

Highlights from the Trans Needs Assessment

WHO? Canadian AIDS Society, under the guidance of a National Community Advisory Committee, and with ethics approval from the Public Health Agency of Canada's Research Ethics Board.

WHAT? 81 questions on the survey explored gender, income, employment, housing, experiences of discrimination and harassment, support, health care, health status, transition, use of AIDS service organizations, and other needs of trans people.

WHERE? Across Canada.

WHEN? Between September 2013 and January 2014.

WHY? To gain a better understanding of the needs of trans people* in order to enhance capacity among AIDS Service Organizations (ASOs) to serve them.

* including transgender, transsexual, genderqueer, intersex, and otherwise gender non-conforming.

Results

Data from the 460 completed and partially completed surveys were used in the analysis. There were almost equal numbers of trans men and trans women and over one-quarter (26%) identified as genderqueer. The median age was 29. They were, on the whole, well-educated. One-third were students.

We also conducted key informant interviews with seven AIDS Service Organizations (ASOs) and two LGBTQ health services organizations, to explore trans needs from the service providers' perspectives, as well as challenges in service delivery.

- 51% of survey respondents estimated their pre-tax income in the previous 12 months to be less than \$20,000. One person in five reported being under severe financial stress.
- 85% reported being harassed for being trans. 22% had been physically assaulted and 19% had been sexually assaulted. 11% said they did not feel safe in their own homes.
- 19% had not revealed their gender identity to any of their health care providers. 15% had not told anyone in their immediate family.
- 23% of respondents did not want gender reassignment surgery; 28% had already undergone it, 9% were in progress, and 34% wanted it but had not yet had it.
- 27% have children.
- 18% rated their mental health as poor. This has serious implications, given the known high rate of attempted suicide among the trans population and the shortage of trans-competent mental health resources.
- Only 0.8% of respondents reported being HIV positive, 1.9% said they'd prefer not to say, and 17.9% did not know their status. However, most had either never been tested for HIV (39%) or had not been tested in over a year (35%). Of those who had not been tested in the previous twelve months, 68% said they were not at risk for HIV. One-third of all respondents reported not being sexually active.

The most pressing needs identified by trans people who responded to this survey were:

1. Better access to trans-competent and respectful health care of all kinds, including primary care, mental health care, emergency care and trans-specific health care such as gender therapy, hormone therapy and gender reassignment surgeries.
2. More public education, understanding and acceptance of people who are trans. Trans people need an end to discrimination and transphobia. Discrimination effectively excludes trans people from fair and equitable access to human rights, employment, income, health care, travel, and virtually all other aspects of civic life. Transphobia poses direct and ongoing threats to their safety, physical and mental health, and sometimes even their lives.

Recommendations for AIDS Service Organizations

- Partner with local trans communities and organizations. Know what resources are available locally.
- Include trans people on staff, boards and advisory committees. Strive for diversity (transmasculine, transfeminine, and genderqueer).
- Offer trans-led, trans-specific programming to people who identify as trans, so that they don't feel outnumbered or othered. Recognize that gender-segregated programs cause difficulty for many who identify as non-binary or genderqueer.
- Ensure that all staff, clients and board members receive trans 101 training, and that service providers receive relevant trans training on an ongoing basis.
- Be aware of the additional barriers trans people face in HIV testing and disclosure, including avoidance of health care settings, dual stigma and erasure.
- Ensure physical spaces are trans-inclusive, with posters, sexual health materials and other resources. Convert single-user washrooms to all-gender washrooms (change the signage), and consider doing the same for multi-user washrooms.
- Update mission statements, human resource policies, and anti-harassment policies.

Epidemiological Data Recommendations

Accurate Canadian epidemiological data about HIV in the trans population are needed. Currently we rely on estimates from American and international studies. We adapt them, with caveats and cautions, to the vastly different Canadian context. But we don't know. In order to have an evidence-based response to HIV in the trans population, we need evidence. In order for the trans population to be prioritized and adequately resourced by funding bodies, accurate data are needed. Data would help define the problem and solutions, assist in planning, set priorities, help elicit opinions from the community, and stimulate awareness, support and action.

- The provinces, in collecting the epidemiological data they already capture for males and females, should expand their collection tools to include people who identify as trans.
- The Public Health Agency of Canada should explore the best way of obtaining more detailed epidemiological data for the trans population.
- Both the provinces and the Public Health Agency of Canada should consult with the trans communities about how best to collect this information to ensure that the relevant questions are asked, that they are asked sensitively and respectfully, and that the process is community-driven. A critical part of this consultation would involve a discussion of how epidemiological data would benefit the trans communities.

is.gd/CASTrans

