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Phyllis Randolph Frye

Appendix 7
GENDER CHANGE EMPLOYABILITY ISSUES

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**GENDER
CHANGE
EMPLOYABILITY
ISSUES**

Including: Transsexual Employment Survey Results

By: Christine WG Burnham

In consultation with Patricia Diewold, psychologist

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EDITORIAL COMMENT

Raeside is a syndicated cartoonist whose work is published throughout the Province of British Columbia.

What insight is Raeside attempting to share? What do you see? What's the message?

Is he showing us that the provincial government has an employment equity policy designed to hire more women? Is he suggesting women don't need a university degree, just the fact they are women means they will receive preferential treatment when competing with a man for a government job?

Or, is he making an absurd statement, one suggesting male-to-female transsexuals have an advantage in being hired by the government?

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iv.

For the purposes of our report we'd like to highlight some of the misconceptions this cartoon represents regarding the transsexual employability dilemma.

The first idea, one might get from looking at Raeside's cartoon, is that any man might consider a "sex change" as a benefit to being employed. The second idea is that any man might choose to undergo a "sex change". The third idea is that any man could be diagnosed and enter treatment at a recognized gender dysphoric clinic.

As for a man considering a "sex change" as a benefit to being employed, realistically he would more than likely be putting himself at a disadvantage. Particularly in the light of reality -- fewer women hold high-paying, powerful positions, in fact, most women hold lesser-paying, menial jobs.

As for a man choosing to undergo a "sex change", how many men might jump at the chance? Very few men contemplate the choice between being a man or being a woman.

And, then there is the prerequisite of being diagnosed as severely gender dysphoric, transsexual. To receive medical treatment for one's condition, and progress through the process to sex reassignment surgery is very demanding and challenging.

Now, having looked at the absurdity of Raeside's implied insensitivity to people who suffer a very serious condition and also his implied negative attitudes towards women, we invite our readers to examine our report on transsexuals' employability. Hopefully it will clear up some misconceptions and that as a result, it will point the direction to improving many people's lives.

v.

PREFACE

TRANSSEXUALISM

There are many ways in which to view transsexualism. For the benefit of our readers, following is a brief overview of the condition known as gender dysphoria. We intend to promote the idea that this unique condition should be considered a disability; that those who struggle day to day are severely disadvantaged as a result of their condition. We will also consider the various barriers to employment that are unique to those changing their gender. And lastly, we will put into perspective the need for an organized and effective support service. Such a service would be modelled along the lines of a rehabilitation and career development program, a wide variety of special services designed to better prepare transsexuals to be successfully employed in their new gender role.

Special note: Transsexual is the term most commonly used to describe those who change their gender perspective. Throughout our report we used the term transsexual (TS) to describe such gender change people. Specifically however, the term transsexual refers to those who desire to complete sex reassignment surgery (SRS); they are transcending their sex. A new term, transgender, refers to those who do not intend to have SRS. Though these individuals are often referred to and vaguely considered to be transsexuals, they are more accurately described as transgenderists, non-SRS gender change people; they intend to only transcend their gender, not their sex. Therefore, the one distinguishable difference between the two groups is SRS. Otherwise, both groups experience feelings of gender dysphoria and likewise, they both face the same gender change employability issues.

GENDER DYSPHORIA:

In her book, "The Uninvited Dilemma, A Question Of Gender", Kim Stuart examines the numerous issues relevant to understanding transsexualism. To assist us in promoting a clearer understanding of the issues as they pertain to gender dysphoria, we have paraphrased some of Stuart's writings. Stuart's book is the culmination of extensive research on the subject of transsexualism.

Transsexuals do not choose to be transsexual. Nor do those people who suffer a physical or developmental birth or genetic defect, or who develop a medical condition choose to be as such. No one chooses to be a transsexual any more than anyone chooses to be a diabetic.

It is beyond comprehension to think that someone would choose to have feelings which would take him or her down a path of social, financial, and emotional trauma. The only choice involved for a transsexual is what he or she chooses to do about his or her condition.

vi.

Most transsexuals grow up understanding little about their condition. They suffer a great deal of guilt about how they are feeling; their feelings are frightening, confusing, and very uncomfortable. Few would wish to continue undergoing such wrenching emotions if something could be done about it. Many try to involve themselves in society as though they did not have gender dysphoria, only to be constantly burdened by their feelings throughout their lives. From as early as ages 4 and 5, many children will have begun to deny their feelings, having learned that society may react negatively. Sooner or later, many people find the constant pretense more than they can cope with emotionally.

Nature versus nurture, or biological determinism versus cultural determinism are topics which are continually debated. Despite the fact that many scientists have come to realize human behaviour is based on cultural, biological, and genetic components, it is surprising how many people still insist that one is more important, or solely responsible for the human condition. All of these ingredients work in harmony with each other; this delicate balance is what we call human life.

Last August "The First International Conference On Transgender Law And Employment Policy" was held in Houston, Texas. The information and proceedings of the conference have been compiled in both a written and audio manner. One of the papers presented was: "Why Is S/He Doing This To Us? An Employer's Handbook -- Information for Employers Dealing with an Employee Involved in a Gender Transition", by Dana Joyce Cole. Following are quotes from this material which attempt to explain the condition gender dysphoria.

"Medical science does readily agree that during the first six to eight weeks of fetal development, the fetus has no discernible gender. Gender differentiation begins after that time...and gender differentiation may not ever occur; a small number of babies are born each year with both sets of fully-functional genitalia (hermaphrodites).

"Compilation of many people's experiences has shown that despite years of struggling, hiding, prayer, therapy and other attempts to reconcile these differences, no process or compromise has provided relief. The decision to change those visible gender-clues and to create congruency between personality and body therefore becomes the only option. Said simply, it becomes easier to change the physical body, or at least the socially perceived gender, than it would be to continue to hide, to struggle with, the socially/gender-inappropriate behaviours and personality traits.

vii.

"Nearly all people who are...dealing with gender-identity issues, do so on a cyclical basis. That is, they go through periods where the need to express the strong feminine (or masculine) side of their personality is overwhelming... But anyone claiming to have been cured of, or claiming to be able to cure transsexuality, is in fact seeing only the bottom half of one of these cycles. It is a certainty that the person will, within a few months or maybe a few years, cycle back into their feminine (masculine) personality. It is also common for the individual to cycle higher, farther toward the feminine (masculine) with each up-swing; and often not falling so far away when the cycle turns down.

"Transition is a cocoon/chrysalis process. The process itself utilizes time to effect a transformation into a life-freeing new form where the individual can stop emotional groveling and finally spread their wings.

"There are two goals for this process. The first goal is for the individual to maintain their own personal support system: their family, friends, and co-worker relationships. The second goal is to allow the individual to discover for themselves the differences between fantasies and realities of life in the target gender.

"General experience indicates that an employee who is allowed to transition on the job develops a fierce corporate loyalty and work ethic; they become better workers... The mental energy which has for years been expended on hiding, now becomes more available to perform...job requirements.

TRANSSEXUALISM AS A DISABILITY:

Should TSs be considered as disabled?

In Kim Stuart's book, *The Uninvited Dilemma*, she states: "Certainly the feelings transsexuals experience, usually from earliest memories, are just as disabling as any other handicaps, whether they be learning disabilities, physical disabilities, or developmental disabilities. Society does not view transsexualism as a disability because, in large part, of the way it has been presented to the public. This is truly unfortunate, because transsexualism is devastating to the lives of those who experience it, and I do not think any transsexual or former transsexual would wish such an experience on anyone else."

viii.

BARRIERS TO EMPLOYMENT:

For the purpose of our study on TSS' employability, we need to establish that not all TSS should be considered disabled or handicapped; many are successful in securing meaningful employment with little or no problem. However, there are TSS whose employment opportunities are limited by barriers, such as, discrimination, weak core gender identity ('gender-core identity'), and poor gender-acceptance. In addition, there are motivational and attitudinal problems, lack of gender-related work skills, poor life skills, serious lack of education -- these are all barriers.

Ironically, the term barrier is very seldom thought of as supporting transsexualism as a disability. By clearly defining the barriers TSS face we hope to create a more understanding atmosphere of acceptance and support. We plan to implement an educational campaign to better educate the public on the issues affecting TSS' employability.

To better understand some of the principles and issues having to do with the disability issue, refer to Appendix B, "Employment Principles And Issues".

REHABILITATION AND CAREER DEVELOPMENT:

As a result of the survey we carried out, many of the issues about TS employability are more clearly understood. In the future we hope to create a multi-faceted rehabilitation program, career counselling and general support service. The purpose of the service would be to assist TSS in achieving success during their transition, as well as, to promote an on-going public education campaign strategy.

To help the individual reach his or her potential our aim will be to stimulate career consciousness; to rehabilitate the individual to see himself or herself in realistic life roles and to guide individual development. Our career/life development program will support the human growth and development of the individual as he or she relates to or interacts with all facets of life, such as: work, family, school, community, marriage, divorce. Each TS will have an unique rehabilitation/career development plan or transitional plans, based on a holistic approach of developing each aspect of his or her life-systems.

Now we will turn to more detailed study of the issues involved as illuminated by the data of the survey.

1.

TRANSSEXUAL EMPLOYMENT SURVEY

THE INTRODUCTION

Most people, at some point in their lives, face the challenges of being unemployed and wondering how they'll secure a new job. For many transsexuals (TSS) such an experience is a struggle ranging in intensity from one of dread to one of bewilderment. Not all TSS face unemployability but most do at some time during transition.

What are the main factors affecting a TS's employability? Are these the factors of education, sense of self-esteem, gender skills, various surgeries, or things less obvious? We wanted to assess the associations of various factors to employability. We also wanted to understand what TSS believe the important issues to be concerning employability and their self-esteem generally. Also, we wanted to gain their perspective on special support services needed and public education needed. We undertook a survey in order to find out what factors are involved and to learn from the TSS' varied experiences. This report contains what we discovered.

In identifying those to survey, we determined it necessary to examine three groups and accordingly designed three group surveys: Transsexual, Employer, and Social Agent. Within the Transsexual group we produced two slightly different questionnaires, one addressing Male to Female (M-F) issues and the other, Female to Male (F-M) issues. The Employer and Social Agent surveys were somewhat similar and shared many of the same questions. (See Appendix D, "Survey Procedure")

Within the Transsexual survey we attempted to isolate some of the transitional issues, the impediments to and difficulties surrounding full time cross-living in the opposite gender role. Ultimately, the information we retrieved allowed us to identify issues pertaining to six primary gender sub-groups (M-F Pre-transitional, M-F Transitional, M-F Post-operative, F-M Pre-transitional, F-M Transitional, and F-M Post-operative). We further classified our respondents: employed and content in their job, employed but considering quitting, unemployed, retired, on disability pensions, and those on UI or GAIN.

Employment Status M-F	GAIN N=17	UI N=7	Dis.Pen. N=6	Employ. N=45	Retired N=7
Pre-transitional:	5	3	1	13	2
Transitional:	10	3	4	18	4
Post-operative:	2	1	1	14	1
.					
Employment Status F-M	GAIN N=4	UI N=1	Dis.Pen. N=1	Employ. N=21	Retired N=1
Pre-transitional:	1	0	1	2	0
Transitional:	2	1	0	13	0
Post-operative:	1	0	0	6	1

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2.

The Employer survey and the Social Agent survey were designed to serve a number of functions. The first parts of the questionnaires, dealt with our respondents' levels of understanding. We were interested in learning what they knew about transsexualism, and if their knowledge was reasonably accurate. We were also interested in how they had gained their knowledge; the sources or type of information sources they used. We also asked them to identify the type of educational sources or services they might access to learn more about transsexualism. And, we also attempted to draw out any prejudice that they may harbour. The balance of the Employer Survey focused on employment issues of which we were interested in hearing from both those employers who had employed TSs and those who had not. The second part of the Social Agent survey focused only on those who had worked with or provided services to TSs.

To better understand some of the terms we have used throughout this report, refer to Appendix A, "Glossary of Definitions".

3.

ISSUES PERTAINING TO GENDER CHANGE EMPLOYABILITY

Our survey data indicate transsexuals (TSs) at all three stages, Pre-transitional, Transitional, and Post-operative, require special help in securing and maintaining meaningful employment. To understand the barriers, such as, poor gender-acceptability, low self-esteem (which in the TS group is uniquely related to a weak gender-core identity), and discrimination by others, we also need to understand such issues as income and expenses, public education and support services.

When referring to the various tables throughout this text, any TS respondents on a pension or retired and those who were incomplete or inconsistent in their responses have been identified as "Other". When specific responses to a question were not indicated by individuals, we identified their data within each table as "No response".

EMPLOYMENT, THE FOCUS:

As employment is the focus of our study, this report focuses primarily on issues pertaining to gender change employability. Though our report does not specifically address schooling or volunteer options, either option could be initiated in better preparing TSs to be employed.

UNEMPLOYMENT STATISTICS:

According to figures provided by Employment and Immigration Canada, for those 15 years and older throughout B.C, for the summer of 1992 (the period during which our survey was carried out), the unemployment rate for males was 9.8%, and for females 9.6%, for an average of 9.7% for both. We also requested unemployment rates for the disabled; these figures, though not as recent, are from 1986 with males at 26.7% and females at 25.5%, and an average of 26.2% for both. Our data indicate that of the 116 M-F and F-M transsexual respondents combined, the unemployment rate is 25%. Of the gender sub-groups, M-Fs' unemployment rate is 28% and the F-Ms' rate is 18%. The largest unemployment rate among our gender sub-groups is the M-F Pre-transitionals at 43%.

<u>Employment status</u>				
M-F	Pre-trans	Trans	Post-ops	Combined
	N=24	N=43	N=20	N=87
Employed:	13 (54%)	18 (42%)	14 (70%)	45 (52%)
Unemployed:	8 (43%)	13 (30%)	3 (15%)	24 (28%)
Other:	3	12	3	18
.				
F-M	Pre-trans	Trans	Post-ops	Combined
	N=4	N=17	N=8	N=29
Employed:	2 (50%)	13 (77%)	6 (75%)	21 (73%)
Unemployed:	1 (25%)	3 (18%)	1 (12%)	5 (18%)
Other:	1	1	1	3

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4.

CONSIDERING QUITTING:

In addition to addressing the needs of the TSs who are unemployed we are also concerned with helping those who are facing very difficult circumstances in their work place. Some TSs are dealing with "typical" problems, problems any worker might face, including being under employed. Other TSs are having to cope with TS/gender related problems. Whatever their individual reasons for considering quitting we can not ignore the issue.

Our F-M respondents indicate their "considering quitting" issues are typical and might be relevant to any worker. Our M-F respondents indicated more diversified reasons, including TS/gender issues. (See graph: TS Employment Status And Gender-acceptability, page 5)

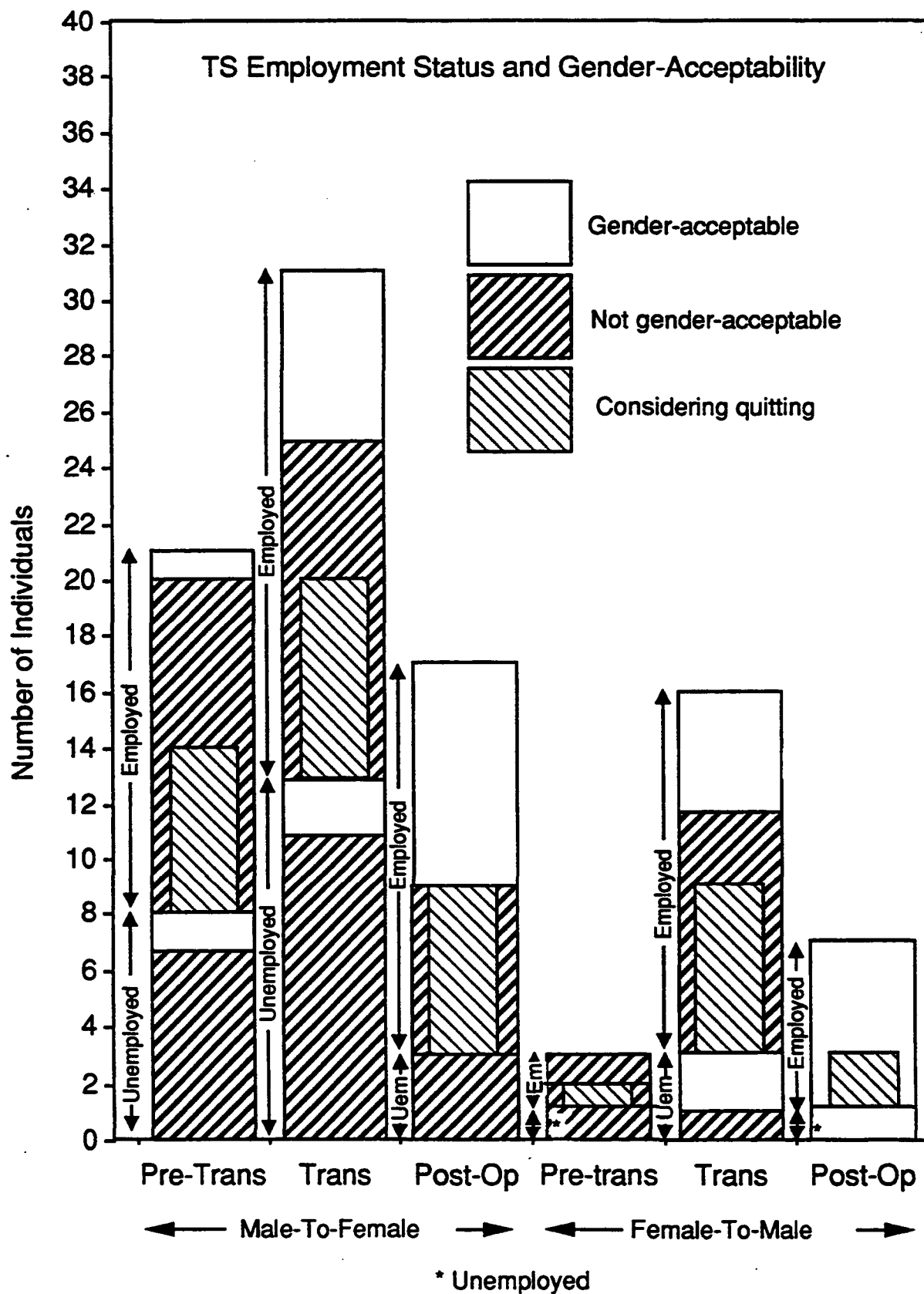
<u>Considering quitting</u>				
M-F	Pre-trans N=6	Trans N=7	Post-op N=6	Combined N=19
Poor Wages:	1	4	1	6
Not Stimulating:	2	5	4	11
No Future:	2	5	5	12
Not Gender Friendly:	3	1	1	5
Excessive Discrimination:	3	2	1	6
.				
F-M	Pre-trans N=1	Trans N=6	Post-op N=2	Combined N=9
Poor Wages:	0	4	0	4
Not Stimulating:	0	5	2	7
No Future:	0	3	0	3
Not Gender Friendly:	1	0	0	1
Excessive Discrimination:	0	0	0	0
(respondents were permitted to indicate more than one reason)				

INCOME:

The abundance of, or lack of, money seems to determine if TSs progress relatively easily through all three stages of transition. Of our combined 116 TS respondents, 39 (34%) of those identified as employable have incomes less than Stats Canada's "low income cut off" level of \$14,951 annually, \$1,246 monthly. When we take into consideration that TSs require extra income to pay for a wide variety of expenses relevant to gender transformation, it would be appropriate to adjust the low income "bench-mark" for TSs, to \$2,000 (net) monthly.

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6.

<u>Monthly Income levels</u>				
M-F	Pre-trans N=24	Trans N=43	Post-ops N=20	Combined N=87
Below \$1,246 "low income":	6 (25%)	18 (42%)	3 (15%)	27 (31%)

Below \$2,000:	11 (46%)	24 (56%)	3 (15%)	38 (44%)
\$2,000 Or Greater:	9 (38%)	4 (22%)	12 (60%)	25 (29%)
Other:	3	12	3	
(No response)	1	3	2	
.				
F-M	Pre-trans N=4	Trans N=17	Post-ops N=8	Combined N=29
Below \$1,246 "low income":	1 (25%)	10 (59%)	1 (13%)	12 (42%)

Below \$2,000:	2 (50%)	11 (65%)	3 (38%)	16 (55%)
\$2,000 Or Greater:	1 (25%)	3 (18%)	4 (50%)	8 (28%)
Other:	1	1	1	3
(No response)		2		2

<u>Money flow for those with a monthly income less than \$2,000 (net)</u>				
M-F	Pre-trans N=9	Trans N=23	Post-ops N=3	
Average Income:	\$ 962	\$ 877	\$ 863	
	Less			
Average Shelter Costs:	\$ 618	\$ 580	\$ 742	
Basic Living Costs:	\$ 600	\$ 600	\$ 600	
	Balance			
To Cover Transition Costs:	-\$ 256	-\$ 303	-\$ 479	
.				
F-M	Pre-trans N=2	Trans N=11	Post-ops N=3	
Average Income:	\$1,113	\$ 836	\$1,392	
	Less			
Average Shelter Costs:	\$ 880	\$ 763	\$ 582	
Basic Living Costs:	\$ 600	\$ 600	\$ 600	
	Balance			
To Cover Transition Costs:	-\$ 367	-\$ 527	\$ 210	

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Money flow for those with a monthly income \$2,000 or greater			
M-F	Pre-trans	Trans	Post-ops
	N=9	N=2	N=12
Average Income:	\$3,584	\$2,218	\$3,511
	Less		
Average Shelter Costs:	\$1,136	\$ 580	\$ 917
Basic Other Costs:	\$ 600	\$ 600	\$ 600
	Balance		
To Cover Transition Costs:	\$1,848	\$1,038	\$1,994
.			
F-M	Pre-trans	Trans	Post-ops
	N=1	N=3	N=4
Average Income:	\$2,400	\$2,200	\$2,744
	Less		
Average Shelter Costs:	\$1,200	\$1,233	\$1,275
Basic Other Costs:	\$ 600	\$ 600	\$ 600
	Balance		
To Cover Transition Costs:	\$ 600	\$ 367	\$ 869

Most TSs face such extraordinary expenses as electrolysis (totals ranging from \$2,500 to \$20,000) for M-Fs; for F-Ms, breast-reduction surgery (\$1,500 to \$3,900). For F-Ms with large breasts, breast-reduction surgery is critical before they can achieve gender-acceptability. For many M-Fs achieving gender-acceptability might mean undergoing electrolysis treatments, tracheal shave surgery, or in extreme cases, nose reconstruction surgery. In some instances, expenses associated with the various surgeries may be covered, in part, by medical insurance, otherwise, TSs must have the income to pay for some if not all gender-transformation expenses, including sex reassignment surgery (SRS).

EDUCATIONAL STATUS:

To determine if any educational anomalies exist in our TS sample, we compared our TS combined sample of employables to that of the Province of B.C. The provincial numbers were provided by Stats Canada and were for the period ending August 1992.

When we compare the employed and unemployed groups in the TS and Provincial samples at each level of education, we notice some very distinct trends. The most significant observation is that a greater percentage of our TS sample have had a post secondary education than has the provincial sample.

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<u>Level of education attained</u>			
Province of B.C.	Employed N=1,554,000	Unemployed N=181,600	Combined N=1,735,600
Less Than Grade 12:	289,000 (18%)	54,600 (30%)	343,600 (20%)
Grade 12:	447,000 (30%)	46,000 (25%)	493,000 (29%)
Post Secondary:	818,000 (52%)	81,000 (45%)	899,000 (51%)

Transsexuals combined	Employed N=66	Unemployed N=29	Combined N=95
Less Than Grade 12:	9 (14%)	6 (21%)	15 (16%)
Grade 12:	18 (28%)	7 (24%)	25 (26%)
Post Secondary:	39 (58%)	16 (55%)	55 (58%)

As for the adage education equals employment, there is reason to question it especially as regards our TS population. Of our TS sample, 16% dropped out of high school and did not pursue a post secondary education; the balance of our TS sample (84%) either graduated with Grade 12 and/or achieved some form of post-secondary education. When we compare our unemployed TS data with that of the provincial unemployed statistics, we can see clearly TSs at all levels of education are more severely affected by unemployment; those TSs with a post secondary education are even greatly affected by unemployment relative to the provincial work force population.

<u>Unemployment comparison</u>		
	Provincial work force population N=1,735,600	TS total sample N=95
Less Than Grade 12:	54,600 (3.25%)	6 (6.5%)
Grade 12:	46,000 (2.75%)	7 (7.5%)
Post Secondary:	81,000 (4.75%)	16 (17%)

When we compare the unemployed proportions of each of the six different gender/developmental stages of transition, we are better able to cross reference, isolating those who are more greatly affected. For example, generally each of our six sub-groups consist of a large number of post secondary people. Of these post secondary sub-groups, 25% to 33% are unemployed. The only exception are the post secondary Transitional F-Ms with only 1 out of 8 (12.5%) being unemployed.

A phenomenon particular to our TS sample, and perhaps to any severely disabled groups, is that the condition itself and the changes associated with adapting to the condition create great upheaval in the lives of those so afflicted. Consider a person who acquires skills and experience in a certain field of work and then as a result of dealing with his or her gender dysphoric condition, that person must leave a job, and perhaps even leave the area of career development. TSs maybe

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compelled, or forced, to leave because of discrimination, physical limitations, or gender-stereotyping. Despite the level of education they may have attained or the years they have invested in their careers, many TSs' lives are severely disrupted and they are unable to continue as they might have if they were not TSs.

We must also focus on those who are considering quitting their jobs to see the full magnitude of the problem. The barriers TSs face are significant. When it is obvious TSs measure up to or surpass the provincial norm of education attained and when they suffer so much unemployment despite their advances in education, something is definitely wrong. When we consider those who are considering quitting and the level of education they've attained, we see the problems run deep through the TS community. To reverse these trends attention must be paid to up-grading, re-training, gender-congruency development, confidence building, and TS educational development of the general public.

<u>Level of education</u>			
M-F Pre-transitional	Employed, content N=7	Employed, considering quitting N=6	Unemployed N=8
Less Than Grade 12:	0	0	3
Grade 12:	1	2	0
Post Secondary:	6	4	5

F-M Pre-transitional	Employed, content N=1	Employed, considering quitting N=1	Unemployed N=1
Less Than Grade 12	0	0	0
Grade 12	0	0	0
Post Secondary:	1	1	1

M-F Transitional and Post-op	Employed, content N=19	Employed, considering quitting N=13	Unemployed N=16
Less Than Grade 12:	3 (16%)	3 (23%)	3 (25%)
Grade 12:	5 (26%)	3 (23%)	5 (31%)
Post Secondary:	11 (58%)	7 (54%)	8 (44%)

F-M Transitional and Post-op	Employed, content N=11	Employed, considering quitting N=8	Unemployed N=4
Less Than Grade 12:	1 (9%)	2 (25%)	0
Grade 12:	3 (28%)	4 (50%)	2 (50%)
Post Secondary:	7 (63%)	2 (25%)	2 (50%)

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GENDER-ACCEPTABILITY:

Gender-acceptance is fundamental to our society; if one's gender is not easily associated with being female or male, a conflict is created. If first impressions leave the question of gender unsubstantiated, other gender confirming clues are focused on, such as, voice, facial hair, physical physique, attitudes, gestures, and make-up. If the observer interprets the person not to be gender-acceptable, he or she may react negatively or be indifferent. Even in spite of having some level of acceptance, the observer may severely qualify his/her involvement.

The general TS population consists of people in various stages of gender transformation: those who are gender-acceptable, those who are nearing gender-acceptability, those who have not begun to achieve gender-acceptability, and those who are not motivated to achieve gender-acceptability; this latter group consists of two sub-groups, those who consider such a goal to be unachievable and those who "do it their way".

Realistically, employers want people who fit into their businesses, people who cause the least amount of problems. Our Employer respondents indicate gender-incongruency issues will cause TSs to be categorized as unemployable, and indicated: "people feel uncomfortable around them, they look strange or out of place, their voice sounds inappropriate, their gestures are inappropriate."

<u>BARRIER: negative views of TSs' employability</u>			
Employers	Personal contact	No contact	Combined sub-groups
	N=48	N=49	N=97
They Look Strange:	13	7	20
Voices Are Inappropriate:	8	2	10
People Feel Uncomfortable:	18	18	36
They Have Low Self-esteem:	17	4	11
Gestures Are Inappropriate:	6	2	8
Attitude Is Inappropriate:	13	2	15
Other Reasons:	10	5	15
(respondents were permitted to indicate more than one reason)			

For those TSs who achieve social gender-congruency standards, those who do not appear out of the ordinary, the question of gender is a non-issue. If a potential employer questions an applicant's gender, the chances of being hired diminish. For Pre-transitional TSs entering transition, and still wanting to maintain their jobs, the same employment vulnerability holds true. The employers' main concern is their business; gender changes on the job may prove more of a problem than the employer is prepared to experience. Of course, an employee in transition may be supported if the employer recognizes the individual's contribution as valuable and important to the business, and/or because of a union's pressure to protect his or her job.

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11.

What of TSs who do not achieve the social gender-congruency standards? As with any disadvantaged group, employers willing to consider a TS's skills and abilities, despite the TS's gender-incongruencies, must be identified and an employer referral data-base created.

SECONDARY SEX CHARACTERISTICS:

Male secondary sex characteristics are: facial hair, deep vocal pitch, baldness or receding hair line, core body hair, rough skin texture, muscular tissue. Female secondary sex characteristics are: breasts, higher vocal pitch, full head of hair, fine body hair, smooth skin texture, fatty tissue. Most TSs require changing these characteristics in order to be considered employable. Besides the obvious benefit, of being more gender-acceptable to others such as an employer or the general public, there is also the internalized or more personal benefit of developing a strong gender-core identity.

When M-Fs shave really close, or have light-coloured facial hair, or hide their stubble under thick layers of pancake make-up, they are in conflict with developing a strong female gender-core identity. Nor do F-Ms when they bind their breasts, or wear baggy shirts and sweaters, address the issue of developing a strong male gender-core identity. Being confronted by their unwanted secondary sex characteristics during such a tactile activity as bathing interferes greatly in their transitional development, undermining their progress.

Though it is commonly recognized that changing or altering secondary sex characters is important, there has developed a double standard. The need for some F-Ms to have breast reduction surgery is commonly acknowledged, however, recognition is not the same for M-Fs seeking support to eliminate their facial hair. As a result, the issue, of dealing effectively with secondary sex characteristics that limit both genders, must be reevaluated and supported equally.

Having raised the issue of dealing equally with both genders' secondary sex characteristics, it must be clarified that F-Ms wanting surgery to reduce their breasts must gain a surgeon's support. At present, breast-reduction approvals are subject to medical standards and practices whereas electrolysis is not as restricted.

FACIAL HAIR ELECTROLYSIS TREATMENTS:

Facial hair growth can be permanently eliminated through electrolysis. Electrolysis is, generally speaking, a very expensive, very painful, and very time-consuming process. Though our data did not measure pain, it does indicate the expense and time spent by our respondents. We learn that great extremes exist: for those having completed electrolysis treatments the average cost was \$2,760 over 7.3

12.

years; yet, for an other group, still undergoing treatments, total cost to date averaged \$15,800 over 3.4 years so far.

<u>Electrolysis, the costs: financially and time-wise</u>			
M-F Transitional and Post-op	Completed electrolysis	Not completed, paid more than \$2,760	Not completed, paid more than \$9,458
	N=7	N=12	N=5
Average Costs To Date: (No response)	\$2,760 1	\$9,458	\$15,800
Average Time Spent: (No response)	7.3 years	4.5 years 1	3.4 years

When we consider the employability aspect of electrolysis, of the Transitional and Post-operative TSs (Pre-transitionals' employability is not of concern) we see that proportionately more of those who have completed electrolysis are employed, content. Even those who have completed some treatments are more likely to be employed, than unemployed. Those who have not started treatments stand out in stark contrast, with an extremely high level of unemployment compared to those who have completed and/or at least started electrolysis treatments.

<u>Problem facial hair electrolysis treatments' changes affect employment status</u>			
M-F Transitional and Post-op	Completed treatments	Not completed treatments	Not started treatments
	N=7	N=20	N=21
Employed, Content:	5 (72%)	10 (50%)	4 (19%)
Employed, Considering Quitting:	1 (15%)	7 (35%)	5 (24%)
Employed, Total:	6 (86%)	17 (85%)	9 (43%)
Unemployed:	1 (14%)	3 (15%)	12 (57%)

Some M-Fs with fine or fair-coloured facial hair may choose not to undergo electrolysis treatments, choosing instead to shave or pluck their facial hair. Those with problem facial hair, and who cannot afford to undergo electrolysis are condemned to shave once or twice daily. Such intense shaving, which occurs particularly when the individual is determined to get as close a shave as possible, may cause the skin to be irritated to the point of becoming a chronic problem.

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Treatment of problem facial hair

M-F	Pre-trans N=24	Trans N=43	Post-ops N=20	Combined N=87
Completed Treatments:	0	3 (7%)	4 (20%)	7 (8%)
Completed Min. 6 Months:	4 (17%)	11 (26%)	11 (55%)	26 (30%)
Not Completed 6 Months:	1 (4%)	1 (26%)	0	2 (2%)
Not Started Treatments:	15 (63%)	18 (42%)	3 (15%)	36 (41%)
Other:	3	12	3	18

Timing of electrolysis is important. To undergo treatment requires that facial hair be long enough to treat. Major swelling and facial blemishes can be experienced, too. Because of these two disadvantages and because of the extraordinary cost associated with treatments, as a rule of thumb, one should begin electrolysis at least 6 to 12 months before entering transition. The hormones are of benefit because they influence the character of the facial hair making the electrolysis treatments more effective.

BREAST-REDUCTION SURGERY:

F-Ms on low or fixed incomes, particularly if they are burdened by the extraordinary costs of breast-reduction surgery, also face financial hardships. As with M-Fs with incomes below \$2,000 (net), Pre-transitional and Transitional F-Ms with incomes below \$2,000, after deducting their shelter and living expenses from their income, have nothing left to cover gender-transformation expenses.

Breast reduction surgery

F-M	Pre-trans N=4	Trans N=17	Post-ops N=8	Combined N=29
Had Surgery:	0	6 (36%)	6 (75%)	12 (41%)
Not Had Surgery:	3 (75%)	9 (53%)	0	12 (41%)
Other:	1	1	1	3
(No response)		1		1

When we consider the employability aspects of having had breast-reduction surgery, our data indicates that of the 12 F-Ms who have had breast-reduction surgery, 9 are employed and 3 are unemployed. Interestingly, when we consider all 17 of the F-Ms who are employed, and who responded to this issue, we discover the issue of breast-reduction surgery and employability is complex as almost half have not had the breast-reduction surgery. Speculation leads us to assume that some may have very small breasts, others may be able to bind their breasts, and yet others may be in a supportive work environment where their breasts are a non-issue.

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14.

For those F-Ms lacking the ability to pay for the breast-reduction surgery, the provincial medical plan may help cover the cost. Caught in a "catch 22" situation are those F-Ms, with large breasts, who are unable to achieve gender-congruency thereby limiting their ability to be employed. And, as being employed is at this present moment being equated with showing stability by the Medical Services Plan, unemployed F-Ms may appear to be too unstable to secure the costs being covered by the medical plan. Of our F-M respondents, 12 have had breast-reduction surgery, 9 indicate they did not have to pay for the service, and 3 did; their average amount paid was \$2,467. It is assumed, those not having to pay for the surgery were covered under some type of medical plan.

<u>Secondary sex characteristics' changes affect employment status</u>			
F-M Transitional and Post-op	Have had breast-reduction surgery N=12	Have not had breast reduction surgery N=9	
Employed, Content:	7 (59%)	3 (33%)	
Employed, Considering Quitting:	2 (17%)	5 (56%)	

Employed, Total:	9 (75%)	8 (89%)	
Unemployed:	3 (25%)	1 (11%)	

VOICE THERAPY:

Though it is generally recognized M-Fs may experience problems adapting to female vocal production, only a few F-Ms experience vocal dissatisfaction. Of our TS respondents, 47% M-Fs and 18% F-Ms indicate they are dissatisfied with their yet unattained gender-voice.

<u>Gender-vocal presentation</u>				
M-F	Pre-trans N=24	Trans N=43	Post-ops N=20	Combined N=87
Satisfied With Voice:	4 (17%)	14 (33%)	10 (50%)	28 (32%)
Not Satisfied With Voice:	17 (71%)	17 (40%)	7 (35%)	41 (47%)
Other:	3	12	3	18

F-M	Pre-trans N=4	Trans N=17	Post-ops N=8	Combined N=29
Satisfied With Voice:	1 (25%)	12 (70%)	7 (88%)	20 (69%)
Not Satisfied With Voice:	1 (25%)	4 (24%)	0	5 (18%)
Other:	1	1	1	3
(No response)	1			1

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15.

Generally, F-Ms' male vocal pitch is positively affected by hormone replacement therapy by thickening the vocal cords. For M-Fs, hormone replacement therapy will not affect their vocal cords; they must alter their voice with practice and/or in some cases by undergoing vocal cord surgery.

With gender vocal-incongruency being a significant barrier to being considered employable, much effort must be made to revise services presently being provided. The Clinic's "voice therapy" program is limited: it averages 3 patients per 3 month period; the waiting list is extremely long; and only those cross-living full time are considered.

For M-F Pre-transitionals, the female vocal pitch issue will only impact on their employment situation once they begin transition. However, when we consider 71% of the M-Fs Pre-transitionals are not satisfied with their female vocal pitch, we can appreciate the barrier that lies ahead of them. Not dealing effectively with one's vocal presentation and confidence prior to cross-living full time is to delay being gender-acceptable and, in turn, weakens employability. And though our data indicates that M-F Transitionals and Post-operatives are less dissatisfied with the vocal presentation than Pre-transitionals, as TSs cross-living full time their vocal-incongruency is still a serious barrier to employment for them.

<u>BARRIER: inability to achieve female vocal pitch</u>			
M-F Pre-transitional	Employed, content N=7	Employed, considering quitting N=6	Unemployed N=8
Not Satisfied:	6	4	7
Satisfied:	1	2	1

<u>BARRIER: inappropriate female vocal pitch</u>			
M-F Transitional and Post-op	Employed, content N=19	Employed, considering quitting N=13	Unemployed N=16
Not Satisfied:	8 (42%)	6 (46%)	10 (63%)
Satisfied:	11 (58%)	7 (54%)	6 (37%)

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HORMONE REPLACEMENT THERAPY:

Hormone replacement therapy assists TSs greatly in achieving gender-acceptability, effecting both physical and emotional changes. Generally, M-Fs start with an anti-androgen designed to reduce their male hormones, causing a calming effect and, in some cases, beginning the feminization process. Eventually, estrogen, a female hormone, may be introduced at which time more definable changes take place; depending on each individual, noticeable feminization changes will be established within one to two years. As for the F-Ms, their hormone therapy consists of the male hormone, testosterone. Once again, the replacement program is individualized, and though some will notice dramatic changes, others may be less affected. Within one to two years, F-Ms should also experience significant changes. F-Ms being treated with male hormones will experience irreversible physical changes.

M-Fs should ultimately experience the following physical changes. The skin will be softer; the hair on the top of the head will be less coarse, and for some, it may be regenerated; body hair will become less coarse and, in some areas, disappear all together; muscles will become less bulky; fat will shift to female fatty areas, resulting in feminization of the face, torso, arms, hands and legs. F-Ms will experience a deepening of their voice, development of facial hair, perhaps a receding hair line and balding, increases in coarse body hair; roughening of skin texture; bulking-up of muscle tissue.

In both genders, besides enhancing physical changes, the hormone therapy treatments will very often be of benefit in calming or relaxing individuals. For some Pre-transitionals this benefit can be prolonged allowing them to delay entering transition if so desired.

Hormones combined with a conscious well planned weight loss/gain program, would be of great value in supporting gender-congruency changes. Ideally, losing or gaining weight should be accompanied with exercise and body toning. For M-Fs losing weight enhances "obvious" changes, as would weight gain benefit F-Ms. A special support service designed to provide programs of exercising and weight training would help greatly to achieve gender-acceptability goals and maintain good physical and mental health

Our combined TS data shows a relationship between the length of time spent on hormones and employment; being on hormones, particularly more than 2 years, benefits a TS's employability. When comparing the two gender sub-groups, the F-Ms appear to have greater percentages being employed, content, and on hormones 2 years or longer.

17.

<u>Time spent on hormones affects employment status</u>				
M-F	Employed, content N=26	Considering quitting N=19	Unemployed N=24	Combined N=69
On 2 Years Or More:	14 (54%)	12 (63%)	6 (25%)	32 (46%)
On Less Than 2 Years:	8 (31%)	6 (32%)	14 (59%)	28 (41%)
Not Begun Hormones: (No response)	4 (15%)	1 (5%)	3 (13%) 1	8 (11%) 1
.				
F-M	Employed, content N=12	Considering quitting N=9	Unemployed N=5	Combined N=26
On 2 Years Or More:	9 (75%)	4 (45%)	3 (60%)	16 (62%)
On Less Than 2 Years:	2 (17%)	3 (33%)	0	5 (19%)
Not Begun Hormones:	1 (8%)	2 (22%)	2 (40%)	5 (19%)

SELF-ESTEEM:

Equally important to achieving physical gender changes is the development of a strong sense of self. Many TSs fail to see themselves as a whole; though physical changes may support one aspect of their development, they may fall short in addressing the spiritual aspects of their identity. To transcend that which limits self-esteem TSs must focus on becoming self-actualizing; to come to terms with "their reality"; to differentiate between facing the real situations of their lives and living with a fanciful "what if" attitude or expectations; to understand repressive experiences caused by others; to change negative thinking and destructive behaviour.

Most people never question their gender, TSs do. Many TSs find themselves reacting defensively to their environment; they base their sense of self-worth in relationship to others' negative feedback. Many TSs are fragile and their gender-core easily damaged. For TSs, a strong gender-core identity is fundamental to a strong self-esteem.

Our joint Employer/Social Agent respondents indicate that few employers would consider hiring a person who demonstrates a quality of low self-esteem; that they would not consider such a person to be very employable. Of our 95 combined TS employables, 34% indicated their self-esteem in relationship to the "lack of employer's support", is "significantly" affected.

When we combine the TS data that indicates a "low" or "moderate" self-esteem, in relationship to their gender change progress, we see 46% have some lack of self-esteem issue to resolve.

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<u>BARRIER: self-esteem re gender change progress</u>			
M-F Pre-transitional	Employed, content N=7	Employed, considering quitting N=6	Unemployed N=8
Low Self-esteem:	1	0	5
Moderate Self-esteem:	3	5	2
High Self-esteem:	2	1	0
(No response)	1		1

F-M Pre-transitional	Employed, content N=1	Employed, considering quitting N=1	Unemployed N=1
Low Self-esteem:	0	0	1
Moderate Self-esteem:	0	0	0
High Self-esteem:	1	0	0
(No response)		1	

<u>BARRIER: self-esteem re gender change progress</u>			
M-F Transitional and Post-op	Employed, content N=19	Employed, considering quitting N=13	Unemployed N=16
Low Self-esteem:	0	0	0
Moderate Self-esteem:	6 (32%)	7 (54%)	7 (44%)
High Self-esteem:	12 (68%)	6 (46%)	8 (50%)
(No response)	1		1

F-M Transitional and Post-op	Employed, content N=11	Employed, considering quitting N=8	Unemployed N=4
Low Self-esteem:	0	1 (13%)	0
Moderate Self-esteem:	1 (8%)	3 (37%)	2 (50%)
High Self-esteem:	10 (92%)	4 (50%)	1 (25%)
(No response)			1

GENDER-CORE IDENTITY:

Many things influence TSs' self-esteem. We will begin with issues specifically affecting gender-core identity, such as, discrimination, being read, and being outed or exposed, also drugs and alcohol. Ultimately, the implementation of a wide variety of special support services should help TSs better deal with strengthening their self-esteem. These services would include self-motivational tapes, support groups, educational services, and individual counselling.

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19.

Of our 95 TS employables, 50 indicate discrimination significantly affects their self-esteem (of these 50, 84% are M-Fs). On the issue of being read, 41 indicate their self-esteem is affected significantly (of these 41, 86% are M-Fs). And, on the issue of being outed or exposed, 42 indicate their self-esteem is affected significantly (of these 42, 74% are M-Fs). Consistently M-Fs' self-esteem stood out as being more vulnerable of the two gender sub-groups. Of special note, our F-Ms sample indicate they are more affected by the fear of being outed or exposed than with either being read or discrimination.

Next we learn that drugs and alcohol seem to be almost a non-issue among our 95 TS employables. As a combined group, only 8 indicate their self-esteem is significantly affected by drugs and alcohol, of which 5 are M-Fs and 3 are F-Ms.

(See graphs: "Self-esteem", for an overview of the various issues affecting each sub-group, page 20)

SEX REASSIGNMENT SURGERY:

The inner spirit of the self is developed from strengths and weaknesses. Both of our Post-operative gender sub-groups indicate their self-esteems are less vulnerable than those in the Pre-transitional and Transitional stages. It is a commonly held belief that those having had sex reassignment surgery (SRS) "settle down".

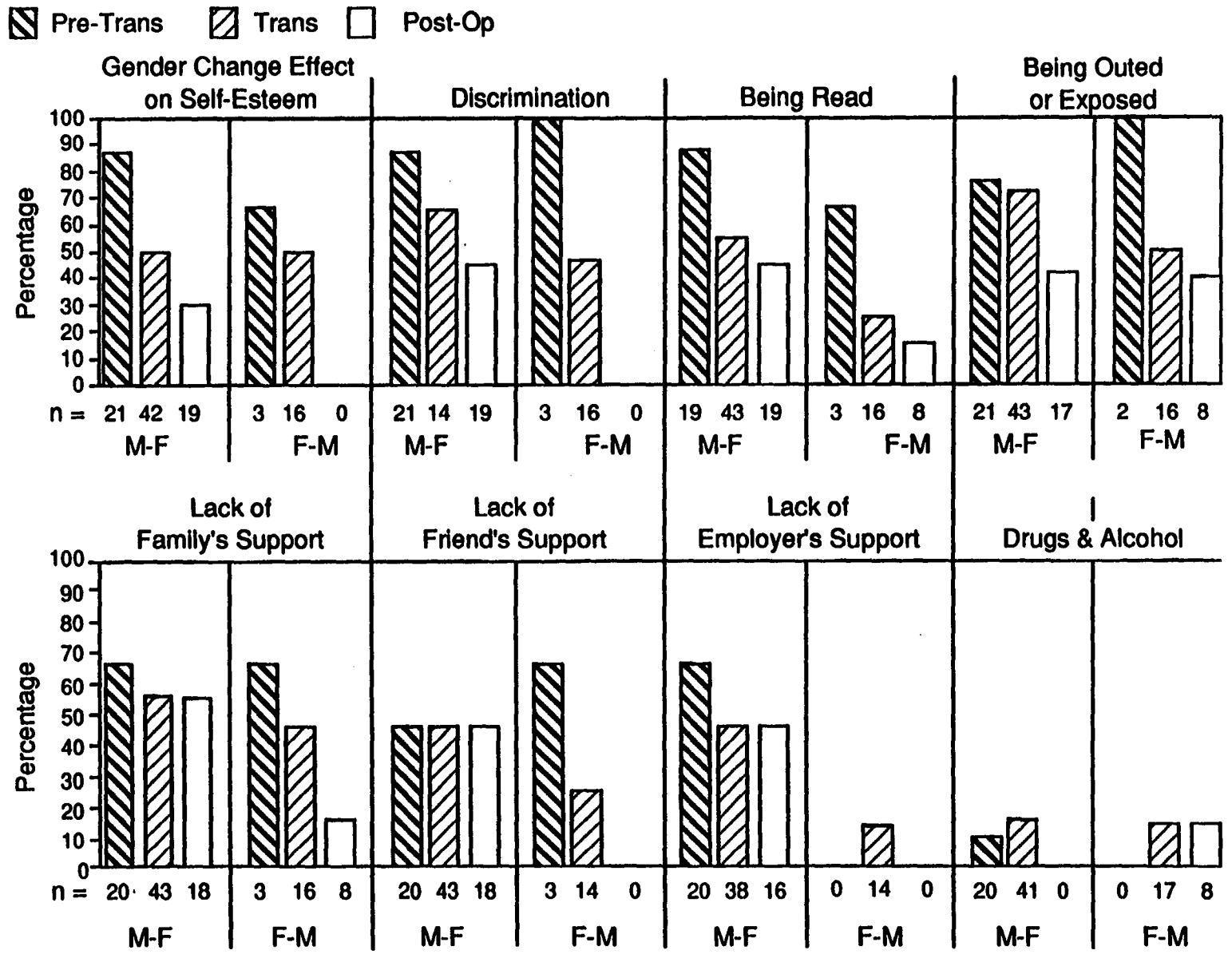
SRS is the ultimate in reinforcing gender-core identity and in cases with intense feelings of gender dysphoria, essential. However, being obsessed with correcting only physical gender-incongruencies is not the answer to creating a strong self-esteem. We need to view the development of both self-esteem and the gender-core holistically; promoting physical changes is important but so, too, is there a need to promote a wide variety of ongoing support services.

When we compare our TS responses on self-esteem, parallel to our responses having to do with accessing special support services, we gain a slightly different perspective on Post-operatives. We learn that Post-operatives from both gender sub-groups would like to access special support services. It is as if SRS may aid greatly in supporting one's sense of gender-core identity but, having had the surgery, one is not completely without needs for some on-going support. (See graph: TS Employment Status and Gender-acceptability, page 5)

POSITIVE ATTITUDE:

We asked those cross-living full time to prioritize a list of "important issues" to be addressed. Of particular interest, 3 of the 4 gender sub-groups indicate "positive attitude" as being the most important; only the M-F Transitionals identify it as being second on the list, behind SRS. Such a consistently rated issue reinforces that, as a

SELF-ESTEEM GRAPH



20.

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21.

group, TSs cross-living full time are predisposed to taking responsibility for themselves; that they recognize "attitude" as being critically important. Their responses also puts into perspective other issues. (See graphs: "Important Issues", page 22)

DISCRIMINATION:

Having explored the data pertaining to both gender-acceptability and self-esteem, we will now look at issues relevant to discrimination. As we can easily imagine, discrimination exists as a barrier to employment. Yet, our data seems to indicate that discrimination may not be as severe a barrier for TSs as we might expect.

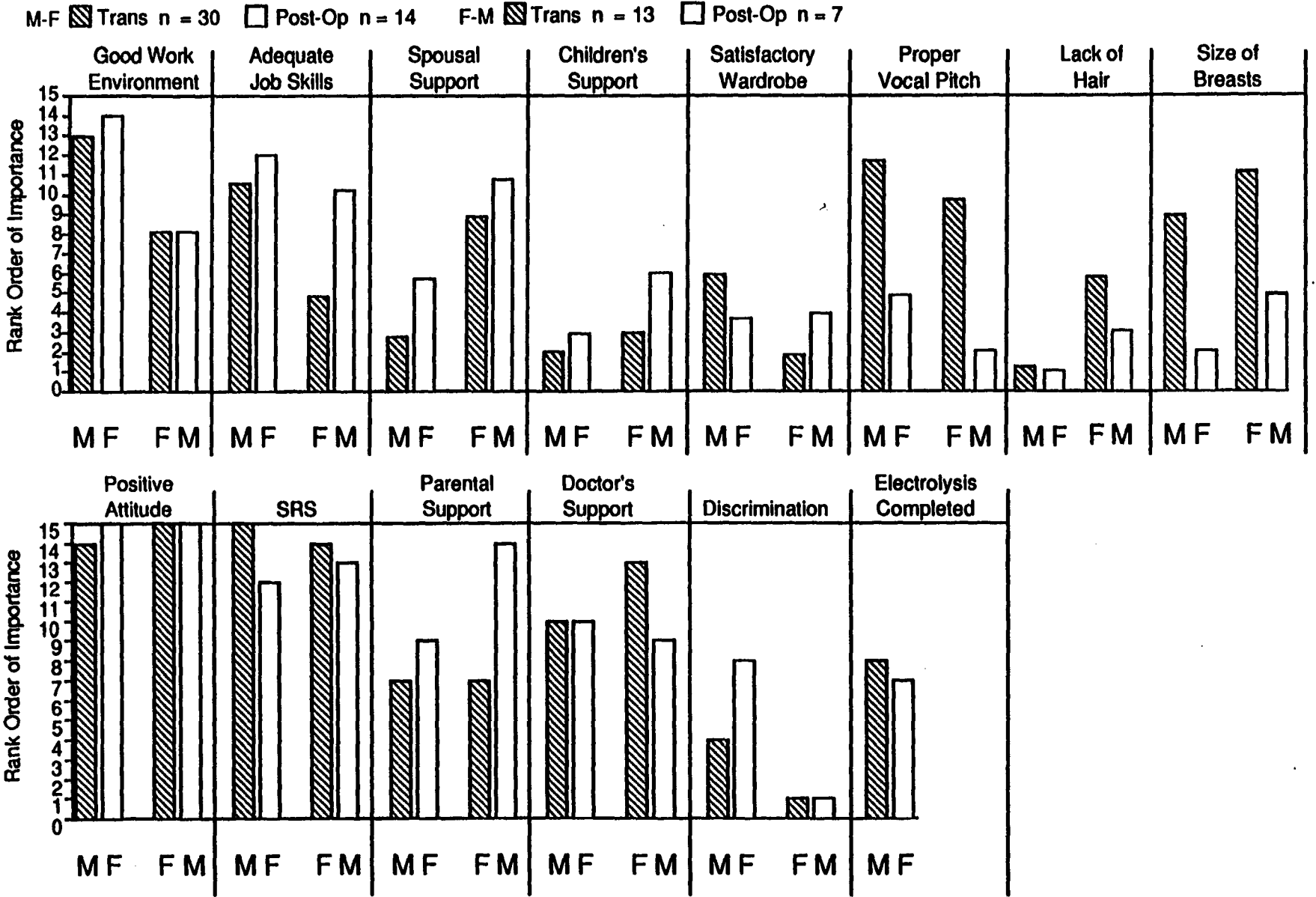
Referring back to the prioritized lists of 15 "important issues", we discover discrimination for F-Ms cross-living full time is rated at the bottom. For the M-Fs, the rankings are higher. When we compare the responses from the "important issues" list to responses specific to discrimination and its effect on self-esteem, we get a slightly different perspective; it is still of some concern for the M-Fs even after SRS. (See graphs: "Important Issues", page 22)

Our combined sample of 328 Employer/Social Agents is very diversified; it reflects many different groups with many different perspectives. Our sample consists of people from every walk of life and at every level of social status -- small business entrepreneurs and big business, private as well as public services, from social "helping" groups to public "enforcing" groups. (Refer to Appendix D, "Survey Procedure")

Employers	Personal contact N=48	No contact N=49	Combined sub- groups N=97
<u>BARRIER: limited knowledge of difference between Transsexuals, Transvestites & Drag Queens</u>			
Know The Difference:	45 (94%)	35 (72%)	80 (83%)
Don't Know The Difference:	3 (6%)	12 (25%)	15 (16%)
(No response)		2	2
.			
<u>BARRIER: limited knowledge of TS characteristics</u>			
Homosexual:	3	1	4
Trapped In Wrong Body:	40	38	78
Mentally Ill:	0	0	0
Sexual Reasons:	4	2	6
Retarded:	0	0	0
Don't Know:	8	11	19
(respondents were permitted to indicate more than one)			

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IMPORTANT ISSUES TO TS WHO CROSS-LIVE FULL TIME



23.

Social Agents	Personal contact N=168	No contact N=71	Combined sub- groups N=239
<u>BARRIER: limited knowledge of difference between Transsexuals, Transvestites & Drag Queens</u>			
Know The Difference:	155 (92%)	58 (82%)	213 (89%)
Don't Know The Difference:	13 (8%)	13 (18%)	26 (11%)
.			
<u>BARRIER: limited knowledge of TS characteristics</u>			
Homosexual:	4	1	5
Trapped In Wrong Body:	149	59	208
Mentally Ill:	3	2	5
Sexual Reasons:	4	2	6
Retarded:	0	2	2
Don't Know:	7	8	15
(respondents were permitted to indicate more than one)			

Of our 328 Employer/Social Agent respondents we learn that both groups have a reasonable and accurate understanding of the term transsexualism.

When compiling the various Employer/Social Agent data pertinent to better understanding discrimination, we learn that of the 328 respondents only 8 (all Social Agents) indicate they have a "strong personal belief" that prevents them from interacting with TSs. Such a limited "negative" response might lead us to conclude widespread prejudice towards TSs does not exist.

We compared other data having to do with "level of comfort" from two perspectives: those having had personal contact with TSs and those not having had personal contact. We identified those who are "very comfortable" as those less likely to react negatively or prejudicially towards TSs. The other two categories, "moderately comfortable" and "uncomfortable" we grouped as likely to be less effective in relationships with TSs and therefore problematic. With similarity, 33% of the Employers and 35% of the Social Agents indicate they are "very comfortable" with TS.

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24.

Employers	Personal contact N=48	No contact N=49	Combined sub- groups N=97
<u>BARRIER: negative reasons for not hiring TSs</u>			
Effect On Co-workers:	1	2	3
Effect On Clients:	7	5	12
Personal Uncomfortableness:	1	1	2
Other Reasons:	1	0	1
(respondents were permitted to indicate more than one reason)			
.			
<u>BARRIER: employers feel uncomfortable with TSs</u>			
Uncomfortable:	1 (2%)	7 (15%)	8 (9%)
Moderately Comfortable:	19 (40%)	34 (71%)	53 (55%)
Very Comfortable:	27 (56%)	5 (11%)	32 (33%)
(No response)	1	3	4

Social Agents	Personal contact N=168	No contact N=71	Combined sub- group N=239
<u>BARRIER: social agents feel uncomfortable with TSs</u>			
Uncomfortable:	5 (3%)	7 (10%)	12 (5%)
Moderately Comfortable:	87 (52%)	46 (65%)	133 (56%)
Very Comfortable:	67 (40%)	12 (17%)	79 (33%)
(No response)	9	6	15

We also tested for discrimination by asking our Employer/Social Agent participants to indicate issues that might limit TSs. We asked for their input on what might cause TSs to be considered unemployable, or what might cause TSs to be gender-nonacceptable. We discovered some patterns were based on general stereotypes, but that there were also responses showing inter-personal considerations, these reflecting the respondents' responsiveness to individuals and their particular circumstances.

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reasonable employees; that they are viewed as having average or above average work skills; that there are some problems in the work place regarding co-workers and clients not being accepting of them; that 2 had been fired because of "poor attitudes" and because of "co-workers being uncomfortable", and 5 had quit because of being "unhappy with wages", "job having no future", and being "uncomfortable with co-workers".

Employers	Those who have hired TSs N=17
<u>BARRIER: employers believe TSs' skills and abilities are limited</u>	
Rated Below Average:	1
Rated Average:	8
Rated Above Average:	7
(No response)	1
<u>BARRIER: employers believe co-workers don't accept working with TSs</u>	
Acceptance Very Low:	3
Acceptance Moderate:	9
Acceptance Very High:	4
(No response)	1
<u>BARRIER: employers believe clients don't accept service by TSs</u>	
Acceptance Very Low:	2
Acceptance Moderate:	7
Acceptance Very High:	3
(No response)	5

PUBLIC EDUCATIONAL CAMPAIGN:

Though it can be reasonably determined that discrimination against TSs is present in the work place, it appears not to be to the extreme originally feared. Nonetheless, discrimination does exist throughout society.

We asked the TSs to indicate if they thought "an ongoing, high profile, educational campaign, directed at the general public" would help advance a better understanding of TSs' issues. Of the 116 combined TS sample, 85% said "it would help", 11% indicated "it would cause more

problems than good", 4% indicated "it would not help". We also asked them to prioritize a prepared list of target groups. The M-Fs identified employers as the top priority, whereas the F-Ms identified doctors. All 6 sub-groups listed bankers as the lowest priority. (See graphs: "Education Campaign Ranking", page 28)

It is stereotyping that reinforces discrimination. But prejudice can also stem from previous experiences with TSS, particularly ones that were negative in nature. And then too, there is the problem of inaccurate or false information being promoted as fact. Much of this is due to ignorance and malaise, moreso than vindictiveness. Nonetheless, all of these forms of discrimination must be addressed. To accomplish this we are proposing a number of services and informational products. Of benefit to this study is having gained the feedback from our Employer/Social Agent respondents.

<u>Previously accessed transsexual information sources</u>			
Employers	Personal contact	No contact	Combined sub-groups
	N=48	N=49	N=97
Newspapers As Source:	22	35	57
Television As Source:	21	34	55
Books As Source:	15	13	28
Informal Conversations:	26	19	45
Formal Lectures:	6	5	11
Personal Contact With TSS:	37	6*	43
Other Means:	7	2	9
(respondents were permitted to indicate more than one source)			
(* we are assuming this number reflects only a very casual or informal contact with TSS)			

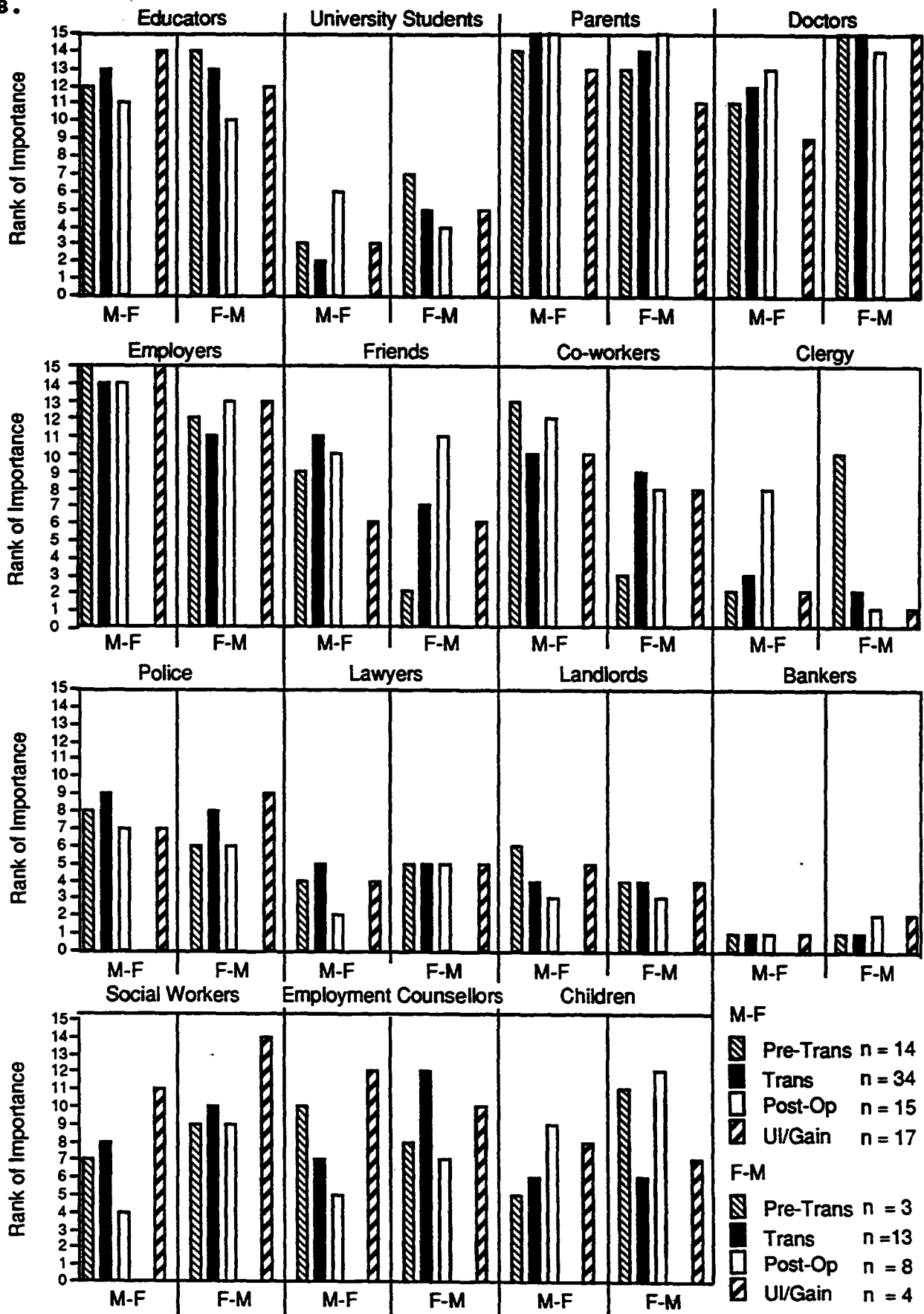
Social Agents	Personal contact	No contact	Combined sub-groups
	N=48	N=49	N=97
Newspapers As Source:	59	36	95
Television AS Source:	77	41	118
Books As Source:	64	22	86
Informal Conversations:	89	34	123
Formal Lectures:	38	10	48
Personal Contact With TSS:	130	11*	141
Other Means:	22	11	33
(respondents were permitted to indicate more than one source)			
(*we are assuming this number reflects only a very casual or informal contact with TSS)			

We were interested to learn what sources the respondents had had which led to their understanding of transsexualism. We also asked them to suggest what type of service they thought might be useful to them in gaining a better understanding of transsexualism.

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28.

EDUCATION CAMPAIGN



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<u>Interest in learning more about transsexualism</u>			
Employers	Personal contact	No contact	Combined sub-groups
	N=48	N=49	N=97
Would Like Access:	27 (56%)	33 (38%)	60 (68%)
Would Not Like Access:	19 (40%)	14 (29%)	33 (34%)
(No response)	2	2	4

Social Agents	Personal contact	No contact	Combined sub-groups
	N=168	N=71	N=239
Would Like Access:	126 (75%)	46 (65%)	172 (72%)
Would Not Like Access:	33 (20%)	20 (28%)	53 (22%)
(No response)	9	5	14

Their previous sources of information came via, in descending order: personal contact, television, conversations, newspapers, books, and lectures. Of the 336 who responded to our question having to do with accessing information services in the future, 69% indicated they would. These services are, in descending order: brochures, video, a speaker, an advocate, and a reading list.

<u>Preferred sources of information on transsexualism</u>			
Employers	Personal contact	No contact	Combined sub-groups
	N=48	N=49	N=97
Brochures As A Source:	14	27	41
A Reading List:	15	6	21
A Video As A Source:	12	14	26
A Speaker As A Source:	7	8	15
An Advocate As A Source:	10	13	23
Other Sources:	3	1	4
(respondents were permitted to indicate more than one source)			

Social Agents	Personal contact	No contact	Combined sub-groups
	N=168	N=71	N=239
Brochures As A Source:	69	31	100
A Reading List:	45	10	55
A Video As A Source:	68	25	93
A Speaker As A Source:	71	28	99
An Advocate As A Source:	36	17	53
Other Sources:	13	6	19
(respondents were permitted to indicate more than one source)			

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SPECIAL SUPPORT SERVICES:

Of our combined TS respondents, we learn 62% of the M-Fs and 66% of the F-Ms are interested in accessing a wide vary of TS-relevant special services. Of particular note, the F-M Post-operatives indicate (75%) an overwhelming need for on-going support. What is important to understand with regards to establishing a multi-purpose support service is that TSs have needs unique to their condition; that though similar services may exist within the community at large, access and helpfulness could be limited for a variety of reasons: lack of funds, fear of non-supportive attitudes, limited understanding, etc. (See graphs: "Special Services", page 31)

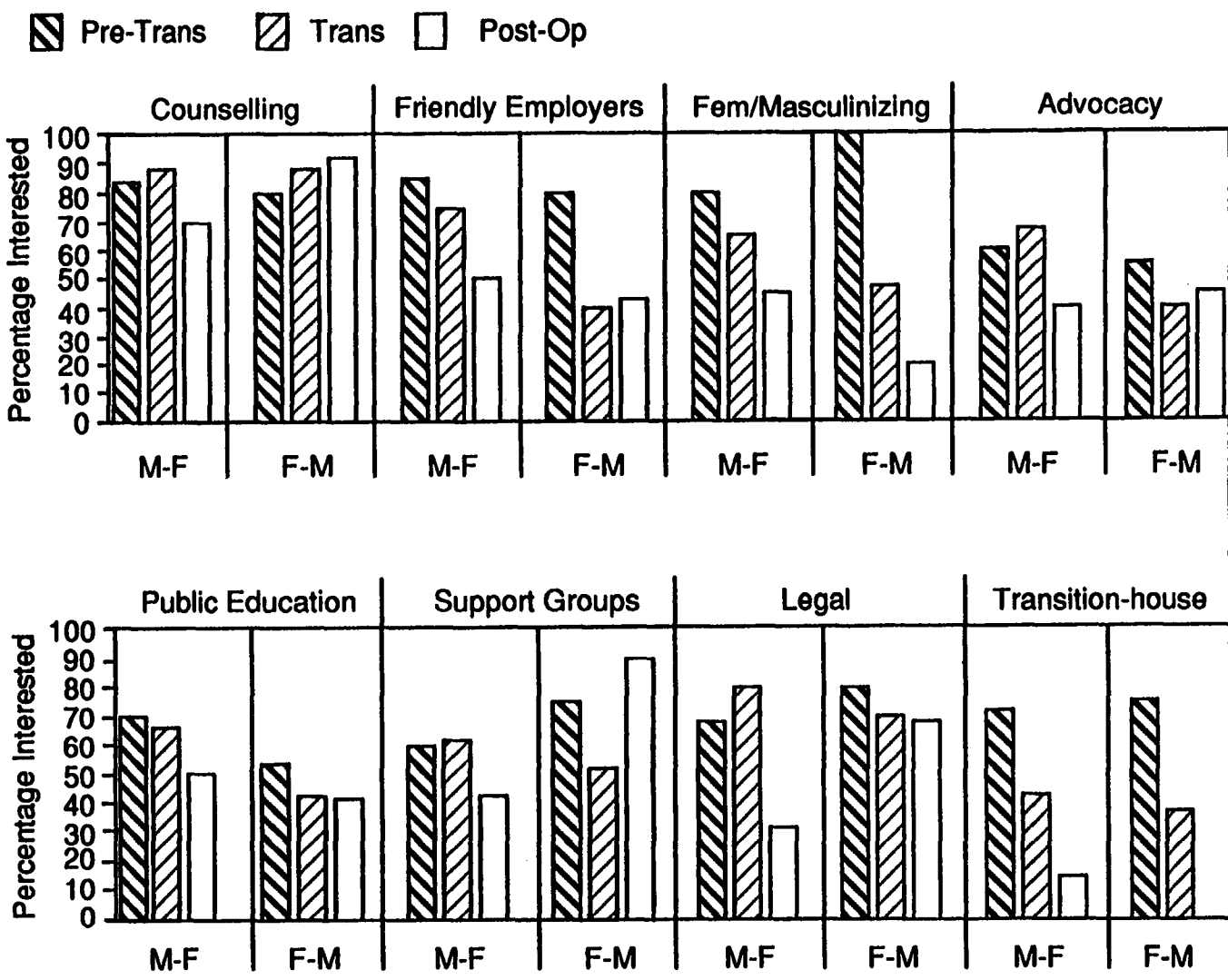
<u>The need for special support services</u>				
M-F	Pre-trans N=24	Trans N=43	Post-op N=20	Combined N=87
Interested In Accessing:	19 (79%)	28 (65%)	7 (35%)	54 (62%)
Not Interested:	2 (8%)	3 (7%)	8 (40%)	13 (15%)
Other:	3	12	3	18
(No response)			2	
.				
F-M	Pre-trans N=4	Trans N=17	Post-op N=8	Combined N=29
Interested In Accessing:	3 (75%)	10 (59%)	6 (75%)	19 (66%)
Not Interested:	0	6 (36%)	1 (13%)	7 (24%)
Other:	1	1	1	3

As has become blatantly obvious, success in transition has much to do with one's income status and their ability to access relevant TS support servives. Following are ideas having to do money and services.

One way to off-set expenses is to organize TSs as a consumer lobby group. For example, electrolysis services are very expensive. Is there some way to reduce the expense? Can TSs, as a group, hire or contract their own electrologist? By doing so, can they substantially reduce the price? For those needing a hair piece or wig, can they arrange special purchases for quality merchandise? Footwear for M-Fs, with larger than normal female shoe sizes, can be very expensive and difficult to find. Could they, by acting as a consumer lobby group, make the purchases less expensive and easier to obtain? What about opportunities to learn a variety of special skills, such as, make-up, hair care and deportment? As a group, could such knowledge not be more easily and relatively inexpensively obtained. Concerning the F-Ms' needs, a consumer lobby group may be somewhat limited noting their numbers are not as large as the M-F.

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SPECIAL SERVICES GRAPH



M-F
 Pre-Trans n = 24
 Trans n = 43
 Post-Op n = 20

F-M
 Pre-Trans n = 4
 Trans n = 17
 Post-Op n = 8

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Another way to off-set expenses, particularly for those whose income is below the "low income cut off" level, is to seek additional financial assistance through the Ministry of Social Services. The Ministry's motivation would be to assist TSs to becoming gender-acceptable and, in turn, employable and off welfare rolls. To gain the Ministry's involvement would require individualized transitional-plans outlining the benefits. We suggest a highly structured, goal-oriented, program would effectively help TSs in need, as well as, address the rising costs associated with ever increasing health care services.

Though our Social Agent respondents, and particularly those from the Ministry of Social Services, indicate they understand the issue of gender transformation costing lots of money, little assistance, if any is being provided. With 40% M-Fs and 45% F-Ms on fixed or low income, it becomes obvious the system fails; these TSs are financially vulnerable and limited in their ability to become gender-acceptable and in turn employable.

Yet, another way to off-set extraordinary costs might be through accessing non-profit organizations, specifically any (like the Zenith Foundation) whose main purpose is to provide services for the TS community. An example: in the event transition-houses were established, such a service would address such important issues as, low rent, safe environment, and day to day support.

<u>Transitional-housing</u>			
Both Genders	F-M N=29	M-F N=87	Combined N=116
Interested In Accessing:	7 (24%)	27 (31%)	34 (30%)
Not Interested In Accessing:	19 (65%)	39 (45%)	58 (50%)
Other:	3	18	21
(No response)		3	3

Being in association with a non profit group, whose objectives include raising funds, is another option for helping TSs with limited financial resources. Through such an organization, money could be legitimately raised specifically to support TS programs. Such support would assist those less fortunate and promote awareness of TS issues throughout the greater community.

Another way of addressing support services for TSs is to develop a volunteer service. The volunteers may come from within the TS community or be recruited from throughout the greater community. A well organized volunteer service in which volunteers knew their contributions were greatly valued could be a stable and important resource. In addition to establishing a specific volunteer service catering to TS issues, it may be appropriate to access existing volunteer services, also.

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SUMMARY COMMENTS

Having now completed our survey we can clearly state that transsexuals face significant barriers to employment. There are those who are not functioning well in their new gender, those who are severely disadvantaged, particularly if not gender-acceptable. There are also those, including those not yet cross-living full time, who are struggling to overcome their weak self-esteem and fear of discrimination.

As a group (116 respondents), we have discovered transsexuals experience a 25% unemployment rate. Of the six gender sub-groups, M-F Pre-transitionals have the largest unemployment rate at 43%. When we include those considering quitting their jobs, we see the overall group percentage increase to 49%, indicating half of our sample is experiencing an employment crisis of one type or another. And, when we consider those who are not gender-acceptable, we see our percentage increase to 58% of our sample. These figures are alarming.

Recognizing there are many extraordinary financial expenses tied to achieving gender-acceptability and a strong gender-core identity, we have learned that, on average, 44% of our sample is restricted financially in their ability to cover costs necessary to completing their gender/sex change.

When we compare our transsexual sample to that of the provincial work force sample, we learn a greater percentage (58%) of transsexuals have a post secondary education than has the provincial sample (51%). Yet, when we compare our unemployed transsexual data (25%) with that of the provincial unemployed statistics (9.7%), we can clearly see transsexuals at all levels of education are more severely affected by unemployment.

When we focus strictly on those 28 transsexuals who have actually undergone sex reassignment surgery, we learn that they rate their self-esteem much higher than those who have not had the surgery. Such a "final" step most certainly reinforces gender-core identity, resulting in a "settling down" phenomenon. And though clearly a benefit, surgery is not the complete answer to being successful in transitioning from one sex to the other. Our data shows Post-operatives from both gender sub-groups have needs for on-going special support services, perhaps more support needed now because it was not experienced throughout their earlier stages of transition.

Perhaps a surprise to many readers, drugs and alcohol abuse seems to be almost a non-issue. Of our combined sample only 8 indicated their self-esteem was significantly affected by drugs and alcohol. The issue most significantly affecting self-esteem, in 50 of the respondents, is that of discrimination.

34.

From the data we collected we were able to measure or gauge the issue of discrimination from various perspectives, including the 328 Employer/Social Agent respondents we had participate in the survey. Of our 328 Employer/Social Agent respondents only 8 (all Social Agents) indicated they had a "strong personal belief" that would prevent them from interacting with transsexuals. Such a limited "negative" response might lead us to conclude widespread prejudice towards transsexuals doesn't exist. However, when we compared our data having to do with "level of comfort", we discovered that only 34% indicated they were "very comfortable" with transsexuals. Those less comfortable (66%) might then be considered less likely to be effective in relationships with transsexuals.

When we tested for discrimination in other areas, we discovered some patterns were based on general negative stereotypes, but certainly not all, and that in fact the vast majority of our Employer/Social Agent sample (87%) indicated they considered transsexuals to be able-bodied employables. Of those employers (17) who had actually employed transsexuals, we learned, that for the most part, transsexuals make reasonable employees, though their presence in the work place can be problematic particularly among co-workers.

Recognizing not all transsexuals are disadvantaged, that there are those who are successful in completing their transition, however, it is clear that many are not as fortunate: they are severely disadvantaged, they are disabled by their condition, and they face barriers to employment. These barriers are discrimination, weak gender-core identity, and poor gender-acceptance, motivational and attitudinal problems, lack of gender-related work skills, and poor life skills.

One of the factors not very often talked about is timing. Timing of gender-change is important; its conscious structuring makes a difference in the transitional process/progress. An individual, once having come to terms with his or her need to seek treatment, and following a clinical diagnosis, would benefit immensely from having developed an individualized transitional plan, complete with access to a wide variety of support services. At present, no such front-line service exists.

Having now completed our initial survey study (phase 1) concerning transsexuals and employability, we have designed a follow-up project (phase 2) to explore and design a variety of special support services. Upon completing the second phase, we anticipate establishing an ongoing program (phase 3) encompassing a wide variety of special support services.

It is abundantly clear transsexuals, as a group, need support in order to effectively address their gender dysphoric condition and that this support must be wide-ranging.

35.

At present, many transsexuals are able to access support from the VGH Gender Dysphoria Clinic. Such support consists of treatment options and a limited assortment of support services. Independent from the Clinic there may exist a number of transsexual support groups. These groups are run very informally and provide limited support. With the closing down of the Employment and Immigration's Special Needs Division, transsexuals requiring special assistance are relegated to fitting as best they can into existing "job readiness" programs.

By creating an on-going program specifically designed to address transsexuals' employability, we envision blending transsexuals' treatment components with their individualized developmental needs. This blending, or "transitional plan" approach will provide transsexuals the opportunity to achieve greater success in their transitional process/progress.

36.

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37.

RECOMMENDATIONS

The following recommendations have been formulated as issues needing to be addressed in the future.

RECOMMENDATION: Being employed, throughout all three stages of transition, in a job which rewards a TS with a satisfactory level of income, a sense of accomplishment, purpose and a comfortable state of gender-acceptance, must be recognized as a fundamental principle to work towards.

RECOMMENDATION: A recognized standard representing the minimum level of income necessary to allow a TS to make realistic progress through transition, must be acknowledged.

RECOMMENDATION: Timing of gender-congruency changes must be planned; planning must be unique to each TS's needs and in concert with his or her medical treatment and ability to pay costs.

RECOMMENDATION: Gender-acceptability in the work place, for TSs cross-living full time, must be promoted and supported as a fundamental goal whenever possible.

RECOMMENDATION: As there are disadvantaged TSs limited by their gender-incongruency, a special employer referral and data base support service must be established.

RECOMMENDATION: Pre-transitional TSs who are anticipating entering transition -- cross-living full time -- must be encouraged to develop a plan of action that realistically addresses their gender-transformation expectations.

RECOMMENDATION: M-Fs with problem facial hair must not be denied electrolysis treatments due to lack of income, therefore, a subsidized or floating "user fee" program must be established.

RECOMMENDATION: A "standard of care" document, regarding electrolysis treatments, must be created, and it is important that this document recognizes the critical importance of such treatments within the overall medical treatment transition plan.

RECOMMENDATION: F-Ms with large breasts must not be denied surgery due to lack of income, therefore, a subsidized or financial compensation program must be established.

RECOMMENDATION: Vocal gender-acceptability for TSs cross-living full time is fundamental to being employed, and as such, programs must be established to respond to all TS's needs and expectations, including those in the Pre-transitional stage.

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38.

RECOMMENDATION: Hormone replacement therapy positively affects both physical and emotional needs of TSs; the timing of the hormonally-induced changes must be considered in each individual's transitional plan.

RECOMMENDATION: As consumers with common special needs and in many cases limited income, TSs must establish a consumer lobby group to reduce costs, and improve availability and quality of services and products.

RECOMMENDATION: Ministry of Social Services must be encouraged to respond to the financial needs of TSs on fixed or low incomes, particularly for those needing to purchase goods and services necessary for achieving gender-transformation.

RECOMMENDATION: Transitional-housing programs must be established and designed to correspond with each TS's transitional plan.

RECOMMENDATION: A variety of independent community financial sources, addressing TS's extraordinary expenses, must be established.

RECOMMENDATION: A volunteer service agency must be established, and/or existing volunteer services identified, that will support TSs with their special needs.

RECOMMENDATION: Developing a strong self-esteem, in context with a strong gender-core identity, must be recognized as fundamental to a TS's transitional plan.

RECOMMENDATION: The fear of being outed or exposed as a TS can be of great concern to both M-Fs and F-Ms, not only as they pass through transition but well beyond, therefore, special counselling programs must be designed and implemented to address such anxieties.

RECOMMENDATION: Undergoing SRS is critically important to many TSs, yet only those who can afford such an extraordinary expense are able to have surgery; those who cannot afford the surgery are denied, creating a very serious discriminatory consequence, therefore, a subsidized or financial compensation program must be established.

RECOMMENDATION: Recognizing that as a group TSs value a positive attitude above all other issues of importance to them, every effort must be made to promote and encourage this sensitivity by establishing an array of special support services.

RECOMMENDATION: Discrimination towards TSs exists throughout society, and though it appears to be of less significance than anticipated special support services must be established to address specifics wherever they exist.

39.

RECOMMENDATION: Education on TS issues is the primary means by which discrimination and prejudice must be countered, and as such, a major effort must be implemented to structure an ongoing educational campaign relevant to every segment of society.

RECOMMENDATION: Individual human rights and security issues specific to the transitional condition must be ingrained throughout society, particularly addressing discrimination, or the fear of discrimination, which limits or restricts employment.

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Appendix A

GLOSSARY OF DEFINITIONS

As some of the terms used in this report may be unfamiliar we have prepared the following definitions.

The following concepts and formulations have been extrapolated, in part, from: "The Uninvited Dilemma, A Question Of Gender", by Kim Elizabeth Stuart.

Gender: Male and female. It defines the person; sex is but part of the definition.

Gender-acceptance: How others identify a person as being of one gender or the other. The first thing one notices about another is his or her gender. If the gender is questionable the observer scrutinizes more closely such gender-congruent characteristics as voice, physique, mannerisms, etc.

Gender Community: People who may associate with each other and/or have some gender cross-dressing issues in common such as transsexuals, transgenderists, transvestites, and drag queens. The greater gender community also involves those who might associate, in a helpful or supportive way, with any of the above groups.

Gender Dysphoria: A medical term; to feel unhappy about one's assigned gender at birth. The intensity of these feelings may range greatly from one individual to another. For some feelings may fluctuate greatly in earlier years even to the point of denial, but they tend to increase in intensity eventually requiring treatment.

Gender Identity: An innate feeling one belongs to one gender or the other.

Gender Roles: Culturally influenced and featured as stereotypes.

Post-operative: This is a person who has undergone sex reassignment surgery (SRS). In the case of female to male (F-M) transsexuals, due to the nature of the surgery and the fact it is performed in stages over time, some may only have had partial reassignment.

Pre-transitional: This is a person who may have been diagnosed as TS but who has not begun to cross-live full time.

Sex: Referring mainly to male and female genitals, their function-reproduction and/or pleasure. Sex is only one aspect of gender.

Sexual Characteristics: The main characteristic associated with each gender is the genitals. The secondary sex characteristics are: breasts, facial hair, vocal pitch, skin and hair texture, fat and muscle development, size of feet and hands, facial structures, hair density on both head and body, etc.

Sexual Preference: That which creates a sexual interest -- the opposite gender, the same gender, or both.

Transgenderists: Those who are similar to transsexuals except that they choose not to have sex reassignment surgery.

Transitional: The period of time during which a TS cross-lives full time and prior to having had sex reassignment surgery.

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Transsexuals: Those who believe their sexual characteristics and gender roles are inappropriate for how they feel about their gender -- they suffer from gender dysphoria. These feelings generally exist from an early age and may vary in intensity. Both men and women may be transsexual. Many uninformed people equate transsexualism with homosexuality and/or perversion; they do not distinguish between gender roles, gender identity and sexual preference.

Transvestites: Men who dress in female clothing for the prime purpose of sexual arousal. Many individuals with gender confusion fall in a spectrum between transsexualism and transvestitism (transvestite or secondary transsexuals). They occasionally dress and behave as the opposite gender, yet are accepting of their sexual characteristics and do not want them changed. Most transvestites are heterosexual males. Those who are homosexual may be labeled drag queens and generally speaking, dress and behave very effeminately.

B-1

Appendix B

EMPLOYMENT PRINCIPLES AND ISSUES

Following are a variety of employment principles and issues we feel are relevant to developing special support services, the content of which has been taken from The Canadian Labour Force Development Board working papers. What is presented has been edited for brevity.

Barrier: That which stands in the way of one trying to secure employment and/or attempting to improve his or her social status. Barriers may be physical, mental, emotional, psychological, or those such as discrimination and social-functioning impediments.

Employment Equity: Due to discrimination, people may not be able to access opportunities. Such people come from four designated groups: aboriginals, women, disabled, visible minorities. Employment Equity is a formularized systematic process designed to end discrimination in employment.

Equity: Achieving equity through policies and legislation which ensures representation by people who have historically been excluded from the decision-making process.

Disabilities: A term that refers to disorders due to an identifiable or inferred central nervous system dysfunction. Such disorders may be manifested by delays in early development and/or difficulties in basic skills. Disabilities are intrinsic to the individual, including those with average or above average intelligence.

Diversity: Any action or work undertaken for people with disabilities should respect the diversity of people with disabilities within any given community.

Duty To Accommodate: Where people with disabilities, or any persons, have needs that are not met by existing systems, it is the duty of the operators of the systems to accommodate those needs. Financial arrangements for the expenses of any accommodation are not the responsibility of the person or people whose needs are not met by the existing systems.

Quality: Programs must be client-centred: based on the needs of those actually being served; involving the active participation of clients in decision-making with respect to program development and implementation; taking into account the varying needs and interests of people who are at different stages in their lives.

Self-representation: Special needs people involved in all aspects of the design, implementation and evaluation of services directed to assist them.

Self Identification: The right to decide whether or not one wants to be identified as one or more of the Employment Equity designated groups. An employer cannot classify a member of a group without his or her permission. Self-identification helps employers and employment services to provide special assistance, where applicable.

Social Action/Equity Groups: Advocacy groups which represent and actively promote the interests of people who have not historically had social, economic or political equality.

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Unemployable: People who have severe and permanent disability; who are not expected to find work, or become trained for work. They may also be people who have retired from the work force, primarily due to age.

Under Employed: Workers who want full time jobs and may be limited to part time or temporary positions, or workers who feel their skills and abilities are not validated by the work they perform.

Vocational Rehabilitation: A system of professionally-guided treatment and government-based financial assistance aimed at giving people with disabilities the skills necessary to enter the job market and cope with their disabilities.

Appendix CRESULTS OF TRANSSEXUAL EMPLOYMENT SURVEYBARRIERS TO EMPLOYMENT, VARIOUS SUB-GROUPS' DATA AND COMPARISONS

The following tables demonstrate a variety of perspectives on barriers to employment. All of the tables throughout this Results section are titled to highlight "barriers to employment"; each title is worded to reflect a potential problem. As the reader will discover, some data seems to indicate that no barrier exists, some data suggests that the barrier may not be significant to our TS sample, other data clearly shows barriers do exist and that they may vary greatly between the six different gender sub-groups.

We have created our tables using only data provided by those we have classified as "employables". The data from respondents who are on disability pensions or retired has not been incorporated into these tables. Our rationale for segregating the two types of respondents is that we want the tables to clearly show how employability issues affect those in a position to be employed.

Also, we did not incorporate the data from respondents who provided incomplete or inconsistent income information, the problem being, we had no clear understanding of their employability status.

When specific responses to a question were not indicated by individuals, we identified their data within each table as "No response".

PRE-TRANSITIONAL GROUPS' PERSPECTIVE

Pre-transitional TSs, those not cross-living full time, require special help to better prepare before entering transition. We know that many hold back from cross-living full time because they face a number of barriers. To better understand the barriers they face we compared those who are employed and content, employed and considering quitting, and those who are unemployed.

Of special note, the barriers for Pre-transitionals should be viewed somewhat differently from those TSs who cross-live full time. For example, a M-F Pre-transitional who has not mastered "her female voice" will not be affected as might a M-F Transitional or Post-operative, however, not having gained some confidence in using "her female voice", a M-F Pre-transitional will face a barrier preventing "her" from starting to cross-live full time and be employed in "her" new gender role. For both M-F and F-M Pre-transitionals such barriers as low self-esteem or fear of discrimination may cause some to hold-back from progressing with their medical treatment or they may be compelled to enter transition ill-prepared, subjecting themselves to hardship and extensive periods of unemployment.

C-2

As can be seen, there are many areas of dissatisfaction with physical characteristics and many sources of low self-esteem. The following M-F and F-M Pre-transitional tables have been presented to show the significance of each issue as it affects the unemployed, but also how the various issues impact on those who are employed but who are considering quitting.

Our total M-F Pre-transitional group consists of 24 respondents, of which we did not use 3: 1 is on a disability pension, and 2 retired.

<u>M-F Pre-transitional</u>	Employed, content N=7	Employed, considering quitting N=6	Unemployed N=8
BARRIER: inability to achieve female vocal pitch			
Not Satisfied:	6	4	7
Satisfied:	1	2	1
BARRIER: problem facial hair			
Not Had Electrolysis:	4	5	6
Had Some Electrolysis:	3	1	2
BARRIER: limited education relative to appropriate employment			
Less Than Grade 12:	0	0	3
Grade 12:	1	2	0
Post Secondary:	6	4	5
BARRIER: self-esteem re gender change progress			
Low Self-esteem:	1	0	5
Moderate Self-esteem:	3	5	2
High Self-esteem:	2	1	0
(No response)	1		1
BARRIER: self-esteem re being read			
Significantly affects:	5	3	5
Insignificantly affects:	1	1	2
(No response)	1	2	1
BARRIER: self-esteem re being outed or exposed			
Significantly affects:	5	5	5
Insignificantly affects:	1	1	2
(No response)	1		1

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<u>M-F Pre-transitional</u>	Employed, content N=7	Employed, considering quitting N=6	Unemployed N=8
-----------------------------	-----------------------------	--	-------------------

BARRIER: self-esteem re discrimination

Significantly affects:	5	5	6
Insignificantly affects:	1	1	1
(No response)	1		1

BARRIER: self-esteem re lack of employer's support

Significantly affects:	5	4	3
Insignificantly affects:	1	2	3
(No response)	1		2

Our total F-M Pre-transitionals group only consisted of 4 respondents, of which 1 is on a disability pension.

<u>F-M Pre-transitional</u>	Employed, content N=1	Employed, considering quitting N=1	Unemployed N=1
-----------------------------	-----------------------------	--	-------------------

BARRIER: inability to achieve male vocal pitch

Not Satisfied:	1	0	0
Satisfied:	0	0	1
(No response)		1	

BARRIER: inappropriate breast size

Not Had Breast Surgery	1	1	1
Have Had Breast Surgery	0	0	0

BARRIER: limited education relative to appropriate employment

Less Than Grade 12	0	0	0
Grade 12	0	0	0
Post Secondary:	1	1	1

BARRIER: self-esteem re gender change progress

Low Self-esteem:	0	0	1
Moderate Self-esteem:	0	0	0
High Self-esteem:	1	0	0
(No response)		1	

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C-4

<u>F-M Pre-transitional</u>	Employed, content N=1	Employed, considering quitting N=1	Unemployed N=1
BARRIER: self-esteem re discrimination			
Significantly affects:	1	0	1
Insignificantly affects: (No response)	0	0 1	0
BARRIER: self-esteem re being read			
Significantly affects:	1	0	0
Insignificantly affects: (No response)	0	0 1	1
BARRIER: self-esteem re being outed or exposed			
Significantly affects:	1	0	0
Insignificantly affects: (No response)	0	0 1	0 1
BARRIER: self-esteem re lack of employer's support			
Significantly affects:	0	0	0
Insignificantly affects: (No response)	1	0 1	1

TRANSITIONAL AND POST-OPERATIVE, UNEMPLOYED GROUPS' PERSPECTIVE

Many TSs of the Transitional and Post-operative groups (those groups who cross-live full time) who are unemployed, are out of work because they face a wide array of barriers. These barriers might range from not attaining gender-congruency standards, to weak gender-core development, to limited skill training. To assist us in better understanding barriers specific to the unemployed, we compared their data with that of those who are employed.

As can be seen, compared to the employed sub-group the unemployed show greater percentages who are not satisfied with many physical characteristics and whose self-esteem is negatively affected for various reasons.

C-5

Our total M-F Transitional and Post-operative groups consists of 63 respondents, of which we did not use 15: 5 are on a disability pension, 5 are retired, and 5 provided incomplete income data.

<u>M-F Transitional</u> <u>and Post-op</u>	Employed N=32	Unemployed N=16
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BARRIER: inappropriate female vocal pitch

Not Satisfied:	14 (44%)	10 (63%)
Satisfied:	18 (56%)	6 (37%)

BARRIER: problem facial hair

Not Had Electrolysis:	9 (32%)	12 (75%)
Had Some Electrolysis:	23 (68%)	4 (25%)

BARRIER: limited education relative to appropriate employment

Less Than Grade 12:	5 (15%)	3 (25%)
Grade 12:	8 (25%)	5 (31%)
Post Secondary:	19 (60%)	8 (44%)

BARRIER: self-esteem re gender change progress

Low Self-esteem:	0	0
Moderate Self-esteem:	13 (40%)	7 (44%)
High Self-esteem:	18 (57%)	8 (50%)
(No response)	1	1

BARRIER: self-esteem re discrimination

Significantly Affects:	15 (47%)	11 (69%)
Insignificantly Affects:	17 (53%)	4 (25%)
(No response)		1

BARRIER: self-esteem re being read

Significantly Affects:	14 (44%)	7 (44%)
Insignificantly Affects:	18 (56%)	8 (50%)
(No response)		1

BARRIER: self-esteem re being outed or exposed

Significantly Affects:	8 (25%)	8 (50%)
Insignificantly Affects:	22 (69%)	7 (44%)
(No response)	2	1

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<u>M-F Transitional and Post-op</u>	<u>Employed N=32</u>	<u>Unemployed N=16</u>
---	--------------------------	----------------------------

BARRIER: self-esteem re lack of employer's support

Significantly Affects:	10 (31%)	7 (44%)
Insignificantly Affects:	20 (63%)	5 (31%)
(No response)	2	4

Our total F-M Transitional and Post-operative groups consist of 25, respondents, of which we did not use 2: 1 is retired, and 1 provided incomplete income data.

<u>F-M Transitional and Post-op</u>	<u>Employed N=19</u>	<u>Unemployed N=4</u>
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BARRIER: inappropriate breast size

Not Had Breast Surgery:	8 (42%)	1 (25%)
Have Had Breast Surgery:	9 (47%)	3 (75%)
(No response)	2	

BARRIER: limited education relative to appropriate employment

Less Than Grade 12:	3 (16%)	0
Grade 12:	7 (37%)	2 (50%)
Post Secondary:	9 (47%)	2 (50%)

BARRIER: self-esteem re gender change progress

Low Self-esteem:	1 (5%)	0
Moderate Self-esteem:	4 (21%)	2 (50%)
High Self-esteem:	14 (74%)	1 (25%)
(No response)		1

BARRIER: self-esteem re discrimination

Significantly Affects:	6 (32%)	1 (25%)
Insignificantly Affects:	12 (63%)	3 (75%)
(No response)	1	

BARRIER: self-esteem re being read

Significantly Affects:	5 (27%)	1 (25%)
Insignificantly Affects:	13 (69%)	3 (75%)
(No response)	1	

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C-7

<u>F-M Transitional and Post-op</u>	Employed N=19	Unemployed N=4
---	------------------	-------------------

BARRIER: self-esteem re being outed or exposed

Significantly Affects:	8 (42%)	2 (50%)
Insignificantly Affects:	10 (53%)	2 (50%)
(No response)	1	

BARRIER: self-esteem re lack of employer's support

Significantly Affects:	3 (16%)	0
Insignificantly Affects:	14 (74%)	3 (75%)
(no response)	2	1

TRANSITIONAL AND POST-OPERATIVE,
CONSIDERING QUITTING GROUPS' PERSPECTIVE

Many TSs who cross-live full time and who are considering quitting their jobs are doing so because they are either under employed and/or feel discriminated against. We will examine a variety of barriers, comparing those who are considering quitting to those who have indicated they are content with their jobs. It is clear some barriers, physical and psychological as related to self-esteem, exist in both the employed who are content and the employed who are considering quitting, however the barriers seem to be more prevalent in the "considering quitting" sub-groups.

When we look specifically at the "employed, considering quitting", we learn both gender sub-groups rated, "not stimulating" as their first reason, "no future" as their second, and "poor wages" as their third. Only the M-F sub-group also identified some gender/TS issues such as: "not gender friendly" and "excessive discrimination". For the F-M sub-group, the gender/TS issues appear to be of no consequence in their reasons for considering quitting.

Our total M-F Transitional and Post-operatives groups consist of 63, of which 32 respondents are employed.

<u>M-F Transitional and Post-op</u>	Employed, content N=19	Employed, considering quitting N=13
---	---------------------------	---

BARRIER: inappropriate female vocal pitch

Not Satisfied:	8 (42%)	6 (46%)
Satisfied:	11 (58%)	7 (54%)

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<u>M-F Transitional and Post-op</u>	Employed, content N=19	Employed, considering quitting N=13
BARRIER: problem facial hair		
Not Had Electrolysis:	4 (21%)	5 (39%)
Had Some Electrolysis:	15 (79%)	8 (61%)
BARRIER: limited education relative to appropriate employment		
Less Than Grade 12:	3 (19%)	3 (23%)
Grade 12:	5 (26%)	3 (23%)
Post Secondary:	11 (58%)	7 (54%)
BARRIER: self-esteem re gender change progress		
Low Self-esteem:	0	0
Moderate Self-esteem:	6 (32%)	7 (54%)
High Self-esteem:	12 (63%)	6 (46%)
(No response)	1	
BARRIER: self-esteem re discrimination		
Significantly Affects:	9 (47%)	6 (46%)
Insignificantly Affects:	10 (53%)	7 (54%)
BARRIER: self-esteem re being read		
Significantly Affects:	8 (42%)	6 (46%)
Insignificantly Affects:	11 (58%)	7 (54%)
BARRIER: self-esteem re being outed or exposed		
Significantly Affects:	5 (27%)	3 (23%)
Insignificantly Affects:	13 (69%)	9 (70%)
(No response)	1	1
BARRIER: self-esteem re lack of employer's support		
Significantly Affected:	6 (32%)	4 (31%)
Not Significantly Affected:	12 (63%)	8 (61%)
(No response)	1	1

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Our total F-M Transitional and Post-operative groups consists of 25, of which 19 are employed.

<u>F-M Transitional and Post-op</u>	<u>Employed, content N=11</u>	<u>Employed, considering quitting N=8</u>
BARRIER: inappropriate breast size		
Not Had Breast Surgery:	3 (27%)	5 (63%)
Have Had Breast Surgery:	7 (64%)	2 (25%)
(No response)	1	1
BARRIER: limited education relative to appropriate employment		
Less Than Grade 12:	1 (8%)	2 (25%)
Grade 12:	3 (28%)	4 (50%)
Post Secondary:	7 (63%)	2 (25%)
BARRIER: self-esteem re gender change progress		
Low Self-esteem:	0	1 (13%)
Moderate Self-esteem:	1 (8%)	3 (37%)
High Self-esteem:	10 (92%)	4 (50%)
BARRIER: self-esteem re discrimination		
Significantly Affects:	2 (18%)	4 (50%)
Insignificantly Affects:	8 (73%)	4 (50%)
(No response)	1	
BARRIER: self-esteem re being read		
Significantly Affects:	2 (18%)	3 (37%)
Insignificantly Affects:	8 (73%)	5 (63%)
(No response)	1	
BARRIER: self-esteem re being outed or exposed		
Significantly Affects:	5 (46%)	3 (37%)
Insignificantly Affects:	5 (46%)	5 (63%)
(No response)	1	

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<u>F-M Transitional and Post-op</u>	Employed, content N=11	Employed, considering quitting N=8
---	---------------------------	--

BARRIER: self-esteem re lack of employer's support

Significantly Affects:	2 (19%)	1 (12%)
Insignificantly Affects:	7 (64%)	7 (88%)
(No response)	2	

EMPLOYERS' PERSPECTIVE

Many employers are reluctant to hire TSs because doing so could be problematic. We will compare data of those Employers who have had personal contact with TSs, to those who have not had personal contact with TSs. We will look specifically at data of those who have hired TSs.

Our total Employer group consists of 97 respondents, of which 48 (49%) have had personal contact with TSs and 49 (51%) have not had personal contact with TSs.

Both sub-groups showed an almost unanimous response to being familiar with the term transsexualism. We also learn that of the two sub-groups, responses indicate none of the Employers have "strong personal beliefs" that might not allow them to interact with TSs although as can be seen they may have other reservations.

<u>Employers</u>	Personal contact N=48	No contact N=49	Combined sub- groups N=97
------------------	--------------------------	--------------------	---------------------------------

BARRIER: limited knowlege of difference between transsexuals, transvestites and drag queens

Know The Difference:	45 (94%)	35 (72%)	80 (83%)
Don't Know The Difference:	3 (6%)	12 (25%)	15 (16%)
(no response)		2	2

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C-11

<u>Employers</u>	Personal contact N=48	No contact N=49	Combined sub- groups N=97
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BARRIER: limited knowledge of TS characteristics

Homosexual:	3	1	4
Trapped In Wrong Body:	40	38	78
Mentally Ill:	0	0	0
Sexual Reasons:	4	2	6
Retarded:	0	0	0
Don't Know:	8	11	19

(respondents were permitted to indicate more than one characteristic)

BARRIER: limited consideration for hiring TSs

Would Hire TSs:	36 (75%)	40 (82%)	76 (78%)
Would Not Hire TSs:	8 (17%)	5 (10%)	13 (14%)
(no response)	4	4	8

BARRIER: negative reasons for not hiring TSs

Effect On Co-workers:	1	2	3
Effect On Clients:	7	5	12
Personal Uncomfortableness:	1	1	2
Other Reasons:	1	0	1

(respondents were permitted to indicate more than one reason)

BARRIER: negative views of TSs' employability

They Look Strange:	13	7	20
Voices Are Inappropriate:	8	2	10
People Feel Uncomfortable:	18	18	36
They Have Low Self-esteem:	17	4	11
Gestures Are Inappropriate:	6	2	8
Attitude Is Inappropriate:	13	2	15
Other Reasons:	10	5	15

(respondents were permitted to indicate more than one reason)

BARRIER: employers feel uncomfortable with TSs

Uncomfortable:	1 (2%)	7 (15%)	8 (9%)
Moderately Comfortable:	19 (40%)	34 (71%)	53 (55%)
Very Comfortable:	27 (56%)	5 (11%)	32 (33%)
(No response)	1	3	4

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<u>Employers</u>	Personal contact N=48	No contact N=49	Combined sub- groups N=97
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BARRIER: exposure to factual transsexual information depends on sources used

Newspapers As Source:	22	35	57
Television As Source:	21	34	55
Books As Source:	15	13	28
Informal Conversations:	26	19	45
Formal Lectures:	6	5	11
Personal Contact With TSs:	37	6	43
Other Means:	7	2	9

(respondents were permitted to indicate more than one source)

BARRIER: attitude that learning more about transsexualism not necessary

Would Like Access:	27 (56%)	33 (38%)	60 (68%)
Would Not Like Access:	19 (40%)	14 (29%)	33 (34%)
(No response)	2	2	4

BARRIER: sophisticated information sources of preferred choice maybe unavailable

(Desired sources are)

Brochures:	14	27	41
A Reading List:	15	6	21
A Video:	12	14	26
A Speaker:	7	8	15
An Advocate:	10	13	23
Other Sources:	3	1	4

(respondents were permitted to indicate more than one source)

<u>Employers</u>	Those who have hired TSs N=17
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BARRIER: employers believe TSs' skills and abilities are limited

Rated Below Average:	1
Rated Average:	8
Rated Above Average:	7
(No response)	1

C-13

Employers

Those who have hired TSs
N=17

BARRIER: employers believe co-workers do not accept working with TSs

Acceptance Very Low:	3
Acceptance Moderate:	9
Acceptance Very High:	4
(No response)	1

BARRIER: employers believe clients/customer do not accept service by TSs

Acceptance Very Low:	2
Acceptance Moderate:	7
Acceptance Very High:	3
(No response)	5

BARRIER: employers believe TSs to be unreliable workers

Had To Fire A TS:	2
Have Not Had To Fire A TS:	13
(No response)	2

BARRIER: employers believe TSs will not be happy in their work place

TSs That Have Quit:	5
TSs That Have Not Quit:	9
(No response)	3

SOCIAL AGENTS' PERSPECTIVE

Many Social Agents, those professionals, public service employees, or entrepreneurs who provide services to TSs, may sometimes gain a special perspective of barriers TSs face; they may also fall short of responding to some TSs' special needs, in turn causing TSs to experience major set-backs in their gender-transitioning. We will compare data of those Social Agents who have had personal contact with TSs, with those who have not had personal contact with TSs. We will, also, look specifically at data from those who have worked or provided services to TSs.

Our total Social Agent group consists of 231 respondents, of which 159 (69%) have had personal contact with TSs, and 67 (31%) have not had personal contact with TSs.

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C-14

As with the Employers group, the Social Agents indicated almost unanimously that they were familiar with the term transsexualism, though 5% were uncertain. Unlike the Employers' unanimous response to not having any "strong personal beliefs" that might not allow them to interact with TSs, we learn that 3.5% of the Social Agents indicate they do have "strong personal beliefs" preventing them from interacting with TSs and likewise as can be seen they may have other reservations, too.

<u>Social Agents</u>	Personal contact N=168	No contact N=71	Combined sub- groups N=239
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BARRIER: limited knowledge of difference between transsexuals, transvestites and drag queens

Know The Difference:	155 (92%)	58 (82%)	213 (89%)
Don't Know The Difference:	13 (8%)	13 (18%)	26 (11%)

BARRIER: limited knowledge of TS characteristics

Homosexual:	4	1	5
Trapped In Wrong Body:	149	59	208
Mentally Ill:	3	2	5
Sexual Reasons:	4	2	6
Retarded:	0	2	2
Don't Know:	7	8	15

(respondents were permitted to indicate more than one characteristic)

BARRIER: limited acceptance of TSs as being employable

Consider TSs Employable:	149 (89%)	57 (80%)	206 (86%)
Don't Consider TS Employable:	9 (5%)	6 (9%)	15 (6%)
(No response)	10	8	18

BARRIER: negative views of TSs'employability

They Look Strange:	28	12	40
Voices Are Inappropriate:	36	11	47
People Feel Uncomfortable:	59	22	81
They Have Low Self-esteem:	48	9	57
Gestures Are Inappropriate:	16	4	20
Attitude Is Inappropriate:	12	8	20
Other Reasons:	31	5	36

(respondents were permitted to indicate more than one reason)

BARRIER: social agents feel uncomfortable with TSs

Uncomfortable:	5 (3%)	7 (10%)	12 (5%)
Moderately Comfortable:	87 (52%)	46 (65%)	133 (56%)
Very Comfortable:	67 (40%)	12 (17%)	79 (33%)
(No response)	9	6	15

C-15

<u>Social Agents</u>	Personal contact N=168	No contact N=71	Combined sub- group N=239
----------------------	---------------------------	--------------------	---------------------------------

BARRIER: exposure to factual transsexual information depends on sources used

Newspapers As Source:	59	36	95
Television AS Source:	77	41	118
Books As Source:	64	22	86
Informal Conversations:	89	34	123
Formal Lectures:	38	10	48
Personal Contact With TSs:	130	11	141
Other Means:	22	11	33

(respondents were permitted to indicate more than one source)

BARRIER: attitude that learning more about transsexualism not necessary

Would Like Access:	126 (75%)	46 (65%)	172 (72%)
Would Not Like Access:	33 (20%)	20 (28%)	53 (22%)
(No response)	9	5	14

BARRIER: sophisticated information sources of preferred choice maybe unavailable

(Desired sources are)

Brochures:	69	31	100
A Reading List:	45	10	55
A Video:	68	25	93
A Speaker:	71	28	99
An Advocate:	36	17	53
Other Sources:	13	6	19

(respondents were permitted to indicate more than one source)

Social Agents

Those who have worked with or provided service to TSs
N=113

BARRIER: social agents believe TSs are not very gender-acceptable

TSs' Make Up Is A Problem:	25
TSs' Hair Is A Problem:	8
TSs' Voices Are A Problem:	74
TSs' Gestures Are A Problem:	29
TSs' Clothing Is A Problem:	17
TSs' Attitudes Are A Problem:	28
TSs' Facial Hair Is A Problem:	31
TSs' Personalities Are A Problem:	20
Other Problems:	33

(repondents were permitted to indicate more than one problem)

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Social Agents

Those who have worked with or
provided service to TSS
N=113

**BARRIER: social agents do not identify money as a significant factor
in TSS' gender transformation progress**

Makes Little Difference:	12 (11%)
Makes Some Difference:	38 (34%)
Makes Significant Difference:	63 (55%)

Appendix D

SURVEY PROCEDURE

Transsexual Survey:

To circulate our questionnaires among our TS group we gathered names, addresses and phone numbers from various mailing lists used by the Gender Clinic. Eager to test the questionnaire and begin the process, we implemented three different approaches: personal contact in the office, telephone contact, and mail. Due to the length of the TS survey (10 pages) and the time it took to complete (20 to 30 minutes) we found the office contacts and the telephone contacts to be very inefficient. After a week of experimenting we chose to mail out the balance of the material without hesitation. Anonymity was optional. Following a month of each questionnaire having been mailed out, we attempted to contact all those who did not return signed questionnaires asking if they had responded, and if not if they would please do so.

The TS Survey was circulated during the months of July and August, 1992. We closed off the returns Sept. 30th. We have since received a few more but these late returns have not been entered into our data files.

Transsexual survey circulation statistics:

	F-M	M-F	Combined
Total Number Circulated:	53	158	211

Total Number Returned:	29	87	116
Pre-transitionals Returned:	4 (14%)	24 (28%)	28 (24%)
Transitionals Returned:	17 (59%)	43 (50%)	60 (52%)
Post-operatives Returned:	8 (27%)	20 (22%)	28 (24%)

Employer and Social Agent Survey:

To circulate our questionnaires to the various Employer and Social Agent groups, we had originally considered simply compiling a master list of potential participants and mailing them each a questionnaire, accompanied with a form letter explaining our project. Keen to have as high a percentage of responses as possible, we reassessed our circulation strategy. Instead of a blanket mailout method we chose to make personal contact with our potential participants. This personal contact approach increased our workload significantly, putting the project behind schedule. Fortunately, the choice of having made personal contact with as many people as we could paid off in high percentages of returns.

The Employer and Social Agent Surveys were distributed during the period from August 1st, to September 15th, 1992. We closed off the returns October 15th, and have since received several more but these late returns have not been entered into our data files.

Employer Survey:

To solicit involvement from the Gay Community, Christine carried out the survey over the telephone. Not all of these entrepreneurs are necessarily gay, all them, however, do provide services to the gay community. She made 45 contacts, resulting in 27 participants.

Besides relying on the telephone and mail to solicit the involvement of our Employer group, we chose to also make personal one-on-one contact. To accomplish this Christine visited store-front entrepreneurs in Vancouver along Broadway, between Main Street and MacDonald Street. This effort saw her make 48 contacts.

<u>Employer survey circulation statistics:</u>	
Total Number Returned:	97
General Employer Group Returned:	44 (45%)
Gay Community Group Returned:	27 (28%)
Door To Door Merchant Group Returned:	26 (27%)

Social Agent Survey:

To circulate our Social Agent questionnaires we tried a few different approaches from those used with the Employer group. One stroke of fortune was our invitation to make a presentation to the July meeting/workshop of APON/NETWERCC. Approximately 140 people were in attendance. This opportunity permitted Christine to address the meeting, giving a very brief explanation of our project, and to hand out questionnaires to those present. Throughout the day, people were also encouraged to come forth to ask questions about the project.

We were unable to keep accurate records of the Social Agent Survey questionnaires we circulated, as for many of the Social Agent groups participation was on a volunteer basis.

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Social Agent survey circulation statistics:

Total Number Returned:	231
Ministry Social Service Returned:	71 (31%)
APON/NETWERCC Returned:	61 (26%)
Vancouver Police Dept. Returned:	40 (17%)
Family Practice Doctors Returned:	14 (7%)
Federal Employment Counsellors Returned:	13 (6%)
Lawyers Returned:	10 (4%)
Gender Clinic Returned:	6 (3%)
Miscellaneous Group Returned:	6 (3%)
Clergy Returned:	5 (2%)
Electrolygists Returned:	5 (2%)

Summary comments:

All in all, we are pleased with the success we experienced in contacting people and gathering our data.

We believe the overall response to our survey was representational of the various groups we approached. However, not all the sub-groups surveyed resulted in a strong response, for example: the transvestite entrepreneur group was much less than anticipated, as was the post secondary instructors' group and the family practice doctor group.

In addition to answering the questionnaire, we also encouraged participants to add their own comments. We asked those who were interested in the results of the survey to let us know. We also encouraged people to indicate if they wanted to talk to someone about their employment issues.

E-1

Appendix E

REFERENCES

"The Uninvited Dilemma, A Question Of Gender", by: Kim Elizabeth Stuart, Published 1983, by: Metamorphosis Press, Inc., 3249 N.W. 29th Avenue, P.O. Box 10616, Portland, Oregon, 97210, (503) 228-4972

"The First International Conference On Transgender Law And Employment Policy", Published 1992, by: Phyllis Randolph Frye, Attorney, 5707 Firenza Street, Houston, Texas, 77035-5515, (713) 723-8368 (leave message; all calls will be returned collect)

The proceedings of the conference are copyrighted. Audio and written transcripts are available for \$45.

We quoted from "Why Is S/he Doing This To Us? An Employer's Handbook", by Dana Joyce Cole, Published 1992, by: Dana Cole Associates, P.O. Box 17963, Denver Co, 80217

The Canadian Labour Force Development Board, a working paper



VANCOUVER GENERAL HOSPITAL
BRITISH COLUMBIA'S HEALTH SCIENCES CENTRE
GENDER DYSPHORIA CLINIC

Dr. D. Watson, Psychiatrist/Medical Director.
Dr. J. Prior, Endocrinology Consultant.
Dr. O. Robinow, Psychiatrist.
Dr. I. Straszak, Psychiatrist.
Ms. P. Diewold, Psychologist.
Ms. A. Berman, Social Worker.
Ms. A. Chan, Registered Nurse.
Dr. S. Elliott, Medical Consultant.
Dr. R. Basson, Medical Consultant.
Dr. M. Zapf-Gilje, Family Practice Consultant.
Ms. C. Reynolds, Speech Language Pathologist.

August 19, 1993

Re: conference participation & copyright

Dear Ms. Frye,

Dr. Watson and I discussed your reply, August 17. She feels that I would be the best representative to attend the conference, that no one else would necessarily be appropriate to send. She recognizes the potential of our being involved in the conference, however she feels we should better prepare ^{for} such opportunities.

As for the issue of permitting the conference organizers to include "Gender Change Employment Issues" as part of the Proceedings, she gives you a one-time copyright release.

We look forward to receiving our copy of the Proceedings, and if like last year's effort, it will be very interesting to read.

I would appreciate if you might mention our interest in communicating with those who provide, or who are knowledgeable of, "pre-employment" programs and services designed to helping people through transition.

Best of luck. Keep us informed about Portland.

Sincerely,

Christine WG Burnham

Psychiatric Clinics, Ground Floor, Health Centre, Vancouver General Hospital
715 West 12th Avenue, Vancouver, B.C., Canada, V5Z 1M9 Tel: (604) 875-4100

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