

## **Welcome and Introduction**

I want to extend a thank you. It's been a long year with so much going on. Everyone who's showed up today has been going through a lot. I appreciate you're all here making time. Thank you. We hope you're safe and well and have all the supports you need. Through your participation, you're supporting health care and social services.

This project has been collaboration with so many people. This is our third year now. We're excited that we're at the point we can share.

I want to thank our funders - Public Health Agency of Canada, City of Toronto, Department of Justice, and Law Foundation of Ontario. Your support means a lot. We wouldn't be here without it.

I also really want to thank our peer leadership group, advisory committee, our graphic designer Manar, and Wendy, our Executive Director, who extends her gratitude to funders and all of you.

My name is Maeisha. I am the project coordinator with TransFormed. I joined in February, but before that I was on the peer leadership group since the first year we started. I'm excited to be here as someone who is nonbinary, here with lived experience, giving back; as someone who is Muslim, works in community organizing for queer and trans communities, and cares about this work. Very glad to be here.

I really recommend that you're updated to the latest Zoom version. We're spotlighting folks. With the updated version, you can clearly see what we want you to view on screen.

## **Land Acknowledgement**

METRAC's Board of Directors and staff are committed to upholding the spirit and intent of the 2015 Truth and Reconciliation Commission's recommendations and call to action. To this end, at the beginning of all METRAC meetings, we make a statement through which we hope to raise awareness, understanding and respect for the traditional Indigenous territories of Ontario.

We recognize the traditional Indigenous territories on which our organization is located, and on which our programs and trainings take place. We recognize the failure of settlers to uphold Indigenous sovereignty of this land, and we commit on an ongoing basis to decolonize our organization and bring this history to light.

For thousands of years, this land has been the traditional territory of the Huron-Wendat, the Seneca, Haudenosaunee, and most recently, the territory of the Mississaugas of the Credit River. This territory was the subject of the Dish with One Spoon Wampum Belt Covenant, an agreement between the Anishinaabe, Haudenosaunee and allied nations to peaceably share and care for the resources around the Great Lakes. This territory is also covered by Upper Canada Treaties.

Today, the meeting place of Toronto (as in the Haudenosaunee word, “Tkaronto”) is still home to many Indigenous people from across Turtle Island. We are grateful to have the opportunity to live and work on this land. We wish to express gratitude to Mother Earth and for the resources we are using, and honour all the First Nation, Metis and Inuit people who have been living on this land.

We’re aware that our settler acknowledgement uses language that may differ, but language is fluid and living. We respect that diversity. Also, not all First Nations, Inuit, and Metis refer to themselves in the same way.

### **Opening Words by Elder Blu**

Thank you. Welcome to Turtle Island, to the many nations that have always inhabited it and taken care of this land.

[Speaking in Cree]

What I’ve said is that my name before I came into this human form was Earth Song. I said “aayahkwew”, a Cree word that translates to “neither man nor woman”. Look to your nations, those who are Indigenous, and reclaim the languages, those who are diverse, under the LGBTQ2S+. It’s important our voices and languages are acknowledged. Our complex gender identities have responsibilities and roles from the languages we come from.

This is a time to celebrate gender diversity, nonbinary identities. Identities are personal, with many ways to express them. I will say all the gender-diverse people out there.

As we sit together, an indigenous way of meeting is “come with an open heart”, to greet each other without preconceived intentions. We ask today that our minds will be open to new understandings, our ears will be open to hear in a new way, our eyes will open to see in a way we haven’t been taught, and our mouth will be open to speak kindness and compassion to each other. That our hearts will be open to accept people for who they

are, how they are, what they believe in and to be supports to each other. The greatest asset we have is to support each other.

To walk beside each other, not in front. They may need our help, and to not walk behind them because then we're not really supporting them. I ask our ancestors, watching our journey, looking how we will make that path easier, to support them when they walk on this earth.

Be kind and compassionate, and if we do, this will be the most beautiful meeting. You may hear information that warms your heart, or troubles you and invokes that desire to make change for the better of each person, so we can all live together in Turtle Island.

Thank you. I will watch and continue to grow with each of you.

Thank you for the energy and presence that you create by being here.

### **French Interpretation**

Introducing Mouloud, our partner from Centre Francophone that we've been working with to go over the interpretation functions of today if anyone would like French interpretations.

Moloud: This is a beautiful project to see the light in a second language, French. Equality is important to me. I ran countries to come here and feel safe. Because of this I want to serve a good cause and to be here for anyone fighting for equality and for voices to be heard. I have worked with Maiesha, Laura and Caroline on many projects to translate to French. Will be here for these two days to assist to get information to anyone from English to French. We will be here for any questions to support with that. Appreciating the support and involvement, a pleasure knowing and working with you. We will have bilingual interpretations up on the webpage very soon. There is a big lack of resources available in French. So we'll have that with notes side by side on the webpage.

### **Zoom Tutorial**

*Laura Hartley (she/her), Program Director, has been working with the Transformed Project since March. She is excited to be here to exchange information and engage in dialogue. She is sharing a few instructions about Zoom to help with the webinar and symposium.*

At the bottom of the screen there are three buttons - 1) Chat, 2) Raise Hand, and 3) Q&A. The Chat feature is if you want to be in conversation with fellow attendees or panellists with comments or things like that. We're asking that people use the Q&A function if you have a question for a panelist or any resources we're sharing. It helps us keep track of questions. We have some space at the end to get to questions. For technical issues, use the Chat bar. Wendy is monitoring that to help you out.

Spotlights will be on folks who are talking and always on ASL interpreters. You have an option of how to view the presentation. If you go to Side by Side Gallery, you'll see the videos of the presenters stacked. You can take the mouse and adjust the screen to make people's faces bigger or smaller.

Notetakers are taking notes and they will be available after the symposium on the webpage.

Talking about violence can be hard, everyone is entitled to the feelings or not feelings that brings up. Take care of yourself in the best way you know how. If you need to step away or take a break, please do that.

We are launching a resource on support services available for folks and showing you how to access those as well.

### **Agenda**

Introducing the project

Hearing about research

Coercive feminization

TransLink

Launching TransFormed Resources

Launching a new legal resource

Closing

Questions

Break

Optional webinar: Supporting Two Spirit, Nonbinary and Trans Survivors of IPV

### **Peer Leadership Group (PLG)**

*Faelix Kayn (they/them)*

*Tala Jalil (no pronouns)*

The TransFormed project's methodology is unique in its approach. It is a participatory, action oriented research project that is grounded in centering the experiences and expertise of Two Spirit, nonbinary and trans individuals with experiences of IPV. In order to achieve this, the project established a Peer Leadership Group that has been guiding the project since its inception. The group began with 10 members in total and now currently consists of 6 community members who are a diverse group of individuals holding many different identities and bring diverse life experiences.

They've worked so hard on feedback, evaluation and information to bring you the resources we have today.

In addition to working with the PLG members, we've also found it integral to work collaboratively with service providers from over 20 organizations who work with Two Spirit, nonbinary and trans folks. These individuals make up our Advisory Committee and they have offered both the service provider perspective while also sharing insights their organizations have gained from working directly with clients from Two Spirit, nonbinary and trans communities. Both the Advisory Committee and the Peer Leadership Group have been foundational throughout the life of the project and in planning for today's symposium.

### **PLG model and Advisory Committee (AC)**

Survey participants, focus groups, interviews, finalizing resources - the PLG played a more specific and intimate role in a lot of these phases. We tried to make sure there was room for change and flexibility. Entering the model, we have an idea of how meetings will go. The resources are successful because we were able to integrate as many changes flexibly. Peers were involved in the creation and editing of agendas during the meetings to make sure their voices were heard in meetings and through email and other forms of communication. We stressed that all forms of communication are important, and that not all information will be gotten directly in meetings.

In the advisory committee, all organizations played an important yet different role through the phases we were in and according to capacity. When we were in the phase of creating the resources, a lot of folks were active in that, and other folks more active in planning the symposium. It has been a difficult and strange year with conversations going online, we had to adapt to that and so did our models. They worked different versus last year. Both the PLG and AC have played important roles. There were 6

peers, but acknowledging anyone who was involved in the first phases of these models in discussing what you can take and how you can apply this.

### **Qualitative Research**

*Carolina Gana works from a gender affirming and trans positive embodied approach. Carolina is a cis-gendered woman, Latinx and uses she/her pronouns. Carolina is a Social Worker and Independent Consultant who supports trauma informed practices in all areas of service provision. She worked closely with the TransFormed Peer Leadership Group, Steering Committee and qualitative research process. Carolina provides Social Work psychotherapy to both English-speaking and Spanish-speaking folks in private practice and is committed to responding and supporting a healing process to survivors of gender-based violence.*

First, there was peer-led engagement. The PLG were active members of research, which was pivotal. They enhanced representation of community members, built workshops, participated in group facilitation, reflective practices and supported participant wellness.

We had the PLG co-facilitate a lot of interviews and focus groups alongside METRAC staff. We had a trauma-informed community worker and an Indigenous community worker.

They also supported notetaking, reviewing transcripts and developing broader themes to learn and engage in that process, building those skills while providing work and information for the community.

The project held 3 focus groups: 1) trans femme and trans women of colour, 2) mixed, and 3) Two Spirit. Francophone community workers, PLG members, and a social worker conducted the interviews. The total number was 18.

We started to recognize two parts to the project: qualitative and quantitative. The survey was quantitative. Qualitative focused on participant gaps in the survey. The qualitative research, interviews and focus groups, that's where we saw what we required to capture intersectional identities, to capture survey gaps (like folks over age 30, 50+, regional, different areas of the GTA outside downtown). We also wanted to engage with the gender-diverse deaf community. This is why you saw that range of focus group.

In research processes, we wanted to zone in how to do trauma-informed, participatory research with community representation. We structured it with a deep essence of kindness and care. We offered meals and snacks. We introduced ourselves with names, pronouns. We introduced all aspects of research; questions, consent forms, confidentiality, demographic forms were all available to participants in a folder. Folks could know exactly what they were getting into, what the process would be right from the beginning, to host that place of safety, stability, transparency, choice, collaboration. Questions right at the beginning, that was a valuable process.

I invite all the participants in this symposium, a gentle invitation of how you might gather information and bring it into a call to action. There was lots of rich information, participants let us know different ways for how to respond to partner violence. We will hear those. So my invitation is to zone into the few recommendations that might be doable in your work, your agencies, or any realm of service provision or personhood.

### Participant Insights:

We want to share direct quotes from folks who attended focus groups and interviews. It's hard to come across direct quotes like this. There were so many themes and commonalities we found amongst the groups. I want to highlight a couple quotes that stood out to us and cover a lot of other materials.

### Discriminative and Oppressive Barriers - impacts on health:

A lot of the discourse of domestic violence centers on a cis-man or someone with masculine qualities. So what happens? There is so much room for nuance that isn't being explored because they have to leave behind so many things.

### Social exclusion and marginalisation - impacts on health:

This was a big theme that came up. That does have a big impact.

### Representation Matters:

Folks having to negotiate identities when they don't see themselves represented in staff, ads, who is running the workshops. A lot of folks come for help, but don't come back.

### What did participants recommend?

Looking at quotes and recommendations, the TransFormed project offers how we can hear what folks are saying and really implement these aspects into our work. A big part of this process within the research had a deep element and essence of: what do you recommend for change and preventative practices? This is a document for the public. This is a call to action - finding the things you can do.

Intersectionality is all those ranges of identity - ability, regionality, indigeneity. When referring in relation for nonbinary, trans, Two Spirit, how resources are capturing that myriad of identity. The big piece in this research is that aspect of the nuances of what identity I have to choose in order to access something. If we continue to limit how we provide service to folks, it does detriment to a person's health. Themes were generated with the PLG group around negotiating identity. Which identity gets you through the door? But that's not all of who I am.

There's lots of ranges of safety planning, but we need to notice the range of cis-gendered, heteronormative, white-skinned, and classist lens when safety planning.

Having representational leadership roles, in what way are trans-BIPOC folks in leadership roles? How does hiring look different? Make those changes happen.

Shelters - ways of making safe spaces for folks to be able to access shelters that are fundamentally trans and nonbinary, and that are safe refuge to flee to in a moment.

Zoning into deaf accessibility:

So the visibility of those symbols. So that a person does not have to go searching for whether or not you'll accommodate those needs.

There is a recognition that we have folks 50 and 60 deeply requiring support groups that zone into gender identity fundamentally.

Ongoing training for workers and agencies.

Research Discussion:

- The current lack of representation and gender diverse visibility was identified as unsafe for many participants.
- Compacting dynamics - when seeking services, outcomes were linked with service provider's approaches to serving gender identities. So this is where folks talked about increased suicidality, depression, felt sense of isolation, distrust. So the compounding aspects of disenfranchisement that takes place on all ends being spoken about by participants.
- The essence of emotional, psychological and mental health impacts in the experiences of violence. Many times we're referring to violence within aspects of one partnership, but there are violences in relational dynamics of dating, of poly, of sex work, of long-term intimate relationships, and then the compounding part around systemic violence.

- Specifically for BIPOC folks, selecting parts of self-identity to seek support. Fundamentally they're left with no meaningful resources to improve upon health. We want to tease this out and notice. It was an ongoing theme in the interviews.

"The ending is only the beginning":

As we wrap up this essence of the project, we place that openness on the larger community, all you participants.

We became aware of the importance of system and structural changes needed to better support the needs of Two Spirit, trans, and nonbinary folks. We ask that you take the insights illustrated by the participants in this project, and see how we can do this work as helpers, case workers, whatever your role in your profession and personhood.

The hardest step is to take this back to your teams, to see what we can change.

### **TransFormed Research: Overview & Online Survey Findings**

*Ilene Hyman is a researcher and professor affiliated with the Dalla Lana School of Public Health, University of Toronto, the University of Ottawa, and York University. The vast majority of Ilene's research addresses health equities in under-researched and equity-seeking communities. Ilene has conducted extensive research on partner violence and barriers to help-seeking among immigrant and racialized communities in Canada. Between 2017-2019, Ilene worked with Rainbow Health Ontario on projects examining the needs of gender-diverse children and evaluating the Trans Health Expansion Project, aimed at increasing access to gender-affirming surgeries in Ontario.*

Research Objective:

Research was an important part of this project. We conducted it to understand the experiences of community members experiencing intimate partner violence, understand barriers, and develop and launch new trainings. We really made efforts to use ethical, trauma-informed, community-based, and mixed-methods research.

The research included many data sources. First, a literature review to see what research had been previously done with these communities, and what barriers there were in the academic research. An environmental scan to see what tools have already been developed. What best practices can we adapt? Were there successful trainings with other agencies?

Key informant interviews, focus groups and individual interviews (presented by Carolina), and the online survey, which I will now present. All these sources together were used to inform the interventions.

These research methods were all co-developed by the research team, the project coordinator Tatiana Ferguson, and the PLG, working together.

### Data Collected - Online Survey:

We collected a wide range of data - demographic, health and social information. We wanted to understand people's own understanding of IPV in trans, nonbinary, and Two Spirit communities - where participants are currently going to get help, what services were accessed, people's experiences of IPV and its impacts.

### Demographic Overview:

Thank you to the PLG and AC. We reached 136 respondents in both English and French. A high proportion of respondents were under 30, but a significant proportion was older. The majority were in a relationship, however it was defined. A little over a third of respondents were racialized, 3% Indigenous. Most were located in downtown Toronto, but also Peel, North York, and other areas in the GTA. And most were classified as low income, under \$20,000 per year. The demographic overview also informs how we approached people to ensure we're hearing underrepresented voices.

### Gender and Sexual Identities:

People identified broadly - half as nonbinary, a high proportion trans women, trans men, Two Spirit, but a significant proportion as well gender questioning, gender nonconforming, or something else.

With sexual orientation, many different ways, the majority being queer, but others were represented as well.

### Health & Social Issues:

Three quarters of respondents identified having a mental health issue. Almost one third identified as having a long-term illness. Other conditions were affected, and we have to consider those. A fair proportion were using substances to help them cope with stress and trauma. Half felt socially isolated. Many experienced transphobia. More than one third experienced discrimination. Fortunately, smaller proportions were HIV-positive or engaged in unwanted sex.

### Awareness of IPV:

We really wanted to know what kinds of languages, actions and behaviours respondents considered to be abusive in a relationship. Findings are not so surprising. They validate that participants recognize that abuse takes many forms - verbal, emotional, sexual, financial. Cyber-bullying is there. Other types of language or behaviour, the most common written-in response was “gaslighting”.

We asked two questions in terms of awareness of IPV:

Do you think that there is partner violence in Two Spirit, nonbinary trans or gender nonconforming communities? 61.7% of respondents said this is a major problem in their communities.

How much of a priority do you think addressing it is? 18.3% are saying it's the most important; but even half say it might not be most important, but it's a top priority.

These findings show that this is a major issue for these communities. So important to address, and this research is timely.

Information-Seeking:

Where do you go for information on healthy relationships and abuse prevention? 61% had looked for information about this. People want this information in workshops, educational events, community panels where people can share experiences.

Access to Resources:

What resources are you using to help with relationships? A fair proportion are using counselling. Quite a high proportion are using self-help, help with communication skills, or peer support programs. Things like accessibility, safety, specificity and representation were very important in terms of resources that were preferred.

Experience of Abuse:

We asked the prevalence of violence in these communities and overall it was 81.3% who had experienced violence in their lifetime, and 44.3% in the past two years. This was higher than reported in previous studies and in the Canadian population as a whole. The highest abuse reported was emotional abuse, followed by sexual, gender identity, physical, financial. Approximately one third of responses attributed abuse to their gender identity expression.

Impacts of IPV:

The impacts are profound. 89.3% reported a mental health issue. This supports that it's not just the experience of the abuse itself, but it impacts on many different aspects of people's lives that needs to be addressed when developing programs.

Help-Seeking:

As we see, sometimes people have to create new kinds of support systems if they might be estranged from current family members. Over half had used formal services. The main formal services were mental health services, and a fair proportion had used police services, emergency rooms. Other than with mental health services, why aren't formal help services being more readily used by community members experiencing violence?

Main Barriers to Help:

Quite a high proportion of respondents say they don't trust services, they aren't responsive or welcoming or inclusive.

Summary:

There is a lot more data which is very rich, but some of the highlights is that addressing IPV is a priority for this community. When people were saying what they want in services, they want them to be trans-competent, representative, informed by lived experience, trauma-informed, intersectional and accessible.

We're hoping these findings will help create and transform systems so that they are better able to meet the needs of trans communities and create the structure that is needed.

An integrated research report with the quantitative and qualitative findings is available on the webpage.

**Coercive Feminization**

Faelix coined the phrase "coercive feminization" in 2004 for people who are nonbinary at birth and therefore face misogyny without being a woman. It's not meant to appropriate existing terms such as trans-misogyny. The term "coercively feminized" was intended to show how non-woman and non-femme afab people are lumped in. That is an act of misgendering and therefore violence, but not acknowledged. The hope is that more supports will be accessible.

**trans-LINK**

*Joseph Friedman Burley is the trans-LINK Project Coordinator at the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres. He has worked with a number of organizations committed to improving 2SLGBTQ+ health through research, policy, education, and advocacy. A recent MPH graduate, Joseph is excited to build a career*

*working in community-based research that promotes health equity for 2SLGBTQ+ communities. He is grateful for this opportunity to share his work, connect, and collaborate.*

*Janice Du Mont is a senior scientist at Women's College Research Institute of Women's College Hospital, and professor in the Dalla Lana School of Public Health at the University of Toronto where she is also Director of the Collaborative Specialization in Women's Health. Her work focuses on addressing the health responses to sexual assault, intimate partner violence, and the abuse of older adults through the development and evaluation of innovative programs of care and curricula. In recognition of her international impact in the field of gender-based violence, she was recently awarded the International Association of Forensic Nurses' "Distinguished Fellow Award" and the Nursing Network on Violence Against Women International's "Excellence in Policy and Practice Award."*

Enhancing the Response to Trans Persons who have Experienced Sexual Assault: We think of our research program as a companion project to TransFormed. We're grateful to be able to contribute to a response to this broader public health issue of violence against trans communities. It is a different but related niche within that umbrella issue.

We will be discussing difficult topics, including experiences of transphobia in health care. Take care of yourself in the way that feels right for you.

We acknowledge we use "trans" as an umbrella based on the feedback of our advisory group of community members. It refers to anyone who is not cisgender, including nonbinary, Two Spirit, gender-diverse, gender queer, gender fluid. We recognize language is evolving, and continue to consult with our community partners.

Trans Engagement:

Our research includes the invaluable insights and lived experiences of trans community members. I'm representing a much larger group of individuals who have participated in this work.

Collaborating Organizations:

We've also collaborated with some amazing organizations across the province.

Prevalence of Sexual Assault:

Here is some context. Sexual assault against trans persons is a pervasive and pernicious problem. The US 2015 Transgender Survey showed 47% of trans individuals experienced sexual assault.

Trans-PULSE survey (2019):

26% experienced sexual assault in the previous 5 years.

National College Health Assessment Survey (2014):

Trans individuals are more than 4 times as likely as those identifying as male to experience rape, and twice as likely to experience relationship abuse as those identifying as female.

Complex Care Needs:

There are complex and unique needs in navigating treatment and support services; factors include body configuration, experience of depression, and social supports.

Help-Seeking Post Victimization:

Trans survivors often do not seek care.

Experiences in Healthcare Settings:

They've often rated their interactions with healthcare providers as negative when they do seek care. 19% reported being refused care due to trans identity. This number is even higher among trans people of colour. 28% experienced harassment, including in emergency departments. 50% had to teach their providers about some aspect of their health needs.

Testimonies:

Testimonies reinforced these findings. Listed here is a qualitative report from the US.

Program of Research:

This is the program we've undertaken to improve the response.

Objective:

Trans-affirming care.

Sequential Studies:

The Ontario Network of Sexual Assault and Domestic Violence Treatment Centres (SA/DVTCs).

The research encompasses 4 phases: Phase I - trans-specific training for nurses, and increased collaboration among SA/DVTCs among LGBTQI2S+ services. Phase II: in-person training, as can be seen in a 3-minute video by a student on our team named Megan. After we developed and piloted that in-person training, we wanted it more accessible, so we developed it to an online format for all SA/DVTC nurses across the province. We saw positive changes as we did in the in-person training.

Providing Trans-Affirming Care for Sexual Assault Survivors:

<https://www.youtube.com/watch?v=ubNjsUYHM7>

Curriculum Outline:

The difference is these interactive components: game-based, glossary, embedded content, information boxes, case studies and reflection questions, other types of knowledge checks, and downloadable resources, including a training manual.

trans-LINK Projection:

Following this, we undertook the trans-LINK project to support all organizations across the province. It comprises over 130 organizations across the province.

Guiding Framework - Lifecycle Model:

This is an evidence-informed model. At each stage, there are key activities proposed.

Planning Stage:

In our first stage, we focus on defining the purpose of the network. The meetings were incredible, and an opportunity to share our trans-affirming nursing curriculum, and to engage service providers in a broader discussion about this network. We had 106 representatives across the province.

Formation Stage:

We developed and circulated a survey to all meeting participants to gather information, respondent and organization characteristics, barriers and facilitators to collaboration, and network focus and identity.

Maturation Stage - WebPortal Survey:

This is where we are currently. This is about critically expanding the network. A survey was circulated regarding the availability, accessibility and trustworthiness of information on trans care.

Based on insights from that survey, the trans-LINK portal was constructed. There is a wide array of content. The directory can be used by service providers as well as act as a referral tool. Users can apply to become members, which will enhance the network.

Network Impact:

The network could take provincial lead in promoting equitable access to care for trans survivors of sexual assault. These could be scaled up and formalized at the national and international level.

### **TransFormed Resources**

On the METRAC website, there are buttons to download the resources.

Glossary of Terms:

While we recognize that language within the Two Spirit, nonbinary and trans community is constantly evolving we thought it was important that we put together a comprehensive glossary to support individuals and service providers in having basic knowledge and context of terminology used in communities to describe identities, relationships and experiences. It can be used as a reference on its own and is an excellent companion to our other resources. We are also very proud of the Pride Flag index it contains as we had not ever seen a comprehensive compilation of pride flags before.

Preventing Intimate Partner Violence in Two Spirit, Nonbinary and Trans Communities and Supporting Survivors:

A comprehensive health promotion tool and resource designed for service providers. This resource aims to increase service providers capacity to provide more inclusive and affirming supports for Two-Spirit, nonbinary and trans survivors of IPV.

Healthy and Unhealthy Intimate Relationships in Two Spirit, Nonbinary and Trans Communities:

This resource is designed for community members to provide information on understanding the signs of IPV within Two Spirit, nonbinary and trans communities, finding support and exploring the signs of a healthy relationship.

End the Silence on Intimate Partner Violence: Support Services for Two Spirit, Nonbinary and Trans Communities in the GTA:

This is a brochure outlining support services for individuals within Two Spirit, nonbinary and trans communities. It includes legal services, 24 hour services/crisis support services, shelters/housing, counselling, health and information/referral resources.

We recognize that there are a variety of barriers that make accessing services difficult for Two Spirit, nonbinary, and trans folks. These resources have been selected by members of the Peer Leadership Group and have been accessed by many Two Spirit, nonbinary, and trans people. We hope that all organizations will engage in efforts to continually decrease barriers making their services inclusive and supportive for all Two Spirit, nonbinary, and trans people.

These resources are live on the website and they can be downloaded for personal use or within organizations.

### **Legal Resource: Making Gender and Name Changes on Identity Documents**

*Roxana works to facilitate community access to justice. She previously worked as refugee and immigration lawyer, and is Staff Lawyer at the Rexdale Community Clinic.*

History of the project and its process and development:

This project was initiated in 2018 on collective resources. There was a general lack of legal information for Two Spirit, nonbinary and trans people. Knowing that it's quite difficult to find legal information that is both nuanced and accessible, we wanted to create a resource that was useful and beneficial for issues that might arise. It was focused on being as inclusive and responsive as possible. We worked with a consultation group to create the resource. We held about 4 meetings with the consultation group, consisting of members of the TransFormed PLG group. We went through developing the content and the language of the content. The group led us through it and I was there for the research and writing. It was a collaborative process. This led us to the topic of changing names and pronouns on legal documents. There are many different issues and this is just the starting point. We developed it into a long form document and there is a pamphlet available as well. There are ongoing issues and this document can be updated.

The legal resource is pretty comprehensive and can help people demystify the process of transitioning. As much as people can apply for an X marker on their birth certificate, it's used as a bandaid. Currently, nonbinary people cannot transition legally, a binary is retained on file. We should be mindful of this as people who work in the community. We won't have trans rights so long as nonbinary people don't have representation.

No matter what is changed in the space on the documents, the original information is held in the records, which points to barriers in the law. It's an ongoing area for advocacy and change. It can be a starting point for people looking for information and change.

The resource is available where the TransFormed documents are on the website. There is so much work left to do around that aspect of the legal portion. This resource is a starting point for folks who want information about name changes and gender markers.

The resource is focused on Ontario as well as federal in terms of SIN, passport and Aboriginal Status card.

### **Evaluations**

Paola works at METRAC as Equity Manager and has been working since last year on the TransFormed evaluation, Your feedback will inform future services and programming. We really want to hear your voice so we can better inform our practice. We're keen to do the evaluations, although they may seem lengthy. We've tried to make them as quick and user-friendly as possible.

You can use the link or QR code. It's a quick and short evaluation. We would very much like your feedback to inform future programming and convey your voice to the Public Health Agency of Canada.

<https://forms.gle/FuCbAwjkGu7aPdLy9>

### **Closing**

Day 2 of the symposium focuses on Two Spirit communities and disability awareness. Day 3 gets into the details of trans and nonbinary intersections and looking into our focus groups and interviews.

If questions come out later about anything, don't hesitate to email [transformedcoordinator2@metrac.org](mailto:transformedcoordinator2@metrac.org).