Improving the Health of Trans Communities: Findings from the Trans PULSE Project

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Rainbow Health Ontario Conference
Plenary Presentation
Ottawa, Ontario, Canada
22 March, 2012

Key Messages:

• Trans community tremendously diverse
• Transphobia is bad for our health
• Trans people are actively strategizing to bring about positive change
• Tremendous opportunities for you to help create further change
The Trans PULSE Project: Background and Methods

Kyle Scanlon

Our Guiding Principles:

- conduct research that is respectful
- build capacities for research
- use the highest quality methods possible
- ensure maximum positive impact
- ensure meaningful involvement
Trans PULSE

Community-based mixed-methods study of how social exclusion impacts the health of trans people in Ontario.

Trans is defined broadly, and may include those who identify as transgender, transsexual, two-spirit trans, transitioned, bigender, genderqueer, or simply man or woman.

Qualitative Phase 1:

- Community Soundings held in 3 Ontario cities with 85 trans people and 4 family members
- Used to strengthen grant application
- Used to inform development of survey
- Used to develop theoretical paper on how erasure impacts health care access for trans people
- Performance of scripted readings
- Quotes used to illustrate issues in presentations
Quantitative Phase 2:

- 87-page survey
- Friendly and personal, with comics and bios
- Survey items based heavily on community knowledge
- Anonymity possible
- Recruitment quota=3
- Seeds=16 initially
- Using Respondent Driven Sampling
Respondent Driven Sampling

- Systematic method of chain-referral sampling
- Recruitment networks and network sizes are tracked
- Bias is addressed through recruitment strategies and statistical analysis

Respondent driven sample (n=433)

# of Ontario Trans People Known
- = 0-1
- = 2-4
- = 5-9
- = 10-19
- = 20-49
- = 50-99
- = 100+
For Geeks Only:

- Proportions (RDSAT 6.0)
  - Weighted based on probability of recruitment to represent Ontario trans communities
- Confidence intervals (RDSAT 6.0)
  - Modified bootstrapping approach
- Regression models (SAS 9.2)
  - Weighted based on outcome
  - Adjusted variances for two levels of nested clustering by shared recruiter and recruitment tree

Participation in Survey

- 433 participants for an 87-page survey
- 51% collected $20 honorarium, 31% donated to a trans-related community group, and 18% provided no information
- Phone calls from individuals wanting to participate
- Addition of secondary incentives in final two months had an unknown effect
Who are Trans People in Ontario?

Who are trans people?

- Trans people have always been here
- Trans lives are troubled by a history of problematic representations
- The troubles in trans lives are not inevitable
Gender Identity

- 45% Masculine
- 35% Feminine
- 20% Both, Neither or Fluid

Sexual Orientation

- Queer 31%
- Bisexual or Pansexual 30%
- Two Spirit 9%
- Straight or Heterosexual 30%
- Lesbian 14%
- Gay 11%
- Questioning 13%
- Asexual 5%
- Other 8%
Region of Residence

- 32% Metropolitan Toronto
- 15% Eastern Ontario
- 17% Central Ontario
- 27% Western Ontario
- 9% Northern Ontario

Age First Aware that Gender did not Match Body

- 59% Under Age 10
- 21% Age 10-14
- 13% Age 15-19
- 7% Age 20-29
- 1% Age 30 and over

Bauer, Boyce, Coleman et al. Who are trans people in Ontario? Trans PULSE e-Bulletin 2010;1(1)

We Are More than Just Trans

- Intersex 6%
- Racialized 23%
- Parents 27%
- Aboriginal 7%
- Living with Disability or Chronic Illness 55%
- Born Outside Canada 19%


Bauer, Boyce, Coleman et al. Who are trans people in Canada? Trans PULSE e-Bulletin 2010;1(1)

Coleman, Bauer, Scanlon et al. Challenging the binary: gender characteristics of trans Ontarians. Trans PULSE e-Bulletin 2011; 2(2)


Anjali K.
(presented by G. Bauer and N. Redman)

Discrimination
Racism impacts trans people
Some examples:

- Have been harassed by police because of race or ethnicity

- Partners have paid more attention to your race or ethnicity than to you as a person

Racism also occurs within trans communities

- Occurs in trans communities due to non-inclusion of colour/cultural and language diversities

Racism

- Trans health care, while limited, is geared towards a very "white" population, leaving out the diversities and unique needs of multiple races.
- Diversity within trans communities in Ontario helps to breakdown barriers of racism.

Transphobia

- Nearly all trans people have experienced transphobia from the community or from service providers.
- Horizontal hostility (often related to internalized transphobia) causes a lack of unity within trans communities.
Racism and transphobia interact to impact the health of racialized trans people


Impact of an increase in transphobia on sexual risk depends on level of racism

<table>
<thead>
<tr>
<th>Level of Racism</th>
<th>Impact</th>
<th>Level of Transphobia</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0.85</td>
<td>None</td>
<td>0.36</td>
</tr>
<tr>
<td>Low/Mod</td>
<td>1.12</td>
<td>Low/Mod</td>
<td>1.3</td>
</tr>
<tr>
<td>High</td>
<td>12.53</td>
<td>High</td>
<td>5.7</td>
</tr>
</tbody>
</table>

Employment

- Majority of the respondents indicated that trans identity overtakes one’s work capabilities.
- Not surprisingly, our survey shows that underhousing (homelessness, living in substandard housing, or being at risk of losing one’s housing) is related to decent employment.
Employment

- Unemployment was shown to be high in the trans community
- Trans people may be judged by their physical appearance. Most do not always pass as cisgender (because they are unable to or because they choose not to).
- There are many barriers to applying for jobs with regard to transcripts and references


- Discrimination is common, as employers may not consider trans individuals to be competent
- Experiences of transitioning in the workplace varied greatly with regard to co-worker acceptance.

Mental Health

Suicide - our questions

**Lifetime?**
- ever seriously considered suicide?
- ever seriously considered suicide because trans?
- ever attempted suicide?

**More recent?**
- seriously considered suicide in past year?
- attempted suicide in past year?
- relationship to history of harassment or violence for being trans?
Table 1. Life History of Suicide Consideration and Attempts: Trans Ontarians of all Ages

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever seriously considered suicide</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>77</td>
</tr>
<tr>
<td>No</td>
<td>23</td>
</tr>
<tr>
<td>Ever seriously considered suicide because trans</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>50</td>
</tr>
<tr>
<td>No</td>
<td>50</td>
</tr>
<tr>
<td>Ever attempted suicide</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43</td>
</tr>
<tr>
<td>No</td>
<td>57</td>
</tr>
</tbody>
</table>


Table 2. Recent Suicidal Thoughts and Behaviours by Age Group: Trans Ontarians

<table>
<thead>
<tr>
<th></th>
<th>16-24 years</th>
<th>25+ years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriously considered suicide in past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>47</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td>No</td>
<td>53</td>
<td>73</td>
<td>68</td>
</tr>
<tr>
<td>Attempted suicide in past year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>19</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>No</td>
<td>81</td>
<td>93</td>
<td>90</td>
</tr>
</tbody>
</table>

Transphobia and suicide

Table 3. Recent Suicidal Thoughts and Behaviours according to History of Harassment or Violence for being Trans

<table>
<thead>
<tr>
<th>Seriely considered suicide in past year</th>
<th>No verbal harassment or physical/ sexual violence (%)</th>
<th>Ever experienced verbal harassment or threats (%)</th>
<th>Ever experienced physical or sexual assault (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>32</td>
<td>47</td>
</tr>
<tr>
<td>No</td>
<td>74</td>
<td>67</td>
<td>54</td>
</tr>
<tr>
<td>Attempted suicide in past year</td>
<td>4</td>
<td>8</td>
<td>29</td>
</tr>
<tr>
<td>Yes</td>
<td>96</td>
<td>92</td>
<td>71</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Depression

- MTF – analysis based on 186 participants of 433
- FTM – analysis based on 207 participants of 433
- depression was measured using the 20-item Center for Epidemiologic Studies Depression (CES-D) Scale (Radloff, 1977)
- CES-D scores can range from 0-60
- we used the standard cut-off (≥ 16) to classify participants as having symptomatology consistent with depression


Rates of reporting depressive symptoms

- MTFs - 61.2%
- FTMs – 66.4%

Depression-related factors (MTFs)

**Increasing depression**
- living outside of Toronto
- unemployed (versus working full-time)
- experiencing higher levels of transphobia

**Decreasing depression**
- higher levels of social support
- passing rarely to often (rather than almost always or always)

Depression-related factors (FTMs)

**Increasing depression**
- who had been diagnosed with a major mental health disorder (almost three times those who had never been diagnosed)
- experiencing transphobia
- not using hormones
- at the stage of planning but not having begun a medical transition (hormones and/or surgery)
- who had never had surgery

**Decreasing depression**
- increased sexual satisfaction
- higher levels of identity support
- higher levels of social support

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**What can be done?**

- crisis centre staff require training to be able to respond to the specific issues facing trans people
- mental health workers must be made aware of the unique challenges facing trans people
- youth-serving agencies must become aware of the issues facing trans youth
- school officials need to be made aware of the urgent vulnerability of trans youth
- continue to advocate for trans human rights legislation for trans people of all ages

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Sexual Health and Behaviours

Nik Redman

Methodology

• Weighted estimates calculated for
  • HIV-related risk behaviours
  • HIV testing
  • Self-reported HIV
• Subgroup estimates for
  • gender spectrum
  • ethno-racial groups
Findings

- High proportion of trans people (24.8% FTM), (50.3% MTF) did not have sex within the last year
- 46.4% of respondents had never been tested for HIV
- 15% of both FTM & MTF had done sex work


Partners: lifetime

Demographics - # of partners

Types of partners: FTM spectrum
**Types of partners: MTF Spectrum**

- Trans men: 3%
- Non-trans men: 40%
- Trans women: 69%
- Non-trans women: 19%
- Genderqueer persons: 12%

**Demographics: types of partners**

- Trans men: 40%
- Non-trans men: 50%
- Trans women: 68%
- Non-trans women: 19%
- Genderqueer persons: 12%

Sexual behaviours:
FTM spectrum


Sexual behaviours:
MTF spectrum

Demographics: Sexual behaviours

Sexual risk

Overall Sexual Risk divided in 3 Categories
1) no sex within the past year
2) low- to moderate-risk sex
3) high-risk sex*

*19.1% of MTF vs. 6.7% of FTM had sex in past year that was high risk. This result differs from the majority of existing studies. This could be a result of the breadth of the population geographically and demographically.
FTM spectrum: HIV-related sexual risk, past yr

- 69% No risk (no sex)
- 25% Low/moderate risk
- 7% High risk


FTM spectrum: Fluid-exposed sexual behaviours, past yr

MTF spectrum: Fluid-exposed sexual behaviours, past yr

MTF spectrum: HIV-related sexual risk, past yr
Self-reported HIV status

HIV testing
Access to Medical Care

Greta Bauer

Non-transition-related care
- Trans people have the same range of medical conditions as cis people, though care within cisnormative gendered systems may be complicated by structural and information barriers

Transition-related care
- Trans people may or may not require access to medical transition-related care

- Completed (by own criteria)
- In process
- Planning, but not begun
- Not planning to
- Concept does not apply
- Not sure

Medical Transition (hormones and/or surgeries)

Unmet need for transition care: large backlog and continued access issues

**Hormones**
- 52.8% had ever used hormones
- 20.2% have been denied a hormone prescription
  - Khoob, Bauer, Scanlon, et al. Non-OHIP-funded surgeries (e.g. non-prescribed hormone use and self-performed surgeries. Manuscript in preparation.

**Other needs**
- Voice therapy
- Relationship and sex therapy
- Hair removal
- Non-OHIP-funded surgeries (e.g. tracheal shave)

**Surgeries**

<table>
<thead>
<tr>
<th>Surgeries</th>
<th>%</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete all needed surgeries</td>
<td>17.4</td>
<td>(11.3, 23.5)</td>
</tr>
<tr>
<td>Surgery needed, including vaginoplasty</td>
<td>19.2</td>
<td>(12.4, 25.4)</td>
</tr>
<tr>
<td>Surgery needed, including phalloplasty</td>
<td>5.8</td>
<td>(2.7, 10.6)</td>
</tr>
<tr>
<td>Surgery needed, including metasplasty</td>
<td>2.1</td>
<td>(0.4, 10.6)</td>
</tr>
<tr>
<td>Surgery needed, other (*)</td>
<td>21.6</td>
<td>(15.6, 28.8)</td>
</tr>
<tr>
<td>No surgery needed</td>
<td>28.9</td>
<td>(21.3, 37.0)</td>
</tr>
</tbody>
</table>

* a = confidence interval
* b = Other surgeries included are feminizing, hypoparathyroidism, genital reconstruction, genital lengthening, testicular implants, or masculinization with chest reassignment

Why is access important?

Medical Transition Status and Past-year Suicidality

- Attempted Suicide
- Seriously Considered Suicide

- Not planning / not applicable
- Planning but not begun
- In process
- Completed*

*Completing a medical transition was self-defined, and involved different combinations of hormones and/or surgery for different people.

Taking initiative

- “Do-it-Yourself” transitions
  - 14.4% of Ontario trans people have used non-prescribed hormones
  - 5 of 433 participants had self-performed surgeries, or attempted to, all during the 10-year period in which SRS was delisted

- Trans people were instrumental in getting SRS re-listed through OHIP in 2008, and in continued work to improve access

- On an individual level, trans people educate doctors, and build informal referral networks for “good” doctors

Trans PULSE

Funding: Fonds of Avenir Québec - Transversal Themes (FAT)
Some things you can do: A start

Table 3. Recommendations for Inclusion of Trans People in Institutional Contexts

- Development of intake forms that allow for trans patients or clients to self-identify
- Assumption by providers that any patient may be trans
- Assumption that all providers and staff use pronouns and names appropriate for a patient’s gender identity, asking the patient if in doubt
- Indication of trans-friendly environments through posters or other visible signals
- Development of protocols for testing or treatment that are not sex-specific or that do not assume all members of a sex are cissexual
- Assumption that there is a comfortable place for trans patients within sex-segregated systems such as hospital wards or elimination of sex segregation where possible
- Development of resources for referral to trans-friendly providers, where needed
- Assumption that billing systems are set up to accommodate scheduling and billing “women’s” services to men, and “men’s” services to women
- Removal of sex designations from identifying documentation unless necessary


Information we are now working on producing or getting out …

- HIV-related behavioural risk
- HIV testing
- Suicide
- Racism and transphobia
- Primary care access
- “Do it yourself” transitions
- Employment discrimination
- Depression
- Housing
- Qualitative study: Trans people living with HIV
  - Plus:
    - Lessons learned from scaling up RDS
    - Challenges in moving from community involvement to community ownership and control of research
Strategy:
Getting important bits out quicker through E-Bulletins

Strategy:
Targeted reports
Strategy: Academic papers

Our part in making it better: Knowledge, policy change and social change

- Undoing erasure through making community experience visible
  - Barriers to health care, transition-related and general care, employment discrimination, social support, identity documents, sexual health and relationships, many other areas

- Direct KTE and advocacy input
  - Policy forum, meetings with (and reports to) MOHLTC, politicians, presentations to organizations

- Indirect KTE and advocacy
  - Website, results e-mail list to over 600 people, Resource List
  - http://www.transpulseproject.ca
Key Messages

- Trans communities are incredibly diverse
- Transphobia is bad for our health
- Trans people are actively strategizing to bring about positive change
- There are many opportunities for creating further change. You in this room have the power and responsibility to make these changes happen!

Trans PULSE Project Team
(2004 - present)

Steering Committee/Investigators

- Greta Bauer
- Robb Travers
- Rebecca Hammond
- Anjali K
- Nik Redman
- Kyle Scanlon
- Anna Travers
- Jake Pyne

Participants

- 89 Community Soundings
- 433 Survey

Current Team Members

- Kaitlin Bradley
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- Roxanne Longman
- Marcella
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- Caleb Nault
- Nooshin Khozzi
- Rotondi
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- Amardeep Thind
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- Xuchen Zong

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- Karin Hohenadel
- Elizabeth James
- Michelle Le-Claire
- Matt Lundie
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- Devi McCaillion
- Mason McColl

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- RSC

Phase II

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- RSC
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