



Abortion Rights
Coalition of Canada

*Your
Voice for Choice*

Coalition pour le droit à
l'avortement au Canada

Canada's only national political pro-choice advocacy group

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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 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, and to their specific inclusion when discussing or advocating for reproductive justice.

Discrimination Against Trans People

Trans people often endure shocking violence and profound discrimination. The following facts come from research conducted or compiled by the Trans PULSE Project in Ontario. Twenty percent of trans people surveyed had suffered physical or sexual assault because of their identity, and 34% had been subjected to verbal threats or harassment. In addition, 43% of trans respondents had attempted suicide, 35% had considered it in the previous year, and over half had symptoms consistent with clinical depression.

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

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: www.transadvocate.com/a-trans-advocates-perspective-on-trans-101-questions_n_14906.htm, Or: https://lgbt.wisc.edu/documents/Trans_and_queer_glossary.pdf

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.

The Trans PULSE Project researched the social determinants of health for over 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. Another 21% avoided going to Emergency at all out of fear.

Because of the fear of discrimination, many trans people may present as cisgender (their birth-assigned gender). In the U.S. 2011 [National Transgender Discrimination Survey](#), 71% of trans people said they hid their gender or gender transition to avoid discrimination and 57% said they were delaying their gender transition for the same reason. Due to the reluctance to disclose their transgender status, the number of transgender individuals is likely significantly higher than oft-cited official estimates such as 0.3% of the US population. The true number is unknown but is probably closer to 2 to 5%.

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 cismen (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 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 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 ciswomen (women born 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. 2011 National Transgender Discrimination Survey, 26% of trans people identified as male, 46% as female, 10% as a third gender, and 6% as intersex. In Ontario, 4 of 5 trans people surveyed identified as male or female. Therefore, gender-neutral language is not always appropriate since it can erase or even deny gender identity. This is especially the case when it comes to sexuality and reproduction, areas of life where biology and gender are highly relevant.

For the above reasons, ARCC prefers to be inclusive in our language around reproductive justice by specifically naming trans men or trans people, alongside women, and addressing the specific issues of trans people at every opportunity. Further, our use of the word “women” includes trans women.

More information:

- **The Trans Pulse Project**: a community-based research project that is investigating the impact of social exclusion and discrimination on the health of trans people in Ontario.
- **Trans Health Project**, Ontario Public Health Association: a Position Paper to improve access to and quality of public health services for trans people.
- **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.
- **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.