



Position Paper #101

Transgender Inclusivity

A transgender person (“trans” person¹) is someone whose gender identity and/or gender expression differs from the one they were assigned at birth. Trans people may identify as male or female, or sometimes either at different times, or a third gender of their choosing, or they may feel they don’t fit any gender label – some prefer the term “non-binary” to get away from the mainstream’s two-gender conception of the world. (Other common terms include: transsexual, gender diverse, gender non-conforming, genderqueer, Two-Spirit, gender variant, gender fluid, pangender, and others.)

Since some trans men and non-binary people are able to become pregnant, and all trans people deserve access to sexual and reproductive health services, ARCC fully supports their right to abortion care and healthcare delivered in an inclusive manner that respects their identities,² and to their specific inclusion when discussing or advocating for reproductive justice.³

Discrimination Against Trans People

Trans people often endure shocking violence and profound discrimination because of their identity. The following facts come from research conducted or compiled by the Trans PULSE Canada project. Of 2,873 trans and non-binary people surveyed in 2019:

- 16% had suffered physical violence in the past five years.
- 26% had experienced sexual assault in the past five years.
- 37% had experienced physical intimidation or threats in the past five years.
- 42% had been subjected to sexual harassment in the past five years.
- 68% had been subjected to verbal harassment in the past five years.
- 6% had attempted suicide in the past year.
- 31% had considered suicide in the past year.
- 64% had avoided several public places in the past five years due to fears of harassment or being outed.

¹ Not all trans persons identify with the term “transgender” or other terms listed here, but the word “trans” is used in this paper as a convenient umbrella term. For definitions, see: <https://www.hrc.org/resources/glossary-of-terms>. Or: <https://www.glaad.org/reference/transgender>

² Lowik, A. (2018). *Trans-Inclusive Abortion Services: A Manual for Operationalizing Trans-Inclusive Policies and Practices in an Abortion Setting, Canada*. *FQPN and National Abortion Federation, Canada*. Retrieved online from <https://www.optionsforsexualhealth.org/wp-content/uploads/2019/07/FQPN18-Manual-EN-BC-web.pdf>

³ <https://www.arcc-cdac.ca/wp-content/uploads/2020/06/100-reproductive-justice.pdf>

- 12% had avoided going to the emergency room in the past year, despite needing care.
- 45% reported having one or more unmet healthcare needs in the past year.

Trans people face discrimination when seeking housing, employment, and health or social services. They may have difficulty changing their identity documents to reflect their felt gender. They risk losing access to their children when they transition, or face barriers when trying to access assisted reproduction services ([more than 1 in 4 trans people are parents](#)). They frequently avoid public spaces or situations where they fear harassment, including public washrooms, gyms, schools, and restaurants. About one-third of trans people surveyed in Ontario were forced to move out of their communities for their safety or to access services.

An earlier Trans PULSE Project in 2015 researched the [social determinants of health](#) for 500 trans people in Ontario. About 40% of trans people with a family doctor had experienced discriminatory behavior from their doctor at least once, such as being refused care, being ridiculed, and using demeaning language. When accessing emergency services at a hospital, 10% of trans people surveyed had either been refused care or had their care cut short because they were trans.

Because of the fear of discrimination, many trans people may present as cisgender (their birth-assigned gender). In the U.S. 2016 [National Transgender Discrimination Survey](#), 19% of trans people reported being refused medical care due to their transgender or gender non-conforming status, 50% reported having to teach their medical providers about transgender care, and significant numbers postponed medical care due to discrimination (28%) or inability to afford it (48%).

Due to the reluctance to disclose their transgender status, the number of transgender individuals is [significantly higher than the official estimate](#) of 0.6% of the US population. The true number is unknown but is at least [three percent](#).

Bodily Autonomy and Stigma – the Commonalities

The abortion rights movement has always placed a very high value on the ability of every woman to decide for herself whether or not to have a baby. This same right to bodily autonomy must obviously extend to trans people, who deserve explicit recognition of their identity. After all, we can't expect them to make the best decisions for themselves if they have to silently accept language in which they don't even exist.

American journalist and trans woman [Parker Molloy](#) says: "Abortion is an issue of bodily autonomy. Being trans is an issue of bodily autonomy. Abortion is a trans issue." This means reproductive justice and abortion rights are for transgender people too. [Dr. Cheryl Chastine](#), an abortion provider from Illinois, says: "The movement can't deny trans people a seat at the table in the abortion conversation; they were already there. It's up to everyone else to acknowledge them." In other words, activists and healthcare providers should never assume that only women need abortion care.

Having an abortion and being trans are both stigmatized experiences, even though one is an action and one is an identity. Steph Herold is the Managing Director of the [Sea Change Program](#) in the U.S., which works to reduce abortion stigma. She points out the many commonalities to these stigmatized experiences that we can draw on to strengthen our reproductive justice work and advocacy, including the following: (*Pers. comm, March 16, 2015*)

- Policies that inhibit access to medical care, whether it's hormones, surgery, or an abortion
- Inaccurate media representations that rely on stereotypes, misinformation, and myths about trans/genderqueer folks or about folks who have abortions
- Institutions that don't know how to interact with you, whether it's a hospital that won't provide trans care or provide abortions, or insurance that won't cover the care you need
- In communities, where people may hear about the 'evil' of LGBTQ folks or the 'evil' of abortion from their religious leaders or from family/friends
- In interpersonal relationships, where both trans/genderqueer folks and people who have had abortions may fear being shunned by family and friends, being judged, and may feel totally isolated

Gender-Inclusive vs. Gender-Neutral Language

ARCC aims to be gender inclusive in our language around reproductive justice, but not necessarily gender-neutral. The latter can carry a risk of privileging cis men (men born men) but more importantly, it can hide the basis of oppression that motivates the reproductive justice movement – gender. Historically and still today in many parts of the world, it has been cis women (women born women) who have been most oppressed based on their gender. Traditional gender roles for women continue to be enforced by patriarchy and organized religion, and this important fact becomes lost when gender-neutral language is used in reproductive justice.

The basis of feminism has been to abolish the notion that “biology is destiny,” and enable cis women to enjoy equal opportunity and respect as autonomous human beings in their own right, instead of being held primarily to a childbearing and/or sexual role in which they are generally subordinated to men. The recognition of transgender rights in recent decades adds trans people to the list of those oppressed by gender. Both cis women and trans people have difficulty achieving justice because society expects them to adopt and maintain their cisgender roles.

Our vision of feminism includes transgender rights because freeing ourselves from our biological (birth-assigned) gender roles means ensuring that every individual has the right to define themselves according to the gender they feel themselves to be or not, whether it's the one assigned at birth, or another or none. Likewise, every individual's right to live their own life should be respected and protected – whether they feel content to live by traditional gender expectations or be gender non-conforming.

One's gender identity is very important to most people, including trans people, the majority of whom identify as either male or female and prefer the use of masculine or feminine pronouns. In the U.S. 2016 [National Transgender Discrimination Survey](#), 26% of trans people identified as male, 41% as female, 20% as part-time one gender and part-time the other, and 13% as a third gender. In Ontario, [4 of 5 trans people](#) surveyed identified as either male or female. Therefore, gender-neutral language is not always appropriate since it can erase or even deny gender identity, especially at a personal level. This is especially the case when it comes to sexuality and reproduction, areas of life where biology and gender can be highly relevant.

While terms such as “pregnant person” and “people” are fine to use in many cases, ARCC tries to be inclusive in our language around reproductive justice for the above reasons. We prefer to specifically name trans men or trans people, alongside cis women, and address the specific issues of trans people at every opportunity.

More information:

- **Trans Pulse Canada project**: a national community-based survey of the health and well-being of trans and non-binary people in Canada, with special reports on two-spirit Indigenous people, transgender sex workers, racialized trans people, and others.
- **Canadian Professional Association for Transgender Health** (CPATH): the largest national multidisciplinary, professional organization in the world, working to support the health, wellbeing, and dignity of trans and gender diverse people.
- **Canadian Medical Protective Association** – Treating Transgender Individuals.
- **Trans individuals' experiences in primary care** (study). Justin Bell and Eva Purkey, *Canadian Family Physician*, April 2019, 65(4) e147-e154.
- **Trans-parenting**: The Trans Family Law project helps keep trans parents and their children together, by providing family law information to trans people throughout Ontario.
- **Egale Canada Human Rights Trust**: Canada's only national charity promoting lesbian, gay, bisexual, and trans (LGBT) human rights.