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Health and Safety Issues for Aboriginal Transgender/Two Spirit People in Manitoba

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ABSTRACT

A community-based needs assessment funded by Public Safety and Emergency Preparedness Canada was conducted following OCAP principles in order to gain specific knowledge of the safety and security concerns, the service and support experiences, and the service and support needs of the transgender and Two Spirit people of Manitoba and Northwestern Ontario. Participants provided quantitative and qualitative data by completing questionnaires. Data was analyzed using Epi Info and content analysis. Twenty-seven of our 75 participants identified as Aboriginal. The assessment shows that participants are at high risk for serious threats to health, quite apart from the need for access to sex reassignment procedures. Many live in poverty or near-poverty, experience high levels of emotional distress, and high exposure to hostility and violence from a variety of sources in everyday life. Findings were similar in Aboriginal and non-Aboriginal participants in many respects, with the Aboriginal participants having higher levels of poverty and correspondingly higher levels of concerns, experiences and needs associated with living in poverty. Levels of known STI and HIV infections are much higher among participants than in the general population, and especially among male-born Aboriginal participants. Key recommendations include establishing a Centre of Excellence in trans care; an information campaign for trans people throughout the region, distribution of care and referral protocol throughout the health system, trans-competence training for first responders in emergency and police services.

This article reports on information provided by Aboriginal participants in a needs assessment that was conducted in 2006 in order to gain specific knowledge of the safety and security concerns, service and support experiences, and service and support needs of the transgender and Two Spirit people of Manitoba and Northwestern Ontario.

We know from previous North American needs assessments that transgender people encounter threats to their health, safety, education, family relations, job security, housing, and employment in their daily lives, and that those who need sex reassignment procedures typically confront a health care system that has not developed the resources to provide them (Bockting & Avery, 2005). Dangers to trans wellbeing could be expected to be even more the case for Aboriginal transgender people, who encounter the interlocking effects of both racism and "transphobia," which can be thought of as negative attitudes to people who cross the conventional gender lines of masculine men and feminine women. Nine Circles Community Health Centre in Winnipeg was funded for this study with a $50,000 grant from the Crime Prevention Branch of Public Safety and Emergency Preparedness Canada.

WORKING DEFINITIONS

The transgender rights movement has just emerged in the last few decades and people define basic terms differently, sometimes with serious implications for matters ranging from political alliances to medical rights and needs. Below are definitions of terms as we used them:

Sex is one's biological sex at birth: usually "male" or "female," and more rarely intersex.
Gender is one's sense of being a man or woman, masculine or feminine.
Female to Male (FtM) refers to a person who is born female but feels male (like a man) at heart.
Male to Female (MtF) refers to a person who is born male but feels female (like a woman) at heart.
Trans or **Transgender** is an umbrella term that includes some Two Spirit people, transsexuals, cross-dressers, and others whose identification falls outside the social conventions of male/man and female/woman. Transgender people may be heterosexual, homosexual or bisexual in relation to their birth sex or chosen gender.
Transsexual is a specific term for people whose gender conflicts so completely with their biological sex that they take (or given the means, would take) medical measures to permanently change their physical sex.
Two Spirit is a sacred term meaning an Aboriginal person who identifies as having been blessed at birth with both masculine and feminine spirits, a modern usage that is in keeping with the historical traditions of many First Nations (Wilson, 1996). We recognize that the historical authenticity of the term is under debate (Medicine, 2002), that many transgender Aboriginal people do not identify as Two Spirit, and that some Aboriginal lesbians, gays, and bisexuals who are not transgender do identify as Two Spirit. However, we used the term "transgender and Two Spirit" in all our project communications rather than just "transgender" to signal our desire to reach out to Aboriginal transgender people and our commitment to respecting the rights and perspectives of Aboriginal people.

PROJECT TEAM

The project team included project coordinator Jennifer Davis and principal investigator Catherine Taylor. Both women are lesbians and community activists with longstanding involvements in the lesbian/gay/bisexual/transgender/Two Spirit (LGBTT) and Aboriginal communities, but not transgender or Aboriginal ourselves. Three of the five members of the Advisory Committee identify as MtF and two as FtM. Three have experienced accessing sex-reassignment medical care and have fully transitioned. Two identify as lesbian, two as straight, and one as queer. They ranged from early 20s to early 50s, white collar to working class to student, and include Aboriginal and White people. Our committee meetings were hosted by Circle of Life Thunderbird House and Kelly Houle in her capacity as Oshkitwaawin Outreach Worker to Women, Youth, and Two Spirit people.

METHODOLOGY

Supporting Institutions

We received ongoing support from many community organizations and service agencies including the Transgender Café, Rainbow Resource Centre, Women's Health Clinic, Sage House/Mount Carmel Clinic, the Health Sciences Centre, Club 200, New Directions for Children, Youth, Adults and Families, Winnipeg Transgender Group, and Kali Shiva AIDS Services.

Ethical Review Process

Aboriginal Community Approval
We were committed to fulfilling the OCAP principles of community-based research (Schnarch, 2004). We sought and received approval and full support for our project in general and in detail from Linda Blomme, Resident Elder of Circle of Life Thunderbird House. She was consulted throughout the project to ensure that our research plans were culturally appropriate and would protect participants from harm, ensure confidentiality, and

provide them with real benefits. We had First Nations representation on our advisory committee and involved Aboriginal stakeholders at every stage of the research from identifying research questions to collecting and interpreting data to reporting results. Because our survey was anonymous it was not possible to report back directly to each participant, but the Advisory Committee and other participants reviewed a draft of the project report and provided feedback on the recommendations that were incorporated into the final project report (Taylor, 2006) on which this article is based.

Other Approvals

The Senate Committee for Ethics in Human Research at the University of Winnipeg approved two key departures from standard procedures to safeguard participants: (1) Participants would give "performative" consent rather than signed consent by checking a box indicating they had read our consent terms and agreed them. (2) Minors could self-consent if they lacked a guardian who supported their transgender identity, so as avoid the emotional and physical risks documented in scholarly studies of family reactions to disclosure of LGBTT identity (Taylor, 2008).

The Winnipeg Regional Health Authority (WRHA) approved the same conditions, allowing us to tap into their "Street Connections" program.

Design of the Study

Data were collected through two questionnaires developed in consultation with Canadian researchers who had conducted similar needs assessments. We also reviewed 15 questionnaires developed for needs assessments of the transgender or LGBTT community in Canada and the U.S including those found or described in Bockting and Avery (2005), GLBT Wellness Project of Ottawa-Carleton (2000), Goldberg (2003), Kenagy (2005), Lombardi (2001), Moran and Sharpe (2004), and Walters (2001).

We offered a short version (4 pages) and a long version (19 pages) that included open-ended questions. We asked for standard demographic information (age, ethnicity, location, birth sex), and trans-specific information (gender identity, transition status, sexual orientation). The questionnaires covered indicators of mental and physical health and asked people to identify their experiences of safety, acceptance, and competent service in various aspects of their lives on five-point scales. The questionnaires were reviewed, pre-tested with the Advisory Committee and several members of trans groups, and revised for clarity, neutrality, relevance, and completeness.

Participants were recruited by snowball sampling. Questionnaires were made available in a local LGBTT newspaper, at related agencies, centres, and events, and on websites in Manitoba and across Canada. We publicized the project on university radio and in student newspapers and the Advisory Committee used personal connections. Kelly Houle facilitated survey filling-in sessions for Aboriginal participants. Of the 75 people who completed a questionnaire (34 long, 41 short), 27 self-identified as Aboriginal (8 long, 19 short).

Data were analyzed using qualitative and quantitative methods. Content analysis identified trends and counter-patterns in responses to open-ended questions. Excerpts are provided here to illustrate the range of responses that fit the trend under discussion. Forced-choice responses were analyzed in Epi Info, a freeware statistics package developed by the U.S. Centre for Disease Control (http://www.cdc.gov/epiinfo/). Percentages and frequencies provided here are based on the number of participants (n) who answered a question (e.g., if n = 25, and 5 answered "always," the figures are given as "5 / 20%"). In cases where all Aboriginal participants answered a "check one" question, the frequencies add up to 27. Where one or more did not answer a question, frequencies add up to less than 27. Where people were instructed to "check off as many as apply," frequencies may add up to more than 27. All numbers refer to Aboriginal participants unless otherwise stated.

PARTICIPANTS

Demographic Profiles of the Participants

The 75 participants were largely urban, with 90% of respondents living in Winnipeg, although over half were born in a smaller community. Over one-third (27) were Aboriginal, with most others identifying as White, and small numbers identifying as Black, Asian, biracial, or other visible minority. Anyone who self-identified as Aboriginal, Métis, Cree, Two Spirit, or as having grown up on a reserve in answer to any survey question is counted as Aboriginal in this analysis, resulting in a higher number than in our original project report (20). All but one of the 27 Aboriginal participants live in Winnipeg.

Table 1: Demographic Characteristics of Aboriginal and non-Aboriginal Participants (frequencies/percentages)

	Aboriginal Participants (n = 27)	Non-Aboriginal Participants (n = 48)	All Participants (n = 75)
Birth Sex			
• male	21 / 77.8%	30 / 62.5%	51 / 68%
• female	6 / 22.2%	15 / 31.3%	21 / 28%
• intersex	0	3 / 6.3%	3 / 4%
Gender Identity (check all that apply)			
• female	10 / 37%	24 / 50%	34 / 45.3%
• male	9 / 33.3%	14 / 29.2%	23 / 30.7%
• Two Spirit	9 / 33.3%	0	9 / 18.6%
• transgender	6 / 22.2%	9 / 18.8%	15 / 20%
• intersex	0	2 / 4.2%	2 / 2.7%
• other	1 / 3.7%	4 / 8.3%	5 / 6.7%
Transition Status			
• considering transition	2 / 7.4%	4 / 8.3%	6 / 8%
• currently transitioning	7 / 25.9%	11 / 22.9%	18 / 24%
• fully transitioned	1 / 3.7%	9 / 18.8%	10 / 13.3%
• no plans to transition	15 / 55.6%	19 / 39.6%	34 / 45.3%
• no answer	2 / 7.4%	3 / 6.3%	5 / 6.7%
Living in Chosen Gender Role			
• full-time	21 / 77.8%	30 / 62.5%	51 / 68%
• part-time	3 / 8.1%	15 / 31.3%	18 / 24%
• never	2	0	2 / 2.7%
• No answer	1 / 3.7%	3 / 6.3%	4 / 5.3%
Sexual Orientation			
• Gay	13 / 48.1%	10 / 20.8%	23 / 30.7%
• Lesbian	2 / 7.4%	11 / 22.9%	13 / 17.3%
• Bisexual	5 / 18.5%	8 / 16.7%	13 / 17.3%
• Straight	3 / 8.1%	9 / 18.8%	12 / 16%
• other	3 / 8.1%	10 / 20.8%	13 / 17.3%
• no answer	1 / 3.7%	1 / 2.1%	2 / 2.7%
Age			
• 18-25	3 / 8.1%	12 / 25%	15 / 20%
• 26-40	14 / 51.9%	5 / 10.4%	19 / 25.3%
• 41-60	10 / 37%	27 / 56.3%	37 / 49.3%
• 60+	0	2 / 4.2%	2 / 2.7%
Ethnicity			
• Aboriginal	27 / 100%	0	27 / 36%
• Black			2 / 2.7%
• Asian			2 / 2.7%
• Jewish			2 / 2.7%
• Visible minority			1 / 1.3%
• White			39 / 52%
• Interracial/bi-racial			2 / 2.7%

	Aboriginal Participants (n = 27)	Non-Aboriginal Participants (n = 48)	All Participants (n = 75)
Place of Residence			
• Winnipeg	26 / 96.3%	42 / 87.5%	68 / 90.7%
• small city	1 / 3.7%	1 / 2.1%	2 / 2.7%
• town or small community	0	3 / 6.3%	3 / 4%
• reserve	0	0	0
• other	0	2 / 4.2%	2 / 2.7%
Average Annual Income Before Taxes			
• Under $10,000	13 / 48.1%	12 / 25%	25/ 33.3%
• $10,000 - $24,999	6 / 22.2%	11 / 22.9 %	17 / 22.7%
• $25,000 - $39,999	3 / 8.1%	8 / 16.7%	11 / 14.7%
• $40,000 - $74,999	3 / 8.1%	4 / 8.3%	7 / 9.3%
• over $75,000	0	8 / 16.7%	8 / 10.7%
• not sure/no answer	2 / 7.4%	5 / 10.4%	7 / 9.3%
Education (highest level completed)			
• completed college or university	5 / 18.5%	27 / 56.3%	32 / 42.7%
• completed high school	15 / 55.6%	12 / 25%	27 / 36%
• completed grade school.	6 / 22.2%	4 / 8.3%	10 / 13.3%
• did not complete grade school	1 / 3.7%	5 / 10.4%	6 / 8%
• completed other training	3 / 8.1%	10 / 20.8%	13 / 17.3%
• dropped out or underperformed	16 / 59.3%	6 / 12.5%	22 / 29.3%

DEMOGRAPHIC NOTES

Gender Identity

Respondents were asked to identify how they feel at heart: Female, Male, Trans, Two Spirit, or Other. Many checked more than one. A minority of Aboriginal respondents (2 of 6 born female and 6 of 21 born male) identified with their birth sex. Some described having disguised their true gender identity to fit in:

I hide most of the time. I don't want to be turned away

In earlier years, YES, I played a male role to the tee as to not get abused and self-denial. Now accept myself I don't think so

Most (21; 18 of 21 MtF and 3 of 6 FtM) described themselves as now living in their true gender full-time. We asked respondents to explain what it meant for them to do this:

Its who I am mentally, spiritually, emotionally

maybe sometimes dangerous, but it's who I really am

Transition Status

Participants occupy the full range of transition status (physically changing from one sex to another through hormone therapy and surgery), with 9 of 21 MtF and 1 of 6 FtM considering transition, currently transitioning, or fully transitioned, and the rest having no plans to transition. Fewer Aboriginal participants were going through

or had gone through transition, which could reflect financial barriers to SRS for people living in poverty. Some who answered that they had no plans to transition expressed satisfaction with their birth sex:

I like my naked body the way it is

I think I am beautiful enough the way I am and I think you shouldn't try to fix what's not broken

Sexual Orientation or Identity

Because they were developed by 19th century European sexologists thinking within a framework that did not include the possibility of transgender people, sexual orientation categories are a poor fit for people who might be biologically one sex but another gender at heart, people who are in transition from one sex to another, and people who are intersex. For example, people who are attracted to women might identify as "lesbian" because they are biologically female or because they feel female at heart. However, most participants identified as LGBTT or queer, with only a few identifying as straight, even if they have transitioned and are attracted to people of their birth sex.

RESULTS

Transgender and Two Spirit people are not unique in experiencing hostility based on their identities. However, some studies suggest that trans people encounter more hostility even than other LGBTT people, in part because they are less likely to "pass," especially those in mid-transition. Forms range from ridicule and assault to being denied health care (Cochran, Stewart, Ginzler & Cauce, 2002; Lombardi, Wilchins, Priesing, & Malouf, 2001; Moran & Sharpe, 2004). Further, unlike most other identity groups, trans people (and LGBTT people generally) are unlikely to have parents who share their identity, and therefore do not have an understanding family in which to find support. From the time that they first become aware of their sex/gender difference as children, trans people therefore encounter hostility in every aspect of their lives, compounded, for Aboriginal trans people, by racism and poverty.

Family, Home and Housing

Participants (n = 8) saw the reactions of family members to their trans identity as ranging from "honouring who I am" and "acceptance" to "discomfort" and verbal and physical abuse. Some explained that they had few reactions of any kind to report because only a very few trusted people knew they were trans. Only one Aboriginal participant (n = 8) lived with a partner, and one other was guardian to a child. Being unpartnered makes people more likely to live in substandard housing and more vulnerable to losing their home.

Of the 8 participants who reported on their living arrangements, 6 rented, 1 owned, and 1 lived in a rooming house. Three had had to move because of their trans identity because of verbal abuse, fear of discovery and the repercussions, and desire to access care, services, and a supportive community. One had been evicted because of their trans identity.

Employment and Income

Almost half (48%) of Aboriginal participants reported pre-tax incomes under $10,000 (including those who reported "welfare" or "social assistance" income). If we can assume that most people who are unsure of their income are also low income earners, up to 56% of Aboriginal participants live on less than $10,000 a year income, and up to 78% on less than $25,000 (compared to 35% and 58%, respectively, for non-Aboriginal participants). Two answered that their transgender status had led them to work in the sex trade.

Education

While the percentage of Aboriginal participants with low incomes is higher than average, 56% have completed high school and 18.5% some form of post-secondary education. Still, 59% answered “Yes” to our question, “Was your education interrupted because of your sex/gender identity?” (compared to 12.5% of non-Aboriginal participants). Most had negative experiences of schooling, whether their schools were church-led or secular, and described school life as characterized by bullying and depression that led them to under-perform, skip classes, or drop out altogether.

SUPPORT NETWORKS

Ethnic community

Aboriginal participants expressed mixed experiences of support in Aboriginal communities. Five of 8 said that they felt supported within their ethnic community with regards to their sex/gender identity, and 2 did not (1 no answer):

> *the reserve of mine goes by Christianity*
>
> *the indigenous culture (very few) are knowledgeable with two-spirit history*
>
> *two-spirit community strong support for me*
>
> *in the aboriginal I feel total acceptance for sex/gender identity*
>
> *whenever I do return to my reserve people who do know me are pretty much happy to see me and always say hello*

Religious Community

Very few participants named any religious group they identify with, which perhaps reflects the negative experiences of organized religion common to LGBTT people generally (see, for example, Buchanan, Dzelme, Harris, & Hecker, 2001; Schuck & Liddle, 2001; Sherkat, 2002) and to Aboriginal people in particular. All 8 Aboriginal respondents who answered the long questionnaire had left Christianity behind for Aboriginal, Wiccan, or New Age spirituality.

Services and Organizations

Although our goal was to include as many trans people as possible who were not already well connected, most of our participants had participated in a support group where people not only get the benefit of social acceptance but exchange crucial practical information about how to meet medical and other needs. Many made regular use of the trans services and organizations available (a support group, a website, a Two Spirit support group, an LGBTT phone line, counselling, and the LGBTT bar scene). People who were not connected reported feeling isolated.

Acceptance in the Larger LGBTT Community

Participants (n = 8) were divided on whether they feel accepted by the larger LGBTT community (3 yes, 3 sometimes, 1 no, 1 no answer). One noted, though, that being bi can be a challenge sometimes. Some lesbians can be very negative and even sometimes downright nasty about someone who is bi, and another the effects of having a known reputation (put behind me) that involves drug use and prostitution.

Acceptance in the Transgender and Two Spirit Community

Most participants (n = 8) felt accepted in the transgender or Two Spirit community (4 yes, 2 sometimes, 1 no), and explained why they felt this way:

> *all my girls are there*
>
> *I'm involved and recognized as transgender in transition programs (transition programs that focus on drug addiction and prostitution)*
>
> *two-spirit community can also be somewhat neg about bisexuality*

Some non-Aboriginal respondents said the issue of acceptance was not applicable to them because they are not in touch with the trans community (I've never been interested; I've moved on; No contact with them. Do they exist?). None of the Aboriginal respondents expressed these sentiments.

Emotional Care and Mental Health

Anyone who realizes they cannot be themselves in their own bodies is in danger of overwhelming isolation, anxiety and depression. Aboriginal people face additional stress from racism, and those who are noticeably transgender undergo an extreme version of the "insidious trauma" affecting marginalized populations (Burstow, 2003) as they face discrimination, harassment and the threat of assault in their daily lives. Transsexual people experience further stress trying to access sex reassignment procedures, pay for them, and deal with sometimes severe emotional reaction to hormonal changes. Participants described a range of reactions to these stresses:

> *SHAME - is "10" w guilt. It's like roller coaster ride.*
>
> *chronic depression, panic attacks, post-traumatic stress disorder, generalized anxiety, ADD*
>
> *I hate having a body part that is not me.*

We adapted a list of emotional and mental health problems from scales used to measure post-traumatic stress disorder (PTSD) arising from the experiences of bullying, harassment and discrimination. (See Bully Online [2005] and the entry for PTSD in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association [2000].) Participants were asked how often they experience the feelings listed, where 1 equals "Never" and 5 equals "Always." The results are presented in Table 2.

Table 2: Indicators of Mental Health

Aboriginal (n = 27)	1 Never	2	3	4	5 Always	Ever
Depression (25)	6 / 22.2%	7 / 25.9%	5 / 18.5%	4 / 14.8%	5 / 18.5%	19 / 87.8%
Loneliness (27)	3 / 11.1%	6 / 22.2%	8 / 29.6%	3 / 11.1%	7 / 25.9%	24 / 88.9%
Irritability (27)	3 / 11.1%	7 / 25.9%	6 / 22.2%	9 / 33.3	2 / 7.4%	24 / 88.9%
Nervousness, anxiety (27)	5 / 18.5%	4 / 14.8%	8 / 26.9%	3 / 11.1%	7 / 25.9%	22 / 81.5%
Body image concerns (27)	3 / 11.1%	7 / 25.9%	4 / 14.8%	9 / 33.3%	4 / 14.8%	24 / 88.9%
Sleep disturbances (26)	2 / 7.7%	4 / 15.4%	8 / 30.8%	2 / 7.7%	10 / 38.5%	24 / 92.3%
Sudden angry or violent outbursts (26)	8 / 30.8%	11 / 42.3%	5 / 19.2%	1 / 3.8%	1 / 3.8%	18 / 69.2%
Exhaustion and chronic fatigue (26)	6 / 23.1%	4 / 15.4%	7 / 26.9%	3 / 11.5%	6 / 23.1%	20 / 76.9%
Guilt (26)	3 / 11.5%	7 / 26.9%	9 / 34.6%	1 / 3.8%	6 / 23.1%	23 / 88.5%
Feelings of detachment (26)	4 / 15.4%	4 / 15.4%	9 / 34.6%	5 / 19.2%	4 / 15.4%	17 / 84.6%
loss of interest (25)	2 / 8.0%	9 / 36.0%	5 / 20.0%	2 / 8.0%	7 / 28.0%	23 / 92%
loss of ambition (25)	4 / 16.0%	4 / 16.0%	9 / 36.0%	2 / 8.0%	6 / 24.0%	21 / 84%
Poor concentration (24)	2 / 8.3%	8 / 33.3%	5 / 20.8%	4 / 16.7%	5 / 20.8%	22 / 91.7%
impaired memory (25)	5 / 20%	7 / 28%	6 / 24%	2 / 8%	5 / 20%	20 / 80%
joint pains, muscle pains (27)	8 / 29.6%	7 / 25.9%	3 / 11.1%	6 / 22.2%	3 / 11.1%	19 / 70.4%
Emotional numbness (26)	5 / 19.2%	7 / 26.9%	2 / 7.7%	4 / 15.4%	8 / 30.8%	21 / 80.8%
physical numbness (26)	9 / 34.6%	6 / 23.1%	5 / 19.2%	2 / 7.7%	4 / 15.4%	17 / 65.4%
low self-esteem (26)	4 / 15.4%	7 / 26.9%	6 / 23.1%	4 / 15.4%	5 / 19.2%	22 / 84.6%
Overwhelming sense of injustice and a strong desire to do something about it (23)	2 / 8.7%	2 / 8.7%	5 / 21.7	8 / 34.8%	6 / 26.1%	21 / 91.3%

As can be seen, the vast majority have experienced all of the specified symptoms of mental distress at some point, with the rates of physical numbness and sudden anger being slightly lower. If a ranking of 3 to 5 is considered "often," at least half experience all these symptoms often, except for sudden anger and physical numbness. Only a few in the case of each symptom "never" experience it.

Suicidality and Self-Harm

Because people can experience distress for a great range of reasons unconnected with their identities, we also asked if participants had "ever felt like or tried to hurt or kill yourself because of the way you are treated with regards to your sex/gender identity." Granted that only 8 Aboriginal participants filled out the long survey that addressed suicidality, and that it can be difficult to self-assess which factor led to suicidality, the answers show a very high level of self-harm feelings, plans and attempts and suicidal feeling, plans and attempts – only 3 of the 8 had never felt like hurting themselves, 4 had hurt themselves, and 3 had felt like killing themselves. These findings are consistent with studies of suicidality in the transgender community and in the larger LGBTT community (D'Augelli, Grossman, Salter, Vasey, Starks & Sinclair, 2005).

Several participants made the point that their distress was caused by the experience of being transgender in a transphobic society, rather than by being transgender itself; transgender people having long been pathologized in both mainstream culture and the medical/psychiatric world as "sick." One participant reported what a huge difference it made to hear otherwise from an endocrinologist (a specialist who manages hormone replacement therapy for sexual reassignment purposes):

> *the endo. Saying that being trans is noting to be ashamed of. Just words. Support It makes a world of difference to know that the DSM - is just a way of doing things and not be all of end all. So I am not psychotic (for being different)*

One of the ironies of transgender existence is that in order to be accepted for sex-reassignment surgery, transsexual people must have written indication from a psychologist that they have a mental illness (Gender Identity Dysphoria or "GID" in the DSM).

Addictions and Substance Use

Aboriginal participants' (n = 27) use of drugs is consistent with the reported levels of severe mental distress: 18 (66.7%) use alcohol, 8 (29.6%) use over-the-counter drugs such as sleep aids, 16 (59.3%) use prescription drugs such as anti-depressants, and 12 (44%) use street drugs such as marijuana and crack cocaine. (The numbers are similar for non-Aboriginal participants except in the category of street drugs, which only 6 of the 48 [12.5%] report using.) Eighteen (66.7%) indicated that their drug and alcohol use had ever been "a problem," compared to 31.3% of non-Aboriginal participants.

Mental Health Self-Assessment

Most people who addressed their present state of mental health described themselves as doing much better than in the past, often because they had been able to get the help they needed:

> *however I feel that it is just keeping me afloat - support group, friend, spiritual counsellor, jungian psychologist*
>
> *Able to deal with emotional and mental issues through good counsellor.*
>
> *great, lots of improvement after receiving help*

Others seemed to be putting on a brave face in the situation, describing their mental health as good but disclosing significant distress as they elaborated:

fairly well & positive with huge large problems

It's a full time job to stay on top of the game let alone get ahead of it

Although the level of distress reported is high enough to be of great concern, the literature on self-report of negative characteristics (mental distress, harmful habits, disease symptoms) gives reason for concern that participants may have underreported or repressed their level of distress in a determined effort not to be seen as "sick" or to see their lives as intolerable, and that the actual levels of distress may be even higher (Breetvelt & Van Dam, 1991; Eisenberg, 1992). Further, participants were generally making use of support services and therefore might be in the upper range of resilience among people in the trans community.

HEALTH AND CARE SERVICES - GENERAL

Mental Health Care

Participants were very specific when asked, "What kinds of services would be helpful in supporting your mental health?" They wanted accessible, affordable, non-judgmental support from counsellors who are informed about trans/Two Spirit issues and can help with practical concerns:

more access to affordable mental health workers

people who understand tgs with mental health problems

we need Two Spirits specific programs in Wpg.

Participants also identified the need for better access to the psychological assessment process required before undertaking funded sex reassignment. However, many participants expressed frustration that counsellors assume all trans people want to pursue sex reassignment, when some have no desire to undergo physical alterations, just the freedom to express their preferred gender.

Physical Health

Some trans people have medical concerns that are specific to being transgender, such as hormone therapy and SRS. Some are at higher risk for the health problems associated with poverty or the sex trade. Trans people generally, of course, also need to access care for the full range of medical concerns affecting the population as a whole, but may have trouble finding providers who are respectful of their sex/gender identity.

Whether Aboriginal or not, most participants rated their health as excellent or good (78% and 75% respectively). However, 21.3% of our 75 participants have to their knowledge had a sexually transmitted infection (STI), and 8.2% are HIV positive, with another 8.2% unsure of their HIV status. The figures are much higher among Aboriginal participants (15.4% HIV+, 7.7% unsure) than among non-Aboriginal participants (4% HIV+, 8.5% unsure) and among MtF than among FtM for all participants. See Table 3.

Table 3: HIV and STIs

	n	HIV + yes	HIV + Don't know	STI ever yes	STI ever Don't know
Aboriginal b.Male	21	4 / 20%	1 / 4.8%	8 / 38.1%	1 / 4.8%
Aboriginal b.Female	6	0	1 / 16.7%	1 / 16.7%	0
All Aboriginal	27	4 / 15.4%	2 / 7.7%	9 / 33.3%	1 / 3.7%
Non-Aboriginal b.Male	30	2 / 6.9%	3 / 10.3%	6 / 20%	1 / 3.3%
Non-Aboriginal b.Female	15	0	1 / 6.7%		
Intersex	3	0	0	0	0
All Non-Aboriginal	48	2 / 4.3%	4 / 8.5%	7 / 14.6%	1 / 2.1%
All participants	75	6 / 8.2%	6 / 8.2%	16 / 21.3%	2 / 2.7%

Trans-acceptance and Trans-competence of Health Care Providers

Participants stressed in many ways that they want access to medical care providers who are comfortable with and respectful of trans people. We asked, "How trans-competent is the person who provides most of your medical care?"

Most participants who ranked the trans-competence of their health-care providers as "4" or "5" (where 5 is "best") indicated that they were clients of providers who served trans and LGBTT, Aboriginal, and HIV positive people. Other participants gave various reasons for not having their health needs met:

> *lack of good general practice doctors in Mb*
>
> *nobody is networked, get help is like a jigsaw puzzle or Easter egg hunt*
>
> *money is the problem with getting what I need in personal care fields*

We asked, "If you have had positive experiences with a health or helping professional related to your sex/gender identity, please describe one or more examples." The answers stressed simple respect and listening:

> *my own doctor listens to and answers any questions I have. She has even read up on health issues regarding gay community*
>
> *[Jane Doe] is great listener and understand what tg people go through. She always listens to what I say and understand what I go through.*
>
> *eye contact – welcoming facial expression*

In answer to the question, "What could a caregiver say or do to create a safe environment for you to speak completely freely about you sex/gender identity?" the answers ranged from having signs/posters up that talk

about sex and gender identity issues to simply saying,

> *be yourself and don't be too concerned about what other people think. After all it is your life*

HEALTH AND SAFETY IN DAILY LIFE

As they go about their daily lives, transgender people have to navigate barriers presented by every minor event in order to avoid provoking a society that seems obsessed with enforcing a rigid sex/gender system into which they do not fit. Even boarding a bus can be an anxiety-fraught event met with stares, laughter, and rude comments, and getting off the bus can be accompanied by fears of being followed and assaulted.

Many of our participants report having been harassed for using, or were not allowed to use, washrooms or change rooms, especially at school, in restaurants, and at health clubs and gyms, but also at workplaces, government offices, and social services. Many who have not fully transitioned avoid using public washrooms (even in nominally trans-inclusive LGBTT bars) and change rooms in order to avoid unpleasant confrontations. A situation that prevents one from using washrooms at school or work obviously interferes with daily life.

Identification Papers

A wide array of official documents in everyday use identifies one's sex/gender and name (also usually sex/gender specific) including birth certificates, passports, bank records and credit cards, driver's licenses, social insurance records, employment records, and educational records. People who have begun to transition need to change these sex/gender markers on the documents in order to avoid problems when they use them. For people living in poverty, the cost is prohibitive. One person responded this way to our question, "would you like to add anything": - yes, add to survey questions, this - do you think $147 is too much money to get your name change from male to female?

Safety in Everyday Places

We asked participants to estimate how unsafe they had ever felt in various places in their daily lives when expressing their preferred sex/gender identity, and the level of safety they feel now, where 1 is Completely Unsafe and 5 is Very Safe. See Table 4.

Table 4: Safety in Everyday Places

Aboriginal	Most unsafe ever felt					Safety felt now				
n = ever, now	1 Un-safe #/%	2	3	4	5 Safe	1 Un-safe #/%	2	3	4	5 Safe
Home (19 ever, 24 now)	3 / 15.8%	2 / 10.5%	5 / 26.3%	4 / 21.1%	5 / 26.3%	1 / 4.2%	0	3 / 12.5%	7 / 29.2%	13 / 54.2%
Work (18 ever, 14 now)	3 / 16.7%	4 / 22.2%	4 / 22.2%	3 / 16.7%	4 / 22.2%	1 / 7.1%	0	3 / 21.4%	3 / 21.4%	7 / 50%
School (20 ever, 19 now)	7 / 35%	0	3 / 15%	7 / 35%	3 / 15%	1 / 5.3%	2 / 10.5%	2 / 10.5%	5 / 26.3%	9 / 47.4%
Doctor's (20 ever, 23 now)	2 / 10%	1 / 5%	8 / 40%	3 / 15%	6 / 30%	1 / 4.3%	0	3 / 13%	6 / 26.1%	13 / 56.5%
Social services (17 ever, 18 now)	5 / 29.4%	2 / 11.8%	6 / 35.3%	2 / 11.8%	2 / 11.8%	1 / 5.6%	0	4 / 22.2%	6 / 33.3%	7 / 38.9%
Worship (14 ever, 15 now)	5 / 35.7%	4 / 28.6%	1 / 7.1%	0	4 / 28.6%	2 / 13.3%	0	2 / 13.3%	4 / 26.7%	7 / 46.7%
LGBTT space (17 ever, 20 now)	3 / 17.6%	2 / 11.8%	4 / 23.5%	3 / 17.6%	5 / 29.4%	1 / 5%	1 / 5%	1 / 5%	4 / 20%	13 / 65%
Public places (20 / 21)	4 / 20%	2 / 10%	6 / 30%	4 / 20%	4 / 20%	1 / 4.8%	1 / 4.8%	7 / 33.3%	7 / 33.3%	5 / 23.8%
Traveling (19 / 19)	3 / 15.8%	2 / 10.5%	7 / 36.8%	4 / 21.1%	3 / 15.8%	1 / 5.3%	2 / 10.5%	4 / 21.1%	7 / 36.8%	5 / 26.3%

As can be seen on the left side of the table, school, social services, and places of worship are the places where participants are most likely to have felt completely unsafe, and home, a doctor's office, and LGBTT space as the places where they had felt safest. The right side shows that fewer participants "now" feel very unsafe and more now feel very safe in these places. For example, if we consider an answer of 4 or 5 to mean "quite safe," over half (57.1%) who answered the question for public spaces feel quite safe there compared to just 40% at some earlier point in their lives. 85% now feel quite safe in LGBTT spaces, compared to 46% earlier, which could reflect the increased visibility and social integration of the larger LGBTT community over the last twenty years. 73.7% now feel quite safe in school, compared to 50% earlier, which might reflect improved atmosphere at school, or perhaps more likely, less transphobia in adult learning environments (none of our respondents is younger than 18) than in their younger school experiences. 73.4% of those who answered the place of worship question feel safe there, compared to 28.6% earlier, which could be attributable to their having switched to an LGBTT-positive congregation. 83.4% feel quite safe at home, compared to 47.4% earlier, which again could reflect the difference between their adult living situation and their situation in childhood or youth, when trans people are first confronting hostile family reactions.

Overall, these improvements could be evidence of a reduction in societal homophobia and transphobia, a difference between younger and older experiences, or an increase in our participants' resilience over time (24 of the 27 are over 25), or all three. It should also be noted that our participants are those who have managed to survive, to persist in their determination to be true to their sex/gender identity, and in most cases, to get access to the limited trans services available in Winnipeg. Those who have given up and resigned themselves to pretending to be conventionally gendered, and those who have committed suicide or been murdered, are not represented in these numbers. Still, improvements notwithstanding, daily life involves a significant degree of danger-avoidance for transgender and Two Spirit people, and many participants still feel unsafe in many everyday places that they need to go.

We also asked people to identify how often they had experienced various forms of attack which they reasonably believe were related to their sex/gender identity. See Table 5.

Table 5: Experiences of Assault

Aboriginal participants (n = 27)	Never	Not sure	Once	2-3	Often
Refused service (27)	13 / 48.1%	7 / 25.9%	4 / 14.8%	3 / 11.1%	2 / 8%
Refused access to bathrooms (25)	18 / 72%	1 / 4%	2 / 8%	2 / 8%	7 / 35%
Verbal insults (25)	7 / 28%	1 / 4%	2 / 8 %	9 / 36%	6 / 24%
Received phone threats (26)	15 / 57.7%	2 / 7.7%	5 / 19.2%	4 / 15.4%	0
Personal property damaged/stolen (25)	15 / 60%	4 / 16%	3 / 12%	1 / 4%	2 / 8%
Threat with physical violence (26)	11 / 42.3%	0	4 / 15.4%	7 / 26.9%	4 / 15.4%
Attempted physical violence (26)	14 / 53.8%	1 / 3.8%	2 / 7.7%	6 / 23.1%	3 / 11.5%
Had objects thrown at you (26)	11 / 42.3%	1 / 3.8%	5 / 19.2%	5 / 19.2%	4 / 15.4%
Been chased or followed (26)	9 / 34.6%	2 / 7.7%	5 / 19.2%	5 / 19.2%	5 / 19.2%
Punched, hit, kicked or beaten (26)	12 / 46.2%	0 / 0	6 / 23.1%	6 / 23.1%	2 / 7.7%
Attempted rape or sexual assault (26)	20 / 76.9%	3 / 11.5%	3 / 11.5%	0	0
Raped or sexually assaulted (26)	17 / 65.4%	0	3 / 11.5%	5 / 19.2%	1 / 3.8%
Threatened with a weapon (26)	14 /53.8%	0	7 / 26.9%	5 / 19.2%	0
Assaulted with a weapon (26)	15 / 57.7%	2 / 7.7%	6 / 23.1%	3 / 11.5%	0
Attempted murder (22)	22 / 100%	0	0	0	0
A friend was killed or assaulted (26)	9 / 34.6%	2 / 7.7%	1 / 3.8%	7 / 26.9%	7 / 26.9%

All of these rates of experience of insult, threat, and violence are high, but several stand out, especially when compared to non-Aboriginal participants' experience: 53.8% of respondents to the "Had objects thrown at you" question answered "once" or more (compared to 18.6% of non-Aboriginal). 34.6% of respondents to the "Assaulted with a weapon" question answered "once" or more (7% of non-Aboriginal). 57.6% reported that a friend had been killed or assaulted at least once (28.6% of non-Aboriginal). Further, Aboriginal participants

were less likely to know if they or their friends had been threatened or assaulted in various ways because of their sex/gender identity, presumably because being Aboriginal and living in poverty also elevate the risk of assault. One person annotated her "often" response to the last item,

> *A lot of sex trade workers were killed. (my friends)*

DISCUSSION

Health Trends

The key issue identified in our needs assessment was that effective access is needed to trans-competent health care of every kind: counselling, general health care, and transition-related health care. Many participants emphasized the extreme difficulty of working their way through the medical system to access the general and trans-specific services they need. Some resort to the dangerous practice of procuring hormones over the internet and monitoring their own treatment (a finding consistent with other studies: Kenagy & Bostwick, 2005; Nemoto et al., 2005; Sperber et al., 2005; Xavier et al., 2005). For trans people who do not need or want sex reassignment procedures, the lack of a trans-competent personal physician might be assessed as no more problematic than for others in the general population. However, the assessment showed that our participants are at high risk for serious threats to health, quite apart from the need for access to sex reassignment procedures. As serious as the situation is for our participants in general, it is especially grave for Aboriginal participants.

STIs and HIV Infections

The levels of known STI and HIV infections are much higher among Aboriginal participants than in the general population: 33.3% known STI and 15.4% known HIV, with another 7.7% unsure of HIV status. The rates are highest for Aboriginal participants born male: 38.1% known STI and 20% known HIV, with another 7.7% unsure. The known HIV rate is much higher the national average in Canada, where it is estimated that fewer than 0.2% (0.17) of the general population is HIV positive (including clear diagnosis figures as well as an estimated portion of the population who are not aware of their HIV+ status). It is estimated that approximately 1.5% of the general Aboriginal population are HIV+. (Public Health, 2005) Herbst et al.'s (2008) work also found that rates of HIV+ status are much higher in sero-tested than in self-reporting study participants, which suggests that rates of HIV infection among our participants might be higher than they know.

There are no official estimates of the HIV status of the trans population in Canada or the United States but the finding is consistent with Herbst et al.'s estimate of 27.7% HIV+ in the general male-born transgender population (a figure derived from their meta-analysis of 34 previous studies of HIV prevalence among different transgender populations). Further, Bockting, Huang, King, Robinson, & Simon Rosser (2005) found that transgender people are much less likely than other members of the LGBTT community to have been tested for HIV. Herbst et al. (2008) point out that estimated infection rates are highest among male-born African-American transgender people. Among the factors involved are not only engaging in risky behaviors such as intravenous drug use, unprotected anal sex, and sex trade work, but the contextual factors that give rise to risky behaviors, such as mental health concerns, physical abuse, social isolation, economic marginalization, and unmet transgender-specific healthcare needs. Other risk factors related to poverty and racism include intravenous drug use (Public Health Agency, 2007) and imprisonment, where rates of IDU and unprotected anal sex are known to be high.

Mental Health Problems

Deep and often suicidal levels of depression are much more common among the participants than in the general population, as people lose hope of ever living a viable life where they feel at home in their bodies. Many described themselves as suffering from loneliness, and many participants expressed deep frustration and anxiety about inability to access transition services and other vital health services as life goes by. Aboriginal participants live with the additional mental stressors of poverty and elevated risk of assaults of various kinds.

Consistency with Findings of Other Trans Needs Assessments

The results of this assessment are consistent with those of other needs assessments elsewhere in Canada and the U.S. (Bockting & Avery, 2005; GLBT Wellness Project, 2000; Goldberg, 2003; Kenagy, 2005; Kenagy & Bostwick, 2005; Lombardi, 2001; Moran, 2004; Morrison & L'Heareux, 2001; Walters, 2001; Ware, 2004). Trans and transition-related health care is chronically under-resourced even in large cities that have gender clinics because they tend to have correspondingly larger trans populations (who have left smaller communities) who need services. Self-procurement and self-administration of hormones is common. Employment, housing and job training are needed. Levels of depression and suicidal ideation are high. Lack of knowledge, insensitivity, and discrimination are the norm among mainstream service providers, especially if participants are not only trans but poor or people of colour.

Limitations

While the 27 Aboriginal participants in our study provided a wealth of information, our non-random sample cannot provide statistical generalizability. It is likely that our participants are among the best-connected to medical and other support services and that their needs are being better met than are those of less connected people who did not hear of or participate in our study. We were not successful in recruiting minors or residents of smaller and remote communities.

RECOMMENDATIONS

What Aboriginal transgender and Two Spirit people told us they need is what we all need: the dignity of an everyday life not dominated by anxieties about health and safety. Trans people try to get their general and transitioning-related health needs met in a system that has not tried to develop trans competence or provide funding for SR procedures. They suffer a crushing degree of stress brought on simply by being who they are in a transphobic society, and when trying to get their mental health needs met they encounter more barriers. In an ideal world (the one non-LGBTT people inhabit with reference to their sex/gender identities), all health care providers would be knowledgeable about the health needs of transgender people and respectful of their decisions, whether they be to pursue sex reassignment or to live with their bodies as they were sexed at birth. They would make appropriate referrals through a well-funded health care system to specialists with a high level of competence in sex reassignment procedures. The health care system would treat those procedures as a medical necessity and fund them accordingly. In a more just society, people would not be living in poverty, targeted by racism, and suffering the consequences to their mental and physical health. In an even slightly improved society, the needs of people fighting these odds would be the top priority of our health care system.

In the absence of that transformed society, we concluded that the needs of the region's transgender community in general and the Aboriginal trans community in particular will remain acute and should be regarded as a state of emergency that demands attention. We made many recommendations for the development of policies and procedures to improve the situation in health care, schools, workplaces, social services, police and security systems, and in public places. The recommendations were made in the larger context of general transgender needs, but are all the more relevant to Aboriginal trans people, since so many needs are intensified by poverty and prejudice. A network of community health agencies and Manitoba Health's Primary Care program have committed to collaborating to implement recommendations from the report. The recommendations most relevant to the HIV/health community are described below. Additional recommendations addressed policy and program gaps in workplaces and schools. Interested readers are invited to contact me for the full report (Taylor, 2006).

1. That the health care system work towards the development of a centre of excellence in trans health care that would offer coordinated counselling, psychiatric, general health, endocrinological and surgical services that fulfil or exceed such best-practices guidelines as the sixth version of the Harry Benjamin (2005) "Standards of Care for Gender Identity Disorders," the Kopala Report (2003) "Recommendations for a Transgender

Health Care Program," and the recently completely comprehensive set of clinical guidelines developed by the Vancouver-based Transgender Health Program's (2006) "Trans Care Project." The Centre would offer medical and counselling care onsite and work in close connection with off-site psychiatrists, psychologists, endocrinologists, and surgeons. The Centre could be a one-stop centralized clinic, or else a well-coordinated multisite centre of excellence that would involve the main agencies that now serve the trans community. Either model would need to be complemented by an effort to achieve basic trans-competent care among other medical service providers in the region for the benefit of people who do not have access to the Centre of Excellence.

2. That an effort be undertaken to reach agreement with two additional psychiatrists to commit to make themselves available for assessment purposes and develop the knowledge base necessary to do so.

3. That the trans-competency of counsellors and crisis workers be further developed through workshops to be designed by experienced counsellors, health care providers and clients.

4. That information be distributed to trans people including youth and people in remote communities and reserves via (1) a trans-positive public service announcement campaign about the availability of medical support and counselling, (2) an information pamphlet on transgender/Two Spirit identity and services, (3) a video about the medical/psychiatric processes involved in transitioning, and (4) an LGBTT-positive health care providers list updated to include a separate focus on transgender and Two Spirit concerns.

5. That information be distributed throughout the regional health system including family physicians and clinics via (1) a trans-care and referral protocol and (2) an office poster modelled on the successful "lgbt-positive space" campaign used in universities. The protocol would cover key aspects of trans-competent health care and include contact information for clinics and specialists offering transition-related medical services. It would not be an attempt to educate all physicians on all related mental and physical health issues, but rather to ensure that all physicians are in a position to treat transgender clients respectfully and to make appropriate referrals.

6. That allies of transsexual people encourage Manitoba Health to provide the necessary funding for sex reassignment procedures, including out-of-province surgeries where an adequate level of expertise is not available in the region.

7. That trans-competence training be offered to Law Enforcement and Emergency Response personnel. Such training is especially important in the context of Aboriginal people's understandable lack of confidence in the Winnipeg police service as examined by the landmark Aboriginal Justice Inquiry (Hamilton & Sinclair, 1991), a context compounded by historically widespread police mistreatment of gender-variant people. Unnecessary additional stress would be reduced in crisis situations involving police officers, paramedics, and "biz-district" personnel if they knew ahead of time of the existence of transgender people and why there might be differences between a person's gender presentation and their sex designation on identification papers.

Beyond these, there is a need for further research into the situation of Aboriginal transgender/Two Spirit people in other parts of Canada, including minors and residents of small and remote communities, in order to build an evidence-based case for an adequate response to the health and safety needs of this very oppressed and under-served population. Among the most urgent research needs are larger scale studies of the health needs including the HIV status of Aboriginal transgender/Two Spirit people, the levels and types of violence they experience in their daily lives, and best practices for combating the racism and transphobia endemic in our institutions and communities.

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