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THE TRANS COMMUNITY SAYS: AN ANTI-OPPRESSIVE, TRANS FEMINIST RESEARCH PROJECT WITH TRANSGENDER COMMUNITIES

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Submitted by

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“Without community there is no liberation, only the most vulnerable and temporary armistice between an individual and her oppression. But community must not mean a shedding of our differences, nor the pathetic pretence that these differences do not exist.”
– Audre Lorde (2007)

Dedication

This thesis is dedicated to my family, to my trans community, and to all trans people.

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First I would like to acknowledge the countless efforts and sacrifices my family has made so that I could complete my degree and this research. My mother, in particular, has been a never-ending support.

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Abstract

Therapists in Canada are expected to connect to transgender communities in culturally-informed and emancipatory ways. However there is a lack of unbiased information, training, education, or institutional support to meet this expectation. The Trans Community Says (TCS) Project was created to delve into trans-centred knowledge about the strengths, challenges, and characteristics of trans communities in Alberta. Findings from this project can shed light on how these communities support their members and how they may be better supported. The study demonstrates an anti-oppressive, trans feminist approach to collaborative research with trans communities.

Keywords: Community-based participatory research, community mental health, transgender, transgender mental health, trans feminism, anti-oppression

Table of Contents

List of Tables

List of Figures

List of Nomenclature

Because transgender studies and activism are growing fields of social justice, the terms and definitions used within and across communities often change in response to new critical perspectives (Enke, 2012a). The terms below delineate how some of these terms are used within this manuscript.

1. **Community:** *Community* is defined as a collective of people able to act as a unit, with shared identities or interests (Canadian Institutes of Health Research, CIHR, Natural Sciences and Engineering Research Council of Canada, NSERC, & Social Sciences and Humanities Research Council of Canada, SSHRC, 2014). I use this word tentatively in this study, and I do not assume that trans collectives always identify as communities or share common factors across different regions.
2. **Trans/Transgender:** The word *transgender*, as it is used today, is an umbrella term for a collection of social movements and gender identities that do not conform to the dominant gender norms (Enke, 2012a). As an identity label, transgender describes those who do not identify with the gender assigned to them at birth (Enke, 2012b).
3. **Cisgender:** *Cisgender* is the word used in transgender movements to describe those who identify with the gender they were assigned at birth (Enke, 2012a; 2012b).
4. **LGBT+:** The acronym *LGBT+* stands for lesbian, gay, bisexual, and transgender. The “+” symbol here is to acknowledge that several more identities fall under the sexual and gender minority spectra.

Chapter 1: Introduction

The purpose of mental health work is to prevent and treat mental illness and to promote well-being (World Health Organization, WHO, n.d.). But what is required of mental health professionals to promote and achieve this well-being with clients of diverse genders? In general, therapists tend to receive little to no information or provisions for working with *transgender* (or *trans* for short) people through their schooling (O'Hara, Dispenza, Brack, & Blood, 2013), their institutions and governments (Mule & Smith, 2014), or the available professional literature (Bauer et al., 2009). In 2012, the Mental Health Commission of Canada released a mental health strategy for the country, which included a focus on minimizing disparities in health and access to care for sexual and gender minorities. However, no specific recommendations were given for work with gender diversity. Professionals across Canada often refer to their regulatory bodies to guide their services (Truscott & Crook, 2013). For counselling psychologists, the major national bodies regulating services have yet to provide guidelines for trans-inclusive care (Canadian Psychological Association, CPA, 2000; 2001a; 2001b; Canadian Counselling and Psychotherapy Association, CCPA, 2007; 2015). These gaps in support and preparation may be contributing factors in the ongoing failure of Canadian mental health services to address the needs of trans communities (Bauer et al., 2009; Ontario Public Health Association, OPHA, 2003). Transgender activism and visibility has increased in recent years, and so too have the number of people willing to identify themselves openly to professionals and others (American Psychological Association, APA, 2009). If this is the case, mental health professionals today are faced with increasing demands for inclusive care without adequate supports to provide it. This deficit in support was the guiding motivation for The Trans Community Says (TCS) Project.

Literature Review

At the beginning of The TCS Project, I conducted a review of recent academic literature affecting transgender mental healthcare services in Canada. In this section, I give an overview of the three main findings from this review that informed The TCS Project. A description and table of the systematic search that was used for the literature review is provided in Appendix A.

Contextual Influences on Trans Experiences

Culture. The first finding in the literature review was that any understanding of trans experiences must be placed in context. For mental health professionals, this means considering sociocultural contexts as well as the research, literature, institutional regulations, policies, and laws that guide practice. Mental health professionals need to be able to separate themselves from harmful dominant narratives that may hinder practice in order to be receptive to trans ways of knowing (Chavez-Korell & Johnson, 2010). Without critically analyzing dominant discourses and positioning themselves as allies, mental health practitioners risk unintentionally oppressing their clients (Arthur & Collins, 2015b; Paré, 2013).

It is important to understand the undercurrent of societal attitudes towards trans people because prevalent attitudes and discourses hostile to gender minorities may impact individuals in various ways (Bauer & Scheim, 2015). Outcomes can include negative experiences, reactive distress, and internalized prejudice (Hendricks & Testa, 2012). Cultural context can influence not just the attitudes trans people face from professionals, but also the personal development of trans identities (de Vries, 2012; Levitt & Ippolito, 2013). The dominant culture in Canada is based on *cisnormativity*, or the idea that one's gender and physical sex will always align (Bauer et al., 2009; Butler, 1990; Muñoz, 2012). Trans self-narratives are often formed in contrast to, in resistance to, or in the context of, the larger status quo of cisnormativity (de Vries, 2012; Muñoz, 2012).

Research and literature. Our mental health system includes the research and literature that informs the training and work of professionals. For trans issues, this literature tends to reinforce the cultural oppression of trans peoples. The first part of this oppression comes from the erasure of trans topics from the research, education, professional literature, and institutional guidelines available to professionals in Canada (Bauer et al., 2009; Fraser, 2009; O'Hara et al., 2013; OPHA, 2003). The second part of this oppression has to do with the intentions and attitudes behind each written piece. When trans topics are discussed, they are sometimes oversimplified, conflated with issues of sexual orientation, or written from a stance that pathologizes trans identities (Bauer et al., 2009; Benson, 2013; Dewey & Gesbeck, 2015; Vance et al., 2010; Vipond, 2015). Often, academic writing is written from a culturally bound, dominant, cisgender perspective (Ansara & Hegarty, 2012; de Vries, 2012; Matte et al., 2009).

Systems. The structures of our mental health systems, from the level of policy and law down to direct services, do not meet transgender needs (Bauer et al., 2009; Mule & Smith, 2014; Veltman & Chaimowitz, 2014). Mule and Smith (2014), for example, found that many government and policy documents were written from the cisnormative assumption that no client could be trans. Policy-makers, they said, seemed unaware of the barriers to care that trans people could face. At the frontline service level, several authors found evidence that Canadian mental health care can be inadequate for the minority-specific needs of many nondominant groups (Allan & Smylie, 2015; Mental Health Commission of Canada, 2012; Public Health Agency of Canada, 2014). Trans people, in response to unjust systems and in order to increase their own safety, often feel the need to hide their trans status or avoid help-seeking (Bauer & Scheim, 2015; Grant et al., 2011).

Together, these findings about the contexts of Canadian mental health services suggest that services for trans care in Canada occur within an unaccommodating health system and culture. Recently some efforts have been made to begin changing the disparities in treatment trans people face, but there is still much work to be done before these gaps disappear (APA, 2009; Bill C-16, 2016; Benson, 2013; Fraser, 2009; Veltman & Chaimowitz, 2014). Without regulations and health systems that support inclusive practice, therapists may find themselves ill prepared to provide ethically sound services. It is therefore imperative that transgender issues be brought into the dialogues affecting mental health to inform counselling psychology and address systemic inequalities. Recent critiques and current research trends in Canada provide valuable lessons to inform anti-oppressive work with the trans population (see also Conceptual Framework, Chapter 2).

Individual Trans-Affirmative Care

The second key finding that emerged from the literature review was that much of the recent scholarly work about trans mental health provides recommendations for trans-affirmative care at the individual level. Many of these contributions might be relevant for family-, group-, and community-level work as well. Suggestions for best practices are reviewed below.

Attitudes. Lev (2009) argued that trans-affirmative care must be built upon the foundation of a non-pathologizing attitude. Changing attitudes may present a challenge due to the volume and social prestige of resources that give misinformation about trans experiences. In mental health, trans identities have been explored and explained largely without the free input of trans voices (Ansara & Hegarty, 2012; Dewey & Gesbeck, 2015; Matte, Devor, & Vladicka, 2009). Professionals tend to be reliant on diagnoses for conceptualizations of transgender people and their mental health (Bauer et al., 2009; Lev, 2009). This can reinforce oppressive attitudes towards trans people (Lev, 2009). Perhaps this reliance on diagnoses is why therapists often believe that trans people seeking therapy are in distress because they are trans, when this is typically not the case (Benson, 2013; Shipherd, Green, & Abramovitz, 2010; Simeonov, Steele, Anderson, & Ross, 2015). Conflating and blending mental health concerns with a client's trans status could not only pose a risk of inadequate choices in care (Bauer et al., 2009), but constitutes a microaggression on the part of the practitioner that could exacerbate a client's distress and rupture the therapeutic alliance (Mizock & Fleming, 2011).

Trans-specific knowledge. Changing negative attitudes towards minorities is considered one of the multicultural competencies required of counselling psychologists (Arthur & Collins, 2015a; Pettifor, 2010). However therapists must also be equipped with trans-specific knowledge in order to make culturally responsive choices in care (Benson, 2013; Redfern & Sinclair, 2014). Two important parts of this knowledge include grasping the concepts of gender dysphoria and minority stress (Hendricks &

Testa, 2012; McIntosh, 2016). Gender dysphoria refers to feelings of discomfort with one's own gendered body and/or social role (McIntosh, 2016). Minority stress comes from experiencing and internalizing hostile attitudes towards trans people (Hendricks & Testa, 2012). Multiple intersecting cultural and situational factors, such as ethnicity, also influence what problems are salient to clients, and when (Alegria, 2010; Grant et al., 2011; Lombardi, 2010).

Guidelines and training. It seems, then, that mental health providers may be in a quandary. To be trans-affirmative therapists are expected to gain trans-specific knowledge, but there is a general lack of unbiased literature. What sources of knowledge are endorsed for trans-affirmative knowledge gain? There is a strong argument for therapists to take cultural competency training to enable appropriate care (Arthur & Collins, 2015a; Benson, 2013; Pettifor, 2010; Shipherd et al., 2010; Safer et al., 2016). Suggestions for what trainings should contain have included teaching advocacy and social justice skills and attitudes, reflexivity, and specific local trans knowledge (Ali, Fleisher & Erickson, 2016; Benson, 2013; Bess & Stabb, 2009; Chavez-Korell & Johnson, 2010; Hendricks & Testa, 2012; OPHA, 2003; Wilkinson, 2014). A barrier to developing trans cultural competence is the unregulated and variable quality, availability, and accessibility of training (Snelgrove, Jasudavisius, Rowe, Head, & Bauer, 2012; Rutherford, McIntyre, Daley, & Ross, 2012). To fill the need for adequate services, the creation of guidelines has increased drastically in recent years, although these too are variable in quality (Hanssmann, 2012). Though some Canadian agencies have developed short guidelines for mental health care (Cactus Health, 2011; Rainbow Health Ontario, 2012; Sherbourne Health Centre, 2015), major influences in our mental health systems such as Vancouver Coastal Health (n.d.) and the Canadian Professional Association for Transgender Health (2012) recommend using the World Professional Association for Transgender Health's Standards of Care (Coleman et al., 2011). Yet some have criticized this document for reinforcing barriers to trans-affirmative care (Cactus Health, 2011; Lev, 2009; Matte et al., 2009). Service providers often report feeling they do not have enough knowledge for trans-inclusive care (White et al., 2015), making it difficult to critically assess the utility of variable trainings and guidelines.

Importance of Community

The final finding in my literature review was a common perception of the trans community as a valuable mental health resource for individual clients. Researchers and writers have provided two reasons for supporting community connection as a mental health intervention. First is the hypothesis that trans communities support in-group belonging, positive identity development, and comfort with challenging societal gender norms (Riggle, Rostosky, McCants, & Pascale-Hague, 2011). Second, being a part of a trans community may serve as a protective factor for vulnerable clients (Barr, Budge, & Adelson, 2016; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Breslow et al., 2015; Dargie, Blair, Pukall, & Coyle, 2014; de Vries, 2012; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015; Ross, 2014). Together these arguments imply that trans communities can serve as avenues for cultural identification, social healing, and resiliency development.

The role of the therapist. Trans people across studies have indicated that agencies and therapists must be visible allies or known within their communities in order to communicate safety to potential clients (Benson, 2013; Bess & Stabb, 2009; Simeonov et al., 2015). In some situations therapists may also play a part in facilitating community resource connecting. To facilitate community connection, Riggle, Rostosky, McCants, and Pascale-Hague (2011) recommended that psychologists develop competency for working with trans people at the group and community levels. Unfortunately, little is known about trans communities in Canada or how best to build these bridges. Most of the Canadian primary articles reviewed here focused on individual concerns or larger systemic issues. Though researchers held that communities are important to client wellbeing, there was a lack of inquiry into how these communities facilitate support or what community mental health looks like in Canada. None of the practice guidelines reviewed for this study gave direction for community-level engagement. More research is needed to understand local trans communities and how to work with them.

Conclusions and Study Purpose

The recent Canadian and American literature suggests that in order to provide competent care, mental health therapists require competencies for working with trans communities in emancipatory ways (Barr et al., 2016; Bockting et al., 2013; Breslow et al., 2015; Dargie et al., 2014; Pflum et al., 2015; Riggle et al., 2011; Ross, 2014). Some authors have theorized what makes communities important for the purposes of mental health. But what was sorely lacking from all of the literature was trans-centred research providing a lens into how these communities function, what they offer, and where they may need more support. This was the impetus for the study described below.

Significance

The TCS Project was meant to begin to fill gaps in our knowledge by investigating the inner workings of transgender collectives in Alberta. This knowledge can be used to inform hypotheses and contextualized understandings of transgender communities. The outcomes of this study can be used by transgender audiences, allies, and mental health providers (see Chapter 4).

Research Question

In Chapter 2 below I explain the methods that were used in The TCS Project. The main question guiding this study was: From a trans perspective, what are the characteristics, strengths, and challenges of transgender communities in Alberta? This can be broken down into the following subquestions:

- How do trans people in Alberta describe the characteristics of their local trans community?
- How do they describe their local trans culture?
- What strengths do they identify within their community?
- What challenges do they perceive it is facing?

Chapter 2: Methods

Conceptual Framework

Ethics in Counselling and Psychology

The expectation in counselling and psychology theory and research is that therapists be able to work sensitively with diverse and vulnerable groups (Arthur & Collins, 2015a; CPA, 2000; CCPA, 2007; CIHR et al., 2014). When working with minorities, this means approaching research with a contextualized understanding of what trans experiences have been like so far in research (Hughman, Pittaway, & Bartolomei, 2011). It also means prioritizing care and justice for participants (Fassinger & Morrow, 2013; Lyons et al., 2013; Paré, 2013). Therefore, I approached The TCS Project from an ethic of care rather than from a neutral stance. Because I am a trans-identified researcher, this project offered an opportunity to create trans-centred research less at risk to the traditional power differences between trans people and academics (Smith, Bratini, Chambers, Jensen, & Romero, 2010; Travers et al., 2013).

Anti-Oppression and Trans Feminism

The ethical intents above informed my choice to carry out this project in an anti-oppressive manner. Anti-oppression in research means critically analyzing and questioning the assumed truths of accepted research practices, being responsive to histories of oppression, and centring minority narratives apart from dominant discourses (Daley & MacDonnell, 2011; Muñoz, 2012; Rempel, 2017). However, knowing how to critically analyze research decisions and form a trans-centred project required more than just a general understanding of anti-oppression. For this reason, I chose to use *trans feminism* (a united field of transgender and feminist studies) as a critical theory to inform the design of The TCS Project. Trans feminism offers a strengths-based lens that uses the experiences of gender minorities for critically-informed research (Bettcher & Garry, 2009; Enke, 2012a). There are two ideas central to trans feminism and this project: (a) Trans communities should be able to define their experiences separately from the dominant culture, and (b) trans experiences should be treated as valid and valuable (Enke, 2012a; Koyama, 2001; Muñoz, 2012; Stryker & Bettcher, 2016).

Design: Community-Based Participatory Research

The first choice in designing The TCS Project was deciding what paradigm fit the research question and conceptual framework. Participatory approaches, in particular, have proven useful for designing sensitive research with marginalized sociocultural groups (CIHR et al., 2014; Hughman et al., 2011; Ponterotto, 2013). Community-based participatory research (CBPR) provides a tried and tested means to create applicable knowledge for trans community wellness and justice through equitable research (Bergold & Thomas, 2012; Freudenberg & Tsui, 2014; OPHA, 2003; Travers et al., 2013; Viswanathan et al., 2004; Wallerstein & Duran, 2010). The CBPR approach fit the anti-oppressive intent of The TCS Project because a central principle of this approach is responsivity to contexts and the oppressions communities have felt (Blumenthal, 2011; Stover, 2015; Travers et al., 2013; Viswanathan et al., 2004). Thus, CBPR aligns with (and actually arose in part from) critical feminist movements like trans feminism (Smith et al., 2010). All CBPR approaches require processes to facilitate reflexivity and community co-ownership of the research (Blumenthal, 2011; Smith et al., 2010; Travers et al., 2013; Viswanathan et al., 2004). In The TCS Project, this was primarily honoured through the creation and involvement of a community Advisory Panel on the research team.

Participants and Co-Researchers

Study Participants

Each community member involved in The TCS Project fulfilled one of two roles. The first group of community members was the sample of *study participants*. Study participants were individuals who participated as informants in the data collection phase of the research study. Their eligibility for the study was checked via intake interviews (see also Sampling and Appendix D). To be eligible for the study, participants met the following criteria:

- They identified as members of either an Edmonton or Calgary transgender community.
- They were the age of majority in Alberta.
- They reported being able to give consent.
- They had associated with other trans community members within the six months prior to their intake interview.
- They were able to participate in spoken or translated English focus group conversations.

During intake interviews, participants were asked to identify any accommodations they might need. There was a study budget to accommodate accessibility. Those who were or had been my friends, co-workers, or clients within the two years prior to the study start were not eligible for the study (Truscott & Crook, 2013).

Participant demographics are given in Chapter 3, Table 1. These demographics were not meant to be representative of transgender populations in Calgary or Edmonton. Rather, they were meant to give context to the worldviews represented by participants in the focus group and survey data.

Advisory Panel

The second group of trans community members in this study was the Advisory Panel. Recruitment for Panel members occurred alongside participant recruitment, but the Panel was formed, and its first meeting scheduled, prior to the data collection phase. Members acted as co-researchers by evaluating the project, helping with data analysis, and collaborating with me to form the study dissemination plan. Panel meetings were scheduled once per month until data analysis was complete. Advisory panel members met all the criteria listed above for study participants, as well as the additional criterion of having past volunteer or work experience with trans communities.

Sampling

Respondent-Driven Snowball Sampling

Finding samples representative of the diversity within trans communities can be difficult (Blumenthal, 2011; Travers et al., 2013), which some authors have solved through the use of snowball sampling (Bauer et al., 2010; OPHA, 2003). In The TCS Project, I used respondent-driven snowball sampling, meaning that potential participants were able to recruit others to the study from their personal networks (Bauer et al., 2010; Dilshad & Latif, 2013; Viswanathan et al., 2004). This method reduced risks to privacy, as willing volunteers would then make first contact rather than be identified to the research team against their will (see also Ethical Considerations) (Bauer et al., 2010;

CIHR et al., 2014). Respondent-driven sampling also helped widen the visibility of the study and reduce the risk of sampling being biased toward the clientele of agencies or groups where advertisements were distributed (Bauer et al., 2010). General recruitment was tracked in order to mitigate sampling bias and understand which advertisements were most effective (see also Chapter 3 and Huezo, 2017a) (Bauer et al., 2010).

Respondent-driven snowball sampling began with purposive sampling from trans-specific spaces or networks (Bauer et al., 2010; Creswell, 2013). Posters and online advertisements were distributed to groups and organizations with trans-specific or LGBT+ adult services in Edmonton and Calgary. Respondents were then encouraged to distribute advertisements and word of the study to others (Bauer et al., 2010). Advertisements included an invitation to participate in a study "by and for local transgender communities." This language socially located me as a minority researcher and was meant to indicate safety and community ownership of the study. See Appendix B for study advertisements and Huezo (2017a) for study recruitment tracking tables.

Intake

After they'd contacted me, I scheduled intake interviews with interested respondents. I used these interviews to screen respondents for eligibility criteria and sort eligible respondents into their desired roles of study participants or Advisory Panel members. Intake interviews were conducted via Skype or phone calls (with my phone number blocked from caller displays). The script for letters of initial contact and intake interviews are included in Appendix D. If respondents completed their intake interview, were deemed eligible, and were still interested in joining the study, I emailed them an informed consent to review (see Ethical Considerations and Appendix E for more details). Part of optimizing free consent in this study was ensuring participation was not filling an unmet need for participants (CIHR et al., 2014), so all respondents who contacted me for this study were given a list of local transgender resources (Appendix C).

Data Collection

Focus Groups

Once study participants had completed their intake and had time to review consent forms, they were scheduled for their data collection (focus group and survey) sessions. Focus groups are a method common to CBPR research in which researchers conduct a semi-structured interview with a target group of participants to collect data in a group setting (Bergold & Thomas, 2012; Then et al., 2014; Viswanathan et al., 2004). Focus groups in this study provided an immersive space where participants could discuss their local communities with other members of those communities. This allowed for collective meaning-making (Dilshad & Latif, 2013; Pava-Ripoll, 2015). One focus group was held in Edmonton in November 2016 and one in Calgary in December 2016. Because context is important to facilitating group discussions (Dilshad & Latif, 2013), focus groups were held within spaces already used for local transgender meet-ups (Doody, Slevin, & Taggart, 2013). To make sessions more welcoming, I offered snacks, water, and name/pronoun cards for participants to use (Dilshad & Latif, 2013). Surveys (see Surveys below) were open to their blank Additional Focus Group Thoughts pages so that participants could write during sessions if needed. Sessions were recorded using a tablet for video recording and an audio recorder. The focus group session in each city lasted approximately two hours. When discussions had concluded, I asked participants to finish their surveys. I then invited feedback about the session. I took notes through each data collection session and debriefed these afterward with the study supervisor and Advisory Panel. See Appendix F for the semi-structured focus group interview guide used in this study.

Surveys

As I mentioned above, participants were introduced to their surveys at the beginning of sessions. After the focus groups, they were given 20 minutes to complete them. Surveys had two parts serving two different purposes in this study. The first part of the survey, the demographic survey, was meant to investigate the context of narratives told by study participants (Pava-Ripoll, 2015). The second part of the survey included blank Additional Focus Group Thoughts pages. As mentioned above, this was an alternative to spoken communication where participants were invited to organize their thoughts or add to what was said during focus group conversations (Bergold & Thomas, 2012). All surveys were coded using participant pseudonyms (see also Ethical Considerations below). A sample survey can be found in Appendix F.

Data Analysis

Framework Analysis

The aim of The TCS Project was to analyze the community knowledge represented in focus group conversations and surveys by pulling the topical themes from transcripts. Focus group data were analyzed using framework analysis (FA) (Ward, 2011; 2012; 2013; Ward, Furber, Tierney, & Swallow, 2013). FA offers an approach that builds upon traditional thematic analysis by using charting to document research decisions (Braun & Clark, 2006; Ward, 2011; 2012; 2013; Ward et al., 2013). This provides transparency for a team approach to analysis (Ward et al., 2013), which I relied on for collaboration with the Advisory Panel during data analysis.

The steps that I used for FA in The TCS Project are outlined below. Because I was using FA in the context of CBPR, I wanted to provide opportunities for Advisory Panel members from each location (Edmonton and Calgary) to be actively involved in the data analysis and interpretation. However, for practical time-management and in order to minimize risks to participant privacy through online sharing, I conducted most of the analysis myself. Ultimately, I had final say over decisions in analysis, and documented accountability in these decisions to both the Advisory Panel and study supervisor.

Steps. I began FA by transcribing surveys and the focus group interviews from the video and audio footage of data collection sessions (Gale, Heath, Cameron, Rashid, & Redwood, 2013; Ward et al., 2013). Transcripts included words and non-verbal actions caught in the raw data, with pseudonyms for each participant. I then familiarized myself with the transcripts by reading them and searching for initial key conversational topics (codes) in the data (Gale et al., 2013; Smith & Firth, 2011; Ward et al., 2013). I hypothesized a preliminary organized framework of these codes that could be applied to the data (Gale et al., 2013; Smith & Firth, 2011; Ward et al., 2013). I then presented this framework to the study supervisor and Advisory Panel. I trained two Advisory Panel members in the FA process who had volunteered to take part in the data analysis. Each of these members then took a sample of the transcripts and applied the preliminary thematic framework to them. At the next Advisory Panel meeting, these members presented their evaluations of the utility of the thematic framework and suggested changes that might establish inter-coder agreement on the framework. I made their suggested modifications and applied the new framework to the data, making revisions where necessary (Smith & Firth, 2011; Ward et al., 2013). Once coding was complete and the thematic framework had been refined, I charted all major themes, subthemes, their definitions and examples into a matrix (Gale et al., 2013; Smith & Firth, 2011; Ward et al., 2013). I then presented the revised thematic framework for final evaluation to a participant who volunteered to member check the validity of the findings, the Advisory Panel, and the study supervisor (Creswell, 2013; Viswanathan et al., 2004). I incorporated their final feedback into the final FA chart and subsequent dissemination of the study. The findings are presented in Chapter 3, Tables 2 through 6.

Descriptive Statistical Analysis

To see the popularity of certain topics, I calculated the percentage each theme took up in the total number of codes. I collected the demographic survey data (Chapter 3, Table 1) to better understand the background of what participants shared in this study. I used descriptive statistical techniques (averaging, summing) to calculate this data. Because of the nuanced variety between identity labels, I qualified some demographics with direct quotes.

Rigour

Accountability Structure

There were several structural supports built into the design of this study to facilitate ethical research and support rigour. One of these supports was the accountability structure of the research team. As the Principal Investigator, I was accountable to both the Advisory Panel and my Supervisory Committee. This three-part research team provided an arrangement for the study to be evaluated from both scholarly and trans-centred perspectives (Creswell, 2013; Travers et al., 2013).

Transparency and reflexivity. Accountability in this project was important in keeping with CBPR and an anti-oppressive intent (Viswanathan et al., 2004; Travers et al., 2013). As the principal investigator, I attempted to be transparent and collaborative in defining roles and decision-making structures throughout the project (Creswell, 2013). The use of transparency about the study design and researcher disclosures, for example, can be found in the study advertisements (Appendix B), intake scripts (Appendix D), and informed consent forms (Appendix E). Reflexivity was a key aspect of rigour and ethical conduct in The TCS Project because the level of community involvement in CBPR can blur professional boundaries and add demands not typically found in other types of research (Blumenthal, 2011; Kraemer, Diaz, Spears Johnson, & Arcury, 2015; Travers et al., 2013). However, without successfully managing community collaboration, researchers would lose an aspect of CBPR central to the approach and necessary for obtaining honest data from participants (Mayan & Daum, 2016; Viswanathan et al., 2004). To track my own critical reflexivity, I attempted to bracket my own experiences with participants and kept a self-reflection journal throughout the project. Parts of this journal were regularly debriefed with the Advisory Panel and study supervisor.

Validity

The validity, or accuracy of the data, and findings in this study were affected by the integrity of the overall research approach and the critical application of knowledge throughout the project (Creswell, 2013). I chose a collaborative, trans-centred research design and specific eligibility criteria for participants and Advisory Panel members to ensure that the project represented trans-led trans knowledge. I managed risks to sampling bias by tracking recruitment (see also Sampling). The potential for bias in the study outcomes was mitigated through the methods of inter-coder agreement, Advisory Panel and supervisor evaluations, and member-checking with participants (see also Data Analysis) (Creswell, 2013; Gale et al., 2013; Ward et al., 2013). To evaluate the credibility and trustworthiness of the research design, Advisory Panel members answered the following questions adapted from Creswell (2013) at the end of each meeting:

- Do the study methods discussed here derive from the research questions?
- Are the study procedures implemented competently?
- Is the Principal Investigator incorporating reflexivity into data collection, analysis, and interpretation?
- Does the study provide a valuable contribution to the research literature?

Ethical Considerations

Beneficence, Justice, Non-Maleficence

As I mentioned in the Conceptual Framework section, this study was designed with an ethical intent of care and justice for trans people. The first ethical considerations from the start of recruitment were beneficence and non-maleficence towards all people involved in and impacted by The TCS Project. The project dissemination plan was collaboratively decided with the Advisory Panel, based on which avenues might most benefit and improve conditions for trans people. Non-maleficence, or the principle of do no harm, was of special consideration in this study, because trans people in Canada are more likely to face economic and social challenges than the general population (Bauer & Scheim, 2015). Non-maleficence was addressed through strategies for transparency and reflexivity (see Rigour above), by using respondent-driven sampling to protect community member privacy (see Sampling), by distributing transgender resource lists to all study respondents (see Sampling), and by choosing advertising and data collection spaces already marked for safe usage by trans groups (see Sampling and Data Collection). Participants and Advisory Panel members were independent adults, and were asked in their consent forms to consider and reduce the risk of potential negative consequences for participating in the research (CIHR et al., 2014). To offset the economic impact of participation in this project, community members were reimbursed the equivalent of two one-way city transit tickets per session. Advisory Panel members were given honoraria for their contributions.

Risks to the researcher. Because I am a member of a transgender community, there were specific risks to me and to the study's integrity based on the fact that I was both an insider to the communities of study and an outsider academic researcher. These risks included potential multiple relationships, conflicts of interest, and boundary violations (Kraemer et al., 2015; Mayan & Daum, 2016; Smith et al., 2010; Travers et al., 2013). Preventative mitigations of these risks included defining research relationships early in the study, creating a separate study email for all research contact, strict eligibility criteria, and strategies for rigour (see Rigour above).

Autonomy

Informed consent. Consent by community members to join the study was meant to be informed, voluntary, and updated through the life of the Project (CIHR et al., 2014). Community members were able to withdraw their consent to participate or have their data used (see Appendix E for details). Respondents were given information and consent forms during their study intake, which included the study email and contact information for the study supervisor and research ethics board. They were also given opportunities for feedback or questions during their intake process, data collection sessions, and study meetings. A copy of each consent form for the Advisory Panel and study participants is attached in Appendix E. Only individuals who submitted signed consent forms or verbally consented to sign them in person at their data collection session were scheduled for data collection sessions. Advisory panel members signed, scanned, and emailed their consent forms to me. No participant withdrew their consent. One Advisory Panel member withdrew from the Panel prior to the fourth meeting (of five meetings total).

Privacy and confidentiality. Privacy and confidentiality were first addressed in this study by using respondent-driven sampling (see also Sampling). All community members involved in the study were given information about measures for group confidentiality, safe information storage, anonymization of their data, and restriction of access to study information in their consent forms (see Appendix E). This information was reviewed and questions answered during intake, data collection, and study meetings. Overall, with the safeguards to confidentiality and consent provided for this study, the risks imposed were no greater than those posed to trans people accessing any trans community or group space. Thus they were minimal risks (CIHR et al., 2014).

Advantages

This study held the potential for various advantages. The first was to demonstrate trans-led, anti-oppressive, and trans feminist applied research. Being a trans-identified researcher, I had the advantage of insider knowledge when navigating this project and establishing community-researcher relationships (Smith et al., 2010; Travers et al., 2013).

Previous Canadian researchers have also pointed out the valued alternative perspective trans-led research can add to the professional literature, which is currently dominated by cisgender-led research (Travers et al., 2013). The findings of this project could be used for trans people to engage with community knowledge and for allies and professionals to better understand our communities and how to support them (see also Chapter 3).

Limitations

The first consideration in the limitations of The TCS Project was the assumptions upon which it was built. The major assumption in this study was that trans communities are entities that can be studied. Another assumption was that research and writings pertaining to transgender communities could affect the wellbeing of those communities. Further on this point, the design of The TCS Project contained the assumption that anti-oppressive and community-based research can facilitate beneficial research for the transgender community. The three assumptions above were informed by the literature review in Chapter 1. Only sources created within Canada and the United States were included in the literature informing this study, which rests on the assumption that these are most likely to influence trans communities in Canada.

Although my insider knowledge gave me an advantage, navigating the project as both an insider to trans communities and an outsider positioned as an academic researcher also posed risks to the project that were reviewed in the Rigour and Ethical Considerations sections above (Smith et al., 2010; Travers et al., 2013). Another limitation in this study was that the knowledge created from it was dependent on who took part, what their personal experiences of trans communities were, and what they chose to share. However, this is both the risk and the benefit of qualitative research, which is meant to give rich individual accounts of experience. In this study, these individualized accounts can serve to clarify what experiences of these communities might be like, how they function, and how they might be better supported.

Chapter 3: Manuscripts

Overview of Manuscripts

E-book

I disseminated study findings through three routes. The first was through an online open textbook, to which I am the sole author and hold the copyright (see Huezo, 2017a). My supervisor reviewed, edited, and provided coaching in the writing of the e-book. We both agreed that the research intent to forefront the voices of trans persons should be reflected in authorship attribution. The e-book was published through the Faculty of Health Disciplines *Open Textbooks* website under a Creative Commons license (Attribution-NonCommercial-ShareAlike). I made this choice to keep with the philosophical and methodological choices in this study and to ensure that the information was optimally available to end-users in the trans community. The Advisory Panel in their second meeting reasoned that publishing the study through online and accessible means would make the research readily available to transgender people and their allies across Alberta. Creating an e-book thus honoured the trans community's co-ownership of this research and could offer reciprocation to the communities affected by The TCS Project. Although there is perhaps more repetition between the e-book and the journal article than you might find in another manuscript based thesis, the important differences are in the voice and target audiences. I wrote the e-book at a grade 10 reading level to widen the audience of readers it might reach compared to a peer-reviewed journal article. You can access the e-book here: Huezo, M. (2017). *The trans community says…* Retrieved from http://epub-fhd.athabascau.ca/transvoice/.

Conference Presentations

The second route for dissemination was via presentations at three research and mental health conferences. The purpose was to engage mental health and research professionals in discussions of the applications of this research to future trans-affirmative research and practice. I attended the 18th Canadian Collaborative Mental Health Care (CCMHC) Conference 2017 (Canadian Collaborative Mental Health Initiative, n.d.), the Mental Health for All Conference 2017 (Canadian Mental Health Association, 2017), and the 23rd Annual Qualitative Health Research Conference (International Institute for Qualitative Methodology, 2017). Each conference organization holds the copyright to the slides and abstracts I presented during the course of TCS Project dissemination. As of the writing of this article, only one of the conferences (the CCMHC) had published TCS Project slides (Huezo, 2017b).

Journal Article

The final route for dissemination also targeted an audience of mental health professionals, this time via a publishable journal article. I wrote the original manuscript, which my supervisor then supplemented with her knowledge of multicultural counselling. She will be accorded second authorship on this article. The article will be submitted to the Canadian Journal of Counselling and Psychotherapy (CCPA, 2017) and is provided below.

“It's About Human Connection”: Transgender Community Wisdom to Inform Practice

Abstract

Therapists in Canada are expected to address mental health disparities, but they receive little education or institutional support for ethical practice or research with transgender (or trans) clients. Across the literature, authors have highlighted the importance of connecting with trans communities as part of trans-affirmative care. However, with a general lack of information about these communities, professionals are not set up for success. In this paper, I give an overview of a project designed to look at the challenges, strengths, and characteristics of transgender communities in Alberta. I discuss the implications of this work towards anti-oppressive, trans-centred research and care.

Keywords: Community-based participatory research, community mental health, transgender, transgender mental health, trans feminism, anti-oppression

“It's About Human Connection”: Transgender Community Wisdom to Inform Practice

In 2012 the Mental Health Commission of Canada (MHCC) mobilized a strategy for practitioners across the country to minimize barriers to care for traditionally marginalized populations, amongst other things. Although this strategy had a section for gender and sexual orientation, what was actually addressed about gender in its pages had to do with differences between men and women. There was no mention of gender diversity, aside from its addition to sexual orientation in the acronym *LGBT* (lesbian, gay, bisexual, transgender) (MHCC, 2012). What, then, is required of mental health professionals to promote and achieve healthy outcomes with clients of diverse genders?

As an identity label, the word *transgender*, or *trans* for short, is used to describe those who do not identify with the gender assigned to them at birth (Enke, 2012b). Canada’s dominant social culture is based on the idea that nobody could be transgender, or that everyone is cisgender (i.e., self-identifies with the gender they were assigned at birth). This is called the discourse of *cisnormativity* (Bauer et al., 2009; Butler, 1990; Muñoz, 2012). Perhaps because of this, Canadian mental health systems from the level of policy and law down to direct services do not meet transgender needs (Bauer et al., 2009; Mule & Smith, 2014; Veltman & Chaimowitz, 2014). The research and literature that informs our practice can be biased against trans people (Ansara & Hegarty, 2012; Bauer et al., 2009; Benson, 2013; Dewey & Gesbeck, 2015; De Vries, 2012; Matte, Devor, & Vladicka, 2009; Vance et al., 2010; Vipond, 2015). Much of it also comes from outside of Canada (Bauer et al, 2009; Fraser, 2009; Ontario Public Health Association, OPHA, 2003). When trans-affirmative research does appear, it is rarely incorporated into therapist education, regulations, or guiding literature (Bauer et al., 2009; Mule & Smith, 2014; O'Hara, Dispenza, Brack, & Blood, 2013; White et al., 2015). The result is a mental health system not equipped to meet the needs of transgender clients (Bauer et al., 2009; Mule & Smith, 2014; OPHA, 2003).

It is worth stopping to explore what trans-affirmative care would look like according to recent mental health literature in Canada and the United States. The basic premise of *affirmative practice* is that all cultural identities are equally valid, and the lived experiences of members of nondominant populations differ from, but are not better or less than, those of dominant groups. Affirmative practice requires counsellors to forefront clients' experiences of cultural oppression in the various contexts of their lives and to take an active stance to counteract oppression (Singh & Dickey, 2017; Singh & Moss, 2016; Victor & Nel, 2016). It goes beyond a strengths and resiliency focus to communicate to clients their inherent worth, empower their sense of agency and self-efficacy, and assume the position of ally. Allyship is communicated through culturally responsive language, approaches to understanding client problems, and a collaborative approach to socially just change processes (Singh & Dickey, 2017; Victor & Nel, 2016).

Specifically, in the interest of trans-affirmative practice, Lev (2009) argued that a non-pathologizing attitude towards trans identities is required for inclusive care. Others have contended that therapists cannot rely on general multicultural competence alone, but must have trans-specific knowledge in order to navigate relevant narratives and supports (Benson, 2013; Redfern & Sinclair, 2014). The culture-infused counselling model (Arthur & Collins, 2105a, 2015b) attempts to bridge the etic (cross-cultural) and emic (culture-specific) approach by utilizing the working alliance between counsellor and client as a space to focus on meaning-making related to cultural identities and social locations. It is also important to understand that intersecting issues and cultural identities can feed into the complexity of issues trans people might face (Grant et al., 2011; Lombardi, 2010). Across articles, authors have consistently pointed to the need for trans cultural competency training and attempted to outline what cultural knowledge might be needed. This was framed as a way to alleviate the prevalent lack of knowledgeable trans service providers (Ali, Fleisher, & Erickson, 2016; Benson, 2013; Bess & Stabb, 2009; Chavez-Korell & Johnson, 2010; Safer et al., 2016; Shipherd, Green, & Abramovitz, 2010; Wilkinson, 2014). However cultural knowledge about trans communities in Canada, or more specifically in Alberta, is sparse.

Much of the trans-affirmative literature has encouraged connecting to trans communities as an invaluable step towards culturally relevant care (Barr, Budge, & Adelson, 2016; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Breslow et al., 2015; Dargie, Blair, Pukall, & Coyle, 2014; Pflum, Testa, Balsam, Goldblum, & Bongar, 2015; Ross, 2014). Because of this, it has also been recommended that service providers develop competencies for connecting to and working with trans groups and communities (Riggle, Rostosky, McCants, & Pascale-Hague, 2011). Indeed, a consensus across studies suggested that agencies and therapists must be visible allies or known within trans communities in order to communicate safety to potential clients (Benson, 2013; Bess & Stabb, 2009; Simeonov, Steel, Anderson, & Ross, 2015).

Why would community-connecting be such an important aspect of care? Many academic writers have hypothesized that, especially for those with few social resources, group-level resilience can enhance wellbeing and provide a protective factor against the effects of oppression (Barr et al., 2016; Bockting et al., 2013; Breslow et al., 2015;

Dargie et al., 2014; De Vries, 2012; Pflum et al., 2015; Ross, 2014). Indeed, Riggle, Rostosky, McCants, and Pascale-Hague (2011) suggested that identification with gender and sexual minority communities can have a reciprocal effect of increasing self-acceptance, self-understanding, and the confidence to challenge social norms.

Here, then, is the crux of the problem: It is important for therapists to be able to connect with trans communities in emancipatory ways. But there is little available information about how to engage these communities in Canada. For example, none of the recent major Canadian guidelines for transgender care examine knowledge or skills for work at the level of groups or communities (Cactus Health, 2011; Canadian Professional Association for Transgender Health, 2009; Coleman et al., 2011; Rainbow Health Ontario, 2012; Sherbourne Health Clinic, 2015; Vancouver Coastal Health; n.d). As mentioned above, the available research, literature, education, and structural supports for trans-affirmative care are variable. It is difficult to say whether providers, who often report feeling they do not have enough knowledge to work with trans people (O'Hara et al, 2013; White et al., 2015), would be able to critically assess and use these resources in the best interests of trans clients. Without structural supports in mental health training and institutions, therapists are left prone to providing inadequate services, be it through omission, erasure of trans experiences, or misinformation about trans issues in health. In the person-to-person counselling relationship, holding hostile attitudes and discourses towards gender minorities can expose clients to negative experiences, reactive distress, and internalized self-hatred (Bauer & Scheim, 2015; Hendricks & Testa, 2012). Practitioners who have not critically analyzed the dominant discourses in our society risk unintentionally oppressing trans minorities (Arthur & Collins, 2015b; Paré, 2013).

In 2016, Canadian government amended the Charter of Human Rights and the Criminal Code to protect gender identity and expression (Bill C-16, 2016). As society progresses, so too does the number of people willing to come out as trans (American Psychological Association, APA, 2009). Without understanding what local trans communities are like or how they function, it can be difficult to apply theory into community-based mental health practice. If this is the case, mental health professionals today are faced with increasing demands for inclusive care, without adequate supports to provide it. There is also an increased link being made in the multicultural and social justice literature between the health of communities and the health of individuals and society as a whole (Ginsberg & Sinacore, 2015; Ratts & Pedersen, 2014; Sinacore et al., 2011), which further reinforces the need to examine knowledge at the community level. It is, therefore, imperative that transgender community issues be brought into the dialogues affecting mental health. The gaps in the existing mental health literature were the impetus for The Trans Community Says (TCS) Project.

The Trans Community Says Project

The TCS Project looked into experiences of transgender communities in Alberta, Canada from within. It was designed to answer the question: From a trans perspective, what are the characteristics, strengths, and challenges of transgender communities in Alberta? The Project represents one of the first community-based academic examples of trans-led trans research in the province.

I, Mateo Huezo, am presenting this paper to disseminate considerations for community mental health practice highlighted by The TCS Project. It is important to note that my own background affected the research relationships established in this study.

I am a transgender and queer person of colour. This offered a unique opportunity for accessing a depth of knowledge coming from a trans-centred perspective. Dr. Sandra Collins, who is cisgender and lesbian, provided supervision, guidance, and made connections to broader multicultural, affirmative practice, and social justice principles. The following sections give an overview of the framework and design of this work.

Anti-Oppressive Framework

The underlying philosophy for The TCS Project came from anti-oppression and trans feminism. Anti-oppression was made a priority in this work in direct response to traditionally oppressive research and writing when it comes to trans issues (Ansara & Hegarty, 2012; Bauer et al., 2009; De Vries, 2012; Enke, 2012a; Lev, 2009; Matte et al., 2009). Anti-oppression in research means centring minority narratives apart from dominant discourses (Daley & MacDonnell, 2011). Trans feminism facilitated this centring of trans voice, as it offers a strengths-based philosophy that uses the lenses of gender minorities as points of departure for knowledge creation (Enke, 2012a; Koyama, 2001; Muñoz, 2012; Stryker & Bettcher, 2016).

Community-based participatory research. Based on the anti-oppressive intent and community-focused aspect of this project, I chose a community-based participatory research (CBPR) design. In Canada, CBPR studies are encouraged as a collaborative way to create knowledge and effect change with minorities, including gender minorities (Canadian Institutes of Health Research, CIHR, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2014; Heinz & MacFarlane, 2013; OPHA, 2003; Trans PULSE Project, n.d.; Travers et al., 2013).

Although every CBPR study is unique to each community's needs (Stover, 2015), all CBPR approaches require three common steps. The first step is to establish community research partnerships to gain respectful access to the population of study (Blumenthal, 2011; Smith, Bratini, Chambers, Jensen, & Romero, 2010; Travers et al., 2013; Viswanathan et al., 2004). The second step is to co-construct rules and structures for decision-making between community member co-researchers and the research team (Smith et al., 2010; Travers et al., 2013; Viswanathan et al., 2004). The final step is to actively refine the structure of the study in response to the needs and decisions made by researchers and community member co-researchers (Smith et al., 2010; Travers et al., 2013). The main avenue for observing these steps in the current study was through the Advisory Panel, discussed below.

The Research Team

The research team for this project included a Supervisory Committee, an Advisory Panel, and myself as principal investigator. The Supervisory Committee, made up of counselling psychology professors, evaluated the academic application of research methods in the study. The Advisory Panel, made up of transgender community members from Edmonton and Calgary, Alberta, made sure that the study remained accountable first to the trans communities contributing to, and affected by, this research. This three-part structure to the research team supported quality control and ethical conduct throughout the study.

Study Methods

Recruitment

Snowball sampling. Finding participants representative of the diversity within a community can be a challenge in CBPR (Blumenthal, 2011; Travers et al., 2013). Added to this difficulty is the tendency for trans people to be a hidden population, which can hinder access for researchers (OPHA, 2003). To allay this challenge I used snowball sampling, which had been hailed by some for its utility with trans communities (Bauer et al., 2010; OPHA, 2003). I began snowball sampling with a purposive selection of trans-specific groups and services in Edmonton and Calgary. I distributed online and poster advertisements to these service providers. Advertisements contained invitations to potential participants to contact me for “a study by and for local trans communities.” I also encouraged respondents who contacted me to tell other potential participants about the study (Bauer et al., 2010; Dilshad & Latif, 2013; Viswanathan et al., 2004). To track potential selection biases in the personal network(s) of respondents, I recorded how community members had heard of the study (Bauer et al., 2010; Huezo, 2017). No two respondents reported hearing of the study from the same individual, though several came from common trans support groups.

Enrollment. Respondents who contacted me were scheduled for an intake interview. Regardless of whether they were enrolled or not, all respondents were given a transgender resource list to ensure those contacting the study knew of permanent supports in Alberta. Those who were able to join the study assumed one of two roles based on their preferences and eligibility: Participants who would contribute to the study data and Advisory Panel members who would oversee the research project. Eligibility criteria for study participants are given below. Advisory Panel members met all the study participant criteria, as well as the additional criterion of having worked or volunteered in a helping role with trans communities.

Eligibility criteria. In order to qualify for the study, participants were members of a transgender community in Edmonton or Calgary. They were the age of majority in Alberta. They reported capability of giving their own consent, as well as ability to participate in focus groups and surveys. In order to share recent community knowledge, they had to have associated with other trans people within the last six months prior to intake. My own personal friends, co-workers, and clients were excluded from the study (Truscott & Crook, 2013). Sandra did not meet participants. Project research funds were available to accommodate any accessibility needs.

Demographics. Table 1 shows the demographic characteristics participants shared about themselves in their surveys (see Data Collection below): Ages, genders, ethnocultural identities, and the time they had spent out to trans communities. Because of the small sample size and qualitative nature of this study, these demographics serve to illuminate where the trans community knowledge shared in this study came from. Participants were not meant to be representative of the population demographics of the Edmonton or Calgary trans communities. Self-determination of identity and gender were important premises in this work; therefore, quotes are provided in Table 1 to further clarify how some participants filled out their demographic surveys.

Table 1

Sample Demographics

Demographic	Edmonton	Calgary
Average age	38.6 Range 20-61	31.8 Range 18-54
Gender		
Man/Male	2	1
Nonbinary	1, 1 (“trans masculine nonbinary”)	
Woman/Female	3	3, 1 (“trans female”)
Average time in community	5.9 Range <1-16 years	3.1 Range 0.5-12 years
Ethnic identity	4 “White/Caucasian” 1 “Ukrainian” 1 “French-Ukrainian” 1 “French-English”	4 “White/Caucasian” 1 “Canadian”

As shown in Table 1, the Edmonton group was slightly older on average than the Calgary group and had spent more time as part of a local trans community. However, there was a wide range in both groups for both ages and the amount of time members had been out to their trans communities. Both groups reported predominantly White or Caucasian heritage. In the Edmonton group, participants identified on a spectrum across man/male, woman/female, and *nonbinary* (outside a male/female binary). The Calgary group indicated male and female gender identities. See the Discussion section for potential implications of these findings.

Data Collection

Focus groups. The main source of data used to answer the research questions came from focus group sessions. Focus groups are a method common to CBPR research in which researchers schedule a semi-structured group interview to collect data from several participants at once (Bergold & Thomas, 2012; Then, Rankin, & Ali, 2014; Viswanathan et al., 2004). What was especially important about focus groups for this study was that they provided an immersive group space for participants to engage with their communities while talking about those communities (Barr et al., 2016; Bockting et al., 2013; Breslow et al., 2015; Dargie et al., 2014; Pflum et al., 2015; Riggle et al., 2011; Ross, 2014). The guiding questions used for the focus groups were:

- How would you describe your local trans community?
- What are the strengths of your community?
- What are some of the challenges and areas for improvement in your community?
- How would you describe your local trans culture?

Because context is important to facilitating group discussions, data collection sessions were held within spaces where existing trans groups already met (Dilshad & Latif, 2013; Doody, Slevin, & Taggart, 2013). Each group was booked for 3 hours, with time at the beginning, middle, and end for space-setting, questions or concerns, and a small mid-session break. Name and pronoun cards, snacks, and water were provided. Participants were reimbursed the equivalent of two transit fares for their travel. The actual time for the focus group discussion was two hours per group, with 20 minutes afterwards for filling out surveys.

Surveys. There were two parts to the surveys in this study. One part was a blank “additional focus group thoughts” page (hereafter referred to as *thoughts pages*); participants were invited to use it to organize or add thoughts they chose not to voice in the focus group discussion. The surveys were opened to this page and set in front of participants at the beginning of their focus group session. The other half of the survey was the demographic survey, which was meant to provide contextual information for the narratives told in focus groups. Five short answer questions solicited participant’s age, gender identity, ethnic identities, approximate time since they first considered themselves a part of the trans community, and any other information they felt important to contextualizing what they'd shared in group. I asked participants to fill out as much demographic information as they were comfortable sharing.

Data Analysis

Qualitative data in this study were analyzed using a thematic framework analysis (FA) (Ward, 2011; 2012; 2013; Ward, Furber, Tierney, & Swallow, 2013). The aim of the FA was to analyze the community knowledge represented in focus group conversation transcripts and survey thoughts pages by pulling out topical themes. The steps in the data analysis process are given below.

1. **Transcription.** I scanned all surveys and uploaded all audio content to NVivo Pro qualitative analysis software. I transcribed the data into text.
2. **Familiarization.** I read through each transcript and performed preliminary word frequency counts to familiarize myself with the data.
3. **Coding.** I began to code and organize a framework of themes I saw in the data.
4. **Preliminary framework**. I hypothesized a thematic framework.
5. **Intercoder agreement.** I then explained the FA process to the Advisory Panel and gave them each a sample of the data. Advisory Panel members were instructed to familiarize themselves with the transcripts, then code the data and compare the themes they'd seen with my hypothesized framework.
6. **Final framework**. I met with the Advisory Panel to review the hypothesized framework and their suggested changes. We established an agreed-upon framework. I applied the revised framework to the data and made edits as necessary.

7. **Charting.** I organized all theme groups, subthemes, definitions, and examples into a thematic framework chart.
8. **Evaluation.** I brought the charted framework to the Advisory Panel and Sandra, my supervisor, for evaluation. We agreed upon final edits to the framework.
9. **Member-checking.** I invited participants to a member-checking evaluation of the final framework. One participant attended. She suggested no edits to the final framework.

Results

The themes we found in the data were sorted into five groups: Extra-Community Challenges, Extra-Community Strengths, Intra-Community Challenges, Intra-Community Strengths, and Trans Culture. These themes and their subthemes are briefly presented in Tables 2 through 6 below. A more thorough exploration of the themes is available through an open source e-book created from this research for consumption by trans communities and their allies (see Huezo, 2017).

The first two theme groups, Extra-Community Challenges and Extra-Community Strengths, represent trans issues that occur in spaces outside of trans communities. Extra-Community Challenges was defined as follows: There are challenges in approaching trans communities from outside them and challenges between trans and cis societies. This theme group was brought up frequently and made up 22.2% of the total coded data. Table 2 contains the FA chart for the coding theme Extra-Community Challenges. This chart consists of definitions and examples for each subtheme in the theme cluster. Each theme chart is presented separately due to the size of the final coding chart. The six subthemes reported in Table 2 suggest that trans persons and communities continue to be marginalized within society as a whole, as a result of dominant discourses and social norms that support both the erasure and oppression of trans people in mainstream culture. This also spills over into research and affects knowledge about trans communities.

Table 2

Thematic Chart: Extra-Community Challenges

Subtheme	Subtheme definition	Example
Inclusivity in LGBT+ cultures	The inclusion of trans people within queer communities can vary.	One Calgary member told another: *"For something that you said . . . Of how the online [community] is uh very I guess willingly diverse. I find that. . . Most LGBT-whatever communities are. . . The exact opposite."*
Inaccessible knowledge	Research and knowledge about trans issues can be inaccurate, irrelevant, surface-level, or inaccessible. It may not be tailored for trans consumption, but for cis consumption.	*"A lot of [information] is American, which is frustrating to me."*
Inaccessible needs and services	Trans people face social and systemic barriers to accessing basic needs and services.	*"We've got to convince somebody who's teaching our future doctors, psychologists, psychiatrists, whoever what they need to learn so that they can accommodate us."*
Inaccessible community	The trans community can be difficult to find or access.	*"I found the online community fairly easily. . . But then I found finding the face-to-face community has been a lot more difficult."*
Oppression and discrimination	Trans people face erasure, stereotypes, assumptions, or misconceptions about their identities. This oppression is enacted through sex/genital essentialism, gender policing, exclusion, rejection, or fetishization. This oppression is centred in transphobia and cisnormativity.	*"I get the stares, the giggles, the laughs. . . The comments. And it's an every. Day. Occurrence. Even if someone doesn't say anything. . . People just will continuously stare at you."*
Safety concerns	Trans people fear threats to their physical, social, and mental safety in cisgender society.	*"I don't feel 100% safe from the time I walk out my door."*

Extra-Community Strengths was the least popular theme group, contributing to 5.6% of what was coded in study data. The definition for this theme was: There are positives and strengths in the relationship between trans and cisgender societies. Table 3 contains the FA chart for the coding theme Extra-Community Strengths and its associated subthemes. When participants mentioned Extra-Community Strengths, they often described themselves as "lucky" or said they were "surprised." Thus, positives between trans and cis societies may be manifesting, but are not yet the expected norm.

Table 3

Thematic Chart: Extra-Community Strengths

Subtheme	Subtheme definition	Example
Positive and improving relations	Trans people are experiencing better treatment outside their communities than they've come to expect.	*"There's more of us, you know. It's pretty open now, that I don't feel so much like an outsider. And I don't feel the pressure to be cis-looking or stealth."*
Improving services and protection	Trans people are experiencing improved social rights, services, and protections.	*"Our political system is moving ahead, and we're getting all these openings. So we can go see a psychiatrist, and we can go get reassignment surgery, and we can go get all this stuff. But the problem with that is. . . it takes too long."*
Increased visibility	Trans stories and people are more visible locally, in the media, and in larger social discussions.	*"I know that there's people who are learning about these things for the first time. With the advent of a lot of recent events, celebrities coming out and new rights being gained in various countries."*
Improving access to knowledge	The information and literature available about trans experience is improving.	*"AHS has just hired a dedicated person to develop that guideline provincially, permanently, for the first time. . . It's never happened before. . . I never thought I'd see that in my lifetime."*

The next three theme groups represent knowledge about the internal workings of transgender communities. The first of these themes was Intra-Community Challenges, defined as: People face difficulties within their local trans communities. This code came up 20.2% of the time in the coded study data. Table 4 gives an overview of the various difficulties community members noted in their communities, which related heavily to Extra-Community Challenges (see Figure 1 below).

Table 4

Thematic Chart: Intra-Community Challenges

Subtheme	Subtheme definition	Example
Mental health as a barrier	Trans community members face challenges in their personal and social lives due to mental health factors such as anxiety, distress, and tested mental resilience.	*“I think what happens a lot of the time in vulnerable communities, like the trans community, is people aren't getting the mental health care that they need. So it front-loads every support group with having to deal with supporting people's mental health.”*
Minority stress as a barrier	Navigating the world as a gender minority introduces stress and trans-specific challenges to one’s life.	*“I'm constantly on display. Do I really want to get all dressed up and go another event? Honestly no I don't.”*
Divided ideologies	There is ideological division in trans communities about what the community is, who should be a part of it, how it should function, or what the prevailing attitudes or beliefs in the community should be.	*“There's no common agreement on stuff. And. . . There is of course a divide between my own personal life and folks who have transitioned. . . You don't have to transition to be trans.”*
Guardedness and self-seclusion	Trans communities can seem closed off, resentful of outsiders, and resistant to change.	*“Trans community spaces. . . Or even just LGBT+ spaces are definitely much more closed off and not as outgoing as maybe other spaces or other clubs might be for whatever purpose they have.”*
Translated oppressions and lateral violence	Social hierarchies and systems of oppression seen in larger society, such as sexism and racism, actively play out in trans community interactions.	*“It's our society that's inbred [prejudice] into us, right? . . . The thing is, when in the trans community we're so small that it stands out.”*
Leaving others behind	There is an expectation of person-to-person community and support between trans people. Some people within the community are seen as not meeting this expectation.	*“There are going to be people who feel that they should be at the top and you should listen to them all the time. . . they focus more on the activism than on the person-to-person interaction.”*
Needs outstrip resources	The demand for help from trans people and communities outweighs the available people and services addressing those needs.	*“I think there's expectations and trauma that are piled on the community by the community. . . Because the services are so scarce.”*

Table 5

Thematic Chart: Intra-Community Strengths

Subtheme	Subtheme definition	Example
Informal socialization and leisure	Trans communities can offer leisure, engagement, and social opportunities.	*"I think the trans community to me can be support groups and formalized things. But it can also be someone who I, like, have a friendship with outside of the fact that we may both be transgender. But when something comes up. . . there's a resource there."*
Knowledge resource	Trans communities can offer knowledge and learning.	*"I'm mostly just here for learning as much as I can."*
Diversity and inclusivity	Trans communities are made up of people from diverse backgrounds, belief systems, and demographics. Communities show openness to this diversity.	When speaking of the diverse people in trans communities, an Edmonton member said: *"Everybody plays nice."*
Trans sovereignty	Trans communities are separate from other groups and have their own norms.	*"If you take the whole LGBQ. . . And then we take the T out. . . we become a subgroup."*
Advocacy	Some trans people take action to address community challenges and needs.	*"There seems to be a lot of initiatives starting to pop up."*
Mental health support	Trans people and communities can be accessed for mental health and wellness support.	*"You almost need that community to be able to be comfortable enough to go out in public to access that community."*
Safety net	Trans communities can offer a safe base to come to or return to from outside these communities.	A Calgary member described the use of community for *"giving you the space and the time to discover yourself and meet people who will help you through that process."*
Evolving community	Trans communities are adapting to changes in larger society, as well as evolving to accommodate their own members.	*"I genuinely believe like a community that ceases to evolve— So ceases to have all of the problems and fractures and arguments that we are always having—* *Becomes a dictatorship. If you all believe the same thing and there's no evolution, then you're not a community anymore."*
Shared experience	Meeting other trans people and stories offers normalization or a sense of shared experience for trans people.	*"Having that connection and community is super important. And we're social animals and we require that."*
Individual strengths and positives	Trans people bring individual fortitudes and successes to their lives separate from the help that communities offer them.	*"We are all motivated in this room, right? Because otherwise we wouldn't be here."*
Community positives	Trans communities have facilitated positive change and successes in recent years.	*"We've already separated 18+ with the youth. Uh for size reasons. . . I think we're more than willing, and strong enough as a community. If there [are] enough of us. . . We can uh*

develop more programs to assist each other."

Intra-Community Strengths was the most popular thematic cluster that participants brought up, making up 35.7% of codes in the data. This theme group also had the most subthemes, and was defined as follows: Trans communities have positive characteristics and offer benefits to their members. The various offerings of trans communities in this group are shown in Table 5. As mentioned in the introduction, community-connecting is a highly valued aspect of trans-affirmative care. This theme group, and the next, provide some insights into how communities support positive mental health and recovery.

Table 6

Thematic Chart: Trans Culture

Subtheme	Subtheme definition	Example
Trans communication	There are trans-specific communication tools: Etiquette, language, concepts, and humour.	The Edmonton group laughed when one participant was talking about inaccessible knowledge and joked: *"[I was] being like hey do you know about Canadian stuff? No? Okay um sweet."*
Social discourses	There are dominant narratives, attitudes, beliefs, expectations, and ideologies guiding or impacting trans people.	A Calgary participant gave an example of how some cis people might think trans identities are "*fluid and can be molded to be something else."*
Different cultural manifestations	Specific trans cultures differ across groups and mediums of communication.	*"I think that [online communication has] changed sort of the way communities meet."*
Mentorship	Interactional styles in the community often take the shape of mentorship, with mentors and mentees inhabiting different roles.	*"If I didn't have people in my life that have been like, out and transitioning and stuff, I probably wouldn't be out."*
Formal events	Trans-centred events have an importance, impact, and function for the community.	*"Things like [youth camp] and the trans clinic are things that the people that I know could really use them."*

The last theme group was Trans Culture, defined as follows: Trans communities have many traits that may be neither challenge nor strength, but nonetheless characterize them. These traits are summarized in Table 6. This theme group accounted for 16.3% of coded data and offers insight into the functions within trans communities that can inform respectful cross-cultural collaborations.

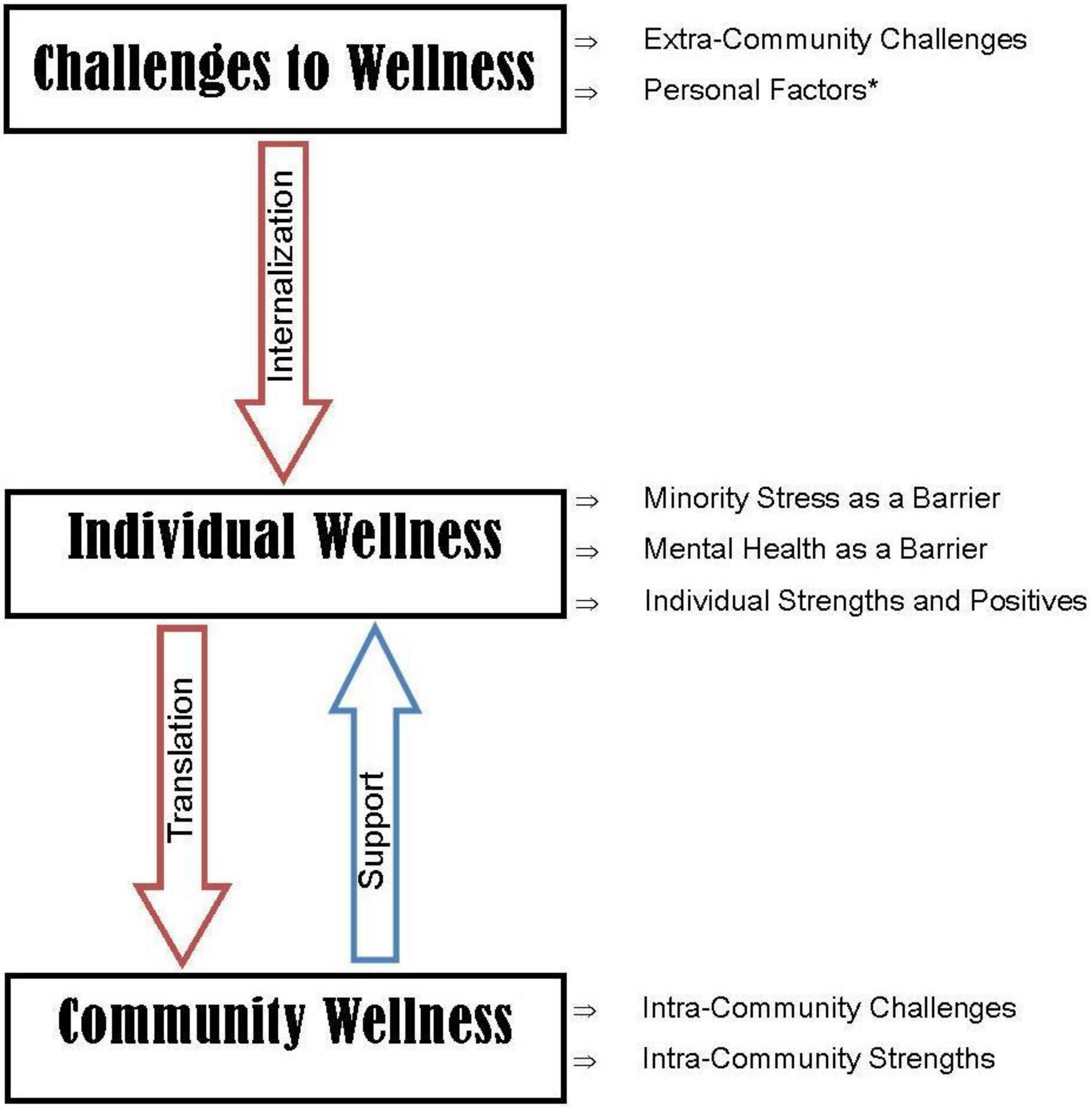

Figure 1. Interactions between themes and subthemes that impact individual and community wellness. *Starred items are not separate themes or subthemes in the data.

The themes were heavily interrelated, and none occurred in full isolation from the others. A depiction of the way in which participants described the interaction between individual and community wellness is shown in Figure 1. It provides a visual representation of the process participants described by which themes and subthemes in this study interact to effect personal and community wellness. External challenges coupled with personal factors, they said, impacted individual wellness. Trans people in distress might then turn to their communities for support. The tools these communities enlist to offer a cultural healing space are listed in the Intra-Community Strengths and Trans Culture theme clusters. But communities might also be hindered in their supportive role by internal community challenges such as translated trauma, oppression, and lateral violence between community members. This process is further explored below in the discussion about filling service gaps.

Discussion

The TCS Project aimed to fill a hole in the recent academic literature about transgender communities in Alberta. What made the project unique was its focus on trans knowledge from an insider's perspective. Many of the findings in this study, particularly those falling under the Intra-Community and Trans Culture theme groupings, represent trans cultural knowledge that has rarely been asked about or systematically researched. Rarer still is an account of trans-led trans research. In the following subsections, we discuss possible implications that might be drawn from this study to inform practice and further research.

Attitudes

Anti-oppression and trans feminism. Using the findings and methodologies represented in this study first requires a grasp of how anti-oppression and trans feminism help counsellors centre trans voices as invaluable to shaping knowledge and services tailored to trans audiences (Daley & MacDonnell, 2011; Serano, 2016). Trans input can be facilitated through client feedback, community consultation, and/or having trans-identified staff and leadership. Accepting input requires allies to be sensitive to power dynamics and reflexive to what community members have to say. To acknowledge the barriers trans people face and the value of trans input, it is important to reimburse community members for their work and input into shaping knowledge creation and services. Applying an anti-oppressive and trans feminist lens can also prepare counsellors to critique available literature for cisgender bias or pathologizing perspectives and to actively seek out trans affirmative and strengths-based resources (Rempel, 2017).

Cultural humility and reflexivity. As I mentioned in the introduction, therapists in Canada are expected to attend to social barriers and provide culturally-relevant care (Audet, 2016; Arthur & Collins, 2016). An important starting point for anyone wishing to work with trans people is an analysis of one's own privilege. It is important to attend to how cisnormativity and transphobia may play out, overtly or covertly, in relationships with clients (Collins & Arthur, 2018; Singh & Dickey, 2017). The findings in this study, particularly the Intra-Community and Trans Culture theme clusters (Tables 4 through 6), can be used to help practitioners challenge their own misperceptions and biases about trans communities and the interpersonal dynamics within them.

Knowledge and Skills

Social justice. Although this project was not a community needs assessment, needs and challenges arose frequently in the focus group conversations and surveys (Tables 2 and 4, respectively). This speaks to the magnitude of disparities trans people face in Alberta. It is not surprising that one of the main undercurrents of the Extra-Community Challenges theme was the ongoing interpersonal, organizational, and systemic oppression of trans persons and communities, given the current literature on social injustice and inequities trans people experience (Bauer & Scheim, 2015; Bockting et al., 2013; Grant et al., 2011; OPHA, 2003; Safer et al., 2016). Some of the outcomes replicated findings from previous studies, but in an Albertan context. For example, other researchers have described the community needs and barriers to wellbeing that, in this study, fell under the umbrella group *Extra-Community Challenges* (see, for example, Bauer et al., 2009; Grant et al., 2011; Heinz & Macfarlane, 2013; OPHA, 2003). These findings indicated that it is imperative that social justice work continues in the areas of increasing accessible knowledge, services, and protections for trans people. Advocacy work can also be focused towards challenging discriminatory attitudes and promoting inclusivity (Rempel, 2017).

The challenges trans people face are complemented by Extra-Community Strengths (Table 3). Not only are the rights and inclusivity of trans experiences and communities improving in Alberta, but trans people in this study saw some favourable shifts in social dynamics as well. Other authors have also posited the benefits of increasing activism, visibility, and positive relations between trans and cis people (APA, 2009; Benson, 2013; Fraser, 2009; Veltman & Chaimowitz, 2014). Social justice work, then, can seek to make the most of this momentum towards better relationships between cisgender and transgender societies.

Community-connecting. I also mentioned in the introduction that connecting to communities is seen as important to culturally-relevant mental health interventions. Some researchers have hypothesized ways that sexual and gender minority group belonging can offer benefits (Breslow et al., 2015; Riggle et al., 2011). The Intra-

Community Strengths and Trans Culture theme groups in this study give a first-person account of what kinds of dynamics contribute to such beneficence (Tables 5 and 6, respectively). For counsellors, knowing what trans communities offer can better justify and inform facilitating community connection when it is relevant to care planning. Participants in this project said that trans communities are important and also difficult to access (see Inaccessible community, Table 2). Therefore, it would be prudent for professionals to proactively form trans community partnerships to address the needs of future clients (Benson, 2013; Bess & Stabb, 2009; Vance et al., 2010). One way to connect to trans communities may be to contact transgender-serving agencies, groups, or mentors. Connecting clients to trans communities and to trans knowledge can include sharing community resource information or pieces of trans scholarship, such as the e-book created through this study (Huezo, 2017).

Filling service gaps. The Intra-Community Strengths in Table 5 are primarily a list of the resources trans people have used to facilitate mental and social support for their communities. The need for intra-community supports may be in response to the historically tense relationship between trans people and the mental health system (Ansara & Hagerty, 2012; Bauer et al., 2009; Benson, 2013; Fraser, 2009; Mule & Smith, 2014; Vance et al., 2010). Problems arise when these same communities lack the resources to meet the level of need presented, and when they struggle with Intra-Community Challenges (Table 4). For example, when dominant discourses related to sexism or racism are adopted into trans communities, this can create barriers to support for some community members (e.g., trans people of colour) more than others. The Extra-Community Challenges theme group and the subtheme Translated Oppressions and

Lateral Violence point to the social challenges exacerbating trans community problems in Alberta (Tables 2 and 4). These challenges highlight vital points for activism and support within the community. Addressing Intra-Community Challenges and promoting social justice within these communities can minimize intra-community harms and equalize the benefits members gain from their local communities.

Allies, not saviours. Both the Edmonton and Calgary groups in this study voiced a sense of community sovereignty (see Trans Sovereignty in Table 5); therefore, professionals may have an opportunity to support this agenda by offering their services to collaborate with grassroots support networks that have already begun within trans communities. Just as important as knowing the challenges that must be addressed in these communities is recognizing the various positives participants shared in the Intra-Community Strengths theme (Table 5), such as the emphases on advocacy, diversity, and inclusivity in these communities. Many before me have stressed the benefits of encouraging community capacities and sovereignty (Hale, 1997; Muñoz, 2012; Simeonov et al., 2015; Trans PULSE Project, n.d.; Travers et al., 2013). Trans communities have shown resilience and resourcefulness in creating community-led supports for their members. If these gains are providing benefit to these members, helpers might do well to support their sustainability.

Implications for Research

Inclusivity. As I mentioned in the Sampling section, the groups in this study were predominantly White or Caucasian. There was also no apparent nonbinary representation in the Calgary focus group (see Table 1). Though it is possible this turnout was happenstance, it might also point to useful insights for future work with trans communities in Alberta. Perhaps dominant ethnocultural groups are more able or willing to join projects like The TCS Project. It may also be that the words *trans* and *transgender* meant different things to potential participants who saw advertisements in Calgary versus Edmonton. If this is the case, it is worth exploring how to invite people from diverse genders and backgrounds into this type of research.

It's conceivable that explicitly naming and inviting subgroups in the trans community would better indicate that all are welcome. In this study, I was transparent with participants that this project was meant to be trans-led from the recruitment phase onward. My own disclosure of in-group membership as a nonbinary person of colour may have indicated safety to potential participants from minority ethnocultural or nonbinary groups. I attempted to approach participants and Advisory Panel members in ways that were sensitive to the barriers they could be facing and appreciative of the labour they were undertaking. For example, I chose focus group spaces that were already used by transgender groups in each city. Similar considerations could facilitate anti-oppressive community connections with trans people who are multiple minorities.

Trans-centred research. This study offers an example of how anti-oppressive and trans-feminist approaches to research can be justified and implicated in study designs. I am not the first in Canada to use CBPR as an anti-oppressive approach to trans research (see for example, Heinz & MacFarlane, 2013; OPHA, 2003; Trans PULSE Project, n.d.). However, the TCS Project confirmed the utility of CBPR and trans feminist research in an Albertan context. Using trans-centred research can promote reconciliation between trans communities and the mental health system, and it can contribute to a knowledge base that mitigates bias towards gender minorities.

The feedback I got from community members in this study was that having a platform from which to regulate the research that affects us was important (see also Inaccessible knowledge, Table 2, and Trans sovereignty, Table 5). This active and minority-centred collaboration is the central tenet of anti-oppressive and trans feminist research. My hope is that many of the strategies used in this research can be adapted to trans projects with cisgender researchers. Although having researchers with dual identities, as both the minority of study and the researcher, can pose boundary challenges, supporting minority researchers where possible helps mitigate prejudice, build community capacity, and facilitate anti-oppressive work (George, Duran, & Norris, 2014; Smith et al., 2010; Travers et al., 2013). Trans people deserve the benefit of the same types of minority-centred research endeavours upheld as the standard for working with other minority groups (CIHR et al., 2014; Daley & MacDonnell, 2011).

Limitations and Future Directions

This study may exist in a relative dearth of knowledge about trans communities in Alberta, but it is not meant to be the definitive answer as to what these communities are like. This project was created to give a person-centred account of the meanings and experiences some people have within their specific trans communities. This, in turn, can be used to humanize our understandings of trans communities and to better inform the choices professionals make when approaching these communities or facilitating community support. It is important to note that the findings in this study were dependent on what community members chose to share. It is also important to note that the risk of researcher bias was ever-present and continually monitored through supervision, community member feedback, and self-reflective journal practice.

Some questions arose through this study that could inform future research. What would trans communities of colour have to say about their local trans communities in Alberta? What would nonbinary people in Calgary have to say? The scope of this project focused on the two major cities in the province; another avenue for inquiry might look at the rural experience of trans people in Alberta. It is my hope that not only the findings, but also the design of studies like The TCS Project, can help highlight the importance of anti-oppressive, trans-centred work.

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Chapter 4: Synthesis and Implications

Synthesis of Findings

As I mentioned in Chapter 1, the research question guiding this study was: From a trans perspective, what are the characteristics, strengths, and challenges of transgender communities in Alberta? Garnering trans perspectives in this study meant first being responsive to how the dominant research methods today may propagate biases towards minorities (CIHR et al., 2014; Dewey & Gesbeck, 2015; Matte et al., 2009; Serano, 2016), then designing an anti-oppressive project, from concept to conduct, that promoted trans voice (see Chapter 2). The findings in this study consisted of five major theme groups with 33 subthemes. Each theme group and their related subthemes is presented in Tables 2 through 6 (Chapter 3), roughly in order from what was least to more specific knowledge about trans communities. Where thematic clusters were described predominantly as strengths or challenges to trans communities, this was indicated in the theme group name. Only one set of subthemes, the Trans Culture group, was not classified as a strength or challenge. These subthemes made up the traits participants said were neither negative nor positive, but still characteristic of their communities.

The first two themes, Extra-Community Challenges and Strengths, were about issues that occur when approaching trans communities from an outsider’s perspective, as well as issues in the relationships between cisgender and transgender societies. The Extra-Community Challenges theme replicates, in an Albertan context, needs assessments and studies of oppression found in other research (Bauer & Scheim, 2015; Grant et al., 2011; Heinz & MacFarlane, 2013). The Extra-Community Strengths, too, confirmed, for a Canadian context, some of the societal shifts that have been noted in the American literature (APA, 2009).

The next group of themes represented knowledge only attainable from within trans communities. This group consisted of the themes: Intra-Community Challenges, Intra-Community Strengths, and Trans Culture. While participants in several studies have touched on some of the subthemes here, taken together these theme groups described three parts of a community whole indicative of the internal cultures, dynamics, and processes within trans communities.

Figure 1 in Chapter 3 is a depiction of the process by which many of the themes and subthemes in this study work in relation to one another, as described by participants. This figure fits into the existing literature on minority stress models for mental health, where external oppression is internalized in different ways depending on personal factors and can impact individual and community-wide mental wellness (Hendricks & Testa, 2012). Many of the assets offered in the Extra-Community Strengths and Intra-Community Strengths groups, as well as the functions described in the Trans Culture theme group, can be contextualized as coping, healing, and resiliency processes in relation to the challenges trans people face. I discuss the implications of the study findings below.

Implications

Implications of the Study Findings

The TCS Project was meant to expand our knowledge of trans communities across Alberta. With the Advisory Panel, I planned dissemination activities based on the audiences they might reach (see Chapter 3). The audiences this project was tailored to included transgender people, allies, and mental health professionals. Ultimately, this project and its dissemination was meant to benefit trans people directly, by creating accessible trans community knowledge, and indirectly, by providing information for allies and mental health providers. Below I give an overview of each suggestion for best practices based on this study and their audience-specific implications where applicable.

Attitudes

Cultural humility and reflexivity. As important as promoting the knowledge shared in this study was attending to how these findings may be interpreted for practice. A trans feminist and anti-oppressive usage of study findings would be a collaborative approach to working with trans communities, rather than working on or for them (Daley & MacDonnell, 2011; Muñoz, 2012; Rempel, 2017). One of the Intra-Community Strengths, in fact, had to do with the independence of trans communities as sovereign entities (Trans Sovereignty, Table 5). Taken together The TCS Project philosophy and findings support an allied approach that first honours and is reflexive to the cultural wisdom trans people may access in their own communities.

Anti-oppression and trans feminism. In this project, anti-oppression and trans feminism were used to centre trans perspectives as the foundation for the study and choosing the literature that would inform it. Bridging theory to practice, establishing community power, and building community capacity through the Advisory Panel helped keep the project accountable to its trans-centred intents in a practical way. In practice and research settings, community empowerment and trans-centred practice can be enhanced by facilitating client and research participant engagement and feedback, accessing community consultation, and/or having trans-identified staff or leadership guiding trans-focused work. An important part of anti-oppression in the TCS Project was reciprocity for the efforts of community members put into the study. They were reimbursed for their time and labour. This can serve as a model for future trans-centred work.

Knowledge and Skills

Knowledge. In Chapter 2, I wrote about the focus in this study on promoting the welfare and fair treatment of trans communities. One of the products of this study was a freely accessible e-book meant to give the community wisdom shared by participants in the TCS Project back to their communities (Huezo, 2017). This is one example of how knowledge from this study and others like it might be shared for the direct use and beneficence of trans people.

Communities for mental health. ***Strengths-based approach.*** In general, the Extra-Community and Intra-Community Strengths theme groups point to various positives that activists, allies, and therapists may build upon to support trans communities. Thus community work can focus not just on a deficit model of what is missing, but also on a strengths-based model of what is going well that can be expanded upon. As I mentioned above in the Synthesis of Findings, the Extra- and Intra-Community Strengths and Trans Culture subthemes made sense in the context of the challenges that may have shaped these traits and processes for coping, healing, and resiliency. Thus, trans communities seem to have already begun the work of mental health recovery. Therapists, then, would do well to supplement these efforts.

Connecting to communities. Understanding how the Intra-Community and Trans Culture subthemes support or hinder individual and community wellness can help practitioners make informed community resource connections with their trans clients as well. Since participants pointed to the inaccessibility of trans knowledge and communities in Alberta, supporting accessible knowledge dissemination as well as proactively forming community partnerships would be prudent. In this project, community members were first alerted to the study through advertisements distributed to trans-serving agencies. A similar approach might be useful for others seeking to connect to trans communities.

Social justice and service development. Two major theme groups in the findings of this study focused on the challenges transgender people face in cisgender society, as well as the challenges within our own communities (Extra-Community and Intra-Community Challenges, respectively). Several of the subthemes here described the effects of unmet needs in the community (such as Needs Outstrip Resources, Table 4). These needs and challenges can be used to inform service development and a focus on distributive justice for the fair allocation of resources to trans people. Many subthemes also related to social and systemic injustice (such as Oppression and Discrimination, Table 2). Much of this injustice came from cisgender society, but the Translated Oppressions and Lateral Violence subtheme (Table 4) showed how social hierarchies of inequity translate into minority communities as well. This information demonstrates a state of inequality for trans people in Alberta and the need for activism and work towards comparative justice, both within transgender communities and in larger cisgender society.

Implications of the Research Design

Implications of minority-led research. This thesis represents an opportunity to legitimize the influence of trans scholarship in mental health. It is difficult to say whether a cisgender-led research project would have had access to the worldviews and internal community wisdoms represented in this research. This project looked into trans-centred knowledge that has rarely been asked about or systematically researched. Cisgender-led trans mental health research is prone to a significant power imbalance between researchers and participants because cisgender therapists have traditionally been the gatekeepers to healthcare and social services for trans people (Matte et al., 2009; Serano, 2016). The influence of the mental health system's power over trans lives cannot be excluded from consideration of how freely we share our views in research and writing (Serano, 2016). Having a trans-led research project circumvents part of this power imbalance and offers the opportunity for community capacity-building and healing.

Implications of anti-oppressive research. Part of the potency of anti-oppressive work is not only acknowledging the past harms done to trans communities by the mental health system, but working to prevent ongoing harm (see Chapter 1; Daley & MacDonnell, 2011; Serano, 2016). This thesis represents mental health research and writing that can foster reconciliatory action by recognizing trans identities and communities as not pathological, but rather as valid cultural manifestations of human diversity. Trans feminists take the view that all feminists trans(gress) gender norms to some extent. In order to truly move forward from a patriarchal world to social justice, they say, society must understand gender diversity. Therefore, trans feminism is seen as central to activism and feminist work (Enke, 2012a). This thesis models anti-oppressive, trans-feminist research that offers a critically-informed approach toward building new research traditions with trans people that centre our voices.

Personal Reflections

Being the minority of study, there were several personal implications in this project that might be of use for future minority researchers. First, reflexivity was key to anti-oppression and community collaboration in this project, no matter how close or familiar I was with the material. In order to truly learn from this project—and there was a lot to learn, in both the research methods and content of the study—I had to first make a conscious decision to treat my own voice as valid but not superior to those of other trans people. In other words, I attempted to have a grasp on the concepts covered in this study without holding to my own knowledge too tightly. Several times, community members took a viewpoint I had not, which set the research in directions I might not have taken the project otherwise.

In order for this project to be considered academically rigourous, I had to justify it based on scholarly work. Designing a trans feminist study was difficult because trans feminism is a relatively new field that relies heavily on the work of non-peer-reviewed trans scholarship. Much of the peer-reviewed work I could find on transgender mental health contrasted with trans feminist ethics and, therefore, did not fit this study. It was emotionally laborious, beyond the typical demands of a thesis, to read through so much work that painted my personal identity as pathological and still be able to formulate academically viable arguments to justify The TCS Project. I've come to see, however, that this is the position of a minority scholar: I am both vulnerable to the biases inherent in the systems that surround my work and in possession of a set of research tools that give me a unique opportunity to impact these systems. The TCS Project has inspired me to recognize the importance of, and respond to the demands inherent in, minority-led scholarly work.

Limitations

The demographics represented in the community groups that contributed data to this study can be found in Table 1 (Chapter 3). Each sociocultural factor represented in these groups could impact and limit the perspectives community members shared in The TCS Project. The time members had spent in their communities, as well as the circumstances under which they met other community members, could influence their experiences of trans communities in each city. This study was limited to adults in Calgary and Edmonton who were able to give their independent consent. As the sample demographics show, the voices in this study were also largely of White/Caucasian heritage. The Calgary group had no self-identified nonbinary participants. The gaps in representation here point to potential future considerations for research.

Future Research

The first implication of the limitations in this study might be addressing how minorities within transgender communities are invited to, and accommodated in, research endeavours. Some strategies might be explicitly naming subgroups in study advertisements (such as nonbinary groups in Calgary), as well as considering creating closed focus group spaces for minorities (such as ethnic minorities) within transgender communities to safely share their knowledge.

The second implication of this study’s limitations points to where future research endeavours might be focused. For example, future researchers might look at the experiences of trans communities in rural Alberta rather than in its major cities. As participants reminded us (Inaccessible Knowledge, Table 2), there is a general dearth of knowledge about transgender communities in Canada (see also Chapter 1). More research is needed across the country to better understand what issues are locally relevant to each community. Further research into theme groups and subtheme groups represented in this study might also bring to light a deeper understanding of trans community experiences. For example, one of the study findings was that trans people experience both inclusivity and non-inclusivity from sexual minority groups (see Inclusivity in LGBT+ Cultures, Table 2). A study based on this finding might look at the experiences of queer trans people compared to heterosexual trans people in Alberta. Such studies would complement The TCS Project by expanding the diversity of voices represented in our trans community knowledge.

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Appendix A: Literature Search Methods

Table 7

Systematic Online Search Methods

Keywords								Databases	Search Engines	
Transgender	**Mental**	**Healthcare**	**Culture**	**Cultural**	**Community**	**Guidelines**	**Canada**	**EBSCOhost (n.**	**Google (n. d.)**	**Google Scholar**
X[a]	X							05/23/16[b]	05/24/16	05/24/16
X	X					X		05/23/16	05/24/16	05/24/16
X	X						X	05/23/16	05/24/16	05/24/16
X	X					X	X	05/23/16	05/30/16	05/30/16
X		X					X	05/23/16	05/30/16	05/30/16
X		X				X	X	05/23/16	05/30/16	05/30/16
X			X				X	05/23/16	05/22/16	05/22/16
X					X		X	05/24/16	05/23/16	05/23/16
X				X				05/23/16	05/23/16	05/23/16

Note: All combinations of words used "AND" in Boolean logic or "+", indicating a requirement that all words be present in findings for search criteria.

[a] Searches were conducted using the combination of keywords marked with an X across each row.

[b]Dates indicate when the most recent keyword search for that column was conducted in each database and search engine.

Table 7 provides an overview of the keyword search combinations used for the primary literature review in this study. Searches ended when saturation was reached, defined as no new articles appearing for 50 or more items in a list. Reference sources included textbooks, resources referenced three or more times in guidelines and primary research articles, and a search through all trans-specific web pages or articles published by any of the Canadian national, provincial, and territorial regulatory bodies for mental health professions in Canada. Aside from seminal works, primary articles used in Chapter 1 were published in the year 2009 or later. This year was chosen as the cutoff because 2009 was the year of publication for the recommendation articles that contributed to the most recent WPATH SOC (Fraser, 2009; Lev, 2009; Matte, Devor, & Vladicka, 2009).

All Canadian and American primary research articles outlining clinical considerations and tasks required for comprehensive trans-specific mental health services were considered for this review, as well as secondary sources explicitly purported to be used as transgender care guidelines. The mental health field here includes professional psychiatry, psychology, and counselling (Canadian Mental Health Association, 2017). Sources made for subpopulations of trans people (for example those with HIV only) and sexual minority resources with little to no attention given to trans-specific care were excluded. Because anti-oppression and trans feminism provide the undergirding motivation and values in the current review, any article arguing for therapists to oppose the existence of transgender identities (for example, through conversion therapy) was discarded (see also Conceptual Framework, Chapter 2).

Appendix B: Study Advertisements

THE TRANS COMMUNITY SAYS...
(TCS)

ARE YOU PART OF THE TRANSGENDER COMMUNITY?

WE ARE LOOKING FOR ADULT VOLUNTEERS TO TAKE PART IN A STUDY BY AND FOR LOCAL TRANSGENDER COMMUNITIES IN ALBERTA.

AS A PARTICIPANT IN THIS STUDY, YOU WOULD BE ASKED TO TAKE PART IN A GROUP DISCUSSION AND FILL OUT A SHORT SURVEY.

PARTICIPATION IS ENTIRELY VOLUNTARY AND WOULD TAKE APPROXIMATELY 2.5 HOURS OF YOUR TIME. YOU MAY ALSO CHOOSE TO CONTRIBUTE FOLLOW-UP FEEDBACK (UP TO 1 ADDITIONAL HOUR).

BY PARTAKING IN THIS STUDY YOU WILL HELP US FILL GAPS IN KNOWLEDGE ABOUT TRANS COLLECTIVES IN ALBERTA. THIS KNOWLEDGE COULD BE USED BY TRANS COMMUNITY MEMBERS AS WELL AS OTHERS WHO WISH TO KNOW MORE ABOUT WORKING WITH OUR COMMUNITIES.

TO OFFSET TRAVEL COSTS FOR PARTICIPATING IN THIS STUDY, YOU WILL BE REIMBURSED THE EQUIVALENT OF TWO CITY TRANSIT PASSES FOR YOUR TRAVEL EXPENSES.

TO JOIN OR LEARN MORE ABOUT THIS STUDY, PLEASE CONTACT US USING THE EMAIL BELOW. IF YOU HAVE EXPERIENCE WORKING WITH TRANS COMMUNITIES AND WOULD LIKE TO BE PART OF THE RESEARCH TEAM, PLEASE INDICATE THIS IN YOUR EMAIL.

PRINCIPAL INVESTIGATOR: MATEO K. HUEZO
STUDY SUPERVISOR: DR. SANDRA COLLINS

THIS STUDY HAS BEEN REVIEWED BY THE ATHABASCA UNIVERSITY RESEARCH ETHICS BOARD.

THIS RESEARCH IS SUPPORTED BY ATHABASCA UNIVERSITY AND THE FOLLOWING SPONSORS:

AP!RG

Human Rights
Education and
Multiculturalism
Fund

Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada
Canada

The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
E: thetranscommunitysays@gmail.com

The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
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The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
E: transcommunitysays@gmail.com

The TCS Project
E: transcommunitysays

THE TRANS COMMUNITY SAYS...

Contact:
transcommunitysays@gmail.com

ARE YOU PART OF A TRANSGENDER COMMUNITY?

WE ARE LOOKING FOR ADULT VOLUNTEERS TO TAKE PART IN A STUDY BY AND FOR LOCAL TRANSGENDER COMMUNITIES IN ALBERTA.

AS A PARTICIPANT IN THIS STUDY, YOU WOULD BE ASKED TO:

- TAKE PART IN A GROUP DISCUSSION
- FILL OUT A SHORT SURVEY

PARTICIPATION IS ENTIRELY VOLUNTARY AND WOULD TAKE UP TO THREE AND A HALF HOURS OF YOUR TIME.

BY PARTAKING IN THIS STUDY YOU WILL HELP US CREATE KNOWLEDGE THAT COULD BE USED BY TRANS COMMUNITY MEMBERS AS WELL AS OTHERS WHO WISH TO KNOW MORE ABOUT WORKING WITH OUR COMMUNITIES.

YOU WILL BE REIMBURSED THE EQUIVALENT OF TWO CITY TRANSIT PASSES FOR YOUR TRAVEL EXPENSES.

TO JOIN OR LEARN MORE ABOUT THIS STUDY, PLEASE CONTACT US USING THE EMAIL ABOVE. IF YOU HAVE EXPERIENCE WORKING WITH TRANS COMMUNITIES AND WOULD LIKE TO BE PART OF THE RESEARCH TEAM, PLEASE INDICATE THIS IN YOUR EMAIL.

PRINCIPAL INVESTIGATOR: MATEO K. HUEZO

STUDY SUPERVISOR: DR. SANDRA COLLINS

THIS STUDY HAS BEEN REVIEWED BY THE ATHABASCA UNIVERSITY RESEARCH ETHICS BOARD.

THIS RESEARCH IS SUPPORTED BY ATHABASCA UNIVERSITY AND THE FOLLOWING SPONSORS:

THE TRANS COMMUNITY SAYS:
A RESEARCH PROJECT BY AND FOR TRANS PEOPLE IN ALBERTA.

For more info email: transcommunitysays@gmail.com

This study has been reviewed by the Athabasca University Research Ethics Board. It is supported by Athabasca University and the following sponsors:

Appendix C: Transgender Resource List

Transgender Resources

Alberta
Alberta Trans (http://www.albertatrans.org)
Trans Equality Society of Alberta (http://www.tesaonline.org/)
PFLAG (http://pflagcanada.ca/pflag-chapters/alberta/)

Calgary
Calgary Outlink (http://www.calgaryoutlink.ca/)
Calgary Sexual Health Centre (http://www.calgarysexualhealth.ca/)

Edmonton
The Pride Centre of Edmonton (http://www.pridecentreofedmonton.org/)
The Institute for Sexual Minority Studies and Services (http://www.ismss.ualberta.ca/)
The Rainbow Pages (https://www.the-family-centre.com/services/rainbow-pages/)

Appendix D: Intake Resources

Email Letter of Initial Contact

Hello ___,

Thank you for your interest! My name is Mateo, and I am the Principal Investigator for the research project titled “The Trans Community Says”. This project is meant to be a collaborative community-based study, exclusively by and for trans people.

If you are interested in being a **study participant**, you'd be asked to come for a one-time survey and focus group session. The conversation topic will be about describing your local trans community. This knowledge will then be put into action through various activities to improve mental health and other services for trans people. Dates for the focus group/survey sessions are flexible, but I'm aiming at hosting them between mid-November and mid-December. You will be reimbursed for your travel the equivalent of two city transit passes to your session. We (the research team) have budgeted for special accommodations if needed, such as language translators, so please let me know if you require any such assistance to participate.

If you are interested in joining the **research team**, you'd be asked to commit to monthly meetings. Research team members will be trained on the study, and require previous experience in a helping role with trans communities.

I hope this clarified what the study is about for you. Please let me know if you are interested in joining, either as a participant or as a research team member, and we can set up an intake interview for you!

I've attached here some trans resources, to ensure everyone contacting the team knows of stable supports.

Warmly,
Mateo K. Huezo
Principal Investigator, The Trans Community Says
Email: transcommunitysays@gmail.com

Intake Interview: “The Trans Community Says”

Pseudonym:
Date:
Interview:

Introduction

Hello ___________, my name is Mateo and I’m calling because you expressed interest in the project called “The Trans Community Says”. May I ask how you heard about the study (name, if possible, for respondent-driven tracking)?

About the Study

There’s very little known about trans communities in Alberta. This study is a collaborative project with trans communities to fill this knowledge gap. I’m recruiting people who are interested in sharing their wisdom and experiences about trans communities. As a recruit, you could take on one of two roles. The first role would be as a study participant, where you can participate in a one-time discussion group session and fill out a survey to give direct knowledge about trans communities. The second role is for people who have experience working with trans communities and would like to share feedback on the study design and activities as part of the research team. Do either of these roles sound like something you’d be interested in? Do you have any questions at this point?

Eligibility criteria

I just have a few questions about your background, to see where I can place you in discussion groups. These questions are based on criteria meant to make sure we’re giving voice to trans perspectives and that those participating in the study are at a minimal risk.

1. Are you aged 18 or over?
2. Are you legally able to provide your own consent?
3. Do you identify as a member of the (Edmonton/Calgary) transgender community?
4. Have you associated with other trans community members within the last 6 months?
5. Will you be able to participate in a 2-2.5 hour group discussion in English?
6. (OPTIONAL) What, if any, accommodations do you need in order to participate? Ex: a translator.
   Have you had any personal or professional relations with me (Mateo) in the last two years, and if so what were they?

Advisory Panel ONLY

1. What experiences do you have of working with trans communities in the past?
2. (OPTIONAL) If you were offered guidance to do so, would you be willing to help with qualitative analysis in this project?

Next Steps

If NO:

- I’m sorry, but it looks like you haven’t met the criteria and here’s why ________.
- I still encourage you to look at the trans resources listed in welcome email if you find that helpful, and to tell others who might be interested about this study.

If YES:

- You have met the criteria to participate in this study. The next step is for me to make sure I have the right contact email and a back-up email or phone number to reach you at [fill contact sheet].

- You can expect me to email you the consent form for this study within the next week. The sooner you can scan and send it back, the sooner I can schedule you in for participation. [FOR STUDY PARTICIPANTS] If you’re not able to scan the signed form and send it back, you can type your name for now and I’ll ask you to sign it in person when you arrive for your focus group.
- In the meantime, I encourage you to forward study information to anyone you think might be eligible and willing to participate.

Appendix E: Informed Consent Forms

STUDY PARTICIPANT
LETTER OF INFORMATION / INFORMED CONSENT FORM
“The Trans Community Says” Project

Date: ______________

Principal Investigator (Researcher):	**Supervisor:**
Mateo K. Huezo	Dr. Sandra Collins
Email: transcommunitysays@gmail.com	sandrac@athabascau.ca

You are invited to take part in a research project called “The Trans Community Says”. This form is part of the process of informed consent. The information here should give you a basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to be able to make an informed decision about whether you wish to participate in this research project, you should understand enough about its risks, benefits, and what it requires of you. This is the informed consent process. Please take time to read this carefully as it is important that you understand the information given to you. You may contact the Principal Investigator, Mateo Huezo, if you have any questions about the project or would like more information before participating.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now or in the future.

Introduction

My name is Mateo Huezo and I am a Master of Counselling student at Athabasca University. As a requirement to complete my degree, I am coordinating a research project with transgender communities in Alberta to create knowledge about the strengths and challenges these communities have. I am conducting this project under the supervision of Dr. Sandra Collins.

Why are you being asked to take part in this research project?

You are being invited to participate in this project because you may have insight to offer as a member of your local transgender community.

What is the purpose of this research project?

The purpose of this project is to create knowledge by and for transgender people about what strengths their communities offer them and where these communities may have room for growth. This is meant to fill a current gap in knowledge about transgender communities in Alberta.

Please note that this study is temporary and not meant to provide a permanent support. The attached page “Transgender Resources” provides a list of sources you may use to connect to community services.

What will you be asked to do?

After signing this consent form, the Principal Investigator (PI) will contact you and other study participants to ask about your availability. He will also ask if you have any preferences or needed accommodations to participate. He will then schedule a focus group session and notify you with the date, time, and location in which it will take place.

Focus group sessions will be recorded with an audio recorder and a video camera. The session will start with some time (10-15 minutes) for introductions to one another and to the study. Your session will be a will be a round-table discussion between you and three to nine other community members. The PI will have some questions to help guide the conversation. You will also be given a short survey, with some blank pages for you to write any additional thoughts you have about the conversation. After the focus group discussion, you will have a break and some time (about 20 minutes) to fill out your survey. Sessions will end with an opportunity to share your feedback about the session. In total, your session will last up to 2.5 hours.

Within 14 days following your focus group session, you may be contacted again for clarification if part of what you said was not captured clearly on the audio and video recordings. If you choose to give follow-up feedback on the study’s findings, you will be contacted again for this feedback within three to five months (90-150 days) after your focus group.

What are the risks and benefits?

Being a part of this research will not pose any additional risks to those normally posed by accessing transgender community spaces. Because this study uses a group setting, there may be risks to your confidentiality or privacy that depend on group members respecting the confidentiality of what is said in focus group sessions. Please see also the section below titled “How will your privacy and confidentiality be protected?”

You are encouraged to consider your individual situation and to avoid any negative impacts, such as social or economic consequences, that participating in this study may have on you. For example, you might ask that your focus group session be scheduled during times when you do not work. To offset the costs of travel, you will be reimbursed the equivalent of two city transit tickets ($6.50 CDN in Edmonton, $6.30 CDN in Calgary) at the end of your focus group.

This study is meant to fill a gap in knowledge about transgender communities. It is meant to be co-owned with the community that it affects. The goal of this study is to improve community wellness and inform mental health practice in Alberta. By participating in this project, you are contributing to this venture.

Do you have to take part in this project?

As stated earlier in this letter, involvement in this project is entirely voluntary. You can choose to withdraw from the study at any point before or during your focus group session. You can ask that the data you have contributed be removed from the analysis within 30 days after your focus group session. The study data will not be re-analyzed after you have withdrawn your part of it. This means that your data may have still influenced the outcomes of the study up to the point you withdrew it. You will not be identified as an individual in any of the transcribed focus group data, survey data, analysis, or written or presented outcomes of the study (see “How will your privacy and confidentiality be protected?” below).

You can also choose to withdraw from the optional follow-up feedback after focus groups. Because this feedback is part of our final data analysis, you can ask that this feedback be withdrawn from the study up to one week (7 days) after you have submitted it.

How will your privacy and confidentiality be protected?

The ethical duty of confidentiality includes safeguarding your identities, personal information, and data from unauthorized access, use or disclosure.

The guiding questions that will be asked by the PI throughout focus group questions are about the community as a whole. You will not be asked to disclose personal information to the group. However, you are encouraged to remember that group confidentiality depends on the discretion of study participants. Group rules about respect and keeping confidentiality will be discussed at the beginning of your focus group session.

Any personal information you provide to participate in this study, such as your contact information, will be kept separate from focus group and survey data. Only the PI will be able to access these files.

The PI will use a code name (pseudonym) for you in the written transcripts of focus groups and surveys to guard your privacy. Focus group and survey data will be accessible by authorized research team members for the purposes of analysis only. These research team members may be Athabasca University professors sitting on the thesis supervisory committee, or members of this project’s Advisory Panel, which is made up of transgender community members.

All information will be held confidential, except when legislation or a professional code of conduct requires that it be reported.

How will my anonymity be protected?

Anonymity refers to protecting your identifying characteristics, such as your name or a description of your physical appearance.

Because you are participating in focus groups, you cannot be kept completely anonymous from other group members. If you wish, you may choose a pseudonym to use during your session.

Every reasonable effort will be made to ensure your anonymity in the study process. As mentioned above, the insights you provide in focus groups and surveys will be assigned a pseudonym. Findings from this study will be presented anonymously, either by using pseudonyms for direct quotes or by presenting outcomes as a combined analysis of the whole group data.

How will the data collected be stored?

Personal information will be stored on a password-protected computer, offline, in password-protected files and/or on study USB flash drives in password-protected files. These files will only be accessed only by the PI. This information will be destroyed five years after it is collected, as per Athabasca University policy.

All focus group data and survey data will be kept offline in password protected files as well. This data will also be kept in a password-protected study file on a shared data analysis program called NVivo that may be accessed by other authorized research team members for the purposes of analysis. Nvivo files will only use pseudonyms for study participants.

All study materials and information will be kept confidential and only accessed by authorized research team members, except when professional or legal duties require that they be reported. All hard copies of study materials containing participant information or data will be scanned and stored digitally. Physical copies of these materials will be destroyed immediately after being digitally stored. Digitally stored information will be destroyed within two years after being collected.

Who will receive the results of the research project?

This study may be published in an online journal, an online educational resource, or presented at conferences and workshops. The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room. The final research paper will be publicly available. Once the study findings have been made available to the public, you will be notified about where to find them.

Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the PI) by e-mail at transcommunitysays@gmail.com, or my supervisor by email at sandarac@athabascau.ca. If you are ready to participate in this project, please complete and sign the attached Consent Form and return it to transcommunitysays@gmail.com by December 1, 2016.

Thank you.
Mateo K. Huezo, BSc.
This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

STUDY PARTICIPANT
LETTER OF INFORMATION / INFORMED CONSENT FORM
“The Trans Community Says” Project

Informed Consent:

Your signature on this form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** data collection, any data collected from you up to that point will be destroyed.
- You understand that if you choose to withdraw **after** data collection has ended, your data can be removed from the project at your request within 30 days following your focus group session.

	YES	**NO**
I agree to be audio-recorded	○	○
I agree to be video-recorded	○	○
I agree to the use of direct quotations	○	○
I am willing to be contacted following the focus group to verify that my comments are accurately reflected in the transcript.	○	○
I am willing to be notified when the study findings are made publicly available.	○	○
(OPTIONAL) I agree to be contacted for feedback on the study findings within 150 days after my focus group session.	○	○

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

____

Printed Legal Name of Participant

Legal Signature of Participant Date

Principal Investigator’s Signature:

> I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks, and that they have freely chosen to participate.

Signature of Principal Investigator Date

ADVISORY PANEL MEMBER
LETTER OF INFORMATION / INFORMED CONSENT FORM
"The Trans Community Says" Project

Date: ______________

Principal Investigator (Researcher):	**Supervisor:**
Mateo K. Huezo	Dr. Sandra Collins
Email: transcommunitysays@gmail.com	sandrac@athabascau.ca

You are invited to take part in a research project called "The Trans Community Says". This form is part of the process of informed consent. The information here should give you a basic idea of what this research is about and what your participation will involve, should you choose to participate. It also describes your right to withdraw from the project. In order to be able to make an informed decision about whether you wish to participate in this research project, you should understand enough about its risks, benefits, and what it requires of you. This is the informed consent process. Please take time to read this carefully as it is important that you understand the information given to you. You may contact the Principal Investigator, Mateo Huezo, if you have any questions about the project or would like more information before participating.

It is entirely up to you whether or not you take part in this research. If you choose not to take part, or if you decide to withdraw from the research once it has started, there will be no negative consequences for you now or in the future.

Introduction

My name is Mateo Huezo and I am a Master of Counselling student at Athabasca University. As a requirement to complete my degree, I am coordinating a research project with transgender (or trans for short) communities in Alberta to create knowledge about the strengths and challenges these communities have. I am conducting this project under the supervision of Dr. Sandra Collins.

Why are you being asked to take part in this research project?

You are being invited to participate in this project because you may have insight and expertise to offer as a member of your local transgender community. As an Advisory Panel member, you would have an opportunity to share this wisdom by offering your feedback about this research project in research team meetings.

What is the purpose of this research project?

The purpose of this project is to create knowledge by and for transgender people about what strengths their communities offer them and where these communities may have room for growth. This is meant to fill a current gap in knowledge about transgender communities in Alberta.

Please note that this study is temporary and not meant to provide a permanent support. The attached page "Transgender Resources" provides a list of sources you may use to connect to community services.

What will you be asked to do?

After signing this consent form, the Principal Investigator (PI) will contact you and other advisory panel members to ask about your availability. He will also ask for any preferences or accommodations you may need to join group discussions. He will then schedule these meetings and notify all panel members involved with the date and time they will take place. Meetings will be online conference calls using either Skype or Adobe Connect and will take approximately one hour per meeting. During these sessions, you will be asked questions and invited to provide your feedback on the overall conduct of the research. These meetings will not be recorded, but meeting minutes will be taken by the PI. These meeting minutes will be emailed to you and all other research team members following each conference call. The projected meeting schedule will be once per month, from November 2016 to March 2017. Meetings will be between one and two hours long.

If you consent to being a sample coder, you will also be taught two analysis methods to use in the data analysis process. Sample coders will be asked to help analyze two samples of data. As a sample coder, you will have access to potentially sensitive insights provided by study participants.

All advisory panel members will also have the opportunity to provide feedback on the final outcomes of the analysis. Since you will have access to information about the research project and the analysis outcomes, you will be responsible for keeping information about the project confidential as well.

What are the risks and benefits?

Being a part of this research will not pose any additional risks to you than those normally posed by accessing online trans social forums. Because this study uses an online group setting, confidentiality depends in part on group members respecting one another's privacy. Please see also the section below titled "How will your privacy and confidentiality be protected?"

You are encouraged to consider your individual situation and to avoid any negative impacts, such as social or economic consequences, that participating in this study may have on you. For example, you might ask that meetings be scheduled during times when you do not work. It is unlikely that you will have to travel for any meetings, but if you do you will be reimbursed the equivalent of two city transit tickets ($5 CDN in Edmonton, $6.30 CDN in Calgary) for each meeting you travel to.

This study is meant to fill a gap in knowledge about transgender communities. It is meant to be co-owned with the community that it affects. The goal is to improve community wellness and inform mental health practice in Alberta. By participating in this project, you are contributing to this venture. You will also have the opportunity to learn research skills and be recognized as part of the research team.

Do you have to take part in this project?

As stated earlier in this letter, involvement in this project is entirely voluntary. You can choose to withdraw from the study at any point before or during advisory panel meetings. You can ask that any personal contact information be removed from the study along with your withdrawal of consent. Because meeting minutes will be recorded anonymously, once you have contributed to a meeting it will be impossible to withdraw the data you have already contributed. If you contribute to the analysis process, your contributions will also be anonymous and so cannot be withdrawn from the study (see also “How will your privacy and confidentiality be protected?” below). To withdraw from the study, please notify the Principal Investigator in writing.

How will your privacy and confidentiality be protected?

The ethical duty of confidentiality includes safeguarding your identities, personal information, and data from unauthorized access, use, or disclosure.

The guiding questions that will be asked by the PI in meetings will be about the research project. You will not be asked to disclose personal information to the group. However, you are encouraged to remember that group confidentiality depends on the discretion of advisory panel members. Group rules about respect and keeping confidentiality will be reiterated at the beginning of each meeting.

Any personal information you provide to participate, such as your contact information, will be kept separate from the data provided by study participants. Only the PI will be able to access these files. All information will be held confidential, except when legislation or a professional code of conduct requires that it be reported.

How will my anonymity be protected?

Anonymity refers to protecting your identifying characteristics, such as your name or a description of your physical appearance.

Because you would be part of group meetings in this study, you could not be kept completely anonymous from other group members. If you wish, you may choose a pseudonym to use during meetings. Every reasonable effort will be made to ensure your anonymity in the study process. Your name will not appear on advisory panel meeting minutes or sample analyses. However, you do have the option of being acknowledged publicly in the final written products of this study. You will not be identified in publications without your consent.

How will the data collected be stored?

Personal information, such as your name, will be stored on a password protected computer, offline, in password-protected files and/or on study USBs in password-protected files. As stated before, all personal information will be kept confidential except when there is a professional or legal obligation to report it. All hard copies of study materials containing your information or data will be scanned and stored digitally. Physical copies will be destroyed immediately after being digitally stored. Digital information will be destroyed five years after it is collected, as per Athabasca University policy.

Who will receive the results of the research project?

This study may be published in an online journal, an online educational resource, or presented at conferences and workshops. The existence of the research will be listed in an abstract posted online at the Athabasca University Library's Digital Thesis and Project Room. The final research paper will be publicly available. Once the study findings have been made available to the public, you will be notified about where to find them.

Who can you contact for more information or to indicate your interest in participating in the research project?

Thank you for considering this invitation. If you have any questions or would like more information, please contact me, (the PI) by e-mail at transcommunitysays@gmail.com, or my supervisor by email at sandrac@athabascau.ca. If you are ready to participate in this project, please complete and sign the attached Consent Form and return it to transcommunitysays@gmail.com by December 1, 2016.

Thank you.
Mateo K. Huezo

This project has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this project, please contact the Research Ethics Office by e-mail at rebsec@athabascau.ca or by telephone at 1-800-788-9041, ext. 6718.

ADVISORY PANEL MEMBER
LETTER OF INFORMATION / INFORMED CONSENT FORM
"The Trans Community Says"

Informed Consent:
Your signature on this form means that:

- You have read the information about the research project.
- You have been able to ask questions about this project.
- You are satisfied with the answers to any questions you may have had.
- You understand what the research project is about and what you will be asked to do.
- You understand that you are free to withdraw your participation in the research project without having to give a reason, and that doing so will not affect you now, or in the future.
- You understand that if you choose to end your participation **during** the study, any data collected from you up to that point will be retained by the researcher. Because the data are anonymous, they cannot be withdrawn.
- You understand that your data are being collected anonymously, and therefore cannot be removed once the data collection has ended.

	YES	**NO**
I am willing to participate in advisory panel meetings.	○	○
As much as ethically possible, I will keep in confidentiality information about the methods and outcomes of this study.	○	○
I am willing to be notified when the study findings are made publicly available.	○	○
(OPTIONAL) I agree to be a sample coder during data analysis.	○	○
(OPTIONAL) I would like to be acknowledged by preferred name on published and presented results of this study.		

Your signature confirms:

- You have read what this research project is about and understood the risks and benefits. You have had time to think about participating in the project and had the opportunity to ask questions and have those questions answered to your satisfaction.
- You understand that participating in the project is entirely voluntary and that you may end your participation at any time without any penalty or negative consequences.
- You have been given a copy of this Informed Consent form for your records; and
- You agree to participate in this research project.

____
Printed Legal Name of Participant

______________________________ ____________________________
Legal Signature of Participant Date

Principal Investigator’s Signature:

I have explained this project to the best of my ability. I invited questions and responded to any that were asked. I believe that the participant fully understands what is involved in participating in the research project, any potential risks, and that they have freely chosen to participate.

______________________________	______________________________
Signature of Principal Investigator	Date

Appendix F: Data Collection Methods

Focus Group Interview
"The Trans Community Says"

Questions

1. How would you describe your local trans community?
2. What are the strengths of your community?
3. What are some of the challenges and areas for improvement in your community?
4. How would you describe your local trans culture?

Schedule

0:00-0:10 – Informed consent/ introductions/group rules & confidentiality
0:10-1:10 – Focus group session
1:10-1:15 – Break
1:15-2:00 – Focus group session
2:00-2:20 – Surveys
2:20-2:30 – Closing statements, participant feedback & travel reimbursements

Participant Survey
"The Trans Community Says"

Date: __________________

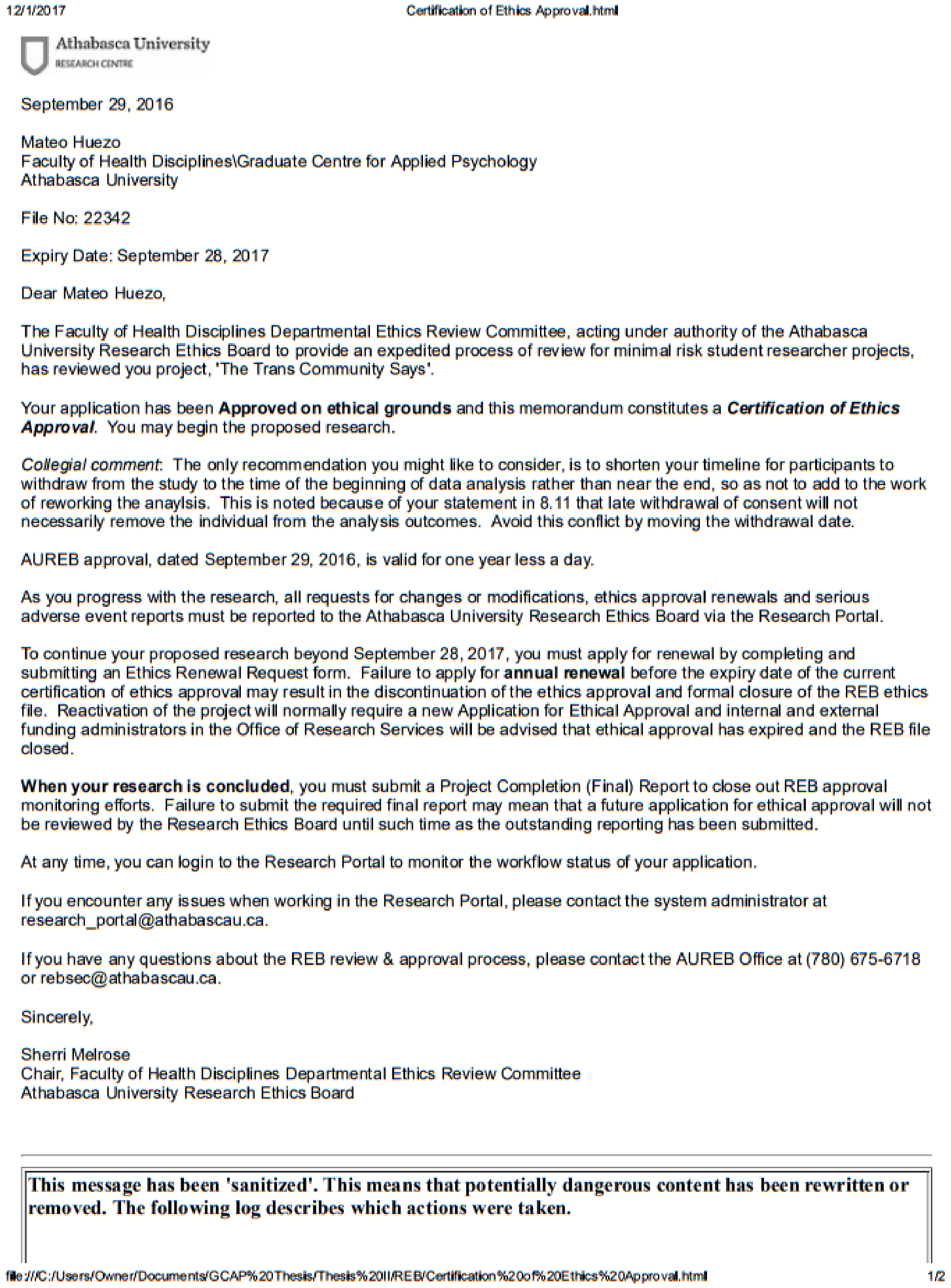
Part I: Demographics

Please provide the information below to the best of your ability. This information is being collected to understand the background and perspectives each group member has brought to the focus group discussion

1. Age: _________
2. Felt gender: __________________
3. Approximate time since you first felt you were a part of the transgender community: _________
4. Ethnic identity(s): ____
5. **Optional:** Any other social or cultural information you think is important to understanding the perspectives you shared with the group:
   ____
   ____
   ____
   ____

Part II: Additional Thoughts
Please use this space to provide any additional thoughts you wanted to add about the focus group conversation today:

Appendix G: Ethics Approvals



12/1/2017 Certification of Ethics Approval.html

Athabasca University
RESEARCH CENTRE

September 29, 2016

Mateo Huezo
Faculty of Health Disciplines\Graduate Centre for Applied Psychology
Athabasca University

File No: 22342

Expiry Date: September 28, 2017

Dear Mateo Huezo,

The Faculty of Health Disciplines Departmental Ethics Review Committee, acting under authority of the Athabasca University Research Ethics Board to provide an expedited process of review for minimal risk student researcher projects, has reviewed you project, 'The Trans Community Says'.

Your application has been **Approved on ethical grounds** and this memorandum constitutes a ***Certification of Ethics Approval***. You may begin the proposed research.

Collegial comment: The only recommendation you might like to consider, is to shorten your timeline for participants to withdraw from the study to the time of the beginning of data analysis rather than near the end, so as not to add to the work of reworking the anaylsis. This is noted because of your statement in 8.11 that late withdrawal of consent will not necessarily remove the individual from the analysis outcomes. Avoid this conflict by moving the withdrawal date.

AUREB approval, dated September 29, 2016, is valid for one year less a day.

As you progress with the research, all requests for changes or modifications, ethics approval renewals and serious adverse event reports must be reported to the Athabasca University Research Ethics Board via the Research Portal.

To continue your proposed research beyond September 28, 2017, you must apply for renewal by completing and submitting an Ethics Renewal Request form. Failure to apply for **annual renewal** before the expiry date of the current certification of ethics approval may result in the discontinuation of the ethics approval and formal closure of the REB ethics file. Reactivation of the project will normally require a new Application for Ethical Approval and internal and external funding administrators in the Office of Research Services will be advised that ethical approval has expired and the REB file closed.

When your research is concluded, you must submit a Project Completion (Final) Report to close out REB approval monitoring efforts. Failure to submit the required final report may mean that a future application for ethical approval will not be reviewed by the Research Ethics Board until such time as the outstanding reporting has been submitted.

At any time, you can login to the Research Portal to monitor the workflow status of your application.

If you encounter any issues when working in the Research Portal, please contact the system administrator at research_portal@athabascau.ca.

If you have any questions about the REB review & approval process, please contact the AUREB Office at (780) 675-6718 or rebsec@athabascau.ca.

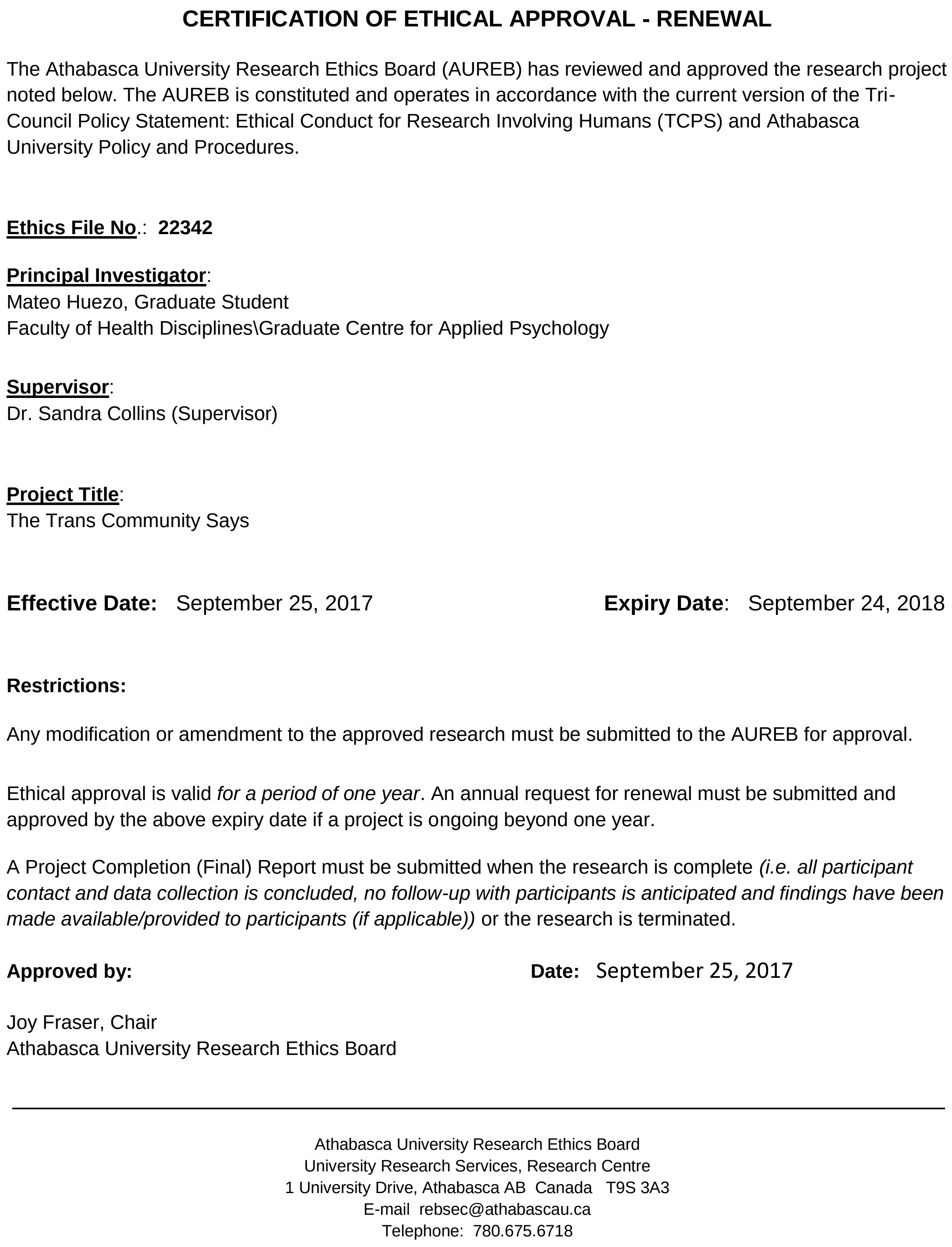
Sincerely,

Sherri Melrose
Chair, Faculty of Health Disciplines Departmental Ethics Review Committee
Athabasca University Research Ethics Board

This message has been 'sanitized'. This means that potentially dangerous content has been rewritten or removed. The following log describes which actions were taken.

file:///C:/Users/Owner/Documents/GCAP%20Thesis/Thesis%20II/REB/Certification%20of%20Ethics%20Approval.html 1/2

Athabasca University
RESEARCH CENTRE



CERTIFICATION OF ETHICAL APPROVAL - RENEWAL

The Athabasca University Research Ethics Board (AUREB) has reviewed and approved the research project noted below. The AUREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and Athabasca University Policy and Procedures.

Ethics File No.: **22342**

Principal Investigator:
Mateo Huezo, Graduate Student
Faculty of Health Disciplines\Graduate Centre for Applied Psychology

Supervisor:
Dr. Sandra Collins (Supervisor)

Project Title:
The Trans Community Says

Effective Date: September 25, 2017 **Expiry Date**: September 24, 2018

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date:** September 25, 2017

Joy Fraser, Chair
Athabasca University Research Ethics Board

Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718