



# Self-Referred

A Québec Trans Health Survival Tool

# Action santé travesti(e)s et transsexuel(le)s du Québec



Project Coordinator: Jackson Ezra

French Translation: Julie Paquin and Mirha-Soleil Ross

Spanish Translation: Ari Belathar

Editors: Oliver Fugler (English) and Sylvie Perrin (French)

Reading and Feedback Committee: Liberia Aceves, Gabrielle Bouchard, David Rodriguez, Danielle Chénier, Vicky Sawyer, Fabien Rose, Nora Butler Burke

## **Parts of this document were built off of the Project Max Guide.**

This resource is available to reprint and distribute, though not to sell.

This is a community resource that was created based on the knowledge and experiences of trans people. It does not contain medical or legal information from lawyers or doctors.

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# Introduction

## Why we made this guide

Trans people often have a hard time navigating health and social services. Everybody deserves to be treated respectfully by their family doctor, nurses, and social workers, and members of trans communities are no different. Furthermore, trans people need jobs, stable housing, and support if and when their rights are disrespected. Trans people also need services that are specific to and respectful of their needs and experiences. Many of us find that community organizations and resources, as well as our friends and communities, can support and care for us in conjunction with more standard health and social services.

Regardless of the stage of transition you are at or plan on taking, finding health and social service professionals you trust and who treat you with dignity can be challenging. There are few resources that are specific to trans realities. Much of the wisdom and information within our communities is only shared informally between individuals.

## **What is included in this guide**

This guide aims to centralize some of this community knowledge and equip you with the information and resources to stand up for yourself. Knowledge is power; the more information you have, the more you'll be able to advocate for yourself, whether it be against a disrespectful doctor or social worker, uninformed staff at a shelter, discriminatory landlords or employers, or abusive or violent cops. Having access to trans-specific resources and knowledge can even help if you are confronted by rejection from your family or community.

*Self-Referred* was conceived of by trans people from a variety of backgrounds and has information specific to the needs of trans people living in Québec. Because it was created in an urban context, by people living in Montréal, the scope is limited. Many of the resources listed are Montréal based, but resources relevant to rural communities and other cities in Québec have been integrated throughout. Topics include a look at daily struggles in the lives of trans people, hormone therapy, surgery, legal name and sex designation changes, HIV/AIDS, sex-segregated spaces, and legal rights and advocacy tools.

The term 'trans' is used throughout the guide. Trans is usually used as a short form for 'transgender' and/or 'transsexual.' It literally means "crossing to another side." Someone who presents, lives, and/or identifies as a gender other than the one they were assigned at birth is trans. At the same time, we acknowledge that trans communities have diverse needs, priorities, identities, and ways of talking about themselves. Ultimately, we support the right for people to self-determine and self-identify using whatever words suit them best.

## Who we are

*Self-Referred* is an initiative of Action santé travesti(e)s et transsexuel(le)s du Québec (ASTT(e)Q). ASTT(e)Q is a project of CACTUS Montréal and was founded in 1998, largely in response to Montréal's lack of health care and social services that were sensitive to trans people's needs. The project grew out of a support group for trans women living with HIV and was informed by a trans community-led needs assessment that aided in determining the shape and direction of ASTT(e)Q. The organization is part of a long and rich history of activism, advocacy, and community organizing for improved access to health care and social services, housing, decent working conditions (particularly for sex workers), HIV prevention, and an overall greater quality of life for trans people in Québec.

ASTT(e)Q aims to promote the health and well-being of trans people through peer support and advocacy, education and outreach, and community empowerment and mobilization. We understand the health of trans people and our communities to be related to economic and social inequalities that have resulted in trans people experiencing disproportionate rates of poverty, un(der)employment, precarious housing, criminalization, and violence. We believe in the right to self-determine gender identity and gender expression free from coercion, violence, and discrimination. We advocate for access to health care that will meet the many needs of our diverse communities, while working collectively to build supportive, healthy, and resilient communities.

Finally, we would like to acknowledge and honour the work and lives of those who have come before us: trans people who have struggled and fought for their right to live in peace and dignity, and to make decisions about their bodies on their own terms. This guide is dedicated to all of the trans elders whose work and persistence make it possible for resources

like this one to be created, and to the resiliency and strength of trans youth who build and foster supportive community even in hard times.

Trans people have been pushing for greater access to health and social services throughout history. This activism continues today, and the state of access to services is constantly shifting. Check out [www.santetranshealth.org](http://www.santetranshealth.org) for updates!





# Daily Life

Have you ever had moments you wished that you had someone to call on for advice—someone more experienced, who had been through everything already? Have you ever wondered why there wasn't just a guidebook on how to put on makeup, or shave your face for the first time, or tell your family and friends about your transition? Have you ever been struggling to fill out all the forms for your name change or find a cheap and respectful psychologist who'd write you a letter for surgery, and thought to yourself, *this would be so much easier if I wasn't doing it alone?*

This guide as a whole calls attention to the fact that physical health is connected to emotional and mental well-being, and that there are many social, institutional, and economic circumstances that make it hard for trans people to access basic services (medical care, housing, employment, etc.). It also provides a reminder that societal inequalities beyond transphobia—such as racism, poverty, ableism (discrimination against disabled people), social isolation, past trauma, and other forms of discrimination—also affect trans peoples' ability to access the medical and social services they need.

There are as many stories and narratives as there are trans people, and no single resource could possibly replace the

value of face-to-face support and knowledge sharing that exist within marginalized communities. Each trans person has a different journey, different ways of talking about their body, and different ways of navigating social situations, love, sex, making money, having fun, and surviving. Many trans people have experienced hardship, violence, and isolation in their lives, but there is also a lot to celebrate, including the wealth of knowledge that exists within trans communities.

Even though each trans person is different, there are still common issues that many have to deal with. What follows are some of the issues that trans people face in their daily lives.

### **Coming Out and Disclosure**

‘Coming out’ is the act of admitting to yourself and/or the people in your life that you are trans. Most of the time, coming out is the first big step in a transition. Some people come out by writing letters to their loved ones, and others have conversations in person. Some people never tell their loved ones at all. For others, moving to a new place to start afresh feels like the best option. There is no right or wrong way to come out, and it’s not anybody’s place to judge you for your decisions.

Coming out can be difficult. For trans people who are minors, the risk of family rejection, being cut off financially, etc. can play a bigger role. For those who live in small towns or rural areas, privacy or anonymity while transitioning might be hard to maintain. Trans men who have existed in lesbian communities before their transition may fear rejection or loss of community after coming out as men. Some trans people may experience rejection from the cultural or religious groups they are a part of because of beliefs or traditions within their communities. For trans parents, coming out can mean complicating or risking their relationships with their

children. There are endless reasons and stories that show why and how coming out is difficult.

Whatever your story, the way that you decide to come out—if you do—is your choice. In spite of the difficulties, coming out can also be rewarding and validating. Some trans people are met with acceptance and pride from the people in their lives, and many manage to find communities and build families and support networks upon coming out.

Although there aren't many, organizations exist for trans people, with staff and volunteers there to help you come up with strategies and to chat if you need someone to talk to. Many of these organizations have regular meetings or events, where trans people and their allies can meet, build friendships, exchange stories and information, and find support. Check out the trans support organizations listed in the “Resources” section of this guide if you are feeling isolated, or if you want someone to talk to about coming out.

*{Testimonial} It's never too late to accept your reality, to love yourself, to live happily, and take out that person you hide inside of yourself.*

*{Testimonial} I spent my 30s and 40s trying to hold it together . . . no one knew, not my wife, not my kids. But one day I lost it . . . I had a breakdown, and I opened up to my best friend about feeling like a woman. It took a long time to get to where I'm at today. I lost my job. My wife and I split up, too, but we're still good friends, and my kids have been really supportive of me. I've found new friends, mostly other trans women, and they've helped me get through a lot of this.*

## **Social Isolation**

Many trans people have trouble meeting like-minded people, making friends, and finding community, especially those living in areas where few trans-specific or -inclusive organizations and resources exist. Trans people living in rural areas often migrate to larger cities and urban centres, where most

of the resources are concentrated. For example, most of the trans-specific resources in Québec are in Montréal.

An outcome of social exclusion and marginalization is a pronounced lack of community. Many trans people lose family and community support when they transition or come out, and frontline community organizations often fail to incorporate trans people within their services. This exclusion reinforces social isolation.

The internet is a good place to connect with other trans people, if you are feeling socially isolated. Blogs and online discussion forums are now tools for sharing stories, disseminating information, and connecting with people in similar life circumstances. Online sources might be helpful in finding out where local trans hangouts or support groups exist. For example, Yahoo! groups and LiveJournal both have trans forums where people can get to know each other and exchange information. ASTT(e)Q and Aide aux transsexuels et transsexuelles du Québec (ATQ) both have Facebook pages where you can meet and discuss issues with other trans people. Also, check out the back of this guide for a list of trans-specific organizations in Québec. Many of them have regular support groups, where you can meet and socialize with other trans people and their allies.

*{Testimonial} I grew up in Rimouski. I didn't tell anyone about me . . . everyone is like your neighbour and they care too much about your business and gossip too much. I used the internet at the library to find out about where to get some hormones, and to find chat rooms where I could speak to other people who are like me. I felt nervous 'cause even the librarian is friends with my mother. My internet friends were OK for awhile, but I knew that it wasn't enough. I went to Montréal to live, but I didn't know how to find an apartment! It was my first time living in a big city, and even though I knew that there must be so many other transsexuals in such a big city, I didn't know where to find them.*

## **Discrimination and Violence**

Trans people in Québec face high rates of violence and discrimination, which too often go undocumented or unnoticed by the media or unreported to the police. Trans people experience violence in all aspects of life—from institutional and structural violence, such as the denial of access to essential health and social services, to police brutality and harassment of trans sex workers, to conjugal and intimate partner abuse, to individual acts of transphobic hate-based violence. Violence against trans people is systemic and pervasive.

Trans Day of Remembrance is celebrated on November 20th, in order to remember and pay tribute to trans people who have been killed as well as survivors of violence. The day also provides a way to raise public awareness of transphobic violence. When remembering the dead, it is important to keep in mind that trans people who face other kinds of discrimination beyond transphobia experience the most violence. Being racialized, doing sex work, being homeless, being a drug user, struggling with mental health issues, or having a disability are all experiences that compound the risk of experiencing violence.

Much of the violence that trans people experience in their daily lives is at the hands of the institutions that are meant to protect them. Police violence is not at all uncommon in trans communities. Check out the “Know Your Rights and Self-Advocacy” chapter to learn more about your rights when dealing with the police and reporting incidences of police violence and brutality.

Similarly, many of the organizations and services designed to support survivors of violence are insensitive to the needs and realities of trans people. Trans women, especially those who have not had Sex Reassignment Surgery (SRS), are often denied access to women-specific sex-segregated facilities,

such as women's shelters. The needs of trans men within health and social services are often invisible, as many people have never even heard of, or worked with, trans men before.

Finally, trans people deal with discrimination in their own communities—ostracized or judged because of personal decisions they make about hormones and surgery. Discrimination based on sexual orientation, HIV status, race, religion, class, and ability also exist within trans communities.

*{Testimonial} I was harassed a lot in school, but I tried to concentrate on my studies to stop thinking about all of the bad things, and that helped.*

*{Testimonial} When I was four years old, I was raped by my relative. My parents didn't believe me. It's hard to trust people. What can I expect from society when my own family doesn't support me?*

*{Testimonial} I have been discriminated against so many times in my life ever since I was a teenager. The typical bullying—at school, work, and in all parts of my life. There was no way to get support. When I was a teenager, I thought of committing suicide. I'm glad that I didn't do it, because now I know that life is beautiful, even with all of the pain and hard times.*

## **Self-Esteem and Depression**

Difficulties related to coming out and disclosing your trans status, finding a job, looking for healthy and stable housing, lacking access to health and social services, and experiencing violence, discrimination, and social exclusion are only some of the factors that contribute to low self-esteem and depression amongst trans people. Transitioning can be extremely stressful, and all of these factors experienced on a regular basis can result in severe mental and emotional distress.

If you feel depressed, there are places to go for help and support. Call ASTT(e)Q if you need to talk, or if you want a referral to a trans-positive therapist or support services.

*{Testimonial} Since I got to Canada, I've found it really hard to keep my head up. I had lots of problems finding a place to live, and when I finally found a place, I was*

*always afraid my roommates would figure out I'm trans, so I'd usually just stay in my room. I tried to go to French school, but the teacher wouldn't respect me or use the right name . . . I looked for a job for a bit, but nobody would hire me without seeing my ID. Now I'm on welfare, so at least I have a bit of money, but it's not really enough. It's been lonely here more often than not, though I've been starting to make some friends. It's hard to feel good about myself when I everything feels impossible. I've been feeling depressed a lot—especially in the winter time. But I keep hoping it'll get easier.*

## **Employment**

Because of prejudice and transphobia, finding and holding down a steady job with a decent wage can be a challenge. You may experience discrimination if you ask your boss or co-workers to call you by a name other than that which appears on your legal ID, or because you are not always perceived by others as your chosen gender. Showing identification and providing school transcripts, diplomas, or references can be daunting if the name and gender on those documents do not correspond with your gender identity or presentation. This may make you nervous to or prevent you from applying for jobs, or make it harder for you to get hired at the jobs you do apply for.

Finding and maintaining employment is made even more difficult if you experience other kinds of discrimination in your life, too. For instance, if you are a non-status migrant and don't have any legal identification at all, trying to get paid under the table at a stable job with decent employers is an added barrier. If you are a sex worker, it may be difficult to hold bad or violent clients accountable. If you are disabled, it might be difficult to find a workplace that will respect your accessibility needs.

Many social services, employment agencies, and anti-poverty organizations meant to support people looking for jobs or experiencing discrimination at work are relatively inaccessible to trans people because the staff and/or policies are ignorant of or insensitive to the realities of trans people.

If you have friends or acquaintances who are trans, try asking around to see if they know of any workplaces that are trans-positive. Some trans people are self-employed, and start their careers by identifying their skills and marketing themselves. Friends in your community are likely to know of places to go for help if you need support finding a job or confronting discrimination at work.

Check out the “Know Your Rights and Self-Advocacy” chapter of this guide for information with regards to securing and maintaining employment, and dealing with social assistance bureaucracies. Check out the employment support information in the “Resources” section for help with looking for a job and tips for if you are experiencing discrimination at work.

*{Testimonial} When I tried to find my first job, my CV was good, but my appearance was the problem. I had many interviews without any result. After one of my friends gave a recommendation, I found my first job. In this time I was very depressed, and I felt like I was born with a problem.*

## **Housing**

Finding and maintaining housing is also frequently difficult for trans people. Even though there is a strong tenants rights movement in Québec, landlords still hold a lot of power and can create discriminatory barriers to renting. You may be forced to out yourself to a landlord when you’re signing a lease if you have not changed your name or if you’re not always read in your chosen gender. Some landlords do credit checks or other verifications on prospective tenants, which is another way in which you may be outed. Finding roommates that you feel comfortable around can be an additional stress when searching for affordable housing. If you are on social assistance, it might be difficult to find an apartment with the money allotted to you. Non-status trans people with no legal documentation at all will experience added barriers in finding and maintaining housing.



It is in part for these reasons that many trans people find themselves in precarious or unstable living situations. Some landlords may abuse their power and take advantage of your vulnerable situation. Check out the “Know Your Rights and Self-Advocacy” chapter of this guide to learn more about your rights with exploitative landlords.

Trans people experience, as a population, a distinct risk of homelessness because of the discrimination they may face when seeking housing, employment, and health and social services. If you are homeless and seeking the services of a homeless shelter, check out the “Sex-Segregated Spaces” chapter of this guide. The “Resources” section of this guide has a list of tenants rights organizations, as well.

*{Testimonial} I'm a 22-year-old trans woman. I do sex work to make a living. Even if I wanted to find another job or go back to school, I can't change my ID, so I'd be forced to out myself. . . and we know how that often goes. I just moved into a new apartment 2 weeks ago, and the other day, the concierge came to me asking what I do for work. The concierge started yelling at me about how he didn't want any “whores” living in his apartment. I stood up for myself and said, “Listen, you need to respect me. I am a sex worker. I'm a good tenant, I don't work out of my apartment, and I pay my rent.” He wasn't satisfied and told me I have 2 weeks to move out. Where am I to go? Many of the women's shelters won't accept me because legally I am male . . . so unless I figure something out, I'll be out on the streets again by Christmas.*

## **Migration**

Trans people migrate for many reasons including to flee from violence or discrimination, to access the anonymity of a city, to experience greater social acceptance, or to find greater access to trans-specific health and social services.

Trans migrants face a variety of challenges. For internal migrants (people migrating within Canada or Québec), moving to a new place without social or logistical contacts can be challenging. Trans people who are migrating from other countries face a host of issues. Systemic racism and

xenophobia often compound experiences of isolation, exclusion, and individual and institutional violence for many trans migrants. Refugee claimants, for example, have limited health care due to the Interim Federal Health Program (IFHP). If you are denied refugee status, and you do not show up for your deportation date, the Canada Border Services Agency (CBSA) will issue a warrant. Living underground with the constant threat of deportation can be stressful and isolating. Accessing health care, finding support networks, getting education, finding a job, and looking for apartments are all much more difficult when you are living as an undocumented migrant.

*{Testimonial} When you leave your family, home, friends, city, and country, because your life is at risk, being afraid to be dead for not being allowed to be who you really are, for what you like and how you want to live . . . you have to hide your identity and run. BRAVE becomes your 2nd name.*

## **Sexuality and Sexual Health**

While people often conflate gender identity and sexual orientation, trans people exist throughout the spectrum of sexuality. Trans people can be gay, lesbian, straight, bisexual, or queer. While some trans people maintain the same sexual orientation throughout their lives, others experience shifts in who they are attracted to.

There is no right or wrong way to experience pleasure and desire. All trans people feel differently about their bodies, and have different comfort levels and boundaries around sex. Some trans people are not at all comfortable with their birth genitals, do not get sexual pleasure from them, and wish to have Sex Reassignment Surgery as soon as possible. Some feel comfortable with and empowered by their bodies, while others feel some discomfort but do not find it unmanageable. Desire and sexuality manifest in multiple ways, as they do in non-trans communities. Because trans identities have been medicalized and examined by doctors, the media, and

society for so long, sometimes it is hard to feel ownership or power over your own sexuality and sexual life. While you may experience unwanted objectification, desexualization, and fetishization, it's important to remember that you have the right to feel sexy, desired, and respected.

For your overall health, certain sexual health exams are recommended. If you are a trans woman over fifty years old (or forty, if there is a history of prostate cancer in your family), getting regular prostate exams is important, whether or not you have had Sex Reassignment Surgery. If you are a trans guy who has not had bottom surgery, it is recommended that you have regular pap tests and gynecological exams, because there remains a risk of developing cancer of the cervix, ovaries, and uterus. If you have had a hysterectomy and an oophorectomy (removal of the ovaries), and your cervix is removed, the risks diminish; however, gynecological exams are recommended unless pap tests are impossible to perform due to changed anatomy.

Getting pap tests, prostate exams, or sexually transmitted infection (STI) tests can be traumatizing and triggering. Ultimately, it's your choice to decide what makes most sense for you and your body. If you have all of the information and tools to make an informed decision, it is up to you to determine what is an acceptable risk; nobody should be forced to take an unwanted prostate exam or pap test. You are the expert on your own needs and have the right to make choices about your body and life without having to face judgment or moral scrutiny from your doctor, your community advocate, or your peers.

*{Testimonial} I went to go see this new gyno once—one I had never seen before—and I didn't know how he would react to me being trans. I had been procrastinating—I didn't want to go. I kept postponing the appointment. Once the date finally came, I felt so anxious, I took a shot of whiskey before going to the office! Ha! Well, we all do what we need to do ... I decided to bring a friend with me, though. My friend and I came up with a code word for if I needed him to intervene, or if I needed to leave, or if it was alright and I would prefer if he left*

*the room. It wasn't a very good experience overall, but I felt comforted that my friend was with me. It's hard to ask for support, but I felt so much better knowing I wasn't alone.*

## **Children and Families**

Trans people have families, too! Maybe you had children before coming out and transitioning, or else you might be thinking about starting a family. Dealing with coming out and explaining your identity to your partner or children, navigating custody issues and family courts—which aren't usually sensitive to the needs and realities of trans people—or trying access services such as sperm banks or adoption agencies are all issues that trans parents or prospective parents have to deal with.

Even with accepting children and families, trans parents encounter many barriers. Trans people often experience obstacles in establishing legal relationships to their children and adding their names to their children's birth certificates. Teachers may be judgmental, or children may have a difficult time explaining the changes to their friends and classmates.

Check out the “Know Your Rights and Self-Advocacy” section of this guide to learn more about your rights with regards to fertility clinics, adoption agencies, and issues surrounding custody of your children.

*{Testimonial} I'm a trans woman, and I have an 11-year-old daughter. Coming out wasn't easy, but I spent time explaining to her who I am, and I often ask her how she is doing with the news, and she sets her own boundaries. Today, after 9 months of my transition, my daughter is coming to terms with things. She even thinks that I'm better than I was before—more radiant, calm, and at peace with myself. My transition has had a lot of positive influences on her. For sure, it plays out differently for everyone, but things are working out well for us!*

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Having a holistic understanding of health, one that includes all aspects of daily life, is the key tenet of this guide. After all,

trans people's lives are about far more than hormones and surgeries. All the factors discussed above will determine the ease with which you can afford the financial and emotional costs of transitioning. Keep these things in mind as you move through the rest of this guide.





# Hormone Replacement Therapy

If you are reading this section of the guide you are probably either thinking about starting Hormone Replacement Therapy (or HRT) or have already begun the process. Sex hormones (estrogen, progesterone, and testosterone) are those responsible for secondary sex characteristics, so they regulate things like facial and body hair, voice pitch, and fat and muscle distribution (body shape).

Some people start hormones right after beginning their transition, and some people wait years. Others never take hormones, either because they don't want to, are unable to for health reasons, or don't have the financial means. Some trans people use the legal route to access their hormone prescription—they find a health professional to follow them through their hormonal transition. Countless trans people decide not to take this route, or are unable to get a prescription for hormones and therefore use black market hormones.

The information in this chapter covers topics ranging from how you can get a prescription for hormones in Québec, to the changes you will experience when you start HRT, to information on how to inject safely.

While this chapter contains a lot of valuable information on HRT, you can learn more by talking to other trans people in your life about their experiences, connecting with people on online forums, reading personal blogs, and finding support at local community organizations.

### **Access to Hormones in Québec**

In theory, any doctor certified to practice medicine in Québec is able to prescribe hormones. In reality, though, most medical professionals harbour fears and reservations about prescribing hormones to trans people, so few are willing to do so. Your doctor might not know very much about trans people, and you may be the first trans person they have worked with. They may be worried about not being an ‘expert’ in the field of trans health. In reality, most health care providers are experts through experience, and many doctors who do decide to prescribe hormones to trans people learn from their patients and through networking with other doctors who do similar work.

Some doctors are also worried about liability. In other words, they are concerned that they will be held legally accountable if you later decide that you do not want to be on hormones or regret having ever started them. Such a change of heart is rare, and there are measures that doctors can put in place in order to avoid being liable should you change your mind.

### **Hormones with a Prescription**

A select few doctors and clinics use an informed consent model for prescribing hormones, which is a model of care based on the assumption that you are best equipped to make decisions about your own body, while providing you with the tools to ensure that you have all the necessary information to make an informed decision. Usually with this method you do not have to have a letter of evaluation from a mental health professional in order to be prescribed hormones. Some



progressive clinics have written and implemented their own informed consent protocols for initiating HRT with trans people. To find out if there are doctors or clinics using an informed consent model of care in your area, contact a local trans community group or ASTT(e)Q at 514.847.0067 ext. 207.

Generally, most health professionals require that you follow certain steps before beginning hormones.


*1) Getting a letter of evaluation from a mental health professional*

While some doctors and clinics follow their own standards for prescribing HRT for trans clients, the majority of doctors use the World Professional Association for Transgender Health (WPATH) Standards of Care. These standards stipulate that a person wishing to start hormones have medically documented Gender Dysphoria. In order to get this diagnosis, you are required to see a mental health professional. If the professional decides that you fulfill the eligibility requirements and deems you ready, they will write a letter recommending HRT.


If you would like more information on health care providers who are knowledgeable about trans health issues, ASTT(e)Q has a database of health care and social service providers who work with trans people. Please give us a call at 514.847.0067 ext. 207.

While the costs associated with therapy can hinder your ability to get letters of reference for the initiation of HRT, and few mental health professionals in the public system write them, don't give up hope! If you cannot afford to see a mental health professional, either ask around to members of your community who have gone through the process, or call a local trans health advocacy group, and staff or volunteers will help you strategize about your available options.

### Self-Advocacy Tip



1. Inform yourself! Figure out which protocols or standards your mental health professional is using to assess your eligibility for the initiation of HRT. The more knowledgeable you are on the issue, the more you will understand what your mental health professional will be expecting from you. Remember, it's your right to equip yourself with as much information as possible. If you would like to better understand what the WPATH eligibility requirements are, and what your therapist will be looking for, please visit [http://www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm).



2. If you are already seeing a mental health professional who is willing to write you a letter of recommendation for HRT, but who does not know what the components of the letter should be, give them copies of sample letters or direct them to websites or resources where they might find that information. Sample letters of reference can be found at [www.santetranshealth.org](http://www.santetranshealth.org).

### 2) Finding a prescribing doctor

Once you have your letter in hand, you will have to start searching for a doctor to prescribe your hormones. In general, trans people either see a general practitioner or an endocrinologist.

A *general practitioner* (GP, or family doctor) is a doctor who works with patients with a wide variety of needs and medical conditions. They may work out of a private practice or through a local CLSC. The job of a GP is to look after the overall health of their patients. Many family doctors provide HRT as part of primary care. Whether or not a GP will prescribe hormones to a trans person usually depends on their comfort level with and their knowledge base about trans health issues. If a family doctor is comfortable with providing a prescription for hormones to a trans patient, but is not knowledgeable on the subject, they might agree to do some research, and then prescribe once they are more informed.

Unfortunately, some doctors are uncomfortable providing hormone therapy to trans people under any circumstances, and a person trying to access trans-specific care might have to find a new GP. Organizations that provide services

to transgender, transsexual, and/or intersex people often maintain relationships with local doctors who are informed of the health issues surrounding HRT, so if you are looking for one who is informed in this way, a local organization might be a good starting point. To access information on doctors who prescribe hormones in Québec, contact a member of the Trans Health Network at [santetranshealth@gmail.com](mailto:santetranshealth@gmail.com).

Other than a GP, the type of doctor most likely to prescribe hormones is an *endocrinologist*. An endocrinologist is a medical specialist dealing with internal medicine. They have a specialized understanding of the role of hormones and other biochemical mediators in regulating bodily functions. They are also trained to treat hormone imbalances.

For the most part, specialists require a referral from a GP to book an appointment, but you can technically self-refer. Some specialists are covered by Québec Medicare. Often the waiting list to see a specialist is at least two months.

#### Self-Advocacy Tip



If you have a doctor who is unfamiliar with trans health issues and reluctant to prescribe hormones, try referring them to a local community group that works with trans and gender-variant people that might be able to point them in the direction of trans health resources. You can also pick up or order a copy of ASTT(e)Q's guide *Taking Charge: A Handbook for Health Care and Social Service Providers Working with Trans People* to give to your doctor.

#### *A Note on Gender Clinics*

A gender clinic is an interdisciplinary specialty clinic, usually located within a hospital. In Montréal, the gender clinic within the Montréal General Hospital is called the Human Sexuality Unit. While gender clinics do not provide direct access to hormone therapies and surgeries on-site, they are set up for performing assessments and treatment of concerns relating to gender identity, including counseling, psychotherapy, hormone assessment/monitoring, and documentation for approval of surgeries. The gender clinic refers those

accepted into the program to a GP or specialist who will write the prescription for hormones after certain requirements have been met. The estimated cost of pursuing therapy through the Montréal gender clinic is \$3375 per year. This estimate does not include the cost of hormones, surgeries, or electrolysis; it only includes therapy. At the Montréal gender clinic, it takes one to three years to meet requirements to get access to a hormone prescription.

Some trans people choose to go to a gender clinic to start HRT and/or access Sex Reassignment Surgery. It is commonly understood by many trans people, as well as progressive allied professionals, that gender clinics provide outdated services that do not meet the needs of most trans people. Unfortunately, gender clinics are often the most widely advertised service available to trans people. Especially for those who are isolated and do not have much access to community or relevant information, gender clinics might be the first resource they will stumble upon. Most frontline workers and trans advocacy organizations do not see the Montréal gender clinic as a respectful or accessible resource for the majority of people seeking to physically transition. While for many years the Human Sexuality Unit was the only channel through which trans people could begin hormones or access surgeries in Montréal, there are many more respectful, empowering, and accessible options out there today.

### *Coverage for Hormones*

Specific brands of estrogen, anti-androgens (testosterone blockers), and androgens (testosterone) are all covered by Québec Public Prescription Drug Insurance Plan. People who are not Québec residents have to pay full cost unless they are covered under a private insurance plan.

Legislation in Québec stipulates that if you don't have private insurance coverage for drugs, you must register with the Public Prescription Drug Insurance Plan. You must pay an

annual premium, or base cost, which will vary depending on your age and income and is payable when you file your Québec income tax return. You will also pay a small fee every time you fill a prescription.

You do not have to pay anything for your prescription medications if you are a) on social assistance and are considered to have serious constraints to employment, as defined by the Québec government (in this case your spouse does not have to pay for their medications either), b) between 0 and 17 years of age, or an unmarried full-time student between 18 and 25 years, and considered to still be under parental authority, as defined by the Québec government (in this case, your parents must also be covered under the Public Prescription Drug Insurance Plan), or c) over 65 years old.

You can register for the Public Prescription Drug Insurance Plan plan by phone or in person. You will need a Québec Medicare card in order to register. Contact info to register is below:

- Québec: 418.646.4636 - TTY 418.682.3939  
1125 chemin Saint-Louis, Sillery
- Montréal: 514.864.3411  
425 de Maisonneuve West, 3rd floor
- The rest of Québec: 1.800.561.9749 - TTY 1.800.361.3939

### **Hormones without a Prescription**

Trans people choose to take hormones without a prescription for many reasons, for example, being unable to find a doctor to write the prescription, or having had negative experiences with doctors and therefore not trusting the medical establishment to give them respectful and relevant care. Some trans people find taking their health into their own hands empowering and feel that getting their hormones from a friend or dealer gives them more autonomy and independence. All reasons are legitimate.

If you are currently taking hormones without a prescription, or are considering doing so, it is important to gather all of the information and resources you can on the topic. Few resources exist about taking hormones without a doctor, and some consider their friends or community members to be the best source of information on this front. General research on cross-gender HRT is helpful in establishing a solid understanding of the risks, anticipated effects and side effects, as well as where and how to get the hormones that are the most reliable.

While many people do decide to take hormones without a prescription, there are risks associated with doing so. What follows is a list of the realms of risk you could encounter.

*Dosages:* Not all bodies are the same, and dosages vary depending on an individual's existing hormone levels. If you are not being followed by a doctor, it is difficult to get information on the proper dosage for your body. Furthermore, many people believe that taking more hormones will make the changes happen faster. Not only is trying to speed up the process bad for your health, but it can backfire: occasionally, if you take too much estrogen, your body will convert it back into testosterone, or if you take too much testosterone, your body will convert it back to estrogen.

*Consistency:* Another issue surrounding taking hormones without medical supervision is maintaining consistency in the kind of hormones you are taking. If you are buying hormones from a dealer, the brand or format is likely to be inconsistent. For example, one month you might be taking injectable hormones, and the next month pills. The inconsistency can take a toll on your body and can induce emotional extremes. Some people in this situation save up to buy a lot of the same kind of hormone at once. This method helps with the maintenance of consistency for at least a few months.

*Getting the right stuff:* If you are using hormones without supervision, it is difficult to know what is reliable. Sometimes what is sold on the street or the internet is unreliable, and hormones may be substituted for other similar-looking substances. For instance, a pill bottle might have been refilled. Injectable hormones are found either in glass vials or filled syringes. It is difficult to tell whether what's in the vial or syringe is the right stuff. Asking friends or people who use the same kind of hormones can be helpful but is not a fool-proof tactic.

*Needle sharing:* Some people share their needles after using them. This is not recommended, and clean needles are available at hundreds of locations around Québec. See the “Resources” section of this guide for information about where to find clean gear in Québec. If you are going to self-inject, check out the “Self-Injection” section of this chapter, on page 34, to learn about how to do intramuscular injections. The nurses at CACTUS Montréal can also instruct you on how to inject properly.

*No follow-up:* People who get their hormones through legal channels are followed by a doctor who monitors their blood levels to check things like hormone levels and liver health. A person who takes hormones without the supervision of a doctor is not monitored in this way and therefore may be unaware that they are taking the wrong dosage for their body and damaging their heart, kidney, or liver. Furthermore, if you take too high a dosage, the hormones become ineffective.

### *Making the Decision to Find a Doctor*

If you decide that you would like to start seeing a doctor, it's important to find one that you feel you can inform about any prior use of hormones. In most major cities there are doctors who are familiar with trans health issues.

It isn't always obvious where to find such a doctor, so contacting a local organization that works with trans people is your best bet. Furthermore, note that the most recent version of the WPATH Standards of Care, the trans health protocol most commonly used by health professionals, provide information specifically for health professionals working with trans people who were previously using hormones without the supervision of a doctor. If you have been taking hormones without a prescription and are considering starting to see a doctor for a hormone prescription, note that the Standards of Care indicate that it is acceptable for a doctor to forego the standard requirements "to facilitate the provision of monitored therapy using hormones of known quality, as an alternative to black-market or unsupervised hormone use." In other words, it is possible to find a doctor willing to prescribe hormones to a person who has already been taking hormones without a prescription. According to the WPATH Standards of Care, doctors can in certain cases write prescriptions without following the two-step process described in the "Hormones with a Prescription" section of this chapter.

Check out <http://trannypunk.com/x/streethormones85.pdf> for more detailed information for trans women using hormones without a doctor.

## **Hormone Regimens**

Female-to-male spectrum people on HRT take testosterone, colloquially known as T. Testosterone is most commonly administered by intramuscular (in the muscle) or subcutaneous (in the fatty tissue just below the skin) injection, but is also available in transdermal (patch or gel) or oral (pill) forms.

HRT for those on the male-to-female spectrum involves two elements: anti-androgens, to suppress the body's production of testosterone, and estrogen, to induce typically female characteristics. Anti-androgens are generally administered



orally (pills). Estrogen is available in oral and transdermal (patch, gel, or cream) form. While injectable estrogen is not available by prescription in Canada, some people find it on the black market. A third hormone, progesterone, is linked directly to the reproductive cycle in people assigned female at birth. It is not necessarily prescribed as part of a hormone therapy for male-to-female trans people.

### **Injecting Safely**

Learning to inject hormones can take practice. Some trans people prefer not to inject their own hormones but to teach a friend or loved one how to inject them. If you have a prescription for your hormones and are being followed by a doctor, your health professional will most likely teach you how to inject properly. If you are getting your hormones off of the black market, or are sharing with friends, you can ask people in your community to teach you. Sometimes nurses at community clinics or CLSCs will show you how to inject. If you do not have a prescription, a nurse or doctor cannot legally administer the hormones, but they should be able to instruct you, depending on their comfort level and the policies at the clinic. If there is a trans community group where you live, you can probably find someone there who will be able to teach you how to inject. Below are some general instructions on how to self-inject:

*Getting your gear:* Make sure that you have the right kind of needle and syringe. Hormones are most often injected intramuscularly (in your muscle) or subcutaneously (into the fatty layer under the skin), and therefore require a specific kind of needle. Choose a needle that is long enough to reach deep into your muscle. A 1-inch or 1 1/2-inch needle is best for an intramuscular injection, and a 1/2-inch or 5/8-inch for injections done subcutaneously. Then you have to choose the gauge (thickness) of the needle. Remember, the smaller the number, the thicker the gauge! Most people inject intramuscularly with a 21–23 gauge needle, and subcutaneously with 25–27 gauge needle, but the gauge you choose depends

on your preference. Higher gauge needles are narrower, so poking yourself will be easier and less painful, but drawing oil through them can be more difficult. If the syringes have detachable needles, it is possible to use a lower gauge to draw up the substance, and a higher gauge for injecting. Whether or not you have a prescription for your hormones, you can get needles at your pharmacy or a local needle exchange. Because most needle exchanges cater to intravenous drug users, sometimes they don't carry intramuscular needles for hormone injections. It's good to call in advance to find out if they have the needles you need in stock. Check out the "Resources" section of this guide to find information on needle exchanges in Québec.

Sharing your injection gear is strongly discouraged, but if you absolutely must use old syringes, keep in mind that hormones are suspended in oil, so you should clean your syringe three times with soap and water, and then three times with bleach. This is not advisable, and there is no guarantee that this will keep you safe from infection and HIV transmission.

*Getting ready to inject:* Injecting hormones can be stressful! Some people have rituals when they inject their hormones to make them relax. Sometimes it's reassuring and comforting to have a friend around to support you or to perform the injection. Make sure that you're in a clean environment. Wash your hands thoroughly, and make sure that your gear is clean. Wash the seal of the vial with an alcohol swab.

*Injecting yourself:*

- 1) Twist the needle tightly to make sure that it is securely on the syringe.
- 2) Draw back on the plunger to fill the syringe with air.
- 3) Insert the needle into the glass vial, making sure that the tip of your needle is fully in the oil, and push down on the plunger. Pull back on the plunger, and draw out as much as

you need to inject. The amount generally varies from person to person.

4) Choose where you are going to inject. Clean the area with an alcohol swab, and let it dry. Typically for intramuscular injections you either inject in your outer thigh or your butt cheek. If you have silicone in your butt, do not choose that as your injection site! Subcutaneous injection sites are usually in the arm, leg, or abdomen. If you are injecting yourself, you will most likely be injecting in the abdomen. Remember to rotate the site of your injections. So, for instance, switch in between your right and left thigh for every injection.

5) Pinch and hold the skin at injection site.

6) Insert the needle into your injection site. Insert your needle at a 90 degree angle to the surface if you are doing an intramuscular injection, so straight down. If you are doing a subcutaneous injection, you can inject at a 90 degree angle if you can pinch at least two inches of skin at the injection site, and at a 45 degree angle if you can only pinch one inch or less.

7) Pull up on the plunger before injecting. If you see blood in your syringe, pull out the needle and try another spot. If there's no blood, you're good to go!

8) Push down on the plunger and inject all of the hormones into your body and pull the needle straight out.

9) Put the cap back on your needle and dispose of it in a sharps container. You can get a sharps container at the pharmacy or a local needle exchange.

You can find more detailed guides online, for example, <http://www.forge-forward.org/handouts/injection.pdf>. You can also search for hormone self-injection on YouTube to watch vlogs (video blogs) of people injecting, to get more visual instructions. Keep in mind that personal vlogs and blogs do not always contain accurate medical information.

If you are taking your injections subcutaneously, check out <http://www.drugs.com/cg/how-to-give-a-subcutaneous-injection.html>,

<http://www.thirdage.com/encyclopedia/subcutaneous-injection-self-injection>, or [http://www.ehow.com/how\\_2205630\\_give-your-self-subcutaneous-injection.html](http://www.ehow.com/how_2205630_give-your-self-subcutaneous-injection.html).

### *A Note on Youth and Hormone Blockers*

Puberty can be a demoralizing time for trans youth. If you are a trans youth, you might consider delaying puberty by taking hormone blockers. They can help give you the time you need to decide whether you would like to one day start HRT. Taking hormone blockers also makes an eventual transition much easier and less costly. For example, a regimen of anti-androgens from pre-puberty might preclude the need for electrolysis for someone who is seeking a feminine appearance, just as the prevention of breast development might preclude the need for chest reconstruction surgery later on for someone who is seeking a masculine appearance. Another benefit is that there are fewer permanent effects. In the event that you change your mind, the treatment can be stopped, and you will experience the anticipated changes of puberty for your birth sex.

If you are a minor under the age of fourteen, under Québec law you are not able to make decisions about your body and your medical care without the consent of your parent or guardian. So, if you want to start taking hormone blockers, you will have to get their consent. If you are a minor over the age of fourteen, you are generally legally considered capable of making decisions about your body and sexual health without the consent of a parent or guardian, and your confidentiality is assured, unless your security or development is deemed to be at risk. Minors fourteen years old and older will, however, require the consent of their parents or guardian for medical treatments that pose serious risks to their health or could have grave and permanent effects. In most cases, doctors will not prescribe hormones or hormone blockers to youth under the age of eighteen without parental consent or participation.

## Permanent and Reversible Changes

HRT, even when pursued temporarily, has reversible as well as permanent effects. Knowing what these are can help with your decision to start and/or stop HRT.

Because hormones directly affect your emotions, a lot of the changes that people experience when starting HRT are emotional. Some of the emotional variation is likely a product of a big change happening in your personal life. Starting hormones can be a very rewarding and empowering experience, but it will not fix all of your problems. Below is a list of the permanent and reversible changes attributable to HRT.

Expected effects of testosterone

Permanent changes:

- Lowering of voice
- Increase and development of facial and body hair
- Possibility of sterility
- Possibility of permanent hair loss
- Increase in size of the clitoris

Changes that are not permanent, and that should revert if HRT is stopped:

- Loss of menstruations (if you have had a hysterectomy, you will permanently stop menstruating)
- Redistribution of body fat away from hips and to the middle
- Increase in muscle mass (especially with exercise)
- Thicker, oilier skin
- Development of acne
- Change in sex drive
- Mood changes

## Expected effects of estrogen

### Permanent changes:

- Breast tissue development
- Possibility of sterility
- Decrease in penis and testicle size

### Changes that are not permanent, and that should revert if HRT is stopped:

- Loss of erections (spontaneous and morning) as well as difficulty maintaining firm enough erection for penetration
- Decrease in acne
- Diminished or slowed balding
- Softer skin
- Less noticeable body hair growth
- Less prominent facial hair growth
- Decrease in abdominal fat and redistribution to the buttocks and thighs
- Change in sex drive

The amount of time it takes for certain changes to become perceptible varies from one person to another. As a general rule, people experience the majority of changes during the first two years of hormonal transition; however, some big changes may occur after that point. It is unlikely that you will experience any growth of the bone structure unless you have not yet finished puberty. Once your body has stopped growing, your bone structure will no longer change.

Many trans people initiate HRT and continue to take hormones for the rest of their lives. Some, on the other hand, choose to take hormones only until they have achieved the desired changes and then stop.



# The Surgical Journey

Are you considering getting Sex Reassignment Surgery (SRS)? The decision to get surgery is a big one. You may have been looking forward to this step your whole life. You may carefully consider the decision to get SRS. You may have no interest in getting surgery and are comfortable with your body as it is, or feel like the surgical options available to you do not meet your needs. You may not see surgery as an option, either because of health reasons, financial limitations, immigration status, or pressures related to the norms and expectations within your communities.

All trans realities are legitimate; you have a right to choose what makes sense for your body and your life. However, if you do decide to access surgery, it may not be an easy process. While many of the procedures are covered by the Québec government, barriers exist. It is your choice to get surgery, but the medical system sets up health care providers as the experts on your body and life, and they have a lot of power over your ability to access surgery. Dealing with the medical system can be disheartening, though some find professional affirmation of their identity validating. Obstacles also exist outside of the medical establishment. Income, housing, and employment are factors that affect your ability to pay for and take the time off for surgery.

This chapter will take a look at how you can access SRS in Québec, give an overview of what surgeries are available, and discuss post-operative self-care.

### **Access to SRS in Québec**

Gaining access to SRS covered by the government in Québec is a lengthy bureaucratic process. Depending on your financial situation, it can take a year or more, and it can be frustrating.

Before September 2009, all trans people wishing to access free trans-specific surgeries in Québec had to pass through the program at the Human Sexuality Unit at the Montréal General Hospital. The Unit is one of the many gender clinics around the world, and up until recently it was seen as one of the only places for trans people in Québec to access services related to hormone therapy and SRS. Many trans people, as well as allied professionals and community organizations, have deemed the Human Sexuality Unit to have outdated services, which do not meet the needs of the majority of transsexuals in Québec.

Since 2009, the manner in which trans people can access SRS in Québec has changed. Publicly funded surgeries are being handled by a private clinic, the Centre Métropolitain de Chirurgie Plastique in Montréal. Following a process of psychiatric evaluation, patients can present themselves directly to the clinic. Some people choose to go out of province or to another country to get surgery. In this case, it is not paid for by the government. Many choose this option because they do not like the available surgical options provided by the Centre Métropolitain de Chirurgie Plastique, or because they do not meet the requirements to get their surgeries covered in Québec. This guide focuses on access to surgeries which are funded by the Québec government.



While the process of accessing SRS in Québec has changed for the better, it is by no means perfect. First of all, not all trans-specific surgeries and procedures are covered by the government. There is currently no cap on the quantity of trans-specific surgeries that the government will pay for, but the process of accessing these surgeries is extensive, and even with coverage, many struggle to cover the associated costs.

Outlined below are the steps that you will need to follow in order to access SRS covered by the government in Québec.

1) *Decision-making*: Make the personal decision to get SRS. If you need support or resources related to making this decision, get in touch with ASTT(e)Q or a community organization, or speak to friends and community members who might have knowledge about SRS.

2) *First letter of evaluation/recommendation for surgery*: Find a mental health professional (psychologist, psychiatrist, or sexologist) to write your first letter of evaluation. This mental health professional must have been following you for a minimum of six months in order to be able to write the letter. If you do not already have a mental health professional, and do not know where to find trans-positive services, contact a member of the Trans Health Network at [santetranshealth@gmail.com](mailto:santetranshealth@gmail.com) to get a referral.

3) *Second letter of evaluation/recommendation for surgery*: Find another mental health professional (psychologist, psychiatrist, or sexologist) to write a second letter of evaluation. This person will write a letter confirming the content of the first letter, and this process will probably only take one to three sessions.

4) *Certificate of good health*: Get a letter or a certificate of good health from a general practitioner, indicating that you are in good health for surgery. You do not need to have your own family doctor for this step; you can get a letter written by a doctor at a drop-in clinic or CLSC.

5) *Letter from doctor who prescribes hormones*: Get a letter from the doctor who is prescribing your hormones. This is not a requirement for a double mastectomy/chest reconstruction surgery.

6) *Surgery consultation*: Book an appointment with the Centre Métropolitain de Chirurgie Plastique clinic, and hand in all four letters. This appointment will cost about \$50–\$100 in administrative fees. The clinic will submit your application to the government to get funding approval.

7) *Approval*: Wait for a phone call for your approval for surgery. The waiting period can be several months.

8) *Surgery date*: Once the surgeon's clinic has received approval from the government, the administration will set a date with you. Depending of the number of people requesting surgery, and the kind of procedure you will be getting, the surgery could take place from a few months to a year from the moment you are approved.

Please note that the process of accessing SRS in Québec is subject to change. Trans people and their allies have been advocating and lobbying for the government to cover the costs related to acquiring the letters of reference for surgery, which would make it much easier for low-income trans people to access these surgeries. The seventh version of the World Professional Association for Transgender Health (WPATH) Standards of Care, which was released in the fall of 2011, advocates for a more fluid, easily accessible process. To keep up-to-date about the status of government-funded trans-specific surgeries in Québec, visit [www.santetranshealth.org](http://www.santetranshealth.org).

#### Self-Advocacy Tip

Going to the doctor can be intimidating. Advocating for yourself does not mean that you have to go through it alone, though. Bring a trusted friend, or ask someone from a local community organization to accompany you. Try writing a list of questions or concerns to bring up with your doctor before going to your appointment, and make sure



that you equip yourself with as much knowledge and information as possible. Remember that you are the expert on your body and needs, and you are entitled to respect and dignity.

Surgeries covered by the government of Québec include phalloplasty, metoidioplasty, vaginoplasty, double mastectomy with reconstruction, and hysterectomy. With the exception of hysterectomies, all the above listed surgeries are done at the Centre Métropolitain de Chirurgie Plastique. Hysterectomies for trans men are available in public hospitals, through regular channels. You can contact ASTT(e)Q for a referral for a hysterectomy.

### **Barriers to Access**

*Québec residency:* Unfortunately, one of the eligibility requirements for SRS covered by the government is Québec residency. Québec residency for permanent residents and Canadian citizens can be established after living in Québec for a period of three months. As it stands, however, you cannot be reimbursed for surgeries done before September 2009, nor for surgeries done at other clinics, even if you are or were a resident.

*Black market hormone use:* If you are currently taking hormones without a prescription (i.e. hormones you got from a friend or dealer), it might be difficult get surgery covered by the government. One of the qualifying requirements for most surgeries is having a letter from the doctor who is prescribing your hormones.

*Weight:* The Centre Métropolitain de Chirurgie Plastique clinic sometimes refuses to perform SRS on patients the staff consider to be at an unhealthy weight. It is unclear what informs their understanding of ‘unhealthy.’ Ask the surgeon what they think your target weight should be and what the medical reasons are behind their decision. It is possible to be healthy at any weight, and doctors often shame people and reinforce stigma about weight by falsely equating relative weight with overall health. If you feel like your doctor is

being discriminatory, condescending, or refusing you treatment because of your weight, you can call ASTT(e)Q for support and advocacy.

*HIV status:* While for many years, trans people living with HIV were not able to access SRS in Québec, the Centre Métropolitain de Chirurgie Plastique clinic will now perform trans-specific surgeries on HIV-positive patients on a case-by-case basis, depending on the overall health of the patient.

*Limited options:* Because of an agreement between the Centre Métropolitain de Chirurgie Plastique and the government, trans people who want to have their surgery covered by the government don't have the option of choosing their surgeon. This can be a challenge, for instance, if you don't like the available surgeon or the techniques they use for the surgery you are trying to access.

## **Trans-Specific Surgeries**

If you are a trans guy, you might consider accessing the following surgeries:

### **Top/Chest Surgery**

Top surgery involves the removal of breast tissue and the construction of a male-appearing chest line. The two most common methods are the double incision and keyhole procedures, though there many variations on both options. The method chosen will vary depending on your preference, the surgical capabilities of your doctor, and your body type.

#### ***Double Incision/Bilateral Mastectomy***

- *Candidates:* Usually performed on people with medium to large amounts of breast tissue with less elasticity (breast tissue loses elasticity the longer a person is on testosterone).
- *Incisions/scarring:* Large, horizontal incisions are made across each breast, often below the nipple.

- *Nipples*: The nipple is generally removed, and trimmed to a smaller size, and then grafted onto the chest in a higher, more aesthetically ‘male’ location.

Drawbacks:

- Loss of sensation in the nipples
- Loss of nipples (rare)
- Large scars
- ‘Dog ears’ under the armpits (protruding skin at end of incision)

Benefits:

- Effective way of removing breast tissue, resulting in a flatter chest
- Easiest way to resize and reposition the nipples
- Possibility of hiding large scars with chest hair or defined pectorals

### *Keyhole*

- *Candidates*: Usually performed on people with more elastic, smaller amounts of breast tissue.
- *Incisions/scarring*: Incisions are made under the nipple.
- *Nipples*: The nipples remain intact, and there is a greater chance that they will maintain sensation, but they are not resized or repositioned.

Drawbacks:

- Potential for sagging and incomplete flatness
- Occasionally undesirable nipple placement and size

Benefits:

- Little to no noticeable scarring
- Greater chances of retaining nipple sensation

### **Hysterectomy and Oophorectomy**

A hysterectomy usually involves the removal of the uterus, cervix, ovaries and fallopian tubes. This procedure is called

a total hysterectomy with bilateral salpingo-oophorectomy. Hysterectomies are performed for a variety of reasons, for example, for general health, to lower testosterone dosage, because the patient doesn't take testosterone but would like to stop menstruating, or for a change of sex designation on official documentation. A hysterectomy is currently one of the requirements for a female-to-male sex designation change on official documentation in Québec.

There are three main methods used for hysterectomies: abdominal, laparoscopic, and vaginal. For a long time, the only surgical option available to people wanting a hysterectomy was the abdominal method, which is a major invasive surgery, and leaves a several-inch scar across the abdomen. Other methods are now available and practiced by many surgeons. Laparoscopic and vaginal hysterectomies are less invasive and leave fewer, and less visible, scars.

### *Laparoscopic Hysterectomy*

In the laparoscopic method, the uterus and other organs are detached with surgical instruments that are inserted into the abdomen through small openings, which leave three or four small scars, each approximately one centimetre in length. The organs are removed through the vagina.

### *Vaginal Hysterectomy*

In the vaginal method, all of the organs are removed through the vagina, without any incisions being made in the abdomen. This method leaves no scars.

The ovaries, fallopian tubes, and cervix are usually removed at the same time as the uterus, regardless which method is used. The removal of these organs is required for those who wish to undergo a phalloplasty or metoidioplasty.

### **Genital Reconstruction Surgery**

There are two main genital reconstruction surgery options for trans guys: phalloplasty and metoidioplasty. If you are

considering genital reconstruction surgery, carefully explore the advantages and drawbacks of both options and consider your priorities (sexual function, cost, recovery time, scarring, size, etc.). It is important to be well informed, because there are many different methods available, and they are constantly changing and being improved upon.

The internet is an important tool for many trans guys thinking about genital reconstruction surgery, as there are many online forums and blogs where people from around the world exchange information about surgeons, surgical techniques, post-operative care, and the disadvantages and risks of each method. It is also possible to see photos of results, seek advice and support, and talk to people about their experiences. Check out the “Resources” section to learn more about where to find more information about SRS online.

### *Phalloplasty*

This procedure involves the surgical construction of a penis. There are a variety of surgical methods for phalloplasty, but the most common procedure uses skin removed from the forearm to construct a penis. Microsurgery is then used to attach it to the groin, and nerves from the clitoris are used to give it sensation. A skin graft, usually taken from the thigh, replaces the skin removed from the forearm. The urethra is elongated to extend to the end of the penis. The vagina is closed, and the scrotum is created from the labia. Additional procedures include the insertion of a stiffening device (saline pump), to be used for penetrative sex, and testicular implants in the scrotum.

Drawbacks:

- Large scars on various parts of the body
- Compromised sensation
- Frequent complications

Benefits:

- Adult-sized penis
- Possibility of penetration

## *Metoidioplasty*

Metoidioplasty is a lesser-known method of genital reconstruction surgery for trans men, and involves releasing the hormonally enlarged clitoris by cutting the ligament that attaches it to the pubic bone. The clitoris is elongated to create what looks like a small penis. This surgery is done on trans guys who have been taking testosterone Hormone Replacement Therapy, which increases the length and width of the clitoris. Sexual function and sensation are maintained, because the clitoris is kept intact, but the resulting organ is generally not large enough to be used for penetration. This option is less invasive than phalloplasty, has fewer possible post-surgical complications, and leaves less visible scars. It is possible to get a scrotoplasty or vaginal closure in combination with metoidioplasty, as well as a urethral lengthening, if you would like to be able to urinate standing up.

Drawbacks:

- Smaller than average penis
- Unlikely possibility of penetrative sex
- Difficulty urinating standing up

Benefits:

- No large scars
- Maintenance of sexual function and sensation
- Possibility for further surgery (e.g. phalloplasty) afterwards

Transsexual women might consider accessing the following surgeries:

## **Breast Augmentation/Implants**

Estrogen Hormone Replacement Therapy makes breasts grow, though rarely very large, and you may choose to get breast implants to increase the size and change the shape of your breasts. Saline (water and salt solution) implants are usually inserted through an incision around the nipple, beneath the breast, or in the armpit. Check out photos of



people who have had breast augmentation surgery to see the different options available and to get a better understanding of what the results will look like.

### **Orchiectomy**

An orchiectomy involves the removal of the testicles from the scrotum. This procedure is often done at the same time as a penectomy (the removal of the penis), and a vaginoplasty (the creation of a vagina), but is sometimes done on its own. This procedure is sometimes done without a vaginoplasty so that the client may stop taking androgen blockers, or to inhibit testosterone production in the body. The scrotum that is left in place can be used during further surgeries. While orchiectomy is generally available for non-trans men in the public health system, it may be hard for trans women to access, and a private surgeon may be the only available option.

### **Vaginoplasty**

A vaginoplasty is the surgical construction of a vagina. It is usually done at the same time as an orchiectomy (removal of the testicles), and a penectomy (removal of the penis). Vaginoplasty is the surgical construction of a vagina—including a vaginal opening, labia, a urethra, and a clitoris—made from existing skin, nerves, blood vessels, and other tissue. The surgeon forms a clitoris with part of the glans. Nerves and blood vessels are left intact and only a portion of the glans is removed. The skin from the shaft of the penis is used to create the vagina, and the scrotum is usually used to create the labia. The surgery also consists of separating the urethra from the rest of the structure and repositioning it so the client may urinate. The only parts not used during the surgery are the cavernous corpus (the two sponges on each side of the penis that were previously used to create erections) and the testicles. Before reconstruction, the surgeon burns the hair roots that will be internal after the surgery. The scarring from vaginoplasty is minimal and consists of

two vertical scars that are usually easy to conceal with pubic hair once the swelling has gone down.

Surgeons' methods vary for this procedure. Think carefully about what your priorities are (depth and width of vagina, sexual function, recovery time, etc.) and vocalize them to your surgeon. Talk with friends or community organizations about the options available to you. Check out <http://transhealth.vch.ca/resources/library/tcpdocs/consumer/surgery-MTF.pdf> for more detailed information.

### **Cricothyroid Approximation (Voice Box Surgery)**

This surgery involves tightening the vocal cords. A small incision is made over the Adam's apple and sutures are placed in the cartilage in order to raise the lower pitches of your voice. This surgery does not change the intonation of your voice, nor does it make it higher. It simply raises the lower range to a higher range. Many people opt to get their Adam's apple shaved (laryngeal reduction) at the same time. This surgery is not covered by the Québec government, and many trans women try voice therapy as a first step before considering surgery, as it has been proven successful for people wishing to change their voice.

### **Laryngeal Reduction (Adam's Apple Shave)**

This surgery reduces the prominence of the Adam's apple. A small incision is made over the Adam's apple and the protruding thyroid cartilage is shaved to be made less visible.

### **Other Surgeries and Procedures**

- Electrolysis or laser hair removal
- Facial feminization surgery
- Nose, jaw, forehead, and/or chin re-contouring
- Cheek implants
- Hair implants

Take a look at <http://www.tsroadmap.com/physical/hair/> to learn more about electrolysis and laser hair removal for trans women.

Check out <http://www.transbucket.com> for photos of SRS surgeries and to learn about people's experiences with different surgeons. More detailed information on trans-specific surgeries can be found at <http://transhealth.vch.ca/resources/library>.

### **Post-Op Self-Care**

Preparing for the physical and emotional recovery from surgery can help make your post-surgery experience more manageable. Depending on the surgery and your body, recovery time can take anywhere from a week to a year. During this time it is important to take care of yourself, and draw on friends, family, and support networks if you have them. Keep in mind that it is not uncommon to need revisions, or for there to be post-surgical complications, with all kinds of trans-specific surgeries.

There are some steps that you can take before getting surgery:

- Be open and honest with your support networks about the kinds of help you will need post surgery. Will you need someone to help change bandages, make meals for you, or drive you to and from the clinic for follow-up appointments? Let your loved ones know what you will need before and after surgery.
- If you can't think of people to draw on for support, try to find local support groups or community organizations. You might be able to make friends and allies at these places. The support staff at some community organizations might be able to give you a hand, too. (If you are getting bottom surgery—specifically, vaginoplasty, metoidioplasty, or phalloplasty—at the Centre Métropolitain de Chirurgie Plastique in Montréal,

you will probably spend some time recovering in their house of convalescence. The other people there will have just gone through surgery, as well. Talking to them about their experiences could provide an opportunity to find support and community with people with similar experiences to yours.)

- Do a big load of groceries before going in for surgery. Prioritize items that are high in iron (e.g. leafy green vegetables), protein (e.g. meat, beans, nuts), and fibre (e.g. bran, beans, fruits), and non-perishable foods, such as canned goods and frozen vegetables. Going out to get groceries may not be easy right after surgery.

- Make a checklist of all of the things you need to get. This list might include anything from movie rentals, to lubrication for dilating after a vaginoplasty (available for free at ASTT(e)Q), to vitamins and homeopathic remedies that will encourage your body to heal.

- Exercise before and after surgery. Don't push yourself too much, but try to move your body as soon as you feel able after surgery (walking down the hall, up the stairs, around the block). This will help with your recovery speed.

- Inform yourself! Often, the surgeon will give you detailed pre- and post-surgery information. If you do not get these instructions, ask your doctor or nurses for more information.

- Find a place to recover. If you don't have stable housing, recovery could be really challenging. Even less invasive surgeries, such as chest surgery, require that you rest for at least a week afterwards. If you are staying in a shelter, prepare in advance, and look for longer-term housing options.

- Prepare to take time off. If you have a job, you may be able to get money for your time off through medical Employment Insurance. If you have private insurance, sometimes you can get financial compensation for the time you need to recover. The process of integrating back into your work environment depends on the kind of work you do. For example, if you are a sex worker, you may have to take awhile after SRS before being able to have some kinds of sex. If you have a job that involves heavy lifting, and you have had a double

mastectomy or a breast augmentation surgery, you will have to take more time off of work. If you have an office job, the process of going back to work will probably be faster than for those with higher-impact jobs.

Check out the “Know Your Rights and Self-Advocacy” chapter to learn more about what you can do if your employer is giving you a hard time about taking time off for surgery.

### *A Note on Silicone*

Because many of the surgeries available to trans women are not covered by the government and are very costly, many women choose to inject silicone. You may decide to do so in order to get the curves you want in your buttocks, hips, breasts, and thighs, or to add volume to your cheeks and lips.

Silicone can be either industrial (from the hardware store) or medical (from a surgeon’s office) grade—often the available silicone is industrial grade and is injected subcutaneously in an unsterile environment, such as somebody’s home. Keep in mind that injecting (pumping) silicone has serious health risks. Silicone can calcify (harden) and migrate to other parts of your body, having an undesirable effect. Furthermore, silicone can get into your lungs or bloodstream, causing clots. The risk of infection and HIV transmission are high if you are injecting silicone in an unsterile environment and if you are using unclean or reused needles.





# Legal Name and Sex Designation

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Changing legal documents to more accurately reflect their identity is an important step for many trans people. Having your documents changed means not having to ‘out’ yourself every time you want to buy beer at the dépanneur, apply for a job, open an account at the movie rental store, or cross the border. Unfortunately, costs and excessive bureaucratic hurdles may inhibit the ease with which you can change your name and sex designation in Québec. There are myriad institutions to deal with and requirements to meet before you can make changes to your legal documents.

The process of legally changing one’s name and sex designation varies greatly in each province and territory. In general, Canadian citizens can change their name only in the province or territory in which they are living, and their sex designation (‘M’ to ‘F’ or ‘F’ to ‘M’) through the Directeur de l’état civil (Director of Civil Status) du Québec or equivalent in the province or territory in which they were born.

Once you have changed your sex designation and/or name, you will have to get all of your individual ID (i.e. medicare card, passport, driver’s license) changed separately. This does not happen automatically once the name change process is complete. There is usually a fee for changing each ID card.

The reality is that for many trans people living in Québec, changing their name and sex designation on legal documents is a lengthy and costly process. This chapter will outline the legal process of changing your documents, but people use a variety of methods to get their documents changed. Some people move elsewhere, because Québec has some of the most stringent laws in Canada regarding legal name and sex designation changes. Some trans people who have changed their name but not their sex designation manage to change some of their documents (e.g. passport and driver's license), claiming that a mistake was made. The result is IDs that have conflicting information, and this situation can cause complications in the future.

## **Methods for Name Change in Québec**

### **The Five Year Rule**

This is the path for a name change that is open to the general public. It is not specific to trans and gender-variant people. In order to access a change of name under this legislation, a person must prove that they have been using their name widely for at least five years.

Proof can include letters from an employer, school, community worker, doctor, family member, or friend. It can also include bills, receipts, ID, membership cards, or a lease in the person's chosen name. Proof of at least two documents per year over five years must be provided. The more official the documentation one provides, the more likely the name change is to be accepted.

Name changes using this procedure will result in the person's chosen name being added in front of their legal name on official documents. Legal/birth names will remain on the birth certificate. However, forms of identification such as a health care card or driver's license can be issued with only the chosen name and family name appearing.



Pursuing a name change using the five year rule includes a publication requirement. The applicant must publish their request for a name change in the Gazette officielle du Québec (the official Gazette of Québec) as well as a local newspaper of their choice.

### **Transsexual-Specific Method**

In 2006, the Directeur de l'état civil du Québec implemented criteria for name change that is specific to transsexuals. Under these criteria, the applicant must provide the following in order to obtain a change of name:

- a letter from a psychiatrist or psychologist attesting to their transsexuality (though this is the specific requirement according to the Directeur de l'état civil, some have succeeded by using a letter from a family doctor or a sexologist instead);
- proof of a physical change towards the gender to which they are transitioning, for example, documentation of hormone therapy or surgery, though in some cases a photograph showing gender presentation has been accepted; and
- proof that they have used their chosen name for at least a year, for example, letters from an employer, school, community worker, doctor, family member, or friend; or bills, receipts, a lease or other documents in their chosen name.

According to those who have pursued it, this method is carried out inconsistently from person to person. Some have been able to change their name with the transsexual-specific method without having to provide proof of a physical change towards the gender to which they are transitioning. Because the transsexual-specific method is not posted on the internet, nor is it official policy, it is difficult to know what exactly the requirements are or if they have changed. It also makes it hard to hold the Directeur de l'état civil accountable when they are inconsistent with the documentation and proof that they require from applicants.

Regarding this method, the Directeur de l'état civil has stated that the individual's chosen name will replace previous names on their birth certificate. However, some trans people have found that their chosen name was merely added to their other names. The transsexual-specific method also includes a publication requirement. The applicant must publish their request for a name change in the Gazette officielle du Québec as well as in the classified section of the local paper of their choice, unless they feel as if publishing their name change would put them in danger.

### **Name Change with a Change of Sex Designation**

If the applicant meets the requirements for a change of sex designation, they are automatically granted a name change. In order to meet the requirements in Québec, a female-to-male transsexual needs to have taken hormones and had a hysterectomy, and a male-to-female transsexual has to have taken hormones and undergone a vaginoplasty. Contrary to the 'five year rule' (described above), a name change process using this method should result in the new names replacing previous names on the birth certificate as well as other official ID.

### **Application for Change of Name or Sex Designation in Québec**

Name changes and changes of sex designation for people living in Québec are processed by the Directeur de l'état civil. The general requirements for a name change are a) Canadian citizenship and b) at least twelve months of Québec residency.

The first step in the name change process is to fill out the "Application for preliminary analysis for a change of surname or given name" and send it to the Directeur de l'état civil. There is no cost to submit this form. The form can be downloaded from their website at <http://www.etatcivil.gouv.qc.ca/publications/FO-12-04-requestpreliminary-analysis-modification-surname-first-name.pdf>.

The form to access a sex-designation change on official documentation is not available online. You must either call or show up in person at the Directeur de l'état civil.

Contact info for the Directeur de l'état civil du Québec:

Québec: 418.643.3900

Montréal: 514.864.3900

Elsewhere in Québec: 1.800.567.3900

After the Directeur de l'état civil has received the "Preliminary Analysis" form, they will send the guide and application form. The total costs for this second part of the process add up to between \$300–\$400. This includes the costs for administrative fees and publication in the the *Gazette officielle du Québec*, so you won't have to pay it all at once.

#### *A Note on Publication Waivers*

The Directeur de l'état civil du Québec requires that a notice of your name change be published in a) the *Gazette officielle du Québec* and b) the classified section of a local newspaper of your choice. Both notices, entitled "Changement de nom d'une personne majeure," must be published once a week for two consecutive weeks.

For many trans people, the publication requirement is stressful. For some, it may even prevent them from completing the name change process. Generally this has to do with fear of being outed and the potential for discrimination and violence. The Directeur de l'état civil will occasionally grant a publication waiver to those who express fear that advertising their name change in a local newspaper would put them in danger. While sometimes a letter describing the dangers associated with transphobia will be accepted as reason enough to grant a publication waiver, more often than not, the request must be more specific. The Directeur de l'état civil is more likely to accept your request if you can describe specific instances of violence and harassment that would make it dangerous to publish your name change.

Sometimes it helps to have someone advocate on your behalf. In other words, the Directeur de l'état civil is more likely to accept your request if your social worker, doctor, therapist, or support or outreach worker at a community organization writes a letter describing the risks associated with 'outing' you in a newspaper.

You do not have to publish your name change in your local neighbourhood newspaper or a newspaper widely available in your area. If you apply for a publication waiver, and are denied, you might decide to publish the change in a small neighbourhood newspaper from another area of town, so that the risk of your neighbours or acquaintances seeing it is low. You must publish your name change in the judicial district in which you live. For instance, if you live in the Plateau, you can place your ad in a Montréal East (but not Longueuil) neighbourhood newspaper. To find out the judicial district in which your neighbourhood is located, check out <http://www.justice.gouv.qc.ca/english/recherche/district-a.asp>. This technique may not be as effective for those living in small towns or rural areas where there is just one local or regional paper.

### *A Note on Permanent Resident Cards*

Permanent Resident cards (PR cards) are issued by the federal government, so if you are permanent resident and you don't want to wait until you are granted citizenship before changing your documents, you will have to deal with Citizenship and Immigration Canada.

The process for changing your name on your PR card in Québec is a vicious circle. Citizenship and Immigration Canada requires that a person wishing to change their name on their PR card first change their name in the province in which they reside. Because one of the requirements for a name change in Québec is Canadian citizenship, it is impossible for a permanent resident to change their name while living in Québec. Some resolve this issue by moving to a province that doesn't have the citizenship requirement.

While you cannot change your name on your PR card as a resident of Québec, you can change your sex designation. In order to do so, you must prove that you have had Sex Reassignment Surgery\* by providing a letter from your surgeon attesting to the fact that you have completed the surgery. You will also have to produce a signed letter from another person attesting to your identity. This person can be anyone you know, whether they be a friend, colleague, family member, doctor, or staff person at a community organization.

For more information, visit Citizenship and Immigration Canada's website at <[www.cic.gc.ca](http://www.cic.gc.ca)> and search for the ENF 27 document about Permanent Resident cards. Information on name and sex designation changes is located in appendix F.

\*Sex Reassignment Surgery is covered by the government in Québec for permanent residents. Check out the chapter "The Surgical Journey" to learn more about how to go about accessing Sex Reassignment Surgery in Québec.





# HIV/AIDS

## and Transitioning

Whether you have been living with HIV for years, recently got diagnosed, feel anxious about going in for testing or don't want to at all, or have friends or know of people in your community who are HIV positive, this chapter is for you. Talking about HIV, whether or not you are positive, can be stressful. It may bring up a lot of emotions, as HIV has had a big impact on trans communities. It is important to continue dialoguing about HIV, and breaking down and talking about fears surrounding HIV in our communities. This section will equip you with some basic knowledge about HIV as well as the needs of trans people living with HIV.

Many grassroots trans health advocacy organizations are rooted in HIV activism. ASTT(e)Q started as a support group for trans women living with HIV and grew from there as a trans advocacy and support organization. Trans people have been finding ways to support each other throughout history and continue to fight against HIV stigma and serophobia with their doctors, within their communities, and beyond.

Human Immunodeficiency Virus (HIV) is a virus that attacks your body's immune system and prevents it from being able to protect itself against diseases. If your immune system gets weak enough, your body can become vulnerable to other infections,

called opportunistic infections. You are considered to have Acquired Immune Deficiency Syndrome (AIDS) if you get sick with one of these infections. HIV can be transmitted through blood, semen and vaginal fluids, and breast milk. HIV cannot be transmitted by kissing, shaking hands, or sharing food with someone who is HIV positive. While there is no cure for HIV, people who are positive are able to live long and healthy lives today, with the therapies that are available.

## **HIV Discrimination**

HIV stigma, discrimination, and serophobia are all prevalent in our society. This is partly because of misinformation about transmission and treatment options, but also because people continue to associate HIV with other activities, behaviours, and choices that are stigmatized such as sex work, homosexuality, and injection drug use.

HIV stigma, discrimination, and serophobia can take many forms and exist on many levels. An example of medical HIV discrimination is a doctor refusing to initiate hormone therapy because their patient is HIV positive, or a surgeon barring access to Sex Reassignment Surgery to seropositive people. HIV discrimination also exists within government institutions and within Canadian policies. Sometimes people living with HIV are refused permanent residency or citizenship because they are considered to incur an “excessive demand on health and social services,” according to the Immigration and Refugee Protection Act. HIV stigma can be found within trans communities, too. For example, disclosing, gossiping, or being judgmental about another person’s HIV status is serophobic. It creates divisions and rifts in communities. Breaking the silence about HIV stigma in trans communities is an important way of fighting against it.

Medically, your HIV status should never be a reason for your doctor to deny you access to health care. The World Professional Association for Transgender Health (WPATH), which is



a professional body made up of psychiatrists, endocrinologists, surgeons, and other health care professionals who work with trans people, has stated in its Standards of Care that “it is unethical to deny availability or eligibility for sex reassignment surgeries or hormone therapy solely on the basis of blood seropositivity for blood-borne infections such as HIV, or hepatitis B or C, etc.” As well, the Québec code of ethics of physicians stipulates that a “physician may not refuse to examine or treat a patient solely for reasons related to the nature of the patient’s deficiency or illness, or because of the race, colour, sex, pregnancy, civil status, age, religion, ethnic or national origin, or social condition of the patient, or for reasons of sexual orientation, morality, political convictions, or language; he may, however, refer the patient to another physician if he deems it to be in the patient’s medical interest.” Basically, it is unethical to refuse services to someone based on their HIV status.

Unfortunately, even though it is considered unethical and discriminatory to deny services to people based on their HIV status, it happens every day. While issues related to HIV are important to consider in certain medical decisions, reference to these issues is often used to disguise fears surrounding and discrimination based on HIV status. Because of the power relationship that exists between doctors and patients, it is hard to distinguish when health care professionals are expressing valid concerns versus when they are being discriminatory.

All in all, living with HIV does not mean that you can’t live, have dreams, travel, find love, or feel sexy. Being HIV positive should not prevent you from continuing or starting Hormone Replacement Therapy or having surgery.

Check out the list of HIV/AIDS resources and AIDS service organizations in Québec, listed in the “Resources” section at the back of this guide.

## Factors of HIV Transmission

The HIV rates in some trans communities are very high. Some possible reasons for these rates are listed below:

*Needle sharing* for drug and/or hormone use. Clean needles can be accessed at pharmacies and needle exchanges in Québec, but many of these locations do not carry intramuscular needles. If you are using hormones without a prescription, you may have difficulty accessing clean needles. A list of locations where people can access clean needles can be found at <http://publications.msss.gouv.qc.ca/acrobat/f/documentation/2009/09-312-01.pdf>. Try calling in advance to make sure that they carry the gear you are looking for, especially if you need intramuscular needles.

If you are unable to get clean gear, or if you decide to share your needles anyway, hormones are suspended in oil, so you should clean your syringe three times with soap and cold water, and three times with bleach. This is not advisable, and there is no guarantee that this will keep you safe from infection and HIV transmission. This method does not protect against Hepatitis C transmission.

*A lack of relevant sexual health resources* specific to trans bodies and realities. Many HIV/AIDS service organizations do not have resources that are applicable, and often they do not actively outreach to trans people. Many HIV-prevention and sexual health resources and materials use language that is alienating for trans readers.

*Low self-esteem*, especially when it comes to relationships and sex. Low self-esteem can make it hard to express desire as well as discomfort, or to suggest safer sex practices. Navigating sexual relationships is rarely easy. Definitions and understandings of safer sex can shift from person to person, and sometimes you may not practice what you consider safer sex. While it may be difficult to find the confidence to assert your needs, keep in

mind that everyone deserves to have their needs respected, and it is possible to have positive and affirming experiences.

*A lack of access to relevant and respectful health services.* Because of a fear of being mistreated and experiencing discrimination, you may be reluctant to access health care services. Maybe you don't want to get HIV and other STI testing because you don't know where to find a trans-positive clinic or respectful doctors.

*Invisibility* in HIV/AIDS research, which often neglects to consider the experiences of trans people. Trans women, for example, are lumped into the 'men who have sex with men' (MSM) category, despite the fact that they are women, and do not necessarily have sex with men. This kind of research therefore obscures the realities of trans people. Because research informs what resources are created and where funding is allocated, trans people's needs are often not adequately addressed or represented in HIV/AIDS services, prevention strategies, or resources.

*Laws about sex work* make it difficult for people in the industry to work safely. While sex workers often have strategies to keep safe and protect themselves, the law and law enforcement sometimes make it impossible for people to have safer practices. It also makes it harder to create respectful HIV-prevention resources and materials for sex workers.

## **Disclosure**

Disclosing your HIV status—whether to your medical provider, loved ones, or sexual partners—can be difficult. If you need support in figuring out whether you want to disclose your HIV status, or how you would like to do it, speak to someone you trust, or contact ASTT(e)Q at 514.847.0067 ext. 207.

The laws surrounding disclosure of HIV status are ambiguous and constantly shifting. In Canada you do not specifically have to disclose your HIV status to your doctor. Also, many

professionals and medical ethics bodies have stated that a person should not be denied services because of their HIV status or if they do not want to take an HIV test.

With that said, it is important to keep in mind that current Canadian law stipulates that HIV-positive individuals can face criminal charges for failing to disclose their HIV status when engaging in activities that pose a 'significant risk' of transmission. Because of standard medical precautions, it is unlikely that this would be a cause for concern regarding disclosure with a health care provider. In most of these cases, people have faced charges related to nondisclosure with their sexual partners. As of yet, there have been no cases related to HIV-positive patients not disclosing their HIV status to their doctors.

For more information on the criminalization of HIV in Canada, visit the Canadian HIV/AIDS Legal Network website at <http://www.aidslaw.ca>.

## **HIV and Hormone Therapy**

HIV seropositivity is not a contraindication to Hormone Replacement Therapy. This means that HIV positivity in itself is not a reason for your doctor to refuse to continue or initiate hormone therapy. There are risks, though. Some HIV medications can impede the effectiveness of your hormone therapy. For example, the combination of some HIV medications and certain estrogen-based hormone therapies could actually result in the reversal of feminizing effects. Do your research. Ask your doctor questions.

The bottom line is that HIV itself does not make hormone therapy risky; however, there may be some negative or unwanted results with specific HIV and hormone combinations. It is best to find health care practitioners who have experience with these issues or to get your current doctor to consult with others. You can also get your doctor to look into clinics that often work with

trans people living with HIV. For example, the Tom Waddell Clinic has its trans health protocols at <http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf>.

Ultimately, you are the most important agent in your own health. That means that if you are fully informed of the risks, complications, permanent and reversible effects of hormone therapy, and the ways that hormone therapy may interact with your HIV treatments, you should be permitted to initiate hormone therapy. Unfortunately, many doctors do not use an informed consent model of care. If you are HIV positive, and you are having trouble finding a doctor to prescribe your hormones, contact ASTT(e)Q at 514.847.0067 ext. 207, or a local trans health or HIV advocacy group or organization.

### **Surgery and Serostatus**

As previously mentioned, the WPATH Standards of Care highlight that it is unethical to refuse trans-specific health care based solely on an individual's HIV status. However, HIV can have an impact on post-surgery recovery rates and raises the after-surgery risk level for opportunistic infections. Some practitioners determine eligibility based on whether or not the patient has a) a prior history of opportunistic infection, b) AIDS, c) a CD4 count above 200, or d) viral replicas less than 600.

Occasionally, surgeons have refused to provide Sex Reassignment Surgery based solely on the patient's HIV status. This is entirely unethical and constitutes a violation of Québec's Charter of Human Rights and Freedoms. The only recourse one has in this case is to file a complaint with the Human Rights Commission.

At the Centre Métropolitain de Chirurgie Plastique clinic in Montréal, eligibility for Sex Reassignment Surgery for

HIV-positive clients is decided on a case-by-case basis, depending on the overall health of the patient.



# Sex-Segregated Spaces

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‘Sex’ refers to how biological differences between people’s bodies are defined, and is a characteristic generally assigned to people at birth. ‘Gender’ refers to how people identify and understand themselves. Regardless of physical sex, people can identify as male, female, or somewhere in between. So much of our society is segregated according to sex. Most non-trans people could live their lives without having to give it any thought, but for trans people, spaces that are separated by sex are often sites of discrimination and exclusion.

In the most common sex-segregated space, the public washroom, trans people often experience confused looks, suggestions that they are in the wrong place, and even outright harassment. You may have anxiety about using public washrooms for fear of experiencing violence. If finding a washroom to use is difficult, finding a women’s shelter, for example, is even more so. Not only do these services rarely have people on staff who are familiar with trans issues or resources that are relevant to trans clients, but for people using shelters, being refused services can mean being turned back to the street. Prisons are another example of a sex-segregated facility that many have to navigate, in particular because some trans communities are over-represented in the prison system. Prisoners have no choice but to be housed according to the status of their genitals, and trans people in

prisons have difficulty accessing relevant and respectful health care.

This chapter will briefly outline what access to sex-segregated services looks like in Québec. It will also discuss things like housing according to sex in jail and immigration detention centres, and what kinds of health services you are entitled to while you're inside.

### **Washrooms and Locker Rooms**

Public washrooms and locker rooms are for the most part sex segregated. Being so frequently used, these sex-segregated spaces are hard to avoid, and navigating them and the accompanying attention daily can make your gender identity feel delegitimized. Every trans person has their own way of dealing with public washrooms and locker rooms. Some people keep a mental note of restaurants, cafés, or shops that have single-stalled or gender-neutral washrooms, and some brave the multi-stalled gendered washrooms, avoid eye contact with other people, and have strategies for potential confrontations. Others feel forced to hold their bladders until they get home or to a space they feel safe.

Check out <http://www.safe2pee.org>, which is a database of single-stalled or gender-neutral washrooms in North America. You can also add to the database, if you already know of or discover new washrooms.

### **Shelters**

Trans people are disproportionately living in poverty or homeless. Unfortunately, the organizations and services created to support people living in extreme poverty often exclude trans people, by denying them access or by forcing them to use the services designated for their assigned sex (e.g. trans women being forced to use men's shelters).



Some trans people cope with social isolation and trauma by using drugs and alcohol. For those who decide that they want to stop or reduce their consumption, alcohol and drug rehabilitation and detoxification facilities are yet another sex-segregated service that they will have to deal with. Admission and privacy policies in these facilities tend to be similar to those in shelters; in other words, they rarely have an official policy regarding how trans people are housed, and access is granted on a case-by-case basis. As is the case with shelters, if you are trying to access a rehab or detox facility, you are likely to be housed according to the gender marker on your government-issued ID. Privacy specifics—sleeping arrangements, showers, and bathrooms—vary. Call in advance to get more information on the particulars of the facility. You can also get either a trusted friend or staff at a community organization to call on your behalf.

Those of you who have tried to access the shelter system in Québec are probably well aware of the barriers that exist in trying to access this essential service. If you are living in the street, or fleeing and seeking shelter from a violent situation, you will probably end up interfacing with the shelter system. If so, you may have many questions about admittance and privacy. Following is more specific information, as well as self-advocacy tools, for accessing shelters in Québec.

### **Admittance and Intake**

Some cities, such as Toronto and New York, have city-wide policies that outline trans admittance to shelters, which are mandated to provide services to trans people, regardless of the gender marker on their ID. This is not the case in Montréal or anywhere else in Québec. In Québec, each shelter has its own admittance policies, and most do not stipulate that trans people should be housed according to gender identity. Trans admittance to shelters is determined on a case-by-case basis and is therefore often at the discretion of the individual shelter staff. While some shelters are more familiar with trans issues, it is

impossible to endorse in this guide any given shelter as being trans-positive, as experiences vary so greatly.

Some trans people feel safer being housed in the shelter of their sex assigned at birth. For example, trans men who are visibly trans may feel more discomfort or fear of violence being housed in a men's shelter than in a women's shelter. Men's shelters also often have fewer privacy options with regards to sleeping arrangements and showers, and this may cause issues for homeless trans men in the shelter system, who may want to be discreet about their trans status.



#### Self-Advocacy Tip

For the most part, it is up to the individual staff to determine whether or not they will admit you to their shelter. If you are a trans person who would like to be admitted the shelter that corresponds with your gender identity, you can try to talk to the staff about misconceptions about trans people or question their hesitation to welcome transsexuals into their space.

Below are some common questions and misconceptions, with some talking points to help you respond.

*Have you had Sex Reassignment Surgery (SRS)? We only accept trans people who have had surgery.*

**No, I have not had surgery. Sex Reassignment Surgery should never be a prerequisite for access to essential services. Respecting me means respecting the way that I self-identify. There are many reasons why trans people decide not to or are unable to get SRS: poverty, financial constraints, medical restrictions, and citizenship status are a few of them. Some trans people are not interested in getting SRS, and don't see surgery as a necessary or important part of their transition.**

*What does it say on your ID? Our shelter admits people based on what the gender marker says on your ID.*

**No, I have not changed my sex designation on my ID. Changing sex designation on official identification is extremely difficult in Québec. Some trans people are never able to change their documents to more accurately reflect their gender identity. The current policy states that a person has to undergo SRS in order to change the sex on their documents. Just because I don't want surgery/have been unable to**

get surgery yet doesn't mean that I should not be entitled to essential services

*What if the other women staying at our shelter do not feel safe around trans women? I am concerned about the safety of the other residents. (Specifically for trans women accessing women's shelters)*

Women's shelters are supposed to accept all women in need of their services. The presence of a penis is never a legitimate reason to deny access to services. People's experiences of gender must never be reduced to only their genitals. Trans women have experienced sexism, some are survivors of sexual violence, and many are systemically denied access to resources and services, just like members of other communities of marginalized women.

There are ways to integrate trans people into your services, and to acquaint the other residents at your shelter with the experiences of trans women. In other cities, such as Toronto and New York, there are city-wide admittance policies that recognize people's gender self-identification . Shelters that have trans-positive admittance policies have noticed that their experiences with trans people accessing their services have been positive overall.

*We've had bad experiences with trans people in the past. How do we know that this experience isn't also going to be a bad one?*

You can't know. It is impossible to know what kind of emotional baggage any of your clients will bring with them. It is unfair to assume that I will be aggressive simply because you have had negative experiences with trans people before. Have you had bad experiences with non-trans women/men at your shelter? If so, what have you done about it? This kind of double standard is discriminatory.

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There is often a power dynamic between service providers and clients. It can be really hard to stick up for yourself and open conversations about the staff's fears and misconceptions, especially at times when your priority is fulfilling your basic human need for shelter. Having these conversations with shelter staff can be intimidating, difficult, or could trigger bad memories of previous experiences. You can find somebody to come with you to advocate on your behalf. Try bringing a trusted friend, or a staff member at a local community organization, to advocate on your behalf.

Providing the staff with some basic trans resources, as well as some resources related to trans access to shelters, may also be helpful. Doing so might free you from fielding all of their questions and will give

them the opportunity to educate themselves. Following are some good resources to pass along:  
<http://www.thetaskforce.org/downloads/reports/reports/TransitioningOurShelters.pdf>  
<http://www.wellesleyinstitute.com/files/a-2002-Creating-a-Space.pdf>  
<http://wellesleyinstitute.com/files/invisible-men.pdf> (specifically about trans men)

## **Medications**

Some shelters require that you leave prescription medications (including hormones, if you are taking them by prescription), at a designated location when you are admitted. In this case, there will probably be allotted times to take them.

## **Showers**

Most women's shelters are equipped with private showering facilities, though the extent of the privacy varies. For example, some shelters have private showering stalls but communal dressing areas. When you are being admitted to the shelter, you should ask what kind of showering facilities they have. Remember, privacy is not an issue that is specific to trans people. Shelter staff will probably be well acquainted with questions about privacy in the space.

If for some reason the shelter where you are staying only has group showers, or if you are uncomfortable with the facilities that are available in your shelter, there are other places that you can shower during the daytime. If you live in the Montréal area, there are single-stalled, private showering areas available:

- Chez Doris: 143 Chomedey (near Atwater metro)
- CACTUS (if you are a member of PLAISIIRS): 1300 Sanguinet

## **Bathrooms**

It is difficult to predict what the facilities will be like at any given shelter. Ask the shelter staff where the bathrooms are located and if there are any with single stalls. At women's shelters, as a general rule, even if there aren't any single-stalled washrooms, the communal public washrooms have several individual stalls

with doors that lock. In men's shelters, this is not always the case, and there may be multi-stalled washrooms that don't have locks on the doors.

### **Sleeping Arrangements**

Shelters have sleeping accommodations that range from dormitory style, with many beds in one large room, to housing that accommodates two or three people per room. Some shelters have rooms set aside for people who need or want a more private space. While some shelters will place trans people in a private room if they have one, you should be allowed to choose if you want other sleeping arrangements. While some trans people like to have a private room, others find it isolates or brings attention to them.

### ***A Note on Immigration Status and Women's Shelters***

There is no policy in Québec that bars immigration officers from entering shelters that are meant to protect women fleeing situations of domestic violence. In some cities, immigrant communities and community organizations and shelters have pushed for immigration officers to be barred from services like shelters. If your immigration status is precarious, and you are currently at, or seeking the services of, a women's shelter, ask a friend or allied staff at another community organization to ask the shelter about their policy regarding immigration and police officers in the space.

### ***Other Options for Emergency Housing***

If you can't find a shelter to stay at, try to think of other options: Do you have friends who would be able to put you up while you figure out more stable housing? Are there cheap hotels or hostels you know of that you might be able to stay at? Do you know of any community organizations that might be able to strategize around other options with you?

## **Prisons and Jails**

### **Institutional Assignment**

If you are being sentenced to time in a provincial jail (for sentences under two years) or prison (for sentences over two years), you will most likely be housed based on the status of your genitals. In Québec, this means that if you are a trans man who has not had bottom surgery, you will be housed in a woman's facility, such as Tanguay or Joliette, and if you are a trans woman who has not had bottom surgery, you will be housed in a men's facility, such as Bordeaux or Rivière-des-Prairies.

### **Sleeping Arrangements**

Sleeping arrangements are different at every facility. You will most likely be sharing a cell with one or two other people.

### **Protective Custody**

If your safety is being threatened by the other inmates, you can request to be put under protective custody. 'Protective custody' doesn't mean the same thing at every institution. At some facilities, it means that you will be in a separate wing (either a protective custody or psychiatric wing); in other facilities, it could mean that you will be in lock-down in your cell (meaning that you will have very limited, if any, time to leave your cell); and in some facilities, it could mean being placed in isolation.

Think carefully about your needs. Being in protective custody probably means spending a lot of time alone and losing privileges, such as access to the phone, time outdoors, or activities. It also does not protect you from violence perpetrated by the prison staff.

There is also stigma associated with being in protective custody due to its association with certain kinds of identities, convictions, and behaviours. It is also worth noting that some trans people are not given the choice about being put in protective custody. It is not uncommon for prison staff to force trans

people into isolation under the guise of protecting them, regardless of whether or not the individual feels the need to take those measures.

If you are experiencing violence, or need to talk, you can call ASTT(e)Q or STELLA (for sex workers). Both organizations accept collect calls.

### **Hormones**

If you had a prescription for hormones before being incarcerated, there is a greater chance that you will be able to access them inside prison. Contact the nurses at the infirmary and ask them how to go about continuing hormones. It is useful if you can give them the name and contact information of your health care provider and pharmacy, in order to speed up the process. Contacting an organization on the outside to advocate on your behalf is also very helpful. They might be able to help do some of the groundwork, such as visiting the doctor who prescribed your hormones.

If you are in a provincial facility, and you were using hormones on the black market, it is unlikely that you will be able to start getting your hormones by prescription on the inside.

According to the Correctional Service Canada policy on trans inmates, in theory, you can begin hormone therapy with the permission of a “recognized expert in the field of gender identity” in federal facilities, but because there are so few health care professionals who work regularly with trans people, and because so-called expertise in the field of trans health is rare, access is most often granted at the discretion of the individual guards, wardens, and medical staff who work in the prisons. Basically, while this federal policy does exist, in practice you will most often be granted access to hormones in prison based on what kind of treatment you had before being incarcerated.

The costs of all prescription medications are covered while you are in prison or jail.

### **Clothing and Other Products**

You may wish to have gender-appropriate clothing and other items, such as cologne, perfume, or makeup, with you while you are on the inside. In general, you can only buy products that are designated male or female by the institution you are in. In select cases, trans people have fought for and gained access to bras and other clothing in prison, as well as items such as cologne and makeup.

### **Surgery**

Unfortunately, you will not be able to get surgery if you are currently incarcerated. Up until November 2010, according to Correctional Service Canada's policy on trans prisoners, Sex Reassignment Surgeries were covered for those serving sentences in federal prisons.

In 2001, Synthia Kavanagh, a transsexual woman, fought for her right to access Sex Reassignment Surgery in prison. The Supreme Court ruled that for her, the surgery was an essential service and that it was discriminatory to deny her access to it, therefore setting a precedent for others wanting to have surgery. This decision was overruled in 2010 when Canada's Conservative government ordered Correctional Service Canada to stop funding Sex Reassignment Surgery for trans people in prisons. Trans people have and will continue to fight for their right to access to hormones, surgeries, and respectful services inside prison.

Even though the US context is very different, check out the DC Trans Coalition's campaign and victories about trans people and incarceration at <http://www.dctranscoalition.org/>.



The Correctional Service Canada policy on trans inmates can be found at <http://www.csc-scc.gc.ca/text/plcy/cdshtm/800-cde-fra.shtml>.

\*\* Some of this information was adapted from the forthcoming document, *My Rights and the System*, by Stella and the Immigrant Workers Centre.

### *The Prisoner Correspondence Project*

Québec has a queer and trans penpal project called the Prisoner Correspondence Project. Members are always looking for trans people both inside and outside of prison to become penpals. If you are a trans person outside prison, and you would like to be matched up with someone to write letters to, write to [info@prisonercorrespondenceproject.com](mailto:info@prisonercorrespondenceproject.com).

If you are currently inside prison, and would like to be matched up with a penpal outside prison, or if you would like resources on safer sex, drug use and tattooing, emotional coping and survival, or writing by trans prisoners across the US and Canada, write to:

Prisoner Correspondence Project  
c/o QPIRG, Concordia University  
1455 de Maisonneuve West  
Montréal, Québec  
H3G 1M8

### **Immigration Detention Centres**

#### **Institutional Assignment**

In general, if you have been picked up by the Canada Border Services Agency (CBSA) in or around Montréal, you will be held at the immigration detention centre in Laval, called the Centre de prévention de l'immigration. Everyone is housed in the same building, but the facility itself is segregated by sex.

Trans people with criminal records or criminal charges who are picked up by the CBSA can be held in a provincial jail, such as Tanguay or Rivière-des-Prairies. If you are outside of Montréal,

you will be detained in a local jail or provincial facility until your hearing. If you are being detained in a jail, issues surrounding institutional assignment (which gender facility you will be housed in), accommodations, safety, hormones and surgery are all outlined in the “Prisons and Jails” section above.

### **Sleeping Arrangements**

Both the male and female sections of the Centre de prévention de l’immigration in Laval have dormitory-style sleeping arrangements, with three to five beds per room. In theory, you should be able to explain your situation and be permitted to have a single room. Because there are no official trans policies at the Centre, and everything is handled on a case-by-case basis, it’s possible that the staff will give you a hard time if you request to room alone. If you have a lawyer, you can ask them to advocate on your behalf and explain why your privacy is important. If you do not have a lawyer, you can call ASTT(e)Q for help, either to find a lawyer or to advocate for you. Weigh your options and priorities before making a decision, because rooming alone comes with its own set of challenges. You can ask the guards if rooming alone will mean complete isolation, of if you will be able to, for example, eat with the other detainees.

### **Hormones and Other Medications**

All prescription medications are confiscated when you are detained. The doctor on staff, who only visits the facility once a week, will have to approve your medications. There is no official policy regarding access to hormones in immigration detention, and it will be handled on a case-by-case basis. If you are detained and had a previous prescription for hormones, your doctor, lawyer, or community advocate can try calling to make a case for you continuing your hormone regimen. If you were on black market hormones before being detained, it is unlikely that you will be able to initiate Hormone Replacement Therapy by prescription in an immigration detention facility.

### **Clothing and Other Products**

You should be able to wear your own clothing. Visiting hours are during the hours of 2–4 pm and 7–9 pm, seven days a week. Visitors have to present two pieces of government-issued ID. Visitors may bring clothes, makeup, important personal items, etc. for you, but they will not be given to you directly. The items will be inspected by a security guard and given to you if they are approved. There is no guarantee that your items will pass inspection.

### **Communication**

You can receive phone calls at the Centre de prévention de l'immigration at 450.661.4267. The caller will have to leave your legal name and room number, if they have it. You will receive the message and be permitted to call back. Lawyers and community groups calling to speak with the staff to advocate on your behalf will also use this number.

Consult the “Resources” section at the end of this guide to find out about organizations that work in immigrant rights.





# Know Your Rights and Self-Advocacy

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Trans realities are often either excluded from, or outright criminalized by, the law. Most laws are written without trans people in mind. For instance, the government does not consider the existence of trans parents, and therefore does not have policy or legislation that includes the possibility of gender-diverse family compositions. Trans people are criminalized by the ways in which the law deals with poverty, homelessness, drug use, immigration, and HIV non-disclosure.

Even though the law does not often favour trans people, you do have rights, and you are more likely to be able to stand up for yourself and your communities if you know what they are! People in power try to control and oppress marginalized communities by relying on the fact that legal information is often inaccessible and that members of the population are therefore frequently unaware of their rights. This chapter will equip you with legal information and self-advocacy tools to deal with difficult situations, so that the next time your landlord is threatening to evict you, or you think that the reason you didn't get a job is because of your gender identity, or you are harassed by the cops, you'll have more information to draw upon.

This chapter is composed of legal and self-advocacy information generated by trans community members. It is not legal

advice, and cannot replace the services of a lawyer. If you need a lawyer, but cannot afford one, you can get legal aid. Legal aid is available to anyone residing in Québec, including permanent residents, refugees, and non-status migrants. You can get more information about legal aid at <http://www.justice.gouv.qc.ca/english/sujets/glossaire/aide-jur-a.htm>.

## **Family Law**

While gender-diverse families should be celebrated and respected, trans parents and parents of trans youth often find themselves in legally precarious positions. Being a parent can be fulfilling and rewarding, and a child can come to accept and embrace their parent's gender identity. However, discrimination and transphobia in society and implicit in the law create struggles for trans people who are dealing with custody issues, trying to access adoption agencies or fertility clinics, or establishing legal relationships to their children. Similar factors plague parents of trans youth when they are dealing with judgmental parents, teachers, or counselors.

### **Custody**

Family courts are not trans-friendly. In Québec, you cannot lose custody of your child simply because of your gender identity. In general, the overriding factor in custody cases is the judge's assessment of what is in the 'best interests of the child.' Unfortunately, that leaves a lot of room for subjectivity, and if a judge isn't well-informed about trans issues, their preconceptions about trans people could affect the decision.

Try to find a lawyer who has experience working with trans people. If you cannot, you might have to educate your lawyer. Finding case law that supports trans parents as well as other resources and information may be useful. If your lawyer is unfamiliar with case law on the topic, the leading case in Canada is the *Forrester v. Saliba* case (*Forrester v. Saliba*, [2000] O.J. No. 3018 (Sup. Ct.)), that took place in Ontario in 2000. Furthermore, it

is always helpful to have friends, family, or staff at community organizations to speak on your behalf. Calling upon an expert witness (a doctor or mental health professional, for example), might be necessary. In this case, try to find a health professional who has worked with trans people before and who is familiar with trans issues.

Family conflict and turmoil can be challenging. Many trans parents who are going through custody battles or experiencing conflict with their children or partners have low self-esteem, because they feel guilty about breakups or family disintegration. Some trans people accept transphobic and discriminatory custody agreements because they feel ashamed or because they blame themselves for the pain their family is experiencing. There is no shame in doing what you need to do for yourself. It takes a lot of strength to come out and go through a transition, and during the process your children can learn important life lessons about acceptance and self-respect from their trans parents. Take the time to think about what you want and need, and try not to make hasty decisions based on guilt or shame. You should have the right to have meaningful relationships with your children, and your transition should not be a reason for your kids to be taken away or for your visitation or custody rights to be limited. Keep in mind that it is easier to deal with custody issues early on—the more time passes, the more difficult it will be to contest discriminatory agreements.

### **Trans Prospective Parents**

If you are a trans person looking to use the services of a fertility clinic, sperm bank, or adoption agency, you might be asking yourself what their policies are on accepting trans prospective parents. The reality is that most of these services do not have trans policies, nor do the staff undergo training about trans issues. Many trans people who would like to have children never even get to this stage for fear of being rejected from the services they are seeking.

### *Adoption Agencies*

While according to the Civil Code of Québec on adoption, “any person of full age may, alone or jointly with another person, adopt a child,” adoption agencies and assessors still reserve the right to decide what is in the ‘best interests’ of the child. There are many factors used in assessments of eligibility that are indirectly related to gender identity, such as poverty, history of arrest, and depression and other mental health issues, that may affect your ability to adopt children. While adoption laws and policies in Québec do not overtly discriminate against trans parents, individual adoption agencies, social workers, and psychologists involved in the assessment of the individual or couple seeking adoption may be transphobic or use the previously mentioned factors as a basis for denying your request.

### *Fertility Clinics*

The Civil Code of Québec does not directly stipulate gender requirements for access to reproductive assistance. Trans people have a wide array of experiences accessing fertility clinics, but these are generally in line with the kinds of discrimination and transphobia that they tend to experience trying to access any kind of health services.

### *Freezing Sperm*

Taking estrogen may affect your ability to have your own biological children. If you want to have children, and if it is important to you that your children be biologically related to you, you may want to consider having sperm frozen in a sperm bank to use at a later date. The rates for this procedure vary from place to place. Also, trans people have a variety of experiences with sperm banks; ask around to find out about other people’s success in this undertaking.

### *Home Births*

Some trans people choose to do home births, with a midwife. A midwife is a medical professional certified to assist people during childbirth. Hiring a midwife gives you the option of having a



more private birth. Many consider the services of a midwife to be a good option, as midwives often put a lot of energy into creating and building relationships with their clients. This kind of service gives you the chance to get to know and trust the person who will be helping you through the birth of your child. The services of a midwife are covered by the Régie de l'assurance maladie du Québec (RAMQ). Waiting lists can be very long, so if you would like to hire a midwife, check out [http://www.osfq.org/maisons\\_naiss.php](http://www.osfq.org/maisons_naiss.php) to find the birthing centre closest to you.

### **Legal Relationships**

Trans people in general have a hard time establishing legal guardianship over their children that is reflective of their relationship. Registering as a parent, or adopting your partner's child, could pose problems, and there is no straight forward process to getting your name on your child's birth certificate. Trans families are not reflected in the law. For example, a trans woman using her own previously frozen sperm may have a hard time getting her name on the birth certificate as the child's biological mother. Similarly, a trans guy who carries and births his own child might be unable to register as the child's biological father, and may have to legally be either the child's mother or a non-biological guardian. These categories do not represent the diversity of trans family compositions, and can be disheartening for trans parents. Many trans parents are forced to register under their legal name and sex designation if they want to establish legal guardianship over their children.

\*\*Some of this information was taken from Jake Pyne's forthcoming document, *Transforming Family: Trans Parents and Their Struggles, Strategies, and Strengths*.

## **Health Care**

There is a history of tension and mistrust between trans people and the health care institution. There are many legitimate reasons for this, as doctors and medical researchers have historically studied trans people in a dehumanizing way. Many trans people feel as if their doctors are gatekeepers to essential trans-specific health services. It may feel as if you have no agency in decisions about your body, but you do! You have the right to file a complaint if you feel like your doctor has been negligent or treated you disrespectfully. You have the right to ask questions and to have a say in the kind of treatment you receive. You have the right not to be treated like a research subject when you access health services. You should be treated with dignity and respect by your health care providers.

### **Refusing Treatment**

A health care provider cannot refuse to treat you or turn you away from their services because of your gender identity. Your doctor may tell you that they do not have the expertise or experience to meet your needs, though. This can be a legitimate reason to refuse treatment, for instance, if you are looking for services specific to complications related to Hormone Replacement Therapies or Sex Reassignment Surgery. Refusal to treat you is not legitimate, however, if you are seeing the doctor for a service they would provide to non-trans patients. Unfortunately, many doctors refuse to work with trans patients because of a lack of expertise in trans health issues. Some doctors may couch discrimination in these terms, and as a patient you may have trouble differentiating between a sincere lack of experience and transphobia. Bringing a friend or community advocate to support you could be helpful.

### **Physical and Sexual Violence**

Your gender identity does not give your doctor authorization to ask personal questions about your sexual life or preferences if those issues do not directly correlate with your treatment. For

instance, if you go to the doctor to discuss an ear infection, your doctor does not have the right to examine your genitals. Similarly, your doctor does not have the right to ask inappropriate questions, make a pass at you, or request sexual favors. Unfortunately, we are taught not to question our doctors or their motives. It may feel difficult to stand up for yourself, because of the power dynamics that exist in between doctors and patients. Ultimately, doctors are legally not permitted to date or engage in sexual relations with their patients. You can report a doctor to their professional order if you feel they have acted inappropriately.

### **Filing a Complaint**

There are two main ways of filing a health care complaint. You can file either against an health institution (hospital, CLSC, etc.) or an individual professional (family doctor, specialist, nurse, etc.). Whichever route you choose, you should document the incident very soon after it occurs. Either write it down yourself, or get a friend to help you articulate it. If you need advocacy or support, contact the Centre d'aide et d'accompagnement aux plaintes (CAAP) in your area. Check out <http://fcaap.ca>.

### ***Health Care Institution***

You can file a complaint with a health care or social service establishment, such as a CLSC, hospital, or rehabilitation facility, if you feel your rights as a user have been disrespected. You can find out what your rights are at [http://www2.publicationsduQuebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S\\_4\\_2/S4\\_2\\_A.html](http://www2.publicationsduQuebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/S_4_2/S4_2_A.html).

If you are filing against an individual doctor or pharmacist, your complaint will be sent to the medical commissioner.

### ***Professional Order***

Professional orders exist to protect the public, to receive complaints from clients, to impose disciplinary action if necessary, and to make sure that its members are providing quality services, in accordance with the law and the profession's code of ethics. If

you would like to file a complaint against an individual professional, because you feel that they acted negligently, irresponsibly, inappropriately, or unethically, you can file a complaint with their professional order. Each professional is bound to a code of ethics outlined by their individual professional order, which should be available on their website.

### **Confidentiality**

Laws that regulate doctor-patient confidentiality are outlined in the ‘professional secrecy’ section of a professional order’s code of ethics. Your doctor should never reveal personal and private information that you share during a session to anyone, including your friends, employer, or landlord. Your doctor may reveal your personal information to their staff, to medical experts they are seeking advice from, or from their professional order if their conduct is being examined, but there are measures in place to ensure that those external bodies keep your information secret. A doctor may also reveal necessary private information if they feel there is reason to believe it would prevent someone, including you, from being harmed or killed.

If you are under fourteen, and you come out to your doctor as trans, they are not legally bound to keep that information confidential from your parents or guardians. In this case, if you want to start hormone therapy or hormone blockers, your parents or guardians would almost certainly be consulted.

If you are over fourteen, you are legally able to make decisions about your own health, unless your security or development is considered to be at risk. Many health care professionals will not initiate trans-specific health care, such as accessing hormones or hormone blockers, without the consent and involvement of a youth’s parents or guardians until they are eighteen years old. See the note on youth in the “Hormone Replacement Therapy” chapter, on page 36, to learn more about a minor’s consent to care.

## **Medical Records**

You are the only person legally able to access your own medical records, unless you consent to sharing them. Certain legal situations may permit others to gain access to your medical records, for example, if you file a lawsuit that is related to your physical or mental health. If you are a minor under eighteen years of age, your legal guardians have access to your medical records. If you are fourteen or older, you must be consulted about sharing your information with your legal guardians, in which case you can choose to refuse to give them access to your medical records. Your doctor can override your refusal to share your file with your legal guardians if they decide that sharing the file would not be harmful to your health.

\*\*Much of this information was taken from the Educaloi website at [www.educaloi.qc.ca](http://www.educaloi.qc.ca).

## **The Police**

Whether you are stopped for questioning, detained or arrested, or you are seeking police intervention, you have rights when interacting with the police. Below are some important pieces of information to help prepare you for dealing with them.

### **Identifying Yourself**

You are only obliged to identify yourself to the police if you

- are under arrest or if the police suspect you have committed a criminal act
- are driving a motor vehicle (you must show driver's license, registration and proof of insurance; passengers do NOT have to identify themselves)
- are under eighteen at a bar or cinema (you must prove that you are eighteen or older)
- are found at night in a public place (park, street, etc.)
- take the metro using a reduced rate pass (police and metro security can only require to see your 'privilege' card)

If the police stop you in any other circumstances, you are not obliged to tell them who you are. If they insist and tell you come with them, you can politely ask “Am I under arrest?” If you are not, you can firmly but calmly tell them that you don’t want to identify yourself or come with them. On the other hand, police are required to provide proof of identity (i.e. badge with name and badge number) if asked. Asserting your rights might catch the police off guard, but it might also frustrate them and lead them to be more aggressive towards you.

As a trans person, identifying yourself to the police may be more complicated, particularly if your ID doesn’t correspond to your appearance. It is up to you whether you decide to discuss your gender/sex with the police—this is something to think about in preparation for potential situations of interrogation or arrest. Some people choose to inform police that they are trans when they are arrested, to be better able to advocate for themselves when being searched or placed in a sex-segregated jail. Some people request the police use their preferred name and pronouns, though there is currently no policy in Québec or Montréal obliging police to follow such a request. Other people choose to not to ‘out’ themselves, and to ‘pass’ as their legal or assigned sex. Again, this choice is ultimately yours, but it is useful to be prepared.

### **Detention and Arrest**

The police can briefly detain you if they think you have been implicated in a crime. They must inform you that you are being detained for questioning. If you are under arrest, the police are obliged to tell you what you are being charged with and to read you your rights. The police can arrest you if you are under the influence of drugs or have consumed too much alcohol, or if they have reasonable grounds to believe you are about to commit or are in the process of committing a crime.

## **Arrest with and without a Warrant**

A warrant is a piece of paper that authorizes the police to arrest you and, in some cases, to search your home. It must be made out in your legal name, describe the charge and be signed and dated by a judge. The police must have a warrant to enter your home, otherwise, you are not obliged to let them in. However, you can be arrested without a warrant if you are caught committing an offence, if the police believe you are about to or have just committed a crime, or if they believe that there is a warrant issued against you (e.g. for unpaid tickets).

## **Your Rights and Obligations**

In the case of arrest, you have the right to a lawyer, and you have the right to remain silent (aside from identifying yourself) until your lawyer is present. You can ask that a lawyer be assigned to you if you don't have one. You must give your legal name, address, and date of birth. Anything you say or do can be used against you, so be cautious. The police may use many techniques to get you to talk, including promises, lies, intimidation, and violence. If you decide to address your gender identity or the fact that you are trans, you are giving up your right to remain silent, but it is up to you what information you tell the police. You can always reassert your right to remain silent.

## **Searches**

It is illegal for the police to search you if you are not under arrest. The only exception is if the cops have reasonable grounds to believe you may have a firearm or drugs in your possession. If you are not under arrest and the cops insist you empty your pockets or purse, you don't have to cooperate, and you can tell the police you don't agree to being searched.

If you have been arrested, the police can conduct a summary (pat-down) search with your clothes on to find incriminating evidence, or to ensure you are unarmed. They may also consider it necessary to carry out a strip search, which involves searching all your clothing and possessions.

According to the law, you can only be searched by a police officer of the 'same sex' as you. This may pose a complication for you as a trans person. In some provinces in Canada, trans people have won the right to choose to be searched by a female or male officer. In Québec, this right has not been defined. Sex will generally be defined by your legal sex and/or your genitals. If you are going to be strip searched, depending on your surgical status and/or your perceived gender, you may want to inform the police officer in advance, to avoid potential shock and to decrease the possibility of an aggressive response. You may also choose to advocate for yourself and to confidently assert your right to be searched by the police officer of your preference. The police are generally not well informed of your rights (or they might choose to disregard them), and could find your assertion to be convincing. Whatever you decide to do, it is generally recommended to keep as cool as possible, to speak clearly, and to not fight back, if you have been arrested.

### **The Police and Sex Work**

Prostitution is not illegal in Canada, but the majority of activities that surround it are. The Criminal Code contributes to making prostitution quasi-illegal and therefore to harassment and discrimination against sex workers. Sex workers who work on the streets and in bars are most commonly targeted with solicitation (communicating with another person in a public place with the objective of exchanging sexual acts for money). Municipal laws and the Québec Highway Safety Code are also used to control street prostitution. Breaking these laws does not constitute a criminal offence, but in doing so you may be ticketed. You can contest your ticket if you believe it is unjust. Contact Le Réseau d'aide aux personnes seules et itinérantes de Montréal (RAPSIM) or Stella for support in contesting your ticket.

### **The Police and Survivors of Violence**

If you are a survivor of sexual or physical violence and wish to file a report with the police, this is your right. Many trans people have had negative experiences with the police, however,



and avoid dealing with the cops altogether. You can ask a friend or a street worker from ASTT(e)Q or another organization to accompany you. Sex workers who have experienced sexual violence and who want to file a report or press charges are encouraged to contact ASTT(e)Q or Stella for support in approaching the police.

### **Immigration Status and the Police**

You are not obliged to reveal your immigration status to the police and can remain silent until you speak with your immigration lawyer. If you are unable to produce identification papers, you can legally be held until you appear in court.

Your permanent resident status can be revoked if you are found guilty of a ‘serious crime.’ As well, a permanent resident can be denied citizenship for an indictable offense, or two or more summary offenses, until they have received a pardon. A non-permanent resident, particularly somebody with no legal status, can risk immediate detention and a subsequent deportation order—this risk is higher for those who have not shown up for a previous deportation date.

### **Police Brutality**

If you are victim of police brutality, you have the right to file a formal complaint with the Québec Police Ethics Commission. You need to establish proof of the incident, if possible, including a medical certificate, photos, witnesses, and detailed notes. Get in touch with ASTT(e)Q or the Collective Opposed to Police Brutality (COBP), or check out the resource list at the back of the guide for other organizations that can help you file a report.

\*\* Some of this information has been adapted from Stella’s *XXX Guide* and COBP’s *Surprise, We Have Rights!*

## **Social Assistance/Welfare**

Most trans people face barriers to employment, and some turn to welfare to survive. This is your right. Nobody should make you feel ashamed for relying on welfare to have an income, nor should you judge others for doing so themselves. Trans people are often forced to be creative in finding ways to support themselves, and choosing to access welfare is just one of these ways.

### **Social Assistance and Social Solidarity Programs**

The Ministère de l'Emploi et de la Solidarité sociale du Québec (MESS) (Minister of Employment and Social Solidarity) offers two 'last-resort' financial assistance programs: the Social Assistance Program and the Social Solidarity Program.

The Social Assistance Program is available to people with either no severe limitations, or only temporary limitations, to employment. Temporary limitations include being declared unable to work for up to twelve months (e.g. medical conditions with a doctor's report, pregnancy/parenthood, and being 55 or older). In order to be eligible, you must be eighteen or older, live in Québec, and demonstrate that your financial resources (i.e. the money you possess) and the value of your assets (i.e. property, vehicles, etc.) is below a certain amount.

The Social Solidarity Program is available as 'last-resort' financial assistance to people deemed to face severe limitations to employment. In order to be eligible, you must attain a medical report explaining reasons why you are unable to work, either permanently or for an indeterminate time (at least twelve months). While barriers to employment are frequently rooted in social issues, the medical report must explain your barriers to employment in terms of your physical or psychological 'impairment,' in combination with socioeconomic factors (e.g. lack of education, formal work experience, etc.) that limit your access to work. Many trans people are able to access welfare (for both temporary and permanent limitations) on grounds related to

mental health (anxiety and depression are most commonly referenced).

### **Applying for Welfare**

Applications for welfare are generally made at your neighbourhood CLE (Local Employment Centre). You will have to provide copies of several documents, including your birth certificate, health insurance card, Social Insurance Number (SIN), lease, bank statement, and proof of (lack of) income. You will also have an interview with an agent at the CLE. You will receive your first payment dating from when you submit your application, so do this as quickly as possible, even if you are missing documents.

Next, you will meet with a welfare agent, who will review your application and ask you several questions about your situation, including your financial status. Only answer the questions you are asked. It may be helpful to speak with a welfare rights organization beforehand in order to be better prepared. Following your interview, you will receive your decision by mail. If you are refused, you have the right to contest the decision. If you are accepted, you will begin receiving cheques on the first of each month, and you will be obliged to regularly report back to your agent.

When applying, you will have to use your legal name and sex on the application form, as there is currently no policy dictating name or sex usage for trans people. However, many people have been successful in self-advocating by firmly but politely insisting that they be addressed according to their name and pronouns of common usage. While your cheque will be made out to your legal name, you should be able to receive mail and phone calls from your agent using appropriate name and pronouns. If you have problems, speak with one of the organizations listed in the “Resources” section to get support.

## Benefits Amounts

As of January 1, 2012, the monthly social benefit amounts\* are as follows:

Social Assistance Program	Total Monthly Amount	Exempted Work Income
No limited capacity for employment	\$589	\$200
Temporarily limited capacity for employment	\$715	\$200
<b>Social Solidarity Program</b>		
Severely limited capacity for employment	\$896	\$100

\*see [www.mess.gouv.qc.ca/publications/pdf/sr\\_dep\\_montant\\_prestations\\_en.pdf](http://www.mess.gouv.qc.ca/publications/pdf/sr_dep_montant_prestations_en.pdf) for details regarding couples/families

### *Additional Benefits*

Welfare recipients are generally entitled to the Basic Prescription Drug Insurance Plan, which allows access to free or partially covered prescription medication upon presentation of a claim slip (carnet de réclamation) at the pharmacy. This coverage includes hormones. People who do not have access to RAMQ health insurance, such as refugee claimants, are not eligible for the prescription plan, but may be covered under the Interim Federal Health Program (IFHP). Other specific needs, such as dental care and glasses, may be covered as well, though in these cases, only after one year of receiving social assistance.

Transportation for medical purposes can be reimbursed, sometimes covering the full cost of a monthly metro pass. Therapy, visits to the doctor, and participation in social/support groups, such as ASTT(e)Q's weekly drop-in, can be considered 'medical purposes.' Speak with your agent to receive a medical transportation certificate to be filled out by a doctor.

Further amounts may be allocated to parents and pregnant people, to cover certain moving costs, and to assist in returning to work. Speak with your local welfare rights organization for more details about benefits that may be available to you. On a related note, as of 2011, the solidarity tax credit has replaced the

QST credit. You must file a Québec income tax return in order to be eligible.

### **Cuts to Your Cheque**

There are several justifications used to cut your monthly cheque, including if you a) work and you declare more than the monthly exempted work income, b) have more than an established amount of money your bank account (dependent on benefit scale, if single or family, etc.), c) declare that you are living with a partner or your parents, d) receive child support payments, or e) leave the country (certain exceptions apply). Your welfare agent also holds discretionary power to deem that you are fit for work, and therefore no longer in need of social assistance, regardless of a decision from a medical professional declaring you unable to work.

### **Complaints, Application Review, and Appeal**

If you feel you have been disrespected or treated unjustly, you can file a complaint by calling 1.888.643.4721. Furthermore, you have the right to appeal the CLE's decision regarding your welfare claim, be it concerning a welfare refusal or cancellation, the chosen benefit scale, etc. You have ninety days following the decision to request a review. If the review isn't successful, you have sixty days to file an appeal with the Tribunal administratif du Québec (TAQ). Contact *Legal Aid*, or your local welfare rights organization, to assist you.

\*\*Some of this information has been adapted from *Immigrant's and Refugee's Access to Social Benefits and Programs in Québec Guide for Community Workers* (Community Legal Services of Point St. Charles and Little Burgundy) and *Nos droits à l'aide sociale* (La Jarnigoine).

## Housing

Finding a place to live can be stressful if you're trans, especially if your ID does not reflect your gender presentation. Landlords can abuse their power, and be threatening and discriminatory. This section is specifically for tenants who are renting property in Québec. If you are a homeowner, this section is unfortunately not relevant. If you are looking for information on accessing shelters, check out the "Sex-Segregated Spaces" chapter.

### **Finding an Apartment**

A prospective landlord is allowed to ask for information regarding your payment history in order to be convinced that you will pay rent on time. In other words, they are allowed to ask for references from previous landlords or employers. They are also permitted to ask for proof of payment for various bills. A landlord is not allowed to refuse to rent to a person because they are unemployed or on welfare. This is legally considered discrimination. A landlord can decide not to rent to you based on your criminal record. Discrimination based on a criminal record is not legally forbidden. If you have a pardon, your previous criminal record will not be available in the Canadian Police Information Centre (CPIC). Criminal charges that were dropped or acquitted will not show up in any records a prospective landlord can access.

If your prospective landlord makes you fill out a rental form, read it carefully so that you know what kind of information they are trying to access. Are they asking for your SIN? Are you giving information that will allow your prospective landlord to look at your criminal record or your credit history? If you fill out this kind of form, and you have not yet changed your name or gender marker through the Directeur de l'état civil, you will most likely be outed as trans to your prospective landlord.

If you are a minor (under eighteen years old), you are generally not considered able to sign legally binding documents on your

own, so landlords will usually require a co-signer, who will be legally responsible for the apartment. If you sign a lease and you are under eighteen years old, the Régie du logement will have to decide if they consider your lease to be a legal document.

If you are a non-status migrant, apartment hunting will be more difficult, especially because landlords often require credit checks, bank statements, or employment references. Subletting apartments or living with roommates you trust (who can be on the lease instead of you) are both good options. If you are looking for a place on your own, though, it's best not to let your landlord know about your immigration status. If you need to file a complaint against your landlord with the Régie du logement, or if your landlord files one against you, rest assured that the Régie does not require a SIN and will not ask about your immigration status.

### **Filing a Complaint**

If you are being discriminated against by your landlord because of your gender identity, you have a few options. Despite great efforts and human rights activism, gender identity and expression is not protected in Canadian human rights legislation, nor is it listed as grounds for discrimination in the Québec Charter of Human Rights and Freedoms. One option is to use discrimination based on sex, or disability (if you have an official diagnosis of Gender Identity Disorder), in order to fight against discriminatory landlords. You can only file a complaint with the Régie du logement once a lease has been signed, so if you feel like you have been denied housing for discriminatory reasons, you can file a complaint with the Human Rights Commission of Québec (Commission des droits et libertés de la personne et des droits de la jeunesse, or CDPDJ).

Unfortunately, the onus is on you to prove that you experienced discrimination. Consider documenting any incidents in which you have experienced discrimination, because any evidence you have will help your case. Ask the landlord why they're refusing

to rent to you or get a friend or community advocate to visit the place with you, so that you have a witness if they say anything discriminatory. Save any recorded telephone messages from the landlord. If an apartment that you want to rent suddenly becomes 'occupied' when you show up, get someone else to call up to see if it is still available, or walk by to see if the 'For Rent' sign is still up.

To file a complaint with the Human Rights Commission (CDPDJ), you must first call them up and tell them your complaint. They will decide if the complaint falls into their jurisdiction, and if so, they'll send you the necessary forms. You can contact them at 514.873.5146.

### **Privacy**

You may not be the owner of the apartment or house you are living in, but once you sign a lease, it is considered to be your home. Landlords are allowed to enter your home, but they must give you 24 hours notice, and come in between 9 am and 9 pm. If you are moving out of your dwelling, your landlord must inform you of visits for prospective tenants, but they are not obliged in this case to give you 24 hours notice. Landlords are not allowed to call incessantly or harass you, change the locks for your apartment without giving you the key or informing you, or show up without notice. If you feel like your landlord is harassing you, document your experience, because it can be difficult to prove. For example, keep phone bills if your landlord is calling repeatedly without cause, save phone messages if they are threatening or coercive, or keep a written record of how often your landlord visits your apartment if you consider it excessive.

### **Eviction**

There are strict rules about eviction and repossession of apartments. Your landlord cannot evict you because of your gender, how you dress, who visits your house, your employment status, or most other elements of your life they may hold prejudices against. Check out the Régie du logement's website at <http://>



[www.rdl.gouv.qc.ca](http://www.rdl.gouv.qc.ca) to learn more about when a landlord can evict or repossess a dwelling

### **Sex Work**

If you are a sex worker, and you work out of your home, you are considered to be keeping a common bawdy-house. Owning, managing, leasing, occupying, or being found in a bawdy-house is illegal according to Canada's Criminal Code. If your landlord has reason to suspect that their tenant has been doing sex work out of their home, they can also be convicted with keeping a common bawdy-house. If a tenant is convicted of keeping a common bawdy-house, the landlord or property owner will be informed. If they do not take the steps to evict their tenant, and their tenant is charged again, they will also be held legally accountable. You cannot be evicted simply for being a sex worker, or if your landlord believes that you are involved in the industry, unless you are working out of your home.

### **Employment**

Finding a job is no easy affair, especially when prospective employers have countless expectations of their employees—from having a CEGEP or university diploma, to speaking French (or English), to providing references from previous employers. For many people, this can be a challenge. For trans people, there are often additional barriers, including dress codes, ID documents that correspond to your appearance/identity, as well as subtle and overt forms of discrimination. And once you do get a job, what kind of rights do you have anyway?

### **Disclosure**

Knowing where to look for a job isn't always evident, particularly when trying to find an employer who you will feel comfortable with. Ask around, speak with your friends, look online (sites like Kijiji and Craigslist, or your local classifieds), or get in touch with a local community organization. Leads from people you know can help in tracking down more open-minded employers.

When preparing your CV or getting ready for an interview, you should consider how you'd like to present yourself—including what name(s) you feel most comfortable using and how you'd like to dress. Some people will use their legal name (if it hasn't been changed), while others will use their chosen name, opting to inform their employer either during their interview or once they are offered a job. This is up to you, there is no right or wrong way. Some people will present as their assigned gender, and others will dress in accordance with their gender identity. Choose a strategy that feels most comfortable to you. Whether or not you have been able to change your ID or access things like electrolysis and gender-confirming clothing will surely influence the choices you have.

### **Navigating the Workplace**

Once you are hired, there are a number of things to consider: Are you going to let your co-workers know you are trans? Are you planning on transitioning on the job? Can you ask your employer to keep your trans experience confidential, using your chosen name with other employees, and only using your legal name for administrative purposes (taxes, pay cheque, etc.)? Which bathroom should you use, or are there unisex washrooms/change rooms in the building? Some larger workplaces will have a Human Resources department that can (hopefully) help you with some of these questions. In a more intimate workplace, however, your options may be limited.

You might want to consider making a list of what your priorities are, keeping in mind what you do and don't have control over, as well as considering your comfort level and safety. While you may be forced to settle for whatever job you can find, and endure poor working conditions, knowing your limits can help you to advocate for yourself and demand to be respected on the job.

### **Harassment and Discrimination**

While your options for contesting discrimination and harassment may be limited, you do have rights! Whether your employer laid

you off when you requested medical leave to get surgery, your manager has been repeatedly harassing you, or a co-worker is making threats to hurt you, you have the right to a safe workplace. The information in this guide is very abbreviated—check out the “Resources” section at the end to find out where you can get more information.

In simple terms, regardless of whether or not you are working a ‘legit’ job, or under the table, according to the Labour Standards Act, your employer is obliged to provide you with a workplace free from harassment. If you have experienced psychological harassment, and you haven’t been able to resolve the issue within your workplace (speaking with your employer, addressing the person harassing you, etc.), you can file a complaint with the Commission des normes du travail du Québec (CNT) (<http://cnt.gouv.qc.ca/>, or 1.800.265.1414). The burden will be on you to prove that there has been harassment. It’s important to document everything in a detailed, chronological manner and, if possible, have witnesses do the same. You must file your complaint within ninety days of the most recent incident of harassment.

Once you have filed with the CNT, if your complaint is accepted, there are several possible steps to resolving the complaint, including mediation, inquiry, hearing, and settlement. At the same time, you may also wish to apply for Employment Insurance, or for compensation from the Commission de la santé et de la sécurité du travail (CSST) if you feel your health or safety has been compromised). Get in touch with a workers rights organization if you need more information or would like to be accompanied through this process.

In addition to the CNT, if you feel you have been discriminated against on the grounds of your sex (because gender identity and expression is not protected in human rights legislation, trans people tend to file discrimination based on sex), or related to other aspects of who you are (race, ability, religion, etc.), you

can also file a complaint with the Human Rights Commission of Québec (CDPDJ). The CDPDJ is an independent body mandated with promoting and upholding the principles set out in the Québec Charter of Human Rights and Freedoms. Trans people have gone before the CDPDJ and successfully fought workplace discrimination. It can take a lot of time, and be a very draining process, but you can seek out support from local organizations to help share the burden.



# Conclusion:

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## We Live Here

We wanted to end this guide with an eye to the future. *Self-Referred* is meant as a roadmap for trans people dealing with health and social services in Québec. Please share this guide and the knowledge that you have gained from it with others, because the more we equip our communities with knowledge and information, the stronger and more resilient we will become.

Finally, we also wanted to speak to the activism of day-to-day survival, in other words, how sharing our stories, standing up for each other, or simply making it through a really rough day are all ways in which we are struggling for broader social change in our communities. When we look out for each other, talk about our challenges, support a friend when they feel like their options have run dry, persuade a new GP to start prescribing hormones, and build families and tell our children our stories, we become stronger. When we support each other post surgery, write to our friends and loved ones in jail, warn each other about bad clients, create spaces for our youth to meet and socialize, we are activists and leaders in our communities. When we fight against police brutality and repression, demand our right to easier access to name and sex designation changes on our IDs, help create networks of doctors and providers who work with the undocumented migrants in our communities, we are telling the world that we live here, too!

It is in part because of this activism of day-to-day survival that social services for trans people exist today. This guide was initiated as a part of a project that was started by trans people fighting for trans support services in Québec . There will always be a lot of work to do to improve trans access to respectful and relevant health and social services, but changes will happen, as long as we are empowering ourselves with knowledge and information.



# Resources

## Members of the Trans Health Network of Québec

- Action santé travesti(e)s et transsexuel(le)s du Québec (ASTT(e)Q)

Location: 300 Ste. Catherine East, Montréal

Number: 514.847.0067 ext. 207

Email: [astteq@yahoo.ca](mailto:astteq@yahoo.ca)

Website: [www.astteq.org](http://www.astteq.org)

- Aide aux transsexuelles et transsexuels du Québec (ATQ)

Number: 514.591.9038 (admin) 514.254.9038 (listening line)

Email: [admin@atq1980.org](mailto:admin@atq1980.org) (admin) [ecoute@atq1980.org](mailto:ecoute@atq1980.org) (listening line)

Website: [www.atq1980.org](http://www.atq1980.org)

- 2110 Centre for Gender Advocacy

Location: 2110 Mackay, Montréal

Number: 514.848.2424 ext. 7880

Email: [info@centre2110.org](mailto:info@centre2110.org) (admin) [psa@centre2110.org](mailto:psa@centre2110.org) (peer support and advocacy)

Website: [www.centre2110.org](http://www.centre2110.org)

- Stella

Location: 2065 Parthenais, suite 404, Montréal

Number: 514.285.8889

Email: [stellapp@videotron.ca](mailto:stellapp@videotron.ca)

Website: [www.chezstella.org](http://www.chezstella.org)

- Project 10

Location: 2075 Plessis, suite 307, Montréal

Number: 514.989.0001 (admin) 514.989.4585 (listening line)

Email: questions@p10.qc.ca

Website: www.p10.qc.ca

## **Other Organizations with Trans Support Services**

- Le Néó

Location: 83 St.Louis, Terrebonne

Number: 1.800.964.1860

Email: neo@le-neo.com

Website: www.le-neo.com

- Projet Caméléon (I.R.I.S. Estrie)

Location: 505 Wellington, Sherbrooke

Phone number: 819.823.6704

Email: projet\_cameleon@hotmail.com

Website: www.iris-estrie.com

- Head and Hands (for youth 14-25)

Location: 5833 Sherbrooke West, Montréal

Phone Number: 514.481.0277

Email: info@headandhands.ca

Website: www.headandhands.ca

*We cannot guarantee that the resources listed below trans-friendly*

## **Legal Clinics**

- Just Solutions Legal Clinic

Location: 1440 St.Alexandre, 3rd floor, Montréal

Phone: 514.844.9128 ext. 204

Email: js@montrealcitymission.org

Website: www.montrealcitymission.org



- Mile End Legal Clinic

Location: 99 Bernard West, Montréal

Phone number: 514.507.3054

Email: mile\_end\_law@yahoo.ca

Website: www.justicemontreal.org

- Women's Y Legal Clinic

Location: 1355 Blvd René-Lévesque West, Montréal

Phone number: 514.866.9941. ext. 293.

Email: infojuridique@ydesfemmesmtl.org

- Clinique juridique Juripop

Location: 253 Ste.Catherine, suite 200 and 205, Montréal

Phone number: 450.845.1637

Website: www.juripop.org

- Inform'elle (family law)

Location: 3757 Mackay, Saint-Hubert

Phone number: 450.443.8221. or 1.877.443.8221.

Email: droitpourelle@informelle.osbl.ca

Website: www.informelle.osbl.ca

- Clinique droits devant (homeless rights)

Phone number: 514.603.0265

Email: cliniquedroitsdevant@yahoo.fr

- To find your local legal aid office go to:

[www.justice.gouv.qc.ca/english/sujets/glossaire/aide-jur-a.htm](http://www.justice.gouv.qc.ca/english/sujets/glossaire/aide-jur-a.htm)

## **Information, Community Support and Advocacy**

- Le Réseau d'aide aux personnes seules et itinérantes de Montréal (RAPSIM)

Location: 105 Ontario East, suite 204

Phone number: 514.879.1949

Email: rapsim@qc.aira.com

Website: www.rapsim.org

- Centre for Research-Action on Relations

Location: 460 Ste. Catherine West, suite 610, Montréal

Phone: 514.939.3342

Email: [crarr@primus.ca](mailto:crarr@primus.ca)

Website: [www.crarr.org](http://www.crarr.org)

- Action Autonomie (mental health rights)

Location: 3958 Dandurand, Montréal

Number: 514.525.5060

Email: [lecollectif@actionautonomie.qc.ca](mailto:lecollectif@actionautonomie.qc.ca)

Website: [www.actionautonomie.qc.ca](http://www.actionautonomie.qc.ca)

- Educaloi (online resource)

Website: [www.educaloi.qc.ca](http://www.educaloi.qc.ca)

- Elizabeth Fry Society (prisoner rights)

Location: 5105 Côte-Saint-Antoine, Montréal

Phone: 514.489.2116

Email: [elizabethfry@qc.aira.com](mailto:elizabethfry@qc.aira.com)

Website: [www.elizabethfry.qc.ca](http://www.elizabethfry.qc.ca)

- Coalition des organismes communautaires québécois de lutte contre le sida

Location: 1 Sherbrooke East, Montréal

Number: 514.844.2477 ext. 0or 1.866.535.0481

Email: [info@cocqsida.com](mailto:info@cocqsida.com)

Website: [www.cocqsida.com](http://www.cocqsida.com)

- Native Friendship Centre

Location: 2001 St. Laurent, Montréal

Phone Number: 514.499.1854

Website: [www.rcaa.qc.info](http://www.rcaa.qc.info)

- Association pour la défense des droits et l'inclusion des personnes qui consomment des drogues du Québec (ADDICQ)

Location: 1188 Champlain, Montréal

Phone number: 514.904.1241

Website: [www.linjecteur.ca/addicq](http://www.linjecteur.ca/addicq)

- Canadian HIV/AIDS Legal Network  
Website: [www.aidslaw.ca](http://www.aidslaw.ca)

## **Social Assistance**

- Organisation populaire des droits sociaux (OPDS)

Location: 3340 Ontario East, Montréal

Phone number: 514.524.6996

Email: [opdsrm@cooptel.qc.ca](mailto:opdsrm@cooptel.qc.ca)

Website: [www.opdsrm.com](http://www.opdsrm.com)

- Project Genesis

Location: 4735 Côte-Ste-Catherine, Montréal

Phone number: 514.738.2036

Website: [www.genese.qc.ca](http://www.genese.qc.ca)

- Mouvement Action Chômage

Chicoutimi (Service action chômage): 418.543.3569

Estrie: 819.566.5811

Gaspésie: 418.689.2030

Haute-Côte-Nord: 418.238.2625

Haut-Richelieu: 450.357.1162

Kamouraska: 418.492.7494

Montréal: 514.271.4099

Québec: 418.523.7117.

Saguenay-Lac-Saint-Jean 418.662.9191

Trois-Rivieres 819.373.1723

## **Anti-Violence**

- Coalition Opposed to Police Brutality (COBP)

Phone number: 514.395.9691

Email: [cobp@riseup.net](mailto:cobp@riseup.net)

Webiste: [www.cobp.resist.ca](http://www.cobp.resist.ca)

- Project X

Location: 3770 Decarie, Montréal

Phone number: 514.872.9444

Email: [info@theprojectx.ca](mailto:info@theprojectx.ca)

Website: [www.theprojectx.ca](http://www.theprojectx.ca)

- Centre d'aide aux victimes d'actes criminels (CAVAC)

Phone number: 1.866.532.2822

Website: [www.cavac.qc.ca](http://www.cavac.qc.ca)

- Centres d'aide et de lutte contre les agressions à caractère sexuel (CALACS)

Phone number: 514.529.5252 (Montréal) or 1.877.717.5252 (elsewhere in Québec)

Email: [info@rqcalacs.qc.ca](mailto:info@rqcalacs.qc.ca)

Website: [www.rqcalacs.qc.ca](http://www.rqcalacs.qc.ca)

## **Needle Exchanges and Safer Gear**

- CACTUS

Location: 1300 Sanguinet, Montréal

Phone number: 514.847.0067

Email: [info@cactusmontreal.org](mailto:info@cactusmontreal.org)

Website: [www.cactusmontreal.org](http://www.cactusmontreal.org)

- Spectre de rue

Location: 1280 Ontario East, Montréal

Number: 514.524.5197 (day centre and needle exchange)

Email: [administration@spectrederue.org](mailto:administration@spectrederue.org)

Website: [www.spectrederue.org](http://www.spectrederue.org)

- Dopamine

Location: 4205 Ontario East, Montréal

Number: 514.251.8872

Email: [info@dopamine.ca](mailto:info@dopamine.ca)

Website: [www.dopamine.ca](http://www.dopamine.ca)

- Point de Repères

Location: 530 St. Joseph East, Québec

Phone number: 418.648.8042

Website: [www.pointdereperes.com/site/index.swf](http://www.pointdereperes.com/site/index.swf)

- List of locations to find clean gear in Québec:

[www.publications.msss.gouv.qc.ca/acrobat/f/](http://www.publications.msss.gouv.qc.ca/acrobat/f/)

[documentation/2009/09-312-01.pdf](http://documentation/2009/09-312-01.pdf)

## **Migrant Support**

- Programme régional d'accueil et d'intégration des demandeurs d'asile (PRAIDA)

Location: 5700 Côte-des-Neiges, Montréal

Phone: 514.731.8531

- Action Réfugiés Montréal

Location: 1439 Ste. Catherine West, suite 2, Montreal

Phone: 514.935.7799

Email: [info@actionr.org](mailto:info@actionr.org)

Website: [www.actionr.org](http://www.actionr.org)

- Solidarity Across Borders Montréal

Email: [solidaritesansfrontieres@gmail.com](mailto:solidaritesansfrontieres@gmail.com)

Website: [www.solidarityacrossborders.org](http://www.solidarityacrossborders.org)

- Primary Care Clinic for Migrants Without Health Coverage

Location: Confidential - Call for appointment

Number: 514.609.4197

- Action Gay, Lesbienne, Bisexuelle, Trans et Queer pour Immigrants et Réfugiés (AGIR)

Website: [www.agirmontreal.org](http://www.agirmontreal.org)

## **Housing**

- Régie du logement

Number: 514.873.2245 or 1.800.683.2245

Website: [www.rdl.gouv.qc.ca](http://www.rdl.gouv.qc.ca)

- Regroupement des comités logements et associations de locataires du Québec (RCLALQ)

Location: 2000 St. Joseph East, suite 35, Montréal

Number: 514.521.7114

Email: [rclalq@rclalq.qc.ca](mailto:rclalq@rclalq.qc.ca)

Website: [www.rclalq.qc.ca](http://www.rclalq.qc.ca)

- **POPIR-Comité Logement**

Location: 4017 Notre-Dame West, Montréal

Number: 514.935.4649

Email: [popir@videotron.ca](mailto:popir@videotron.ca)

- **Front d'action populaire en réaménagement urbain (FRAPRU)**

Location: 180, René-Lévesque East, suite 105, Montréal

Number: 514.522.1010

Email: [frapru@cooptel.qc.ca](mailto:frapru@cooptel.qc.ca)

Website: [www.frapru.qc.ca](http://www.frapru.qc.ca)

## **Employment**

- **Centres locaux d'emploi (CLE)**

Phone: 1.888.643.4721

Website: [www.emploi.quebec.net](http://www.emploi.quebec.net)

- **Au bas de l'échelle**

Location: 6839A Drolet, suite 305, Montréal

Phone: 514.270.7878

Email: [abe@aubasdelechelle.ca](mailto:abe@aubasdelechelle.ca)

Website: [www.aubasdelechelle.ca](http://www.aubasdelechelle.ca)

- **La boussole (for people with criminal records)**

Location: 1440 Stanley, 6th floor, Montréal

Phone: 514.849.8393 ext. 744

- **Immigrant Workers Centre**

Location: 4755 Van Horne, suite 110, Montréal

Phone: 514.342.2111

Email: [info@iwc-cti.ca](mailto:info@iwc-cti.ca)

Website: [www.iwc-cti.ca](http://www.iwc-cti.ca)

## **Online Trans-Specific Resources**

### **Web Resources for Trans People**

- [www.santetranshealth.org](http://www.santetranshealth.org)
- [www.transhealth.vch.ca/resources/library](http://www.transhealth.vch.ca/resources/library)
- [www.alterheros.org](http://www.alterheros.org)
- [www.susans.org](http://www.susans.org)

- [www.ftm.underworks.com](http://www.ftm.underworks.com) (binders)
- [www.underworks.com/bras](http://www.underworks.com/bras) (breast forms)
- [www.grsmontreal.com](http://www.grsmontreal.com) and [www.srsmontreal.com](http://www.srsmontreal.com)
- [www.transbucket.org](http://www.transbucket.org)
- [www.survivorproject.com](http://www.survivorproject.com)
- [www.tsvoice.com](http://www.tsvoice.com)
- [www.forge-forward.org](http://www.forge-forward.org)
- [www.ftmguide.com](http://www.ftmguide.com)
- [www.tsroadmap.com/index.html](http://www.tsroadmap.com/index.html)
- [www.queertransmen.org](http://www.queertransmen.org)
- [www.transetvih.org](http://www.transetvih.org)
- [chrysalidelyon.free.fr](http://chrysalidelyon.free.fr)
- [www.checkitoutguys.com](http://www.checkitoutguys.com)
- [www.transgendercare.com](http://www.transgendercare.com)
- [www.FTMguide.org](http://www.FTMguide.org)

### **Web Resources for Health Professionals**

- [www.wpath.org](http://www.wpath.org) (Standards of Care)
- [www.cpath.org](http://www.cpath.org)
- [www.santetranshealth.org](http://www.santetranshealth.org)
- [www.groups.yahoo.com/group/transmedicine](http://www.groups.yahoo.com/group/transmedicine)

### **Clinical Guidelines and Protocols**

- ***Sherbourne Health Centre:*** [www.sherbourne.on.ca/PDFs/Trans-Protocols.pdf](http://www.sherbourne.on.ca/PDFs/Trans-Protocols.pdf)
- ***Vancouver Coastal Health:*** [www.transhealth.vch.ca/resources/careguidelines.html](http://www.transhealth.vch.ca/resources/careguidelines.html)
- ***Callen-Lorde:*** [www.callen-lorde.org/documents/TG\\_Protocol\\_Request\\_Form2.pdf](http://www.callen-lorde.org/documents/TG_Protocol_Request_Form2.pdf)
- ***Tom Waddell:*** [www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf](http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/TransGendprotocols122006.pdf)
- ***The Endocrine Society:*** [www.jcem.endo-journals.org/content/94/9/3132.full](http://www.jcem.endo-journals.org/content/94/9/3132.full)
- ***The Center of Excellence for Transgender Health:*** [www.transhealth.ucsf.edu/trans?page=lib-00-02](http://www.transhealth.ucsf.edu/trans?page=lib-00-02)