

# Transgender People in Ontario, Canada

*Statistics from the Trans PULSE Project  
to Inform Human Rights Policy*

**Prepared by**

**Greta R. Bauer, PhD, MPH**  
Associate Professor

**Ayden I. Scheim, PhD candidate**  
Vanier Scholar, Trudeau Scholar

Epidemiology & Biostatistics  
Schulich School of Medicine & Dentistry  
The University of Western Ontario  
London, Ontario, Canada

**For the Trans PULSE Project Team**



17 October 2014  
Updated 1 June 2015

Bauer GR, Scheim AI, for the Trans PULSE Project Team. *Transgender People in Ontario, Canada: Statistics to Inform Human Rights Policy*. London, ON. 1 June 2015.

Trans PULSE was funded by:



## Purpose of this Report

The purpose of this report is to summarize key research results from the Trans PULSE Project that may be useful in discussions, debates or policy creation related to human rights in multiple jurisdictions. As Trans PULSE results have been used by the Canadian Human Rights Commission,<sup>1</sup> and are heavily cited in the Ontario Human Rights Commission's 2014 policy on gender identity and discrimination,<sup>2</sup> we sought to create a summary of research findings that have been of greatest interest with regard to human rights issues.

## Trans PULSE Project

The Trans PULSE Project is a research study of social determinants of health among trans (transgender, transsexual or transitioned) people in the province of Ontario, Canada. Early capacity-building stages and focus groups were funded by the Wellesley Institute and the Ontario HIV Treatment Network. A subsequent survey was funded by two operating grants from the Canadian Institutes of Health Research. To date, the project has produced 14 academic research articles in peer-reviewed journals, 5 reports created at the request of government or community service agencies, and 8 e-bulletins to provide short summaries of key findings in easily accessible formats.

Data for Trans PULSE come from community soundings (focus groups) conducted in three Ontario cities in 2006 with 85 trans community members and 4 family members, and from a survey in 2009-2010 of 433 trans Ontarians age 16 and over. The survey was conducted using a method called respondent-driven sampling (RDS), a rigorous method for researching populations for which a random sample cannot be obtained. In RDS, participants are systematically recruited through previous participants' social networks. A key feature of RDS is that data on networks is gathered in the research process, allowing results to be weighted for the probability of recruitment (so those with smaller networks are weighted more heavily, as they are standing in for more people who were not reached). Thus, all statistics presented are generalizable to the population of networked trans people in Ontario (those who know at least one other trans person).

At the time of survey data collection, gender identity and expression were included implicitly in human rights protections under the ground of "sex", and in some situations under "disability". Trans people were often able to change the gender marker on their driver's licenses (if they had one), without being required to have any surgeries, but were not usually able to change their Ontario birth certificates or health cards. These policies have all changed in the intervening years, following the addition of "gender identity or gender expression" as a protected ground,<sup>3</sup> and a successful Ontario Human Rights case regarding sex designation change.<sup>4</sup>

---

<sup>1</sup> Bauer G, for the Trans PULSE Project. *Trans Ontarians' Sex Designations on Federal and Provincial Identity Documents: A Report Prepared for the Canadian Human Rights Commission*. 15 November 2012. Available at: <http://transpulseproject.ca/wp-content/uploads/2012/11/Trans-PULSE-Sex-Designations-on-IDs-Report-for-CHRC-2012.pdf>

<sup>2</sup> Ontario Human Rights Commission. *Policy on Preventing Discrimination because of Gender Identity and Gender Expression*, 2014. Available at: <http://www.ohrc.on.ca/sites/default/files/Policy%20on%20preventing%20discrimination%20because%20of%20gender%20identity%20and%20gender%20expression.pdf>

<sup>3</sup> Toby's Act (Right to be Free from Discrimination and Harassment because of Gender Identity or Gender Expression), 2012. Available at: [http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&BillID=2574](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&BillID=2574)

<sup>4</sup> XY v. Ontario (Government and Consumer Services). 2012 HRTO 726. Available at: <http://www.canlii.org/en/on/onhrt/doc/2012/2012hrto726/2012hrto726.html>

As our study was designed to examine social determinants of health among trans people, we focus heavily on experiences of transphobia. Transphobia is a broad term that can encompass everything from hate crimes directed at trans people, to structural barriers to inclusion in institutional settings (e.g. schools, hospitals, employment), to interpersonal discrimination. Since our study was a study of health and well-being rather than a legal study, some forms of transphobia we studied will meet the threshold for human rights violations (e.g. firing from job due to gender identity) and others will in most cases fall below the threshold (e.g. disparaging comments).

## Who are Trans People in Ontario?

Trans people in Ontario report a full range of ages and occupations, and are geographically distributed across the province proportionally to the population.<sup>5</sup> They belong to all ethno-racial groups, and 7% identify as Aboriginal.<sup>6</sup> Of course, trans people also form families: 44% are in a committed relationship<sup>7</sup> and 24% are parents.<sup>8</sup>

59% knew that their gender identity did not match their body before the age of 10, and 80% had this knowledge by the age of 14.

While they may not have had language for it at the time, 59% knew that their gender identity did not match their body before the age of 10, and 80% had this knowledge by the age of 14.<sup>9</sup> Gender identity is often clear years before people socially transition to live in their core gender. While approximately 80% of Ontario trans people have socially transitioned to live their day-to-day lives in their core gender, most full-time, only 8% report that they had begun living in their core gender by age 14.<sup>10</sup> It is important to note that there is a lot of sex and gender diversity within trans communities. About three-quarters of trans people indicate they need to transition medically, which may involve different combinations of hormones and/or surgery for different individuals.<sup>7</sup> Though trans women have received greater media attention, there are about equal numbers of trans people on male-to-female and female-to-male spectrums in Ontario. About 1 in 5 trans people do not identify as male or female, or even as primarily masculine or feminine.<sup>8</sup> These more gender-fluid people can identify as both male and female, neither male nor female, or as something else entirely (e.g. as another traditional gender recognized by Aboriginal<sup>6</sup> or other cultural groups).

<sup>5</sup> Bauer GR, Travers R, Scanlon K, Coleman TA. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. *BMC Public Health* 2012;12(292). Available at <http://www.biomedcentral.com/1471-2458/12/292>

<sup>6</sup> Scheim AI, Jackson R, James L, et al. Barriers to well-being for Aboriginal gender-diverse people: results from the Trans PULSE Project in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care* 2013;6(4):108–120. Available at <http://www.emeraldinsight.com/doi/full/10.1108/EIHC-08-2013-0010>

<sup>7</sup> Bauer G, Boyce M, Coleman T, et al. Who are trans people in Ontario? *Trans PULSE Project E-Bulletin* 2010; 1(1). Available in English and French at <http://transpulseproject.ca/research/who-are-trans-people-in-ontario/>

<sup>8</sup> Pyne J, Bauer GR, Bradley K. Transphobia and other stressors impacting trans parents in Ontario, Canada. *Journal of GLBT Family Studies* 2015;11(2):107-126. Available at <http://www.tandfonline.com/doi/abs/10.1080/1550428X.2014.941127>

<sup>9</sup> Coleman T, Bauer G, Scanlon K, et al. Challenging the binary: gender characteristics of trans Ontarians. *Trans PULSE Project E-Bulletin* 2011; 2(2). Available in English and French at <http://transpulseproject.ca/research/gender-characteristics-of-trans-ontarians/> For additional breakdowns by male-to-female and female-to-male gender spectra, see: Scheim AI, Bauer GR. Sex and gender diversity among transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Journal of Sex Research* 2015;52(1):1-14. Available at <http://www.tandfonline.com/doi/full/10.1080/00224499.2014.893553>

<sup>10</sup> Coleman T, Bauer G, Scanlon K, et al. Challenging the binary: gender characteristics of trans Ontarians. *Trans PULSE Project E-Bulletin* 2011; 2(2). Available in English and French at <http://transpulseproject.ca/research/gender-characteristics-of-trans-ontarians/>

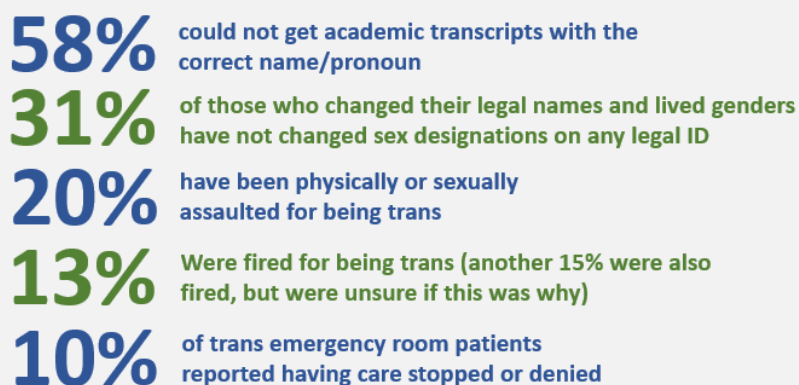
## Discrimination and Violence Experienced by Trans Persons

In everyday life, trans people experience the effects of living in a society in which stigma and discrimination against trans people are common. In addition to instances of discrimination and violence that would constitute human rights violations, trans Ontarians nearly universally report that they have experienced some type of “everyday transphobia”.<sup>11</sup> For example, 96% had heard that trans people were not normal, 73% had been made fun of for being trans, and 78% reported their family had been hurt or embarrassed. These daily indignities can take their toll; 77% worried about growing old as a trans person, and 67% feared they would die young.

### Employment barriers and discrimination

Among trans Ontarians, 13% had been fired for being trans (another 15% were fired, and believed it might be because they were trans).<sup>12</sup> Because they were trans, 18% were turned down for a job; another 32% suspected this was why they were turned down. Additionally, 17% declined a job they had applied for and were actually offered, because of the lack of a trans-positive and safe work environment. In addition to direct discriminatory experiences, trans people experience structural barriers to employment, in systems that are not designed for

How common are discrimination, violence and structural barriers for trans people?



the possibility of trans experience. For example, 28% of trans Ontarians could not get employment references with their current name or pronoun, and 58% could not get academic transcripts with the correct name or sex designation. This places people in the difficult position of outing themselves up-front in job applications, or being unable to draw on their actual job histories to strengthen their applications.

### Discrimination in medical care

One in ten trans people who had accessed an emergency room presenting in their felt gender had been refused care or had care terminated prematurely, because they were trans.<sup>13</sup> One-quarter reported being belittled or ridiculed by an emergency care provider for being trans. Among those with a family physician, approximately 40% had experienced discriminatory behaviour from a family doctor at least once. These

<sup>11</sup> Marcellin RL, Bauer GR, Scheim AI. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care* 2013;6(4):97–107. Available at <http://www.emeraldinsight.com/doi/full/10.1108/EIHSC-09-2013-0017>

<sup>12</sup> Bauer G, Nussbaum N, Travers R, et al. We’ve got work to do: workplace discrimination and employment challenges for trans people in Ontario. *Trans PULSE Project E-Bulletin* 2011; 2(1). Available in English and French at <http://transpulseproject.ca/research/workplace-discrimination-and-employment-challenges-for-trans-people-in-ontario/>

experiences included refusal of care or refusal to examine specific body parts, being ridiculed, and the use of demeaning language.<sup>13</sup>

A participant in the first qualitative phase of Trans PULSE described their experience seeking health care as follows<sup>14(p.355)</sup>:

*I got told by one of those three doctors that I should probably seek health care elsewhere... because, for some reason, he did not know [that I was trans] in advance, because that wasn't what I was seeing him for, and when he found out, he pretty much said word for word, "Please go someplace else," so that he wouldn't have to deal with it. Now, thankfully, this guy's leaving town in about a week, so I wouldn't care... but it bothers me immensely that we're still treated that way by people who should know better.*

## Violence

Trans people are the targets of specifically directed violence; 20% had been physically or sexually assaulted for being trans, and another 34% had been verbally threatened or harassed but not assaulted.<sup>15</sup> Many did not report these assaults to the police; in fact, 24% reported having been harassed by police.<sup>16</sup> Trans people also face violence in institutional settings such as prisons; 6% of Trans PULSE participants had been in prison or jail, and one-third of them reported experiencing violence due to their gender (above and beyond violence they may have encountered for other reasons).<sup>17</sup> Importantly, being incarcerated in a facility appropriate to their gender identity was not sufficient to protect them from transphobic violence.

## Identity documents

Trans people face issues with both federal and provincial identification documents that have sex designations (i.e. have a visible "M" or "F" on the document to indicate sex). These include passports, driver's licenses, Indian Status cards, military IDs, permanent resident cards, and health cards. As of 2009-2010, among trans Ontarians who had socially transitioned to live full-time as men or women, and who had changed their legal names to reflect this, many did not have concordant ID. Only 30% had changed the sex designation on all of their federal and provincial identity documents; 31% had not changed the sex designation on any identity document.<sup>18</sup>

---

<sup>13</sup> Bauer GR, Zong X, Scheim AI, Hammond R, Thind A. Factors impacting transgender patients' discomfort with their family physicians: a respondent-driven sampling survey. Manuscript in preparation.

<sup>14</sup> Bauer GR, Hammond R, Travers R, et al. "I don't think this is theoretical; this is our lives": how erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS Care* 2009;20(5):348–361. Available at [http://www.nursesinaidscarejournal.org/article/S1055-3290\(09\)00107-1/abstract](http://www.nursesinaidscarejournal.org/article/S1055-3290(09)00107-1/abstract)

<sup>15</sup> Bauer GR, Pyne J, Francino MC, Hammond R. La suicidabilité parmi les personnes trans en Ontario: Implications en travail social et en justice sociale / Suicidality among trans people in Ontario: implications for social work and social justice. *Revue Service Social* 2013;59(1):35–62. Available at <http://www.erudit.org/revue/ss/2013/v59/n1/1017478ar.html?vue=resume>

<sup>16</sup> Marcellin RL, Bauer GR, Scheim AI. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care* 2013;6(4):97–107. Available at <http://www.emeraldinsight.com/doi/full/10.1108/EIHC-09-2013-0017>

<sup>17</sup> Scheim A, Cherian M, Bauer G, Zong X. Joint effort: prison experiences of Trans PULSE participants and recommendations for change. *Trans PULSE E-Bulletin* 2013; 3(3). Available in English and French at <http://transpulseproject.ca/research/prison-experiences-of-trans-pulse-participants/>

<sup>18</sup> Bauer G, for the Trans PULSE Project. *Trans Ontarians' Sex Designations on Federal and Provincial Identity Documents: A Report Prepared for the Canadian Human Rights Commission*. 15 November 2012. Available at: <http://transpulseproject.ca/wp-content/uploads/2012/11/Trans-PULSE-Sex-Designations-on-IDs-Report-for-CHRC-2012.pdf>

## Impacts of Discrimination and Violence on Social Participation and Health

Our research results show that experiences of discrimination and violence can result in exclusion from social spaces, unemployment, avoidance of health care, and poor mental health. It is likely that similar processes play out in systems that we have not studied in detail, such as education and social services. Moreover, trans-specific discrimination may not be the only form of discrimination experienced. For example, we have documented experiences of racial discrimination experienced by trans persons of colour, and shown that racism and transphobia can interact synergistically to put trans persons of colour who experience high levels of both at particularly high risk for HIV.<sup>19</sup>

### Avoidance of public spaces and exclusion from communities

Approximately two-thirds of trans people in Ontario had avoided public spaces or situations because they feared harassment, being perceived as trans, or being “outed” as trans.<sup>20</sup> Among those who had begun to live in their felt gender full or part-time, this proportion was higher (83%). The majority (57%) of trans Ontarians had avoided public washrooms due to these safety fears. Gyms, travel abroad, malls, schools, and restaurants were also commonly avoided. Avoidance of public spaces may reflect the detrimental effects of past experiences of transphobic violence. Of those who had experienced physical and/or sexual violence due to being trans, 97% report avoiding at least one type of public space, and one-third had avoided most of the spaces we inquired about. In addition, discrimination may force trans people to leave their communities and neighbourhoods of origin; 32% of trans Ontarians had to move away because they were trans, either for their safety or to access services.<sup>19</sup>

The majority (57%) of trans Ontarians had avoided public washrooms due to these safety fears. ... Of those who had experienced physical and/or sexual violence due to being trans, 97% report avoiding at least one type of public space.

### Avoidance of health care

Past experiences of discrimination in health care settings or the fear of such discrimination, as well as a lack of identification that reflects one’s lived gender, may lead trans people to avoid encounters with the health care system. That 21% have avoided the emergency department when they needed it, specifically due to being trans,<sup>21</sup> demonstrates the potential for discrimination to have life-and-death consequences for trans people.

<sup>19</sup> Marcellin RL, Bauer GR, Scheim AI. Intersecting impacts of transphobia and racism on HIV risk among trans persons of colour in Ontario, Canada. *Ethnicity and Inequalities in Health and Social Care* 2013;6(4):97–107. Available at <http://www.emeraldinsight.com/doi/full/10.1108/EIHSC-09-2013-0017>

<sup>20</sup> Scheim A, Bauer G, Pyne J. Avoidance of public spaces by trans Ontarians: the impact of transphobia on daily life. *Trans PULSE E-Bulletin* 2013; 4(1). Available in English and French at <http://transpulseproject.ca/research/avoidance-of-public-spaces-by-trans-ontarians-the-impact-of-transphobia-on-daily-life/>

<sup>21</sup> Bauer GR, Scheim AI, Deutsch MB, Massarella C. Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: results from a respondent-driven sampling survey. *Annals of Emergency Medicine* 2014;63(6):713-720. Available at <http://www.annemergmed.com/article/S0196-0644%2813%2901453-4/pdf>



## Economic marginalization

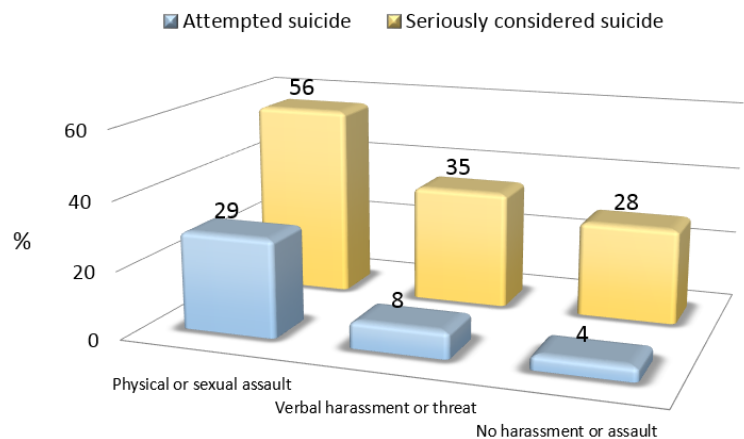
Considering the employment challenges described above, it is perhaps not surprising that while trans Ontarians reported a wide range of annual incomes, their median income was \$15,000 per year.<sup>22</sup> Given levels of education and experience (44% had a post-secondary and/or graduate degree), this represents significant underemployment. While some trans people report high salaries, a sizeable proportion get by with economic assistance from provincial disability pension (ODSP), welfare (OW) or employment insurance (EI).

## Mental health and suicide

Trans people experience extremely high levels of depression and suicide. More than half of trans people in Ontario have levels of depressive symptoms consistent with clinical depression,<sup>23</sup> while 43% had a history of attempting suicide, including 10% within the past year.<sup>24</sup>

Contrary to the notion that depression and suicidality are primarily attributable to distress inherent to being trans, we found evidence that discrimination and violence had strong adverse impacts on mental health. This means that interventions to improve the social and human rights situation of trans people have the potential to reduce depression and suicidality. We found that having identity documents concordant with lived gender, reduced exposure to discrimination and violence, and access to medical transition treatments (if needed) could contribute to reducing the number of trans people in Ontario who consider and attempt suicide, as illustrated in the figures on the following page.<sup>25</sup>

Proportions of trans Ontarians reporting past-year suicidality, by past experiences of transphobic assault or harassment



In addition to protection from harassment, violence and discrimination, social support and family support are essential to the well-being of trans people. For trans people of all ages, social support and parental support for gender were associated with lower risk of attempting suicide. While social and family support are not direct

<sup>22</sup> Bauer GR, Travers R, Scanlon K, Coleman TA. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. *BMC Public Health* 2012;12:292. Available at <http://www.biomedcentral.com/1471-2458/12/292>

<sup>23</sup> Rotondi NK, Bauer GR, Travers R, et al. Depression in male-to-female transgender Ontarians. *Canadian Journal of Community Mental Health* 2011;30:113–133. Available at <http://cjmh.metapress.com/link.asp?id=4135131486671x4>

Rotondi NK, Bauer GR, Scanlon K, et al. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians. *Canadian Journal of Community Mental Health* 2011;30:135–155. Available at <http://cjmh.metapress.com/link.asp?id=4135131486671x4>

<sup>24</sup> Bauer GR, Pyne J, Francino MC, Hammond R. La suicidabilité parmi les personnes trans en Ontario: Implications en travail social et en justice sociale // Suicidality among trans people in Ontario: implications for social work and social justice. *Revue Service Social* 2013;59(1):35–62. Available at <http://www.erudit.org/revue/ss/2013/v59/n1/1017478ar.html?vue=resume>

<sup>25</sup> Bauer GR, Scheim AI, Pyne J, Travers R, Hammond R. Intervenable factors associated with suicide risk in transgender persons: a respondent-driven sampling study in Ontario, Canada. *BMC Public Health* 2015; 15: 525. Available at <http://www.biomedcentral.com/1471-2458/15/525>



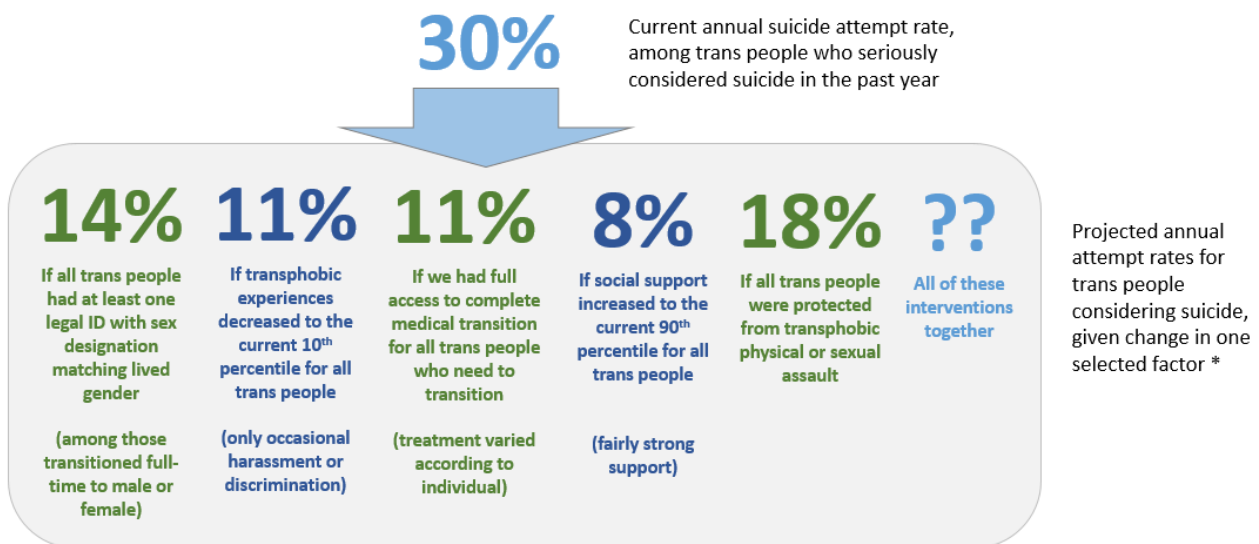
products of human rights protections, it is plausible that greater formal recognition of gender identity and/or expression would result in greater social acceptance and support for gender.

### Potential impacts of social interventions for trans people on suicidal distress



\* Projected using model-adjusted risks, adjusting for non-intervenable socio-demographics and background risk factors (e.g. major mental health disorder, childhood abuse)

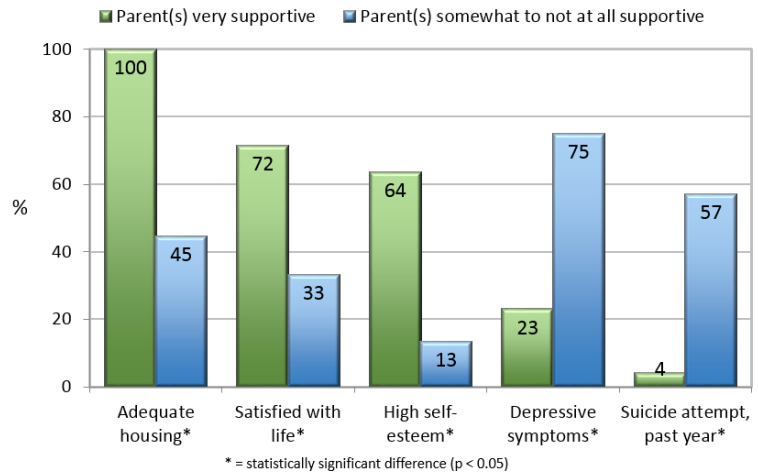
### Potential additional impacts of social interventions for trans people on the suicide attempt rate (among those who seriously considered suicide)



\* Projected using model-adjusted risks, adjusting for non-intervenable socio-demographics and background risk factors (e.g. major mental health disorder, childhood abuse)

Greater social acceptance and support for gender identity are particularly important for trans youth, among whom parental support is a key contributor to well-being.<sup>26</sup> Among youth age 16-24 who reported their parents were strongly supportive of their gender identity or expression, 4% reported attempting suicide in the past year. While this is still far too high, it is 93% lower than suicide attempts among trans youth whose parents were not strongly supportive. Within that group, 57% attempted suicide in the past year. Youth with supportive parents were also significantly more likely to be adequately housed, to not be depressed, to have high self-esteem, and to report being satisfied with their lives.

Proportion of trans youth age 16-24 years in Ontario experiencing selected conditions, by level of parental support for gender



## Moving Forward

Additional results from Trans PULSE may be found in the publications referenced, for which we have provided links wherever possible. We recognize that our one project will not have produced all information that is desired for discussions regarding protected grounds as well as human rights policies for government commissions (e.g. Ontario<sup>27</sup>), businesses, and non-government organizations. Given the unique data set we have, and in recognition of the public funds provided for the conduct of our study, we hope this summary will be useful both in Canada and abroad.

<sup>26</sup> Travers R, Bauer G, Pyne J, et al. *Impacts of Strong Parental Support for Trans Youth: A Report Prepared for the Children's Aid Society of Toronto and Delisle Youth Services.* 2 October 2012.

Available at <http://transpulseproject.ca/research/impacts-of-strong-parental-support-for-trans-youth/>

<sup>27</sup> Ontario Human Rights Commission. *Policy on Preventing Discrimination because of Gender Identity and Gender Expression,* 2014. Available at

<http://www.ohrc.on.ca/sites/default/files/Policy%20on%20preventing%20discrimination%20because%20of%20gender%20identity%20and%20gender%20expression.pdf>

## **Acknowledgements**

The research presented here was supported by capacity-building grants from the Wellesley institute and the Ontario HIV Treatment Network, and operating grants from the Canadian Institutes of Health Research, Institute of Infection and Immunity (Funding Reference #CBR-167492) and Institute of Gender and Health (Funding Reference #MOP-106478). Ayden Scheim is supported by Vanier and Trudeau Foundation Graduate Scholarships. Partners in Trans PULSE included the Sherbourne Health Centre (Toronto), The 519 Church Street Community Centre (Toronto), The University of Western Ontario (London), Wilfrid Laurier University (Waterloo), and Rainbow Health Ontario. The Trans PULSE Steering Committee members were Greta Bauer, Robb Travers, Rebecca Hammond, Anjali K, Matthias Kaay, Jake Pyne, Nik Redman, Kyle Scanlon (deceased), and Anna Travers. The authors wish to acknowledge the 16 Community Engagement Team members and other contributors who aided survey development, the 85 trans people and 4 allies who contributed to the first phase of the study that shaped this survey, and the 433 trans people who shared their experiences through their survey participation.

