



**Submission to the Standing Committee on Justice Policy
Re: Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015**

June 3, 2015

INTRODUCTION

The following paragraphs provide a description of the Canadian Professional Association for Transgender Health (CPATH), a brief outline of CPATH's opposition to conversion therapy for trans and gender independent children and youth, and provide recommendations and support for Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015 (Bill 77).

CPATH

The Canadian Professional Association for Transgender Health is the only national, multidisciplinary, professional organization working to support the health, wellbeing, and dignity of trans and gender diverse people (trans). We work towards our vision of a Canada without barriers to the health, well-being and self-actualization of trans and gender diverse people, and our mandate includes:

- educating professionals and enabling knowledge exchange to develop and promote best practices;
- facilitating networks and fostering supportive environments for professionals working with and for trans people; and
- encouraging research to expand knowledge and deepen understanding about sex and gender diversity.

Our membership consists of the majority of Canadian medical and psychological professionals who focus their practice on trans health and mental health. Also represented are many leading Canadian researchers studying trans health, social determinants of health, and related issues.

CPATH holds a biannual conference that delivers clinical training in assessment and treatment of gender dysphoria. Many of our members are regularly sought out as

experts to provide continuing professional development training in trans health, mental health, and other trans related professional competencies and best practices.

CONVERSION “THERAPY” FOR TRANS CHILDREN AND YOUTH

The World Professional Association for Transgender Health (WPATH) Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People are internationally recognized guidelines for the care of trans and gender independent people. The current version of the Standards of Care, version 7 (SOC 7) sets out the roles of mental health professionals working with children and adolescents with gender dysphoria. These roles include:

- Providing family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
- Educating and advocating on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps, other organizations).
- Providing children, youth, and their families with information and referral for peer support, such as support groups for parents of gender-nonconforming and transgender children.

SOC 7 also set out a framework for psychological and social interventions for children and adolescents, which notes that “treatment aimed at trying to change a person’s gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success particularly in the long term. **Such treatment is no longer considered ethical**”. In fact, SOC 7 states that:

- families should be supported in managing uncertainty and anxiety about their child’s or adolescent’s psychosexual outcomes and in helping youth to develop a positive self-concept.
- Mental health professionals should not impose a binary view of gender.
- They should give ample room for clients to explore different options for gender expression.
- Health professionals should support clients and their families as educators and advocates in their interactions with community members and authorities such as teachers, school boards, and courts.

In 2010, CPATH issued a position statement affirming that Gender variance and gender non-conforming behavior in children and adults do not constitute a psychological disorder. WPATH made a similar De-Psychopatholisation Statement in 2010 which explains that “The psychopathologisation of gender characteristics and identities reinforces or can prompt stigma, making prejudice and discrimination more likely, rendering transgender and transsexual people more vulnerable to social and legal marginalisation and exclusion, and increasing risks to mental and physical well-being.”

In April 2014, the Canadian Psychiatric Association issued a position statement on the Mental Health Care for People Who Identify as Lesbian, Gay, Bisexual, Transgender, and (or) Queer, co-authored by CPATH board member and psychiatrist, Albina Veltman. On the topic of conversion therapy, the position statement states “The CPA opposes the use of reparative or conversion therapy, given that such therapy is based on the assumption that LGBTQ identities indicate a mental disorder and (or) the assumption that the person could and should change their sexual orientation and (or) their gender identity and gender expression.” The statement also highlights the fact that risks for LGBT youth can be reduced by family acceptance and that LGBT youth who come from highly rejecting families are more than three times as likely to have attempted suicide than LGBT peers who reported no or low levels of family rejection.

The Trans PULSE Project (Trans PULSE), a study which explored the social determinants of health for trans people in Ontario, found that of trans people over the age of 16 in Ontario, most were aware that their gender did not match the sex assigned to them at birth at relatively young ages (59% before the age of 10, 80% before the age of 14, and a total of 93% before the age of 19).

Trans PULSE also found that strong parental support for a youth’s gender identity was strongly correlated with much better levels of mental health and other factors that constitute social determinants of health. These results are described in the attached report that Trans PULSE prepared for the Children’s Aid Society of Toronto and Delisle Youth Services.

Specifically, trans youth with strongly supportive parents (as opposed to somewhat or non-supportive parents) were more satisfied with life (72% vs. 33%), rated their health (66% vs. 31%) and mental health (70% vs. 15%) as very good or excellent, and their self-esteem as high (64% vs. 13%). While 100% of trans youth with strongly supportive

parents reported being adequately housed, only 45% of trans youth with less than strongly supportive parents did.

Of even greater concern, when comparing trans youth with strongly supportive parents against those that do not, lack of parental support is associated with significantly higher levels of symptoms of depression (23% vs. 75%), consideration of suicide in the past year (34% vs. 70%), and, almost incomprehensibly, suicide attempts within the past year (4% vs. 57%).¹ All of these numbers are tragic, but with a 93% increased risk for suicide attempts associated with a lack of strong parental support, professional efforts to undermine parental support for a youth's gender identity should be considered not only unethical but dangerous.

Parental support for a child's gender identity continues to have impacts into adulthood. In a paper published days ago, researchers from the Trans PULSE stated that "...parental support has been previously associated with reduced suicide risk for sexual minority and trans youth, but our results demonstrate the importance of parental support for gender identity among adults, suggesting a need for all-ages family interventions."²

It should be made clear that these results have implications not only for children and youth who will transition but also for those who may, as they develop, identify as cisgender and gay, lesbian, bisexual or queer. As Trans PULSE explains "It is not clear to what extent results from this study may also apply to gender non-conforming cisgender persons, but we note that among sexual minority youth, early gender non-conformity has been associated with increased suicidal behaviour or risk, a process that may be mediated by gender harassment or bullying, or by parental disapproval of gender expression."^{3 4} In fact, there is mounting evidence indicating that pressure to conform to

¹ It should be noted that similar results with respect to levels of suicidal ideation and attempts were found in this recently released report of a national survey of trans youth. Veale J, Saewyc E, Frohard-Dourlent H, Dobson S, Clark B & the Canadian Trans Youth Health Survey Research Group (2015). *Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey*. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia. Available on-line in pdf format at www.saravyc.ubc.ca

² Greta R. Bauer, Ayden I. Scheim, Jake Pyne, Robb Travers and Rebecca Hammond, **Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada**, *BMC Public Health* 2015, **15**:525 doi:10.1186/s12889-015-1867-2

³ Ibid.

⁴ See also, Susset, F., (2014). Between a rock and a hard place: The experience of parents of gender nonconforming boys. Dans E. Meyer & A. Pullen Sansfaçon, (Éds.), *Supporting transgender and gender creative youth : Schools, families, and communities in action* (pp. 111-127). New York, NY: Peter Lang International Academic Publishers. & Susset, F. (2014). Vulnérabilité et stigmatisation des enfants non normatifs dans l'expression de leur genre. *Revue québécoise de psychologie*, 35(3), 113-136.

gender norms has deleterious effects on all children's well-being, mental health and development.

Clearly, conversion "therapy" and clinical or "therapeutic" interventions that counsel parents to make their affection, love, and support conditional on restricting a child's gender identity or expression, or that instill shame on children and youth for their gender identity or gender expression are inconsistent with overwhelming consensus of major mental health organizations have no place in professional practice. Recognition that practises may be applied to vulnerable children and youth, who have limited agency to express their opposition to such "therapies" or advocate for their rights, grounds the need to enact legislative measures to eliminate such practices.

Despite these grim realities described above, there is hope. With respect to children and youth who will transition, a 2014 study from a trans youth clinic in the Netherlands reported that of trans youth who were admitted to the program and received puberty suppression, hormone therapy, and transition related surgical care, all entrants completed the program and had psycho/social outcomes equivalent or superior to their cisgender peers.⁵ For those that do not, and for Lesbian, Gay, Bisexual, or Queer youth, they will know that they can rely on their parents to support them for who they are, whatever their gender identity, gender expression, or sexual orientation.

With professional and peer supports (such as Gender Creative Kids Canada), for trans children and their families, growing numbers of organizations working to educate professionals (such as Rainbow Health Ontario and CPATH) as well as policy (such as the Toronto District School Board's Guidelines for the Accommodation of Transgender and Gender Independent/Non-Conforming Students and Staff) and legislative measures (such as Toby's Act and Bill 77) to help address systemic issues, and increasing societal awareness of gender diversity, the future for trans and gender independent children and youth is promising.

⁵ **Young adult psychological outcome after puberty suppression and gender reassignment.** [de Vries AL](#)¹, [McGuire JK](#)², [Steensma TD](#)³, [Wagenaar EC](#)³, [Doreleijers TA](#)³, [Cohen-Kettenis PT](#)³. *Pediatrics*. 2014 Oct;134(4):696-704.

BILL 77 Recommendations

CPATH recommends that conversion “therapy” targeting **gender expression** be specifically referenced in the final version of the bill. This amendment would be consistent with the rights enumerated in the Ontario Human Rights Code.

CPATH also recommends that the exception section be expanded to reference puberty suppression and transition related services, including hormone therapy or surgical procedures, including but not limited to sex reassignment surgery.

CONCLUSION

For the reasons set out above, and many others, CPATH is very much in support of the objects of Bill 77, Affirming Sexual Orientation and Gender Identity Act, 2015.

All of which is respectfully submitted.



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Past-President

On behalf of the Board of Directors of the

Canadian Professional Association for Transgender Health

Impacts of Strong Parental Support for Trans Youth

A report prepared for Children's Aid Society of Toronto and Delisle Youth Services



Building our communities through research

2 October, 2012

Purpose of Report

The aim of this report is to provide preliminary data on the health impacts of parental support for trans (transgender or transsexual) youth aged 16 to 24 in Ontario.

Little is known about the ways in which acceptance or rejection by one's family is predictive of health or well-being outcomes among trans youth. However, exposure to homophobia is now generally regarded as having significant implications for the health and well-being of lesbian, gay and bisexual youth. Numerous studies over the last two decades reveal negative health, mental health, and quality of life outcomes, including high rates of depression and anxiety, low self-esteem, problematic alcohol and drug use, and suicide. Recent studies have demonstrated a strong effect of parental acceptance during adolescence in protecting against these outcomes for lesbian, gay, bisexual and transgender (LGBT) young adults.^{1,2}

However, homophobia and transphobia can function in differing ways, and trans youth have trans-specific needs and vulnerabilities that may not necessarily be captured in studies of LGBT youth.

Given the lack of information on impacts of parental support for trans youth, we assessed the degree to which parental support for trans youth's gender identity and expression had an impact on overall satisfaction with life, self-assessed physical and mental health, self-esteem, depression, and suicidality. We report on these results below.

Trans PULSE Project

This report was produced using data collected during the second phase of the Trans PULSE Project, a community-based, mixed-methods research project aiming to understand and improve the health of trans people in Ontario. The Trans PULSE team is built on a

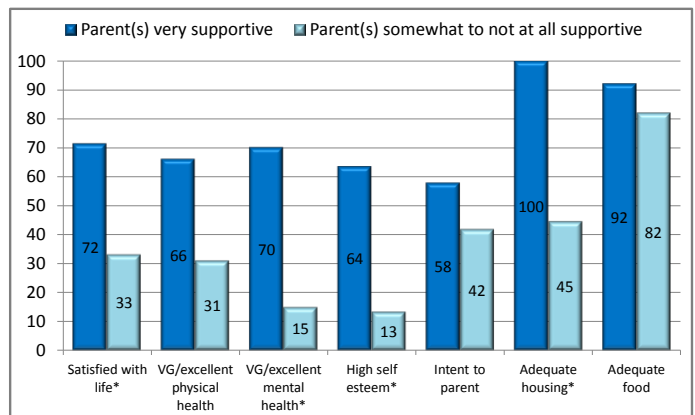
partnership between members of the trans community, community-based organizations, and academic researchers who are committed to improving the health of trans people. Trans PULSE is funded by the Canadian Institutes of Health Research.

Data and Analysis Methods

Survey data were collected from a total of 433 trans participants (youth and non-youth) by internet or paper survey. The survey included items on health-related measures, including social determinants of health, psychosocial measures, health care experiences, and sexual health.

Participants were trans people aged 16 and over who lived, worked, or received health care in Ontario. A broad definition of "trans" was used; participants needed only to identify themselves as trans. Participation was not limited to particular trans identities, nor were they required to have begun or completed a social or medical gender transition.

Figure 1. Proportion of trans youth age 16-24 years in Ontario experiencing positive health and life conditions, by level of parental support



* = statistically significant difference ($p < 0.05$)

Social transition can include a change of name, gender pronoun and gender presentation. Medical transition can include interventions such as hormone therapy, gender-affirming surgeries, and in adolescence, the administering of gonadotropin releasing hormone analogues (GnRH_a) to delay the onset of puberty.

Participants were recruited through respondent-driven sampling (RDS) over a 12-month period in 2009-2010, including 123 trans youth, 84 of whom had socially transitioned gender (or begun to), come out to their parents, and provided information reporting how supportive their parents were of their gender identity or expression. This analysis is based on data from these 84 youth. RDS is a tracked chain-referral method for recruitment and analysis, and is designed to limit bias in studies of hidden populations.³ A hidden population is any group or community from which a random sample cannot be obtained. Data were analysed using RDSAT 6.0 software.⁴

In Trans PULSE, each participant could recruit up to three additional participants. Recruitment patterns were tracked, individual network sizes (the number of other eligible people known) were assessed, and these data were used to weight all statistics based on each participant's probability of recruitment. Statistics presented are thus population estimates for networked trans youth in Ontario (i.e. those who know at least one other trans person in the province).

Parental Support

We analysed our data for two levels of parental support “not strongly supportive” and “strongly supportive”. We estimate that 34% of trans youth in Ontario who are “out” to their parents and have begun to socially transition have parents they would describe as “very supportive” of their gender identity or expression; 25% indicated their parent(s) were “somewhat supportive” and 42% “not very” or “not at all”, for a total of 67% in the “not strongly supportive” group.

Life Satisfaction, Physical and Mental Health

Knowing one has social and family supports is very important in the development of one's overall sense of health and well-being. In Trans PULSE, parental support of youth's gender identity and expression was directly associated with how trans youth rated their health and general well-being. Figure 1 shows the proportion of trans youth, aged 16-24 years in Ontario, experiencing positive health and life conditions, by level of parental support.

We wanted to know if feeling supported for one's gender identity and expression had an impact on trans youth's general satisfaction with their lives, which we assessed with the question “how satisfied are you with your life in general?” and on their self-reported ratings of mental health (ranging from poor to excellent).

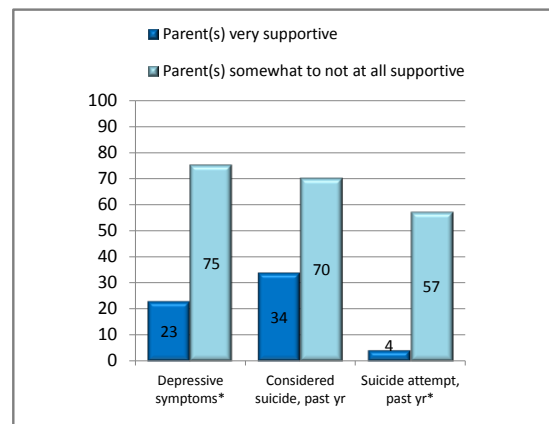
Figure 1 shows that trans youth who indicated their parents were strongly supportive of their gender identity and expression were significantly more likely (72%) to report being satisfied with their lives than those with parents who were not strongly supportive (33%). Also statistically significant, 70% of those with parents strongly supportive of their gender identity and expression reported positive mental health compared to 15% of those whose parents were not strongly supportive.

We also wanted to know if the level of support trans youth experience from their parents for their gender identity and expression impacts their evaluation of their overall physical health. We measured this by asking youth to rate their health ranging from poor to excellent. While not statistically significant, of those with strongly supportive parents, 66% reported very good or excellent overall health compared to 31% of those with parents not strongly supportive of their gender identity and expression. We note that a lack of a statistically significant difference does not imply equivalence, especially given the low statistical power to detect differences with a small sample size (n=84).

It is also known from many studies of young people's psychological well-being, that parental support is a strong predictor of healthy self-esteem. In Trans PULSE, we assessed self-esteem using the Rosenberg Self-Esteem Scale (1965), defining “high self-esteem” as scoring 20 or higher; having parents strongly supportive of one's gender identity and expression indeed had a significant impact on self-esteem. Of those with strongly supportive parents, 64% reported high self-esteem compared to only 13% whose parents were not strongly supportive.

Healthy psychological development in young people is also generally accompanied by a sense of optimism about the future. Studies of gay, lesbian and bisexual youth show that many are anxious about their futures, worrying that they

Figure 2. Proportion of trans youth age 16-24 years in Ontario experiencing negative health and life conditions, by level of parental support



* = statistically significant difference (p < 0.05)

won't have long-term relationships or families. We asked participants if they intended to parent in the future by asking "Would you like to have or adopt a child in the future?" While not statistically significant, among those with parents strongly supportive of their gender identity or expression, 58% reported an intent to have children compared to 42% of those whose parents were not strongly supportive.

Figure 2 shows the proportion of trans youth aged 16-24 years in Ontario experiencing negative health and life conditions, by level of parental support for their gender identity and expression. We were particularly concerned about mental health and suicide risk among trans youth given the range of studies showing these associations among lesbian, gay and bisexual youth. We used the 20-item CES-D scale designed to measure depressive symptomatology in the general population. The presence of depressive symptoms (CES-D \geq 16) was significantly related to whether trans youth had parents supportive of their gender identity and expression. A clear difference emerged with depressive symptoms reported by only 23% percent of those with supportive parents in contrast with 75% of those whose parents were not strongly supportive.

To attain a recent measure of suicide risk, we asked participants if they had considered suicide in the past year, and whether they had attempted it. Consideration of suicide was common, and was reported by 35% of youth whose parents were strongly supportive and 60% of those whose parents were not strongly supportive. Particularly alarming is that among this latter 60%, nearly all (57%) had actually attempted suicide in the past year. In contrast, only 4% of those with strongly supportive parents attempted suicide. While 4% is still far too high, the impact of strong parental support can be clearly seen in the 93% reduction in reported suicide attempts for youth who indicated their parents were strongly supportive of their gender identity and expression.

Housing and Food Security

Trans youth were classified as inadequately housed if they indicated they were currently homeless, in precarious housing situations (e.g. couch-surfing, living in a boarding house), or had great difficulty making housing payments while being below the low-income cut-off. Having adequate housing was reported by 100% of youth with parents strongly supportive of their gender identity and expression, but only by 45% of youth whose parents were not strongly supportive.

We also wanted to measure the impact of parental support on whether trans youth had enough food. Having adequate food was defined as whether a household had enough to eat over the past year. While not statistically significant, for those with parents strongly supportive of their gender identity and expression, 92% reported having adequate food compared to 82% of those with parents not strongly supportive.

Implications of Our Findings

Trans PULSE data have considerable implications for parents/caregivers and for those working with trans youth in schools and services. First and foremost, our findings show clear associations between the support that trans youth experience from their parents and numerous health outcomes. The most significant differences show that trans youth who have strong parental support for their gender identity and expression report higher life satisfaction, higher self-esteem, better mental health including less depression and fewer suicide attempts, and adequate housing compared to those without strong parental support. These findings draw a direct relationship between strong parental support and the reduction of significant risk factors for trans youth.

Our findings related to suicide consideration, self-reported poor physical health, inadequate access to food, and having a reduced intention to parent should not be ignored or dismissed because the differences between groups were not statistically significant, given our low statistical power to detect differences in this analysis. Indeed, the estimates for effects are still large and paint a consistent picture that is worrisome enough to warrant attention from service providers, parents and other caregivers, and policy-makers.

For parents and caregivers, our data have many implications. Our earlier results (not shown) revealed that having a "somewhat supportive" parent did not have a significantly more positive effect on youth than if their parents were not at all supportive of their gender expression and identity. This indicates that anything less than strong support may have deleterious effects on a child's well-being. These results should be viewed in light of recent suggestions that LGBT youth may rate their families as more supportive than their behaviours would indicate. Our findings suggest the need for parents of trans youth to find adequate support for themselves so that they can provide the strong support that their children need.

The experience of having a child come out as trans can be overwhelming for some parents. Parents worry about what other people will think and how their child will fit into their cultural or faith communities. Some parents feel shame or grief because their child is different than they expected and many worry that their child will be bullied or will lead an unhappy life. For some families, a non-judgemental counsellor can help to process these fears. For others, peer support from other parents of trans youth, either on-line or in person, where available, is their greatest resource. Wherever parents seek support, it is important that they express and process these complex feelings with other adults and not with their child. While some parents worry that being trans will cause their child to be unhappy, ultimately our data indicate that it is parents and caregivers themselves who provide the foundation for their children's

health and well-being with their support. Therefore, policy-makers and service providers need to ensure effective services are available directly for parents and caregivers of trans youth.

Those working professionally in school settings, child welfare, residential and other services should be aware of the risks facing trans youth whose parents are unsupportive of their gender expression and identity. These youth face significant and life-threatening risk factors, directly related to lacking support at home. Teachers, service providers and administrators may lack the knowledge or skill to intervene in situations where trans youth are being bullied, and some may wrongly assume that these youth will find the support they need at home. This may not be the case. Indeed, our data suggest that parents, in many cases, are not supportive, leaving youth to fend for themselves, possibly increasing their feelings of alienation, abandonment and despair. With such high rates of suicidal ideation and actual suicide attempts among trans youth, anything that adversely impacts their mental health will be detrimental. The presence of an active Gay-Straight Alliance (GSA) in a school is an important and crucial resource for trans youth, and may serve to meet some of their needs. Studies, however, show that trans youth often feel alienated in GSAs as the strong focus on gay and lesbian experience may not adequately address the reality and needs of trans youth.

Service providers may not be aware that trans youth are in their midst. The erasure and invisibility of trans youth, coupled with a general lack of knowledge among youth service providers about their issues, renders their needs invisible. Trans youth may also be actively ignored in services, or they may avoid accessing services altogether, for fear of being stigmatized by service providers for presenting outside of traditional gender boundaries. Yet, resources for building trans-inclusive services exist.⁵⁻⁸ Trans-inclusive youth programs that provide trans youth with a safe and confidential space to access professional and peer supports are crucial in helping to decrease feelings of depression and the despair that precedes suicidal ideation and attempts. Suicide crisis lines, in particular, must build their capacity to respond to the needs of trans youth. Like school-based personnel, service professionals should not assume that trans youth are receiving supports at home. Indeed, our data show that parental responses at home may be the root cause of many adverse health and well-being outcomes.

Finally, our data point to an urgent need for policy-makers to make themselves familiar with the needs of this very vulnerable group of youth, and to respond accordingly with resources that will help to ameliorate a very desperate situation. For example, providers in a range of settings, including schools, mental health, child welfare, residential, and social and health care services, require appropriate policies, practices, training and resources to ensure that service provision to trans youth is delivered with dignity and

respect, and is free from any bias or barriers related to gender identity or gender expression.

We were not able to examine the ways that parental support for gender may impact trans youth differently in relation to other parts of their identities, such as race, culture, language, newcomer status, disability, etc. However, multiple levels of invisibility, marginalization, alienation or victimization could alter risks and produce different outcomes for trans youth with intersecting identities. Therefore service providers and policy-makers need to also address the needs, risks and protective factors that affect those trans youth who may experience unique challenges due to intersecting identities.

For trans youth, the availability of both on-line and local supportive resources is increasing. We include information below about crisis lines and services that are sensitive to the needs of trans youth. It is also possible that the presence of other supportive adults can mitigate some of the negative effects of having unsupportive parents. As such, we encourage youth to seek out supportive and safe adults in the community or in counselling services who can offer guidance and counselling supports through difficult times.

For some parents, their attitude toward their trans child may improve over time. While we don't know enough about this empirically, studies that focus on the families of lesbian, gay and bisexual individuals show that many parents come to terms with their child's sexual orientation over time, and become more supportive. While many trans youth can and do find a way to move on with their lives, despite a lack of parental support, we feel that they should not have to do so alone. We urge policy makers, service providers, communities and families to take the necessary steps to effectively recognize, welcome and support trans youth, and to eliminate any gender-based bias or barriers.

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Resources for Trans Youth

ONTARIO WIDE

The LGBT Youth Line - A hotline staffed by youth, for youth
1-800-268-9688 <http://www.youthline.ca/index.php>

HALTON

LGBTTTIQAA Youth Support Group @ Positive Space Halton
905-875-2575 ext 239 <http://search.hipinfo.info/record/BTN4873>

KITCHENER / WATERLOO

OK2BME - Group for LGBT youth
ok2bme@kwcounselling.com <http://www.ok2bme.ca/>

LONDON

Open Closet – Social support group for LGBT 14-18 year olds
<http://www.hivaidconnection.ca/open-closet>

Trans Youth London - Group for trans youth
<https://www.facebook.com/TransYouthLondon?ref=ts>

OTTAWA

Pink Triangle Youth Group for LGBT Youth
613-563-4818 or volunteer.coordinator@ptsottawa.org

YSB Spectrum - LGBT Youth Group
613 241 7788 ext 409 or hiv@ysb.on.ca

THUNDER BAY

The Other 10% @ Children's Centre Thunder Bay - Drop-in LBGTTIQ
+ questioning group for 12-25 year olds
807-343-6373

Trans* Support Collective - Youth-friendly group for trans people
and supporters
tbts2012@gmail.com <https://www.facebook.com/pages/Trans-Support-Collective/194317560663423>

TORONTO

Griffin Centre – Several groups for LGBT Youth including a group for
youth of colour (Spektrum) and LGBT youth labelled with
intellectual disabilities (Compass)
416-222-1153 <http://www.griffin-centre.org/spektrum.php>

Pride and Prejudice Program @ Central Toronto Youth Services -
Groups and counselling for LGBT Youth
416-924-2100 <http://www.ctys.org/>

STARS (Strong and Resilient) @ Delisle Youth Services - Group for
queer, trans and questioning youth
416-482-0081 <http://delisleyouth.org/pages/stars-y>

Supporting Our Youth (SOY) - A program of the Sherbourne Health
Centre - A variety of groups and programs for LGBT youth,
including Trans Fusion Crew, a group for trans youth
416-324-5077 <http://www.soytoronto.org/>

Trans Youth Toronto @ The 519 Church Street Community Centre -
Drop In group for trans youth.
416-355-6792 mpage@the519.org
<http://www.the519.org/programs/services/transprograms/transyouthtoronto>

Resources for Parents of Trans Youth

Fact Sheet: "Supporting Gender Independent Children", for health
and social service providers
http://www.rainbowhealthontario.ca/admin/contentEngine/contentDocuments/Gender_Independent_Children_final.pdf

Families in Transition – on-line resource for parents of trans youth
Central Toronto Youth Services
http://www.ctys.org/sites/default/files/familiesintransition-a_resource_guide_for_parents-080608.pdf

Family Acceptance Project (USA) - On line resources for families of
LGBT Youth
<http://familyproject.sfsu.edu/>

Gender Identity Hotline - PFLAG CANADA - Hotline which parents
and others can call for support
Toll-free: 1-888-822-9494 gender@pflagcanada.ca
<http://www.pflagcanada.ca/en/index-e.php>

Gender Spectrum (USA) - On-line resources for parents of trans or
gender variant children
<http://www.genderspectrum.org/>

"If you are concerned about your child's gender behaviors" – On-
line resource manual for parents of gender variant children.
Children's National Medical Center in Washington DC
<http://www.childrensnational.org/files/PDF/DepartmentsandPrograms/Neuroscience/Psychiatry/GenderVariantOutreachProgram/GVParentBrochure.pdf>

Rainbow Health Ontario - Series of brochures for parents of
gender independent children will launch in 2013
www.rainbowhealthontario.ca

Stephanie A. Brill and Rachel Pepper. (2008). *The Transgender
Child: A Handbook for Families and Professionals*. Cleis Press.

TransParent Canada
<http://www.transparentcanada.ca/?file=kop1.php>

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E-Bulletins, presentations and articles available at:

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