

Resources for Trans People, Gender Non-Conforming Youth, Their Loved Ones & Helping Professionals

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8/18/2016

Please note due to the restructuring of the CCGSD website, some sections are unavailable at this time. We are continuing to work on restoring them. This document will be updated upon restoration. 2020-10-07

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A TRANS(GENDER) GLOSSARY

Section unavailable at this time.

A READING LIST ON TRANSGENDERISM, INTERSEX & TWO-SPIRIT

Section unavailable at this time.

A (TRANS) GENDER GLOSSARY

(last updated August 12, 2016)

Canadian Professional Association for Transgender Health (CPATH): Launched in September 2007, CPATH is the Canadian counterpart to the World Professional Association for Transgender Health (WPATH), but they are not legally affiliated. The inaugural biannual conference was held in June 2008 in Toronto, followed by Montreal in 2010, Winnipeg in 2012; the 2017 conference will take place in Vancouver. Membership is also open to non-professionals, who can join online (www.cpath.ca). A series of *Guidelines for Transgender Care* (focusing on the Canadian context), drafted by the Vancouver Coastal Health Program's Trans Care Program, is posted on the website. See also "World Professional Association for Transgender Health (WPATH)."

Cisgender (aka Cissexual): Coined by Julia Serano in her 2007 book, *Whipping Girl* (p. 12), she defines it as: "a form of prejudice...which is the belief that transsexuals' identified genders are inferior to, or less authentic than, those of *cissexuals* (i.e., people who are not transsexual and who have only ever experienced their subconscious and physical sexes as being aligned." See chapter 8: "Dismantling Cissexual Privilege."

Crossdresser (aka Transvestite): Typically, a natal (born) male who dresses in female attire on occasion for recreational or sexual reasons. They can be heterosexual, gay, bisexual or pansexual. Female crossdressers (including drag kings) exist as well, but are rarer. Drag queens are also (gay) crossdressers. Some crossdressers might go on to later re-identify as trans women or trans men; others might re-identify as "transgenderist" or "genderqueer." Most crossdressers and their cisgender allies object to the diagnostic classification in the 2013 *DSM-5*: as "Transvestic Disorder" (302.3) under the pathologizing paraphilic disorders.

Cross-Sex Hormone (CSH) Therapy: Now known as “Gender-Affirming Therapy.”

Disorders of Sex Development (DSD): Recently known as “**intersex**” and in the further past, the now antiquated term used was “hermaphrodite.” A man or woman who has a mixture of male and female gonads (reproductive organs) and/or genitals, or an anormative chromosomal or hormonal make-up. There are about 70 basic DSD syndromes across a broad spectrum and about 300 variations thereof. Listed in the *DSM-5* and the *ICD-10* under “Other Gender Identity Disorders” or “Gender Identity Disorder, Unspecified.”

DSM: *The Diagnostic and Statistical Manual of Mental Disorders* as compiled by the American Psychiatric Association, and used by mental health practitioners in Canada and the USA. Originated in 1917 with precursors dating back to the 1840s. Versions are revised every few years and the current one (*DSM-5*) came out 2013. The European counterpart is the *ICD (International Statistical Classification of Diseases)*.

Electrolysis Treatments: A non-medical method to remove unwanted facial or body hair, typically sought out by (more hirsute) trans women. Some trans men might also require removal of body hair in the pubic region prior to phalloplasty. An alternative to “Laser Therapy.”

Gender-Affirming Hormone (GAH) Therapy: New term replacing “Cross-Sex Hormone (CSH) Therapy.” Exogenous androgen (male hormone) or estrogen (female hormone) prescribed for transgender or gender non-conforming (GNC) adolescents (16+) or adults to promote the desired secondary sex-characteristics of their identified gender as male or female. Some will stay on CSH therapy for the rest of their lives and some will go off hormonal medication for health, financial or personal reasons. Some adult trans women take both a cross-sex hormone (estrogen) and a “hormone blocker” (anti-androgen) as part of their “hormonal cocktail.” For GNC children or trans teens, see also “Puberty Suppressants”/“Hormone Blockers.”

Gender-Confirming Surgery (GCS) (aka Sex-Reassignment Surgery): For trans men, GCS can include a bilateral mastectomy (male chest reconstruction), pan-hysterectomy and sometimes also phalloplasty or metoidioplasty (construction of male genitalia). For trans women, GCS can involve breast augmentation surgery, orchiectomy (testicular castration), and sometimes also vaginoplasty (construction of a neovagina). Some trans women also undergo a thyroid cartilage shave (reduction of the larynx), facial feminization surgery, or vocal cord surgery (to feminize the voice).

Gender Diversity: Non-clinical, community-based, “transcultural” descriptor to capture the broad range of gender identification, gender identities, gender roles, gender presentation and gender expression within human (and non-human) beings. Recently surpassed the somewhat stigmatizing clinical term, “Gender Variance” as an explicitly gender-affirming descriptor. See also “Gender Non-Conforming,” “Gender-Creative Kids” and “Gender-Independent Kids.”

Gender Dysphoria (GD): Gender Dysphoria is the psychological and medical condition characterized by a persisting sense of acute discomfort (gender distress) with one’s birth-assigned physical gender, as typically experienced by transsexual, transgender, genderqueer, gender non-conforming and non-gender binary people as listed in the 2013 *Diagnostic and Statistical Manual of Mental Disorders (5th Edition) (DSM-5)* published by the American Psychiatric Association. The original *DSM* diagnostic nomenclature was “Transsexualism,” soon after followed by “Gender Identity Disorder.” However, this was later modified to “Gender Dysphoria” because most trans people and their cisgender allies objected to being classified as mentally ill, viewing such pathologization as dehumanizing and disempowering. However, some favour the inclusion of “GD” in the *DSM* as a means to have gender-confirming surgery covered under provincial/territorial government health insurance plans. The *DSM* distinguishes between “Gender Dysphoria in Children” (302.6) and “Gender Dysphoria in Adolescents and Adults” (302.85).

Gender Non-Conforming (GNC): This community-generated descriptor has now been adopted by the World Professional Association for Transgender Health (WPATH) in its newly-revised *Standards of Care for Gender Identity Disorders (SOC) (7th version)* (2011). Originally more often applied to youth (but currently also includes adults) who depart from the societally-sanctioned binary gender norms of masculine or feminine. Gender non-conforming youth often grow up to be cisgender (non-trans) gay, lesbian or bisexual adults, but some do identify as trans in their adulthood. A gender-affirming, non-clinical synonym celebrating the diversity of gender identification and presentation. See also “Gender Non-Conforming Youth.”

Gender Non-Conforming (GNC) Youth: Children, pre-teens or teens who identify as “gender-creative” or “gender-independent kids” or as trans teens. Not all GNC youth subsequently identify as transgender adolescents or adults, but some do. Others grow up to be cisgender adults, who identify as gay, straight, bisexual, pansexual or asexual.

Gender-Reassignment: Potentially might include puberty suppressants, cross-sex-hormone therapy, electrolysis treatments/laser therapy (to remove facial and/or body hair) and/or gender-reassignment surgery (GRS) (aka gender-confirmation surgery

[GCS]) for transgender and gender non-conforming men and women to make their body (sex) congruent with their “mind” (gender). See “Gender-Confirmation Surgery.” Some trans women and trans men might also access voice coaching (as an alternative to vocal cord surgery) to feminize or masculinize their voice.

Gender Transition: The process to change one’s gender can be both medical (i.e., physical: sex-hormone therapy and/or sex-reassignment surgery) and psychosocial, or non-medical (no physical interventions). If the process includes medical (physical) intervention, then it is often referred to as “gender reassignment.” The transitioning process varies greatly among individual transsexual and transgender folks, and can take as little as 1 ½ years (rarely), to 3 to 5 years (more commonly), and up to as many as 10 years or more, in certain cases. Gender transitioning is a multidimensional process involving physical, medical, legal, psychological, familial, communal, social, vocational, sexual and spiritual/existential aspects.

Gender Variance: See “Gender Diversity,” “Gender Dysphoria,” “Gender Non-Conforming,” “Gender-Creative Kids” and “Gender-Independent Kids.”

Genderism (aka “Genderphobia”): Akin to “heterosexism,” a term that values the dominant culture’s binary gender norms of male/female, masculine/feminine and de-values non-binary gender expressions (such as: both/neither male, both/neither female, both/neither masculine, both/neither feminine, male and/or female, masculine and/or feminine) as anomalous. “Genderqueer” is the rebuttal by many gender-diverse people to the genderist status quo of either/or opting for a more fluid and ambiguous location and presentation on the gender continuum (rather than both/and). “Two-Spirit” similarly flouts this (hetero)genderist standard. See also “Transphobia.”

Genderqueer: Also known as “gender fluid” or “gender bending.” Originally known as “androgynous” or “androgynes.” Applies to masculine lesbians and feminine gay men – and also those who are bisexual or pansexual – who are androgynous psychologically – and possibly also physically. Other terms are: “bi-gender,” “third gender” or “pangender.” Similar to, but distinct from “Transgenderists.” See also “Transgender.”

Hormone Blockers: Hormone blockers (such as anti-androgens or rarely, anti-estrogens) can be used for transgender adults and sometimes also for gender non-conforming (GNC) youth (including trans teens), as appropriate. For hormonal therapies for trans adults, see “Cross-Sex Hormone Therapy.” For GNC youth and trans teens, see “Puberty Suppressants” and “Cross-Sex Hormone Therapy.”

Hormone Therapy: See “Gender-Affirming Hormone Therapy” (the new term for

“cross-sex hormone therapy”). See also “Hormone Blockers” and “Puberty Suppressants.”

ICD: *The International Statistical Classification of Diseases and Related Health Problems* as compiled by the World Health Organization. Originated as far back as the 1850s. The ICD-10 edition was endorsed by the 43rd World Health Assembly in 1990 and came into use in WHO Member States in 1994. Newer versions are drafted every few years. The North American counterpart is the *DSM (Diagnostic and Statistical Manual of Mental Disorders)*. The 11th revision is scheduled for release in 2018.

Intersex: See “Disorders of Sex Development.”

Laser Therapy: A non-medical method to remove unwanted facial or body hair, typically sought out by (more hirsute) trans women. Some trans men might also require removal of body hair in the pubic region prior to phalloplasty. For trans people with dark hair, this is a viable alternative to “Electrolysis Treatments.”

Pansexual: Beyond monosexual (gay, lesbian or straight), an orientation which does not limit affection, romance or sexual attraction to any one gender, sex or sexual persuasion, and recognizes there are more than just two sexes (i.e., male, female, intersex and transsexed {i.e., the biological sex of post-operative transsexuals, who are still, nonetheless, legally male or female if such legal sex designation has been officially granted by the government}) on a continuum of physical sex. Some pansexuals are polyamorous; others are monogamous.

Polyamorous: Beyond monogamous, that is, those people, of any sexual persuasion, who contract to have more than one sexual partner at a time.

Puberty Suppressants (aka Hormone Blockers): Some gender non-conforming children or adolescents (including trans teens) wish to suppress the secondary sex-characteristics of puberty via agonists (such as Lupron) (prescribed by paediatric endocrinologists, or paediatric or adolescent medicine physicians) to dissipate feelings of gender dysphoria (distress). Some GNC youth will stay on puberty suppressants until age 16, when they might either switch over to cross-sex hormones, or keep taking these till age 18, with or without the addition of cross-sex hormones (androgen or estrogen), or alternatively, go off all sex-hormones, depending on each particular case. See also “Gender-Affirming Surgery” (aka Cross-Sex Hormone Therapy).

Queer: Previously, a homophobic term of hatred used by bigots, this word has since been re-claimed by the queer community as a celebratory descriptor. Now used to

denote any sexual orientation other than heterosexual and a community which is comprised of non-straight, including lesbian, gay, bisexual, transsexual, transgender, genderqueer and “two-spirit” people. Of course, we also value our heterosexual allies! See also “Genderqueer.”

Sex-Reassignment: See “Gender Reassignment.”

Sex-Reassignment Surgery (SRS): See “Gender-Confirming Surgery.”

Trans: An adjective (now used more and more often) to capture the overall population of people who identify as transsexual and/or transgender, and in many cases, those who also identify as genderqueer or transvestic (i.e., people who crossdress).

***Trans Man:** A female-to-male transsexual or transgender person. Some trans men only use the term “man” to describe themselves.

***Trans Person:** Same as the collective noun, “trans people,” but singular. A trans man or trans woman.

***Trans Woman:** A male-to-female transsexual or transgender person. Some trans women only use the term “woman” to describe themselves.

***Trans People:** A collective term for trans men and trans women. This also includes genderqueer, two-spirit, and/or intersex (those with “Disorders of Sex Development”) people who might also be trans-identified. Some trans people only use this descriptor for educational and political purposes (i.e., to increase visibility in the world at large for this marginalized group by intentionally choosing to be a positive example to society and a role model for other trans people and their loved ones).

Trans Rights: “Trans rights are human rights!” Recently, Canada is becoming a leader in trans advocacy, with trans activists urging politicians to introduce federal and provincial/territorial private members’ bills to further protect the rights of trans and gender non-conforming people, and to facilitate equitable access by removing bureaucratic barriers to gendered identification documents). Many of these have now passed and are enacted as law. For ongoing progress, check your provincial/territorial human rights commission websites for gender-positive legislation or Justice Trans: <http://www.justicetrans.com/> (accessible by province/territory).

Trans Studies: A recent addition to Academia spearheaded by the growing emergence of openly trans-identified university professors and faculty heads working in Women’s & Gender Studies, Sexuality & Queer Studies, History, Sociology, Political Science, Psychology, Social Work, etc. Prof. Aaron Devor was appointed the World’s First Chair of Transgender Studies in 2015, several years after he founded the world’s largest

Transgender Archives (housed at the University of Victoria in British Columbia) in 2011. Many trans academics are also trans activists.

Transensual: Being particularly attracted to trans people as a specific sexual group in their own right. Transsexuals and cisgender (non-trans) people alike can be so turned on. A similar slang usage is “tranny chaser,” but some see this as a disparaging term.

Transgender: An umbrella term for trans people (i.e., those who identify as transsexual or transgender), and might also include those masculine lesbians or bisexual women, or feminine gay men or bisexual men, who also present androgynously. Distinct from “transsexual” insofar as the latter desperately seek a physical/sexual transformation, through medical and/or surgical intervention, to attain their desired level of comfort by expressing both their gender identity as men or women *and* their sexual identity as males or females. By contrast, transgender people, as a rule, do not wish to alter their bodies by means of hormones or surgery, focusing instead on expanding their gender identity emotionally/mentally to embrace a masculine or feminine sense of self, and expressing their social gender role as a man or woman through a non-binary (third gender/third sex) presentation by means of behaviours and clothing typically associated with the other gender. In some cases, however, a transgender person might move through the sexual-gender spectrum to later identify as transsexual. And, to confuse the issue, some transsexual people also identify as transgender. See also “Transsexual” and “Genderqueer.”

Transgenderist: An anachronistic term describing a natal male who lives full-time or part-time as a woman, often taking female hormones, and who might also have removed the beard and obtained breast implants, but who still has a penis (and in some instances, might also have undergone a castration). A number of transgenderists are also sex-workers and often use the term “she-male” as a self-descriptor for promotional purposes, however, some transgenderists see this as a disparaging usage. See also “Genderqueer.”

Transphobia: Bigotry against trans people based on ignorance, fear and hatred. The continuum of violence ranges from discrimination to harassment to emotional, verbal, physical and/or sexual abuse (including childhood trauma and/or adult assault) to murder and provoked suicide. The opposite of “Transpositivity.” See also “Genderism”/“Genderphobia”).

***Societal Transphobia:** Society’s negative bias against trans people (as described above). The *external* dimension of transphobia.

***Internalized Transphobia:** The *internal* dimension of transphobia: internalization by a trans person of transphobic oppression (societal

stigmatization) as normative, often manifesting as shame or embarrassment, and sometimes even as impoverished self-esteem or poor body image.

Transpositivity (adj. transpositive): Attitudes and behaviour that are respectful of, sensitive to and supportive of trans people, thereby incorporating acceptance, empathy and sometimes even understanding, with a desire to celebrate the uniqueness of trans people. The adjectival form (“transpositive”) is the conventional usage. Transpositive people are often allies, advocating for trans people. The opposite of “Transphobia.”

Transsexual: A transsexual man or woman has an intuitive, life-long conviction that he or she is really of the opposite gender to that assigned at birth, experiences acute gender distress (“gender dysphoria”) and is, thereby, driven to modify his or her body by means of “corrective” medical intervention (hormonal treatment and sex-reassignment surgery) so that the body (sex) can be in sync with the “mind” (gender). Some transsexuals prefer not to “come out” as “trans,” but rather, to blend in as “regular” men or women. Transsexuals can be any sexual orientation: straight, gay, lesbian, bisexual, transsexual, pansexual or asexual. Originally distinct from the term, “transgender” (and much rarer), but over time, the two terms have almost become interchangeable, and many transsexuals are now using “transgender” as a self-descriptor. See also “Transgender” and “Genderqueer.”

Transvestite: See “Crossdresser.”

Two-Spirit: An exclusive descriptor for those indigenous people throughout the world who identify as both genders, and/or are sexually attracted to either/both men and/or women. The term should not be co-opted by non-indigenous people. The term “two-spirit” is not exactly equivalent to our modern-day Western usage of “queer” or “trans” as the concept is not culturally translatable. Perhaps the closest non-indigenous parallel would be “androgynous” or “genderqueer.” Originally referred to as “Berdache” (referring to androgynous natal males) or “Amazons” (referring to androgynous natal females) by European colonists, these now antiquated terms are not embraced by two-spirit people insofar as they were Eurocentric misperceptions unilaterally imposed on them. Despite some discrimination experienced by Aboriginal two-spirit and trans people within their own communities, in some cases, the former are revered as shamans (spiritual healers) by their indigenous peers. Some, but not all, indigenous trans people might also identify as two-spirit.

Voice Training: Some trans women and trans men access voice-modulation and communication training from a professionally-registered Speech-Language Pathologist (SLP) to feminize or masculinize their voice (or otherwise modify their voice to a desired vocal expression on the gender continuum for non gender-binary people). Some voice

trainers are not SLPs and are therefore not covered by health insurance. This is a low-risk, less invasive intervention than vocal cord surgery, which has variable outcomes.

World Professional Association for Transgender Health (WPATH): Formerly the Harry Benjamin International Gender Dysphoria Association (HBIGDA), founded in 1971. Drafted the initial version of *The Standards of Care for Gender Identity Disorders (SOC)* and periodically revises these. The next version will hopefully be released by September 2011. Also publishes *The International Journal of Transgenderism*. The 2011 conference will be held in Atlanta and the 2014 conference in Bangkok. Membership is also open to non-professionals, who can join online (www.wpath.org). See also “Canadian Professional Association for Transgender Health (CPATH).”

TEMPLATE FOR A MULTIDIMENSIONAL GENDER TRANSITION PLAN

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2015

Suggested “tasks” follow below for each major dimension/phase of your gender transitioning process. Order the sequence of tasks as appropriate to you personally as each person follows a unique path according to their particular challenges. This plan is a living document to modify as needed as you progress towards meeting the targeted goals of your transition.

1. PRE-TRANSITION

*Psychoeducation or emotional-counselling support required?

- Decision-Making around Transitioning: Yes or no or not yet? Full-time or part-time? Medical (hormones/surgery) or Social (non-medical)? Financial: government health insurance coverage or out of pocket?
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

2. PSYCHOSOCIAL TRANSITION

*Psychoeducation or emotional-counselling support required (individual, couple- or family-focused)?

- Disclosure Management: telling one’s partner(s); children, grandchildren; parents, grandparents; siblings; extended family relatives; friends,

acquaintances; managers, coworkers or (if self-employed) business partner(s), customers.

- Identity Consolidation & Social Presentation: as a woman, man or genderqueer?
- Relationship Dynamics: family, friends, lovers/partners, community connections
- Vocational: Change of school, college or university? Change of program or major? Change of job or career? Retraining or business diversification?
- Socioeconomic: social assistance or disability insurance?
- Settlement Issues: refugees, immigrants
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

3. LEGAL TRANSITION

*Psychoeducation or emotional-counselling support required?

- Information regarding recent or pending human rights legislation (“trans rights”)
- Identity Management: Legal change of name and legal change of sex designation Identification documents (birth certificate, driver’s licence, health insurance card, SIN card, passport, citizenship card), bank debit card, credit cards, income tax return, degrees/diplomas, employment resumes/references, etc.)
- Legal issues regarding marriage, adoption, divorce, custody, immigration, conflict with the law, etc.
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

4. MEDICAL/PARA-MEDICAL TRANSITION

*Psychoeducation or emotional-counselling support required?

- Electrolysis treatments or laser therapy
- Potential Puberty suppressants for youth (aka hormone blockers)
- Cross-sex hormones for adolescents/adults (anti-androgen/estrogen; androgen)
- Top surgery (breast augmentation surgery; male chest-construction surgery)
- Bottom surgery (vaginoplasty; hysterectomy, metoidioplasty or phalloplasty)
- Facial feminization surgery?
- Thyroid cartilage shave?
- Voice surgery or voice coaching (speech therapy)?
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

5. EXISTENTIAL/SPIRITUAL TRANSITION

*Psychoeducation or existential therapy/pastoral-counselling support required?

- Existential angst? Religious oppression? Crisis of faith?
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

6. POST-TRANSITION

*Psychoeducation or emotional-counselling support required?

- Ongoing or new psychosocial, relationship, vocational, socioeconomic, legal, medical, para-medical, life, ageing, spiritual/existential or critical issues (holistic or gender-specific)?
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

7. POTENTIAL DE-TRANSITION

*Psychoeducation or emotional-counselling support required (individual, couple or family-focused)?

- Reversal/De-transition: to one's birth-assigned sex? Socially? Legally? Medically?
- Internalized transphobia or genderphobia? Internalized homophobia or biphobia?
- Confusion or conflictedness? Guilt or shame? Anger? Depression or anxiety?
- Specific challenges/concerns and strategic plans for next steps
- Potential Crisis Management: critical-risk assessment/crisis-intervention strategies?

COMMUNITY & CLINICAL RESOURCES FOR TRANS PEOPLE

Section unavailable at this time.

TRANS-SPECIFIC & TRANS-INCLUSIVE GROUPS LEGAL

Section unavailable at this time.

TRANS LEGAL RIGHTS & TRANS ACTIVISM

Section unavailable at this time.

LAWYERS FOR TRANS PEOPLE MEDICAL (transition-related)

Section unavailable at this time.

GUIDELINES FOR TRANS CARE (primary care & mental health)

(last updated [August 15, 2016](#))

WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH)

www.wpath.org/

- *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th version) (2011) (Section VI. Assessment and Treatment of Children and Adolescents with Gender Dysphoria)*

CANADIAN PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (CPATH)

www.cpath.ca/resources/guidelines

- *Transsexual Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia (2006)*
- *Counselling and Mental Health Care of Transgender Adults and Loved Ones (2006)*
- *Endocrine Therapy for Transgender Adults in British Columbia: Suggested Guidelines (2006)*
- *Caring for Transgender Adolescents in BC: Suggested Guidelines (2006, revised 2015)*
- *Transgender Speech Feminization and Masculinization: Suggested Guidelines for BC Clinicians (2006)*
- *Care of the Patient Undergoing Sex-Reassignment Surgery (SRS) (2006)*

- *Social and Medical Advocacy with Transgender People and Loved Ones: Recommendations for BC Clinicians* (2006)

SHERBOURNE HEALTH CENTRE/RAINBOW HEALTH

ONTARIO www.sherbourne.on.ca/;

www.rainbowhealthontario.ca/

- *Guidelines and Protocols for Hormone Therapy and Comprehensive Primary Health Care for Trans Clients* (2009, revised 2015)

RR CONSULTING www.RRconsulting.ca/ (only till April 30 2015; please see: <http://ccgsd-ccdgs.org/resources/>)

- *A collaborative preparedness and informed consent model: Guidelines to assess trans candidates for readiness for hormone therapy and supportive counselling throughout the gender transitioning process.* (Raj, R., & Schwartz, C.). (2012, revised 2015)

PAEDIATRIC ENDOCRINOLOGISTS & PAEDIATRIC/ADOLESCENT MEDICINE PHYSICIANS FOR GENDER NON-CONFORMING YOUTH & TRANS TEENS

(last updated August 15, 2016)

Note: The professionals below provide puberty suppressants (hormone blockers) and cross-sex hormone therapy (aka gender-affirming hormone therapy).

BRITISH COLUMBIA

VANCOUVER

Daniel Metzger, M.D.

Paediatric Endocrinologist

BC Children's Hospital

Endocrinology & Diabetes Unit

4480 Oak Street

BC Children's Hospital, Room K4-213

Vancouver, British Columbia V6H 3V4

Tel: (604) 875-2345

Toll-free line in BC only: 1-(888) 300-3088

Website: <http://www.bcchildrens.ca/>

ALBERTA

CALGARY

Jonathan Dawrant, M.D.

Paediatric Endocrinologist

Program Director

Tel: (403) 955-2481

Daniele Pacaud, M.D.

Paediatric Endocrinologist

Tel: (403) 955-7819

Alberta Children's Hospital

Pediatric Endocrine Services - Outpatients

2888 Shaganappi Trail N.W.

Calgary, AB T3B 6A8

Tel: (403) 955-7211 (switchboard)

Website: <http://www.albertahealthservices.ca/Facilities/ACH/>

MANITOBA

WINNIPEG

Gender Dysphoria Assessment and Action for Youth (GDAAY): Manitoba & Area Program for Transgender Youth

Initial Contact:

Pediatric Endocrinology

FE 307-685 William Avenue

Winnipeg, Manitoba R3E 0Z2

Tel: (204) 787-7435

Website: www.gdaay.ca

Professional Team:

Brandy Wicklow, M.D. (*Paediatric Endocrinologist*)

Nicole Kirouac (*Endocrine Nurse*)

Amanda Morris, M.D. (*Adolescent Gynecologist*)

Simon Trepel, M.D. (*Child Psychiatrist*)

Jen Ducharme, M.D. (*Child Psychologist*)

ONTARIO

OTTAWA

Stephen Feder, M.D.

Adolescent Medicine Physician

Karine Khatchadourian, M.D.

Paediatric Endocrinologist

Margaret Lawson, M.D.

Paediatric Endocrinologist

Co-Directors

Diversity Clinic for Children and Youth

Children's Hospital of Eastern Ontario (CHEO)

401 Smyth Road (& Alta Vista Drive)

Ottawa, Ontario K1H 8L1

Tel: (613) 737-7600, x3664

Website: <http://www.cheo.on.ca/en/genderidentity>

TORONTO

Joseph (Joey) Bonifacio, M.D.

Paediatric Endocrinologist

Director

Transgender Youth Clinic

The Hospital for Sick Children (SickKids)

Division of Adolescent Medicine

555 University Avenue (between Gerrard & Elm)

(the main hospital entrance is at 170 Elizabeth Street)

Toronto, Ontario M5G 1X8

Tel: (416) 813-8859

Website: www.sickkids.ca

ST. CATHARINES

Carys Massarella, M.D.

Emergency Medicine Physician

Lead Physician

Transgender Care Program

Quest Community Health Centre

145 Queenston Street, Suite 100

St. Catharines, Ontario ?

Tel: (905) 688-2558

Website: <http://.questchc.ca>

QUÉBEC

MONTREAL

Anne Marie Sbrocchi, M.D.

Paediatrician & Paediatric Endocrinologist

Montreal Children's Hospital
McGill University Health Centre (Glen Site)
1001 Boulevard Décarie, Room B.RC. 2238
Montreal, Quebec H4A
Tel: (514) 412-4420
Fax: (514) 412-4424
Website: <http://www.thechildren.com/>

Shuvo Ghosh, M.D.

Paediatric Endocrinologist

Meraki Health Centre/Centre de Santé Meraki
1-1445 rue Lambert-Closse
Montreal, Quebec H3H 1Z5
Tel: (514) 933-3393
Fax: (514) 934-3393
Website: <http://www.centremeraki.com/>

NEW BRUNSWICK

FREDERICTON

Adrian Edgar, M.D.

Family Practice & Palliative Care Physician

Clinic 554
554 Brunswick Street
Fredericton, NB E3B 1H5
Toll-Free Line: 1-(855) 978-5434
Fax: (855) 978-5435
Website: <http://www.clinic554.ca/>

SAINT JOHN

Susan Sanderson, M.D.

Paediatric Endocrinologist

Horizon Health Network

Saint John Regional Hospital
Pediatrics Clinic
400 University Avenue
Saint John, New Brunswick E2L 4L4
Tel: (506) 648-6814
Fax: (506) 648-6573
Website:
<http://horizonnb.ca/home/facilities-and-services/facilities/saint-john-regional-hospital.aspx>

NOVA SCOTIA

HALIFAX

Arati Mokashi, M.D.

Paediatric Endocrinologist

IWK Health Centre (Main Site)
Endocrine & Diabetes Unit
5850/5980 University Avenue
Halifax, Nova Scotia B3K 6R8
Tel: (902) 470-7292
Website: <http://iwk.nshealth.ca/>

NEWFOUNDLAND/LABRADOR

SAINT JOHN'S

Tracey Bridger, M.D.

Paediatric Endocrinologist

Tel: (709) 777-4626

Heather Power, M.D.

Paediatric Endocrinologist

Janeway Children's Health and Rehabilitation Centre
Children and Women's Health Program
300 Prince Phillip Drive
St. John's, Newfoundland A1B 3V6
Tel: (709) 777-6300
Website: <http://www.easternhealth.ca/>

DISCLAIMER:

We cannot endorse specific providers so you must do your own research

(ask for a consultation) to find the best fit for you.

Notes

- There is no official listing of paediatric endocrinologists or paediatric/adolescent medicine physicians in Canada; however, most children's hospitals and Paediatric Endocrinology divisions staff a medical provider who will offer hormonal therapies for gender non-conforming youth and trans teens. You can also search online for a provider in your province/territory via the Gender-Creative Kids Canada website (<http://gendercreativekids.ca/providers/>).
- Medical services are free if you have a valid provincial/territorial health insurance card, and if you are referred by a physician or nurse practitioner. Referrals can either be faxed or made online.
- Most hospitals and health care centres have a geographical catchment area as a criterion for eligibility for service.

See also (on the Canadian Centre for Gender & Sexual Diversity's website):

- *"Hormonal Therapies for Gender Non-Conforming Youth & Trans Teens"*
- *"Child/Adolescent Psychiatrists & Psychologists" (for gender non-conforming youth & trans teens)*

GENDER-CONFIRMING SURGEONS FOR TRANS WOMEN

Section unavailable at this time.

GENDER-CONFIRMING SURGEONS FOR TRANS MEN

(last updated August 15, 2016)

PLASTIC SURGEONS

[male chest construction]

CANADA

Cameron Bowman, M.D.

Fairview Plastic Surgery Centre
999 West Broadway, Suite 480

Vancouver, BC V5Z 1K5
Tel: (604) 734-1416
Fax: (604) 734-1404
E-Mail: info@fairviewplasticsurgery.com (cosmetic or SRS inquiries)
Website: www.surgery.ubc.ca/faculty/cbowman.html

Pierre Brassard, M.D.

Centre Métropolitain de Chirurgie (Hospital)
GRS MTL (Office)
995 de Salaberry
Montréal, PQ H3L 1L2
Tél. (514) 288-2097
Fax (514) 288-3547
E-Mail: info@grsmontreal.com
Website: www.grsmontreal.com/office.htm

Marc Dupéré, M.D.

Visage Clinic
179 John Street, Suite 209
Toronto, ON M5T 1X4
Tel: (416) 929-9800
Fax: (416) 368-3113
Website: www.visageclinic.ca

Hugh McLean, M.D.

McLean Clinic
50 Burnhamthorpe Road West, Suite 343
Mississauga, ON L5B 3C2
Tel: (905) 273-4888
Fax: (905) 273-5581

Howard Silverman, M.D.

1525 Carling Avenue, Suite 502
Ottawa, ON K1Z 8R9
Tel: (613) 792-4137
Fax: (613) 792-1522
Website: www.ottawaplasticsurgery.com

USA

Curtis Crane, M.D.

208 Pennsylvania Avenue, STE 207
San Francisco, CA 94107
Tel: (415) 625-3230
Toll-Free: 1-877-255-2081
Fax: (415) 625-3233
E-Mail: admin@brownsteincrane.com
Website: <http://brownsteincrane.com/>

Sherman Leis, M.D.

Philadelphia Centre for Transgender Surgery
19 Montgomery Avenue
Bala Cynwyd, PA 19004
Tel: (610) 667-1888
Website: www.thetransgendercenter.com/

Christine McGinn, M.D.

Papillon Center
18 Village Row, Suite 43
Logan Square, Lower York Road (202)
New Hope, PA 18938
Tel: (212) 693-1199
Fax: (212) 693-1197
E-Mail: PapillonCenter@gmail.com
Website: <http://www.drchristinemcginn.com/>

Toby Meltzer, M.D.

7025 North Scottsdale Road, Suite 302
Scottsdale, AZ 85253
Toll-Free: 1-866-(876) 6329
Fax: (480) 657-7020
E-Mail: info@tmeltzer.com
Website: <http://www.tmeltzer.com/>

BELGIUM

Stan Monstrey, M.D.

Universitair Ziekenhuis Gent
De Pintelaan 185, B
9000 Gent, Belgium
Tel: 09-332-21-11
Fax: 09-332-38-00

E-Mail: info@uzgent.be

Website: <http://www.uzgent.be/nl/home/Paginas/home.aspx>

Website:

<http://www.femaletomale.org/resources/find-a-surgeon/dr-stan-monstrey/>

THAILAND

Bhumsak Saksiri, M.D.

Plastic Surgery & Cosmetic Surgery Center

Bangkok, Thailand 10240

Tel: (661) 235- 2801/(661) 331-3000

E-Mail: info@thailandplasticsurgery.com

Website: www.thailandplasticsurgery.com

Preecha Tiewtranon, M.D.

Preecha Aesthetic Institute

898/1 Sukumvit Soi 55 (Thong Lor)

Wattana, Bangkok, Thailand 10110

Tel: (662) 715-0111

Fax: (662) 715-0113

E-Mail: consult@pai.co.th

Website: www.pai.co.th

Chettawut Tulayapanich, M.D.

Chettawut Plastic Surgery Center

1529/4 Onnut 31 (Sukhumvit 77)

Bangkok, Thailand 10250

Tel: (663) 133-5836

Fax: (662) 742-0845

E-Mail: info@chet-plasticsurgery.com; cset@truemail.co.th

Website: www.chet-plasticsurgery.com

GYNECOLOGISTS

[pan-hysterectomy and/or pre-surgical gynecological problems]

CANADA

Lisa Allen, M.D.

Mt. Sinai Hospital

700 University Avenue, 8th Floor

Toronto, ON M5G 1Z5
Tel: (416) 586-3162
Fax: (416) 586-8287

Amodio Dennis De Petrillo, M.D.

CARE Path Inc.
123 Edward Street, Suite 502
Toronto, ON M5G 1E2
Tel: (416) 595-2720, x2821
Fax: (416) 595-2710

Maja Gans, M.D.

18 Wynford Drive, Suite 505
Toronto, ON M3C 3S2
Tel: (416) 385-3431/Fax: (416) 385-1945
*Pan-hysterectomy for trans men (not sure if medically insured)

Gillian Oliver, M.D.

920 King Street, Suite 7
Kitchener, ON N2G 1G4
Tel: (519) 744-0800
Fax: (519) 744-0180

GENDER-CONFIRMING SURGEONS

[metoidioplasty, phalloplasty; possible post-surgical repair]

CANADA

Pierre Brassard, M.D.

Centre Métropolitain de Chirurgie (Hospital)
GRS MTL (Office)
995 De Salaberry
Montréal, PQ H3L 1L2
Tél: (514) 288-2097
Fax: (514) 288-3547
E-Mail: info@grsmontreal.com
Website: www.grsmontreal.com/office.htm

USA

Marci Bowers, M.D.

P.O. Box 1044
Trinidad , CO 81082 ·
Tel: (650) 570-2270
Fax: (650) 570-2283)
E-Mail: mail@marcibowers.com
Website: <http://marcibowers.com/>

Curtis Crane, M.D.

208 Pennsylvania Avenue, STE 207
San Francisco, CA 94107
Tel: (415) 625-3230
Toll-Free: 1-877-255-2081
Fax: (415) 625-3233
E-Mail: admin@brownsteincrane.com
Website: <http://brownsteincrane.com/>

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19 Montgomery Avenue
Bala Cynwyd, PA 19004
Tel: (610) 667-1888
Website: www.thetransgendercenter.com/

Christine McGinn, M.D.

Papillon Center
18 Village Row, Suite 43
Logan Square, Lower York Road (202)
New Hope, PA 18938
Tel: (212) 693-1199
Fax: (212) 693-1197
E-Mail: PapillonCenter@gmail.com
Website: <http://www.drchristinemcginn.com/>

Toby Meltzer, M.D.

7025 North Scottsdale Road, Suite 302
Scottsdale, AZ 85253
Tel: (480) 657-7006
Toll-free: 1-866-(876) 6329
Fax: (480) 657-7020
E-Mail: info@tmeltzer.com

Website: <http://www.tmeltzer.com/>

BELGIUM

Stan Monstrey, M.D.

Universitair Ziekenhuis Gent

De Pintelaan 185, B

9000 Gent, Belgium

Tel: 09-332-21-11

Fax: 09-332-38-00

E-Mail: info@uzgent.be

Website: <http://www.uzgent.be/nl/home/Paginas/home.aspx>

Website:

<http://www.femaletomale.org/resources/find-a-surgeon/dr-stan-monstrey/>

UK

Mr. Nim Christopher, M.D.

University College Hospital

235 Euston Road

London, UK NW1 2BU

Tel: 020 3447 9190/020 3456 7890/0845 155 5000

Email: javed.ahmed@uclh.nhs.uk

<https://www.uclh.nhs.uk/>

THAILAND

Bhumsak Saksiri, M.D.

Plastic Surgery & Cosmetic Surgery Center

Bangkok, Thailand 10240

Tel: (661) 235-2801/(661) 331-3000

E-Mail: info@thailandplasticsurgery.com

Website: www.thailandplasticsurgery.com

Preecha Tiewtranon, M.D.

Preecha Aesthetic Institute

898/1 Sukumvit Soi 55 (Thong Lor)

Wattana, Bangkok, Thailand 10110

Tel: (662) 715-0111

Fax: (662) 715-0113

E-Mail: consult@pai.co.th

Website: www.pai.co.th

Chettawut Tulayapanich, M.D.

Chettawut Plastic Surgery Center

1529/4 Onnut 31 (Sukhumvit 77)

Bangkok, Thailand 10250

Tel: (663) 133-5836

Fax: (662) 742-0845

E-Mail: info@chet-plasticsurgery.com; cset@truemail.co.th

Website: www.chet-plasticsurgery.com

UROLOGISTS

[potential post-surgical urological problems]

CANADA

Richard Casey, M.D.

1235 Trafalgar Road, Suite 407

Oakville, ON L6H 3P1

Tel: (905) 338-3130

Fax: (905) 338-3150

drcasey@malehealth.com

Jeffrey Charendoff, M.D.

960 Lawrence Avenue West, Suite 404

Toronto, ON M6A 3B5

Tel: (416) 256-2737

Fax: (416) 256-9098

Laurence Klotz, M.D.

Division of Urology

Sunnybrook Health Sciences Centre

2075 Bayview Avenue, Room MG 408

North York, ON M4N 3M5

Tel: (416) 480-4673

Fax: (416) 480-6121

Kenneth Pace, M.D.

61 Queen Street East, Suite 9-106Q

Toronto, ON M5C 2T2
Tel: (416) 867-3695
Fax: (416) 867-3675

Peter Vlaovic, M.D.

Toronto East General Hospital
650 Sammon Avenue, Suite 305 (K Wing)
Toronto, ON M4C 5M5
Tel: (416) 465-6008
Fax: (416) 465-3901
continued on following pages...

WEBSITES

- www.femaletomale.org/resources/find-a-surgeon/
- www.ftmphallo.com (phalloplasty)
- ftmsurgeryinfo@yahoogroups.com
- ftmsurgerysupport@yahoogroups.com
- www.thetransitionalmale.com
- www.transster.com (photo repository of f-m surgeries)

DISCLAIMER:

We cannot endorse specific providers so you must do your own research (ask for a consultation) to find the best fit for you.

MESSAGE THERAPISTS FOR TRANS PEOPLE

Section unavailable at this time.

MEDITATION & YOGA FOR TRANS PEOPLE

(last updated **August 15, 2016**)

MEDITATION

ONTARIO

GREATER TORONTO AREA

Dharma Friends

Toronto, ON
(416) 929-5205 or (416) 423-0206
qdharna@web.ca
<http://www.web.net/~qdharna/home.htm>

Shambala Rainbow Meditation Group

670 Bloor Street West
Toronto, ON M6G 1L2
Tel: (416) 588-6465
http://toronto.shambala.org/rainbow_group.php

Toronto Women's Meditation Group

519 Church Street Community Centre
Toronto, ON
<http://www.meetup.com/Toronto-Womens-Meditation-Group/>

YOGA ONTARIO

GREATER TORONTO AREA

Heather Douglas

The Centering Space
59 Cambridge Avenue (near Broadview subway station)
Toronto, ON
yoga_hd@hotmail.com
<http://www.heatherdouglasyoga.blogspot.com/>

Kula: www.mykula.ca

Oakville: (905) 829-3443, oakville@mykula.ca
Toronto: (416) 922-5852, annex@mykula.ca
Burlington: (905) 634-5852, burlington@mykula.ca

Trans Prenatal Yoga (for trans parents-to-be)

Tammy Neilson

Creating Realities
Vidya Institute
Toronto, ON
Tel: (416) 588-8563, x1

tammy@creatingrealities.com

Yoga Without Borders (Toronto)

Toronto, ON

www.yelp.ca/events/toronto-yoga-without-borders---summit

Notes

- Inquire about each provider's fees and whether their professional services are covered by company benefits (Employee Assistance Plan) or private insurance. Meditation or yoga is not covered by most government health insurance plans.
- Some providers make home visits for an extra charge.
- A number have experience working with trans people; others (without trans-focussed experience) are open to working with this population.

DISCLAIMER:

We cannot endorse specific providers so you must do your own research (ask for a complimentary consultation) to find the best fit.

RESOURCES ON HIV/AIDS AND TRANS PEOPLE

(last updated August 12, 2016)

Bockting, W.O. (1998). *Transgender HIV prevention: A Minnesota response to a global health concern*. Minnesota (Transgender Services, Program in Human Sexuality, Dept. of Family Practice & Community Health, Medical School, University of Minnesota, 1300 South Second St., Ste. 180, Minneapolis, MN 55454-1015.; bockt@gold.tc.umn.edu

Bockting, W., & Avery, E. (Eds.). (2006). *Transgender health and HIV prevention: Needs assessment studies from transgender communities across the United States*. New York/London: Haworth Press. (Published simultaneously in *International Journal of Transgenderism*, Vol. 8, Nos. 2/3). www.wpath.org/publications_ijt.cfm

Bockting, W., & Kirk, S. (Eds.). (2001). *Transgender and HIV: Risks, prevention & care*. New York/London: Haworth Press.

Namaste, V.K. (1999). HIV/AIDS and female to male transsexuals and transvestites: Results from a needs assessment in Quebec. *International Journal of*

Transgenderism, 3, 1+2. www.wpath.org/journal/index.html

Namaste, V.K. (1995). HIV/AIDS and transgender communities in Canada: A report on the knowledge, attitudes and behaviour of transgendered people in Canada with respect to HIV and AIDS. Toronto: *Genderpress*.

Namaste, V., Laframboise, S., & Brady, D. (1996). *Transgendered people and HIV/AIDS: An introduction to transgendered people's health concerns regarding HIV and AIDS*. Vancouver: High Risk Project.

Scott, A.V., & Lines, R. (1999). *HIV/AIDS in the male to female transsexual and transgendered prison population: A comprehensive strategy; final report*. A brief from the Prisoners' HIV/AIDS Support Action Network (PASAN).

Strang, C., & Bourgeau, A. (2000). *The happy transsexual hooker: A sexy resource guide for transsexual and transgendered sex workers*. Toronto: The 519 Church Street Community Centre. (Funded by the AIDS Committee of Toronto).

ELECTROLOGISTS & LASER TECHNICIANS FOR TRANS PEOPLE

(last updated August 15, 2016)

Electrologists

TORONTO

Athena - School of Aesthetics

901 Yonge Street (& Rosedale)

Toronto, ON

(416) 924-4382

[Free electrolysis provided by students for clients willing to serve as “teaching models.”]

Alice Brierley

2610 Weston Road

Toronto, ON

(416) 248-1047

HairEnder Electrolysis

638 Sheppard Avenue West, Suite 215
Toronto, ON M3H 2S1
(416) 633-4247
ronda@hairender.ca
www.hairender.ca

Joan Stemmer

LJ's Laser Hair Removal Clinic
Toronto, ON
Tel: 1-(800) 506-5920

Alison Stockport

Toronto, ON
(416) 466-9518
alisonaselec@hotmail.com

Laser Technicians

Maria Christodoulides

Cure Salon Spa and Laser Clinic
672 Dupont Street
Toronto, ON M6G 1Z6
(416) 536-4772
www.curespa.com/

Christine Dowling

Toronto, ON
(416) 698-9974

Leeza's Laser Hair Removal Clinic

20 Eglinton Avenue East, Suite 410
Toronto, ON M4P 1A9
Tel: (416) 493-9999

Note: specializes in Iranian clients but also includes a diverse clientele.

Sabrina Rehman

Toronto, ON
(416) 473-3724
laserbeautyclinic@ymail.com

Notes

Most of these providers have experience working with trans women (and some also with trans men); others without trans-focussed experience are open to working with either.

DISCLAIMER:

We cannot endorse specific providers so you must do your own research (ask for a consultation) to find the best fit for you

GUIDELINES FOR TRANS CARE (psychological assessment & psychotherapeutic support)

Section unavailable at this time.

PSYCHIATRISTS, PSYCHOLOGISTS & PSYCHOTHERAPISTS FOR TRANS PEOPLE

Section unavailable at this time.

TRANS-WELCOMING FAITH COMMUNITIES

(last updated August 15, 2016)

ONTARIO

TORONTO

Christian

- Bathurst United Church: www.bathurstunited.ca
- Bloor Street United Church: www.bloorstreetunited.org
- Centre for Conscious Living: www.livingconsciously.ca
- Christos Metropolitan Community Church: www.on.churchdirectory.ca/toronto/christos-metropolitan-community-church
- Church of the Redeemer: www.theredeemer.ca
- Dignity Canada: www.dignitycanada.org
- East Minister United Church: www.eastminster.on.ca

- Emmanuel Howard Park United Church: www.ehpchurch.org
- Glen Rhodes United Church: www.glenrhodesunitedchurch.ca
- Integrity Canada: www.integritycanada.org
- Kimbourne Park United Church: www.kpuc.org
- Metropolitan Community Church of Toronto: www.mcctoronto.com
(Trans Education & Action Team [TEAT]: trans@mcctoronto.com)
- Metropolitan United Church: www.metunited.org
- Q-Age: www.nxne.com/information/visiting-toronto/cultural-organizations
- RUAH – A Community of Faith: www.ruahtoronto.org
- Trinity-St. Paul's United Church: www.trinitystpauls.ca
- Unitarian Fellowship of Northwest Toronto: www.ufnwt.com
- UU Queer Living in Spirit Group:
www.oocities.org/ferdagirlz/Older_Lesbian_Resources.html

Jewish

- Danforth Jewish Circle: www.djctoronto.com
- Darchei Noam: www.darcheinoam.on.ca
- Kulanu Toronto: www.kulanutoronto.blogspot.com

Muslim

- Juma el-Tawhid Circle: www.salaamcanada.com; elfin925@rogers.com
- Salaam/Queer Muslims of Toronto: www.salaamtoronto.com

Buddhist-Based Meditation

- Dharma Friends: www.web.net/~qdharma
- Toronto Shambhala Rainbow Meditation Group: www.toronto.shambhala.org

Notes

This is not an exhaustive list so please submit additional resources of these and other faith communities (including pagan, etc.) in other regions across Canada.

HORMONAL THERAPIES FOR GENDER NON-CONFORMING YOUTH & TRANS TEENS

(last updated **August 15, 2016**)

GENERAL IMPORTANT INFORMATION

[The following subsection (Section III) is excerpted from the World Professional Association for Transgender Health (WPATH)'s "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People" (7th Version) (2011): www.wpath.org]

THE DIFFERENCE BETWEEN GENDER NONCONFORMITY AND GENDER DYSPHORIA BEING TRANSSEXUAL, TRANSGENDER, OR GENDER-NONCONFORMING IS A MATTER OF DIVERSITY, NOT PATHOLOGY

WPATH released a statement in May 2010 urging the de-psychopathologization of gender nonconformity worldwide (WPATH Board of Directors, 2010). This statement noted that

"the expression of gender characteristics, including identities that are not stereotypically associated with one's assigned sex at birth, is a common and culturally-diverse human phenomenon [that] should not be judged as inherently pathological or negative."

Unfortunately, there is stigma attached to gender nonconformity in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in "minority stress" (I.H. Meyer, 2003). Minority stress is unique (additive to general stressors experienced by all people), socially based, and chronic, and may make transsexual, transgender, and gender- nonconforming individuals more vulnerable to developing mental health concerns such as anxiety and depression (Institute of Medicine, 2011). In addition to prejudice and discrimination in society at large, stigma can contribute to abuse and neglect in one's relationships with peers and family members, which in turn can lead to psychological distress. However, these symptoms are socially induced and are not inherent to being transsexual, transgender, or gender-nonconforming.

NONCONFORMITY IS NOT THE SAME AS GENDER DYSPHORIA

Gender nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011). Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010b). Only some gender-nonconforming people experience gender dysphoria at some point in their lives. Treatment is available to assist people with such distress to explore their gender identity and find a gender role that is comfortable for them (Bockting & Goldberg, 2006). Treatment is individualized: What helps one person alleviate gender dysphoria might be very different from what helps another person. This process may or may not involve a

change in gender expression or body modifications. Medical treatment options include, for example, feminization or masculinization of the body through hormone therapy and/or surgery, which are effective in alleviating gender dysphoria and are medically necessary for many people. Gender identities and expressions are diverse, and hormones and surgery are just two of many options available to assist people with achieving comfort with self and identity. Gender dysphoria can in large part be alleviated through treatment (Murad et al., 2010). Hence, while transsexual, transgender, and gender-nonconforming people may experience gender dysphoria at some points in their lives, many individuals who receive treatment will find a gender role and expression that is comfortable for them, even if these differ from those associated with their sex assigned at birth, or from prevailing gender norms and expectations.

DIAGNOSES RELATED TO GENDER DYSPHORIA

Some people experience gender dysphoria at such a level that the distress meets criteria for a formal diagnosis that might be classified as a mental disorder. Such a diagnosis is not a license for stigmatization or for the deprivation of civil and human rights. Existing classification systems such as the Diagnostic Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2000) and the International Classification of Diseases (ICD) (World Health Organization, 2007) define hundreds of mental disorders that vary in onset, duration, pathogenesis, functional disability, and treatability. All of these systems attempt to classify clusters of symptoms and conditions, not the individuals themselves. A disorder is a description of something with which a person might struggle, not a description of the person or the person's identity. Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments. Research is leading to new diagnostic nomenclatures, and terms are changing in both the DSM (Cohen-Kettenis & Pfäfflin, 2010; Knudson, De Cuypere, & Bockting, 2010b; Meyer-Bahlburg, 2010; Zucker, 2010) and the ICD. For this reason, familiar terms are employed in the Standards of Care (SOC) and definitions are provided for terms that may be emerging. Health professionals should refer to the most current diagnostic criteria and appropriate codes to apply in their practice areas.

References:

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders DSM-IV-TR (4th ed., text rev.)*. Washington, DC: Author.
- Bockting, W. O., & Goldberg, J. M. (2006). Guidelines for transgender care (Special issue).

International Journal of Transgenderism, 9(3/4).Cohen-Kettenis, P. T., & Pfäfflin, F. (2010). The DSM diagnostic criteria for gender identity disorder in adolescents and adults. *Archives of Sexual Behavior*, 39(2), 499–513. doi:10.1007/s10508–009–9562-y

Fisk, N. M. (1974). Editorial: Gender dysphoria syndrome—the conceptualization that liberalizes indications for total gender reorientation and implies a broadly based multi-dimensional rehabilitative regimen. *Western Journal of Medicine*, 120(5), 386– 391.

Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press. Knudson, G., De Cuypere, G., & Bockting, W. (2010b).

Recommendations for revision of the DSM diagnoses of gender identity disorders: Consensus statement of The World Professional Association for Transgender Health. *International Journal of Transgenderism*, 12(2), 115–118. doi:10.108

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Elamin, M. B., Garcia, M. Z., Mullan, R. J., Murad, A., Erwin, P. J., & Montori, V. M. (2010). Hormonal therapy and sex reassignment: A systematic review and meta-analysis of quality of life and psychosocial outcomes. *Clinical Endocrinology*, 72(2), 214–231. doi:10.1111/j.1365–2265.2009.03625.x World Health Organization. (2007).

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Zucker, K. J. (2010). The DSM diagnostic criteria for gender identity disorder in children. *Archives of Sexual Behavior*, 39(2), 477–498. doi:10.1007/s10508–009–9540–4

[Note: See further below for clinical guidelines on hormonal therapies for children and teens.]

[The subsection below is excerpted from the Children’s Hospital of Eastern Ontario’s page on GenderIdentity and

Diversity: <http://www.cheo.on.ca/uploads/Mental%20Health/Gender%20Identity.pdf>.

Italicized text in squared brackets is mine. - RR]

PARENTAL SUPPORT

If you have just recently learned that your child or teen is questioning gender identity, you might feel quite overwhelmed, upset and not know what to do. Remember that your child or teen may have been worried about how you would react. Your child needs your love and reassurance more than ever. Children and youth need to hear that being

transgender does not make you love them any less. It's important to use the name your child or teen prefers as well as the preferred pronoun ("he" or "she"). This will mean a lot to your child or teen. You may need to get support for yourself so you can be a strong support for your child or teen.

COUNSELLING/PSYCHOTHERAPY AND INFORMED CONSENT

Children, youth and families can benefit from supportive **counselling** or **psychotherapy**. The goal of counselling is to support youth and their families as they adjust. Counselling can help guide youth and families along the journey of gender identity consolidation and support them as they face the challenges they are likely to encounter. Youth and families can also learn about the wide range of other treatment options so they can make well-informed decisions [*aka "informed consent"*].

PUBERTY SUPPRESSANTS (HORMONE BLOCKERS) FOR TRANSGENDER YOUTH

Pediatric endocrinologists who are experienced in treating transsexual/transgender or gender non-conforming adolescents (up to age 18) may prescribe medications that suppress the physical changes of puberty known as **hormone blockers** [*or puberty suppressants*]. This treatment is only given to adolescents [typically initiated sometime between 10 and 16, and sometimes continued until 18 or 21 or later] who meet gender-reassignment eligibility and readiness criteria and have started to show physical signs of puberty (confirmed by hormone blood tests). Hormone blockers are safe and have been well-tested. The effects are temporary so that if a youth stops taking them physical changes of puberty will begin again.

CROSS-SEX HORMONES FOR TRANSGENDER YOUTH

At age 16, **cross-sex hormone therapy** [*aka as gender-affirming hormone therapy*] can begin [but some youth remain on hormone blockers until they undergo definitive gender- confirming surgery]. Timing can be important and depends on the teen's readiness and support systems. Unnecessary delays or moving ahead too soon may increase the chance of psychological or social problems later on. Physical outcomes may be less favourable if cross- sex hormone therapy is delayed until adulthood. A pediatric endocrinologist should initiate and monitor any hormone therapy for a transgender youth. Surgeons do not perform gender-confirmation surgeries on youth under 18. When a youth reaches adulthood, they can be referred to adult services.

HORMONAL/SURGICAL TRANSITION FOR TRANSGENDER ADULTS

In adulthood, many transgender men and women live as the gender with which they identify. Some, but not all, have medical treatments to alter their bodies to appear more

like the gender with which they identify. Some might express an androgynous (neither male nor female) gender appearance all their lives. Some may not live full-time as their gender and only express their gender when it's safe to do so. Transgender adults can consider treatment options like: **supportive counselling, cross-sex hormone therapy and gender-confirmation surgeries**. These are procedures that change the body to better match a person's gender identity. [*Cross-sex hormone therapy for adults may be prescribed and administered by an endocrinologist, primary care physician or nurse practitioner (NP) if the NP is granted approval by the regulating body for controlled substances like androgen*]. Transgender children and youth are like any other children and youth. How they do in life depends on whether they are supported by family and friends, or whether they are rejected for who they are. Transgender children and youth who are supported have the best chance of growing up to be happy, productive adults. People who are loved, supported and allowed to express their true selves will do far better. On the other hand, transgender people are much more likely to have future problems if they must stay "closeted" because of shame and fear of rejection. **Transphobia** can keep many people in the closet and keep them from expressing their true selves. Sometimes this can lead to depression, substance abuse and even suicide. People who come out can still experience these struggles.

INFORMED CONSENTS FOR GENDER NON-CONFORMING YOUTH & TRANSGENDER TEENAGERS

Lupron Depot® is a medically-prescribed medication (gonadotropin-releasing hormone analog) that suppresses secondary sex-characteristics in a natal male or natal female going through puberty at Tanner Stage Two. This is usually only prescribed by a paediatric endocrinologist, or a paediatric or adolescent medicine physician for gender non-conforming children or transgender teenagers who are experiencing moderate to severe symptoms of gender dysphoria (distress). In the case of natal males, a hormone blocker (Spironolactone or cyproterone acetate) is often used at the same time to block the male hormone androgen. The following are CHEO informed consent forms, the first for natal females for the puberty suppressant Lupron Depot®, and the second for natal males. Each consent form fully explains the benefits and the risks of the specific hormonal therapies involved for each natal male or female youth. There are also two additional consent forms, one for natal females who might also be taking the gender-affirming (cross-sex) hormone androgen (testosterone), and one for natal males who might also be taking the gender-affirming hormone estrogen.

INFORMED CONSENT FOR LUPRON DEPOT® FOR MTF YOUTH WITH GENDER DYSPHORIA

[revised version to come November 2016 – RR]

INFORMED CONSENT FOR LUPRON DEPOT® FOR FTM YOUTH WITH GENDER DYSPHORIA

[revised version to come November 2016 – RR

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PAEDIATRIC ENDOCRINOLOGISTS & PAEDIATRIC/ADOLESCENT MEDICINE PHYSICIANS FOR GENDER NON-CONFORMING YOUTH & TRANS TEENS

(last updated August 15, 2016)

Note: The professionals below provide puberty suppressants (hormone blockers) and cross- sex hormone therapy (aka gender-affirming hormone therapy).

BRITISH COLUMBIA

VANCOUVER

Daniel Metzger, M.D.

Paediatric Endocrinologist

BC Children's Hospital
Endocrinology & Diabetes Unit
4480 Oak Street
BC Children's Hospital, Room K4-213
Vancouver, British Columbia V6H 3V4
Tel: (604) 875-2345
Toll-free line in BC only: 1-(888) 300-3088
Website: <http://www.bcchildrens.ca/>

ALBERTA

CALGARY

Jonathan Dawrant, M.D.

Paediatric Endocrinologist

Program Director
Tel: (403) 955-2481

Daniele Pacaud, M.D.

Paediatric Endocrinologist

Tel: (403) 955-7819

Alberta Children's Hospital

Pediatric Endocrine Services - Outpatients

2888 Shaganappi Trail N.W.

Calgary, AB T3B 6A8

Tel: (403) 955-7211 (switchboard)

Website: <http://www.albertahealthservices.ca/Facilities/ACH/>

MANITOBA

WINNIPEG

Gender Dysphoria Assessment and Action for Youth (GDAAY):

Manitoba & Area Program for Transgender Youth

Initial Contact:

Pediatric Endocrinology

FE 307-685 William Avenue

Winnipeg, Manitoba R3E 0Z2

Tel: (204) 787-7435

Website: www.gdaay.ca

Professional Team:

Brandy Wicklow, M.D. (*Paediatric Endocrinologist*)

Nicole Kirouac (*Endocrine Nurse*)

Amanda Morris, M.D. (*Adolescent Gynecologist*)

Simon Trepel, M.D. (*Child Psychiatrist*)

Jen Ducharme, M.D. (*Child Psychologist*)

ONTARIO

OTTAWA

Stephen Feder, M.D.

Adolescent Medicine Physician

Karine Khatchadourian, M.D.

Paediatric Endocrinologist

Margaret Lawson, M.D.

Paediatric Endocrinologist

Co-Directors

Diversity Clinic for Children and Youth

Children's Hospital of Eastern Ontario (CHEO)

401 Smyth Road (& Alta Vista Drive)
Ottawa, Ontario K1H 8L1
Tel: (613) 737-7600, x3664
Website: <http://www.cheo.on.ca/en/genderidentity>

TORONTO

Joseph (Joey) Bonifacio, M.D.

Paediatric Endocrinologist

Director
Transgender Youth Clinic
The Hospital for Sick Children (SickKids)
Division of Adolescent Medicine
555 University Avenue (between Gerrard & Elm)
(the main hospital entrance is at 170 Elizabeth Street)
Toronto, Ontario M5G 1X8
Tel: (416) 813-8859
Website: www.sickkids.ca

ST. CATHARINES

Carys Massarella, M.D.

Emergency Medicine Physician

Lead Physician
Transgender Care Program
Quest Community Health Centre
145 Queenston Street, Suite 100
St. Catharines, Ontario ?
Tel: (905) 688-2558
Website: <http://.questchc.ca>

QUÉBEC

MONTREAL

Anne Marie Sbrocchi, M.D.

Paediatrician & Paediatric Endocrinologist

Montreal Children's Hospital
McGill University Health Centre (Glen Site)
1001 Boulevard Décarie, Room B.RC. 2238
Montreal, Quebec H4A
Tel: (514) 412-4420

Fax: (514) 412-4424

Website: <http://www.thechildren.com/>

Shuvo Ghosh, M.D.

Paediatric Endocrinologist

Meraki Health Centre/Centre de Santé Meraki

1-1445 rue Lambert-Closse

Montreal, Quebec H3H 1Z5

Tel: (514) 933-3393

Fax: (514) 934-3393

Website: <http://www.centremeraki.com/>

NEW BRUNSWICK

FREDERICTON

Adrian Edgar, M.D.

Family Practice & Palliative Care Physician

Clinic 554

554 Brunswick Street

Fredericton, NB E3B 1H5

Toll-Free Line: 1-(855) 978-5434

Fax: (855) 978-5435

Website: <http://www.clinic554.ca/>

SAINT JOHN

Susan Sanderson, M.D.

Paediatric Endocrinologist

Horizon Health Network

Saint John Regional Hospital

Pediatrics Clinic

400 University Avenue

Saint John, New Brunswick E2L 4L4

Tel: (506) 648-6814

Fax: (506) 648-6573

Website:

<http://horizonnb.ca/home/facilities-and-services/facilities/saint-john-regional-hospital.aspx>

NOVA SCOTIA

HALIFAX

Arati Mokashi, M.D.

Paediatric Endocrinologist

IWK Health Centre (Main Site)
Endocrine & Diabetes Unit
5850/5980 University Avenue
Halifax, Nova Scotia B3K 6R8
Tel: (902) 470-7292
Website: <http://iwk.nshealth.ca/>

NEWFOUNDLAND/LABRADOR

SAINT JOHN'S

Tracey Bridger, M.D.

Paediatric Endocrinologist

Tel: (709) 777-4626

Heather Power, M.D.

Paediatric Endocrinologist

Janeway Children's Health and Rehabilitation Centre
Children and Women's Health Program
300 Prince Phillip Drive
St. John's, Newfoundland A1B 3V6
Tel: (709) 777-6300
Website: <http://www.easternhealth.ca/>

DISCLAIMER:

We cannot endorse specific providers so you must do your own research (ask for a consultation) to find the best fit for you.

Notes

- There is no official listing of paediatric endocrinologists or paediatric/adolescent medicine physicians in Canada; however, most children's hospitals and Paediatric Endocrinology divisions staff a medical provider who will offer hormonal therapies for gender non-conforming youth and trans teens. You can also search online for a provider in your province/territory via the Gender-Creative Kids Canada website (<http://gendercreativekids.ca/providers/>).

- Medical services are free if you have a valid provincial/territorial health insurance card, and if you are referred by a physician or nurse practitioner. Referrals can either be faxed or made online.
 - Most hospitals and health care centres have a geographical catchment area as a criterion for eligibility for service. See also (on the Canadian Centre for Gender & Sexual Diversity's website):
 - "*Hormonal Therapies for Gender Non-Conforming Youth & Trans Teens*"
 - "*Child/Adolescent Psychiatrists & Psychologists*" (for gender non-conforming youth & trans teens)
-

CHILD/ADOLESCENT PSYCHIATRISTS & PSYCHOLOGISTS FOR GENDER NON-CONFORMING YOUTH & TRANS TEENS

(last updated [Sept. 21, 2016](#))

CHILD/ADOLESCENT PSYCHIATRISTS

ONTARIO

TORONTO

Susan Dundas, M.D.

Child & Adolescent Psychiatrist

Hincks-Dellcrest Centre
114 Maitland Street
Toronto, ON M4Y 1E1
Tel: (416) 924-1164, x3302
Fax: (416) 924-8208

Krista Lemke, M.D.

Child & Adolescent Psychiatrist

Toronto East General Hospital
825 Coxwell Avenue
East York, ON M4C 3E7
Tel: (416) 461-8272
Fax: (416) 469-6106

Solomon Shapiro, M.D.

Child & Adolescent Psychiatrist

Gender & Sexual Orientation Clinic

Hincks-Dellcrest Centre
114 Maitland Street
Toronto, ON M4Y 1E1
(416) 924-1164, x6069

[Note: These psychiatrists specialize in children and adolescents, often providing individual and/or family therapy, They also assess and treat diverse mental health issues, often including gender identity. Some also assess gender non-conforming youth and trans teens for puberty suppressants (hormone blockers) and/or cross-sex hormone therapy in collaboration with other trans care providers (endocrinologists, psychologists, psychotherapists). Please inquire about each provider's specific clinical training and experience.]

CHILD/ADOLESCENT PSYCHOLOGISTS

ONTARIO

TORONTO

Ashraf Ahmed, C. Psych.

2 Carlton Street, Suite 1405
Toronto, ON M5B 1J3
Tel: (647) 215-4050
Fax: (416) 900-6625

Lawrence Dong, Ph.D., C. Psych.

Main St. Psychological Centre
6 Main Street (& Kingston)
Toronto, ON M4E 2V4
Tel: (416) 690-2229
Fax: (416) 690-1814

PETERBOROUGH

Barbara Mann, Ph.D., C. Psych.

c/o Telka Smith
318 Stewart Street
Peterborough, ON K9J 3N1
Tel: (705) 742-3120

Charlie Menendez, Ph.D., C. Psych.

c/o Telka Smith
318 Stewart Street
Peterborough, ON K9J 3N1
Tel: (705) 742-3120

QUÉBEC

MONTRÉAL

Françoise Susset, M.A., C. Psych.

Clinical Psychologist

Montreal, PQ
Tél: (514) 279-0304

[Note: These psychologists are not all accredited to work with children; some might work with adolescents. Some might be open to supporting gender non-conforming children, trans teens and their parents by means of individual and/or family therapy on diverse mental health issues, including gender identity. Some might also be able to assess for puberty suppressants (hormone blockers) and/or cross-sex hormone therapy in collaboration with other trans care providers (endocrinologists, psychiatrists, psychotherapists). Please inquire about each provider's specific clinical training and experience.]

DISCLAIMER:

We cannot endorse specific providers so you must do your own research (ask for a consultation) to find the best fit for you.

Notes

- There are no official listings of child/adolescent psychiatrists or child/adolescent psychologists in Canada who assess and/or treat gender non-conforming children or trans teens; however, you can search online for a provider in your province/ territory via the Gender-Creative Kids Canada website (<http://gendercreativekids.ca/providers/>).
- Medical services are free if you have a valid provincial/territorial health insurance card, and if you are referred by a physician or nurse practitioner. Referrals can either be faxed or made online.
- Most hospitals and health care centres have a geographical catchment area as a criterion for eligibility for service. See also (on the Canadian Centre for Gender & Sexual Diversity's website):
- "Paediatric Endocrinologists & Paediatric/Adolescent Medicine Physicians for Gender Non-Conforming Youth & Trans Teens"
- "Psychiatrists, Psychologists & Psychotherapists for Trans People"

OLDER TRANS PEOPLE & SENIORS

(last updated **August 15, 2016**)

ONLINE RESOURCES

ONTARIO

A Guide to Programs & Services for Seniors in Ontario (2015):

<http://www.seniors.gov.on.ca/en/seniorsguide/>

Produced by Ontario Seniors' Secretariat; published by ServiceOntario Publications.

Tel: 1-800-668-9938; TTY: 1-800-268-7095; Seniors' INFOline: 1-888-910-1999

Active living - Ontario Seniors' Secretariat

Lesbian, Gay, Bisexual and Transgendered (LGBT) Seniors:

The 519 Church Street Community Centre:

<http://www.seniors.gov.on.ca/en/seniorsguide/3.php>

Health and Wellness - Ontario Seniors' Secretariat

Lesbian, Gay, Bisexual and Transgendered (LGBT) Seniors:

<http://www.seniors.gov.on.ca/en/seniorsguide/6.php>

COMMUNITY PROGRAMS

ONTARIO

TORONTO

Mature Trans Sisters

(a program of Sherbourne Health Centre)

(for trans women 45+)

*Weekly Drop-In Group (Tuesdays: 6-8 pm)

333 Sherbourne Street

Toronto, ON M5A 2S5

Tel: (416) 324-4100

www.sherbourne.on.ca

Group Co-Facilitator (King): (416) 324-4100, x5230; mts@sherbourne.on.ca

Older LGBT Community Services

(a program of The 519 Community Centre)

(for gay, lesbian, bisexual, trans and queer people 50+)

*Weekly Drop-In (Mondays, 1-4 pm)

*Monthly Women's Book Club & Monthly Men's Book Club

*Special Events

*Annual 50+ LGBTQ Empowerment Conference (co-sponsored by Senior Pride Network)

*Online resources on LGBT history and activism, health and wellness, and human rights

519 Church Street

Toronto, ON M4Y 2C9

Tel: (416) 392-6878

www.the519.org/

Coordinator (Rosalyn Forrester): rforrester@the519.org

Senior People's Resources in North Toronto, Inc. (SPRINT)

(for people 55 + and people with disabilities, including LGBT seniors)

140 Merton Street, 2nd Floor

Toronto, ON M4S 1A1

Tel: (416) 481-6411

Fax: (416) 481-9829

www.sprint-homecare.ca/

Note: If you live outside the SPRINT service area, call toll-free: 1-877-540-6565 to access information about services in other Toronto neighbourhoods.

Senior Pride Network

(in partnership with The 519 Community Centre's Older LGBT Community Services)

(for gay, lesbian, bisexual, trans and queer people 50+)

*Quarterly meetings

*Annual 50+ LGBTQ Empowerment Conference

*Online resources on LGBT aging, training and education, and research

519 Church Street

Toronto, ON M4Y 2C9

Tel: (416) 392-6878

www.seniorpridenetwork.com/; www.the519.org/

Contact Rosalyn Forrester (Older LGBT Community Services Coordinator): (416) 355-

6783, rforrester@the519.org

Hopefully to come: a support group for Older Trans Guys, their Loved Ones & Allies

Note: Potentially to be sponsored by The 519 Community Centre in 2016; for more information, please contact Becky MacFarlane (Director of Programs & Services): (416) 355-6775, bmcfarlane@the519.org.

EDUCATIONAL & COMMUNITY RESOURCES FOR PARENTS OF GENDER NON-CONFORMING YOUTH, & PARTNERS & CHILDREN OF TRANS PEOPLE

Section unavailable at this time.

A COLLABORATIVE PREPAREDNESS AND INFORMED CONSENT MODEL

Section unavailable at this time.
