

Exploring the Needs of Transgender Peoples Living in Northern Ontario Through Service Providers' Experiences

by

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### **Abstract**

The experiences of people who identify as transgender have begun to be discussed in some service provider areas such as mental health services, hospitals, and educational facilities. Transgender individuals would benefit from services being implemented that specifically pertain to their needs, for example, specialized counselling, support groups, and safe spaces. There appears to be a required need for an increase in community understanding, practitioner understanding, and appropriate and available services. With the transgender population increasing and individuals identifying earlier in life, it is crucial that practitioners have appropriate training and education to work with this population. It is also important that communities have the resources and services required by the transgender population. This study explored health and social service provider perspectives on supports for transgender people in Timmins Ontario. Ten service providers participated in semi-structured interviews. A qualitative thematic analysis was completed and revealed three main themes: (1) Social work approaches that are present and needed; (2) Services that have been developed and services still needed; (3) Strengths of the community. The study concludes that social work approaches should be paired with gender theory when working with transgender people, Timmins Ontario requires more transgender specific services to meet the needs of the transgender community, and that service providers would benefit from additional specialized training. It is recommended that service providers advocate for specific transgender service development, additional training and education, and become familiar with using gender theory in practice.

*Keywords:* Transgender, Northern Ontario, Timmins, social work approaches, transgender services.

### **Abstrait**

Les expériences des personnes qui s'identifient comme transgenre ont commencé à être discutées dans certains domaines de prestataires de services tels que les services de santé mentale, les hôpitaux et les établissements d'enseignement. Les personnes transgenres bénéficieraient d'avoir de services répondant spécifiquement à leurs besoins mis en place, par exemple des conseils spécialisés, des groupes de soutien et des espaces sûrs. Il semble nécessaire d'améliorer la compréhension de la communauté, la compréhension des praticiens et les services appropriés et disponibles. Avec l'augmentation de la population transgenre et l'identification plus précoce des individus, il est important que les praticiens aient une formation et l'éducation appropriées pour travailler avec cette population. Il est également important que les communautés disposent des ressources et des services requis par la population transgenre. Mon étude a exploré les besoins des personnes transgenres à Timmins, en Ontario, tels qu'ils sont perçus par les prestataires de services. Dix prestataires de services ont participé à des entretiens semi-structurés. Une analyse thématique qualitative a été réalisée et a révélé trois thèmes principaux: (1) Les approches du travail social qui sont présentes et nécessaires; (2) Les services qui ont été développés et les services encore nécessaires; (3) Les forces de la communauté. Je conclus que les approches du travail social devraient être associées à la théorie du genre lorsqu'on travaille avec des personnes transgenres; que Timmins Ontario a besoin de services plus spécifiques aux transgenres pour répondre aux besoins de la communauté transgenre ; et que les prestataires de services bénéficieraient d'une formation spécialisée supplémentaire. Je recommande aux prestataires de services de préconiser le développement de services spécifiques aux transgenres, une formation et un enseignement supplémentaires, et de se familiariser avec l'utilisation de la théorie des genres dans la pratique.

Mots-clés: Transgenre, Nord de l'Ontario, Timmins, approches du travail social, services aux transgenres.

**Dedication**

To my amazing Grand-dad, Robert Zahrebelny. My biggest supporter and fan throughout everything I have done in my life and throughout my very long educational journey. Thank you for always being exactly what I needed when I needed it. Although you are not here to see my final and biggest educational achievement, I know you would have been so proud. All my love.

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## Introduction

In recent years, transgender (trans) issues and rights have garnered more attention in the media, and there have been increasing discussions in work places regarding policy reform for transgender clients and employees. It has not always been this way, and it has been a very long, hard struggle for trans people in our communities. The term transgender has not always been used. In 1949, David Cauldwell used the term “psychopathia transsexualialis” to describe one of the first diagnoses related to gender identity (American Psychiatric Association, 2013). Later, in 1966, a medical professional named Harry Benjamin used the term “transsexual” when writing a book about trans people and hormone therapy to facilitate gender transition (American Psychiatric Association, 2013). Although trans issues has begun to be discussed more often, the Diagnostic and Statistical Manual of Mental Disorders (DSM) did not make mention of transgender people until the third edition. In 1980 when the third DMS was published it made mention of “transsexualism.” In 1994, the fourth version of the DSM was published and the term “transsexualism” was changed to “gender identity disorder in adults and adolescence” (American Psychiatric Association, 2013). Identifying as transgender in previous years has held much stigma and having it published in a book as a mental disorder was certainly not helpful. Recently, in 2013, the DMS-5 was published and again changed the terminology from “gender identity disorder” to “gender dysphoria.” The diagnosis of “gender dysphoria” focuses more on the distress that a trans person may experience related to their gender identity rather than focusing on the individual or their identity (American Psychiatric Association, 2013). There continues to be discussions among medical professionals on how to treat trans clients without further stigmatizing them by using the DSM for diagnosis and treatment.

The Ontario Human Rights Commission defines transgender as a term that “describes individuals who are not comfortable with, or who reject, in whole or in part, their birth assigned gender identities. The term “transgendered” unifies people who identify as transsexuals, transvestites or "cross-dressers", drag queens, etc.” (OHRC, n.d., definitions). The National Center for Transgender Equality provides a definition that encompasses behaviours as well and states that transgender “is a term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth. ‘Trans’ is shorthand for ‘transgender’” (National Center for Transgender Equality, 2014, p. 1).

Stigmatization compounded with a lack of services and knowledge in smaller communities can oftentimes increase negative experiences for trans people. This can be true for smaller northern communities with minimal resources. Northeastern Ontario communities have unique challenges and often lack the resources to address specific needs of various marginalized populations. Agencies and services provided in northern communities usually lack sufficient funding to run specialized programs and groups for vulnerable populations, such as those that identify as transgender. The trans population in the small northern community of Timmins, which is located in Northeastern Ontario on the Mattagami River, approximately four hours north of Sudbury with a population of 41,788, was virtually invisible until Pride week started to be celebrated publicly in 2014. However, Timmins has shown some socially progressive advances pertaining to understanding and accepting the trans community. Timmins will be celebrating Pride for the seventh year in 2020. Pride week offers transgender support groups for individuals and families and provides trans specific clothing that can be bought for the parade. Timmins has also started raising a transgender flag at city hall at the beginning of Pride week every year, however, room for significant improvements still exist. In addition to trans

communities being highly vulnerable and stigmatized, paired with a lack of appropriate services and supports, trans people face numerous other adversities. Researchers have shown through many studies that trans people are at greater risk of experiencing mental health concerns, being the survivors of various forms of violence and abuse and have significantly higher rates of suicidal ideations and attempts (Veale et al., 2017; Steele et al., 2017).

Additionally, it has been shown through research that mental health and well-being can be improved in trans people through various methods. Using proper language and pronouns (Mahood-Greer, 2006), having access to adequate health care and properly identifying government identification (Namaste, 2000), as well as having access to educated professionals (Fredriksen-Goldsen et al., 2014) and peer support groups (TransNorth, 2018) can aid in improving overall health in trans people. It has also been shown that certain types of counselling approaches can be beneficial when used with trans clients. Should practitioners involve themselves in further education regarding trans issues, counselling approaches, advocacy for clients and social justice, the health of our trans clients can be improved immensely (TransNorth, 2018).

Thus, with the issues evident in the research literature, and the lack of research pertaining to trans issues in northeastern Ontario, specifically Timmins, my research explored the perception of needs of transgender people living in northern Ontario through the experiences of service providers. My original hope was to interview trans people about their experiences living in Timmins and accessing supports/services, but I was unable to find enough participants willing to partake in my research study. This is partly due to the fear of participants being outed to other community members, friends or family before they are ready to come out publicly as transgender. Thus, I hoped that by interviewing service providers who work with trans clients,

we could gain insight on their experiences as helping professionals working with trans clients, services available, and any potential gaps in services. I also hoped that it would provide information on successful approaches and strengths of the community. From this information, the goal was to provide information on areas for improvement in the community and future research opportunities.

The study used a qualitative method with semi-structured interviews with 10 participants working in Timmins and Monteith to explore the services available, service gaps, approaches being used, strengths of the community, and areas for improvement when working with trans clients. The qualitative data analysis revealed three main themes: (1) social work approaches that are present and needed; (2) services that have been developed and services still needed; and (3) strengths of the community.

The study consists of four chapters. In the first chapter, I provide a literature review with relevant research pertaining to my study and my research question and rationale for the project. In chapter two, I provide in detail my study design, data collection, research methodology and a brief outline of the data results. I also provide a section on researcher reflexivity and ethical considerations. In chapter three I provide a more detailed description of the data analysis and findings. Lastly, in chapter four I provide a summary and discussion of the study's results. I also provide a section on the implications for social work practice, study limitations, and future recommendations.

## **Chapter One**

### **Literature Review**

The transgender population, their experiences and the adversities they face, have slowly started to become a more common topic of discussion in our society. There has been a major push in the last few years by activists from the transgender community which has improved policies pertaining to trans people such as washroom use and safe spaces, access to specific services, the language we use and has shed light on the trans communities and the struggles they experience in hopes to move forward (Tremblay, 2015). Various researchers have explored numerous issues pertaining to the transgender population that has encouraged appropriate practices and interventions. After reviewing current research, it is clear that suicidal ideations and attempts, violence, discrimination, and mental illness are higher among transgender people than the general population (Haas et al., 2010). It is also apparent that there is a lack of services to meet the needs of transgender people. Researchers suggest that these service gaps become larger when examining northern and rural communities (The Gender Variant Group, 2014). Understanding service gaps for trans people could potentially provide knowledge to communities on how to begin closing service gaps, and how to better assist and protect this population.

In this chapter I will first review key terms. Then I will discuss mental health among transgender people and their contributing factors. I will also discuss contributors to positive mental health and the impact of government identification and access to health care. I will provide information on the importance of education and social justice and will review potential strategies and approaches for working with transgender people. Lastly, I will provide the rationale for my study.

## Language and Key Terms

As with any person, we all like to be addressed by our name and recognized as who we are in terms of gender. I would personally be upset if someone called me “John,” for example, if my name is “Jennifer.” I would be equally upset if I was referred to as a male if I in fact identify as female. These examples show why using appropriate language is important and the issues that can happen should we not, as practitioners, do our best to use appropriate language. Language and terms used change over time making it important to remain current in what is appropriate and what is not. Mack Treanor Greer-Delarosbel completed a Master’s degree in social work in 2006, and composed a glossary of terms. This is a live document and is continuously updated when new terms or definitions become available (Greer-Delarosbel, 2018). I believe it is important to understand these terms in order to become more competent as practitioners working with trans people. The glossary I will reference in this section is extensive and therefore I will provide only some basic terms. Greer-Delarosbel (2018) states that terms are forever changing, and that the glossary was written from a white perspective and that Black trans and two-spirit people may use different terms than defined in the glossary. It is noted that trans people used to be called “hermaphrodites, transvestites, transsexuals and transgendered” (p. 1). These terms are outdated, inappropriate, and even offensive to trans people. The following terms are an overview of definitions regarding language and terms that are appropriate at the time this thesis is being written as per Greer-Delarosbel (2018):

**Cisgender:** refers to a person whose identity and gender expression corresponds with their birth sex.

**Gender assignment:** is the gender you are assigned at birth by a doctor. Either male or female based solely on the anatomy present.

**Gender attribution:** how we define someone based on looks. When we meet someone we often times group them as male or female without knowing we are doing it strictly based on their looks. If someone is wearing a dress and appears to be female, we assume they are a woman. If someone has short hair and is wearing a suit, we assume they are male. We often become confused should we see someone wearing a dress but displaying “masculine traits” such as a beard as this is then socially seen as “deviant.”

**Gender expression:** is how people express who they are using clothing, body language, the way they look and present themselves. Many trans people feel a need to express themselves in a way that can complete their gender identity.

**Gender identity:** how someone defines themselves regardless of biological sex.

**Gender reconstruction:** this is a more appropriate term than ‘gender reassignment’ and can refer to more than the reconstruction of sexual organs. This can also refer to the trans person as a whole, as some feel they need to reconstruct their whole lives to be who they are. Greer-Delarosbel (2018) states that the most recent term being used is “gender confirmation because it allows for the self-confirmation that all trans people desire.” (p. 3)

**Outing:** “when a transgenderous person (who can pass or is in stealth) is exposed as a transgender or transsexual without their consent.” (p. 4)

**Pronouns:** how we refer to someone else such as “he/she” or “him/her”. Gender neutral pronouns that are acceptable at this time are ‘zee’ (see), ‘s/he’ (sea), hir (here), ‘they/them’ and ‘per’ as in person. Best practice regarding pronouns is to simply ask the person what their pronouns are. It is not acceptable to ask what someone’s “preferred” pronoun is, as it is simply their pronoun and the word “preferred” does not need to be added. If having difficulty with this

when working with someone you can use it when introducing yourself and state “I use she/her pronouns, what pronouns do you use?”

**Transitioning:** “the act of changing one’s gender presentation to match their internal understanding of their gender identity” (p. 9). A more appropriate term is “being” or “becoming” as in ‘the person is being who they are or becoming who they are.’

**Transphobia:** the oppression or hatred of trans people usually by cisgender people resulting in inappropriate behaviours, bullying, violence or intolerance. This term does not properly define the systemic structures trans people are oppressed by.

### **Mental Health**

Trans people may be at risk to face more mental health adversities than non-trans people. As some researchers have shown, mental health issues can develop early in life in some trans people. Psychological distress can be seen in childhood and increased mental health concerns such as self-harming behaviours, depression, anxiety, and suicidal ideations have been reported in youth between the ages of 14-18 years old and adults aged 19-25 years (Veale et al., 2017). In Ontario, it was found that 61.2% to 66.4% of trans people have symptoms of depression, 36% of these same individuals reported suicidal ideations, and 10% have attempted suicide within the last year (Steele et al., 2017). A study conducted by Steele et al. (2017) indicated that a lack of services in Ontario and barriers to existing mental health services could be a contributing factor in higher rates of depression, self-harm and suicidal ideations amongst trans people, as most report being unsatisfied with the mental health services they receive. Furthermore, the lack of, and barriers, to access appropriate health care for transgender individuals has the potential to increase these risks as well. Discrimination and stigma is felt heavily throughout the transgender population and a study by Kosenko et al. (2013) suggests that some transgender individuals feel

uncomfortable when accessing health care services due to various factors such as insensitivity regarding gender from nurses and doctors, poor quality of care, verbal abuse and in some cases refusal of health care services.

### **Violence and Discrimination**

Trans people experience violence and discrimination at a significantly higher rates than the general population. The Trans PULSE Project conducts research specifically pertaining to trans people in Ontario. They research topics such as the social determinates of health. Statistics from the Trans PULSE project, 20% of all trans Ontarians had been physically or sexually assaulted for being trans, and another 34% had been verbally threatened or harassed but not assaulted (Bauer & Scheim, 2015). Similar to assaults experienced by people in other marginalized populations, these assaults are often not reported to police and in some instances, the police are the perpetrators. Trans people are also more likely to experience intimate partner violence. Bucik's (2014) study reported that trans people are twice as likely to report violence in their relationships than non-trans people.

Violence and discrimination is commonly experienced in schools, workplaces and individual's homes. Sumerau et al. (2016) go beyond discussing areas that violence and discrimination commonly take place and conducted research to understand if trans people experience violence and/or discrimination in religious settings. Considering religion is often used as a coping tool to deal with life's hardships, it is important to understand if this is a supportive service for trans people to utilize, especially in small communities that lack other services for trans people. Sumerau et al. (2016) explained that religious services speak of what masculinity and femininity should look like, and which roles should be assigned to individuals based on their assigned sex at birth. Trans participants in this study reported feeling embarrassed, unwelcomed

and as though there was no place for them in religion. Using language that is not inclusive of everyone and by viewing gender conforming individuals as superior to others, can cause distress in trans people that practice religion or spirituality. Sumerau et al. (2016) indicated that when a trans person feels discriminated against while seeking religious support, it has the potential to turn them away from spiritual practice.

### **Contributors to Positive Mental Health in Trans People**

Although there is significant research that shows poor mental health rates are higher among trans people and that contributing factors are higher rates of experiences of violence and discrimination, there is literature that explores factors that contribute to positive mental health outcomes in trans people. Individuals that are able to identify with a group and experience a strong social connection are more likely to have higher self-esteem and possess the ability to advocate for themselves and others to have the ability to access services and be treated equitably (DiFulvio, 2015). Being able to connect and have support from a trans community has the potential to build a person's resilience towards violence and discrimination, which provides them with essential coping skills to overcome difficult mental health symptoms (Testa et al., 2014).

However, living in a northern Ontario community increases the difficulty of finding trans support groups or trans communities to connect with. This could be due a variety of things such as a lack of safe spaces, the support groups being private and unadvertised to protect the individuals that attend, or simply because no one has started a support group in the community. In small communities where it is difficult to find others that identify as trans and find safe spaces, Craig et al. (2015) stated that connectedness and belonging can be sought through online resources. This can be in the form of communication with people through chat sites or following

and/or starting blogs about personal experiences and opinions. Using online sources as a coping skill can also encourage trans people to stand up for themselves and others, aiding in the development of oneself by gaining a better understanding and awareness of one's identity. When a trans person becomes aware of their identity and develops the confidence to defend themselves and advocate for others, it provides a sense of meaning and allows them to begin to be proud and confident in who they are as a person and the space they occupy in society. This has the potential to decrease the chances that adverse mental health struggles will occur in the future. Having a sense of belonging to a community that identifies as trans is essential in decreasing the chances of mental health challenges, however, equally as important is receiving support from family members, as research shows violence and discrimination is just as likely to come from a family member as it is from a stranger (Ryan et al., 2010)

### **Health Care and Government Identification**

Accessing safe and competent health care services is essential for everyone. It is important that transgender people accessing health care feel safe, accepted and confident in the care they are being provided. Namaste (2007) conducted a study pertaining to transsexuals and transgender people accessing health care in Toronto and the difficulties they encountered. In order to begin hormone therapy, a process that changes your hormones to either stop growth or begin growth of certain parts of your body, and essentially changes your physical features and characteristics to either become more masculine or feminine, you must go through your family physician. Hormone therapy has many side effects that can be dangerous and therefore the person should be given testing before, such as blood tests, kidney tests and an overall health examination and then should be monitored closely by their doctor (Namaste, 2007). It has been proven to be difficult for trans people to gain access from their family doctors for hormone

therapy. This has led to trans people obtaining hormone medications either illegally or through family members, such as taking medication prescribed to a family member or convincing friends to ask for prescriptions such as birth control from their doctors. This causes more issues because when they are obtaining medication this way they are not being monitored, it may not be the right medication, and it could be the wrong dose which could cause medical issues (Namaste, 2007). Other patients also felt discriminated against and that they felt a need to “prove” themselves to their doctors before they would be prescribed medications. Mahood-Greer (2006) states that trans people know what they need long before they receive medication treatment from their doctors and often times have to do their own research to give to their doctors before they are convinced the patient actually needs the medication. This further makes trans people feel less than or invalidated. This shows a greater need for medical professional education on trans people and a better understanding of hormone therapy and their side effects. Along with the difficulties trans people face when trying to obtain medication, there has also been a lack of medical professionals willing to prescribe the medications being sought. It has proven difficult for trans people to access many types of health care or services to meet their needs and this becomes more true when looking at an Northern context as many trans services are located in Toronto (Namaste, 2007).

Furthermore, Reisner et al. (2016) also discuss the difficulties that are faced by trans people trying to access health care. Due to stigma and transphobia present in the health care system, many trans people seek gender-affirmative medical care through other sources, for example, illegally or through peers. This leads to more issues when trans people are unable to obtain government identification that is affirming to their gender. Many people are unable to obtain the documentation or cannot obtain it until they have gone through gender reconstruction

(Reisner et al., 2016). The further issue with this is that many people begin living as themselves and change their appearance long before they seek medical care for hormone therapy so their identification already does not match their current appearance which causes issues when accessing medical care, travelling or trying to vote as you are required to provide photo identification. Not being able to obtain government identification that accurately displays someone's appearance and their gender identity further oppresses them and continues to make them feel as though who they are is not acceptable (Mahood-Greer, 2006). This also applies when trans people are trying to access services and the only options on an intake form are to identify yourself are "male, female or other." Implying that if you cannot identify yourself as male or female you are grouped into a category of "other" that is not normal and less accepted than the other two options, further erasing trans people instead of practicing inclusion and practicing from a stance that gender is fluid and there are more than two acceptable categories (Mahood-Greer, 2006).

The literature related to trans health care and government services reveals a need for education for medical and other helping professionals and an understanding of genderism. There is a need for reform for intake forms and how our system issues government identification to better represent everyone, not just people that identify with their biological sex at birth.

### **Education and Social Justice**

Fredriksen-Goldsen et al. (2014) provided an overview of ongoing incompetence among helping professionals and potential steps to aid in closing the competency gap when working with lesbian, gay, bisexual, and transgender (LGBT) individuals. Some competencies Fredriksen-Goldsen et al. (2014) discussed are self-reflection, being aware of your own attitudes towards transgender clients, knowing how to develop tailored strategies when working with

clients and their families, using appropriate language and understanding which agencies and services further marginalize transgender populations, and how to counter this with effective outreach services (p. 107). All these competencies can be developed through education and training.

In order to develop required competencies, education is a central component for social work students and practitioners to become competent when working with transgender clients and/or their families. Singh and Burnes (2010) indicated that transgender counselling competencies should be discussed in early courses of counselling programs. Agencies should offer presentations and in-service trainings, and there must be more in-depth conversations about how professionals can appropriately and effectively use their advocacy skills when working with, and for, transgender clients and their families (Singh & Burnes, 2010). Detato et al. (2010) also mentioned the importance of competencies being developed in graduate or undergraduate programs that offer field placements in agencies that provide experience in community-based services that engage professionals in advocacy and building allied relationships with vulnerable populations.

Social workers also have duties to promote social justice through advocacy (Woodford et al., 2013; Markham, 2011; Singh & Burnes, 2010) and by adhering to social work ethics in practice (Markman, 2011). Lastly, Fredriksen-Goldsen et al. (2011) specified that social work curriculum pertaining to transgender populations is mainly focused on the oppressions experienced and not the types of supports that are effective. It is important to understand the oppressions but equally as important to understand appropriate supports in order to work with clients for them to move forward and thrive.

Many researchers have discussed the issue of competency shortcomings and the potential link to lack of education in schools and workplaces (Singh and Burnes, 2010). There appears to be similar solutions and it is clear that in recent years, transgender issues have been incorporated into social work curriculum, however there is still room for improvement.

Mahood-Greer completed a thesis titled “De-constructing the bulwark of gender: Social work practices and gender variance in north-eastern Ontario” (2006). The thesis was based out of the Sudbury/North Bay region and was later published in *Trans Activism in Canada* in 2014. The research showed the shortcomings of education and competencies among social workers working with trans clients and states that social workers must understand genderism or they will “continue to impede change in trans people’s lives.” (Mahood-Greer, 2014, p. 180) Often times gender is only understood as “him/her” or “he/she” not leaving room for any other gender possibilities, further erasing trans people. The research further states that social workers may fail to recognize gender at all and work on a “person first” basis, making their gender unimportant unless the client identifies it as an issue. Whether the person identifies their gender as problematic or not, genderism still has an impact in our lived experiences (Mahood-Greer, 2014). When we fail to recognize gender, we also fail to recognize the issues that could be linked to it, such as finding housing/shelter, obtaining employment, and starting relationships. The researcher further states that:

Social workers must acquire trans-specific theoretical knowledge as well. Such working knowledge of trans identities and oppressions will enable them to participate to dismantle structural and political obstacles that trans people may encounter and intervene on their behalf when necessary. (Mahood-Greer, 2014, p. 184)

This research shows the lack of knowledge of practitioners and helping professionals, and unfortunately this shows the slow progression from the research conducted in 2006 until now, as there still appears to be gaps in knowledge and incompetencies among practitioners when it comes to working with trans clients.

### **Potential Strategies when Working with Trans People**

There are numerous contributors to positive mental health outcomes discussed in trans research and there has been research conducted on appropriate strategies when working with trans people. For instance, Minter (2012) provided suggestions for future strategies to be made through legal approaches. For example, some schools and public facilities now have policies pertaining to bathroom use and using inclusive language when addressing individuals. However, not all schools and public facilities enforce their policies, making environments dangerous for trans people. Policy reform has the potential to strengthen growth in other areas such as an increase in services and safe spaces for trans people, and additional opportunities to hold educational workshops and events in the community.

A segment on CBC called “TransNorth” looked at life for trans people living in Northeastern Ontario may be a good starting point for service providers to review before working with trans clients to better understand some of the struggles faced in our communities for trans people. This segment (TransNorth, 2018) includes topics such as: the missing acknowledgement of people that do not identify with a two gender binary system, the power of transitioning, trans experiences with gender limited forms, issues with washroom use, finding appropriate and competent doctors, going out and dating, the importance of peer support in our communities, pronouns and language, and lastly, what trans people hope for the future in our communities.

Furthermore, there are counselling approaches that can be used when working with trans people such as trauma-informed practice, anti-oppressive practice and client-centered therapy. As well as motivational interviewing, crisis intervention and harm reduction strategies. In the following section I will discuss these practices.

## **Counselling Approaches**

### ***Trauma-Informed Practice***

Knight (2014) explains trauma informed practice as an approach that allows a practitioner to have the ability to understand that a client's current situation could potentially be impacted by past victimization or childhood trauma. This practice does not mean that the practitioner focuses on the past trauma or assumes that every client is a survivor of trauma, it simply means the practitioners considers the possibility that current issues could be a result of past traumas. A key concept in this type of practice is to recognize the impact past trauma could have on building a professional, trusting relationship. People that have experienced past traumas can often have difficulties building rapport or finding the willingness to participate in a helping relationship.

The development of the therapeutic alliance...is often a daunting challenge with an interpersonally victimized [client]. The [worker] may be perceived as a stand-in for other untrustworthy and abusive authority figures to be feared, challenged, tested, distanced from, raged against, sexualized, etc. (Courtois, 1998, p. 481).

This type of practice is intended to help clients enhance their capabilities and better manage the stress they are experiencing in the present instead of revisiting past traumas and potentially causing additional distress (Gold, 2002). Scheer and Poteat (2018) also state that using a trauma-informed approach with transgender clients can increase their sense of empowerment, as often times when someone has experienced trauma they have also experienced a sense of

powerlessness. It can also increase a person's emotional regulation skills and lower social withdrawal and feelings of shame. In turn, by being able to address social withdrawal and shame, it can have a positive impact on a person's mental health which contributes to better overall health (Scheer & Poteat, 2018). As with the high rates of mental health among trans people, a trauma-informed practice could be beneficial in that it could address negative feelings that contribute to mental health.

### ***Anti-Oppressive Practice***

Dominelli (2002) defines oppression as:

Relations that divide people into dominant or superior groups and subordinate or inferior ones. These relations of domination consist of the systematic devaluing of the attributes and contributions of those deemed inferior, and their exclusion from the social resources available to those in the dominant group. (p. 8)

As with the relations that divide people, Burke and Harrison (1998) define anti-oppressive practice as a practice that looks at social division such as class, sex, race, gender and age on a "broader social structure" (p. 230), as well as recognizing it on a personal and organizational level. It is also the ability to recognize the use and abuse of power on all three of these levels. Shera (2003) also states that in anti-oppressive practice, practitioners work to recognize their social location in relation to their clients to avoid abuse of power and further oppression.

Anti-oppressive practice also focuses on social justice and advocacy. It promotes the validation of diversity and celebrates the differences among people to enhance solidarity and address oppression at macro levels (Hogewoning, 2012). Shera (2003) believes social workers have a duty to work to equalize marginalized and disadvantaged groups and believes that using an anti-oppressive approach can achieve this through social justice and advocacy. Although I

agree that an anti-oppressive approach is appropriate when working with marginalized groups, I believe it should be used to achieve equity and not equality. With equality we can advocate for everyone to have the same thing, however, it has been shown through research that not everyone needs the same thing and that trans people would benefit from specific services. By using an anti-oppressive approach to achieve equity among people, we are working to give people what they require, in turn, providing them with the resources they need to achieve their best health and well-being.

### *Client-Centered Therapy*

Client-centered therapy is an approach that allows the client to take an active role in the counselling process. It allows for the client to gain self-understanding, receive support from the counsellor and choose the direction of their treatment (Raskin et al., 2014). This type of therapy, developed by Carl Rogers, is meant to decrease guilt, insecurities and defensiveness, while increasing self-esteem, openness and the ability to develop positive relationships while being able to experience and express feelings in a positive and healthy way (Raskin et al., 2014). Client-centered therapy was developed to be used with a wide range of people and focuses on the quality of the relationship between the counsellor and client. People in a state of incongruence, meaning they view themselves different than others view them, benefit from this type of therapy (Raskin et al., 2014). In client-centered therapy the counsellor tries to understand how the client views the world and their experiences how they perceive them. The counsellor does regular check-ins to ensure they are fully understanding the client and to show that they are not judging them. It is meant to promote self-actualization and believes that clients are able to grow and heal in a positive environment with the support of the counsellor (Raskin et al., 2014). When the counsellor responds to the clients feelings and provides validation and shows understanding, the

client is able to recognize themselves, allowing the client to become more aware of negative aspects of themselves they may have been avoiding or denying that have contributed to the issues they are experiencing (Raskin et al., 2014).

Carl Rogers states there are three core conditions to client-centered therapy: (1) congruence, (2) unconditional positive regard, and (3) empathetic understanding (Raskin et al., 2014). Congruence or transparency refers to the counsellor being 'real' in every moment during the therapy. When the counsellor is able to continuously show that they are open and genuine, the client is able to relax and become more open as they realize the counsellor is not deceiving them or judging them (Raskin et al., 2014). Additionally, unconditional positive regard is the counsellors ability to show regard to the client regardless of their thoughts, feelings or experiences. It is also seeing each person as unique and recognizing that the person is doing the best they can under their current circumstances (Raskin et al., 2014). Lastly, empathetic understanding can be achieved by actively summarizing and restating what the client has said to show that you have been actively listening and understanding what the client is sharing.

It is an attitude of wishing to grasp the client's expressions, meaning and narrative. This implies both openness to the client's communications, including any negative or critical reactions to the client, and a willingness to suspend one's own opinions, prejudices, and theories (Raskin et al., 2014, p. 100).

Client-centered therapy can be useful when working with trans clients as it is focused on understanding the person and their experiences. It is based on the client being the expert of themselves and knowing what they need. It is also meant to decrease insecurities and improve self-esteem, which is an issue among many trans people. This type of therapy gives the client a

voice and makes them feel unjudged and heard, which is what many trans people want (Mahood-Greer, 2006).

### ***Motivational Interviewing***

Motivational interviewing is an approach to counselling that is more directive compared to client-centered approaches because it is used to move a client towards change and elicit change in a client. It is a therapy in which the practitioner uses empathetic listening to understand the client's experiences and build rapport, then the practitioner explores the client's wants and goals for the future at which time they begin to encourage motivation to help the client make changes in their lives (Heather et al., 2004). This type of therapy was originally developed to treat alcoholism and is now widely used to treat various problematic behaviours. It is especially effective with clients who are hesitant to change their behaviours or have not yet recognize that a behaviours is problematic (Rubak et al., 2005).

Rubak et al. (2005) states that "the strategies of motivational interviewing are more persuasive than coercive, more supportive than argumentative, and the overall goal is to increase the client's intrinsic motivation so that change arises from within rather than being imposed from without." (p. 305). Motivational interviewing is a type of client driven therapy that was partly inspired from Carl Roger's client-centered therapy which is also non-directive in nature.

Additionally, motivational interviewing relies on the clients values and goals to encourage behavioral change that is decided on by the client and not forced upon by the counsellor (Rubak et al., 2005). Respecting the clients autonomy is essential in building a partnership that will be successful in helping elicit change from the client. It is also essential to provide positive reinforcement that you believe in the clients ability to make the changes they have decided on to decrease their problematic behaviour (Rubak et al., 2005).

Lytle et al. (2014) state that motivational interviewing could be effective with people from sexual minorities, such as trans people, because mood disorders and substance abuse is often times higher among this population. Motivational interviewing is often effective in eliciting change which would help to address substance abuse issues. Behavioral changes also improve mood and increase positive emotions, which in turn decreases a person's need to use substances to manage negative emotions (Lytle et al., 2014).

### ***Crisis Intervention***

Crisis intervention is used with clients who are experiencing a crisis. A crisis can be defined as any situation in which someone's usual coping skills fail causing them distress. A crisis can be caused by events that are stressful, traumatic or dangerous and the crisis can become intensified based on (1) the persons perception of the crisis, and (2) known coping skills failing to resolve the issue (Roberts & Ottens, 2005). Roberts and Ottens (2005) state there are seven main steps to addressing a crisis: (1) conduct a biopsychosocial and danger assessment, (2) make contact and quickly establish rapport, (3) identify the problem, (4) encourage client to express their feelings and emotions, (5) discuss coping strategies, (6) diffuse crisis and develop action plan, (7) plan follow-up session. All of these steps need to be completed quickly when responding to a crisis situation as sometimes it can be a life-threatening situation.

Thus, considering trauma, suicidal attempts, violence and mental health is often times higher among trans people, crisis intervention would be an effective intervention to use during times of acute crisis that require immediate attention and cannot wait to be resolved through other methods of counselling.

### ***Harm Reduction***

Harm reduction is a strategy that aims to minimize the risks of substance use and addiction without having the person stop using (Baer et al., 1993). The harm reduction model recognizes that not all people struggling with substance use and addiction are able to stop practitioners are able to provide knowledge and safer alternatives in a non-judgmental way in hopes that clients can lead healthier, safer lives (Erickson et al., 2003).

Beirness et al. (2008) state there are three main features to the harm reduction model: (1) pragmatism, (2) humane values, and (3) focus on harms. Pragmatism is the counsellors ability to recognize that substance use is inevitable and therefore important to minimize the risk of harm when possible. Counsellors also practice humane values with clients by remaining non-judgmental and respecting the clients right to autonomy. Lastly, focusing on harms means that the counselling considers the risk in the substance use as the main issue and the substance use itself as a secondary issue.

Thus, the main goal of harm reduction is to minimize the risks and consequences of substance use and reduce overdoses, death and negative health effects (Marlatt et al., 2001). This type of intervention would be appropriate for trans people struggling with substance abuse. Should the person begin to access harm reduction services, they may be more apt to access additional services if needed.

As with all the above-mentioned approaches, none of them are trans specific and would require some modifications when being used with trans clients. It would be essential to apply a gendered lens to each approach and ensure the use of appropriate language and pronouns.

Lastly, each individual and community is unique. Although there are multiple similarities in the literature, it is rare to find literature written from a northern perspective or literature

written by trans people about trans people. In social work when working from a strengths-based perspective, it is believed that our clients have individual strengths and have the ability to recognize what they are struggling with and therefore understand what they need to overcome their struggles (Midgley & Conley, 2010). An appropriate strategy moving forward would be to understand trans issues in a northern context and use that information to explore areas and needs that have not been included in previous literature produced.

### **Study Rationale**

Upon reviewing literature on multiple trans issues and areas of research, it is apparent that there are further steps that need to be taken. There is an abundance of literature and statistics that show higher rates of suicidal ideation and suicide attempts, discrimination, violence, and mental health issues amongst trans people. These issues often begin in early childhood and continue late into adulthood. Interventions and community strategies have been addressed but there still appears to be gaps in the literature. There is also a lack of research pertaining to trans experiences and challenges in northern Ontario. There is minimal research that explores trans services, advocacy and understanding, and practitioners' level of perceived competency when working with trans people in northern Ontario.

Therefore, my study may help practitioners better understand the need for appropriate services, trans issues, best practices, and the need for education to increase competency when working with trans clients. The purpose of my research is to understand the experiences of helping practitioners working with trans people. This will be able to provide insight on strengths and weaknesses of Northern communities serving trans clients, in hopes of increasing awareness and increasing advocacy for appropriate services. In the following chapter I will provide my research questions and describe the research methodology.

## **Chapter Two**

### **Research Methodology**

In this chapter I will provide an overview of the research I conducted. This will include the research question, setting in which the research took place, a description of my participants, and recruitment process. I will also discuss my data collection and analysis process and provide a discussion on ethical considerations and some of the difficulties encountered during the research and how they were addressed. I will also provide a section on researcher reflexivity that gives a detailed description of my background, biases, and how I came to choose this specific topic for my thesis research. The three main themes developed from my research were (1) Social work approaches that are present and needed; (2) Services that have been developed and services still needed; (3) Strengths of the community.

### **Qualitative Research**

A qualitative research method was the most appropriate for this research study. Shank (2006) defined qualitative research as using verbal and observational methods to collect data, conducting the research in a holistic setting, and using tools such as interviews, narratives and oral history to collect data. This research study was focused on understanding the experiences of service providers working with transgender individuals living in Northern Ontario as we know little about these experiences, and how service providers' viewpoints affect service delivery in a small northern Ontario community. Using a qualitative approach allowed for participants to give a narrative about their experiences and data to be collected in the form of written and verbal explanations.

Sandelowski (2000) states that using qualitative research methods allows for the researcher to collect as much data as they can to capture the full picture of an event. The data that

is collected is meant to provide a description that most people would find accurate. Sandelowski (2000) refers to this as descriptive validity. Using a qualitative method allowed for semi-structured interviews to be conducted that were designed to obtain a wide range of information regarding one topic that can be analyzed and coded to find a variety of themes or patterns. Furthermore, “qualitative research methods are valuable in providing rich descriptions of complex phenomena; tracking unique or unexpected events; illuminating the experience and interpretation of events and giving voice to those whose views are rarely heard” (Sofaer, 1999, p. 1101). Due to minimal research being conducted on transgender issues, experiences and the experiences of service providers working with trans people in small Ontario communities, a qualitative research method allowed for a comprehensive amount of data to be collected that provided insight into strengths, needs, and gaps in this area. This research could also lead to further research opportunities.

Thus, my research question was: What are the experiences of service providers in Northern Ontario working with transgender individuals, and how are the needs of transgender individuals being addressed (or not) as perceived by service providers in mental health, educational, correctional, and addictions settings? The hope was that by addressing this question it will provide knowledge on effective services and service gaps in Northern Ontario, and potentially provide insight on how to address the service gap, should one be identified. This could potentially contribute to understanding what is or is not working for trans people in this area. It also has the potential to encourage service providers to advocate for appropriate services in their community for the transgender population.

**Setting**

The study took place in Timmins Ontario, and Monteith Ontario, a town located 65 kilometers outside of Timmins. Timmins is located in Northeastern Ontario and is located on the Mattagami River. The current population is approximately 42,000 citizens. Most of the economy is based around natural resource extraction through lumbering and the mining of raw materials. Timmins is located close to Quebec and a large amount of the community identifies as Francophone. There are also many Indigenous reserves located around Timmins which has increased the Indigenous population living in the city. There are two colleges located in the town, one English and one French. Recently, the English college has provided space for Algoma University and there are currently two university courses offered out of the Algoma Timmins campus. Additionally, services are limited in Timmins and surrounding areas and there are visible areas of poverty and low-income housing. Timmins has one hospital and one health unit. In order to access specialized services such as medical treatments and transgender specific services for assessment, people are required to travel to larger cities such as Toronto. Specialized psychiatric services such as children's psychiatrists are mainly accessed through tele-psychiatry out of Toronto.

Considering the study took place in Timmins and Monteith, both small communities where many people know each other, making maintaining confidentiality very important, the goal was to ensure that each interview setting was comfortable and safe for each participant. This would mean that each participant could talk freely when answering questions without the concern that they would be overheard by other people and could be sure that their identity would remain confidential. Due to participants being from various organizations and agencies, the setting was based upon each participant's work environment and comfortability level. Each

participant was asked where they would prefer to meet to participate in the interview. A study room in the local library was offered as it was ideal for privacy and confidentiality purposes. All the participants chose to meet at their own private offices at their workplace. All meeting settings were located in Timmins Ontario and Monteith Ontario.

A total of 10 interviews were completed and lasted from 30 minutes to approximately 45 minutes in length. The questions (Appendix A) started by asking participants in what capacity they work with trans clients (counselling, education, corrections, health care), I then began asking questions pertaining to what types of approaches the participants use when working with trans clients, what services they refer to, and any strengths or gaps they see in the community for trans people. All interviews were conducted in English. The majority of service providers in Timmins offer services in both French and English. Some agencies only offer services in French and these service providers were unable to participate in the research project as I am strictly English speaking.

### **Recruitment**

Having previously participated in Pride week events in Timmins and other community events, I have had the opportunity to develop connections in the community with individuals. These individuals included people that identify as transgender and practitioners that work with the transgender population. Since connections had been established in the community, the research was conducted with various social workers and counsellors employed through agencies and facilities that provide mental health services, addictions services, health care services, correctional services, education and individual counselling services. Service providers that knew me previously from school or as a former co-worker appeared to be more willing to participate in my research study than those that I reached out to that had no previous relationship with me and

did not know me. I believe this is due to rapport and trust already being built in a different type of relationship and thus making them more comfortable to work with me in a different capacity.

Purposive sampling was used and allows the researcher to choose participants based on their own pre-existing knowledge of the population and the researcher's own judgement (Csiernik et al., 2010). In order to obtain participants, I prepared a telephone script (Appendix B) and called practitioners in the community from the selected settings such as counselling services, corrections, educational facilities, addictions services, mental health services, and medical settings, and asked if they would be interested in participating in a half hour to 45 minute long interview. A telephone script was read to the potential participants and a research study information sheet (Appendix C) was sent to the participants by email. I encountered difficulties in the recruitment process as many participants wanted to speak with their manager before participating in the interview which lead to many potential participants not contacting me back to participate. Due to these difficulties, I used a mixed sampling approach. For the majority of my interviews I used purposive sampling as mentioned earlier and then two participants were recruited using snowball sampling. This process allows existing participants to provide information about the research study to other professionals they know that may be interested in participating (Johnson, 2014). Some of the participants took the research study information sheet and provided it to other professionals they knew they have worked with transgender clients in the community. These service providers then contacted me by phone to enquire about participating in an interview.

It was crucial that consent and confidentiality was maintained throughout the whole research project. Confidentiality was particularly important for this study as the participants being interviewed work with a vulnerable population. I consider transgender people as

vulnerable population because as discussed in the literature review, suicidal ideations and attempts, violence, discrimination, and mental illness are higher among transgender people than the general population (Haas et al., 2010). If confidentiality was broken during this research study, it could potentially put the clients that my participants work with at higher risk for the above-mentioned issues. It could also lead to ‘outing’ of the clients of my participants which is discussed later in this chapter. Considering Timmins is a small community, there was a high risk of damaging client/professional relationships should confidentiality be breached in any way. There was also a higher risk of transgender community members being identified in the community if confidentiality was not maintained. Participation in this study was voluntary. Corey et al. (2011) provided a simple definition of confidentiality and explained it as being “rooted in a client’s right to privacy” (p. 210). Mertens and Ginsberg (2008) used a more in-depth, larger definition and stated that confidentiality is:

the individual participant’s well-being, neglecting the role of family, clan, community, or other group entities which may be affected by the process of doing research or the results of the research study. As such, primary emphasis is upon individual anonymity and confidentiality except in cases of danger to a participant’s self or to others and researchers are advised to inform participants that information they disclose will be confidential except under those two circumstances plus any other policy guidelines that have been set by the research protocol – policies which must be approved by institutional review boards or other ethics oversight bodies and disclosed to the participant and discussed with him or her. (Mertens & Ginsberg, 2008, p. 495)

The Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (Government of Canada, 2020), is a document that discusses various ethical considerations when conducting research with humans. It explains the importance of consent and how voluntarily consent is obtained. Consent should be sought numerous times throughout the research project to ensure individuals are still willing to participate. Enough information also needs to be provided to individuals for them to fully understand the research, the process, collection and dissemination of data and any risks or benefits that could occur from participating in the research in order to make a fully voluntary decision to made. In order to ensure these ethical components were met, a consent form (Appendix D) outlining the above-mentioned sections was provided to each individual before the research project began. Considering participants only participated in one interview, check-ins were not necessary, however, participants were informed that they could withdraw their consent at any time during the research process

Due to the research taking place in a small community, the limitations to confidentiality were discussed with each participant during the recruitment process. The data collected was stored in a locked computer and any physical written consents were locked in a cabinet. All meetings with participants were held in their private offices as this is what each participant preferred. Since each participant chose their setting, oftentimes being their private offices, there was no way other community members would hear them participating in the interview or have knowledge that they were participating in a research study. To further protect the confidentiality of my participants, all the participants were given a pseudonym upon transcription of the interviews. The workplaces of the participants were not used and were instead changed to a setting such as a correctional setting, medical setting educational setting and so forth. In the instances that snowball sampling was used, the potential participant merely provided the

information of my study to people they knew that may be interested in participating. The original participant has no way of knowing if the person they provided the study information to had agreed to participate or not, therefore protecting the identity and ensuring confidentiality of any participant recruited using snowball sampling.

### **Participants**

The participants for this particular research project were required to meet specific criteria. Ten individuals were chosen to participate in the interview. All participants were required to live in the Timmins area or in towns within an hour radius of Timmins. Each participant worked in some capacity with transgender individuals. Participants in this project worked in mental health settings, counselling centers, schools, addictions centers, corrections, and health care settings. Due to confidentiality purposes and all participants working in a small community, the names of the agencies are not listed. Each participant was provided a demographic form (Appendix E) which asked the participant to provide their work setting, position held, the city they work in, how many years they have worked in that city, and if they had ever taken any transgender studies in school. Out of the 10 participants, 2 identified as male and 8 identified as female. All of the participants identified as cisgender meaning their identity and gender corresponds with their biological sex at birth. Each participant also identified as heterosexual. My participants ranged from mid-twenties to mid-forties in age, making 36 years the average age of all participants. The average working years of the participants is 9 years, as the years worked in a helping profession ranged for 3 years to approximately 20 years. Six of my participants had a social work degree, two had a medical/nursing degree, one had a teaching degree, and one identified as a psychotherapist but did not specify what type of degree they held.

For the purpose of this research, transgender individuals are defined as individuals identifying as female-to-male, “meaning a person who was assigned male at birth, but identifies and lives as a female, also known as a transgender woman” (National Center for Transgender Equality, 2014, p. 1). It also includes male-to-female individuals, “meaning a person who was assigned female at birth, but identifies and lives as a male, also known as a transgender man” (National Center for Transgender Equality, 2014, p. 1). The transgender definition for the purposes of this research was not limited to individuals that have completed sex reassignment surgery, a “surgical procedure that changes one’s body to better reflect a person’s gender identity. This may include different procedures, including those sometimes also referred to as “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals)” (National Center for Transgender Equality, 2014, p. 1). Practitioners worked with individuals that identified as transgender and individuals that were in the process of transitioning. Transitioning often refers to a person who has begun to live as their identified gender rather than their assigned sex at birth. This can include using a different name, dressing and grooming differently, and having personal documents legally changed to match a person’s gender identity (National Center for Transgender Equality, 2014).

### **Qualitative Data Collection**

Shank (2006) defined qualitative research as using verbal and observational methods to collect data, conducting the research in a holistic setting, and using tools such as interviews, narratives, and oral history to collect data. This research study was focused on understanding the experiences of service providers working with transgender individuals living in Northern Ontario as we know little about these experiences and how service providers’ viewpoints affect service delivery in a small northern Ontario community. Using a qualitative approach allowed for

participants to give a narrative about their experiences and data to be collected in the form of written and verbal explanations.

Individual face to face semi-structured interviews were conducted with each participant. The interviews consisted of 10 open-ended questions and the interviews lasted from 30-45 minutes in length. Only 4 of the 10 participants agreed to the interview being audiotaped, therefore, for the remaining interviews that were not recorded, I typed notes during each interview on a computer. Once the audiotaped interviews were completed, I transcribed them verbatim and deleted the audio recording once I was done. The typed interviews were stored on a locked computer that only I had access to.

Due to the first few participants struggling with some of the questions and how to answer them even with probing, the list of questions was emailed to the remaining participants to review before they were interviewed in order to obtain richer information.

### **Data Analysis**

The data collected through face-to-face interviews was transcribed verbatim and then analyzed through thematic analysis. Throughout the transcription of typed interviews, any potentially identifying information such as name, age, place of work, and identifying job titles was removed. Thematic analysis is used to identify themes and patterns in information collected (Shank, 2006). When using thematic analysis it is first about finding patterns that emerge in the data you have collected at which point, you begin to turn into themes that you see throughout other data you have collected on the same topic (Shank, 2006). Morse (1994) describes this as, “a process of piecing together data, of making the invisible obvious, from recognizing the significant from the insignificant, of linking seemingly unrelated facts logically, of fitting categories one with another, and attributing consequences to antecedents” (p. 25).

Furthermore, Shank (2006) states that there are three main characteristics in thematic analysis. The first being the inductive approach which is the “reasoning to a probable conclusion” (p. 149). This is essentially the process of gathering the specifics collected from the data to begin to show patterns. Shank (2006) also states that any emerging themes or patterns are the interpretation of the researcher and cannot be true induction but should rather be considered as deduction because the interpretation of the researcher will always be present when analyzing raw data. The second characteristic is feedback and comparison. This allows the researcher to compare emerging themes and later use that comparison for feedback of earlier themes found which will help the researcher begin to refine the coding process by having a clearer idea of the emerging patterns and themes. The last characteristic explained is saturation, when the researcher has collected such a large amount of data that no new themes or patterns are appearing and there are no surprises. This is when the researcher can begin the microanalysis of their data. Due to this being a small research study, I cannot confirm that saturation was achieved as there is room for more research to be done in this area.

In order to ensure all themes or patterns were collected from the interviews conducted, a system was developed to track and group themes together visually. I used printed physical copies of each transcribed interview and reviewed one interview at a time. I then used a highlighter to mark perceived important information and made notes on the side of the pages of any potential themes that were emerging. Once this was completed for all the interviews, I then went back and began writing all of the themes on a different sheet of paper to begin grouping them together. This began to show emerging themes. This process was completed for each interview and breaks were taken between each interview in order to allow time to reflect on each interview and the information gathered. I consulted with Dr. Coholic and Dr. Hoy once I had chosen the themes

that were most prominent in the data. Some of the emerging themes I began to see were the types of approaches being used (motivational interviewing, client centered, trauma informed, anti-oppressive), specific services that were offered in the community and services that could only be accessed out of town (support groups, CAMH, helplines, counselling services), and finally strengths of our community (acceptance, partnerships, safe places). Once I began to narrow down my themes, I was provided guidance on how to collapse these chosen themes even further to finish with a total of three major themes.

The final three themes decided on were: (1) Social work approaches that are present and needed; (2) Services that have been developed and services still needed; (3) Strengths of the community.

### **Methods of Verification**

Shank (2006) explains that researchers deal with issues of “reliability, validity and generalizability” (p. 153) and the an important emphasis in qualitative research is reliability. This is due to the researcher’s biases during the research. I dealt with my personal biases during my research through researcher reflexivity which is explained in more detail in the next section. In terms of generalizability, Shank (2006) further states the importance of using participants from various settings and supporting your conclusion with a large amount of data. I was able to find practitioners from a variety of settings and backgrounds such as education, corrections, mental health, medical, counselling and addictions to participate in my research study, however, there were only 10 participants needed to complete this thesis research project and therefore a study of a larger size would further enhance generalizability.

My research was conducted through one-on-one interviews in private informal settings which increases the trustworthiness and validity of the research as oftentimes participants are

more forthcoming with information when one-on-one rather than in a group setting (Shank 2006). Firsthand data is also more likely to produce stronger data than that of second-hand data; the research I conducted is firsthand and therefore more trustworthy (Miles & Huberman, 1994).

### **Researcher Reflexivity**

Probst (2015) states that researcher reflexivity is important for numerous reasons such as boosting the richness and clarity of the research, ensuring ethical treatment of the participants and that support is being offered to participants that may require it as well as increasing trustworthiness, accountability, and personal growth of the researcher. Watt (2007) further explains that researcher reflexivity is important because it allows the researcher to understand how their personal assumptions and behaviours can impact the research and what the researcher focuses on during their data collection. Understanding your socioeconomic status in relation to the participants in your research study is a key aspect in researcher reflexivity and is impacted when the researcher shares the same experiences with the participants, becoming an ‘insider’ instead of an ‘outsider’ during the research (Berger, 2013). Regarding this particular research study, I do not identify as transgender but do have some experience in the sense that I have worked with trans clients, have friends that identify as trans, and have participated in PRIDE events as well as promoted trans awareness through workshops at previous places I have worked. Since I do not identify as trans, I find it is important for me to understand my social locations in relation to the population I have chosen to focus on as I may not have the same or similar experiences or oppressions. Furthermore, it became increasingly beneficial for me to do ongoing reflection during the research process to ensure my personal beliefs and biases were not hindering my research.

In this section I will explain in detail my background as a student and professional, and what brought me to choose the topic I did for my research study which will demonstrate how I maintained researcher reflexivity. Firstly, I am a middle-class, non-religious, Caucasian, married female in my late twenties. I am a new mother and identify as a straight woman. I am originally from Midland and have only lived in Northern Ontario for approximately 15 years. In between Midland and Northern Ontario, I resided in Mississauga for a year.

I began my educational journey in Orillia at Georgian College when I enrolled in the Social Service Worker program. I completed the program after two years and immediately applied for the Bachelor of Social Work (BSW) program at Algoma University. I was accepted and returned to Northern Ontario to complete my degree. During the BSW program I was given more freedom to write papers on my choice of topic. I selected a gender studies program as one of my elective courses and that is when my passion for this topic began. I did not want to focus on the same topics as many of my other classmates were doing, I noticed there was a lot of research and information already on topics such as domestic violence and Indigenous studies that were focused on heavily during the BSW program, this was when I started to look for other topics that I might find interesting. When I started the gender studies course there was a lot of information and concepts that I did not know about which made me want to learn more. I have friends and family members that belong to the LGBT community and I had never actually thought about the oppressions of this community in depth before as it was not a topic many of my courses focused on. My earlier papers focused on the lesbian, gay, bisexual and transgender (LGBT) community as a whole. Later on, I began focusing strictly on the transgender community as I began to realize that there were still many gaps and oppressions in regard to the transgender community, such as access to preferred bathrooms, acceptance of preferred pronouns

and a general lack of supports and knowledge. Acceptance had already made great progress for the LGB community but appeared to be behind for the trans community. Once I realized how interested I was in the gender studies course because it was not only something I had never focused on but it was a lot of issues I had never experienced and knew I could be an advocate for, I began participating in PRIDE activities in the community and becoming more involved as an ally of the LGBT community. This gave me the opportunity to learn more and experience events that textbooks were unable to teach me which I believe made it easier for me to become an advocate and further education myself.

Nearing the end of the BSW program I was required to complete a placement. I chose to do mine in children's mental health. It was not until this time that I began to see the struggles and hardships of the transgender community firsthand. The experience that stands out when I first started to recognize the struggles of trans people in our community was when I was an observer for most of my placement and during this time, I worked for the first time with trans youth. I was asked to find services in the community for the client which was near impossible. There were no support groups for youth, no trans specific counselling programs established at the time and the only doctor that would consider doing assessments for hormone therapy was in Toronto. This would mean that the youth would have to access this doctor through OTN and then provide their own transportation down to Toronto for any appointments should the doctor find the client fit to begin a hormone therapy program. This became a larger issue because the youth did not have the funds to travel to the required services for counsellor or medical purposes and there was no funding available to assist in this type of situation. This is when I started to realize that our Northern Ontario community was lacking the required services to meet the needs of this growing population.

After I completed the BSW program, I immediately applied to the Master of Social Work (MSW) program at Laurentian University. During this time, I worked various different jobs in the social work field. I started working as a Native Inmate Liaison Officer at the jail after completing the BSW program. I enjoyed it but realized it was not exactly what I wanted to do and that I wanted to do more one-on-one counselling. I then switched and started working in child welfare as a childcare worker. Again, I enjoyed this work, but it was not exactly what I wanted. I had the opportunity to return to the jail as a social worker. This was more of the type of work I wanted to do as I was finally doing one-on-one counselling and crisis intervention. I was also able to work with trans individuals that were coming in. It made it easier because I had spent so much time learning about this population and how to work with them appropriately and effectively. I believe I did not enjoy the previous work I was doing because I had not spent enough time studying and learning about the populations I worked with. I was uncomfortable in these situations, as I felt like I did not have the knowledge to be effective in these areas.

When I started the MSW program I began focusing my assignments on transgender issues and decided I would focus my final thesis project in this area. Initially I wanted to do a photovoice project with members from the transgender community and be able to present the final project in the community at the public library. A photovoice project would have allowed participants to show their experiences through taking photos. The main goals of a photovoice project is to show the strengths and needs of a community, to raise awareness about a specific topic or issue, and to educate community members and lastly to reach policymakers in hopes of changing aspects of the community (Wang & Burris, 1997). Before I had finalized what I wanted to do for my thesis, I reached out to people I developed personal relationships with in the transgender community to ask if they thought I would be able to conduct this type of research in

the community. I also reached out to a practitioner that was running the only transgender specific counselling program in the community. Unfortunately, they both had the same answer for me and stated they did not think it would be possible. Both people I reached out to expressed the concerns of the potential participants they talked to for the photovoice about being “outed.” Being outed is essentially when someone other than the transgender individual tells people they are transgender without their consent (Bancroft, 2017). After this I began to think of something different for my thesis and decided on interviewing practitioners instead. This realization was tough for me because I felt like a photovoice would have produced such rich information and would have been able to make changes in services in Timmins and really bring awareness to the community. During this experience I also realized that parts of my social location could have affected the willingness of participants as well. Since I do not identify as trans, I can see how it would be difficult for someone who identifies as trans to want to participate and open up to me. I am essentially a stranger with no lived experiences to share. Opening up to a counsellor is difficult but it is even more difficult to open up about your life that you are still figuring out to someone you have no relationship with. I also felt that doing a photovoice and being able to explore lived experiences with people would have deepened my own knowledge and given me new opportunities to learn things that courses may not be able to teach me.

Once I had decided on a new topic, I consulted with Dr. Coholic during classes and through email about which direction to go with my thesis. During this process I began to make assumptions about what I would find once I started collecting data; this was one of my biggest mistakes. Dr. Coholic explained that I should not be making assumptions or specifically looking for something when I do research as this will hinder what I find and potentially alter how I ask questions. I realized after this conversation that I was so eager to find an issue and prove my

thesis statement that I needed to take a step back and reflect on the questions I was going to ask during my interviews to ensure they were not going to produce biased data. To ensure my questions would produce different types of information other than what I was assuming would be found, I added questions about strengths of the community and left an open question at the end so that the participants could provide any other information they wanted to share.

Lastly, after each interview I would give myself time to review the transcript multiple times. I used highlighters and wrote notes on the sides of each question to ensure I was getting all of the information provided and to remain unbiased. I made a point to focus on information I found surprising or that did not seem to match any other interviews.

### **Ethical Considerations**

There were numerous considerations throughout this research project regarding how to maintain confidentiality in a small community, informed consent, and ethical relationships. Reamer (2014) explained the importance of ethical decision making while conducting research and being aware of ethical dilemmas. In any research, there is the potential for unpleasant emotions and memories to be triggered which puts participants at risk. Previous researchers, as discussed in the literature review, identified that trans populations have higher rates of suicidal ideations and attempts, experience violence and discrimination at a significantly higher rate compared to the general population, as well as they are more susceptible to experiencing mental health issues (Haas et al., 2010). Thus, it was likely that negative experiences would be conveyed in the interviews with the participants working with transgender individuals. Fortunately, many of the participants were not triggered and did not have negative experiences aside from expressing their concern for lack of services in the area, this could be due to none of the participants identifying as transgender and not having any personal experiences with the

questions I was asking. All identified experiences with this topic and my participants were strictly professional and not personal in any way. However, should this have happened, I had developed a plan to minimize the risk to participants in this situation. The possibility of negative thoughts and emotions arising was discussed with participants before the interview started and I offered to provide information on supports (Appendix F) and services in the community they can access if they are triggered or become distressed during the interview. I also considered that participants being interviewed may also identify as transgender and could be more easily triggered in this situation.

Another consideration was the potential for dual relationships (Ivey et al., 2018). A dual relationship is more likely to occur because the research is being conducted in a small community (Piché & Brownlee, 2015). Having worked in this community and having worked numerous jobs at different agencies, I did have participants that I previously or presently worked with. Since I had developed previous relationships in a different capacity with some of the participants, it was important that I explained roles and boundaries before the interviews were conducted as not to blur professional lines. This situation had the potential to affect the researcher-participant relationships because some participants knew me personally. I was concerned that if the participants knew me personally, they may not have taken the research study as seriously or that they may have been quick to agree to participate without fully understanding the research study or what I was asking of them when they agreed to participate. An inappropriate relationship that could have potentially formed was the blurring of professional lines due to the participants being interviewed attending the same school as me, being a previous friend due to the community being small or being coworkers previously or presently. This was

managed by making boundaries and the research purpose and goals clear before beginning to work with any participants that I had a previous relationship within a different capacity.

Confidentiality was maintained throughout the research process by eliminating potentially identifying information from data transcription. I did this by eliminating the specific name of each workplace and replacing it with a setting such as health/medical, corrections, counselling, education or addictions. I also gave each participant a pseudonym. Additionally, I kept all typed and audiotaped interviews in a locked and password protected computer, and kept all written documentation and consents in a locked cabinet. The interviews that were audiotaped were deleted once the transcription was completed. Interviews were conducted privately in a location that was comfortable for the participant. The majority of the interviews were conducted in the participants private work offices. The study was reviewed and approved by the Research Ethics Board at Laurentian University.

### **Conclusion**

This chapter offered an explanation of my research methodology and why a qualitative approach was the most appropriate option. I provided an overview of my research process including research setting, recruitment process and the types of participants chosen. A brief overview regarding my data collection and analysis was provided along with the verification process used and ethical considerations made throughout the research. I provided a section on researcher reflexivity that was intended to show my personal and professional background as well as any biases and how they were managed. In the next chapter I will discuss in further detail my research findings.

## **Chapter Three**

### **Data Analysis and Findings**

In the previous chapter I provided details on how using thematic analysis enabled me to analyze 10 semi-structured interviews that led to the development of three main themes. I also provided a description of the participants, setting, recruitment, researcher reflexivity, and ethical considerations. In this chapter, I will provide an in-depth discussion of the main findings from the qualitative data analysis and a discussion of the subthemes that made up the main findings.

A qualitative data analysis of 10 semi-structured interviews completed with services providers in Northern Ontario who work with trans individuals unveiled three main themes pertaining to approaches used, services present and needed, and strengths of the community. The three main themes are: (1) Social work approaches that are present and needed; (2) Services that have been developed and services still needed; (3) Strengths of the community. The remainder of this chapter will provide a detailed overview of these three main themes and their subthemes which will provide a more in-depth look at the strengths and weaknesses pertaining to the services available for trans people in Timmins.

The first main theme, social work approaches that are present and needed, includes the following subthemes; the importance of using pronouns, the types of counselling and approaches used such as anti-oppressive practice, motivational interviewing and trauma informed practice, understanding stigma and discrimination, the importance of being educated on gender issues, and the social work skills required to be effective such as being non-judgmental, accepting, listening, being respectful and supportive. I will also provide a section on what participants think is important to know when working with trans clients.

The second main theme, services that have been developed and services still needed, includes descriptions of what services are available for trans people in Timmins and which ones are only accessible out of town. I will also discuss the suggestions of the participants regarding which services they believe would be beneficial for trans clients in this area. This section will also highlight the severe lack of trans specific services. The third and last theme, strengths of the community will highlight the strengths of the community that practitioners identified such as increased advocacy and some policy reform in certain agencies.

### **Social Work Approaches that are Present and Needed**

In this section, I will discuss the subthemes of the social work approaches that service providers identified using and what they see as still being needed in the community. All 10 participants stated they use the same approaches with trans clients as non-trans clients and have identified this as being effective. However, a few participants stated that they recognize other approaches need to be developed to be effective and that additional education for practitioners is required which is discussed in the services still needed section. Some of the ways in which participants were able to identify the same approaches being effective with trans clients is that they see similar progress being made during counselling sessions, clients' goals being met, clients agreeing to continue services and during check-in's, the clients stating they are satisfied with their care and treatment. Additionally, 5 out of 10 participants stated they have never received additional training or workshops but all 10 agreed that additional training would be beneficial.

### **Pronouns**

Wayne (2005) states the importance of using appropriate pronouns when working with trans people and urges people to move away from assuming the use of he/she is appropriate in

every situation. Wayne (2005) further states that “trans-activists suggest that the pronouns he/she and his/her linguistically enforce a normative two-sex system through assumptions that the trans-subject does and ought to fit into one side of this binary opposition” (p. 86) which further alienates trans clients and can make them feel as though they do not fit into society’s views of ‘normal.’

For example, “Sharon” explained how her workplace in addictions treatment and counselling accommodates using appropriate pronouns and stated that:

The centre accommodates individuals who are transgender. While in the residential program they are addressed by their pronouns and are put with the males or females depending on how they identify. They are also able to use the gender neutral washroom.

She continued to speak about the importance of proper pronouns and stated that:

Making sure to call clients by their appropriate pronouns will also help build trust.

Inappropriate pronouns can make trans clients feel negatively about themselves and cause emotional pain. This is especially the case if their family is unaccepting of their chosen pronoun.

She further spoke about other services in the community using clients’ preferred pronouns and said “CMHA also accommodates trans clients and identifies them using their pronouns.”

“Anna” who works in a correctional setting also made reference to using appropriate pronouns and stated that:

In my experience working with transgender clients is not very different from working with any other client... A transgender client is treated as the gender they identify with such as using the terms “she” and “her” if the individual identifies as female and “he” or “him” if the individual identifies as male.

Furthermore, when “Mary”, who works in a medical setting, was asked about what practitioners should know and understand when working with trans clients she stated “to create a positive safe place while welcoming clients and developing a rapport. To use the correct pronouns when working with trans clients.”

These examples show how participants understand the importance of using appropriate pronouns when working with trans clients and identify that it is one aspect they are often conscious of when working with new clients.

### **Counselling Approaches**

As previously mentioned, all participants stated they do not use different types of counselling approaches when working with trans versus non-trans clients and in fact use the same approaches with both. Some participants did express the need for different approaches to be developed that are tailored specifically to trans people. As Mahood-Greer (2006) stated, understanding genderism and being able to apply this in practice could be effective when working with trans clients.

In this subtheme, I will discuss the types of approaches that were identified during the interviews. This will include trauma informed practice, anti-oppressive practice, client-centered therapy, motivational interviewing, harm reduction strategies, crisis intervention, and general social work skills.

#### ***Trauma Informed Practice, Anti-oppressive Practice and Client Centered Practice***

One of the approaches named by a participant was trauma informed practice. Although it is not a trans specific approach, it does allow room to be tailored when working with trans people. This type of practice could be effective when working with trans clients as many have experienced trauma in some way, whether it be experiencing discrimination, violence,

unacceptance from family and friends or the internal struggles associated with identifying as transgender for some people in the early stages of figuring out who they are.

As stated in the literature review, trauma informed practice focuses on the current situation the client is in and how this could be affected by past trauma (Knight, 2014). When using this type of practice, the practitioner does not focus on the past trauma, but only considers how it could be contributing to the current problems being experienced and helps the client move forward and develop appropriate coping skills (Gold, 2002). Trauma informed practice, when used with trans people can provide them a sense of empowerment and can increase emotional regulation skills while decreasing the negative effects of mental health (Scheer & Poteat, 2018). “Leslie”, a social worker in a medical setting explained:

I use the same approach when working with trans and non-trans clients – I am trauma-informed, client-centered and anti-oppressive”. Jessica, a psychotherapist, stated that “some of the issues and stressors are approached in very much the same way. My approach is more integrated in some cases as some clients also present with a history of trauma.

As Leslie mentioned she also applies an anti-oppressive lens when working with trans clients. Again, anti-oppressive practice is not specific to trans clients but can be useful if it is when genderism is also understood. Dominelli (2002) explains oppression as being the exclusion of an inferior group from the access of services by a dominant group. Oppression can happen when people are divided based on their social location (sex, race, gender and age) and happens at the micro, mezzo and macro level of larger structures (Burke & Harrison, 1998). Practitioners that use an anti-oppressive approach focus on social justice and advocacy for their clients (Hogewoning, 2012). An anti-oppressive approach could be beneficial to trans clients if the

practitioner is using it to achieve equity to services for their clients to ensure they have access to the services they require.

Lastly, Leslie stated she was client centered. Within client centered therapy, there is an emphasis on the client as the expert. The belief is that the client knows what they need and knows the most about themselves. This type of therapy allows the client to use a safe space to tell their stories and use the counselling sessions in the way they see best for themselves (Raskin et al., 2014). This type of therapy is meant to increase clients self-esteem and decrease insecurities (Raskin et al., 2014). There are three main components to when using this therapy. The first is congruence, meaning that the practitioner remains transparent with the client, the second is unconditional positive regard, in which the practitioner shows regard to the client regardless of their feelings and the last is empathetic understanding, in that the practitioner uses active listening and summarizing to show the client they understand them (Raskin et al., 2014). This type of therapy allows the client to be heard and understood and fosters positive relationship building in a non-judgmental space. Furthermore, regarding client centered approaches, “Jessica” stated that “at this point since there is very little research in best practice and approaches, I view them as the expert. I am there to provide a supportive space and navigate with them through their stories.”

### ***Motivational Interviewing***

Motivational interviewing is an approach to counselling that is more directive compared to client-centered approaches because it is used to move a client towards change and elicit change in a client. The practitioner begins by building rapport through empathic listening to understand the clients wants and goals in order to later encourage change of problematic behaviours (Heather et al., 2004). Motivational interviewing also focuses on positive

reinforcement to show the client that you believe that they can make change (Rubak et al., 2005). As substance use is often higher among trans populations, this type of therapy could be effective in changing that behaviour and increasing overall health (Lytle et al., 2014).

During the analysis phase of the research, it appeared that motivational interviewing was an approach that was only mentioned by a participant working in a correctional setting. It was discovered that they often use this type of interviewing with all clients and use it with trans clients specifically to change criminal behaviours, drug addiction or other problematic behaviours. For instance, “Donna” works in a correctional setting and stated:

Within the institutional setting, all of my clients respond to different approaches. Within my capacity, I tend to base my approaches on each individual client, regardless of personal identification. Each client presents with their own personal struggles and requires personalized interventions based on several factors. In my limited experience with a transgender identifying client, they benefit from the same approaches as all other offenders, namely motivational interviewing, non-judgmental curiosity, and ensuring they are active participants in their own treatment.

### ***Crisis Management and Harm Reduction***

A crisis happens when a person is unable to use their coping skills effectively to manage a stressful situation (Roberts & Ottens, 2005). Yeager and Roberts (2014) states the main goal of crisis intervention is being able to get the client to recognize their strengths, coping skills, and problem-solving abilities in order to help them manage crisis situations and learn from the experience for future crisis situations. There are seven steps to achieve effective crisis management as stated by Roberts and Ottens (2005). A risk assessment must be completed, rapport quickly built, the problem identified, explore the clients thought and feelings, discuss

coping skills, diffuse the crisis and schedule a follow-up session. This will help the client better manage their feelings and be able to make a plan to deal with the perceived crisis. Donna stated she uses crisis management and harm reduction regularly in her role in a correctional facility. She said “my social work duties include crisis management within the institution, motivational interviewing with offenders, and discussing and presenting harm reduction strategies. I serve the offender population, whether it be female offenders, male offenders or transgender offenders.”

Additionally, the focus of a harm reduction model is to decrease the risks associated with substance use without having the client stop using (Baer et al., 1993). The practitioner has three main focuses in this model, the first being able to recognize that people are going to use substances and minimizing the risk, the second is remaining non-judgmental and respecting the client and the third is recognizing the substance use as the biggest risk and the substance use the second biggest risk (Beirness et al., 2008). Thus, this type of therapy would also be effective with someone experiencing substance use issues, and could be potentially more effective with trans clients if gender is considered as well.

### ***General Social Work Skills***

When I asked about approaches used, many of the participants mentioned general social work skills such as listening, being empathetic, respectful, non-judgmental, unbiased, treating people equally building rapport, providing safe spaces for clients, and confidential services. These are all skills that Trevithick (2011) states are essential in being an effective social worker or helping professional. Jessica stated “I work in a very client centered way with all clients, providing a safe, non-judgmental space”. Additionally, “Scott”, a mental health professional working in a correctional setting stated:

other than making it a point to know how these individuals identify and how they wish to be addressed, there is no real difference in how I work with clients that come into our facility. Also, the unit in which they are housed must be chosen with great care. I am always respectful.

Many of the participants were able to relate in some way how they use essential social work skills when working with their clients, for example, “Cindy”, a social worker stated:

You should approach with appropriate language, being mindful and conscious of body language, facial expressions, and how you interact. Of course, you should always be respectful regardless of who the individual is, but there are some circumstances that we know of, where we change our demeanor to address our population. Using sensitive language and being open in using clear dialogue and asking questions politely if need be. It is better to ask than to assume”. Anna further stated “Every client is treated with dignity and respect.

Mary also mentioned respect and stated, “I show respect to all individuals by being relaxed and speaking to a transgender client as I would to any other client”.

All of these examples display how each social worker or helping professional in this study, regardless of their role, have used general social work skills with their clients, including transgender clients. I believe it speaks to the importance of remembering that regardless of which type of setting you work in; these are key aspects to building rapport and helping clients.

Additionally, one participant when asked about approaches they use, had a very different response, rather than naming a specific type of approach, they spoke about their overall approach as a professional and how they interact with all clients. For instance, “John” works in an educational setting and stated:

In some ways I believe that there was a difference in how I would work with transgender students in the past. In terms of self confidence in dealing with the issue at hand I recall feeling the need to be cautious in terms of how I would approach any situation. I think a lack of experience and understanding made it such that I would sometimes be unsure of how exactly to approach any given situation in fear of doing or saying something that could be taken as insensitive or ignorant I found myself being unsure of myself. Over time I believe that my confidence has evolved. I feel that I've developed a sense of comfort and a deeper understanding around the issue of gender identity and as a result has allowed me to erase the idea of "different". I believe that this has allowed me to see transgender students through the same lens as any other student. Consequently I no longer "tip toe" around courageous conversations or providing criticism or feedback to trans students. Over time I've developed a reputation for not only being a caring adult to all my students but one who will tell students the hard truths. As I was once unsure of being that person with trans students, I can say that I am no longer afraid of treating trans students any differently than my other students.

I found this statement particularly interesting because it can be understood in two ways. First, it is either inappropriate that he chose to treat trans students differently because he feared saying something wrong, or two, it is now inappropriate that he treats trans students the same without difference. I feel like in this situation, the participant was able to recognize the issue of treating trans students differently due to his own insecurities and sought out the knowledge needed to feel comfortable working with trans students, which in turn, helped him improve the services he is able to provide. He also made mention about educating himself on gender identity, which is recommended by practitioners such as Mahood-Greer (2006), who argue that

practitioners need to understand genderism to appropriately work with trans clients or students in this case.

### **Approaches Still Needed**

Many of the participants, although they stated they use the same approaches with all clients regardless of gender, did mention the need for different approaches and additional education and training to be provided to all practitioners and helping professionals in order to best serve our trans population. When the participants were asked if they have received additional training or workshops, the majority of the answers were no.

Mary stated:

I have not been offered any educational sessions regarding trans people. I am completing my MSW and my studies do include the LGBTQ community. It is beneficial to continue to read academic journals to be informed and maintain best practices. In-service training would be beneficial to ensure that practitioners are better equipped to respond appropriately to any needs of the trans population". Scott has also not been offered any training and stated "I have not personally been offered any workshops or educational sessions regarding transgender people. I would be interested in sitting in on some as it would help me to educate myself and learn more about them.

On the other hand, John, a teacher, had been offered additional training and stated "yes, we have been offered gender identity training as well as mental health training." Donna had also been offered additional training and stated:

I attended a full day presentation offered by three transgender persons. It was an informative presentation as the facilitators were raw, open and honest about their stories, journeys, and struggles. They discussed lack of awareness within communities as the

greatest obstacle as well as the lack of support and services, not only for them but for their family and friends. It is often forgotten that their families are in their own way transitioning along with them and require education and support as well.

Anna was offered an online training on basic human rights, but it was not specific to trans people. She stated, “I think there could always be more information available to assist people who identify as trans and to learn more information on how to offer them support and assisting them with coping with the challenges that they face”.

Other participants expressed their concerns for the lack of additional training being offered to them. For example, Cindy stated:

I have not participated, or been invited to any training, workshop, event, that pertains to transgender individuals. I believe it would prove very helpful to bring that information to this community. As a northern hub for several surrounding communities, people travel here to access service they do not have access to in smaller communities. It would make sense that there are transgender services available here. Having this education can help improve client-worker relationships, give a better overall understanding of gender identity and hopefully provide effective ways of working with transgender people.

I found this an important statement because not only does Cindy state the importance for additional education in how it would help practitioners better work with trans clients, but she expresses that an increase in education could also have the potential to have better trans services developed.

Sharon also stated that she has not attended any workshops and would be interested in conducting them in our community if she had the knowledge to do so. She stated “workshops

help everyone to learn something new and offer better service to their clients. It's difficult for providers to provide certain services if they don't realize they are needed in the community.”

There are issues unique to the northeastern Ontario context, which is underserved. For instance, Jessica spoke about attending one training but her disappointment of it not being enough. She said “I have attended one training. This was somewhat beneficial however it was only one day. Training opportunities in the north are limited and working for a non-profit, the funding to attend trainings out of town is difficult to attain”.

Likewise, Leslie stated:

Yes, I have attended several workshops over the years and have always found them beneficial. As a cisgender woman, I am grateful for the transgender people who have given their time and energy to educating myself and others on their experiences and how I can be an effective service provider. I am always interested in further educational opportunities, I have so much more to learn. There is a strong need for this education for Timmins practitioners.

Fortunately, some of the participants have had numerous opportunities to attend different training sessions. “Kayla”, a medical professional stated:

I have attended many over the years and am always interested to learn more. These types of workshops would be beneficial for all providers to attend especially if offered by trans individuals who can share their experiences and help providers to understand their needs.

Additionally, Leslie has a high trans client population and stated, “I would be interested to learn any approaches that have been developed for or are recommended for working with trans clients.”

I chose to provide many examples in this section because it really speaks to the lack of education our service providers are provided to work with trans clients and the apparent need and benefits for additional training regarding trans people. Regarding the lack of education and developed approaches when working with trans clients, Cindy also stated “I can see there be a need for different approaches. Several people are still unfamiliar and uneducated on gender identities and do not understand what being transgender entails”. I found this particularly important as with any clients we work with, if we do not have essential knowledge, we are at risk of being incompetent when working with these clients and possibly creating harm. The need for additional education has been clearly identified and something that would benefit the trans clients in our community.

### **What to Know and Understand when Working with Trans Clients**

Participants shared that there is a lack of awareness of best practices for working with trans clients. For this reason, I had additionally asked participant’s what they think having worked with trans clients that all practitioners and helping professionals should know should they work with trans clients. All 10 participants had something important to contribute that would be beneficial for all practitioners to know. Their answers are as follows:

Donna points out the importance of having the client be part of their treatment plan and providing multi-level interventions, she stated:

Like any other marginalized group, their transgender clients are more than likely struggling with a wide variety of long-standing issues and require multi-level intervention, patience, non-judgmental support along with specialized understanding and training of their specific needs. It is important to remember that the client is the best

resource in identifying their own specific needs and wants. Therefore, it is important to include them in the process and determination of their own treatment and needs.

John emphasized the importance of making the person feel recognized and cared about and stated:

I believe that being aware of the emotional state of mind of any individual is primordial. Knowing that a person may be going through very confusing times may have unintended consequences such as anxiety and depression and even thoughts of self-harm can help one empathize with someone. Furthermore, I think that being aware that our job is not to “fix” someone’s gender identity issues is crucial. Being there to listen is what is important... simply listening and being there to show you genuinely care about someone’s existence and wellbeing is what matters most.

Cindy spoke about educating yourself and becoming competent in gender identity and stated:

It is important to try your best to understand their point of view, where they are coming from, their experiences and how they interpret events and experiences that take place in their everyday lives. Working with transgender individuals we need to be competent in understanding gender identity, and if we are not, we need the education... I believe being sensitive and aware of gender identity, actively listening to the individual without dismissing them, using encouraging language is crucial. Most importantly, is to address them with their pronoun.

Jessica also mentioned asking their name as being important. She said “acceptance is what is sought by those identifying as transgender. The use of pronouns and respecting their boundaries and asking then what their name is can create a sense of safety, security and build trust.”

Kayla made a strong point as a medical professional and stated “it is not an illness or a choice. Be non-judgmental and supportive.”

Leslie spoke about the importance of understanding the stigma and discrimination trans people experience and about education being needed. She said:

It is important for practitioners to be aware of the stigma and discrimination trans clients have experienced in the community from other service providers, from family and friends and to be particularly sensitive to making these clients feel safe and supported and that their service will be confidential. Practitioners should familiarize themselves with the diversity of ways that people experience and express their gender and with gender-inclusive language.

Mary also spoke about the importance of safe spaces and pronouns and said “to create a positive safe place while welcoming clients and developing a rapport. To use correct pronouns when working with a trans client.”

Anna made a strong point about trans people facing other struggles and that their care should not only focus on their gender identity. She stated:

Remember that they are people as a whole and identifying as trans is only a part of who they are. They are still experiencing other things in their lives such as housing challenges, conflicts with the law, relationships, financial troubles as well as domestic violence. It’s important to respect their identity and to treat them with respect but working with them shouldn’t revolve around their gender identity, it should be targeting their needs and what they are requesting assistance with.

Scott spoke about being respectful and stated, “being non-judgmental and supportive in every way possible is imperative throughout the process.”

Lastly, Sharon focused on the acceptance of the client and said:

it's important for practitioners to know that they have different needs than other clients.

The use of a gender-neutral bathroom can make all the difference to a client. Transgender clients may fear that their peers may not accept them. Having a no tolerance for violence/bullying can help clients feel more at ease in the space. Making sure to call clients by their pronouns will also help build trust.

I chose to include points from every participant in this section because I think everyone had something important to contribute that can really help practitioners that are unsure of how to work with trans clients or where to start. Next, I discuss the second major theme that will highlight the services that have been developed in Timmins and the services that are still needed in order to better serve the trans community. This will include the services that are available in Timmins, services that can only be accessed out of town, and suggestions from participants on what services would be beneficial in our community for trans people.

### **Services that have been Developed and Services still Needed**

In this section I will provide examples that were given by participants regarding services they refer trans clients to that are available in town and services only available out of town. I will also provide a discussion on services that were recommended by participants that they think would be beneficial for trans people living in Northern Ontario.

#### **Available Services in Town**

Many of the participants identified services they refer clients to. However, many of them are not trans specific and would be appropriate for non-trans clients as well. This shows the lack of trans services available in the Timmins area. For example, Donna stated "I refer clients to the Porcupine Health Unit. They offer numerous services which can be beneficial to this

population. They offer a sexual health clinic, mental health services and substance use and harm reduction”. Mary stated she uses “individual or group therapy or psychiatric follow-up if needed” another service that is not trans specific but available to anyone.

Sharon said she refers clients to “living space, the good Samaritan inn, the women’s shelter or the smooth rock detox”. All these services are temporary shelters for people seeking housing as well as smooth rock detox is specifically for people seeking drug and alcohol treatment.

Additionally, some participants were not able to identify any supports for specialized care. For example, Jessica stated the lack of services in town and the use of medical supports instead of specialized services. When asked if she could provide the services she utilizes when a client requires additional support or specialized care she said “none at this time as we are very limited in Timmins. Their family doctor or additional community supports may be discussed based on needs they have. There are no specialized services that I am aware of at this time.”

Regarding services specifically for trans clients, Leslie has been able to find physicians that will prescribe hormone therapy and stated:

Rainbow Health Ontario facilitates a weekly mentorship teleconference. I have used this forum regularly to stay informed about services that are available, or to solicit feedback for where to connect clients. I have helped clients connect with physicians who will prescribe hormone therapy and refer for gender confirming surgery, both locally and with a physician who practices via OTN.

John has been able to utilize programs within the school and stated he has often times referred clients to the Gay Straight Alliance Club that has been created. Cindy has utilized Timmins “PRIDE community”. She stated “Services that may be able to provide advocacy, assistance and

support for transgender individuals would be the health unit, the hospital, counselling and connecting them to the PRIDE community group for additional supports.

All of the participants agreed that services were very limited for trans clients in Timmins. For example, Kayla mentioned services in town and out of town. For in town she stated “Very limited services in Timmins and area. Local counsellors and psychiatrist and LGBT youth line or other support lines are available”.

I know that Timmins is an underserved area. Thus, there are many services lacking in general. Thus, specialized services are even tougher to obtain. It was difficult for participants to name any trans services in Timmins and often times the answers I received pertained to the lack of services available in Timmins and that clients must be referred to other communities. Scott specifically stated this when asked and said “unfortunately, there aren’t a great deal of services within our region for transgender individuals. However, some of our clients are discharged to other communities that may offer more services.”

### **Services Available out of Town**

There were few identified local services specific for trans clients and it was easier for participants to name services out of town. For example, Leslie stated “clients have been referred to the gender clinic at CAMH”. The Gender Identity Clinic is located in Toronto and the clinic is offered to adults 18 years and older. They require a referral from a physician which requires the person to contact their doctor. The current wait time for an appointment is 8-9 months. They require the initial appointment be completed at their clinic in Toronto and then will make arrangements for teleconference when possible.

Kayla was the only other participant that mentioned utilizing services out of town. She stated “TG Innerselves-Sudbury TG social services program, gender identity clinic at CAMH,

hospital for sick children and CHEO” were some of the services she uses when referring clients for specialized services.

Unfortunately, no other participants identified using services out of town and I linked this to the continued lack of education and awareness many of the participants talked about. Since there has been an obvious lack of training, there has also more than likely not been lists of available services provided to practitioners to utilize with clients.

### **Suggested Services Needed**

I asked participants two questions to capture the services needed in our community. I first asked if there are any service gaps they could identify. I then asked what services they think would help trans people in our community. The following are some of the responses that illustrate what the participants see as service gaps for trans people in our community such as specialized services, support groups, trans specific counselling, and gender identity clinics. It will also illustrate what participants see as being needed in our community for trans people pertaining to specialized services.

Donna stated:

There is apparent service gaps within our community, I am unaware of any transgender specific services which can be accessed. General counselling, sexual health, mental health are accessible services to all marginalized populations. Unfortunately, this specific population would benefit from specific supports. Transgender support groups, local and accessible professionals specialized in gender identification would be a great start.

When she was asked what would help trans people in our community she stated “community education and awareness events, support groups, specialized and trained health care professionals and gender identity clinics would be beneficial in Timmins.

Sharon also could not identify any trans specific services in Timmins and because she works in an addiction treatment setting she refers to minimal services. She stated “I generally refer clients to living space, the good Samaritan Inn, the women’s shelter or the Smooth Rock Falls detox. There are not any programs in our area that I’m aware of that cater directly to transgender individuals”. When asked about gaps she stated “there are not any services that I’m aware of for those who are transgender. There are no safe places for transgender people to meet and talk about specific trans issues and the hardships they experience on a daily basis.”

Anna emphasized the need for support groups and said:

I would like to see more education and specific support groups in place to assist with individuals that might be facing struggles such as housing, basic needs assistance and activities for them to meet other members of the community that they could connect with to build stronger peer groups”. She stated gaps as being “limited services in place for housing support, counselling support, LGBTQ community is small in the region as well. Mary also mentioned more education is needed for our community. She stated “providing a sense of community and belonging through events. Community education would be beneficial here in Timmins to help break down the barriers and promote inclusion”. She also stated “there are gaps because not all trans individuals require mental health services. Future research should include a needs assessment in Timmins”. When asked if Mary would like to add anything to the interview that had not been covered, she stated “this interview brought more awareness to the current gaps in the system in Timmins.

I think this is important because if I am able to make other community members realize the gaps in services in Timmins, it may encourage more service providers to advocate to have trans services developed in Timmins.

Again, increased education was mentioned by Leslie, stating:

Service providers and community would benefit from education on how to make their services inclusive and to be more knowledgeable about the stigma and challenges trans clients face and inclusive language. Timmins needs more services specifically for trans clients, including support groups, counselling, transition-related support and primary care.

She continued to talk about service gaps and stated:

Yes, there are absolutely gaps. There are no funded social work or counselling positions for either trans adults or youth that I am aware of. Timmins family doctors need education and support to support their patients through gender transition. Peer support is also needed.

Kayla focused on counselling and services and said, “support groups and counselling services to support individuals through the entire process [transitioning]”. She identified the gaps as being “counselling and support for youth, treatment and general stigma.”

Jessica also believes there is a need for support groups and services, she stated “more education and training, support groups, and specialized services or a list of referral sources clients can be provided with to help guide them”. She stated the lack of services being a gap and said:

There are very few, or no specialized services for trans people in Timmins. There is also a lack of training and community. There are no current live support groups in Timmins and no social media groups I am aware of at this time.

Cindy stated a need for support groups and increased awareness in all of Timmins. She said:

Awareness would be a great start. Once there is a discussion and visible access of transgender services, individuals can be more comfortable in reaching out for these supports. A support group through the Timmins PRIDE community would be a good starting point. This can create discussion for what is really needed... I can confidently say that there is a need for programming that can relate and discuss gender identity, provide service provider information and additional outside resources individuals can research on their own". She went on to say that "the service gap would be that there simply are no specific supports or services for transgender individuals. I cannot name a single agency, program, organization, group that works with transgender individuals. I also believe there is a gap in awareness and education on transgender individuals. A huge piece that needs to be addressed, especially in the health care field.

John also states the importance of awareness and advocacy in our area and said:

I believe that link in any case the promotion of information and awareness will help in the public's understanding of trans issues. I believe that understanding reduces xenophobia and transphobia. If public perception can be altered and heightened in the sense that people can understand someone's gender identity doesn't make them deviant, all other necessities will naturally evolve. If people can understand others, then society will be willing to make the necessary change to accommodate all members of our communities.

When John was asked if there was anything else he would like to add that had not been covered in the interview he stated:

I believe that with time and social advocacy and engagement, society will mature and evolve to accept transgender people into the mainstream like it has done throughout the course of history. Unfortunately, change happens slowly and incrementally but by

pushing forward society will accept those who demand to be accepted”. Lastly, Scott stated “due to the gaps that are clearly present, a big help for these individuals would be more support offered as well as counselling for ones who need or seek it out.

As shown from the responses of the participants, the main three needs that would be beneficial is appropriate counselling services, support groups, and education for our community and practitioners. Glicksman (2013) states that peer support and support groups among trans people can drastically increase their resilience in many situations, making this an immediate identified need in Timmins. Improvement to health care for physicians was also mentioned as was the desperate need for more education for health care professionals. Lastly, I discuss the third main theme which is the strengths of the community (Timmins). This section will highlight things such as services being accommodating to trans clients, networking with services in larger communities, service providers wanting to learn more about how to help trans clients, and the increased awareness about trans issues that has already started to happen in Timmins.

### **Strengths of the Community**

Many participants were unable to identify any strengths in Timmins regarding specialized services for trans people as these do not exist. However, participants did identify that there are other strengths in our community such as service providers wanting to learn how to improve their services, the acceptance and accommodation from our service providers, the advocacy that providers are doing to better the services for their trans clients, clients’ pronouns being used, and networking with services in larger communities to ensure that clients are getting what they need. Some examples of these provided by the participants are as follows. For example, Leslie stated, there are few services locally but stated a strength as being:

There are providers who want to learn more and to make their services and spaces inclusive, safe and welcoming”. Donna said a strength is “acceptance and recognition of transgender persons within our community and service providers appear to have improved.

Cindy spoke about her own personal advocacy for trans clients she works with as being a strength and said:

One of the biggest strengths in this position for me is the advocacy and research pieces. I believe I provide effective advocacy to ensure the voice of the individual I am working with is heard, their needs and wants are heard and addressed. I research what is available for supports in our community, as well as outside the community. I look to see if there is something that can be brought in to assist an individual or family, or if the resource is out of the community, looking into travel arrangements.

Sharon spoke about our services in Timmins being accommodating and said:

The services in our community are very accommodating. Timmins and are Women in Crisis allows trans women to access service. CMHA also accommodates trans clients and identifies them using their pronoun. The Jubilee Centre is accommodating and allows trans clients to sleep in the male or female rooms depending on their identified gender.

Mary also listed a few strengths in the health care system and said “clients are identified through their chosen name, not according to their health card. Clients are treated in a respectful manner.

There are positive safe place posters displayed throughout the hospital and in individual therapist’s offices.”

Kayla stated that there are limited services in Timmins and many are in larger cities, however she identified a strength being building partnerships and said “we have worked in some partnerships with other service providers from larger centers”.

Although there have been some identified strengths of our community regarding services for trans people, it is more focused on how trans people are treated and not specific services being developed to serve trans clients. It is apparent in this section that trans services are still not a strength in Timmins and still very much a need.

### **Conclusion**

In this chapter I have provided an in-depth discussion on the three main themes found in the data. I have provided information on the approaches used with trans clients and approaches that could be developed. I have given information on key points participants have stated service providers should know when working with trans clients and have provided examples of services that have been developed in Timmins and services that are still needed. I have also displayed the strengths identified in Timmins pertaining to trans services and what our community has been doing to accommodate trans clients. In the next and final chapter I will summarize the main findings of my research study, discuss the implications for social work practice, limitations of the study and recommendations for future research.

## Chapter Four

### Discussion

In this final chapter, I will summarize the purpose of my study and the main findings. I will discuss implications for social work practice, the limitations of the study, and finally recommendations for future research.

Northern communities have unique challenges and often lack the resources to address specific needs of various marginalized populations. Agencies and services provided in northern communities usually lack sufficient funding to run specialized programs and groups for vulnerable populations, such as those that identify as transgender. The trans population in the small northern community of Timmins was virtually invisible until Pride week started to be celebrated publicly in 2014. Since that time, Timmins has shown some socially progressive advances pertaining to understanding and accepting the trans community. Timmins will be celebrating Pride for the eighth year in 2021. Pride week offers transgender support groups for individuals and families and provides trans specific clothing that can be bought for the parade. Timmins has also started raising a transgender flag at city hall at the beginning of Pride week every year. However, room for significant improvements still exist. In addition to trans communities being highly vulnerable and stigmatized, paired with a lack of appropriate services and supports, trans people face numerous other adversities. Researchers have shown through many studies that trans people are at greater risk of experiencing mental health concerns, being the survivors of various forms of violence and abuse and have significantly higher rates of suicidal ideations and attempts (Veale et al., 2016).

My research study contributes to this body of literature by demonstrating the service needs of trans people in Timmins, the strengths of the community, the approaches being

currently used with trans clients and the areas that still need improvement such as education and training for service providers, an increase in specialized services and development of best practices. It also provides awareness to the Timmins community on the needs of the trans community and magnifies areas for advocacy for service providers on behalf of their trans clients.

The purpose of this study was to explore the needs of trans people living in Timmins through learning about service providers' experiences to better understand what would be beneficial to trans people living in this small community where specialized services are often lacking. My research question was: What are the experiences of service providers in Northern Ontario working with transgender individuals, and how are the needs of transgender individuals being addressed (or not) as perceived by service providers in mental health, educational, correctional, and addictions settings? Qualitative semi-structured interviews were analyzed to understand what approaches are being used with trans people, the services available, and the strengths of the community.

The literature review revealed that trans people have higher rates of mental health concerns, increased difficulty accessing appropriate services, minimal research to support best practices and the importance of language, social justice, and advocacy. There were gaps in the research pertaining to Northern Ontario and Timmins specifically. There has been previous research conducted in Sudbury and North Bay area in Northern Ontario, however, these places also have some trans specific services and are not geographically as far North as Timmins. In order to address these gaps in the literature, my research focused on the needs of trans people in the Timmins area as seen by the service providers that work with them. The main findings of my study will be summarized in the next section.

### **Main Findings**

An analysis of the data revealed three main themes: (1) Social work approaches that are present and needed; (2) Services that have been developed and services still needed; (3) Strengths of the community. Within each of these themes are subthemes. Within the first theme, ‘social work approaches that are present and needed’, four main subthemes emerged: (1) pronouns, which demonstrated the importance of proper pronoun use and how service providers were ensuring the use of pronouns; (2) counselling approaches in which participants described the types of counselling approaches they used with trans clients and how they are effective; (3) approaches still needed, which indicated what the participants believed is still needed to effectively work with trans clients; the consensus was the development of trans specific approaches or best practices; and (4) what to know when working with trans clients that included participants’ thoughts regarding what would be beneficial for anyone to know when working with trans people.

The second main theme ‘services that have been developed and services still needed’, included three subthemes: (1) available services in town, which included the services they utilized in Timmins for trans clients. It was agreed that there are no trans specific services available in Timmins and many participants were required to refer their clients out of town for specialized services; (2) services available out of town; participants were able to name a number of trans specific services out of town in larger cities such as Sudbury and Toronto; and (3) suggested services needed, which included the participants’ ideas about what services they believed would be beneficial for trans clients. A few of the services named were safe spaces, trans support groups, and counselling services. Increased awareness and education for service providers was also a major consensus on this subtheme.

The third and last main theme ‘strengths of the community’ did not contain any subthemes but gave the participants an opportunity to speak about the strengths they see in our community pertaining to the trans community. Some of the strengths that were provided were services in Timmins being accommodating and service providers wanting to further educate themselves on the proper use of client’s names and pronouns. The strengths focused less on services and more on the strengths of what service providers were doing differently when working with trans clients.

Self-evident findings that emerged from the data analysis included a clear need for additional services in Timmins, additional education and training being needed for service providers working with trans people, and a need for the development of best practices. There were also some interpretations that were interpreted from the data that were less obvious such as discussions participants had related to their perceptions of equity and equality in their practice. Many of the participants stated that they treat all clients the same, in that they are respectful, stating this in a way that it appeared to imply that as long as the service provider is being respectful, they are also competent and providing just social work practices. It is my opinion that many of the participants believe in equality for all clients, which I think can sometimes blur the real needs of the client. Many oppressed or marginalized clients require equity opposed to equality, which can be achieved with social justice and advocacy. Achieving equity for trans clients would mean that we are able to provide resources that they require to meet their needs instead of achieving equality, which would provide them with the same as every other client which is often not what they need. Trans clients have specific needs and therefore require different resources to meet these needs. Mahood-Greer (2006) stated that trans people want what everyone else wants, to be accepted and to have their needs met to be the best of themselves

possible and stated the importance of equity for trans clients as in most cases equality is not enough. Many of the participants appeared to be working within the guidelines of their respective workplaces which at times does not always honor equity, but simply provides some type of equality. If there was equity, trans clients would have more access to services and more opportunities within our community rather than having to go out of town. Many of the participants stated they refer their clients out of town which makes me wonder if this is easier or if achieving equitable access to safe service is just not possible at this time and a reality of Timmins for trans clients as funding is usually given to larger cities and it is easier to develop services as the trans population in larger cities will naturally be larger. Additionally, not many participants discussed their use of advocacy and rather appeared to accept that Timmins does not have the resources or services to meet the needs of trans clients and rather the participants work within these restraints to meet their clients' needs the best they can with the resources available. Advocacy could be increased within agencies by employees advocating for policy reform or additional resources to be available for trans clients. Requesting additional training opportunities could also help employees better understand how they can better advocate for trans clients within our small community. The minimal mention of practicing social justice or advocacy for clients further lead me to believe that the thought of providing just social work relies heavily on providing equality to clients, when in fact, many clients would benefit from a more equity-based approach. Although many of the participants stated they believe trans specific approaches need to be used, none of them were able to describe any such approach and simply stated they would be curious to know of any best practices when working with trans clients. I would recommend that participants set aside some time to research approaches or practices that are effective when working with trans clients. This could increase competencies when working with trans clients

and could also increase the practice of social justice and advocacy which would be beneficial for the trans community. It has been mentioned in previous research studies that understanding gender theory is essential when working with trans clients, however, this theory was not mentioned by any of the participants. It appeared as though all of the participants were interested in additional training and education but may have been unsure of how to access additional training as many of their agencies have minimal training opportunities due to lack of funding available. I would recommend searching for free training opportunities online, workshops or doing additional research to better understand gender and its role in their practice with clients. This would take up minimal time and resources and would better help practitioners work with trans clients.

One of the participants also spoke of treating trans clients differently at the beginning due to his own insecurities. I understand this as in my own practice I have been hesitant when working with new populations out of fear of making mistakes, hindering the relationship building process or out of fear of offending a client. This being said, it can also be viewed as oppressive in itself as it is often thought that treating everyone equally is best practice. The participant was able to overcome his insecurities and move past treating trans clients differently but settled on using the same approach with everyone. When working from an anti-oppressive and strengths-based lens, this is acceptable. Obtaining specialized knowledge in the area of trans issues however would further benefit the practitioner and client in any situation when using these approaches.

Thus, from these interpretations, I believe that both of these areas, the perception of just social work and equality versus equity could be addressed by many service providers through additional education and training. This can be accomplished through personal development

practices in seeking out additional training or educating yourself through different online means such as the “social work today” magazine (Great Valley, 2020) or the TransNorth (TransNorth, 2018) segment offered on CBC. Also, googling trans issues or training and education on trans issues produces many different resources that are free and would be helpful in better understanding trans issues and educating yourself. Additionally, simply taking the time to ask trans clients what it is they need and want. Becoming familiar with gender theory, trans theory and queer theory would also be helpful to address some of these areas, as well as becoming familiar with trauma informed practice, anti-oppressive practice and client-centered therapy. Nagoshi and Brzuzy (2010) offer an article that discusses transgender theory and practice which would be a great starting point to understand transgender theory. Jagose (1996) have also produced a book specifically on queer theory and some of the current and past issues. It explained what queer theory is and how it can be applied and understood in practice. It was a theory that emerged in the early 1990s and have been further developed through additional research. Turner and William Turner (2000) further discuss the roots of queer theory in their book and explain more in-depth what queer theory is and who it applies to. Additionally, a great resource to reference when learning about gender and queer theory is Wilchins’ (2014) book which provides an introduction to both theories and key concepts of each. Lastly, I have provided an overview of trauma informed practice, anti-oppressive practice and client-centered therapy in this paper and have provided references to multiple articles that could be helpful in further understanding each practice and how it can be used.

### **Implications for Social Work Practice**

This research study has the potential to raise awareness in Timmins and produce knowledge for other researchers and professionals seeking information on transgender services, supports, and effective service delivery and counselling methods in Northern Ontario, specifically Timmins. It has also uncovered areas for further research and can be a starting point for more research to be conducted, such as the potential for a needs assessment to be completed or for research to be conducted with the French community on the same topic. By examining perceived transgender needs from a practitioner standpoint in Northern Ontario, it allowed for the needs and strengths of Timmins to be analyzed. Based on the needs that have been identified, approaches could be adopted and manipulated to fit Timmins as similar needs have been identified and addressed in other Northern communities such as Sudbury. This study also identified the need for trans specific counselling approaches and best practices which could be an area for future research. Additionally, the strengths that were identified in the community can now be further developed, such as more agencies adopting trans inclusive policies. This could also be a starting point to do additional research with people in the trans community to understand if their viewpoints align with that of the service providers or if they see a need for something different that could be improved or developed to better meet their needs.

Overall, this research study is now able to offer suggestions to other service providers and community members. Educating and bringing awareness of the trans population could minimize stigma, decrease discrimination and transphobia, and increase empowerment and advocacy for change. It is easier to work with a specific population and meet their needs if those needs are clearly identified. Providing practitioners the opportunity to explain their experiences working with trans people and identify their needs, what is working and what is not working, and

to identify what they perceive the needs of the trans population are, will now allow other service providers and agencies to develop appropriate programming and customize their services, counselling styles, language and advocacy initiatives to address exactly what has been identified as challenges in our community. Lastly, this study has been able to identify the need for additional training and educational opportunities for practitioners on trans issues. In my experience there has always been a greater need in northern Ontario for additional opportunities as often the funding is not available to the agencies to send their employees for additional training, which is often out of town. This study has been able to identify this as a need for many practitioners and has been able to shed light on the importance of seeking out online trainings and educational opportunities, and the importance of specialized training. This study has also opened doors to further explore the realities of living and working in northern Ontario and the struggles felt by clients and practitioners due to the lack of resources available to both. It has been made clear that there are more resources and opportunities in larger cities such as Sudbury or Toronto and it could be helpful to understand the differences when working in northern communities to better understand areas of improvement, advocacy opportunities and how to overcome some of the common struggles that are the reality of living and working in northern communities such as Timmins.

### **Study Limitations**

This study had some limitations. The participants were from a wide range of professions and settings such as nurses, social workers, teachers, medical settings, corrections, addictions and counselling centers, however, there were few participants from each profession or setting. The results may have varied if the participants were all from one setting or profession. This is a reality of conducting a study in a small community such as Timmins as it would be difficult to

complete a study with participants all from one setting or profession as the numbers are just not there to be able to achieve this, along with the issues of confidentiality if only one setting or profession was used.

The study was focused on the needs of transgender people in Timmins, but none of the participants identified as transgender. Although they are professionals and provided their experiences and what they perceive as needs of the transgender community, the study may have yielded different results if all of the participants identified as transgender and expressed their own needs instead of service providers expressing what they perceive as needs.

Purposive sampling and snowball sampling were used in this study and have some limitations. These types of sampling do not allow for random participants to be selected in that the researcher is subjective and biased in their selection of participants (Etikan et al., 2016), which happened in this study as I selected participants based on their professional role and their experience working with transgender clients.

Another limitation is that all interviews were conducted in English and no participants from French speaking agencies were selected as I am not bilingual. Timmins has a large French speaking population and has many French specific services which I was unable to include in my study. Should I have been bilingual and able to include the French speaking population and include French specific services, my study may have produced different findings and would have been more diverse.

Despite the limitations present in my study, my findings are supported by what researchers have previously suggested. It was found that services are limited in Timmins, which is consistent with the research in that smaller communities often times do not have the resources available for specialized services which are beneficial for trans people (Glicksman, 2018). My

findings are also consistent in that education for service providers is lacking and requires immediate attention in order for providers to be competent in their work with trans people (Fredriksen-Goldsen et al., 2014). Lastly, it is consistent in that trans specific approaches have not been developed and practitioners are using the same approaches with all clients although they recognize a need for trans specific approaches. This is consistent in that it is more beneficial when non-trans specific approaches are paired with gender theory when used with trans clients (Mahood-Greer, 2006).

### **Recommendations**

A few recommendations can be made from my research regarding working with trans clients in northern communities and further research areas. One of the recommendations made by a participant was to have a needs assessment completed to better understand the services required. This would be beneficial for Timmins as it was apparent in the data that there are service gaps. A needs assessment would be helpful in determining exactly what types of services are needed and could potentially increase the likelihood of new services being developed in Timmins for trans people.

Another recommendation by many participants was the need for best practices when working with trans clients. Many participants stated that use the same counselling approaches with trans and non-trans clients but recognized the need for trans specific approaches. Although there is some research stating that understanding and applying gender theory when working with trans clients can be beneficial (Mahood-Greer 2006), there are still gaps in the research regarding trans specific approaches or best practices. It would be beneficial for service providers if a best practice was developed or if more research was conducted on counselling approaches being applied when working with trans clients specifically.

It was also stated by most of the participants that education and additional training is minimal, and many would like to participate in trans specific training and educational sessions. Many stated they have not been offered any additional training and that they would find it beneficial in their work. Although training is often limited in agencies due to funding, it is a possibility that service providers could participant in free on-line trainings or events in their community that are sometimes offered for free. The chances of this are not great as there are not many community events offered, however there have been a few educational type sessions offered in Timmins for free by trans community members to educate the community on trans issues. There are also great events offered during PRIDE week that are able to provide education on the community and really allows participants and allies to embrace and see the community and participate in what they are celebrating. I recognized a need for further education when I noticed the language of some of the participants was slightly outdated and no longer seen as appropriate by many trans people, such as the use of the word “transgendered”. The use of language and pronouns could be easily fixed if service providers made a point to research the most up to date terms. This is free and does not take a lot of time. GLAAD is a media platform that has been working to reshape how the LGBTQ community is seen. It works to achieve acceptance and understanding and provides opportunities to open dialogue about LGBTQ issues in hopes to achieve cultural change. Their website provides a page on terms and language that is acceptable and problematic. These terms are always changing and therefore their page is often updated to stay current. This website also offers information on trans issues, tips for allies, trans resources, and current topics being discussed in the media. This is a free resource and can be accessed through typing in [glaad.org](http://glaad.org) through a search engine (google).

Lastly, I recommend that service providers inquire about specialized services that can be offered via OTN or other online platforms. Previously, some specialized services at CAMH in Toronto were able to be offered via OTN at the hospital to trans clients seeking services but then they would be required to travel to Toronto to continue services. In light of the recent pandemic and many places not offering in house services, I wonder if more services are not being offered through OTN which would open more doors for additional specialized services to be accessed. Perhaps practitioners could advocate for trans groups to be accessed through confidential zoom meetings where clients can meet in their practitioner's office and have virtual meetings and groups with other trans people in different communities. This could also help with the need for trans support groups and could eventually become easier if we advocate and inquire about these services becoming available to clients in the north and other small communities.

### **Conclusion**

Numerous research studies have shown the difficulties experienced by trans people and their access to appropriate services and equity in society. My research study has contributed to this body of literature in that it further supports the lack of services present for trans people and the need for specialized services, education for service providers, and a shift in how service providers work with trans clients and the approaches being used.

This study is helpful in identifying the needs of trans people in Northern communities, specifically Timmins. It also provides useful information from practitioners on how to effectively work with trans clients. Participants were also able to identify needs in their own practice in that they require additional education which I think has brought a greater awareness to the participants and has hopefully encouraged them to seek additional training on their own.

In summary, the study findings have identified important areas of need in our community for trans clients and has the potential to bring greater awareness to community members. It is recommended that a needs assessment be completed in Timmins and that service providers educate themselves on gender issues and how to incorporate these theories into their practice with trans clients. Additionally, it would be beneficial for trans clients if service providers put a greater focus on advocacy and social justice to achieve equity for their trans clients.

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**APPRENDICES****APPENDIX A - Semi-Structured Interview Guide**

Time of interview:

Date:

Place:

Work setting of interviewee:

- 1) In what capacity do you work with transgender individuals/what kind of work do you do?
- 2) What is your experience working with transgender clients?
- 3) In your experience is there difference when working with a transgender identifying client and a non-trans client (do you use different approaches when working with trans clients, are these effective? Why or why not?) – if yes, please explain.
- 4) What services do you utilize should your client need additional services or specialized services
- 5) What strengths have you observed in your work regarding services in Timmins for trans people?
- 6) Do you see any service gaps in Timmins for trans people? (if yes, what are they?)
- 7) What do you think would help trans clients living in Timmins? (services, groups, community education)
- 8) What do you think is important for practitioners to know/understand when working with trans clients?
- 9) Have you been offered any workshops or educational sessions regarding trans people and working with trans people? (if yes, were they beneficial, why or why not? If no, is this something you would be interested in, why or why not and how could this benefit practitioners?)
- 10) Is there anything else you would like to add that may not have been talked about during this interview?

**APPENDIX B - Telephone Script for Recruitment of Participants**

Hello, my name is Jennifer Zahrebelny. I am a student of Laurentian University in the Masters of Social Work program. I am conducting a research study on “exploring the needs of transgender peoples living in Northern Ontario through service providers’ perspectives and experiences working with transgender clients.

[I will then ask if they would consider themselves as a service provider that works with transgender clients or has worked with transgender clients in the past year]

Would you consider participating in a 30-60 minute interview to discuss your experience while working with transgender clients?

The process will include you signing a consent form to participate in the research interview, be audiotaped if you are comfortable (if not the interview will be handwritten) and you will be asked to complete a demographic form about yourself and your position. A copy of the description of the research project can be emailed to you or a hardcopy can be provided to you upon meeting.

Identifying information will be collected in this study such as name, place of work, education level and years worked with the transgender community, this will be collected in the demographic form should you be comfortable to share this information. All information obtained will be kept confidential by excluding potentially identifying information in the transcription process. All audiotaped (with permission) interviews and typed documentation will be kept on a locked computer and password protected. The audiotaped interview will be deleted from the recorder once it has been transferred onto a password protected computer and into the secure Laurentia google drive. Upon the completion of the study, consent and demographic forms will be kept in a locked cabinet in Dr. Coholic office’s at Laurentian University, and will be

destroyed after 5 years. Any identifying information you share, will be kept private or if shared, will be changed to protect your identity or the identity of others. Your consent is voluntary and can be revoked at any point during the research process. Should you not revoke your consent and sign the consent form, the results of this study may be published in academic journals or books and a summary of findings may be shared with agencies and organizations in Timmins Ontario so that the findings can be implemented into practice in order to better serve transgender clients. Upon your request, a summary of findings can be provided to you through email.

Your participation is voluntary. Should you agree to participate, you can withdraw your consent at any time and participation in an interview will no longer be required. Your information will be removed from the study.

Participation in this study may not benefit you directly, however, participation has the potential to benefit other practitioners and the transgender community in Timmins. By understanding practitioners' experiences working with trans individuals, it has the potential to identify areas of strengths and needs as well as understand effective approaches when working with this population. Identifying areas of need has the potential to increase advocacy for necessary services and education for the community.

[The names of my supervisors will then be provided and contact information will be offered for both supervisors and the ethics board].

The potential participant will then be thanked.

**APPENDIX C – Research Study Information for Participants****Research Study Information for Participants  
Laurentian University School of Social Work**

MSW Student – Jennifer Zahrebelny, B.S.W., R.S.W.

Email: [jzahrebelny@laurentian.ca](mailto:jzahrebelny@laurentian.ca)

Thesis supervisor(s): Drs. Diana Coholic and Sandra Hoy

Laurentian School of Social Work

Contact: [dcoholic@laurentian.ca](mailto:dcoholic@laurentian.ca), 705-675-1151 ext. 5053

[shoy@laurentian.ca](mailto:shoy@laurentian.ca), 705-675-1151 ext. 5031

Or toll free at 1-800-461-4030

**Exploring the needs of Transgender Peoples living in Northern Ontario through Service Providers' Perspectives and Experiences working with Transgender Clients**

My name is Jennifer Zahrebelny and I am a M.S.W student at Laurentian University. I am interested in completing a project to understand the needs of transgender peoples living in Timmins Ontario and surrounding areas in regards to service delivery and services offered in the community as perceived by service providers and practitioners working with the transgender population.

You are invited to participate in a 30-60 minute long research interview that will explore practitioners' experiences working in Timmins, Ontario with transgender individuals. For the purpose of this research project, participants must currently work with or have worked with transgender individuals within the past year, in a helping or therapeutic manner.

Your participation in this research process will include completion of a consent form and participation in a 30-60 minute long research interview. The interview will be confidential and will be conducted in a confidential location of your choice. The interview will be scheduled at your convenience.

Information will be collected in this study such as setting of work, position held, education level and years worked with the transgender community, this will be collected in the demographic form should you be comfortable to share this information. All information obtained will be kept confidential by excluding potentially identifying information in the transcription process. All audiotaped (with permission) interviews and typed documentation will be kept on a locked computer and password protected. Should you not want the interview to be audiotaped then hand written notes will be taken throughout the interview to allow for your information to be collected correctly. The audiotaped interview will be deleted from the recorder once it has been transferred onto a password protected computer and into the secure Laurentian google drive. Upon the completion of the study, consent and demographic forms will be kept in a locked cabinet in Dr. Coholic office's at Laurentian University, and will be destroyed after 5 years. Any

identifying information you share, will be kept private or if shared, will be changed to protect your identity or the identity of others. Your consent is voluntary and can be revoked at any point during the research process without any negative consequences. Should you not revoke your consent and sign the consent form, the results of this study may be published in academic journals or books and a summary of findings may be shared with agencies and organizations in Timmins Ontario so that the findings can be implemented into practice in order to better serve transgender clients. Upon your request, a summary of findings can be provided to you through email or mail. The researcher will pursue a partnership with a local group involved with LGBTQ issues and offer a public community presentation of the findings for anyone interested in attending.

Your participation is voluntary. Should you agree to participate, you can withdraw your consent at any time without any negative consequences and participation in an interview will no longer be required. Your information will be removed from the study.

Participation in this study may not benefit you directly, however, participation has the potential to benefit other practitioners and the transgender community in Timmins. By understanding practitioners' experiences working with trans individuals, it has the potential to identify areas of strengths and needs as well as understand effective approaches when working with this population. Identifying areas of need has the potential to increase advocacy for necessary services and education for the community.

Thank you for taking the time to consider participating in this research study. I can be reached at [jzahrebelny@laurentian.ca](mailto:jzahrebelny@laurentian.ca), should you have any questions or concerns. My supervisors can also be contacted should you have questions or concerns, their information is listed below.

This project has been reviewed and approved by the Laurentian University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Research Ethics Officer, Laurentian University Research Office, telephone: 705-675-1151 ext 3213, 2436 or toll free at 1-800-461-4030 or email [ethics@laurentian.ca](mailto:ethics@laurentian.ca)

**APPENDIX D – Participant Informed Consent Form****Exploring the needs of Transgender Peoples living in Northern Ontario through Service Providers' Experiences**

Student researcher: Jennifer Zahrebelny, B.S.W., M.S.W Student  
Telephone: (705) 262-1616  
Email: [jzahrebelny@laurentian.ca](mailto:jzahrebelny@laurentian.ca)

Thesis Supervisors: Drs. Diana Coholic & Sandra Hoy  
Laurentian University School of Social Work  
[dcoholic@laurentian.ca](mailto:dcoholic@laurentian.ca), 705-675-1151 ext. 5053  
[shoy@laurentian.ca](mailto:shoy@laurentian.ca), 705-675-1151 ext. 5031  
Or toll free at 1-800-461-4030

Jennifer Zahrebelny is a candidate for the degree of Master of Social Work (MSW) in the School of Social Work at Laurentian University and is exploring the experiences of practitioners who work with transgender individuals through their participation in a one-hour interview. This study is intended to provide insight into the needs of transgender individuals living in Northern Ontario as perceived by the practitioners they work with, as well as to identify effective approaches when working with this population. Participating in this study will involve the following:

- Completion of participant consent form
- Participation in a 30-60 minutes face-to-face audiotaped interview

The interview will be audiotaped with your consent or handwritten notes will be taken, should you wish to not be audiotaped, which will allow for the interview to be typed out word for word afterwards. Your identity will remain private during and after this study and all identifying information will be removed at the time of transcription. All audiotaped interviews will be stored on a password protected computer to ensure confidentiality during this process. The audiotaped interviews will be deleted from the recorder once the interview has been transferred to a password protected computer. Upon transcription, any and all identifying information of yourself or clients that have been spoken about during the interview questions will be removed to maintain confidentiality and anonymity. It is requested that minimal information that could be identifying be shared, for example sentences such as “social worker in a school setting” or “client accessing services through a hospital” is preferred when discussing client and participant specific information. It is important to remember during the interviewing process that personal or specific stories are not needed. The experience of the participant and what they perceive as being a need for the transgender population is what is being sought.

Participation in this study is completely voluntary and consent to participate can be withdrawn at any time without any negative consequences. The results of this study will be published in a thesis and a copy of the finished product can be provided to you upon request. Additionally, the results could potentially be published in academic journals or books.

If you have any questions or concerns about this study or about participating, Jennifer Zahrebelny can be reached at [jzahrebelny@laurentian.ca](mailto:jzahrebelny@laurentian.ca). You can also contact the thesis supervisors listed at the top of this page.

Ethical issues regarding this study or other complaints can be directed to the Research Ethics Officer at the Laurentian University Research Office, telephone (705) 675-1151 ext. 3213, 2436 or 1-800-461-4030, email: [ethics@laurentian.ca](mailto:ethics@laurentian.ca).

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I agree to participate in this study, and I have received a copy of this consent form.

Participant's Signature:  
Print Name:

Date:

Manager's Signature:  
Print Name:

Date:

Witness:

Date:

I agree for the interview to be audiotaped

Audiotaped

Participant's Signature:  
Print Name:

Date:

Witness:

Date:

Please provide an email address or mailing address if you would like a summary of findings upon completion of this research project.

Email:

Mailing address:

**APPENDIX E – Demographic Form**

**Demographic form**

Work setting (school, corrections, hospital, etc.) and

Position held:

City you work in:

Years working in this city:

Did you take any transgender studies in school:

**APPENDIX F – Resource List****Cochrane**

A Wellness Connection Counselling Centre: (705) 272-2444

Ininew Friendship Centre: (705) 272-4497

**Iroquois Falls**

Minto Counselling Centre: (705) 258-2212

**Timmins**

Canadian Mental Health Association: (705) 267-8100

Timmins Family Counselling Centre: (705) 267-7333

Misiway Milopemahtesewin Community Health Centre: (705) 264-2200

**Telephone and Online Supports**

Big White Wall: [www.bigwhitewall.com](http://www.bigwhitewall.com)

ConnexOntario: 1-866-531-2600

Crisis Services Canada: 1-833-456-4566

Regional Warm Line: 1-866-856-9276

Talk for Healing: 1-855-554-4325

Timmins and District Hospital Crisis Line: (705) 264-3003 or 1-888-340-3003

## APPENDIX G – Ethics Approval Certificate



**APPROVAL FOR CONDUCTING RESEARCH INVOLVING HUMAN SUBJECTS**  
Research Ethics Board – Laurentian University

This letter confirms that the research project identified below has successfully passed the ethics review by the Laurentian University Research Ethics Board (REB). Your ethics approval date, other milestone dates, and any special conditions for your project are indicated below.

| TYPE OF APPROVAL / New / Modifications to project / Time extension X          |  |
|---|--|
| <b>Name of Principal Investigator and school/department</b>                   | Jennifer Zahrebelny, supervisors, Diana Coholic and Sandra Hoy, Social Work                                  |
| <b>Title of Project</b>   | Exploring the Needs of Transgender Peoples Living in Northern Ontario through Service Providers' Experiences |
| <b>REB file number</b>  | 6013848  |
| <b>Date of original approval of project</b>                                   | October 3 <sup>rd</sup> , 2018   |
| <b>Date of approval of project modifications or extension (if applicable)</b> | November 13 <sup>th</sup> , 2019   |
| <b>Final/Interim report due on:</b><br><i>(You may request an extension)</i>  | October 3 <sup>rd</sup> , 2020   |
| <b>Conditions placed on project</b>   |  |

During the course of your research, no deviations from, or changes to, the protocol, recruitment or consent forms may be initiated without prior written approval from the REB. If you wish to modify your research project, please refer to the Research Ethics website to complete the appropriate REB form.

All projects must submit a report to REB at least once per year. If involvement with human participants continues for longer than one year (e.g. you have not completed the objectives of the study and have not yet terminated contact with the participants, except for feedback of final results to participants), you must request an extension using the appropriate LU REB form. In all cases, please ensure that your research complies with Tri-Council Policy Statement (TCPS). Also please quote your REB file number on all future correspondence with the REB office.

Congratulations and best wishes in conducting your research.

Rosanna Langer, PHD, Chair, *Laurentian University Research Ethics Board*