



Trans Care

Gender transition

Real Life Experience

“Real life experience” (RLE) is a term used by the Harry Benjamin International Gender Dysphoria Association (HBIGDA) to describe a continuous period of living full-time as the gender you identify as. Trans people and loved ones sometimes call this “cross-living,” “living full-time,” or “living 24/7.”

In the HBIGDA *Standards of Care*, RLE is optional before hormones or breast/chest surgery, and is required before genital surgery or removal of the ovaries/uterus. For anyone applying to the BC Medical Services Plan (MSP) for surgery coverage, RLE is mandatory.

Living full-time as the gender you identify as doesn’t necessarily mean conforming to stereotypes of femininity or masculinity, or “passing” for being non-trans.

- The HBIGDA *Standards of Care* (<http://www.hbigda.org/soc.htm>) define RLE as “transition to the gender role that is congruent with the patient’s gender identity.”
- The Transgender Health Program’s training and guidelines for health professionals in BC describe RLE as manifesting your gender identity **as you define it**, moving from thinking or dreaming about how you want to express your gender to actually doing it.

RLE isn't a test to see if you're really trans, but it does give you a chance to test out how it feels to live as the gender you feel yourself to be. For some people it's better than they thought; for others it's a disappointing reality-check.

RLE involves changes that the people in your life are likely to notice. Even if you're already out as trans, for some non-trans people this is the time when it really sinks in that gender issues aren't going to magically go away, and you really are going to transition. This can spark conflict and tension. Also, the early stages of RLE often involve being visibly trans which increases risks of harassment, discrimination, and violence in day-to-day life. Peer and professional counselling can be helpful if you are overwhelmed with the stress.

What's the Purpose of RLE?

Some trans people feel RLE is a stupid hoop you have to jump through to prove you are ready for surgery. Others describe the RLE as an amazing time of exploring, experimenting, and giving their true self a chance to emerge.

Among health professionals there are also mixed opinions. Many clinicians believe that RLE is necessary to prevent regret after surgery. Others believe that RLE does not necessarily improve surgical outcomes, and that in some cases surgery may be viable with a short RLE or no RLE.

Originally, the HBGDA *Standards of Care* required a two year RLE before hormones or surgery. Since that time, the *Standards of Care* have been updated to reflect new research findings and changes in standard clinical practice. The current requirement of a one-year RLE before genital surgery (but not before hormones, breast/chest surgery, or facial surgery) is a way that HBGDA is trying to balance risks of going ahead with surgery too early in the transition process vs. the risks of delaying needed treatment. RLE requirements in the *Standards of Care* will likely continue to change as the debate about RLE evolves.

How is RLE Evaluated?

Some trans people undergo transition without the involvement of any health professionals. For trans people who need to show they have done RLE to qualify for hormones or surgery, the mental health clinician(s) who are doing your psychological assessment will evaluate your RLE as part of the assessment. The qualifications of the assessor(s), the process to apply for assessment, and an overview of what you will likely be asked are discussed in the booklets *Getting Hormones* and *Getting Surgery* (available from the Transgender Health Program).

In evaluating RLE, the assessors want to know how long you have been cross-living full-time, what the RLE has been like for you, and how you have dealt with the challenges of RLE.

Length of time cross-living

The mental health assessors are responsible for confirming that you have completed RLE required by your hormone prescriber (if you are seeking hormones), surgeon (if you are paying privately for surgery), or the BC Medical Services Plan (if you are seeking government coverage for surgery). Most hormone prescribers and surgeons follow the HBGDA *Standards of Care*. The HBGDA RLE criteria are compared to the BC MSP RLE criteria in the chart below.

	RLE Requirements	
	HBGDA <i>Standards of Care</i>	BC Medical Services Plan
Hormones	Recommended (but not required): <ul style="list-style-type: none">• 3 months RLE, or• counselling for a period of time set by the mental health assessor (usually at least 3 months)	MSP is not involved in hormone prescription
Breast/chest surgery	<ul style="list-style-type: none">• 3 months RLE, or• counselling for a period of time set by the mental health assessor (usually at least 3 months)	At least 2 years RLE
Genital/lower surgery	At least 1 year RLE	At least 2 years RLE
Face/voice surgery (MTF)	None stated. Surgeon may suggest RLE if they have concerns about a patient's readiness for surgery	These surgeries are not covered by MSP

When does RLE start?

RLE refers to **full-time** cross-living. In considering when your RLE started, your assessors will ask you when you started cross-living in **all** areas of your life (not just at home). This includes:

- Using a name and gender pronoun that is consistent with your gender identity.
- Having an appearance (clothes, hairstyle, etc.) that is consistent with your gender identity.
- People in your day-to-day life – friends, partner(s), co-workers, teachers, etc. – knowing you in your desired gender role. (They don't need to know that you're trans.)

If you are applying for BC Medical Services Plan (MSP) surgery coverage, MSP defines RLE more strictly. MSP defines "full societal cross-gender immersion" as:

- full-time employment in a public workplace
- full-time attendance in a school or training program
- "significant time" volunteering in a public position

MSP has made exceptions for people with disabilities who are not able to work, go to school, or volunteer. If you are in this situation, get your primary care provider (doctor or nurse) to write a letter confirming the length of time you have been cross-living full-time, and explaining why you can't work, go to school, or volunteer.

RLE is defined **as continuous** cross-living. If you start to cross-live for a period of time, then change your mind and return to living as you were before you started transition, then change your mind and go back to cross-living, the assessor(s) will not count the first period as part of RLE.

How can I prove that I've done the required RLE?

In addition to describing the RLE that you have done to the assessor(s), you will also have to provide *collateral information* – evidence from other sources – to confirm that you have done it. The Transgender Health Program (see last page) can assist if you need help to collect the information.

The types of evidence accepted by MSP as proof of RLE are:

- a letter from your boss, teacher, or volunteer supervisor
- work pay stubs or school transcripts with a name that fits your gender identity
- a letter from any medical or mental health professionals who have been providing care, confirming that you have been cross-living for over two years
- a letter from your doctor explaining the reasons that you can't work/study/ volunteer and confirming that to the best of their knowledge you are cross-living full-time

MSP will not accept letters from people who you interact with socially (e.g., partner, family, friends, neighbours) as proof of RLE.

It is not necessary to out yourself as trans to your employer, teacher, or supervisor in asking for a letter – you can tell them you need a general reference letter without saying what it is for. The letter must include your name, the gender pronoun you are called, and the length of time you have been working/volunteering/in school. For example:

- "I have known John Doe for two years. He began work for me on [date] and has worked full-time since then."
- "Jane Doe has volunteered ten hours a week for [name of organization] for over two years. She began as a volunteer here on [date]."
- "Jan Doe has been taking a full academic courseload since [date]."

Letters must be **signed originals**, and transcripts/pay stubs must be original copies. Make a photocopy of all documents for your records before the appointment, as the originals will be taken by the assessors (and, if you are applying to MSP, forwarded to the MSP review committee).

Your experience during the RLE

In evaluating your RLE the assessors want to know what the experience has been like for you – what you've learned from it, how it matched what you thought it might be like and how it was different, what has been hard, and how you've coped with the challenges. Talking about the difficult parts of the transition process is not a sign of weakness; it helps

show that you are realistic about the ups and downs of transition, and that you are stable and strong enough to deal with stress.

If RLE has affected your gender identity or your transition plans, it is important to talk about this so the assessors have an accurate sense of who you are and what your goals are. The HBIGDA *Standards of Care* recognize that gender identity, role, and appearance can evolve and change during the RLE.

As part of the assessment, some mental health professionals want to see the client every few months to get a sense of how the RLE is going overall, and to offer support to people who are having a hard time. In other cases the assessors might not require regular appointments (but you can ask for appointments if you want them). If you want extra support during the RLE but you don't feel comfortable getting it from your assessors, you can ask them for a referral to a trans-friendly counsellor or support group, or contact the Transgender Health Program to explore options for peer and professional support.

Questions? Contact the Transgender Health Program:

Office: #301-1290 Hornby Street, Vancouver, BC V6Z 1W2

Phone/TTY/TDD: 604-734-1514 or 1-866-999-1514 (toll-free in BC)

Email: transhealth@vch.ca

Web: <http://www.vch.ca/transhealth>

The Transgender Health Program is an anonymous and confidential free service for anyone in BC who has a trans health question or concern. Services for trans people and loved ones include:

- information about trans advocacy, medical care, hormones, speech change, and surgery
- help finding health/social services, and help navigating the trans health system
- non-judgmental peer counselling and support
- information about trans community organizations and peer support groups



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This booklet was written by Joshua Mira Goldberg and A. J. Simpson as part of the **Trans Care Project**, a joint effort of Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program. We thank the Canadian Rainbow Health Coalition and Vancouver Coastal Health for funding this project. We also thank Willow Arune, D. Beach, Derek Eidick, Emily Hodge, Dr. Gail Knudson, Heather O'Shea, and Caroline White for their input.

For more copies, email the Transgender Health Program at trans.health@vch.ca or call/TTY 1-866-999-1514 (toll-free in BC) and quote Catalogue No. GA.100.R229.