

Introduction

What is the Trans* Health Guide?

The Trans* Health Guide is a guide created by the prideHealth program of Capital Health in partnership with the IWK Health Centre, for trans* people in Nova Scotia and their families and friends. This guide will help you understand resources and services in Nova Scotia for trans* people.

This guide has seven sections:

1. **Terminology:**
includes medical and trans* community definitions, concepts and common language you may hear or read.
2. **Assessments:**
includes information on what hormone therapy is, what a hormone therapy assessment process is, who can provide these assessments and what you can expect.
3. **Hormone Therapy:**
includes information about how you can access hormone therapy treatment, what is involved with this treatment, what medications may be used, possible side effects and cost.
4. **Trans* Youth:**
includes information about treatment and support options available to people under age 19, how to access these treatments and supports and the role of families.
5. **Transitioning – Medical:**
includes information about voice change, non surgical options for transition, surgical options for transition, how you can access these options and cost.
6. **Transitioning – Legal:**
includes information about the processes involved in name changes, gender marker changes and what your rights are both provincially and federally.
7. **Community Resources:**
includes a listing of resources with contact information across Nova Scotia for people who are trans*.

Why did prideHealth create the Trans* Health Guide?

Coming out and living as trans* can be challenging and prideHealth wants to help. We want to provide clear information about how you can get medical help and the support you may need and want. It is important to note that some of the information in this guide may change as language, standards and processes for accessing care for trans* health are continually changing. This guide will be updated yearly and we will make every effort to ensure we provide accurate information. This guide includes many links to other resources that provide much more in depth information on each topic. prideHealth encourages you to visit these resources for additional information.

Trans Health Guide:

Terminology

What is the Trans* Health Guide?

This guide is for trans* people in Nova Scotia and their families and friends. The guide will help you understand resources and services in our province for trans* people.

Coming out and living as trans* can be hard and prideHealth wants to help. We want to provide clear information about how you can get medical help and the support you may need and want. Understanding the words, concepts and terminology you may read in this guide or may come across in the medical system or trans* communities is an important part of this process.

What is trans*?

We use trans* to mean anyone who may not feel they are the gender that they were labelled at birth. People who are trans* may also use the labels transgender, transsexual, gender non-conforming, gender variant, genderqueer, gender fluid, pangender or they may not see themselves as fitting into the binary gender structure.

Trans* Terminology

Learning the language associated with the trans* community is your first step toward knowing more. This list is not complete but will introduce many of the words you may hear.

Key Concepts

Gender: Labels people as male or female based on who they are and how they act.

Gender identity: Your sense of your own gender; feeling male, female, both, or neither. Everyone has a gender identity. Trans* people do not feel the gender they were labelled with at birth reflects who they really are.

Sex: Identifies people as a male or a female based on their body parts (e.g. penis, vagina, breasts, testes).

Transition: When you are changing from the gender you were labelled with at birth to your actual gender identity. For some, this means learning how to live in “the other” gender role. For others, this means finding what is most comfortable for them. Transition may or may not include hormone therapy or surgery. How, when and for how long you transition is specific to you.

Medical Terminology

Gender Dysphoria: The stress you feel when who you are on the inside (your gender identity) does not match the way you are seen by the rest of the world. The American Psychiatric Association’s Diagnostic Statistical Manual of Mental Disorders (DSM) creates mental health guidelines. In May 2013, they released DSM-5, which uses gender dysphoria as a medical label. In order to receive most trans* specific health care, you will need to be diagnosed as gender dysphoric.

✳ **NOTE:** gender dysphoria is not a permanent label. It is based on your discomfort with not living as who you really are. Once you have removed that stress, the label can be removed.

Gender Identity Disorder (GID): An older clinical label for trans* people meaning you have strong feelings that your sex and gender do not match.

Intersex: A group of medical conditions where a person’s biological sex is not clearly male or female. When born, they may appear like a boy or girl but find out when they are older that their internal organs are different. Some babies are born with physical sex organs that are not clearly male or female but they are often given a gender label of male or female. As they grow up, they may find that gender label does not fit with how they feel inside. Similar term: disorders of sex development (DSD).

▶ FOR MORE INFORMATION, SEE: <http://accordalliance.org>.

SRs (Sex Reassignment Surgery): A variety of surgeries that some (but not all) members of the trans* community have as part of their transition. Similar terms: gender reassignment surgery (GRS), gender-confirming surgery.

Trans* Labels

Cisgender (Cis): When a person feels like their sex and gender match. Example: A woman who feels female and sees herself as a woman.

FTM (Female-to-Male): A person labelled female at birth who is changing to a male identity, usually through hormones and/or surgery.

Genderqueer: A person who may not see themselves as male or female. They may feel like neither label fits them or that they are a bit of both. Similar terms: gender fluid, pangender.

Gender variant: People who do not act in a way that is expected of their sex or gender. Example: a man who wears long dresses because he feels they are right for him. Similar term: gender non-conforming.

MTF (Male-to-Female): A person labelled male at birth who is changing to a female identity, usually through hormones and/or surgery.

Queer: A broad term used by some people to mean everyone who is outside of the mainstream of gender identity and/or sexual orientation. This term is not used by everyone as some see it as a slur.

Questioning: A person who is exploring their gender and/or their sexual orientation.

Transgender: When you no longer see yourself as the gender you were labelled at birth. Transgender is a range of feeling. Some people feel the complete opposite gender of how they were labelled at birth. Others feel only a little bit different.

Transsexual: When a person has had surgery to change their anatomical sex to present as their gender identity. Example: someone who was born a man and labelled male might grow up and have surgery to become a woman. Not everyone who medically transitions uses this term.

Trans woman/Trans man: People who have started living as their gender identity full time. A trans woman was born a man and is now living as a woman. A trans man was born as a woman and is now living as a man.

Two-Spirit: Used by many people of Aboriginal Canadian ancestry for both sexual orientation and gender identity. People who are two-spirit are born with both a male and female spirit.

Trans* Language

Clocking: When someone doubts your gender identity. It is the opposite of passing. Example: Thomas clocked Jane when her voice cracked and sounded more masculine. Similar terms: being read, failure to pass.

Closeted: When you are not telling others about your trans* identity. You can be closeted to some people but not others. You may be closeted to co-workers but out to friends and family. Similar term: in the closet.

Gender binary: Thinking that gender can only be defined as male or female.

Gender expression: The way you show the world your gender identity in the ways you act and look. Example: a woman wearing a dress because she feels female. Similar term: gender presentation.

Out: When you are telling others about your trans* identity. You may be out to some people but not others. You also may want to control how and when you come out.

Passing: When others see you in a way that they do not doubt your gender identity. This may mean presenting who you actually are. It can also mean concealing who you are for some reason. Example 1: Jane is very pretty and feminine. She passes as a woman and no one suspects she was born John. Example 2: When she was in high school, Jane passed as a boy to avoid bullying.

Pronouns: The words we use to describe a person based on their gender. The three most common are he, she and they. "They" can be used for a single person, even if it feels awkward. Some people do not like any of these pronouns and use others. It is best to ask people which pronoun they prefer.

Stealth: When you are not out about your trans* history. Different from being closeted in that you may have been out as trans* before but no longer want to be seen as trans*. Instead, you may want to be seen as the gender you have transitioned to.

Much of this terminology was adapted from:

- Gay and Lesbian Alliance against Defamation (GLAAD). (2010). Media Reference Guide. Retrieved from <http://glaad.org/reference/transgender>
- Houdini, E. (2011). A Really Awesome Trans Glossary. Retrieved from <http://erinhoudini.com/transgender-glossary.html>
- Trans Pride Canada. (2012, April). Media Style Guide. Retrieved from <http://transpride.ca/trans-media-reference.htm>
- World Professional Association for Transgender Health (WPATH). (2011). Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Available at http://wpath.org/publications_standards.cfm

Trans ♀ Health Guide:

Assessments

Hormone therapy is a medical treatment that will suppress a body's natural masculinising/feminizing hormones and/or add feminizing/masculinising hormones. Hormone therapy usually begins after you have been assessed for both mental and physical health and readiness by qualified professionals.

If your health professional is a doctor, they can prescribe hormones. If they are not, they write a letter of recommendation to a doctor or endocrinologist.

▶ FOR MORE INFORMATION, SEE:
Vancouver Coastal Health's 'Getting Hormones'
<http://transhealth.vch.ca/resources/library/>

What are hormone therapy assessments?

Assessments look at how ready you are to transition and any mental or physical health issues that may affect your ability to transition. Your doctor or mental health professional will sit down with you to review your health history, address your concerns, and discuss your request for hormone therapy.

Since everyone is different, there is no standard number of meetings to complete an assessment. Some may receive their recommendation for hormone therapy almost immediately while others may need some treatment before a recommendation is given.

What is WPATH? What is CPATH?

The World Professional Association for Transgender Health (WPATH) is a professional organization devoted to the understanding and treatment of gender identity disorders. WPATH is the world leader in trans* health. Learn more at <http://wpath.org>.

The Canadian Professional Association for Transgender Health (CPATH) is a Canadian-based professional organization devoted to the health care of individuals with gender variant identities. Learn more at <http://cpath.ca>.

What are the WPATH Standards of Care?

The WPATH Standards of Care guide health professionals to help trans* people move toward positive mental and physical health. The standards cover a number of issues including hormones and assessments for people of all ages.

▶ FOR MORE INFORMATION, SEE:
WPATH's 'Standards of Care, 7;'
http://wpath.org/publications_standards.cfm

What are the assessment criteria?

You must meet the following WPATH criteria for a qualified health professional to recommend hormone therapy for you:

1. Persistent, well-documented anxiety and discomfort between your gender assigned at birth and gender identity (gender dysphoria).
2. Capacity to make a fully informed decision and to give consent for treatment.
3. Age of majority (19). See Trans* Health Guide: Trans* Youth for those under 19.
4. If you have any medical or mental health problems, they must be well controlled. This might mean changes in your lifestyle or treatment (such as counselling).

Who can perform hormone therapy assessments?

Numerous health professions can offer hormone therapy assessments. There are medical-based professions, such as doctors (including family doctors and endocrinologists), psychiatrists and nurse practitioners. There are also mental health-based professions, such as counsellors, clinical social workers and psychologists.

To provide hormone therapy assessments and recommendations, WPATH recommends the following minimum credentials for a health professional:

- A master's degree (or equivalent) in a clinical behavioural science field.
- Competence in following clinical diagnostic criteria.
- Ability to recognize and diagnose co-existing mental health concerns and to distinguish those from gender dysphoria.
- Documented supervised training and competence in psychotherapy or counselling.
- Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
- Continuing education in the assessment and treatment of gender dysphoria. Professionals should develop and maintain cultural competence to facilitate their work with trans* clients.

* **REMEMBER:** recommendations for hormone therapy are not the same as prescriptions for hormones. Most mental health professionals cannot prescribe medications. You will need to see a doctor who is qualified to prescribe.

What can I expect during an assessment?

Health professionals will personalize their assessment based on their abilities and their knowledge of you. Common topics you will talk about include medical history (both physical and mental), alcohol and drug involvement, family and social relationships, sexual orientation, economic considerations and gender concerns.

The assessment also determines if you are capable of truly understanding and able to acknowledge the changes that transitioning will bring to your life.

▶ FOR MORE INFORMATION, SEE:
Vancouver Coastal Health's 'Counselling and Mental Health Care of Transgender Adults and Loved Ones;'
<http://transhealth.vch.ca/resources/library/>

What happens if the answer is “no?”

Hearing “no” can be a very challenging moment in the transition process but it does sometimes happen. It’s important to remember that “no” often means “not right now.”

Sometimes health professionals will determine you have mental or physical health issues that need to be addressed before receiving hormone therapy or a recommendation for hormone therapy. You would then be treated for those issues until a re-assessment determines you are ready for hormone therapy.

* **IMPORTANT:** This does not mean that you need to stop transitioning. Transitioning is a whole-life experience. You can find other ways to transition.

What about “real-life experience?” What about Gender Identity Disorder?

There have been many changes recently in trans* health care. Prior to 2011, the WPATH Standards of Care required you to have a “real-life experience” of living your new gender identity for three months before starting hormone therapy. This is no longer needed.

Before May 2013, Gender Identity Disorder (GID) was the clinical diagnosis for most trans* people. The new diagnosis is Gender Dysphoria (stress and discomfort between sex at birth and gender identity).

* **BOTTOM LINE:** there have been many changes recently in trans* health care. You should try to be as up-to-date as possible and be ready to educate your health professional.

What are my rights and responsibilities as a patient?

Everyone has the right to receive the best and safest health care possible, including the right to express yourself in relation to your care. You are responsible to be an involved patient – asking questions when needed and following treatment plans.

▶ FOR MORE INFORMATION, SEE:
Capital Health's 'Your Rights & Responsibilities'
<http://www.cdha.nshealth.ca/patients-clients-visitors/patient-representatives/your-rights-responsibilities>

What are the rights and responsibilities of health care professionals?

Health care professionals have the right to provide, or decline to provide a service depending on their training and capability. For example, a family doctor may not prescribe hormone therapy because they have never done it before. Health care professionals are responsible to ensure that their patients/clients are ready for any treatment while respecting the patient’s wishes. This means educating the patient and making sure they understand any potential risks.

How do I find someone to provide an assessment?

Finding a provider who is qualified and capable of providing an assessment can be a challenge. Your first point of contact should be your family doctor or a mental health professional with whom you are familiar. Discussing this with someone you know may be intimidating; there are alternatives.

You can self-refer to your local (Community) Mental Health Services or a private practitioner. In Capital Health, most people contact the Bayers Road Clinic at 902-454-1400.

▶ FOR MORE INFORMATION, SEE:
Mental Health Services
<http://gov.ns.ca/health/mhs>

Having trouble finding a qualified health professional? Contact prideHealth and we will do our best to help you find a provider in your area.

What happens when I have a recommendation for hormone therapy?

Once you have been recommended for hormone therapy, you will then see either a family doctor or an endocrinologist for a physical assessment before starting hormone therapy. See Trans* Health Guide: Hormone Therapy for more information.

Trans  Health Guide:

Hormone Therapy

How do I get hormone therapy?

Some family doctors prescribe hormone therapy after they have completed an assessment. You may also see a qualified mental health professional (such as a clinical social worker, psychologist, psychiatrist or nurse specialist) who writes you a recommendation for hormones to a family doctor or an endocrinologist. (See Trans* Health Guide: Assessments.)

What do I need to tell my doctor?

The most important thing your doctor needs to know is who you are as a person. You should clarify both your gender identity and how you want to be addressed; such as the pronoun and name you prefer. Being clear helps create a good working relationship.

▶ FOR MORE INFORMATION:
Vancouver Coastal Health's 'Getting Trans - Competent Care'
<http://transhealth.vch.ca/resources/library/>

What is a physical assessment?

Physical assessments are done to make sure you will not have complications if you take hormones. The assessment includes a review of medical history and blood work. You may also need a physical exam. Your doctor will talk to you about any potential risks of hormone therapy.

What happens after my physical assessment?

Your physical assessment will have four possible outcomes:

1. No complications — you are deemed to be in good physical and mental health and can start hormone therapy.
2. Minor complications — you have a medical condition that might be made worse by hormone use but you can still receive hormones. You may need to make some lifestyle changes, get more frequent checkups or receive other medical care.
3. Moderate complications — hormone therapy will probably make an existing medical condition worse but you can still receive hormones. You may receive treatment at a slower pace and/or with a lower dose. Depending on your condition, you will probably need to make some lifestyle changes, get checkups more often or receive other medical care.
4. Serious complications — receiving hormone therapy would put you at a high risk of serious harm and you will not be prescribed hormones. *Remember: a) this is rare; b) you have the right to a second opinion; and c) you can work on other ways to transition.*

What does hormone therapy treatment involve?

Once you begin hormone therapy, you will need to have regularly scheduled checkups with your doctor. This will include blood tests and possibly a physical exam. Whenever your prescription changes, you will see your doctor more than usual to check for any side effects.

What hormones will I take and when do I see changes?

You are unique and your prescription will be tailored to your needs. Your reaction to hormones may not follow a strict timeline.

Female-to-Male Hormones

For people labelled female at birth who are transitioning to a male (or gender non-conforming) identity, the most common hormone is Testosterone.

Facts on Testosterone:

- Promotes tissue growth (e.g. muscles) and suppresses estrogen production.
- Most common forms and types: injection (testosterone cypionate and testosterone enanthate), skin gel or skin patch (dissolved testosterone crystals).
- Between 1-3 months: increased muscle mass, oily skin (with acne), thicker body hair, and increased sex drive.
- Between 3-6 months: voice starts to crack and drop but it often takes a year to finish changing. Leads to irreversible changes to your voice and (if affected) balding patterns.

Male-to-Female Hormones

For people labelled male at birth who are transitioning to a female (or gender non-conforming) identity, there are two common hormones: Estrogen and Anti-androgens.

Facts on Estrogen:

- Promotes tissue development (e.g. breasts) and indirectly suppresses testosterone.
- Most common forms and types: pill or skin patch (estradiol).
- Between 1-3 months: softening of skin, decrease in muscle mass, redistribution of body fat to a more “feminine” shape and decreased fertility.
- Gradual changes: nipple and breast growth and less growth of facial/body hair.
- Leads to irreversible nipple and breast growth.

Facts on Anti-androgens:

- Blocks effects of testosterone, reducing “masculine” body traits.
- Anti-androgen effects are relatively mild but stronger when combined with estrogen.
- Most common form and types: pill (spironolactone and/or finasteride).
- Between 1-3 months: decrease in sex drive and arousal; loss of fertility may begin.
- Gradual changes (two years or more): slower growth of facial body hair and lessened balding patterns.

There is a third class of hormones known as progestagens. They are known to have side effects but few benefits. These are rarely used in Nova Scotia.

What about side effects?

No medication is without some risk. Your doctor and pharmacist should discuss risks with you. Hormone therapy can make some existing conditions worse or bring about new conditions. Common side effects for anyone going through hormone therapy include weight gain and mood swings. Not everyone experiences these the same way. It is important to tell your care team if you begin to experience any unusual symptoms.

- ▶ FOR MORE INFORMATION, SEE:
WPATH's 'Standards of Care 7, Appendix B'
http://wpath.org/publications_standards.cfm

How much does hormone therapy cost?

Costs can vary depending on your prescription(s) and any coverage you may have through a workplace or private health insurance plan. You can also apply for help with the cost through the Nova Scotia Family Pharmacare Program. This program helps those who do not have drug coverage or face high costs not covered by their private insurance. Learn more at <http://nspharmacare.ca>.

Can I get hormones cheaper online?

Can I use my friend's hormones?

It is important to remember that hormones are medicine. Unsupervised treatment can lead to side effects and complications. Purchasing any medication online can be dangerous (and is often against the law) – you do not know the source, purity or actual dosage of something bought online.

Using a friend's hormones may cause challenges for you and your friend. If your friend is not taking their prescribed dosage, their doctor may grow concerned about their lack of progress. Without a prescription, you may not get a consistent treatment and follow-up.

- * **IMPORTANT:** Taking more hormones than prescribed will not cause changes in your body any faster and can be harmful.

- ▶ FOR MORE INFORMATION, SEE:
Health Canada's 'It's Your Health: Buying Drugs over the Internet'
<http://hc-sc.gc.ca/hl-vs/iyh-vsv/med/internet-eng.php>

Why do some people not receive hormone prescriptions from a doctor?

There are many reasons people do not receive hormone treatment from a doctor. Some people live in areas where there is no doctor available who is knowledgeable about trans care and hormone assessment processes. Some people find the system frustrating and feel there is no space for them within that framework. It is very important that you are prescribed a hormone treatment that is right for you and that you see a doctor on a regular basis.

If I am already taking hormones without a prescription, what should I do?

The most important thing you can do is be educated on hormones. Talk to your doctor or a doctor you feel comfortable with. Your body will be going through changes that should be monitored. If you are using injection hormones, you should research safe injection instructions to reduce your risk of harm. Sharing injection needles can lead to a serious risk of blood-borne diseases.

You can find out more about safe injection through the prideHealth nurse.

- ▶ FOR MORE INFORMATION, SEE:
Friend to Friend: Cleaning Needles & Syringes
<http://friendtofriend.org/drugs/needles.html>

Trans  Health Guide:

Transitioning: Medical

Transitioning occurs when people change from one gender to a different gender – whether that is male, female or gender-nonconforming. Transitioning has many parts but can be broken down into three main areas broadly defined as: medical (e.g. hormones and surgeries), social (e.g. coming out, expressing your gender outwardly) and legal (e.g. changing your name and gender markers on identification).

The Trans* Health Guide focuses mainly on medical transitioning but it is important to remember that everyone is unique and has the right to choose how they transition. Not using hormones or having surgeries does not make someone less trans* than anyone else.

* **A NOTE ON LABELS:** while we use the terms FTM (female-to-male) and MTF (male-to-female), not everyone wants to transition from one gender to the “other.” See Trans* Health Guide: Terminology.

Can I change my voice?

Whether you want to create a more masculine or feminine voice, there are exercises you can do on your own or with a vocal coach. While hormones will create some changes, many trans* people make an extra effort to change their speech to better align with their gender identity.

▶ FOR MORE INFORMATION, SEE:
Vancouver Coastal Health’s ‘Changing speech’
<http://transhealth.vch.ca/resources/library/>

Non-Surgical Options

There are several things you can do to alter your gender presentation without surgery.

MTF Processes:

Gaffing: wearing a device to tuck male genitalia, giving a more feminine/flat crotch.

Hair removal: via electrolysis, laser or microdermabrasion.

Hair enhancement: using wigs or extensions for longer, more feminine hairstyles.

Breast forms: wearing a bra-like device (or bra insert) to simulate (or enhance) breast tissue.

Padding: wearing padding to give your hips a more feminine shape.

Cosmetics: wearing makeup to emphasize feminine facial features.

▶ FOR MORE INFORMATION, SEE:
Transsexual Road Map
<http://tsroadmap.com>

FTM Processes:

Binding: flattening your breast tissue in order to create a chest that looks more male and less female.

Packing: creating a male-looking and/or male-feeling bulge in one’s crotch.

Cosmetics: wearing makeup to heighten facial features that are more masculine.

▶ FOR MORE INFORMATION, SEE:
Hudson’s FTM Resource Guide
<http://ftmguide.org>

What is SRS?

SRS stands for sex reassignment surgery; it is also called gender reassignment surgery (GRS) and gender affirmation surgery. SRS is a broad term to define any surgery to change or make your body more closely match your gender.

* **NOTE:** the term “sex change operation” is out-of-date and should not be used.

Surgeries – What do I Need to Know?

Two key things you should know about surgeries:

1. Nova Scotia’s health insurance program, MSI, now covers SRS. This is new in Nova Scotia and we do not know what surgeries will be covered. You will most likely have to travel out of province to get these surgeries.
2. Not every trans* person has surgery. Some have a few surgeries. Some have all of the surgeries. How and when you choose to have surgery is a matter of choice and ability to pay for surgery.

How can I get SRS?

There are several criteria to meet in order to qualify for surgeries:

- Persistent, well-documented gender dysphoria.
- Capacity to make a fully informed decision and to give consent for treatment.
- Age of majority (19 in Nova Scotia).
- Any significant medical or mental health concerns are well controlled.

- 12 months of hormone therapy as appropriate to your gender goals (unless health conditions prevented you from receiving hormones). [Note: this rule is only for genital/bottom surgery.]
- One to two letters of referral from qualified mental health professionals (depending on the surgery).

▶ FOR MORE INFORMATION, SEE:
WPATH's 'Standards of Care 7: XI. Surgery'
http://wpath.org/publications_standards.cfm

FTM Surgeries

If you were labelled female at birth, your surgical options include:

- Breast reduction
- Re-shaping the chest to remove excess skin and breast tissue (chest reconstruction)
- Removing the uterus (hysterectomy)
- Removing fallopian tubes and ovaries
- Removing vagina
- Enlarging clitoris to create a small penis (metaidoioplasty)
- Creating a penis from body tissue (phalloplasty)
- Extending the urine tract into a new penis (urethroplasty)
- Creating a scrotum (scrotoplasty)
- Maculinizing the jaw line (chin implants)
- Removing excess fat tissue (liposuction)
- Creating a more defined appearance of muscles (pectoral and calf implants).

▶ FOR MORE INFORMATION, SEE:
Vancouver Coastal Health's 'Surgery: A Guide for FTMs'
<http://transhealth.vch.ca/resources/library/>

MTF Surgeries

If you were labelled male at birth, your surgical options include:

- Removing the testicles (orchietomy)
- Removing the penis (penectomy)
- Creating a vagina (vaginoplasty)
- Adding labia around the vagina (labiaplasty)
- Creating a clitoris (clitoroplasty)
- Breast augmentation (breast implants)
- Feminizing of facial features
- Reducing the size of the Adam's apple
- Feminizing the hips and buttocks through implants
- Altering the voice to create a higher pitch.

▶ FOR MORE INFORMATION, SEE:
Vancouver Coastal Health's 'Surgery: A Guide for MTFs'
<http://transhealth.vch.ca/resources/library/>

How much does surgery cost?

The cost of these surgeries will vary depending on your needs as well as your time in after-care. Costs range from a few thousand dollars to tens of thousands of dollars, not including travel expenses. You will also likely miss several weeks of work, which may or may not be covered by your workplace benefits.

In June 2013, the Nova Scotia government announced that SRS surgeries will be covered. We do not yet know what specific surgeries this includes, if this will include any of the costs associated with having to travel outside of Nova Scotia for these surgeries, what kinds of limitations there will be on where you can go to get surgery, or when this will begin.

Where can I go for surgery?

There are only a few clinics in North America that specialize in SRS services. The GRS Montreal clinic has been the most popular choice for Nova Scotians, as it is the closest.

▶ FOR MORE INFORMATION, SEE:
<http://grsmontreal.com>

- * **IMPORTANT:** If you do have surgery, ensure you have a care plan for your return home. You will need ongoing medical treatment following your surgery. Contact prideHealth if you need help.

Do I need to do anything special for my own health?

Just like everyone else, you need to take care of yourself. If you have hormone therapy or surgery, you will need regular check-ups. Remember that your underlying birth sex may continue to present health challenges. Trans men who have not had their cervix removed may still need to have pap smears. Trans women will need prostate exams. You need to negotiate with your doctor how to address these concerns so that you can maintain good health and still be comfortable.

Are any surgeries or services covered in Nova Scotia?

Nova Scotia's Medical Services Insurance (MSI) will be covering SRS surgery, but we currently do not know the details of what this might mean or when this will begin. Mental health services (including assessments and counselling) and hormone readiness assessments are covered by MSI if done by the local regional (Community) Mental Health Program.

If you legally transition and change your sex/gender marker on your official identification, you may also face some challenges if you require health services based on your birth sex.

What about sexual health?

If you are having sex, you need to recognize the risks (both emotional and physical) that can arise from sexual relationships including sexually transmitted infections. If your body parts do not match your gender identity, you still need to know how to take care of them. Do not avoid treatment for any concerns — there are alternatives. Many tests can be done by blood or urine analysis. For people with vaginas, many health centres allow you to self-swab for exams for some sexually transmitted infections.

Trans  Health Guide:

Transitioning: Legal

Transitioning can be medical, social or legal. Legal transitioning is the process of officially changing who you are in relation to the government. It means getting new legal identification with your new name and gender. Changing your legal identity can take time and be complicated and expensive. It is another step toward being recognized fully as who you are. This guide will help you get started.

How do I change my name?

Changing your name is a major part of transition for many. Most people start using their new name socially – letting their family and friends adjust to the new name.

If you want to change your legal name, you need a formal Certificate of Change of Name.

Certificate of Change of Name

To change your name in Nova Scotia, you must be 19 years old. You must have been born here or lived here for at least one year before applying for a name change. If you are under 19, a parent or guardian must apply for you.

You should also know:

- Nova Scotia requires finger prints and a criminal records check for anyone changing their name for any reason.
- A name change costs \$160.85 – that includes one certificate. Extra copies are available for \$18.10.
- All name changes in Nova Scotia are registered in the Royal Gazette but you can apply to have your name removed from the online publication.
- There is a two-week waiting period for name changes.
- You must provide (in english or with an official english translation):
 - _ All birth certificates issued prior to your change of name.
 - _ A birth certificate if you were born outside Nova Scotia.
 - _ Immigration documents if you were born outside Canada (Record of Landing).
 - _ For children born outside of Nova Scotia, you will need detailed birth certificates, including parentage.

To change your name, contact the Nova Scotia Vital Statistics Office by phone at 1-877-848-2578 or online at <http://gov.ns.ca/snsmr/access/vitalstats/>.

I have changed my name, now what?

Once you have a Certificate of Change of Name, you will need to get many new legal documents, including:

- Birth certificate (\$24.20)
- Driver's license (\$74 for a standard license)
- Health card (free)
- Passport (\$87-\$92 for adults)
- Social Insurance Number (free)

Where else should I change my name?

You're going to need to change your name in many places. We suggest you write a form letter with an explanation and a photocopy of your Certificate of Change of Name. You can re-use that letter and change it each time.

This is not a complete list and you will find many other places you need to change your name. If you have trans* friends, ask them how and where they made their name changes.

Some places you will want to change your name:

- Deed, mortgage or lease
- Bank accounts
- Insurance policies
- Academic records – such as university diplomas
- Records of employment
- Workplace health benefits
- Workplace or student identifications
- Medical records
- Emergency contact information listings
- Any license you hold – such as dog ownership, fishing, etc.
- Contact information for businesses (e.g. rewards points programs)
- Your online persona (e.g. Facebook)

When do I tell people that I have changed my name?

You will probably tell your close friends and family members before your name is legally changed. You get to choose when and how you tell others.

Remember how important your name is to who you are and who you have been.

- If you are seeking a new job, let your references know your new name.
- Before and during your name change you should contact a credit rating/reporting agency. Many trans* people have found their credit history has been erased after they have changed their name.

How do I change my gender marker?

A gender marker is the M (for male) or the F (for female) that is on government issued identification including your driver's licence, birth certificate, passport, etc. In Canada, the only two options for gender markers are male (M) or female (F). Currently, both provincial and federal governments require sex reassignment surgery (SRS) to have your gender marker changed. Most changes require a revised birth certificate. If you were born outside of Nova Scotia, you will have to consult the province where your birth certificate was issued.

- * **NOTE:** Before you change all your legal documentation to a new name, consider the costs to change your gender marker on legal identification. You may be able to avoid paying the fees twice if it is possible for you change your name and gender marker at the same time.

Provincial Gender Marker

In Nova Scotia, the Vital Statistics Act requires you to have at least one SRS before you can change your gender marker. You need to provide two letters of proof from doctors (or other qualified medical practitioners) confirming that you have met their standard for SRS. Ideally, one of those two doctors is the surgeon who performed your surgery. Once you have changed your gender marker, all future legal documents will have your new gender.

- ▶ FOR MORE INFORMATION, SEE:
Nova Scotia Vital Statistics Office
1-877-848-2578
<http://gov.ns.ca/snsmr/access/vitalstats/>

Federal Gender Marker - Passport

If you want to change your gender marker (or name) on your passport, you need to follow the new passport application process. You will need to have either a birth certificate or proof of citizenship certificate that shows your new legal sex. You need to provide two letters of proof from doctors confirming that you have met their standard for SRS. Ideally, one of those two doctors is the surgeon who performed your surgery.

- ▶ FOR MORE INFORMATION, SEE:
Passport Canada
1-800-567-6868
<http://passportcanada.gc.ca>
Passport Canada office in Halifax
1505 Barrington Street, Suite 1508

- * **NOTE:** If you need to travel during your transition period and your surgery is in the next 12 months, you can get a temporary (two-year) passport (form PPTC 152) that reflects your new gender. These forms are only available in person at Passport Canada offices. You will need written proof (from a doctor) that you have SRS scheduled.

Federal Gender Marker - Social Insurance Number

To change your gender marker (or name) on your Social Insurance Number (SIN), there is no cost. You will need to have either a birth certificate or proof of citizenship certificate that shows your new legal sex.

- ▶ FOR MORE INFORMATION, SEE:
Social Insurance Registration Office
1-800-206-7218
<http://servicecanada.gc.ca/eng/sc/sin/>

What are my legal rights in Nova Scotia?

In Nova Scotia, the Human Rights Act makes it illegal to discriminate or harass others in Nova Scotia in the following key areas: the workplace, housing, services and facilities (i.e. stores, restaurants), purchase or sale of property, publication, broadcast or advertisement, membership in a professional association, membership in a business or trade association and membership in an employer's or employee's organization. As of December 2012, gender identity and gender expression are specifically legally protected.

If you feel that you have been treated unfairly in one of the areas listed above because you are trans*, you can file a complaint with the Nova Scotia Human Rights Commission. Human rights complaints can be a lengthy process but do affect change in our society.

- ▶ FOR MORE INFORMATION, SEE:
Nova Scotia Human Rights Commission
1-877-269-7699
<http://humanrights.gov.ns.ca>

What are my legal rights in Canada?

The Nova Scotia Human Rights Act does not cover all aspects of life. Some human rights are covered at the federal level. For example, if you work for the Canadian government or the Canadian Armed Forces, the Canadian Human Rights Act protects you.

The Canadian Human Rights Act protects people in Canada from discrimination when they are employed by or receive services from the federal government, First Nations governments or private companies that are regulated by the federal government. As of April 2013, there are no trans* specific protections included in the Canadian Human Rights Act. Bill C-279 was passed in the House of Commons in March 2013 and is now waiting for senate approval. Bill C-279 will add legal protections for gender identity if the Senate approves this bill.

- ▶ FOR MORE INFORMATION, SEE:
Canadian Human Rights Commission
1-888-214-1090
<http://www.hrc-ccdp.ca>

Trans  Health Guide:

Trans* Youth

Youth (19 and under) who are experiencing gender dysphoria have different treatment options than adults do. This section of the Trans* Health Guide provides general information that is specifically about youth who may be trans* or gender questioning.

Youth who are trans* or gender questioning face unique challenges. Youth's identity concerns are sometimes dismissed as "phases" they will grow out of. It is normal for youth to question and explore their gender identity while growing up. This helps them gain a better understanding of who they are. Ongoing gender dysphoria (the stress felt when physical sex and gender identity do not match) is serious and youth should seek help.

▶ FOR MORE INFORMATION, SEE:
**Vancouver Coastal Health's
'Let's Talk Trans - Youth Trans Care'**
<http://transhealth.vch.ca/resources/library/>

Where can trans* youth get help in Nova Scotia?

The IWK Health Centre Mental Health Program has a team to help address the mental health needs of trans* and gender questioning youth in the Maritimes. The IWK Trans Health Team provides support and education to trans* (and gender questioning) youth and their families. The role of the team is to assess and treat youth who are questioning their gender identity or wishing to transition. The team also helps with other mental health problems that may be affecting youth. To reach the IWK Trans Health Team, contact the IWK Mental Health Program's Central Referral Service at 902-464-4110.

Children and adolescents can also seek support from the Youth Project. They provide support and services to youth and their families, including free resources. To find out more about the Youth Project, visit <http://youthproject.ns.ca>.

What is the role of the family?

When a trans* person comes out at any age, it can be a stressful time for family members. When a young person comes out, it may mean greater stress for all family members. Families can seek counselling to help them through this experience while supporting their child or youth.

How can families support trans* youth?

Families who are very supportive of their child see improved health in the child. Support means becoming educated on trans* issues, respecting the youth's trans* identity, fighting for the youth's rights, helping plan transition, connecting to community resources, helping family members adjust and letting the youth set goals.

What is the difference between trans* and gender non-conforming?

Gender expression is the way we act and look as a reflection of our gender identity. Gender non-conforming means someone who does not act in the "normal" way for their sex.

If a boy likes to bake and dance, that doesn't make him trans* or gay/bisexual – he may just like to bake and dance. If a girl likes to fix cars and build things that doesn't make her trans* or lesbian/bisexual.

Many trans* people do not have a history of gender non-conforming behaviours before coming out.

Why do some gender non-conforming youth suddenly become gender conforming?

We live in a world that expects people to act certain ways. If a child does not act the "way they should" for their sex, they are sometimes pushed to do so by family and peers. Youth may be bullied at school or punished at home for not conforming to the gender they were labelled at birth. This can make life very difficult for a youth and they may stop expressing how they truly feel to make life easier. This does not always mean the child feels differently inside.

Does age influence gender identity?

Most children (12 and under) who question their gender identity become comfortable in their own bodies as they grow older. However, up to a quarter of these children may later come out as trans*.

Adolescents (13-19) who have stress about their gender identity (gender dysphoria) are likely to continue to feel this way as they get older. It may not be until they are adults that they begin to identify as trans*. This makes sense – as we get older, we learn about ourselves and find ways to feel more comfortable with ourselves.

What is transitioning?

Transitioning can mean many things. Most of the Trans* Health Guide focuses on medical transitioning but social transitioning is just as important. Youth can begin socially transitioning (changing their name, pronouns, hair or clothing) at any time. They do not need to wait for hormones or for a legal name change. Youth and their families should talk about what transitioning might mean for them and how it will happen. Some youth try transitioning at home before doing it in public or at school.

Trans* youth could face teasing and bullying from people their own age (or adults). This is not acceptable. The Youth Project offers workshops for schools and community groups (such as a place of worship) to help build understanding and knowledge of trans* issues.

▶ FOR MORE INFORMATION, SEE:
Vancouver Coastal Health's
'Caring for Transgender Adolescents in BC'
<http://transhealth.vch.ca/resources/library/>

WPATH's 'Standards of Care, 7: section VI:
VI. Assessment and Treatment of Children and
Adolescents with Gender Dysphoria'
http://wpath.org/publications_standards.cfm

How do children transition?

In Nova Scotia, children (who haven't yet started puberty) do not receive hormone therapy. Children who self-identify as trans* or gender questioning are more likely to explore social transitioning. It is up to the child and their family to decide what is appropriate and safe. A mental health professional can help children and families consider risks and understand the impact of social transitioning.

How do adolescents transition?

Trans* adolescents (13-19) are more prone to emotional distress like anxiety or depression because of their gender dysphoria. In Nova Scotia, adolescents may be prescribed hormones to block the effects of puberty, or cross sex hormone therapy to actually begin physical transition (see Trans* Health Guide: Hormone Therapy for more information). There is limited availability for these treatments and currently they are only available through a Pediatric Endocrinologist (hormone specialist) at the IWK Health Centre until age 16 and an Adult Endocrinologist at the QEII Health Centre after age 17. Both of these treatments require adolescents go through an assessment process to make sure they are ready to deal with the impacts these treatments may have on their lives.

Hormone blockers suppress the body's natural production of estrogen or testosterone, meaning the adolescent does not experience a typical puberty. This treatment is fully reversible,

so if treatment stops, there is no permanent change. Everyone reacts differently to this treatment. Cross sex hormones are given to induce the physical changes of the desired gender. This treatment is partially reversible, meaning, if it is stopped some changes may be permanent while others are reversible.

Who decides how and when youth transition?

Youth and their family choose how and when a youth can transition socially. A mental health professional can help youth research and understand their options. For medical and social transitions, the IWK Trans Health Team will offer advice, support and guidance in making choices. For hormone therapy, adolescents require parental consent.

* NOTE: Youth can (and should) seek help if they need it. They do not need parental consent to reach out to mental health services but should know parents will eventually become involved if needed.

How much does hormone therapy cost?

Costs can vary depending on prescription(s) and any coverage a youth or their family may have through workplace or a private health insurance plan. A family with youth can also apply for help with the cost through the Nova Scotia Family Pharmacare Program. This program helps those who do not have drug coverage or face high costs not covered by their private insurance. Learn more at <http://nspharmacare.ca>.

Paying for hormones can be a stressful part of a family's transition. Adolescents may not be able to understand the financial impact of hormone therapy. Parents who want to support their child might not be able afford to do so. It is very important for youth and their families to work together if they can.

What happens when adolescents become adults?

In Nova Scotia, many youth report positive experiences when accessing the IWK Transgender Health Team. As with most IWK services, there can be a disruption when someone "ages out" of youth services and then begins to use the adult health services. The IWK Trans Health Team can help youth and their families find appropriate resources in the adult health care system.

What about youth who do not live in Halifax?

The IWK serves the entire Maritime region but it may not be feasible for youth or their families to make regular trips to Halifax. There are mental health professionals trained to work with trans* issues in many parts of Nova Scotia. prideHealth can help find providers in areas outside of Halifax. If you need help finding a provider in your area, contact prideHealth.

Trans Health Guide:

Community Resources

There are numerous resources in communities across Nova Scotia to support trans* people. This list is not complete but we hope it helps you.

prideHealth

A program that provides safe and accessible primary health care services for people who are gay, lesbian, bisexual, transgender, intersex and queer. prideHealth is an initiative of Capital Health in partnership with the IWK.

P: prideHealth Nurse: 902-220-0643
P: prideHealth Coordinator: 902-473-1433
E: prideHealth@cdha.nshealth.ca
W: <http://prideHealth.ca>

Nova Scotia Resources

Nova Scotia Rainbow Action Project (NSRAP)

A province-wide advocacy group seeking equality for people of all sexual orientations and gender identities.

P: 902-444-3206
E: nsrap@nsrap.ca
W: <http://nsrap.ca>

TransAction Society of Nova Scotia

A non-profit society that fundraises to offset the cost of everyday items for trans people in need in Nova Scotia.*

E: transaction.ns@gmail.com
F: <http://facebook.com/TransActionNS>

Wayves

An online magazine for GLBTIQ news in Atlantic Canada.

W: <http://wayves.ca>

Youth Project

A non-profit charitable organization providing support and services to youth (25 and under) across the province. They specialize in issues of sexual orientation and gender identity. The Youth Project provides free resources for youth, families, schools and workplaces.

P: 902-429-5429
E: youthproject@youthproject.ns.ca
W: <http://youthproject.ns.ca>
A: 2281 Brunswick Street, Halifax

Halifax-Based Resources

Elderberries

Halifax-based monthly social group for GLBTIQ community members aged 50 and older.

E: elderberries.scotia2@gmail.com
W: <http://facebook.com/NSElderberries>

Halifax Sexual Health Centre

A clinic that offers free medical services, STI testing and counselling services.

P: 902-455-9656
W: <http://hshc.ca>
A: 6009 Quinpool Road, Halifax

South House

The South House Gender and Sexuality Resource Centre (formerly the Dalhousie Women's Centre) is a community centre that offers a safe space for people of all gender identities.

P: 902-494-2432
E: outreach@southhousehalifax.ca
W: <http://southhousehalifax.ca>
A: 6286 South Street, Halifax

Trans Family Nova Scotia

A Halifax-based support group for families with trans children.*

P: 902-431-8500
E: transfamily@eastlink.ca

Trans Liberation League

A grassroots collective seeking to improve health care for trans Nova Scotians.*

E: transliberationleague@gmail.com

Venus Envy

A Halifax bookstore that specializes in healthy sexual education. They have materials and resources specifically for trans people. Adult content present on site.*

P: 902-422-0004
E: Halifax@venusenvy.ca
W: <http://venusenvy.ca>
A: 1598 Barrington Street, Halifax

Regional Resources

Cape Breton Transgender Support Group

A confidential support group that meets once a week in a safe and welcoming environment. Anyone who identifies as trans is welcome and offered support and understanding during their journey.*

Madonna Doucette
P: 902-270-3719
E: madonna.doucette@bellaliant.com
W: <http://aidscoalitionofcapebreton.ca>

Nova Scotia Association for Sexual Health

There are seven sexual health centres across Nova Scotia. They offer free education, resources and services.

W: <http://nssexualhealth.ca>
(Members' site: <http://nssexualhealth.ca/contact-us.html>)

The Red Door

Confidential sexual health services and health education for all youth aged 13-30 in a judgment-free environment in Kentville.

P: 902-679-1411
 E: info@thereddoor.ca
 W: <http://thereddoor.ca>
 A: 150 Park Street, Kentville

Valley Youth Project

An Annapolis Valley-based non-profit organization run by local volunteers to provide a safe and supportive space for LGBTQ youth and their allies to meet, share, and foster a community.

E: valleyyouthproject@gmail.com
 W: valleyyouthproject.wordpress.com
 A: Louis Millet Community Complex, 9489 Commercial St, New Minas

Wabanaki Two Spirit Alliance

Two-spirited people and their supporters.

E: wzsalliance@gmail.com
 W: <http://w2sa.ca>

Student Resources

Acadia Pride

A GLBTIQ student group at Acadia University.

E: pride@acadiau.ca
 W: <http://theasu.ca/acadiapride.htm>

Allies @ Dalhousie

Supportive staff, faculty and students at Dalhousie University.

E: peerally@dal.ca, dalally@dal.ca
 W: <http://dal.ca/dalally>

CBU Sexual Diversity Centre

Fosters a safe environment for LGBT students at Cape Breton University.

P: 902-563-1481
 E: su_sdc@cbru.ca
 W: <http://cbru.ca/services/sexual-diversity-centre>

DalOUT

A GLBTIQ student group at Dalhousie University.

P: 902-494-2190
 E: dalout@dal.ca
 W: <http://dalout.ca>

GSA Network

A directory of Nova Scotia Gay Straight Alliances (GSAs). A GSA is a youth-led group that works to make schools safer for LGBT youth.

W: <http://youthproject.ns.ca/gsa/>

King's P.R.I.D.E.

A GLBTIQ student group at the University of King's College.

E: ilovekingspride@gmail.com

Mount Pride

A GLBTIQ student group at Mount Saint Vincent University.

E: mountpride@mountstudents.ca

NSCAD Queer Collective

A GLBTIQ student group at Nova Scotia College of Art & Design University.

E: nscadqueercollective@gmail.com
 B: <http://nscadqueercollective.wordpress.com>

SMU-Q

A GLBTIQ student group at St. Mary's University.

P: 902-496-8216
 E: info@smuq.ca
 W: <http://smuq.ca>

X-Pride

A GLBTIQ student group at St. FX University.

P: 902-867-4691
 E: xpriestfx.ca
 W: <http://people.stfx.ca/xpride/>

National Resources

CPATH

The Canadian Professional Association for Transgender Health is a professional organization devoted to health care of people with gender variant identities.

E: info@cpath.ca
 W: <http://cpath.ca>

Egale Canada

A national lesbian, gay, bisexual, and trans (LGBT) human rights organization. Their goal is to advance equality, diversity, education and justice.

P: 1-888-204-7777
 W: <http://egale.ca>

PFLAG Canada

A national organization that provides personal, family and community-based support to anyone with questions or concerns about sexual orientation and gender identity issues. There are several PFLAG groups in Nova Scotia.

P: 1-888-530-6777 ext 226
 E: gender@pflagcanada.ca
 W: <http://pflagcanada.ca>

Trans Lobby Group

A group that educates the Canadian public and helps shape the political process with regards to the needs of trans people, with a focus on health care and human rights.*

W: <http://translobbygroup.ca>

Trans PULSE Project

A community-based research project that is investigating the health of trans people in Ontario.*

E: info@transpulseproject.ca
 W: <http://transpulseproject.ca>