

Gender Journeys

Supporting Trans People
Through Group Work



SHERBOURNE
Health Centre

Author



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Hershel Russell is an experienced psychotherapist, with a speciality in Gender Identity and in LGBT issues. He is also an enthusiastic and skilful trainer on diversity issues, particularly on transgender inclusion. His lively, effective and popular trainings have had an impact on a wide range of organizations across Ontario, including counselling services of all kinds, child protection agencies, hospital psychiatry departments, and help lines. He also provides specialized training to providers and support workers delivering “hands-on” care to trans patients. Hershel is an older, White, Jewish trans man, active in local and international trans organizing, especially in the field of mental health.

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Published by Sherbourne Health Centre
Distributed by Rainbow Health Ontario

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First Printing 2008.
Second Printing 2010.

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Russell, H., and Doctor, F. (2008) Gender Journeys:
Supporting Trans People through Group Work,
Toronto: Sherbourne Health Centre

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• Introduction •

• by Anna Travers, MSW, Director, Rainbow Health Ontario •

Sherbourne Health Centre, located in downtown Toronto, began offering comprehensive health care services to the lesbian, gay, bisexual and trans communities in early 2003. While our staff had considerable experience in providing culturally competent care to lesbian, gay and bisexual clients, and many of us had worked on projects with the trans community, we had no prior experience providing health care to clients who wanted to transition.

We knew from our needs assessments that a great many people who sought medical help were unable to find a doctor who would accept them as a patient or who knew enough to help them with gender-related concerns. We were also aware that many trans people were so distressed about their bodies that they were transitioning without medical supervision using hormones purchased through internet pharmacies or on the street. This meant that they were not being screened for potential risk factors, nor receiving hormone therapies or dosages tailored to their specific bodies, nor getting the follow-up and support that is key when making such a major adjustment.

As a health centre, our own journey into trans care began in March 2003 when we formed a “Working Group” to develop our approach and clinical protocols. This collaborative committee included clinical providers and managers together with trans community leaders and trans people who were also service providers. At the urging of the trans committee members, we agreed to a very ambitious work plan, met every two weeks and gave out piles of documents for everyone to read at home. Within three months we had created a “wish list” of services, crafted a set of guiding principles, reviewed and discussed several medical protocols and created our own protocols for hormone therapy. Since that time, our staff has become more and more comfortable working with trans clients and we have gradually added different components to make our services as holistic as possible within the context of a community based health centre.

The group program “Gender Journeys” was developed in 2005 when we realized that people coming for medical care related to transition needed more time than we could provide during regular office visits to explore the social, emotional and physical aspects of gender change - and also needed a safe place to talk to others like themselves. The Gender Journeys Group was designed so that people in the early stages of transition could discuss changes in relationships with loved ones, grapple with discrimination, share tips about dressing to pass, discover new community resources, and use the process of dialogue and reflection to become more secure and resilient in their new identities.

We have offered the Gender Journeys group about three times each year and have served over 100 clients at the time of writing. After running the group five times, we commissioned a medical student to conduct a review of the program. She reviewed evaluations, interviewed facilitators and invited feedback from past participants who were part of a listserv. Of the 49 participants whose evaluations were reviewed, 97% agreed that they “received the information and support they needed to make informed decisions about their personal gender journey or transitioning process”. Feedback from several participants who had gone through the group several months earlier revealed that the group program not only helps participants to gain a sense of stability and integrity as a trans person but can also give permission to slow down and do things at their own pace:

“It has allowed me to forge connections with others and become more sure of myself along my path”

“I didn’t know very much going in and over time I was able to solidify who I am a little more. Gender Journeys helped calm a lot of my confusion.”

“It has allowed me to realize that it (gender change) is a journey, I felt a lot of pressure to “just fix it” to be done with it. The group helped me to realize that I don’t have to fix it. I can just be. No hurry”

Part of the success of any group is its leadership. We were very fortunate to have Hershel Russell and Farzana Doctor to develop and lead our first group. Their sensitivity, skill and creativity made the group an immediate success and the model that they developed has stayed much the same despite changes in leadership. Hershel and Farzana have also written this manual and you will see their warmth, wit and respect for participants on every page.

The group is now in the capable hands of Sherbourne staff Rupert Raj, a counsellor/psychotherapist, and Yasmeen Persad, a youth worker and trainer. It is still going strong. Both Rupert and Yasmeen are out and proud trans people with ties to the South Asian and Caribbean communities respectively. They have added two sessions to the 8 week group format to include “Transitioning at Work or School” and “Negotiating Relationships & Sexuality”. These additions were created in response to the needs of group participants and illustrate the importance of adapting the content and format of the group to your particular circumstances.

Rupert and Yasmeen also took the photographs of some of our regular guests and panelists in the group. Our thanks to all these role models and mentors who so beautifully reflect the diversity of trans identities.



• Section 1 •
• Background Information •

by Hershel Russell and Farzana Doctor

About This Manual

This manual is for service providers offering groups to people in the early stages of transition. It is based on the experiences of staff who facilitate an 8-session “Gender Journeys” group at the Sherbourne Health Centre, in Toronto, Ontario, Canada. For more information about the Sherbourne Health Centre, see: www.sherbourne.on.ca.

We encourage readers to *adapt this manual* to suit their own contexts, client groups and needs. For example:

- The manual can be adapted to include group members in other stages of transition by shifting some group topics to suit later stages of transition.
- It can be adapted for use in individual sessions. Discussions could happen individually and films could be watched with clients or given as “homework”.
- Some of these sessions can be made into single workshops or stretched into a longer group with more sessions than we propose.

This is *not* a manual about how to facilitate groups. However, you will find tips about what worked for us in each section. Some previous experience with group facilitation is recommended before you embark on facilitating a group like Gender Journeys.

A note about our use of the word “trans”: We chose to use “trans” because this word can include the wide range of gender non-conforming identities and expressions of our participants and the wider trans communities including: transgender, transsexual, androgynous, drag king, drag queen, cross-dresser, FtM, MtF, genderqueer, T-girls, T-bois, Two-Spirit and other identities and expressions.

Facilitators and Facilitation

Ideally, this group should be facilitated by members of trans communities who can share some of their own experiences and offer role modeling to members. One exception to this is that, ideally, a SOFFA (Significant Others, Friends, Families, Allies) should facilitate the session for families (Session #7).

TIP

Keeping disclosures short and to the point is crucial!
Focus on the group’s need to hear rather than your need to tell!

In some areas, group facilitators from trans communities may not be available and a non-trans co-facilitator will be needed. We recommend that non-trans facilitators be given the time to become familiar with trans community issues and to understand their roles as allies (See Bibliography for suggestions).

We prefer a co-facilitated approach:

Co-therapists complement and support each other. Together they have greater cognitive and observational range, and with their dual points of view they may generate more hunches and more strategies (Yalom 2005).

At SHC, our first three cycles of Gender Journeys were facilitated by a transman and a queer non-trans woman because experienced group facilitators from trans communities were not available at the time. During the third group cycle, a transwoman was mentored/trained to facilitate future group cycles and replaced the non-trans facilitator in subsequent sessions. Another important consideration in choosing co-facilitators was our need to ensure that at least one co-facilitator was a person of colour, in order to reflect the racial diversity of our participants.

Approach:

Group work... is not a service to those who ask for help—it is the social mechanism perfectly competent people utilize to achieve their own ends.
(LeRoy Bowman 1935, Quoted in Malekoff and Kurland 2005)

This **anti-oppressive**, non-pathologizing and respectful stance informs all our work. Our task is not to help, to cure, to diagnose nor to treat, but to create a space within which an isolated and stigmatized group can find each other, create proud community, and both heal from and organize against the oppression that is harming them.

Any context can be healing in which the interactors conspire together to persuade each other to accomplish personal insight, change, and social benefit. (Frank and Frank 1991)

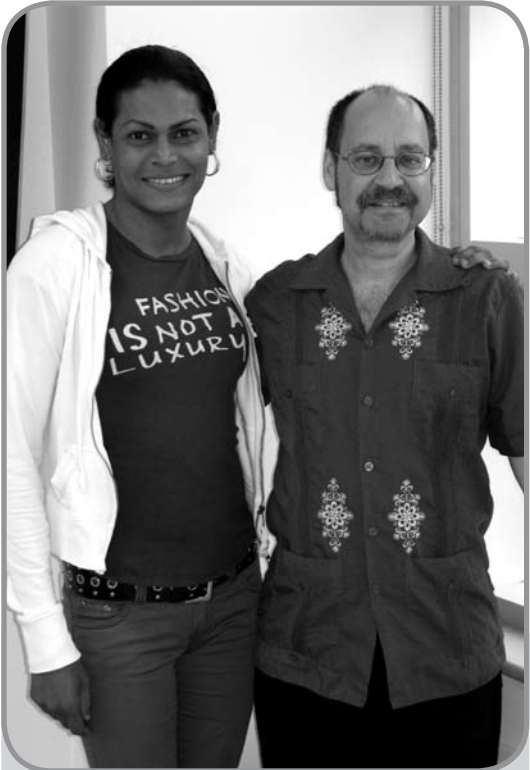
The primary focus of the group’s work is telling and listening to each other’s personal narratives. Story-telling both heals and connects people, particularly those from stigmatized and silenced groups.

The telling of personal stories, tales of ‘who I am’, what I want to be’, or ‘what troubles me’, to a listener or audience mandated by the culture to hear such stories, is an essential mechanism through which individual lives become and can remain aligned with collective realities.
(McLeod, J. 1997)

This approach reflects the progressive work being done in community-based health centres in North America and Europe and is aligned with the World Professional Association for Transgender Health (formerly the Harry Benjamin International Gender Disorder Association). “Gender Journeys” offers a safe environment where trans people can stand together in solidarity against that too-often hostile world, can protest the injustice that still permits trans people to lose jobs or housing because they dare to be themselves, to share complex and varied strategies of survival, and to expand and strengthen demands for basic human rights.



Hershel Russell co-wrote this manual and was one of the original group facilitators.



Rupert Raj and Yasmeen Persad are both staff members at Sherbourne Health Centre. They took over Gender Journeys from Hershel and Farzana and have facilitated more than eight groups together.



Farzana Doctor also co-wrote this manual and facilitated Gender Journeys groups.

Community Building

An essential component of Gender Journeys is its community building approach. Participants were encouraged to come early and eat snacks together before the group, to socialize after, and to maintain contact through a listserv created by a participant of the first session.

TIP

The provision of food (cheese, crackers, fruit, yogurt, etc) and juice is a priority: some participants may be coming direct from work, with no time to pick up food, some may have very limited incomes and welcome some kind of meal. Eating together builds community.



Most visible trans people have experienced the fracturing effect of trauma, and those who have remained hidden -- perhaps even participating in the shunning of the gender non-conforming -- are also injured. These life-experiences intensify the need for community; without it we cannot maintain our health.

We hoped that participants would “grow into each other” in unpredictable, underground ways -- like the roots of iris plants, or crabgrass, developing rich and complex “rhizome” connections.

A non-institutional network of lines and nodes that connect the lines... a rhizome community, that place of multiple and shifting relations where the meaningful elements of life emerge (Kinman C.J. Finck, P. and Hoffman L. 2004).

TIP

Our first group cycle formed a Gender Journeys Yahoo groups listserv which subsequent GJ group members have been invited to join. Some past group members have used this listserv to have pot-lucks, go for coffee and other get-togethers. Encourage and nurture this!

Vlad Wolanyk,
Client Resource Worker at Sherbourne
and frequent guest speaker



Pathology or Diversity?

The assumption that every society, in every corner of the world, in every period of human history, recognized only men and women as two immutable social categories is a modern Western conclusion... There are societies all over the world that allowed for more than two sexes, as well as respecting the rights of individuals to reassign their sex (Feinberg 1996).

Psychiatric services for trans people still commonly focus on administering extensive tests to correctly “diagnose” a pathology, “Gender Identity Disorder” - as it is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). Some transsexuals do support this. While we agree that it may prove strategically wise to retain a diagnosis (perhaps “Gender Dysphoria”, an entirely subjective experience) in order to retain access to health care, counselling, insurance and other systems or entitlements, our approach has been that:

- there is nothing pathological about being trans
- cross-gender behaviours are common to all human cultures in all historical periods
- being trans is an ordinary, if unusual, variation of healthy human experience
- exploring one’s gender identity is a sign of health and well-being – and courage!



Hal and Benjie Cartoons by Jay, reprinted with the kind permission of Press for Change in the United Kingdom. (<http://www.pfc.org.uk>)

Press for Change is a political lobbying and educational organisation, which campaigns to achieve equal civil rights and liberties for all trans people in the United Kingdom, through legislation and social change.

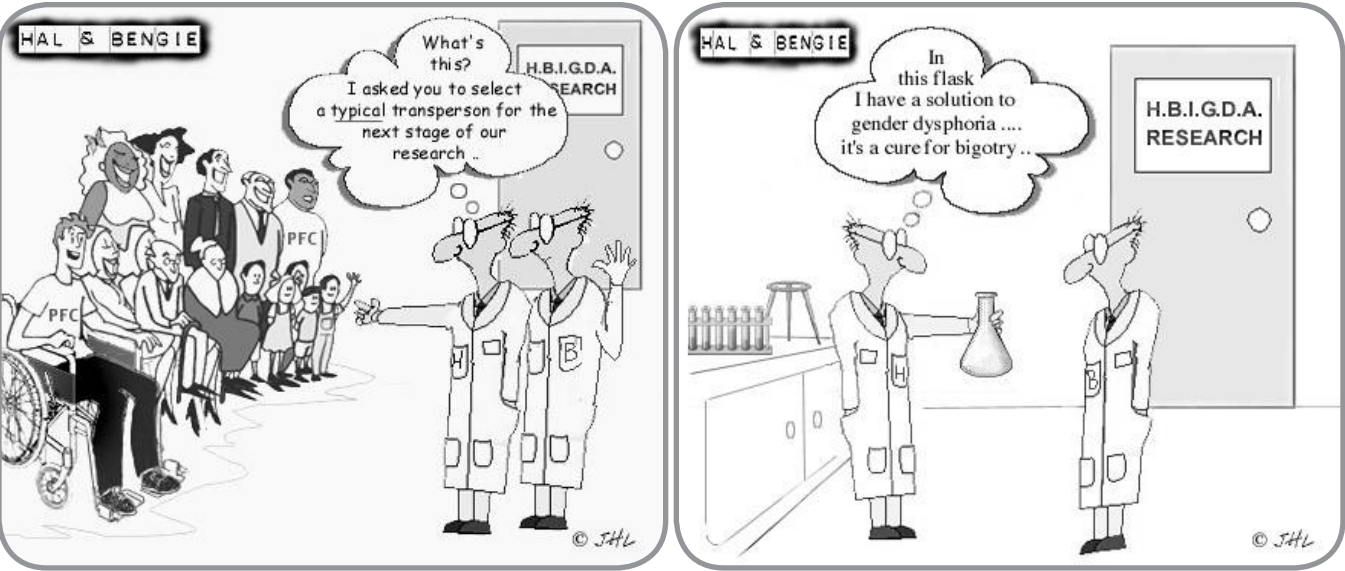
Gate-keeping

For many years, clinicians held the power to allow or prevent access to desired bodily modifications through hormones or surgery. Such a “gatekeeping” role brought many problems -- too many trans people were forced into the humiliating position of having to “massage their story” to fit a psychiatrist’s expectations in order to access treatment. Besides, nowadays, hormones (often of questionable quality) are easily available on the street and from the Internet, and anyone with the money can purchase state of the art surgery outside Canada and the US.

We wanted to provide a safe therapeutic space in which participants could freely explore what would be their healthiest, most coherent embodiment without worrying if this exploration might put at risk their access to a safe, medically supervised transition. We believe that:

- Identifying your own gender identity for yourself is a basic human right
- Decisions about hormones or surgery must be taken by the trans person themselves
- “My body, my choice” is a safer, more reality-based and more respectful approach
- Wise, self-loving, thoughtful decisions grow best in a soil of respect, acceptance, peer-support and good information.
- The role of clinicians is to ensure:
 - that people have the relevant, most up-to date information
 - that people are capable of informed consent
 - that serious risks posed by other medical conditions are ruled out or addressed

Since Sherbourne Health Centre also provides medical care for many of our participants, we wanted to ensure that “what was spoken in the group stayed in the group”. The physicians who might be providing hormones, and even the counsellors at Sherbourne Health, could access attendance information about group participants, but no other information would be available. Participants were informed of this during intake.



Rationale for a mixed gender group

In Toronto (and perhaps other places too) there tends to be segregation between FtM and MtF communities, given their different histories, struggles and experiences. We wanted to counter this segregation in order to enhance community building. Group members commented on this strategy, telling us that they found this to be a fruitful learning and bonding experience. Therefore, Gender Journeys is a mixed gender group, and we seek to recruit roughly equal numbers of people on FtM and MtF journeys to each cycle.

There are also pragmatic reasons for having a mixed group, including shorter wait times and the need for only one pair of group facilitators. In addition, some members identify as genderless, androgynous, and genderqueer and we find that a less binary space offers more room for inclusion of these identities.

We do divide by gender during Session #3 and #5 to ensure that each group has enough time to discuss unique experiences related to physical/body changes. For more information on this, see page 21 and page 23.



Single washrooms, clearly signed for all increase accessibility and comfort for everyone.

- Left: Luwam Yoseph, guest speaker.
- Right: Nicole Nussbaum, lawyer and guest speaker.

Outreach

We have found that very little outreach is needed to recruit enough members for each group cycle. This is likely because Toronto is a large city with a large interconnected population of trans people who attend Sherbourne Health Centre. Also, SHC staff support the group by referring internal clients.

Some community members have been recruited through e-mail advertisements sent to community listservs and notices of upcoming groups in the local LGBT paper. This extra outreach is sometimes required to ensure that enough FtM members are recruited (a higher number of MtFs tend to sign up).

Many referrals to the group come also come from within trans communities. Participating in this group has become something of a rite of passage; quite a number of participants have gone on to become leaders locally, in research projects, activism and in local artistic and cultural initiatives.

In communities with lower numbers of trans people and where outreach to trans communities has been minimal, it will be important to build trusting relationships with trans leaders and to build in time for recruitment.

TIP

Seek out advice from members of trans communities when considering your outreach strategies (and make sure you provide adequate honoraria/payment to advisors when doing so!).



Suzi Q, guest panelist.



Jake Pyne is a community worker and frequent guest.

Recruitment and Group Composition

The group is primarily for those in the beginning stages of transition, which can include those just thinking about transition and those who may have already taken some steps towards their transition. 10-12 members are recruited. Attempts are made to ensure that the group is diverse in age, ethno-racial identities, class status and comfort in groups/talkativeness. Our groups routinely include a wide range of ethno-racial backgrounds. Participants are bus drivers and professors, teachers and sex workers, students and retired business people. Ages range from 18 to mid 60s.

TIP

It's a good strategy to avoid "only one" situations, i.e., where there is only one older person or only one person of colour in a group. Asking direct questions about social location during screening can help to ensure diversity in membership.

Some examples of comments made during the group and at check-outs:

An African-Canadian FtM (Female-to Male trans person) described the ways he had -- of necessity, and with some assistance from family and community -- developed some coping skills to deal with the racism at school and on the street. As he visibly transitioned to become a black male, however, he suddenly had to deal with an entirely different level of scrutiny and danger, in particular from the police. Just driving a car left him at risk of being pulled over "to answer to the charge of BWD--Black While Driving".

Another participant grew to middle-age as a white, middle-class "man". He had always believed that discrimination was really just "people being over-sensitive and wanting to seem like victims." As she began to allow the gender she "always was inside" to be visible in clothing, gestures, words, she lost her well-paid job in the automotive industry, her marriage dissolved, her children became estranged, she was ejected from the marital home and frequently harassed on the street. This sudden onset of intense discrimination, with no skills to cope with it, felt "like hitting a brick wall at 60K".

A young adult participant, after a childhood and youth of "having a body that broke the rules", spoke of the strain of being "hyper-visible, the freak everyone glares at" all his life. Some months after beginning hormone treatment "I suddenly realised that I was just disappearing into the wallpaper—I'm just another guy on the street. Weird and wonderful!"

Another participant-- moving in the opposite direction from apparently "normal" to visibly "different" -- spoke of "Finally having the courage to let everyone see who I am. I don't fit anyone's expectations. Yes, it's scary sometimes, but I feel like finally I fit together, I'm coherent and believe me that's worth some harassment!"

Screening and Preparation

To make it easy for interested participants to make contact, the SHC process enables them to call in to an administrator who takes their contact information, including what names to use in person or if leaving a message (very important for confidentiality). The group facilitator calls back to offer a screening interview. A 30 minute screening and orientation usually happens over the phone, and to minimize barriers, only the following questions are asked.

1. Can you tell me what interested you about Gender Journeys?
2. What would you like to get out of the group?
3. Where would you say you are in your gender process?
4. Have you been a part of a group before? What kind?
What was/were your experience(s) like?
5. We seek diversity in our group membership. Could you tell me your age?
What's your ethno-racial background?

We prepare potential group members by discussing the following:

- The purpose of the group and who it is for:
 - to help members explore their own wishes and goals and to offer reliable information through panels, films, discussions
 - for people who are near the starting point of exploring their gender process
 - We inform participants that attendance records are kept, but other information won't be passed on to SHC staff and that:
 - > The group is not part of a screening process for receiving hormones.
 - > We will not advocate for any group member for or against receiving hormones
 - > If participants need a letter confirming attendance one will be provided
- The limits of the group/what the group cannot offer:
 - Although there will be time to discuss issues, there will be limited time for individual or personal problem-solving and so some group members may need outside support (friends, counsellors etc) to further discuss what is coming up for them in the group.
 - We encourage members to have these supports in place especially if they are having a particularly hard time right now.
 - The availability (or unavailability) of the facilitators between group sessions.
- Participation expectations:
 - Group members are expected to commit to attending all 8 group sessions. It is not a drop-in and is a closed group after session #2
- Gender diversity:
 - That we hope to achieve a good gender balance in the group; a more or less equal balance of the diversity of how people identify gender (e.g., MtF, FtM, genderqueer, no label)
- Next steps:
 - They will be called back within a few days and provided confirmation about their intake to the group.

Group Participation and Conflicts

For the most part, we found group members eager to engage in lively discussions, learn from one another and respectful of group guidelines. From time to time, we needed to be aware of the following:

- Shyness, discomfort in groups and social phobia: a number of members in each group identified difficulties participating due to these concerns. In some cases, the difficulties diminished significantly as members familiarized themselves with one another and grew more confident with themselves and the group. A few facilitation strategies that helped us were the following:
 - Limiting the number of people who identified (during the screening) that they were extremely shy or had difficulty speaking up in groups (to ensure we had enough talkative members to “carry” the discussions)
 - Breaking the group down into smaller groups of three or four rather than having large group discussions
 - Showing films to assist people to form their ideas
 - Communicating that it is “OK” to pass (not speak) during check-ins and check-outs if needed
 - Asking people to “step up” and push themselves (in whatever increments possible) to participate more if they tended to be quiet
- Members who take too much space: for some group members, it was the first time they could comfortably talk about issues of transition and so they spoke a lot! Some members had been fairly socially isolated, and had difficulty knowing what limits of participation might be appropriate within a group. The following facilitation strategies helped:
 - Cutting in and suggesting that we “move on” so that others have enough time to talk
 - Facilitators circulating during small group discussions and reminding members to ensure that everyone has a chance to speak
 - Asking people to “step back” and be mindful of their own and others’ participation if they tended to be talkative



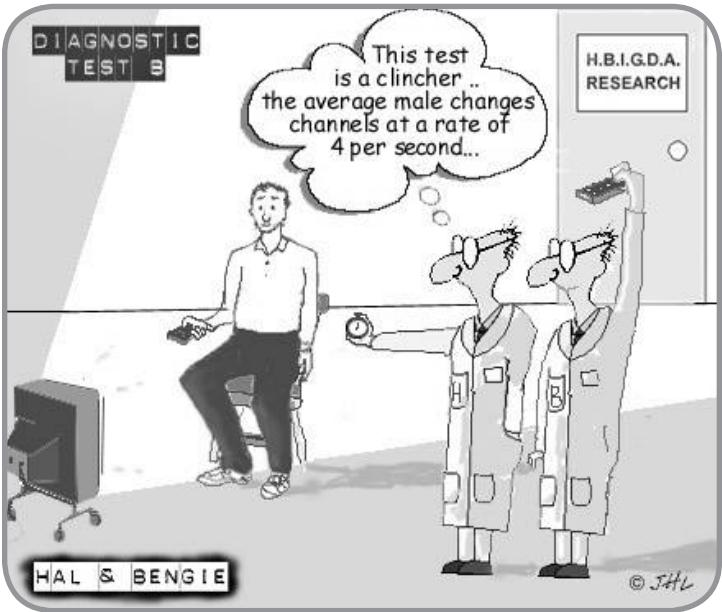
Dr Sydney Tam practises family medicine at Sherbourne Health Centre and is a popular guest at Gender Journeys

Guest Speakers

We developed a contact list of potential panel members for our groups. We looked for people who had been trans-identified for some years and asked them to speak for five minutes about: “What you wish you had known when you were just beginning to think about being trans.” Other guest speakers came in to provide information on specific topics.

Over time we were able to weed out the panelists who had difficulty connecting well with participants, who spoke too long or too vaguely, or who insisted that that their way was the only way. In our first series, we held a total of six panels – way too many! But this did give us the opportunity both to see a number of potential panelists in action and to have invaluable feedback about what should be included in the sessions from almost 30 very diverse trans people. We encourage you to include guest speakers because they can play an essential role-modeling function to group members and present diverse perspectives about trans communities. We offered a small honorarium to each guest to acknowledge their efforts and time. You will see pictures of some of our guest speakers throughout the manual.

Gill Lamon, worker-owner of Come As You Are and guest speaker.



• Section 2 • • Gender Journeys Sessions •

What follows is a description of our weekly session plans. We encourage you to adapt this material to suit your own context.

Session 1

This session includes introductions, group guidelines, a presentation/discussion about the range of gender expressions and a differences exercise.

Resources needed: name tags, handouts of list of weekly topics, guidelines and video/ presentation/presenter on gender diversity.

1. Introductions (30-35 mins):

- Facilitators’ introduction
 - Facilitators welcome the group, share a bit of info about who they are and why they are interested in facilitating this group
- This session’s agenda

TIP A review of the session plan can reduce group members’ anxiety about what is to come.

- Group members’ introductions
 - Group members are asked to provide their first name and to share which preferred pronoun(s) they wish the group to use to address them. They are also asked to share what they hope to get from the group.

TIP For some clients, the request for preferred pronoun(s) is a new experience, one that evokes a variety of responses: confusion, empowerment, validation, excitement, to name a few.

- List of Weekly Topics and Speakers
 - A handout of the weekly sessions is provided to the members, and one facilitator describes the upcoming sessions in more detail and invites input. Group members are asked to begin thinking about which family member(s) they might invite to the Families session.

TIP For some members, a great deal of thought and preparation is needed in order to decide and invite family members. Therefore, the issue is addressed at the first session to give members enough time to plan ahead.

2. Group Guidelines (15 mins)

Group members are asked to generate a list of guidelines that would make them feel more comfortable and safe sharing in the group. A list might include, but is not limited to the following:

- Respect for differences in race, religion, class, gender, ability, opinion, sexual orientation
- If you're drunk or high don't come
- Call a facilitator if you can't come
- Commit to attending all the sessions and be on time
- Confidentiality and anonymity (the group might further discuss how they want to be acknowledged in public)
- **Boundaries: participants.** We suggest to participants that is great to begin friendships, but encourage them to be wary about starting romantic relationships

TIP We prefer to word this so that it is NOT a prohibition regarding becoming sexual with each other, which we feel is disrespectful. Perhaps: "We are all grown ups in here and free to make our own decisions about boundaries – but the group is short. It can be easy to confuse the excitement and closeness we hope will happen in here with falling in love. If a romance is brewing perhaps it will be all the better if you wait a few weeks until the group is over. The reason for this is that sometimes romantic connections can complicate group dynamics."

- **Boundaries: facilitators.** We discuss facilitator boundaries, and our perspective was that it was useful for us not to socialize with participants during the group process.

TIP Trans facilitators will have to deal with the complexities of living and working in a small interconnected community. For example, facilitators have had to manage leading a group while also sharing with participants: a close friend; a university class; a dance class; a funeral; a small faith community; speaking at conferences. They will likely also encounter the somewhat easier task of having participants in the group who have been, or currently are, their individual clients. To a lesser degree, non-trans facilitators will also need to consider these issues if they socialize within queer and trans communities. Facilitators must prioritize time to process these complex boundary issues with one another and a supervisor.

Break (10-15 mins).

3. A presentation about the wide range of gender expressions throughout history, or another related topic (30 mins)

TIP One of our facilitators, Hershel Russell, created a slideshow for group members. Other ideas could include a video and discussion on this topic. Goals of this exercise include: education about gender; increasing participant comfort with the variety of gender expressions in the room; emphasizing that this group accepts and respects a very wide range of gender expressions.

4. Differences Exercise (20 mins)

Given the diversity of our participants, it is necessary to include a discussion about differences. We chose to do a psychometric exercise where group members moved around the room, depending on how they might answer a variety of questions including:

- Are you a cat or dog person? (start with something low risk)
- How important is your life on the internet?
- Age line (have group members talk to one another to find out ages and then line up from youngest to oldest)
- Gender journey continuum (line up according to where they feel they are in their own process)
- World map (designate the centre of the room as your city/town, and the rest of the room as a world map. Ask people to situate themselves based on their known ancestry—if they know it.)
- Comfort in groups continuum (ask people to line up according to "I want to jump out of my skin" to "I love being in groups")

TIP Note that it is quite important to ask questions like: "what do you need to feel comfortable in this space" of those who are at polar ends of each continuum (those representing the minorities in each continuum) when doing psychometrics.

Another differences exercise to try is a pair/share exercise where people are asked to discuss and then share with the large group a question such as "in what ways do you feel you are different from others in the room? In what ways do you share similarities?"

5. Check-out (10 mins)

Check-out is introduced as a time to close the group with one word or sentence about how group members are doing or what they thought of the session. It is not a time for new issues!

Session 2

This session includes a panel on the range of gender expressions/possibilities followed by a group discussion.

Resources needed: name tags, panelists and panel members' honoraria (if applicable).

1. Panel (1 hour)

The goal of the panel is to demonstrate/role model to group members a wide range of gender expressions/possibilities.

- Introduce panelists, and ask them each to speak for 5 minutes, followed by a question and answer period. Panelists often talk about their families, about the powerful impact – and often long effort -- of working through to a place of acceptance. One white gay panelist told of a semi-secret history of three generations of gender non-conforming family members – being trans is nothing new! Filipina, Chinese and African-Canadian panelists were able to challenge the stereotype that families of minoritized groups are less likely to accept their trans members than white families.

TIP Our panel included 5-6 people who identify as transgender/transsexual/ gender non-conforming in some way. Attempts were made to ensure a wide variety of gender identities (MtF, FtM, with and without hormones and surgery, genderqueer, butch lesbian, cross dressers etc) and age/class/race diversity in the panel.

Break (10-15 mins)

TIP Group members enjoyed informal mingling with panelists during the break, so invite panelists to stay for this.

2. Discussion (30 mins)

- For a talkative group, do a large group discussion asking people what they felt/learned about the panel.
- For a less talkative group, break into smaller groups of 3-4 members and ask them to tell a story about the first time (or an early time) that they were aware their gender was “different”

3. Check-out (10-15 mins)

- Check-out questions could be general such as “how are you feeling/what are you taking away from today’s session?” Questions could also be related to a specific aspect of the small/ large group discussion such as “what was it like to share your story (of awareness early gender “difference” with the group?”

This panel opened a whole bunch of doors for me. I got a glimpse through at what was on the other side of those doors. Now I get to decide which ones I want to go through. -- (Participant)

Session 3

This session includes a presentation and discussion about health issues related to hormones and surgery.

Resources needed: name tags, guest speaker and speaker’s honoraria (if applicable), brochures, web links and handouts about hormones and surgery.

1. Presentation/discussion (60-90 mins)

- We invited Sherbourne Health Centre doctors and nurses to present information and answer questions from the group.

TIP It seemed to work best to allow the members to generate specific questions and to have our presenter answer them, rather than to provide a more general presentation.

TIP Choose a presenter who is knowledgeable about the issues and the community.

TIP If you have the resources, we recommend having 2 presenters and dividing the group by gender so that there is enough time for members to discuss the specific issues arising from masculinizing or feminizing hormones and surgery.

Some evaluations of Session 3 surprised us: few, if any, participants came primarily for the educational component. Our most information-heavy session, Session 3, has been consistently rated low in evaluations (“Too basic.” “I knew all of what she said eons ago.” “I’ve had files on this stuff since forever.”) After much discussion, however, we have retained it; we needed to be confident that everyone really has received basic health information about transition possibilities from a trustworthy source and so we feel that repetition is needed. Inevitably, there are some participants who have picked up information that is inaccurate and others whose knowledge is very basic.

Break (10-15 mins)

2. Check-out (20-50 mins)

(Note that part of this discussion could be done in small groups followed by a check-out, or as a longer check-out)

Check-out questions might be general ones or specific to this session. Examples: “does your journey include hormones or surgery?” or “how are you feeling/what are you taking away from this session?”

Session 4

This session includes discussion on transphobia and responding to discrimination.

Resources needed: name tags, speaker (optional) and speaker's honoraria (if applicable) or "Toilet Training" video, coming out letters, resources re state of current legal protections, e.g. Ontario Human Rights Code (which includes trans people only by implication but not explicitly as of our publication date in 2008)

1. Presentation/discussion (75-90 mins).

We suggest a number of options which you can mix and match depending on your group's needs and interests.

- **Option #1:** Invite speaker(s) who can discuss issues of significance to the members, i.e. transitioning at work, travel, dealing with friends, street transphobia, bathroom issues
- **Option #2:** Show excerpt from film "Toilet Training" and follow with a discussion about other forms of discrimination and transphobia. This could also be done in small groups
- **Option #3:** Facilitated brainstorm of all of the negative messages members have heard about transpeople followed by a discussion of how these messages can become internalized and the impact of this internalization. During this exercise, the room often grows heavy with anger, fear and sorrow. Follow this with facilitated brainstorm of the particular strengths, beauty, knowledge and skills that come with being a gender non-conforming individual or being part of trans communities. Sometimes it begins slowly, but the shift in atmosphere is generally profound, as pride and self-respect (and always laughter) re-emerge.
- **Option #4:** share and discuss coming out letters (of current or previous members who have given their permission to do so) that people could use with family, friends or colleagues

Break (10-15 mins)

2. Check-out (15-30 mins)

- Check-out questions might be general ones or specific to this session. Examples: "what impact does internalized/external transphobia have on your journey?" or "how are you feeling/what are you taking away from this session?"
- This might also be a time to ask group members how they feel the group is going so far. This could be done at check-out or during a check-in before the presentation/discussion.

"Most research on the subject of transgender has reported high levels of victimization including harassment by strangers on the street, verbal abuse, assault with a weapon, and/or sexual assault (Gagne et al. 1996 and Lombardi et al. 2001 cited in Hill and Willoughby 2005), trauma and sexual assault as children and adolescents (Gehring and Knudson 2005, Ryan and Rivers 2003) and this is further supported by the work of Moran and Sharpe 2004, Xavier 2000 and Whittle 2002." (Whittle et.al. 2007)

Session 5

This session includes videos and discussion about embodying changes.

Resources needed: name tags, TransGeneration DVD and/or Transsexual Journey video. Also ask group members to bring in "show and tell" items for small group discussion (binders, make-up etc).

1. Film(s) and discussion (30 mins)

- Begin session by showing video clips of trans people going through physical transition and follow up with large group discussion.

2. Gender-specific small group discussion (60 mins)

- Divide group into "those on the FtM journey" and "those on the MtF journey" and have discussion about the issues important to each small group. For example, FtMs in our group wanted to talk about packing, acne, binding, fears, body image and sexuality. MtFs discussed make-up, clothing, body image, and hair removal. See check-out for this session for further ideas about group discussions.

TIP Group members found it very helpful to divide off for this session, as it allowed them to speak openly and freely about vulnerable topics specific to their experiences. An MtF or transwoman facilitator should accompany and facilitate the MtF group and an FtM or transman facilitator should accompany and facilitate the FtM group.

Break (10-15 mins)

3. Check-out (15 mins)

Check-out questions might be general ones regarding the discussions from the small group or a specific one like: "how do you feel about your current gender expression and the distance/closeness between it and how you imagine yourself in the future? Does your fantasy match what you see as your reality? If there is a big gap between the two, how do you cope with that?"

TIP Raise discussion about the fantasies participants hold versus the actual possibilities they perceive for themselves. Many trans people cannot ever fully have the bodies they want. This reality may be filled with sorrow and a sense of irretrievable loss. These losses may be historical, biological/physical or may be due to the inability to afford costly procedures and surgery. Losses may include: never having grown up as a girl, not having the possibilities of pregnancy, or menstruation etc (for trans women), and losses of never having grown up as a boy, difficulties of having a functioning penis, inability to impregnate partner etc (for trans men).

Session 6

This session includes discussion about being part of trans communities, having fun, and getting involved.

Resources needed: name tags, speakers (optional), speakers' honoraria (if applicable), TransGeneration DVD (optional), flyers and handouts about local community events/groups.

1. Opening (a couple of options—mix and match) (20-30 mins)

- **Option #1:** invite a panel of trans community leaders to discuss the kind of initiatives and options available in the community
- **Option #2:** Show a clip from TransGeneration (or another film) that focuses on community

2. Discussion—either a Q &A following the panel or a large group discussion following the DVD clip (30 mins).

TIP It is helpful to talk about some of the expected joys and challenges of being part of a community and some of the structural issues that can make organizing difficult at times (e.g. horizontal hostility, lack of funding, internalized sexism and transphobia).

TIP “Horizontal Hostility” describes the all-too-common experience within marginalized groups wherein the anger aroused by oppression gets redirected towards other members of the group.

Break (10-15 mins)

3. Large or small group discussion

- We asked group members to discuss the question “What type of community supports and involvements will help you on your gender journey? How do you see yourself getting involved?”

4. Check-out

- Check-out questions might be general ones or specific to this session. Examples: “Is community important to you?” or “Are you interested in this group becoming a community after the group has ended? How could you make this happen?” or “How are you feeling/what are you taking away from this session?”

TIP During the course of each group, participants were encouraged to bring in flyers for events ranging from birthday parties to fund-raising dances for trans men’s chest surgery (entitled “Rock Your Tits Off”!), to new self-help groups (eg, “The Space Between”).

Session 7

This session includes discussion about families, lovers, friends, and allies.

Resources needed: name tags, brochures about family supports, “No Dumb Questions” or “TransGeneration” clip.

1. Welcome (10 mins)

- Group members are invited to bring family members, friends, lovers and allies to this session. Welcome everyone and do a go-around of names and relationships to the group members.
- Outline agenda for the evening (showing film clip and then dividing up into small groups and then coming back together for check-out).

2. Show film clip and discussion (15 mins)

3. Separate into 2 groups: group members and families (45 mins)

- In the families group, ask group to generate a list of the things that make them feel proud about their loved ones’ transitions. Examples might include: courage, strength, honesty etc.
- Next, ask them to generate a list of things that were a struggle for them. Examples might include: pronouns, lack of information, pressure to “catch up fast”, feeling afraid of changes, lesbian invisibility in relationships. Discuss each of these struggles (perhaps creating a short list). Encourage family members to offer one another support and guidance.

TIP It is helpful for this group to be facilitated by a SOFFA (Significant Others, Family, Friends, Allies) who is also cisgendered (non-trans). Family members were encouraged to be open about their concerns, even the ones they felt embarrassed or politically incorrect around. The facilitator sometimes needed to gently challenge transphobia.

- In the group members’ group, ask members to generate a list of things that make them feel proud of their loved ones responses to their transition. Examples might include: loving acceptance, challenging transphobia, being good allies etc.
- Then ask them to generate a list of struggles they experience around their families’ responses. Examples might include: lack of acceptance, use of wrong names and pronouns, minimization of the struggles, impatience with ambiguity.
- Both groups designate a reporter to briefly (without breaking anonymity) report back the discussion.

Break (10-15 mins)

4. Report back (30-40 mins)

- Each group reports back, sharing pride and struggles.
- Each person briefly checks out, responding to the question, “How was this session for you”
- Facilitators should encourage families to seek further support from local groups.

TIP One group cycle started a Gender Journeys Families Yahoo groups listserv for current and future family members of GJ.

TIP This was a heart-felt session for those members who brought family members. It tends to be more difficult for those who don’t/cannot bring a family member. For the latter, some prefer not to attend, perhaps out of embarrassment. A reassurance that participants don’t need to bring a loved one in order to participate may prevent non-attendance. A follow-up phone call following lack of attendance can also be helpful.

“Transgendered people have too often been viewed as people without families, or, sadly, as though their families are disposable” (Lev 2004)

“Now I know I can be trans AND have a partner, have children, have a LIFE – I don’t have to choose.” (Participant)

“...loving someone who is transgender can be sanctioned as transgression. And that association itself is enough to make partners of transgender people ‘gender outlaws’ themselves.” (Califia 1997)

Session 8

This session includes closing and wrap-up activities.

Materials needed: a photocopied sheet with all group members’ names and space for people to write comments, pens, scissors, jars or envelopes, evaluation forms (if applicable)

1. Check-in (20 mins)

- Start a go-around with the question: Where are you in your journey now compared to 2 months ago? Are you in the same place, a different place?

TIP Our members expressed increased confidence, and greater sense of themselves and the trans community. Some talked about wanting to take a step towards hormones/surgery, while others affirmed their current place in the gender journey.

2. Appreciations exercise (25 mins)

- Hand out small jars or fancy envelopes which will be the receptacle for the appreciations. Hand out the photocopied sheet with all the group members’ names. Ask members to write one appreciation beside each name (encourage them to write whatever positive comments they want—some people will write a paragraph, and others just a word). When they have finished, they can cut the sheet into strips and place the strips in each members’ jar/envelope.

TIP Most people prefer to read their appreciations after the session (and have what they wrote read later), but ask the group for a consensus decision on this. For absent members, place jars/envelopes out for them so that members can contribute appreciations to them too. Absent members can then arrange to pick up their jars, if they want.

3. Evaluation forms (10 mins)

- At Sherbourne, we ask members to complete client satisfaction forms as well as demographic information forms so we can keep statistics on our group composition. A sample evaluation form is included in Appendix 5 (see page 35).

Break (10-15 mins)

4. Discussion (30 mins)

- Small or large groups: How does it feel to be ending? What are your next steps (if any) in getting support for your gender journey?

5. Check-out (15 mins)

- Any last words about the group and how you are leaving tonight?

Comments from final evaluations at the end of the group:

- “ Whether or not I decide to get hormones and surgery is really only part of what’s important to me now. It used to feel like the whole shebang.”
- “I just feel like I can slow down now and go one step at a time figuring out what’s right for ME.”
- “I’m the same person inside I was nine weeks ago, but now lots of other people can see it too.”
- “I’ve made the internal changes, now I’m ready to make the external ones.”



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• Appendices •

Appendix 1: Resources for participants

During the group, and especially during our first few sessions, we provided a resource table with printed articles and flyers about local events. Participants were invited to help themselves, as well as to contribute to the resource table with their own flyers and announcements.

Here are some of the general resources that proved to be popular:

Should I transition?

Available at: www.vch.ca/transhealth/resources

Very accessible and helpful series of printable pamphlets.

Action Tips for Allies of Trans People

Available at: <http://web.mit.edu/trans/tipsfortransallies.pdf>

Useful for participants to hand out to colleagues, friends etc.

Our Trans Children

Available at: http://www.pflag.org/Our_Trans_Children_-_Intro.otc.0.html

Useful information for participants to offer their families as they come out to them

Primed! The Back Pocket Guide for Transmen and the Men who Dig Them

Available at <http://www.transmen.org>

Booklet with information and photographic illustrations on safer sex for FtMs

Health Resources produced by Sherbourne Health Centre & Rainbow Health Ontario

There are many useful brochures, protocols and other materials on the resources database that can be downloaded. Some of these materials are also available for purchase from the online store.

Available at www.rainbowhealthontario.ca

Let's Talk about Trans Health – download or order brochure

Transsexual/Transgender Parenting - download or order brochure

Testosterone Self-injection DVD for FtMs - see website for ordering information

Appendix 2: Bibliography

Non-Fiction

BC trans health • www.vch.ca/transhealth/resources/links/healthinformation.html

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Fiction

Feinberg, Leslie. (1993) **Stone Butch Blues**; Alyson Press.
Life as a white working class butch in 1950s US. Powerful description of the everyday challenges of being gender non-conforming.

Tremain, Rose (1992) **Sacred Country**; Sinclair-Stevenson Ltd.
Story of a British FtM growing up

Eugenides, Jeffrey (2002) **Middlesex**; Bloomsbury Publishers.
Story of a young intersex person finding their way. Takes up issues of anyone whose gender doesn’t fit the boxes.

All in paperback.

Appendix 3: Films

Cocky; 2007; Julia Serano
Available at: <http://www.youtube.com/watch?v=a95JP8i8GuE>
Moving and funny 3 minute performance of poem re trans experience.

Meet My Breasts; 2004; Toronto; Tera Mallette
Available at: tera_rist@hotmail.com
A group of trans women discuss their relationship with their breasts.

Toilet Training; 2003 Tara Matiek;
Available at: www.srlp.org
Lively 25 minute documentary re trans discrimination.

Transsexual Journey; 1999; The National; CBC Television.
Available at www.cbclearning.ca
Traces an FtM and two MtFs as they go through surgeries.

TransGeneration; 2005; Ferrero, Smith, Lessner; Sundance Films
Available at: <http://www.sundancechannel.com/transgeneration/>
8 episodes of a TV program following one year in the lives of 4 diverse university students; many useful clips on every topic of transition, including surgery, hormones, coming out to family, relationships and discrimination.

No Dumb Questions; 2004 Melissa Regan.
Available at: http://www.logoonline.com/shows/dyn/no_dumb_questions/videos.jhtml
Charming and tender 20 minute video where 3 young children ask questions about their uncle becoming their aunt. Their kindly, sensible parents respond to their questions.

Appendix 4: Gender Journeys Group Evaluation

We really want to know how you felt about this group! Please take a moment to complete this form.

Please rate the sessions below: **1 = terrible, 2 = so-so, 3 = good, 4 = excellent**
Use the back of this sheet if you need more space.
If you did not attend a specific session, leave that space blank.

Week	Topic/Speakers	Rating (1-4)	Comments:
1	Introductions, Differences Exercise, Joy of Gender Slide Show		
2	The Gender Possibilities Panel and discussion		
3	Hormones/surgery		
4	Discrimination: Video (Toilet Training) and discussion		
5	Embodying changes “Meet My Breasts” & “Transsexual Journey” videos. Discussion (separated by gender)		
6	Families “No Dumb Questions” video Group discussion (separated by group and family) and sharing		
7	Community Panel and discussion		
8	Wrap up, closing activity, personal gender journeys, evaluations		

Did you get the information and/or support to be able to make decisions about your gender journey/ transition process?

YesNo

Comments?

Did you like...	Yes	No	Comments:
The length of each sessions?			
The overall duration of the group series?			
The group size?			
The facilitators?			
The format (panel, videos, guest speakers, small group discussions)?			
The group location/rooms?			
The day/time?			
The snacks?			
Is there anything about the group that you would change?			
Is there anything about the group you wouldn't change?			

Editor



Anna Travers, MSW, has over twenty years experience as a front-line worker, manager, board member and volunteer in social service and health care organizations in Toronto, Ontario. Focusing primarily on the needs of underserved and marginalized populations, Anna has developed many innovative services including a comprehensive primary health care program for LGBT communities at Sherbourne Health Centre. Currently, she is the Director of Rainbow Health Ontario (RHO) a health promotion and capacity building initiative designed to promote better access to services and to enhance the health of Ontario’s lesbian, gay, bisexual and trans (LGBT) communities.

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Produced by: **Sherbourne Health Centre**
www.sherbourne.on.ca

Distributed by: **Rainbow Health Ontario**
www.RainbowHealthOntario.ca



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