoughts about FTMS who pass vs. those who don't?

17. Does your agency have anti-oppression policies in place? Are any of these FTM-inclusive policies? If yes, how are these policies implemented and enforced? What is working? What isn't? Why?

18. If not currently working with FTMs, what do you feel your agency would need to do to support FTMs? If working with FTMs already, what could your agency do to further support them?

19. In your shelter, what would be some specific challenges in meeting the needs of FTMs? (ie, showers, bedrooms, hours, etc)

20. What safety concerns do you have with FTMs?

21. Have there been any incidents involving FTMs? Any forms of disrespectful behaviours, harassment, violence, abuse, intimidation, confrontation or other incidents within the shelter system directed at FTMs? If so, what was the outcome and resolution?

22. What are your policies around verbal harassment? Does your agency permit name calling?

23. How would you respond to harassment?

24. What dilemmas have you experienced working with FTMs? If you haven't worked with any, what dilemmas might you anticipate?

25. What needs to change to make the shelter more accessible and safer for trans men? (potential prompts: physical space – W/C (private, gendered), posters, policies – anti-harassment, intake (ID, name, how clients present, criteria for access), staffing – trans men?, volunteers – trans men?)

26. Have there been any discussions about implementing any of these changes?

27. Are there any present plans (derived from those discussions) to implement any of these changes? Expand on issues related to timeline and budget?

28. Could you please talk a bit about how funding might work as a barrier to you providing services to FTMs?

29. Are there any FTMs whose needs you don't think you could meet? If so, why?

30. What do you need to know (learning needs assessment)?

31. What kind – if any – of gender sensitivity training do staff receive?

32. What kind of training, qualifications, and/or experience in trans issues are staff required to have before starting?

33. Have staff received trans training through 519 or the Hostel Training Centre? If so, at what levels? (Staff? Residents? Policy?)

34. Are there any other thoughts you'd like to share with me around access for FTMs within the shelter system or within your shelter specifically?

35. Do you have any questions for me?

45 Charles St. E. Suite 101
Toronto, ON, M4Y 1S2
416-972-1010
contact@wellesleyinstitute.com
www.wellesleyinstitute.com