

**November 21, 2008- CMHO conference  
“Working with trans youth: Research and innovative practice”**

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**PRIDE & PREJUDICE, Central Toronto Youth Services**

Established in 1983, Pride & Prejudice was the first program to offer counselling and support to lesbian, gay, bisexual, transsexual and transgender youth and young adults in Toronto. Pride & Prejudice serves queer and trans youth age 25 and under through individual and group counselling, research and community development. Our new community partnership with Transceptance has extended group support services to parents of trans youth. P&P has produced several research-based and community resources about queer and trans youth, including the well-received *Families in TRANSition: A Resource guide for parents of trans youth* (2008). We are pleased to be developing a guide for service providers working with trans youth as our most recent of these initiatives.

Our program’s most recent awards have included the City of Toronto Pride Award (2007) and the PFLAG Champions Against Homophobia (2008). Gender Play was the 2008 recipient of the Toronto Community Foundation’s Vital Ideas Grant.

**Glossary of Select Terms**

(Taken from Brown, N. (2005). *Queer women partners of female-to-male transsexuals*. Doctoral dissertation. Toronto: York University. And CTYS (2008). *Families in TRANSition: A Resource guide for parents of trans youth*. Toronto: CTYS).

**Cross-dresser (CD):** By historical and clinical definitions, ‘transvestites’ (considered an unfavorable term) were heterosexual males who dress in women’s clothing for sexual arousal, a definition Cromwell (1999) notes excludes females, as well as males who may cross-dress for other reasons. In a more recent and integrative definition according to the Ontario Human Rights Commission, cross-dresser refers to people [of either gender] who dress in the clothes of the opposite sex for emotional satisfaction and psychological well-being. Bolin’s (1988) research, which involved male cross-dressers, found that “they characteristically had no desire to give up with male role or seek surgical conversion” (p. 10), a central feature which distinguished cross-dressers from the transsexuals in her study. Also see Transgendered, and Transsexual.

**Gender identity:** one’s internal sense of being a man and/or woman (Ontario Human Rights Commission). Gender functions independently of people’s physical bodies (their sex) and also of sexual orientation. Most of us have bodies that match our internal sense of gender- some of us do not (see ‘transgendered’ and ‘transsexual’). *Gender role:* one’s overall presentation of gender signals such as appearance, dress, social tasks, etc. (Ontario Human Rights Commission). *Gender expression:* a person’s presentation of gender which may be androgynous, masculine,

feminine, butchy, femmy and myriad combinations thereof (Ontario Human Rights Commission). Note that this is separate from gender itself, so a butch may identify as a woman (gender) and have a masculine gender expression.

**Sex:** refers to a person's genetic or anatomical sex (Ontario Human Rights Commission). At least 7 determinants of sex have been identified, including chromosomes, gonads, internal reproductive organs, external genitalia, hormones, sex assigned at birth and psychological sex (Money, Hampson & Hampson, 1955, as cited in Green, 1974), not all of which may be congruent with each other. Although the world is divided up between male and female, there are some people who are neither and/or both (i.e., 'intersexed'). Sex is *independent* of both gender and sexual orientation (yes, you read that right).

**Sexual orientation/preference/identity:** refers to a person's attractions and choice of partners (gay, lesbian, bisexual, queer, heterosexual, etc.). Trans people can have any of these sexual orientations. Sexual orientation is determined by their attractions in reference to their chosen gender.

**Transgender(ed) (TG):** This is an umbrella term to encompass anyone who transgresses gender in various ways. Cromwell (1999) defines individuals as transgendered if they are "incompatible with and/or beyond specific gender assignments" (p. 23). These definitions may include cross-dressers, drag kings and queens, butches, femmes, bi- or nongendered individuals, and those who see their gender as fluid. Those who feel that they are not really *either* gender, or that they exist psychologically *between* genders might call themselves *androgynous*, *genderqueer*, *gender-neutral*, or a number of other terms. Some people feel that they have strong aspects of *both* genders, and tend to move between presenting as primarily masculine and presenting as primarily feminine. People who feel this way might call themselves *bigendered*, *genderfluid*, or a number of other terms. They may prefer to be referred to by gender-neutral pronouns (e.g., "zie", "hir") or by both genders interchangeably. Transsexuals are also often meant to be included under the transgender rubric, but many transsexual activists contest their inclusion politically because it erases the specificity of their experience and the particular discrimination and violence directed against them and prefer to be referred to separately (Namaste, 2000). Also see Cross-dresser, and Transsexual.

**Transition:** This is the term used to capture the changes made to pass as the desired sex. These changes may be social in nature (such as pronoun and name change, as well as changes in hair and clothing). These changes may be medical in nature (such as hormonal treatment or surgery). Surgeries are part of what is known as 'sex reassignment surgery' (SRS), which is required in order to legally change sex. Not all transsexuals transition. There are many barriers to medical transition in particular, not the least of which is financial.

**Transsexual (TS):** David O. Cauldwell introduced the term 'transsexual' in his 1949 article "Psychopathia Transexualis" (Ross, n.d.). According to Harry Benjamin, often considered one of the leading experts of transsexualism within medical circles, transsexuals are persons who "believe they belong to, want to be, and function as the 'other' sex" (as cited in Cromwell, 1999, p. 20). Transsexuals may transition (see Transition). As Cromwell (1999) points out, people who have completed surgery may no longer consider themselves transsexual. Transsexuals

transitioning male-to-female are known as MTF (or trans women) and the appropriate pronoun is 'she'. Those transitioning female-to-male as FTM (or trans men) and the appropriate pronoun is 'he'. Also, see Cross-dresser, and Transgendered.

**Two-Spirit/2 spirit/Twin Spirit:** “This is a recent term being used by some members of the Aboriginal and First Nations communities to describe a person with both male and female spirit. It can describe someone’s sexual orientation, gender identity, or a combination of both” (Trans Programming at the 519, p. 4).

## **YOUTH-GENDER ACTION PROJECT (Y-GAP)**

In 2007, we partnered with Rebecca Hammond in a community-based research project called *The Youth Gender Action Project (Y-GAP)*, committed to understanding and improving the lives of trans youth. In particular, CTYS was interested in identifying gaps in knowledge about the counselling and social service needs of trans youth, who we knew to be a marginalized and under-served group. We interviewed trans youth and community leaders in Toronto and Ottawa, as well as service providers working with trans youth. The service provider’s guide is grounded in this work.

This part of the presentation will highlight major themes from the trans youth and service provider interviews. We will address conceptual issues, therapeutic dilemmas and special considerations in working with adolescents.

## **GENDER PLAY**

*Gender Play* is a community theatre project in which transsexual, transgender, intersex, two-spirit, gender-queer, gay, lesbian, bisexual and questioning (LGBTQ) youth explore the complexity of gender and gender identity through an artistic process. This group of LGBTQ youth writes and performs in a popular theatre performance based on the issues, questions, themes, and stories regarding their gender identity.

Historically, services that offer programs to the Gay, Lesbian, Bisexual, Transsexual, Transgender and questioning youth have focused on the topic of sexual identity rather than gender identity. Many youth in this community are no longer accepting the binary model of gender and are exploring these basic identity questions with peers and/or often in isolation. Research has indicated that youth, who are questioning their gender identity, are at significantly higher risk for depression, self-harm, substance abuse and even suicidal ideation. Services for gender variant youth are very limited and often follow medical models that emphasize pathology rather than working to build resilience.

We chose a popular theatre model as one of the ways to deliver these counselling services regarding gender identity in an innovative method for the following reasons:

- Prior to transition from one gender to another, best practice models require that people have “*real lived experience*” in the gender of their choice before taking irreversible intervention such as surgery and hormones. The “*real live experience*” is often not safe

- Gender presentation for all human beings is theatrical in nature. We “act” a certain way on the continuum of masculine to feminine. Through the use of theatre the youth have the opportunity to try on different gender presentation to explore what feels authentic to them in a safe non-judgmental environment and without long-term consequences from premature medical interventions.
- Theatre makes concepts concrete and real for people. It involves its audience both intellectually and emotionally, it sensitizes audiences to issues, ideas and people portrayed, and it engenders a personal connection with the events and characters on stage. Community-based theatre goes a step further; when a play is directly relevant to audience members’ lives and concerns, a process begins which can lead to deeper understanding and change.

The intent of Gender Play is to offer a creative environment where the youth can safely explore questions regarding their gender identity in community rather than isolation. Utilizing the broad scope of art as the tool of exploration, we want to provide an opportunity for the following goals:

- To provide queer, transsexual/transgender and questioning youth with a forum to explore their questions and queries regarding gender identity and formation in a supportive arts based environment.
- To provide a stage for youth to articulate their own unique gender experiences and expression to the wider community, so as to increase visibility and build a sense of pride.
- Though building community by working collaboratively on a production, decrease isolation of marginalized youth therefore reducing the risk of depression, suicide/self harm, and low self-esteem.
- To increase resilience by building concrete skills in the arts, collaborations, building working relationships, understanding self, and performing on stage.

This program is unique because youth shape their personal stories and experiences into a theatrical piece, which in turn shapes their self-perception. Often youth come into the group expressing shame about their identity, which is transformed into pride as they give voice to their story on stage to an applauding community audience.

There are three distinct phases that occur over a 9-month period:

1. *Initial Exploration*: Utilizing expressive arts therapy in a 12-week group, one night a week, the youth explore many questions and experiences regarding their own gender identity.
2. *Story Shaping*: Utilizing the stories voiced in phase one, script development and theatrical skill building, will be the focus of this phase. The end result of this phase is a completed script.
3. *Mounting Production*: This phase will encompass the rehearsal, staging, and refinement of the play. This will cumulate in a production mounted in our community.

Each year, Gender Play performs an in depth evaluation of the process with the participants involved. 100% of participants surveyed gave the program the highest satisfaction rating (VERY

SATISFIED). 100% of participants would recommend the program to others. Our survey results indicate that as a result of participating in the program, youth in Gender Play have:

1. INCREASED SELF-CONFIDENCE
2. GREATER TRUST IN PEOPLE
3. REDUCED DEPRESSION AND ANXIETY
4. INCREASED SOCIAL AND COMMUNITY CONNECTION
5. STIMULATED CREATIVITY
6. GREATER UNDERSTANDING OF IDENTITY

### **Providing Services to Trans People**

- Honor presenting gender (pronouns, name)-call people by the words they choose, correct yourself if you make a mistake
- Examine own biases and values
- Don't just add "T" without doing work
- Train all staff-receptionists, security guards, director
- Build trust, have trans staff people
- Don't make assumptions about sexuality and gender
- Respect confidentiality, choices, and fluidity of identity
- Make trans issues part of organization's priorities
- De-gender bathrooms
- Admit what you don't know
- Don't sensationalize or sexualize trans bodies: ask yourself "Is this question/comment relevant to my work?"
- Take burden off trans people (helping others with proper pronouns, making a plan before going into a hostile environment)
- Unlearn gender policing amongst non-trans people, too (co-workers, family, friends)
- Be outspoken trans advocate in all contexts
- Put indications of trans-safe space on the walls in your office to create welcoming environment

Taken from: [http://www.srlp.org/documents/barriers\\_and\\_tips.html](http://www.srlp.org/documents/barriers_and_tips.html)

### **Select References**

- Burgess, C. (1999). 'Internal and external stress factors associated with the identity development of transgendered youth.' *Journal of Gay & Lesbian Social Services*, 10, 35-47.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M., Harper, G.W. (2006). 'Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth.' *Journal of Adolescent Health*, 38, 230-6.
- Grossman, A.H. & D'Augelli, A.R. (2006). 'Transgender youth: Invisible and vulnerable.' *Current Issues in Lesbian, Gay, Bisexual, and Transgender Health*, X, 111-128.
- Grossman, A.H., D'Augelli, A. R., Howell, T.J., Hubbard, S. (2005). Parents' reactions

- to transgender youths' gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services*, 18, 3-16.
- Mallon, G.P and DeCrescenzo, T. (2006). 'Transgender children and youth: A child welfare perspective.' *Child Welfare*, LXXXV, 215-241.
- Namaste, V. K. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. Chicago: The University of Chicago Press.
- Pazos, S. (1999). Practice with female-to-male transgendered youth. *Journal of Gay & Lesbian Services*, 10, 65-82.
- Sausa, L.A. (2003). *HIV prevention and educational needs of trans youth*. Unpublished dissertation. University of Pennsylvania.
- Wren, B. (2000). 'Early physical intervention for young people with atypical gender identity development.' *Clinical Child Psychology and Psychiatry*, 5, 220-231
- Wyss, S. E. (2004). "'This was my hell': The violence experienced by gender non-conforming youth in US high schools.' *International Journal of Qualitative Studies in Education*, 17, 709-730.

### **Resources for service providers working with trans youth**

Trans 101 for Service Providers- Trans Programming at the 519 Community Centre  
[http://www.the519.org/programs/trans/tstg\\_manual.pdf](http://www.the519.org/programs/trans/tstg_manual.pdf)

For a more advanced level of clinical knowledge in trans issues, see:

Istar Lev, A. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. New York: The Hawthorn Clinical Practice Press. [In particular, Chapter 7, Transgender emergence: A developmental process which matches therapeutic goal with stage of identity development.]

People should be familiar with 'The Standards of Care' established by the World Professional Association for Transgender Health (WPATH, formerly known as The Harry Benjamin International Gender Dysphoria Association)

Meyer III, W (Chairperson), Bockting, W., Cohen-Kettenis, P., Coleman, E., DiCeglie, D., Devor, H., Gooren, L., Joris Hage, J., Kirk, S., Kuiper, B., Laub, D., Lawrence, A., Menard, Y., Patton, J., Schaefer, L., Webb, A., Wheeler, C. (2001). 'The standards of care for gender identity disorders- Sixth Version.' *International Journal of Transgenderism*, 5,1 [On-line] [http://www.symposion.com/ijt/soc\\_2001/index.htm](http://www.symposion.com/ijt/soc_2001/index.htm)

Transcend Transgender Support & Education Society, Vancouver Coastal Health's TransgenderHealth Program, and the Canadian Rainbow Health Coalition have produced an excellent set of current training materials, clinical practice guidelines, and consumer information booklets, including: *Caring for transgender adolescents in BC: Suggested guidelines*. [Online] Available:  
<http://www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-adolescent.pdf>

## Select Community Resources

*The 519 Church St. Community Center* hosts many LGBT support groups (coming out, AA), including *Trans Programmes* (416) 392-6878 x104 (trans staff who can provide phone or in-person peer support and help navigating services and resources in the city. This set of programming also includes Trans Youth Toronto, a social group for young trans youth). <http://www.the519.org>

*Children's Aid Society (CAS): Out & Proud* program. Assists in the development of services accessible and welcoming to LGBTQ children and youth served by CAS and is developing practice guidelines for working with trans and gender non-conforming children and youth in care. <http://www.torontocas.ca>

*Central Toronto Youth Services (CTYS): Pride & Prejudice* Program (for LGBT youth aged 25 and under), 65 Wellesley St. East, Suite 300 in Toronto. (416) 924-2100 x 245. Offers free individual and group counseling, like Gender Play. On the heels of the recent publication *Families in TRANSition: A Resource guide for parents of trans youth* (2008), CTYS has also formed a community partnership to offer groups for parents of trans youth. <http://www.ctys.org>

*Hassle Free* at 66 Gerrard St. East, 2<sup>nd</sup> floor, offers free STI and anonymous HIV testing, and sexual health counselling. TG and TS folks welcome at both the women (416-922-0566) and men's clinics (416-922-0603). No one refused services without a health card. [www.hasslefreeclinic.org](http://www.hasslefreeclinic.org)

*Lesbian Gay Bi Trans Youth Line* (416) 962-9688 GTA, or Toll Free (Ontario-wide) 1-800-268-9688. TTY services available. A free peer support phone line for lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer and questioning youth. Sunday to Friday, 4 to 9:30 pm. <http://www.youthline.ca/>

*Sherbourne Health Center*, 333 Sherbourne St. (416) 324-4180. Multi-language services. Specializing in serving marginalized communities, including LGBT. Individual and group counseling, as well as primary health care. <http://www.sherbourne.on.ca>

*The SHOUT Clinic*, 467 Jarvis St. (416) 927-8553. A LGBT-positive medical drop-in for street-involved and homeless youth ages 25 and under. Youth can get services even if undocumented and/or without a health card. [www.ctchc.com](http://www.ctchc.com)

*Supporting Our Youth (SOY)* of Sherbourne Health Services houses many LGBT social groups for youth (29 and under), like Trans Fusion Crew (TFC), a social support group for trans youth. <http://www.soytoronto.org>

*The Triangle Program* is a safe, harassment-free, equity-based environment where LGBT youth can learn and earn academic credits. Contact: (416) 406-6228 x169 <http://schools.tdsb.on.ca/triangle/>