

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

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Nik Redman, Kyle Scanlon, Robb  
Travers, for the Trans PULSE  
Project Team

### Presentation:

**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**



# TransPULSE

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

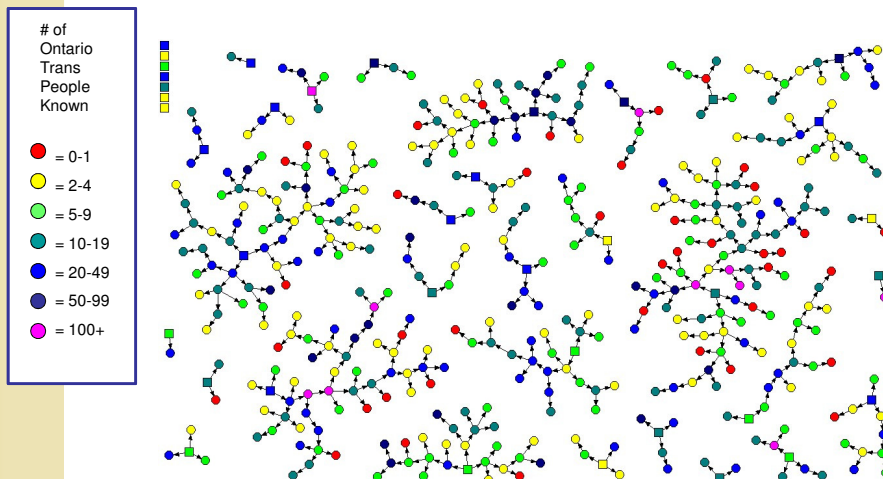


## Respondent Driven Sampling

- 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)



## 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?

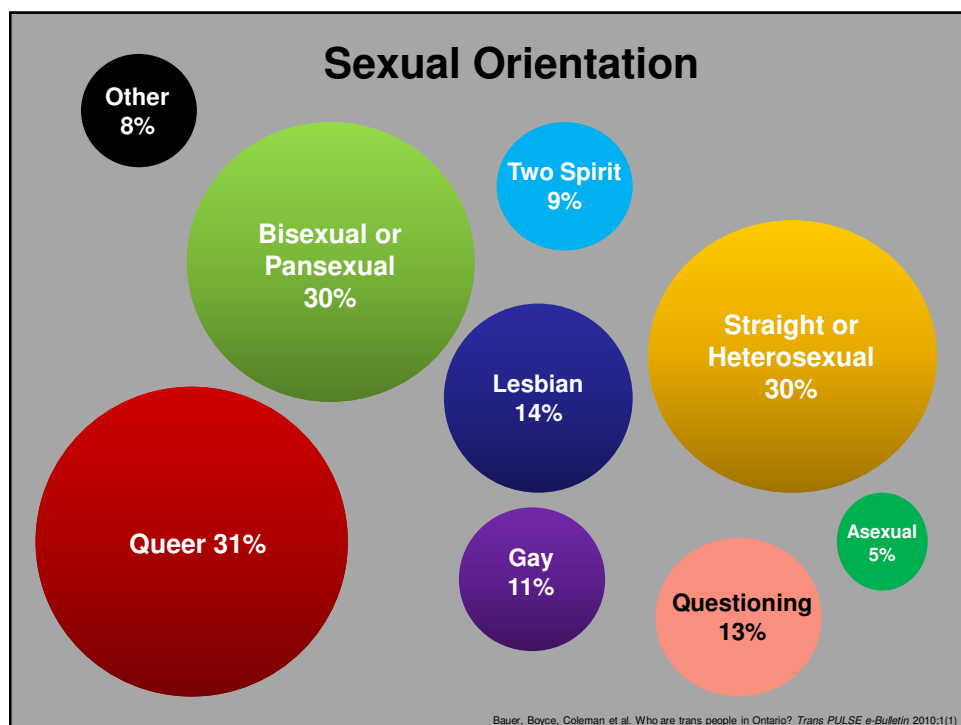
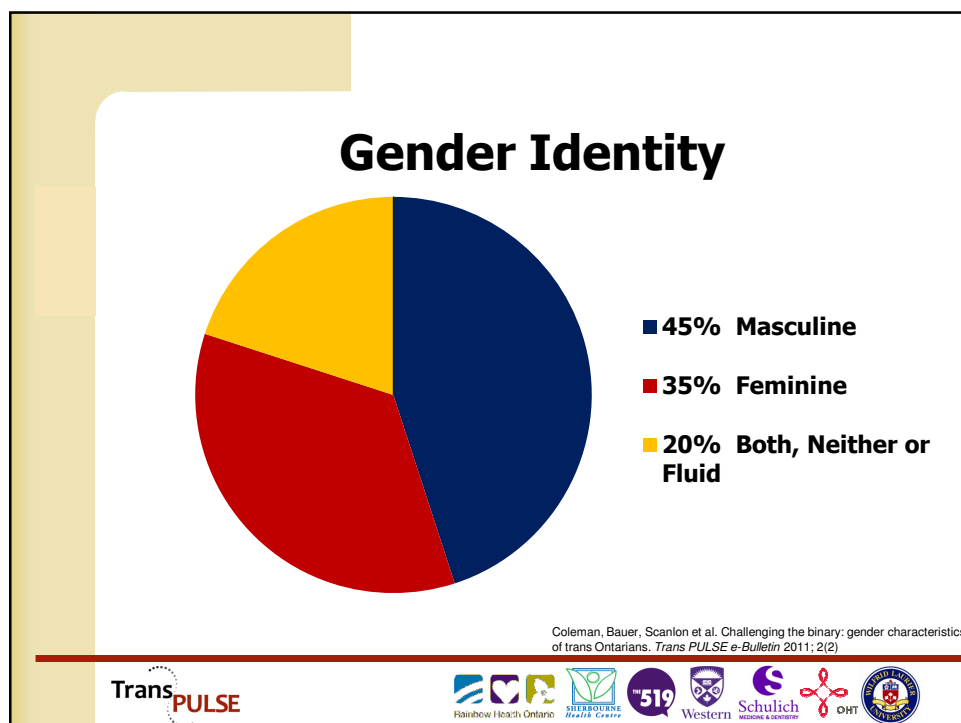
Jake Pyne



## Who are trans people?

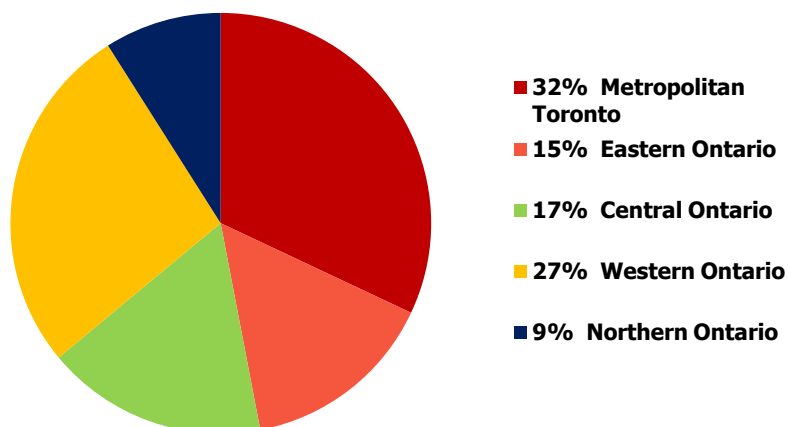
- Trans people have always been here
- Trans lives are troubled by a history of problematic representations
- The troubles in trans lives are not inevitable







## Region of Residence

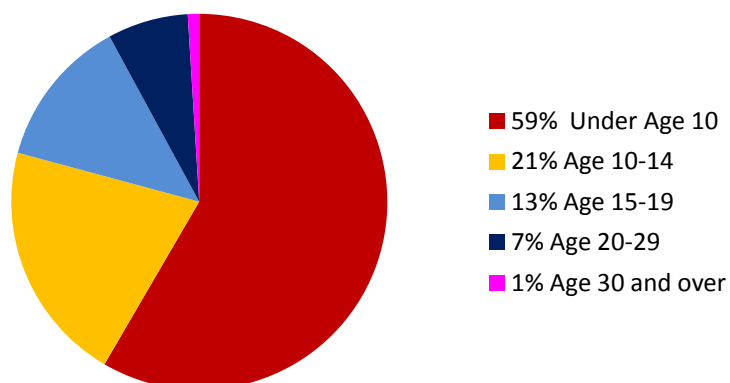


Bauer, Boyce, Coleman et al. Who are trans people in Ontario? *Trans PULSE e-Bulletin* 2010;1(1)

Trans  
PULSE



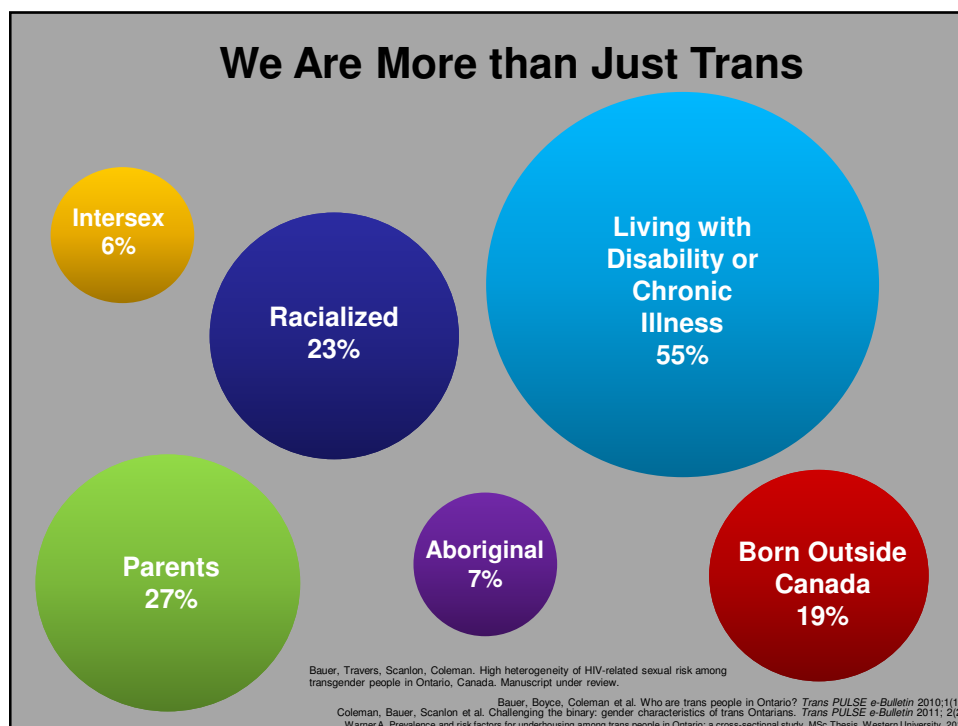
## Age First Aware that Gender did not Match Body



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

Trans  
PULSE





## Discrimination

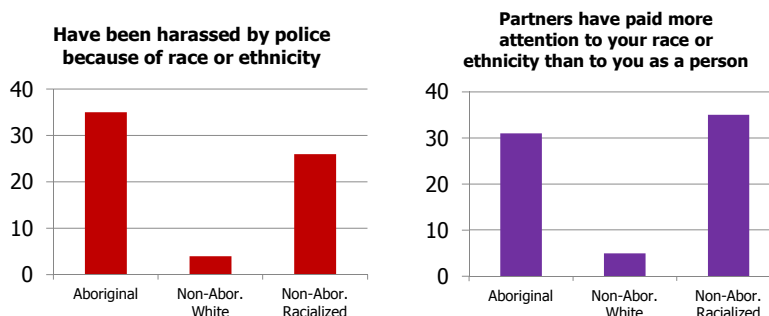
Anjali K.

(presented by G. Bauer and N. Redman)

Trans  
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## Racism impacts trans people

### Some examples:

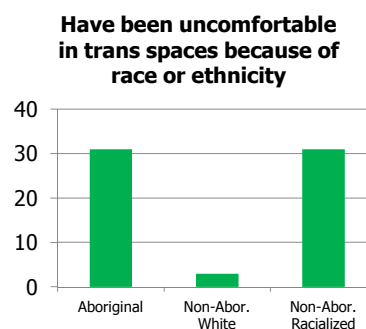


Marcellin RL. Self-reported racism, transphobia, their intersection and impact on past-year HIV-related sexual risk behaviour. MSc thesis, The University of Western Ontario, 2012.



## Racism also occurs within trans communities

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



Marcellin RL. Self-reported racism, transphobia, their intersection and impact on past-year HIV-related sexual risk behaviour. MSc thesis, The University of Western Ontario, 2012.



## 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

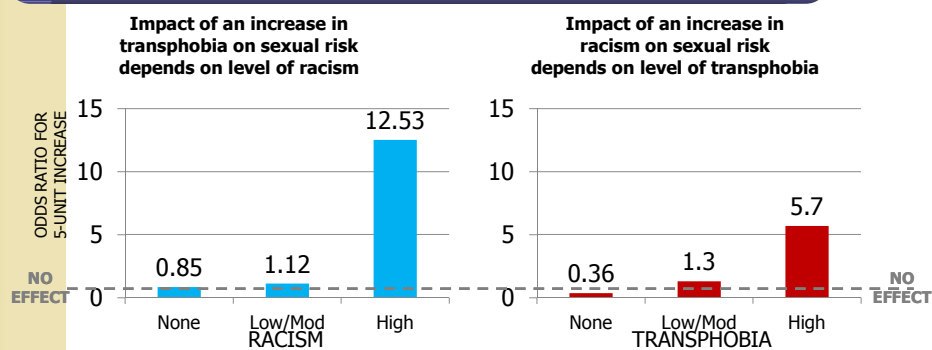


## Transphobia

- 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
  - Travers R, Pyne J, Bauer G, et al. Community control in CBPR: Challenges experienced and questions raised from the Trans PULSE Project. Manuscript in review.



## Racism and transphobia interact to impact the health of racialized trans people



Marcellin RL. Self-reported racism, transphobia, their intersection and impact on past-year HIV-related sexual risk behaviour. MSc thesis, The University of Western Ontario, 2012.



## 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.

• Warner A. Prevalence and risk factors for underhousing among trans people in Ontario: a cross-sectional study. MSc Thesis. Western University, London, 2010.



## 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

Bauer, Nussbaum, Travers et al. We've got work to do: Workplace discrimination and employment challenges for trans people in Ontario. *Trans PULSE e-Bulletin* 2011, 2(1). 1-3.

	Total %
<b>Current Employment</b>	
Full-time	37
Part-time	15
Unemployed/Disability pension	20
Retired	3
Student	25
<b>Pass as cisgender (non-trans)</b>	
Always	22
Most of the time	45
About half the time	8
Less than half the time	23
Never	2
<b>Can get academic transcripts with current name and gender</b>	
Yes	30
No	58
Not applicable	12
<b>Can get letters of reference with current name and gender</b>	
Yes	57
No	28
Not applicable	16
<b>Ever not provided references because trans</b>	
Yes	27
No	73



- 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.

Bauer, Nussbaum, Travers et al. We've got work to do: Workplace discrimination and employment challenges for trans people in Ontario. *Trans PULSE e-Bulletin* 2011, 2(1). 1-3.

	Total %
<b>Ever declined job offer due to lack of trans-positive environment</b>	
Yes	17
No	83
<b>Ever turned down for job because trans</b>	
Yes	18
No	50
Unsure	32
<b>Ever fired or constructively dismissed because trans</b>	
Yes	13
No	72
Unsure	15
<b>If transitioned in workplace, how often were co-workers accepting?</b>	
Always	21
Most of the time	38
About half the time	17
Less than half the time	10
Never	15



# Mental Health

Robb Travers



## 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**

	Total %
<b>Ever seriously considered suicide</b>	
Yes	77
No	23
<b>Ever seriously considered suicide because trans</b>	
Yes	50
No	50
<b>Ever attempted suicide</b>	
Yes	43
No	57

Scanlon, Travers, Coleman et al. Ontario's trans communities and suicide: transphobia is bad for our health. *Trans PULSE e-Bulletin* 2010, 1(2). 1-2.



## Ontario trans youth and suicide

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

	16-24 years %	25+ years %	Total %
<b>Seriously considered suicide in past year</b>			
Yes	47	27	32
No	53	73	68
<b>Attempted suicide in past year</b>			
Yes	19	7	10
No	81	93	90

Scanlon, Travers, Coleman et al. Ontario's trans communities and suicide: transphobia is bad for our health. *Trans PULSE e-Bulletin* 2010, 1(2). 1-2.





## Transphobia and suicide

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

	No verbal harassment or physical/sexual violence <sup>a</sup> %	Ever experienced verbal harassment or threats <sup>a</sup> %	Ever experienced physical or sexual assault <sup>a</sup> %
<b>Seriously considered suicide in past year</b>			
Yes	26	33	47
No	74	67	54
<b>Attempted suicide in past year</b>			
Yes	4	8	29
No	96	92	71

Scanlon, Travers, Coleman et al. Ontario's trans communities and suicide: transphobia is bad for our health. *Trans PULSE e-Bulletin* 2010, 1(2). 1-2.



## 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 ( $\geq 16$ ) to classify participants as having symptomatology consistent with depression

Rotondi, Bauer, Travers et al. Depression in male-to-female transgender Ontarians: results from the Trans PULSE project. *Can J Comm Mental Health*, in press.

Rotondi, Bauer, Scanlon et al. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE project. *Can J Comm Mental Health*, in press.



## Rates of reporting depressive symptoms

- MTFs - 61.2%
- FTMs – 66.4%

Rotondi, Bauer, Travers et al. Depression in male-to-female transgender Ontarians: results from the Trans PULSE project. *Can J Comm Mental Health*, in press.

Rotondi, Bauer, Scanlon et al. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE project. *Can J Comm Mental Health*, in press.



## 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)

Rotondi, Bauer, Travers et al. Depression in male-to-female transgender Ontarians: results from the Trans PULSE project. *Can J Comm Mental Health*, in press.



## 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

Rotondii, Bauer, Scanlon et al. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE project. *Can J Comm Mental Health*, in press.



## 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



# 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



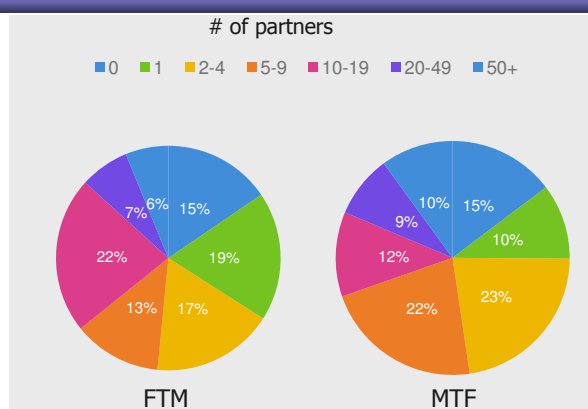
## Findings

- 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

Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.



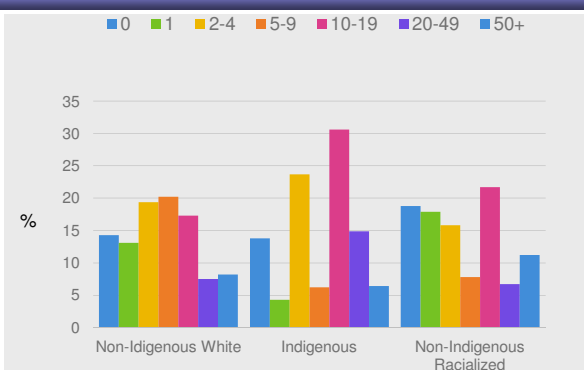
## Partners: lifetime



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.



## Demographics - # of partners

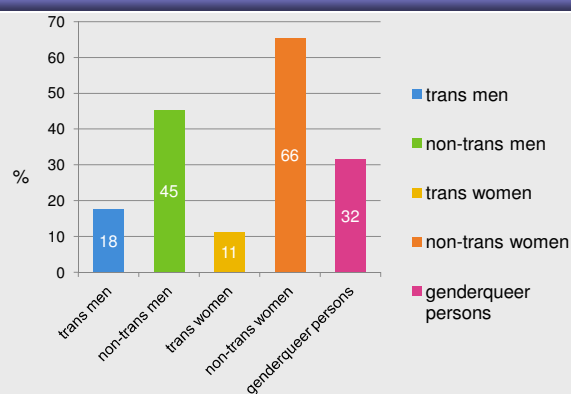


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Types of partners: FTM spectrum

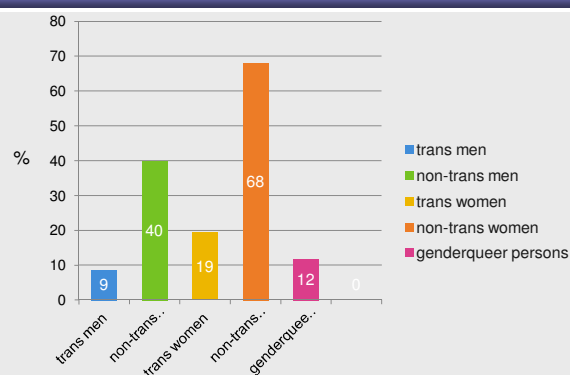


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Types of partners: MTF Spectrum

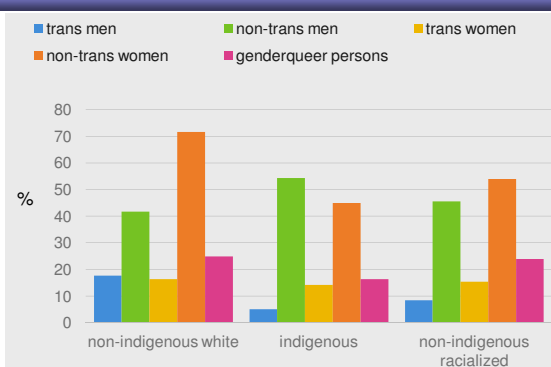


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Demographics: types of partners

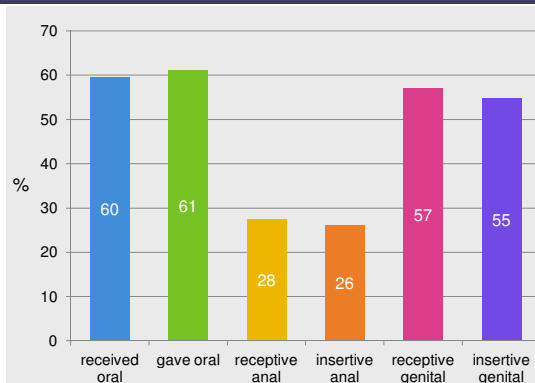


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Sexual behaviours: FTM spectrum

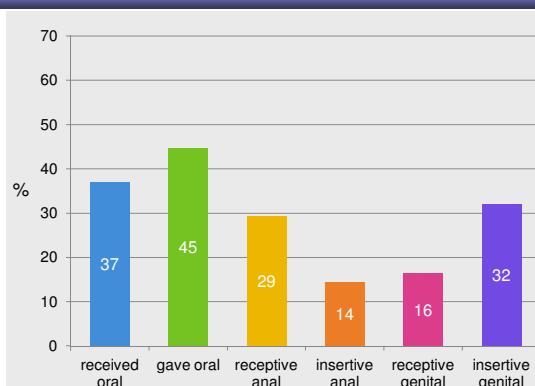


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Sexual behaviours: MTF spectrum



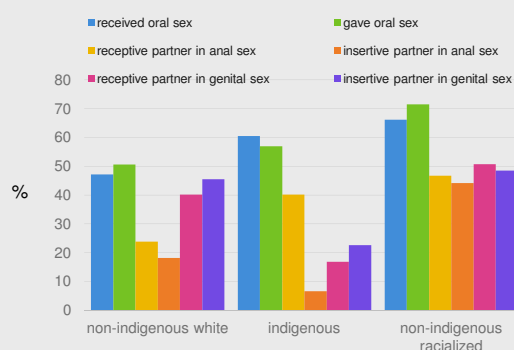
Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

TransPULSE





## Demographics: Sexual behaviours



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Sexual risk

### Overall Sexual Risk divided in 3 Categories

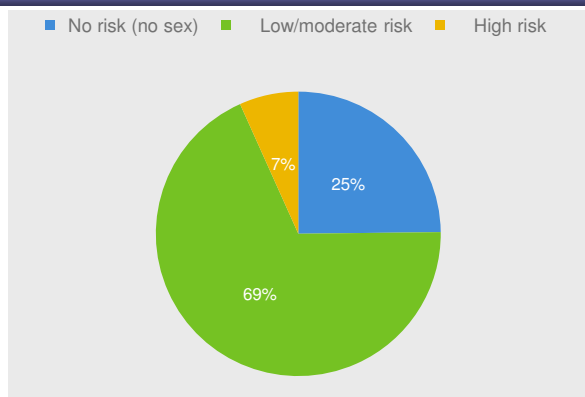
- 1) no sex within the past year
- 2) low- to moderate-risk sex
- 3) high-risk sex\*

\*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.

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## FTM spectrum: HIV-related sexual risk, past yr

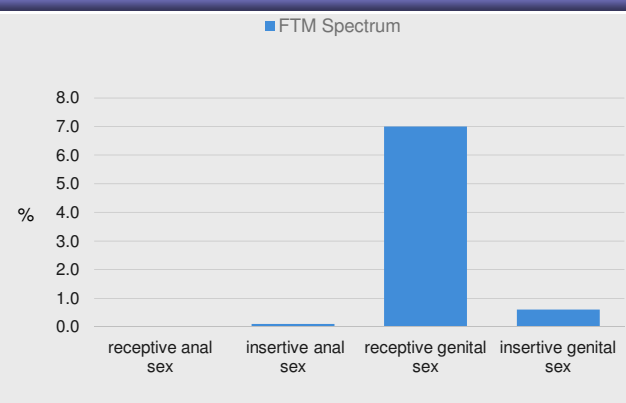


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## FTM spectrum: Fluid-exposed sexual behaviours, past yr

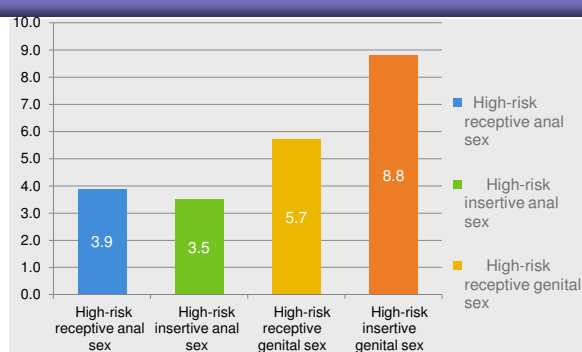


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## MTF spectrum: Fluid-exposed sexual behaviours, past yr

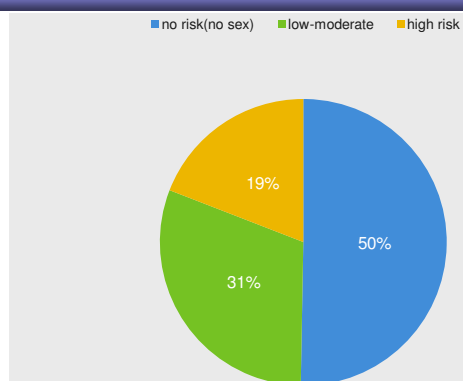


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## MTF spectrum: HIV-related sexual risk, past yr

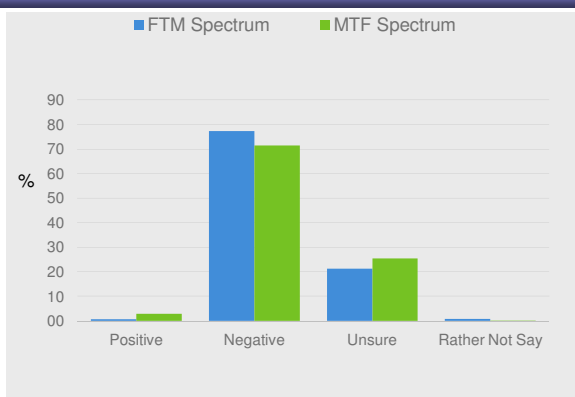


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Self-reported HIV status

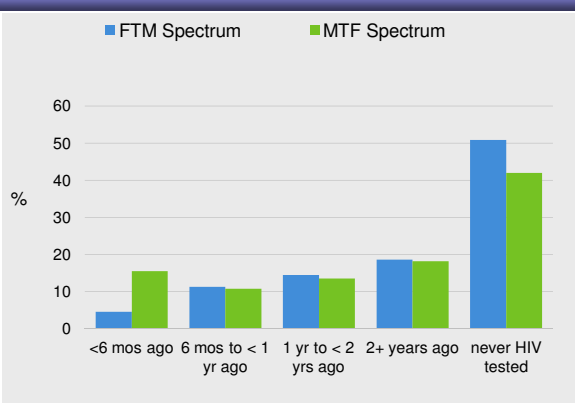


Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## HIV testing



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. Manuscript under review.

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## Access to Medical Care

Greta Bauer

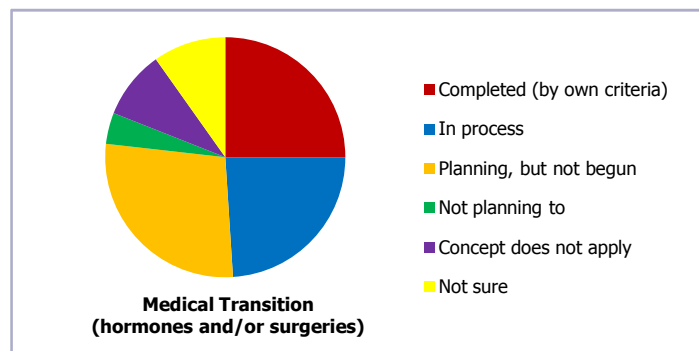


### Non-transition-related care

- Trans people have the same range of medical conditions as cis people, though care within cishnormative 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



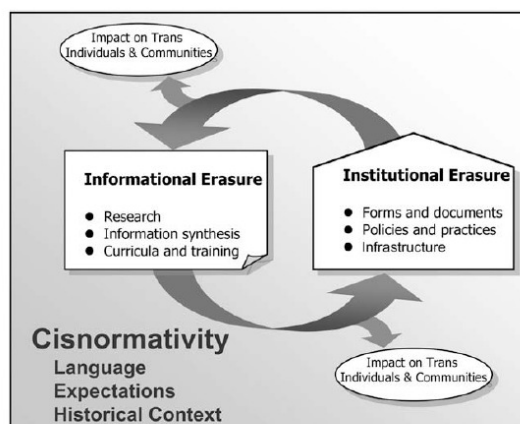


Figure 1. The impact of informational and institutional erasure of trans people within cisnormative systems.

Bauer, Hammond, Travers, et al. "I don't think this is theoretical; this is our lives": How erasure impacts health care for transgender people. *JAGC* 2009;20(5):348-361.



## 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
  - Khobiz, Bauer, Scanlon, et al. 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 4. Need for OHIP-funded sex reassignment surgeries

	%	95% CI <sup>a</sup>
Completed all needed surgeries	17.4	(11.1, 23.5)
Surgery needed, including vaginoplasty	19.2	(12.4, 25.4)
Surgery needed, including phalloplasty	5.8	(2.7, 10.6)
Surgery needed, including metoidioplasty	7.1	(4.1, 10.6)
Surgery needed, other <sup>b</sup>	21.6	(15.6, 29.3)
No surgery needed	28.9	(21.3, 37.0)

a CI = confidence interval

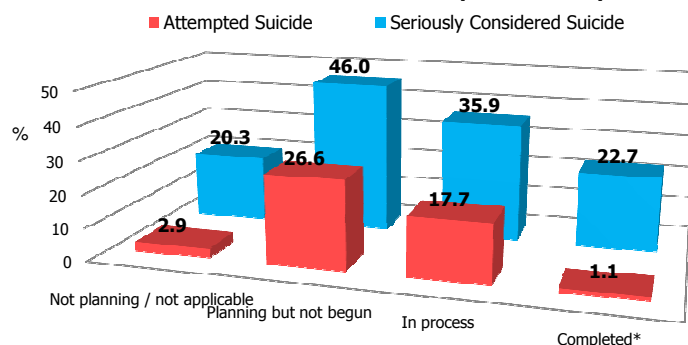
b Other surgeries needed include orchiectomy, hysterectomy, oophorectomy, urethral lengthening, testicular implants, or mastectomy with chest reconstruction

Bauer, for Trans PULSE. Unmet need for OHIP-funded sex reassignment surgeries: A report prepared for the MOHLTC of Ontario. 16 August, 2010.



## Why is access important?

**Medical Transition Status and Past-year Suicidality**



\*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
    - Khobiz, Bauer, Scanlon, et al. Non-prescribed hormone use and self-performed surgeries: "Do-it-yourself" transitions in Ontario, Canada's transgender communities. Manuscript in preparation.
- 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



## Some things you can do: A start

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**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
- Assurance 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
- Assurance 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
- Assurance 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

Bauer, Hammond, Travers, et al. "I don't think this is theoretical; this is our lives": How erasure impacts health care for transgender people. *JANAC* 2009;20(5):348-361.



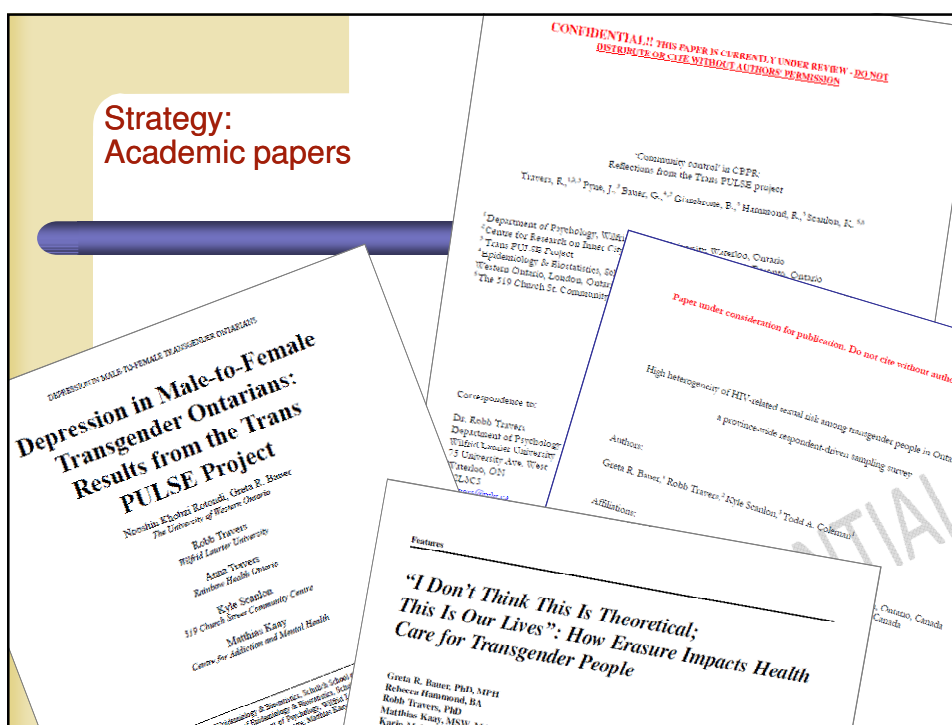
## Information we are now working on producing or getting out ...

- 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









## 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  
Todd Coleman  
Matthias Kaay  
Roxanne Longman Marcellin  
Lauren Munro  
Caleb Nault  
Nooshin Khobzi Rotondi  
Ayden Scheim  
Amardeep Thind  
Andrew Warner  
Xuchen Zong

### Funders

#### Phase I



#### Phase II



### Past Contributors

Scott Anderson  
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Starr Daniels  
Melisa Dickey  
Adrian Edgar  
Broden Giambrone  
Karin Hohenadel  
Elizabeth James  
Michelle Le-Claire  
Matt Lundie  
Treanor Mahood-Greer  
Devi McCallion  
Mason McColl  
Evana Ortigoza  
Jamie Pandit  
Yasmin Persad  
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