

## **WRCPC Agenda**

**August 14, 2020**

**9:00 a.m. to 11:30 a.m. (8:30 a.m. Networking)**

The meeting will take place via Zoom. Please follow the instructions provided in the email.

**Please recall to name a proxy should you be unable to attend in the event that a decision needs to be reached.**

**Chair:** Cathy Harrington

**Minutes:** Mary Anna Allen

1. Welcome and Introductions – 5 min
2. Approval of Agenda
3. Declaration of Conflict of Interest
4. Approval of the July 17, 2020 Minutes – 5 min. (attachment)
  - 4.1 Business Arising
5. Further Discussion about the Centre of Justice & Prevention – 120 min. (attachments)  
Please review ahead of the meeting the two power points related to this agenda item.  
We will work on the assumption that you have done so.
6. Update from the Communications and Outreach Working Group on Racial Justice  
(Richard Eibach) – 15 min.
7. Other Business
8. Adjournment

## WRPCPC Minutes

July 17, 2020

9:00 a.m. to 11:30 a.m. (8:30 a.m. Networking)

**Chair:** Cathy Harrington

**Minutes:** Mary Anna Allen

**Present:** Bill Wilson, Cathy Harrington, Joe-Ann McComb, Sharon-Ward Zeller, Richard Eibach, Patricia Moore, Chris Cowie, Kathryn McGarry, Kathy Payette, Shirley Hilton, Tom Galloway, Lu Roberts, Doug McKlusky, Irene O'Toole, Jennifer Hutton, Peter Ringrose, Jonathan English, Kelly Anthony, Shayne Turner, Janice Ouellette, Dave Dunk, Carmen Abel, Sarah Shafiq, Trisha Robinson

**Regrets:** Andrew Jackson, Angela Vanderheyden, Arran Rowles and Douglas Bartholomew-Saunders, Barry McClinchey, David Jaeger, James Bond, John Shewchuk, Bryan Larkin and Mark Crowell, Hsiu-Li Wang and Karen Quigley-Hobbs, Karen Spencer and Kelly Bernier, Mark Pancer, Rosslyn Bentley

**Staff:** Christiane Sadeler, David Siladi, Mary Anna Allen, Michael Parkinson

**Guests:** Friends of Crime Prevention: Maureen Trask, Cheong Ng, Liz Vitek, Tracy Jasmins, Linda Perry, Lee Patterson.

**Presenters:** Todd Coleman (Department of Health Sciences WLU), Rachael Goldfarb (Recent graduate from WLU), Emily Schmid (graduate student from WLU)

### 1. **Welcome and Introductions:**

Cathy Harrington welcomed WRCPC members, staff and guests.

### 2. **Approval of Agenda:**

Sharon Ward Zeller

Kathy Payette.

Carried

### 3. **Declaration of Conflict of Interest:**

Chris Cowie shared that he will let the Chair know, during the meeting, when he will need to declare a Conflict of Interest and said that he will be happy to leave the room at that time to ensure members of Council can react freely to the expanded option proposal for the Centre for Justice & Prevention.

#### 4. Approval of the June 12, 2020 Minutes:

Move by Peter Ringrose

Seconded by Sharon Ward Zeller

Carried

##### 4.1 Business Arising:

None

#### 5. Transgender Study Research Results:

Over the past few years, the WRCPC has partnered with the Wilfrid Laurier University (WLU) researchers of the Outlook Study, an overall survey of the experiences of inclusion and discrimination of the LGBTQ2+ community. The WRCPC assisted WLU with the dissemination of the research and with the follow-up of the Study. The Transgender Study, an outgrowth of the Outlook Study, looks deeper into the experiences of the Transgender community.

Todd Coleman, a professor in the Health Sciences Department of Wilfred Laurier and graduate students that worked on the Transgender Study, Isabella Aversa, Rachael Goldfarb, Emily Schmid and Drew Burchell, were invited to the WRCPC meeting on July 17, 2020 to assist in presenting the background of the existing information, the methodology and the results and the implications of the Transgender Study. Isabella Aversa and Drew Burchell had to send regrets for this meeting.

Two presentations were provided to Council: Isabella Aversa's Thesis: **Perceptions of Safety and Community Inclusion Among Trans People in the Waterloo Region** and Rachael Goldfarb Thesis: **Exploring Positive Healthcare Experiences in Trans Individuals in Waterloo Region**. Todd Coleman provided Isabella Aversa's presentation in Isabella's absence.

**Please see presentations attached.**

The WRCPC provided feedback and questions for the presenters:

- Was there data collected about the differences in social economic status or age?

The researchers did collect age data. The age range for the entire sample was 18 to 61. The researchers did not collect social economic data but there will be a more in depth analysis in the future. Emily Schmid's Thesis is focused on employment and employment issues for the Trans people in the Region of Waterloo. Current street involved persons were not interviewed however, there were participants interviewed who had lived on the streets, were unemployed, were currently searching for employment and participants that had stopped searching for employment. The possibilities with the data are endless. There are 33 interviews that are approximately two hours each in length. The researchers

are currently looking at cross comparisons between the domains and not just singularly focusing on, for example, community inclusion.

- Was the attention or inattention to gender identity related to any of the participants' characteristics or age?

During the interviews, there was one observation made about that dichotomy. Participants who were outspoken and self advocates within health care settings were also those that preferred to be asked questions about their Trans identity. Participants that did not mention the self advocacy piece felt more validated if their Trans identity was not part of the health questions.

The WRCPC's role may be in the form of amplifying the Transgender study by taking the Study into the WRCPC sectors and circles of influence. Council shared some examples of how this information can be shared:

- Cathy Harrington offered to share the research study with non hospital control groups, supporting people in communities, and to some of the Ontario Health teams to help to inform practice.
- Staff can advocate for the research to be included in the Community Safety and Well-being Plan, a municipally mandated plan that is a collaborative effort between the Region of Waterloo, WRPS and Community. As part of the development of the Plan, gaps in safety and well-being in populations are to be identified. If the research were to be included in the Plan, it would give it some clout and the potential for being resourced.
- As part of a project, Community Justice Initiatives has been working within the long-term care facilities and retirement homes for many years. As people age many of us will eventually require this type of service and may still experience that same level of exclusion and difficulty as they have in the community at a particularly vulnerable stage in life. It is important to take a proactive approach and share the research to prepare individuals and institutions for this future.
- Dave Dunk offered to share the research results within the Correctional circles.
- The Inner-city Health Alliance has done some work with the some of the Trans homeless population and may be interested in the research. Michael (staff) has the capacity to share it.

The research information presented at the Council meeting is the result of the two years of work and partnership between the Wilfrid Laurier University and WRCPC. WRCPC is free to use the information for Council's needs and to share any of the information that has been shared between the Wilfrid Laurier University and WRCPC.

It was suggested that the Breaking the Silence group meet with the researchers to have a discussion about how the WRCPC can ensure that the research is utilized to create change. Richard Eibach will reach out to Todd Coleman and the graduate students, to see if the research can be presented to the Breaking the Silence group and use that

mechanism to reach out to some of the communities mentioned at the Council meeting today.

Todd Coleman acknowledge students, Isabella Aversa, Rachael Goldfarb, Emily Schmid and Drew Burchell for driving much of the work of the Transgender Study.

Cathy (Chair) thanked the presenters on behalf of Council for their excellent work and for making themselves available today.

## **6. A Discussion about the Three Options and the Future of the WRCPC:**

Over the past many months, there have been discussions, at the Facilitating Committee and the WRCPC, about the future direction of the WRCPC. As the Design Team proceeds with its work on developing a model for the WWR and the WRCPC, the Council also continues to consider the three options presented for WRCPC as outlined to Fc by Regional Chair Redman.

These options are as follows:

1. Discontinue as an organization
2. Engage in substantive reimagining of the WRCPC work by building on synergies with WWR
3. Spinning off from the Region and truly becoming arms-length with two years funding from the Region before needing to find other sources of income.

The intention for today's meeting is to bring forward information to allow Council to make an informed decision about its future direction.

In addition to the three options presented to WRCPC and the five options currently under discussion with WWR, Chris Cowie and Christiane Sadeler(staff) introduced the WRCPC with an expanded alternate opportunity. This opportunity would see both the WRCPC and Community Justice Initiatives (CJI) combine their efforts to create a Center for Innovation in Restorative and Upstream Approaches to Justice. Within this entity, WRCPC would be hosted by CJI.

**Please see presentation attached.**

After the presentation, the WRCPC were asked the following questions:

1. What are your initial reactions?
2. Does this excite you and if so why?
3. Does this scare you and if so why?
4. What are the pros and cons from your perspective?
5. Can you expand on the proposed option in any way and if so how?

The WRCPC had a discussion about the Centre for Justice model and provided the following feedback:

- This new concept, although it has a lot of merit, has not been discussed at the Regional Council Table. What Regional Council is aware of is that a model or rationalization of the two organizations: WWR and WRCPC is being worked on.
- Seems like the stars are aligning.
- Opportune time/perfect storm – confluence of factors: BLM (calls for social development for crime prevention), history of restorative justice, roundtable/secretariat for anti-racism efforts within the Region all fit well with the proposed concept.
- CJI has extensive experience working with people in prisons, which is relevant to work of WRCPC (root causes) and the BLM movement.
- This is an opportunity for radical re-envisioning and to put upstream finally on the map.
- There is the potential that this concept will be popular in the current landscape. It is a much more viable option than going out on our own. Merging or/and co-existing is more feasible than trying to create another charity.
- There are culture issues in trying to design a model for a WWR and WRCPC merger. Discussions between CPC and WWR seem to have an invisible barrier.
- Centre of Justice is not a new notion in Waterloo Region (previously explored as Centre for excellence in violence prevention among other iterations but abandoned due to lack of funding was an issue – timing is better now).
- There is opportunity for restorative justice to be moved into neighbourhoods (there could be programs with pre-schools, parenting groups, etc. similar to the work done in schools) which meets with upstream goals.
- It would be critical to maintain the relationship with the Region of Waterloo and that the Region sees the new centre and its work as important.
- The new concept is quite inspirational and showcases upstream prevention. As this concept advances, it is important to show willingness for a strong alignment with WWR and the CSWBP. The desire is to have a concept that responds to the issues across the community.
- As a municipal level organization, the Council will find it very difficult to make significant inroads into some issues (Indigenous, African Caribbean Black Network Waterloo Region (ACB) and Black Lives Matter Waterloo Region (BLM), Housing concerns) without provincial or federal support.
- There is room for provincial and federal government to be involved as long as the funding does not come with many of the usual parameters.
- Eventually, we could end up being dissatisfied and disappointed due to inability to affect change.

Chris Cowie (ED of CJI) left the room to allow for further discussions without his presence.

- Why partner with CJI vs. another organization (there are many other organizations in the community doing work related to crime prevention, youth, children's wellbeing, etc.)?
- Response:
  - CJI has been on WRCPD since the beginning; it has influenced and been influenced by WRCPD; restorative justice is a basic form of crime prevention; but it doesn't go far enough because it is a reaction to a conflict. CJI is closely affiliated with WRCPD and crime prevention related work; creating a similar trusting relationship with another organization would be a lot of work and it would take a long time.
  - Shared value system and cultural alignment.
  - Not intended to be a merger; also not meant to be empire building but furthering of the catalyst function.
- In conversations with BLM and ACB, the understanding is that defunding the police means that the funds are going directly to the organizations lead by those communities. i.e. Indigenous and Black grassroots communities. These communities are not looking to direct their funding to institutions and systems that already exist and that they feel are not effective. Why not give the money directly to grassroots initiatives?
  - Some groups looking to get dollars from the police do not have a requisite relationship so the proposed centre could help broker both for existing initiatives and new ones (addressing unmet needs) – funding is in fact made available.
  - Brokering would be a key function of the proposed centre (sort of like United Way but on a smaller scale).
  - All things considered, using an intermediary is a good model for getting the funding to the groups that need it most.
  - CJI has a long history in working with the marginalized communities and communities that have faced injustices in the communities and may be the best alternative for communities to access such funding. An example of reallocating funding is community coalition experience/model in Camden, New Jersey, USA.
  - It is really important to remember that WRCPD has always looked for a "home" for funding when it was generated so that we would not be diverting it away from community but rather enhance community efforts. A key example is the Trillium funds that went to Kitchener Downtown Community Health Centre for the Integrated Drugs Strategy.
- ACB and Indigenous communities will be a great resource for consultation on this new model.

- Concerns re. funding, the models needs consistency/sustainability. Difficult to sustain funding for upstream prevention models i.e. [inREACH](#).
- It is important that the model stay attached to the Region for sustainable funding and staffing.
- Funding is absolutely critical if this is to work.
- Funding in the period ahead is a concern – charities will be vying for limited dollars in post COVID-19 times.
- The funding period needs to be long enough that the initiative can prove its value to/in the community.
- Re WRPS role, the reality is that none of the other services are funded to the point that they are available and have the capacity to respond to calls from the public 24/7 seven days per week.
- [CAHOOTS](#) out of Oregon, USA, is a model, among others, that provides a community-based response vs. pure police response.
- Has WWR been brought into the conversation re. new option? What happens to WWR? Do they join in the new model or continue their work under ROW? Although Christiane has spoken with Lorie Fioze, the new concept has not been shared with the larger group of WWR. There are further steps to be taken with the organization. The option was brought forward to the CPC so that no assumptions were made that the Council supported the option before that was in fact the case.
- If CJI hosted a Centre of Justice would any of the current work of the WRPCPC be lost?
- What happens to ex-officio members in the proposed model?
- This could be a great opportunity since the Council wouldn't be constrained by certain systems.
- What does CJI hosting WRPCPC mean/look like; what's in it for CJI?
  - When the idea emerged that WRPCPC could lean on the current situation in the community to look for longer term funding to develop a centre of social justice and prevention much like [REACH Edmonton](#), CJI was approached to consider the option. When you want to effect that kind of radical transition and change the capacity to be with an organization with a long established strong value system and cultural alignment is critical.
- On July 30th, 2020 at 6:00 p.m. Chair Redman is hosting a Round Table to facilitate a wide community discussion on what an anti-racism Secretariat would look like in the Region. Colleen Sargeant James, a professor at Conestoga College, will be facilitating this process. An initiative of this sort may be the ideal place to action some of the ideas that come out of the discussions.



**Motion:**

Irene O'Toole moved that WRCPC agree to the further exploration of the model presented at the Council meeting on July 17, 2020.

Seconded by Doug McKlusky

Carried

**Motion:**

Cathy Harrington asked for a motion to add a WRCPC meeting on August 14, 2020.

Moved by Sharon Ward-Zeller

Seconded by Irene O'Toole

Carried

**Motion:**

Cathy Harrington asked for a motion for the use of Proxy voting for the August 14, 2020 meeting if needed.

Moved by Joe-Ann McComb

Seconded by Patricia Moore

Carried

**7. Other Business:**

None.

**8. Adjournment:**

Moved by Doug McKlusky at 11:36 a.m.

# **Exploring Perceptions of Safety & Community Inclusion Among Transgender (Trans) People**

Isabella Aversa

Supervisors: Dr. Robb Travers & Dr. Todd Coleman



# Contents

1

## **Background**

The Literature, Theoretical Framework, & Research Objectives

2

## **Methods & Data Analysis**

Participants, Data Collection, Data Analysis

3

## **Results & Implications**

Findings, Implications & Recommendations

**Background**

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**Themes in the  
Literature:  
*Experiences of  
Trans People***

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**Discrimination &  
Violence** <sup>1,6,8</sup>

**Avoidance of  
Spaces & Social  
Inclusion** <sup>6,10</sup>

**Mental Health  
Outcomes** <sup>9,3</sup>

**Social Support  
& Well-Being** <sup>2,11</sup>



# Safety in Waterloo Region

## Top 5 Places Trans People Feel Safe

- 57% Libraries
- 37% Public Spaces
- 36% Grocery Stores or Pharmacy
- 31% Clubs/Social Groups
- 29% Malls or Clothing Stores

## Top 5 Places Trans People Feel Unsafe

- 92% Places of Worship
- 83% Gyms
- 81% Public Washrooms
- 77% Restaurants or Bars
- 77% Community Centers

# **Research Objectives**

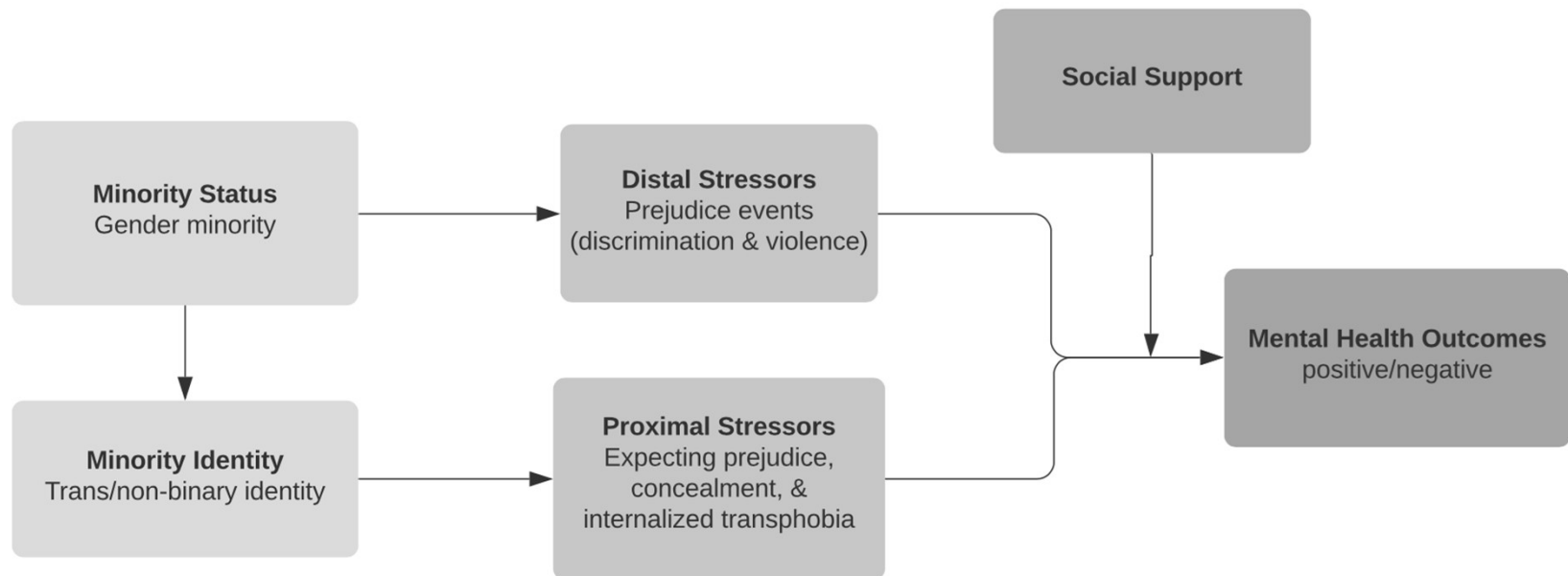
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**To explore  
perceptions of  
safety among trans  
people in Waterloo  
Region**

**To better  
understand what  
makes trans people  
feel unsafe in  
Waterloo Region**

**To recommend  
strategies that  
foster community  
inclusion and  
improve well-being**

# Meyer's Minority Stress Model





# **Methods & Data Analysis**



# Methods

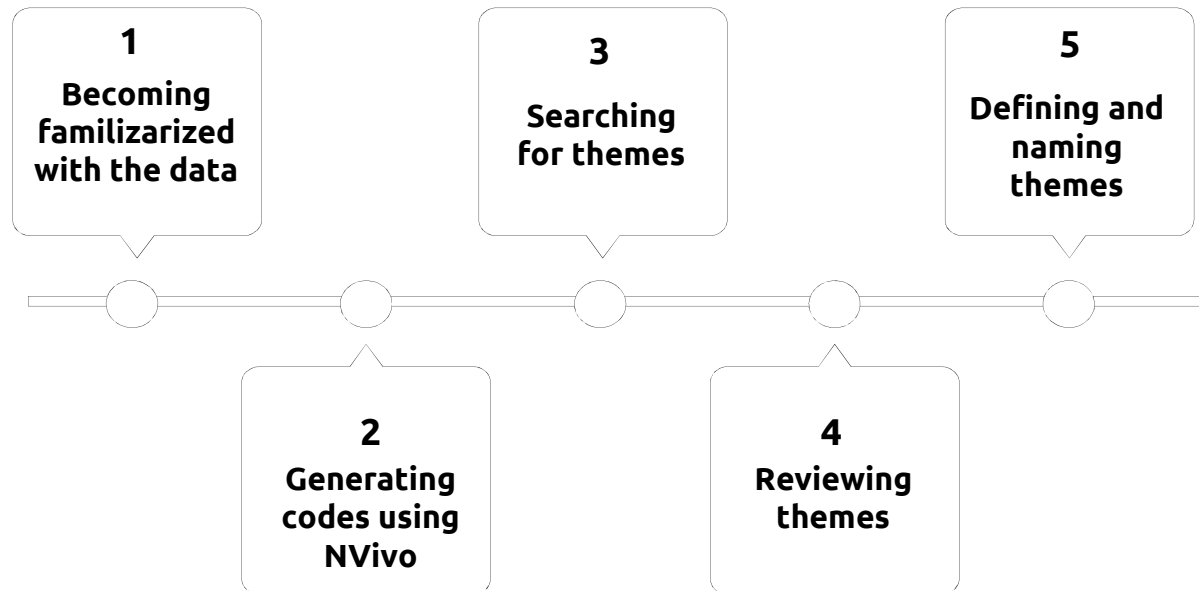
## Experiences of Transgender People in the Region of Waterloo

- ❖ Healthcare, Community & Employment
- ❖ Participants: 33 trans people in Waterloo
  - Focus on 18 participants discussing community & safety
- ❖ Semi-Structured Interviews (approx. 2 hrs)
  - What does safe mean to you? Safe from what?
  - Where in the Region do you feel the safest? Why?
  - Where do you feel the least safe and why?



# Data Analysis

Thematic Analysis (Braun & Clarke, 2006)



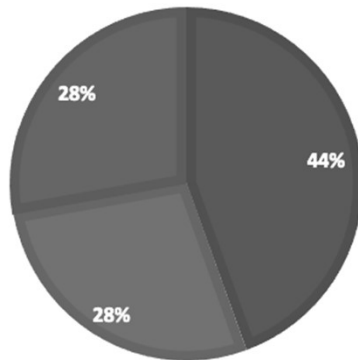
# Results

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# Demographics (n=18)

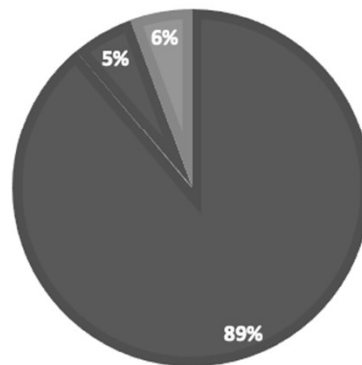
## GENDER IDENTITY

■ Trans men ■ Trans women ■ Non-binary



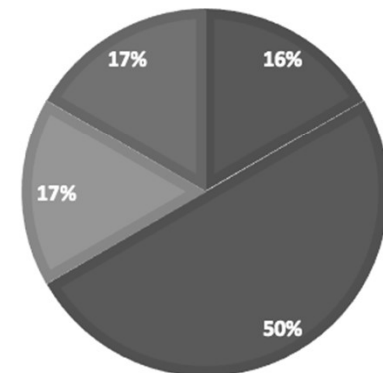
## RACE

■ White/non-racialized ■ Mixed race ■ Asian

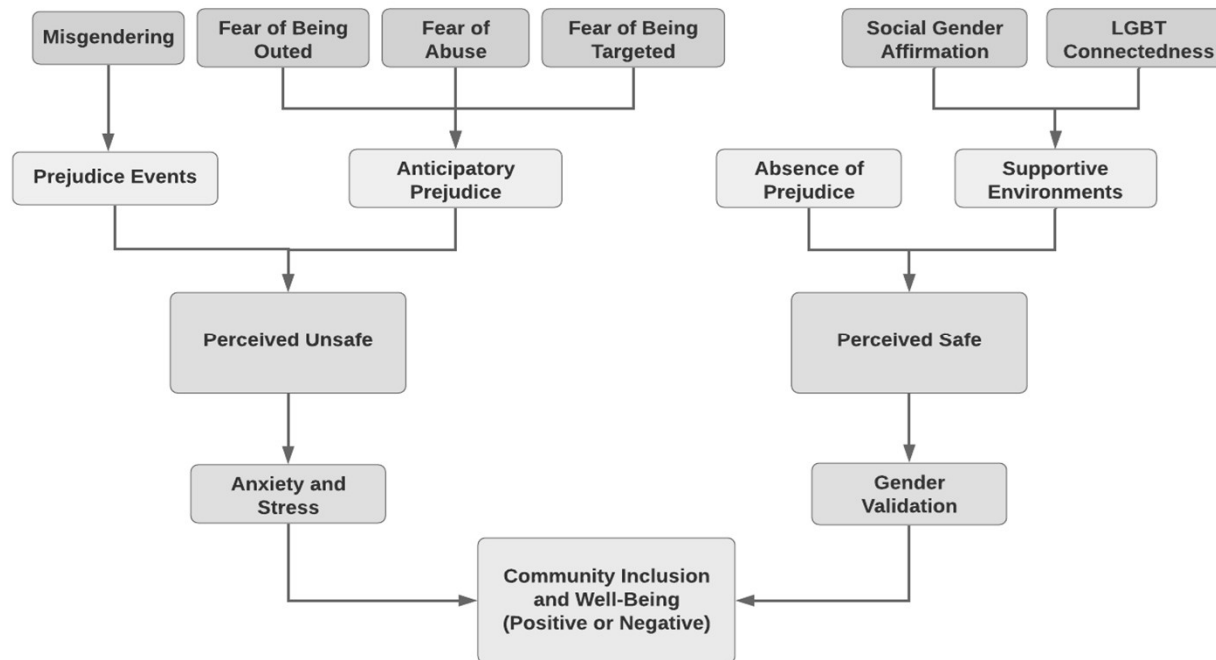


## AGE

■ < 20 ■ 20-29 ■ 30-39 ■ 40-65



# Thematic Framework



# Quotes

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# Perceptions of Unsafety: *Prejudice Events*

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“That will make the environment feel very unsafe if there’s anyone actively saying unfortunate things...my co-workers there actively saying that transition is evil and I’m like wow, this is not a safe environment for me to be coming out in.”

## *Misgendering*

“Telling someone my preferred pronouns and someone challenging me on that. That’s something that doesn’t make feel safe, it makes me feel like I have to defend who I am.”





# Perceptions of Unsafety: *Anticipatory Prejudice*

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"I didnt feel safe from some sort of confrontation happening on the LRT because you never knew who you'd be riding with and what kind of person they would be. Whether they would see you and make you a target...and so i'd always feel a bit of nervousness there. Never had a problem."



## *Fear of Being Targeted*

"I don't often go to bars or clubs... those are places where I worry more about being targeted as a member of the rainbow community."

## *Fear of Being Outed*

"I'm worried about people figuring it [my gender identity] out and something happening."

## *Fear of Abuse*

"I mean there's always the back of the mind, what if there's violence...there's physical assaults that happen to trans people....I have to maybe prepare for that."

# Perceptions of Safety: Absence of Prejudice

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*"It [safety] means I am not going to experience anybody treating me badly here because I am trans...I have had arguments with people...but it's never been about who I am, it's been about some other issue and that I think to me is what safety looks like as far as a trans person."*



# Perceptions of Safety: *Supportive Environments*

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**“When I say safe, I mean someone isn't going to come up to you and judge you based on your orientation or based on my identity....It's not just, oh I'm just going to accept you because society says...or to be polite...you feel like they really understand you and they actually accept you for who you are.”**



## ***LGBT Connectedness***

**“It doesn't require me to change who I am, it just requires me to be who I am and that is how I feel when I'm at any kind of LGBTQ function or around any kind of LGBTQ people.”**

## ***Social Gender Affirmation***

**“A lot of people try and use their correct pronouns, which is really nice. That's always something that's accepted. Because I mean it feels good to be gendered correctly. And I mean that doesn't happen a lot.”**

# Implications

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# Implications

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## Meyer's Minority Stress Model

### Minority Stressors

- Prejudice and anticipating prejudice
- Led to negative mental health outcomes → anxiety and stress

### Social Support

- Supportive environments
- Contributed to positive mental health → gender validation

(Meyer, 2003)

# Implications

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## **Percieved Unsafety**

- *Why is it unsafe?*
  - Anticipated prejudice as source of distress

## **Percieved Safety**

- Not just the absence of prejudice
- Supportive environments
- Importance of LGBT connectedness



**So What Now?**

**—**

# **Recommendations**

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**1.**

**Normalize the  
inclusion of trans  
people**

**2.**

**Facilitate LGBT  
Connectedness**

**3.**

**Educate mental  
health providers on  
anticipatory  
prejudice**



# Questions?

E-mail: [aver3880@mylaurier.ca](mailto:aver3880@mylaurier.ca)

## References

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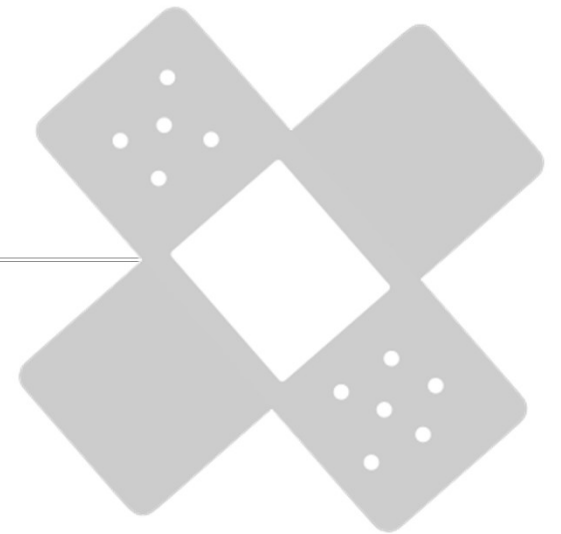
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# Exploring Positive Healthcare Experiences in Transgender (trans) individuals in Waterloo Region



Rachel Goldfarb  
Supervisor: Dr. Robb Travers



# **Introduction**

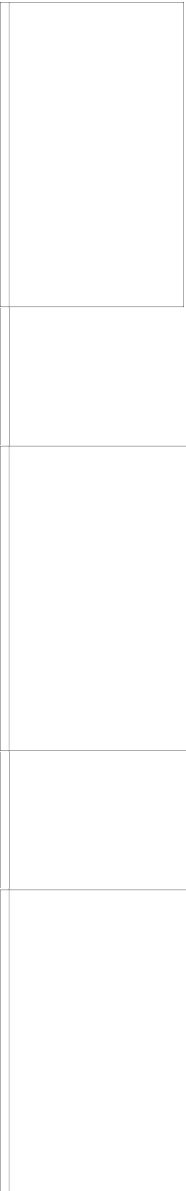
# Trans individuals report...

Lack of  
knowledge  
and  
training<sup>1,2,3,5</sup>

Lack of  
cultural  
sensitivity<sup>1,2,5</sup>

Overt acts of  
stigma and  
discrimination<sup>2,4,6</sup>

**among healthcare professionals**



**13%** Trans individuals report that their healthcare provider used insulting language about trans identities<sup>7</sup>

**23%** Trans individuals report that their healthcare provider does not know enough about trans healthcare to provide it<sup>7</sup>

**30%** Trans individuals have avoided medical offices because they feel unsafe<sup>7</sup>

**What's missing?**



# Research Objectives

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**1**

Explore  
positive  
experiences

**2**

Identify  
positive  
provider  
characteristics

**3**

Identify  
facilitating  
patient  
attributes

# Methods

# Study

Name

Exploring the experiences of discrimination and violence of transgender people in Waterloo region, Ontario

Topic

Employment, Community Inclusion, Health Care

Procedure

Semi-structured interviews (up to 2 hours)

Population

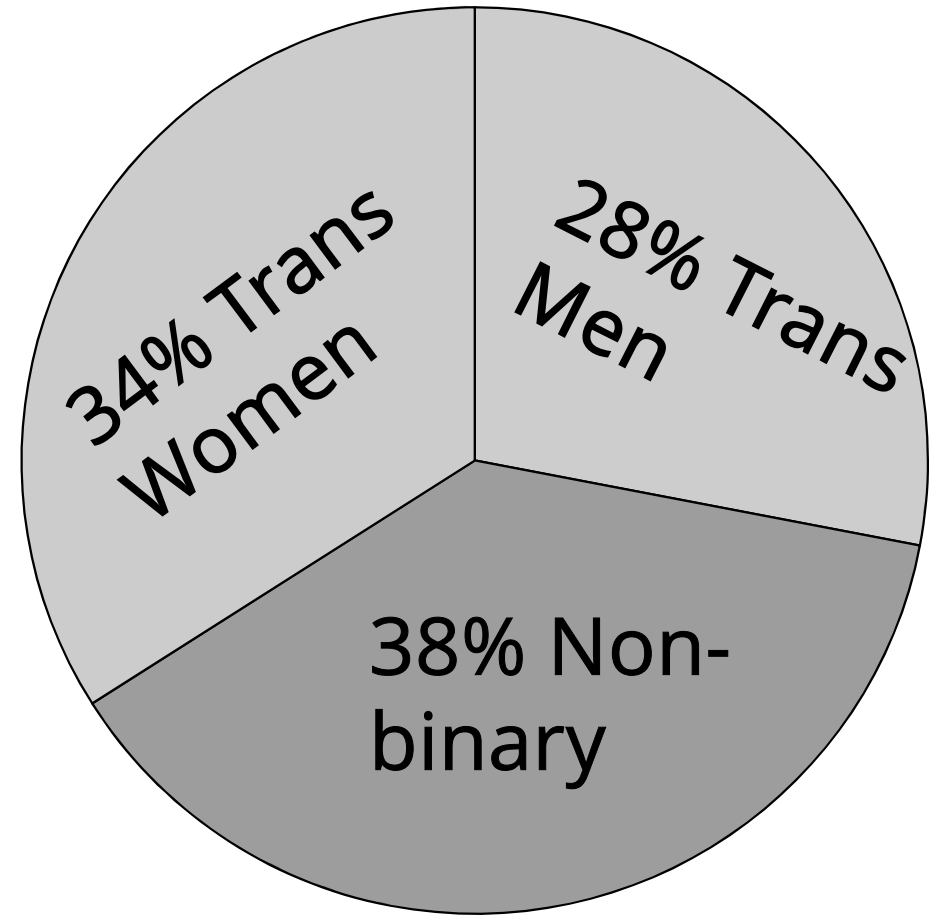
Trans and non-binary individuals living or working in the Region of Waterloo

# Results

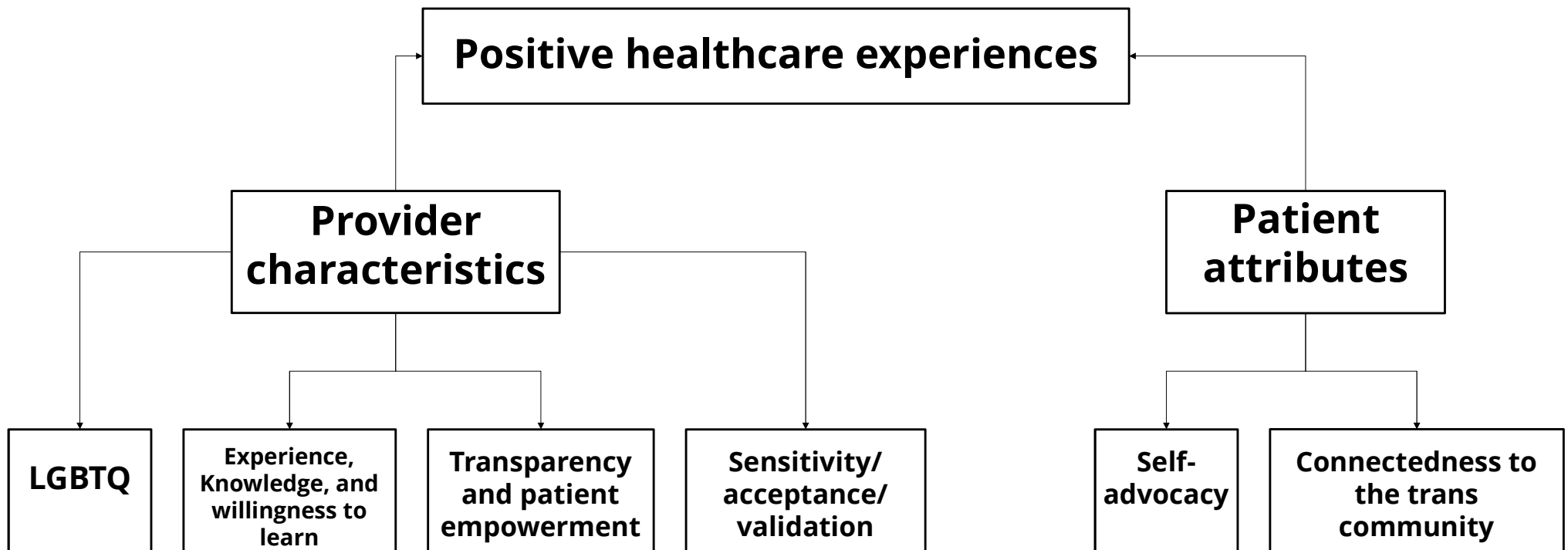
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# Demographics

n = 32



# Thematic Framework



**Provider  
characteristics:  
*LGBTQ***

“As far as my therapist, the fact that she’s a queer person has been so helpful for me. She’s not trans, but even just the fact that she’s queer, for me means a lot less educating and I think that’s something that is very important.”

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“Seeing myself represented in terms of having a queer GP and also a queer therapist really makes me feel validated and not just in accessing the service, but actually benefitting from them. So that’s been an amazing experience”

“He’s had experience with other transgender patients and so I found it really easy to talk to him about that and there was no problems getting me on hormones and that basically went really well.”

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“So the fact that my actual family doctor was totally informed and kind of well-known among transgender people, that was just lucky for me,”

**Provider characteristics:**  
*Experience, knowledge, and willingness to learn*



**Provider  
characteristics:  
*Transparency  
and patient  
empowerment***

“The positive experiences for me have been with medical professionals who allow me to transition in a way that makes me feel most comfortable, rather than having one mindset in terms of ‘this is how you transition’.”

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“The doctor came in and told me exactly everything. He told me just...total and complete information about what they were gonna do to my body and why, which is really important to me.”

“Everyone’s been really understanding and very much trying to be as sensitive as possible to any possible triggers around using my dead name and my pronouns.”

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“Identifying things that make me feel comfortable were their willingness to learn...and also being patient with me I think makes me feel welcomed into their offices .”

**Provider  
characteristics:  
*Sensitivity,  
acceptance,  
validation***

# A dynamic tension...

## Attention to trans identity

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**“I certainly appreciate the medical professionals I have come into contact with who have asked questions to make sure I was comfortable...The more questions the better, as long as they’re respectful”**

**VS**

## Lack of attention to trans identity

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**“All that we ever really want is to live our lives same way everybody else does, so unless it’s medically necessary, I don’t want to talk about being trans with my doctor. If I have a cold, I have a cold, it isn’t a trans cold, it’s just a cold.”**

**Patient  
attributes:  
*Self-advocacy***

“We as trans folk, we have to navigate the healthcare system ourselves. We have to advocate for ourselves. We have to. We have to tell doctors what it is that we need, because they don’t even know what the options are.”

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“I’ve always been the type of person, like even as a child, I don’t do authority...So when I started transitioning, I just had it laid all out.”

“I think for a lot of trans folk, they get their information from each other and their ‘how-to’s’ from each other.”

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“I found out about it because of word of mouth. I know others who have gone to that clinic before me and if it wasn’t for them, maybe I wouldn’t be [a patient at that clinic] now.”

**Patient  
attributes:  
*Connectedness  
to the trans  
community***

# Discussion

# Limitations and areas for future research

- **Limitation: sample**
  - **Non-racialized**
  - **Highly educated**
- **Future research**
  - **Diversify sample**
  - **Implement and study interventions**

# Recommendations

- **Administrators should implement cultural sensitivity and medical knowledge training programs into professional medical education**
- **Policy makers should create systems that allow providers to easily access informational resources in order to combat erasure**



# Questions?

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*Christiane Sadeler & Chris Cowie*

# Opportunities for the Future of Waterloo Region Crime Prevention Council

Walking the Bridge as We Build it

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# Why the call for change?

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- ❖ Creation of Wellbeing Waterloo Region (WWR) led to potential for duplicate efforts with WRCPC
- ❖ Too many community collaborative tables resulted in erosion of social capital
- ❖ Mandate to develop Community Safety & Well-being Plans (CSWBP) makes imperative police / government / community collaboration
- ❖ Despite longstanding efforts to mainstream upstream approaches, proactive social development initiatives remain poorly funded when compared to response measures

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# Options Proposed to WRCPC by Regional Chair Redman

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- ❖ Option 1: Close Doors
- ❖ Option 2: Form a new entity together with WWR
- ❖ Option 3: Become a standalone outside of ROW with 2-year funding



# Option 2 further examined



- ❖ A Design Team was formed but progress is slow
- ❖ Option 2 contains five possibilities:
  - ❖ WRCPC hosts WWR or vice versa
  - ❖ WRCPC & WWR strategically sign for shared efforts
  - ❖ Co-location
  - ❖ WRCPC & WWR merge within ROW
  - ❖ **WRCPC & WWR merge external to ROW**

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# Un-Anticipated Events Affecting the Context of the Deliberations

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- ❖ COVID-19 responses demonstrate capacity for rapid system change
- ❖ ACB Network and BLM gain momentum after the killing of George Floyd by police
- ❖ Local ACB-BLM community joins worldwide calls to de-fund police and reallocate dollars to social development and equity efforts
- ❖ Local leaders commit to meaningful dialogue and action to address systemic racism
- ❖ CSWBP deadline deferred due to COVID-19



# WRCPC Culture Affirmed



- ❖ WRCPC culture document affirms as non-negotiable:
  - ❖ Dynamic commitment to upstream prevention
  - ❖ Historic roots in Restorative Justice
  - ❖ Root causes analysis as essential theoretical underpinning
  - ❖ Importance of meaningful process
  - ❖ Centrality of relationships



## Additional (expanded) Option: Center for Innovation in Restorative and Upstream Approaches to Justice

- ❖ Go outside ROW (with or without WWR) with longer term funding
- ❖ Create greater capacity to address root causes of crime by shifting more resources towards social development efforts in part facilitated by the centre
- ❖ Make CJI the cultural home for WRCPC (with or without WWR)
- ❖ Reform as a newly imagined initiative (potentially with WWR)





*Walking the Bridge as We Build It*

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**A vision of the future**

Chris Cowie's turn

# Efforts to Date

- ❖ High level conversation with Regional Chair Redman and Chief Larkin lead to agreement to pursue this expanded Option
- ❖ FC deliberates on pros / cons of expanded Option and recommends it receive due consideration at WRCPC as a renewed opportunity to deal with long standing issues of structural inequity raised by WRCPC throughout its tenure



# Key Considerations Related to the expanded Option



- ❖ Option “x”
  - ❖ Expands upon previous Option 3 (standalone) by calling for longer term funding commitment from ROW
  - ❖ Provides continued capacity to align with WWR (Option 2)
  - ❖ Avoids the need for incorporation and seeking Charitable status
  - ❖ Has HR implications that need attention
  - ❖ Depends on Regional Council and Police Services Board buying into longer term funding and/or reallocation of funds to proactive measures

# Proposed Next Steps

- ❖ Devote July and (proposed added) August meeting to fully deliberate on this new opportunity
- ❖ Get WRCPC approval to further explore Centre of Innovation for Restorative and Upstream Approaches to Justice
- ❖ Continue to collaborate with WWR on five variables of Option 2 as previously agreed while ensuring WWR is informed of the expanded version and potentially invite to come along



*Thank you*

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# Questions for Deliberation

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- ❖ Is anything still unclear to you that needs further explanation?
- ❖ What are your initial reactions?
- ❖ Does this excite you and if so why?
- ❖ Does this scare you and if so why?
- ❖ What are the pros and cons from your perspective?
- ❖ Can you expand on the proposed option in any way and if so how?

# The Role of Leaders in Current (COVID-19) Times: Be “Chaotic”

## My notes from a podcast with Peter De Jager (Municipal World)

**C: Communicate:** Anxiety comes from lack of knowledge and lack of transparency. Leaders know that and communicate. Leaders know that we are in this together and we will come out of this together. The status quo is gone. We will build a new status quo – together!

**H: Help:** Help to understand. These are emotional times and normal reactions to tough/abnormal situations. Grieving for the past is understandable and fear of the future also. This is especially hard for people already struggling with depression and anxiety. We need to be gentle on each other. We never know where the other person is at.

**A: Adapt:** We need to become flexible about how we have looked at things in the past and how we need to look at it now. We need to find new patterns. Create a plan and initiative. This is a good time to be creative and, frankly, not have mistakes noticed. It used to be: “We need to think outside the box”. But there is no box any more. Don’t wait to be done to. Forge ahead. Be part of the solution.

**O: Organize:** Organizations are like people. We need to reflect on how to change. A municipality that used to use resources for moving lawns, instead planted wild flowers so that the lawn moving resources could be redeployed. Focus on what we absolutely must do and get prepared for a rough ride. What is the minimum level of acceptance? Don’t base assumptions on past rules. They no longer apply.

**T: Test:** Look for where you are failing. But don’t throw what you do out immediately. Take a tester mentality to it. When something breaks it is not a failure because your awareness of it is a success. Then ask why did it fail? and can we avoid that failure in the future? When you fall off a bicycle it is a chance to learn how to take another approach. Ask: Why did I fall off? We are all riding a bicycle for the first time. And this bike doesn’t even follow the old bike rules. You stir left it goes right, etc. We need to learn new competencies in a new situation. This is not the same as making a mistake during status quo. Such mistakes likely happened because we didn’t follow our process. In this new situation failure is evidence of effort.

**I: Involve:** We are in this together. So we need to get **everyone** involved. There are strengths in others. We work best when we work in teams. No-one has all the answers here. No one should shoulder all the burden. We all have a small piece of the puzzle and as we muddle through we can lean on each other. Better to do it together as we build a new future.



**C: Celebrate:** Most large organization simply do not celebrate enough. When people succeed, acknowledge it. People are animated by positive reinforcement. Fear does not motivate.

Christiane Sadeler

2020-08-11

<https://www.youtube.com/watch?v=MFzDaBzBIL0>