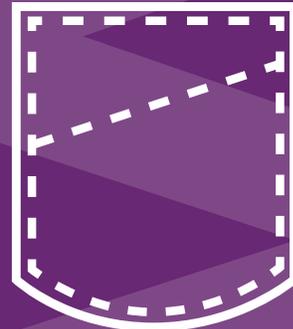
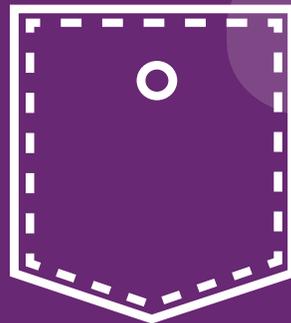
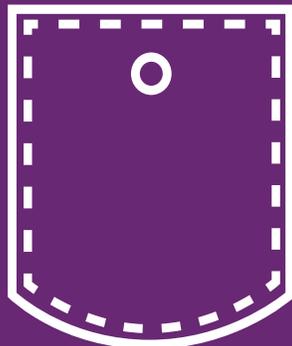
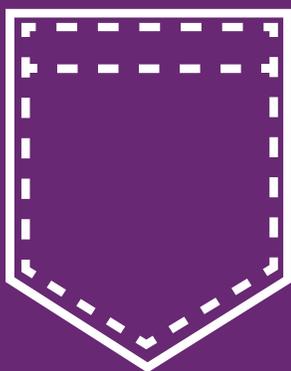


# WHAI's Trans Inclusion Pocket Guide:

Centring Trans  
Women in Our  
Work





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# Introduction

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Welcome to the Women and HIV / AIDS Initiative (WHA) Trans Inclusion Pocket Guide: Centering Trans Women in Our Work. WHAI is an Ontario based initiative aimed at reducing HIV transmission among women in Ontario, enhancing local community capacity to address HIV / AIDS and building safe environments to support women and their HIV / AIDS related needs.

This guide is intended for those involved in WHAI as well as their community partners and allies across Canada.

## **BACKGROUND**

For a number of reasons that this guide explores, it is not completely clear how many trans women are living in Ontario or how many trans women are living with HIV. We do know however, that trans women are disproportionately affected by many of the social determinants of health that have been identified as increasing women's systemic vulnerability to HIV. Intersecting with these social determinants of health, trans women often encounter both transphobia and misogyny from the services that they need to be able to access most urgently. WHAI's direct and significant work with women-serving agencies positions this Initiative to work alongside trans women across this province in identifying, challenging and addressing the barriers to access in many of these spaces. We ultimately hope to support creating environments that are safe, welcoming and inclusive to all women.

## **ACKNOWLEDGEMENTS**

This guide is the result of months of intensive thought, consultation and research. Most importantly, it has been shaped by the lived experience of trans women in Ontario. Special thank you to everyone who contributed, with special acknowledgement to everyone involved in WHAI's Trans Women's Advisory Committee as well as Mason McColl, Greta Bauer, and Mohini Datta-Ray.



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# A Note About Language

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Language can be a stumbling block for a lot of people when it comes to trans issues. Much of the language is fairly new, as trans people gain a more visible presence and terms gain more traction. As identity is central to trans issues, terms are tied to identities and can therefore be very important for the folks using them.

You may find terms that you have not heard of before, or that may be used in ways that are different from ways that you've heard them used before. Key terms are defined throughout the guide, and a link to a relevant glossary is listed within the resource section of this guide. It's important to note that some of these terms may have different connotations within different communities, across regions and amongst different groups of trans people. As such, these definitions should be viewed as an introduction to trans-specific language, and not as a definitive nor exhaustive list. An essential part of supporting trans people is respecting the language that they may use; be sure to use the language that trans people in your community ask you to use.

In this guide, trans woman stands in as shorthand for anyone who is on the male-to-female (MTF) or transfeminine spectrums, including women who identify as having a trans history or experience.

**“No qualifications should be placed on the term ‘trans woman’ based on a person’s ability to ‘pass’ as female, her hormone levels, or the state of her genitals - after all, it is downright sexist to reduce any woman (trans or otherwise) down to her mere body parts or require her to live up to certain societally dictated ideals regarding appearance.”<sup>2</sup>**

- Julia Serano, *Whipping Girl*



### **TRANS:**

An umbrella term for a person who experiences their gender identity in a way that does not match the societal expectations of someone with the physical sex characteristics that they were born with.

### **TWO-SPIRIT:**

A complex and highly nuanced term used by some Indigenous people. The term is often used to refer to an Indigenous person having both a male and a female spirit. This can relate to sexual orientation and gender identity, meaning that it may encompass people across the LGBT spectrum. Many Indigenous cultures had significant and honoured roles for two-spirit people. These roles were specific to different Indigenous cultures. With colonialism came transphobia and homophobia; the term two-spirit is used by some to reclaim the value of two-spirit identities.<sup>1</sup>

### **PASSING:**

The ability of someone who is part of a marginalized group to be perceived as part of the dominant group. For trans women, this means being perceived as a cis woman.

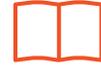


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# Trans Women in Ontario

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The number of trans people in Ontario is unknown, in part because census data isn't collected about trans people, and trans people may not be public about their trans identities. The National Center for Transgender Equality in the US estimates that trans people make up ¼- 1% of the general population.<sup>3</sup>



We also don't know how many trans women are living with HIV in Ontario. Historically, HIV testing requisition forms have not collected information about trans identity. As a result, the tester has been required to select Male or Female on the form. In some cases, testers have not asked the patient for their gender but instead made a selection based on the gender presentation of the person being tested, their assumption about the person's genitals, or what is listed on their health card. Changes being made to the test requisition form in 2016 will create more consistent tracking of this information; however, our historical collection of this data has been inconsistent.

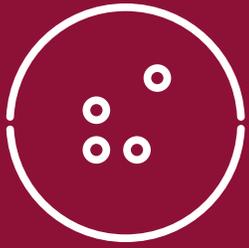
While we don't know don't know how many trans women there are in Ontario, and how many are living with HIV, there are plenty of things that we do know. Trans women are a part of all our of communities, as educators, healthcare workers, policy makers, service users and service providers. The TransPULSE Project was a large-scale research project that looked at the experiences of trans people across the province. We learned a lot about the experiences of trans women across Ontario from the TransPULSE project and other research looking at the experiences of trans women.

### **ERASURE:**

A process which works to make trans people and their experiences invisible and ensures that institutional practices are not inclusive of trans people.<sup>4</sup>



TransPULSE has told us that **6%** of trans women in the province identify as Aboriginal, **40%** of trans women in Ontario are parents, and **77%** of trans women live outside of Toronto.<sup>5</sup>



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# The Process of Exclusion

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"In a male-centered gender hierarchy, where it is assumed that men are better than women and that masculinity is superior to femininity, there is no greater perceived threat than the existence of trans women, who despite being born male and inheriting male privilege 'choose' to be female instead."<sup>6</sup>

- Julia Serano, Whipping Girl

Taking a step back, we know that **misogyny** is the belief that men and masculinity are better or more valuable than women and femininity. Misogynist practices and attitudes can include subtle and explicit discrimination against women, violence against women, and reductionist views of women as sexual objects or property. We know that misogyny occurs within the larger context of patriarchy, where men experience many systemic advantages.

**Transphobia** refers to the dislike, hatred, fear, exclusion, or subtle and explicit prejudices toward trans people. Transphobia can be experienced by anyone that has questioned their gender identity, or whose gender may be read as deviating from the norm, regardless of whether or not they've chosen to medically transition. This includes all trans people on transmasculine and transfeminine spectrums, as well as people who don't fit neatly on either spectrum. The underlying message of transphobia is that cisgender people are better or more valuable than trans people.

**Transmisogyny is the intersection of transphobia and misogyny that specifically targets trans women.**



Tobi Hill-Meyer, a prominent trans writer and filmmaker, provides a number of examples of transmisogyny where trans women experience the compounding oppressions of transphobia and misogyny:

- When trans women desperately in need of sexual assault or domestic violence services are turned away because their needs are considered less important than the hypothetical discomfort their presence might cause for others, that's transmisogyny.
- When trans women have every aspect of their presentation examined and labeled either hyperfeminine and therefore fake or not feminine enough and therefore male, while the same traits would be seen as normal in cis women, that's transmisogyny.
- When trans women are told that they need to stop being assertive and strong because it is a sign of male privilege - invariably by "feminists" who, of course, encourage cis women to be assertive and strong - that's transmisogyny.<sup>7</sup>



#### **PRIVILEGE:**

Unearned advantages granted to some members of society, but not others, that is based on their social location (class, gender, race, health status etc).

#### **CISGENDER:**

**(pronunciation 'sis')** A person who experiences their gender identity in a way that matches the societal expectations of someone with the physical sex characteristics that they were born with. Often shortened to *cis*, the use of this term acknowledges that everyone has a gender identity which has a relationship to their assigned sex.

**Cisnormativity** is produced when cisgender people's views, experiences, attitudes, interests and preferences are so commonly exchanged that they have come to be seen as the norm (or neutral) while inadvertently excluding the experiences, interests and needs of trans people. For example, a sexual health clinic that provides testing services might say they are trans-inclusive ("you are welcome here") but then deliver STI/HIV information the same way they would for cisgender people without acknowledging that sexual behaviour and risk factors may look different for trans women than cis women. This type of differential treatment is an example of *cissexism*.

A history of cisnormativity in community organizing and social services has (re)produced transmisogyny and cissexism in a number of ways that have left trans women behind. HIV/AIDS and LGBT-specific are no exception.



### **HIV/AIDS SERVICES**

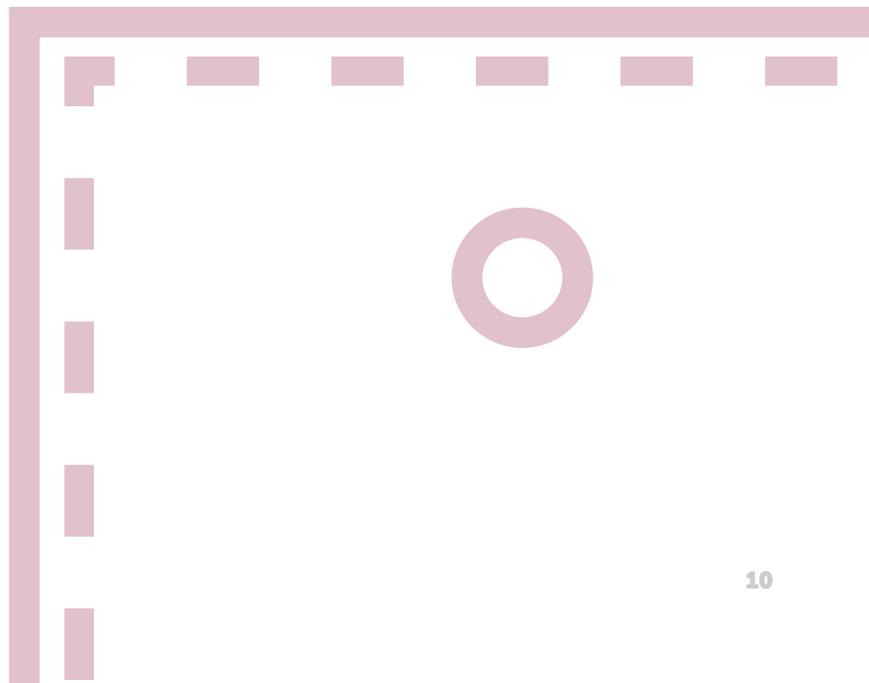
There are various examples of cisnormativity in Ontario. For example, HIV / STI testing services are sometimes segregated by gender to create a "safe space" without adjusting health information for people who are not cisgender. Also, there is a need for HIV risk assessment guidelines that include trans people's experiences, as well as research exploring the impacts of medical transition (specifically hormone therapy and lower surgery) on trans people's biological vulnerability to HIV. These are examples of cisnormativity and cissexism that have excluded trans women.



## LGBT SERVICES

The history of the LGBT rights movement in North America has been rooted primarily in the voices of gay and lesbian people (in spite of significant work done by trans women, and specifically trans women sex workers of colour). While societal gains from the larger movement have been important for all sexual and gender minorities, trans people have at times been left behind, despite being represented in the well known “LGBT” acronym. As gay and lesbian people pushed to be seen as no different from their straight counterparts, trans people and their experiences were pushed to the margins of the mainstream LGBT movement.

While there are plenty of people who overlap between the LGB and the trans community, there are many who argue that the issues are separate and unique. LGB people are marginalized because of who they are attracted to; trans people are marginalized because of who they are often in addition to who they are attracted to. As a result, many trans people do not feel comfortable accessing LGBT-identified services if they identify as straight and/or are in straight-looking relationships.





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# Pathways to Services

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The World Health Organization (WHO) defines the social determinants of health as “the conditions in which people are born, grow, live, work and age.”<sup>8</sup> Many women serving agencies are built around mitigating the impacts of negative social factors that impact health. There are a number of unique ways that the social determinants of health are experienced by trans women as a result of transmisogyny and erasure.

The services that WHAI works with are centred around improving the health and well-being of women by supporting the many aspects of women's lives that impact their health. The following are explorations of some of the major social determinants of health, and the ways that they may impact trans women, leading them to access the agencies that WHAI works with.

## EMPLOYMENT AND INCOME

Income and socio-economic status have significant impacts on health outcomes. When financial status goes up, general health outcomes follow.<sup>9</sup> Employment also plays an important part in a person's overall health. In addition to providing income, employment can give people a sense of satisfaction, opportunities for new learning and social connections.

Employment can be a real challenge for trans people. Many trans people in Ontario are unable to access academic transcripts and work references that reflect their current name and gender. Some trans people have been turned down for a job or even fired for being trans. Of trans people who are employed, 42% report that their co-workers were accepting of them less than half of the time.<sup>10</sup>

With these significant challenges with employment, trans women may move frequently between jobs, have lower incomes than their cis counterparts with similar education and experience, or be forced to hide their trans identity at work. Hiding their trans status at work may mean presenting as a man, which can be very upsetting and cause internal discord, increasing work-related stress and gender dysphoria.

With a large market for trans women, commercial sex work may offer trans women benefits, such as higher earning potential and positive >>



**In spite of being highly educated (3/4 of Ontario trans women have at least some post-secondary education), 68% of trans women across the province live on less than \$30 000/year.<sup>11</sup>**

experiences of gender validation, which other forms of work may not. 16% of trans women in Ontario have engaged in sex work or exchange sex, with 2% of trans women currently working in that sector.<sup>12</sup> We know that sex workers are at an increased risk for HIV infection, and trans women are no exception.

Due to some of these barriers and experiences with employment, WHAI workers may find trans women accessing income support, employment counselling, food security initiatives, housing programs, shelters, and sex worker organizations.

## **RACE, ETHNICITY AND INDIGENOUS STATUS**

In addition to struggling with negative messaging about being trans, people from racialized and Indigenous groups are reconciling negative messages about racial minority status and how they feel about themselves as a result of ongoing racism and the impacts of colonialism. Experiences of racism can range from individual aggressive acts in the form of racial slurs and harassment to institutional (or systemic) racism, which is often invisible and operates in the form of policies and practices that deny racialized people access to full participation in society. Racism produces many barriers to accessing adequate health care, securing employment, and navigating social environments. Issues of race and discrimination can result in a chronic stress (similar to other forms of oppression) that can also impact mental health and well-being.

There is an overlapping relationship between race, Indigenous status and other determinants of health such as economic status and gender. For example, people of colour in every province experience higher unemployment and underemployment and lower incomes than their white counterparts.<sup>13</sup>

Due to the lasting and ongoing impacts of colonialism, Indigenous people across the country experience dramatically higher rates of severe food insecurity, suicide, depression and incarceration. For example,

research shows that “14% of Aboriginal households experienced severe food insecurity as compared to 2.7% of non-Aboriginal households.”<sup>14</sup>

We also know that certain racialized communities are more vulnerable to HIV. Specifically, we see higher HIV rates among Indigenous and African Caribbean communities. This is an especially big challenge within the trans community, as two thirds of trans people of colour in Ontario have never been tested for HIV.<sup>15</sup>

With regard to race and gender, women of colour experience a kind of sexism that is tied to racism. Racialized women’s bodies are often seen as being exotic, obedient, highly sexual and/or available depending on which racial stereotypes are deployed.<sup>16</sup> Trans women of colour have a particular set of challenges with the compounding experience of transmisogyny. This intersection can bring experiences of marginalization based on their gender identity within their own communities and exclusion and discrimination as a result of racism from the LGBT community.<sup>17</sup>



**“14% of Aboriginal households experienced severe food insecurity as compared to 2.7% of non-Aboriginal households.”<sup>15</sup>**

Further, newcomer trans women to Canada, are likely to experience the cumulative vulnerability of having to navigate being in a new place, perhaps experiencing racism for the first time, and having their assumptions of Canada as a “safe place” challenged. Newcomer trans women may also be fearful of accessing health services if they are undocumented and/or in the process of a refugee claim. These issues of newcomer status and trans identity produce intersecting forms of exclusion that can increase vulnerability to new HIV infection, and may make trans newcomer women wary of accessing the agencies that WHAI works with.

## SOCIAL ENVIRONMENT

Connections to community are essential to feeling secure and supported, which plays a role in a person's overall health. For trans women, experiences of transmisogyny and exclusion can impact feelings of connection to the social world around them.

Fear of negative experiences can impact trans women's comfort and ability to leave home and participate in community spaces. Two thirds of trans people in Ontario have avoided at least one public space (e.g. school, mall, gym, public washroom etc) out of fear of being harassed, being read as, or being outed as trans.<sup>20</sup> Trans women may, as a result of these experiences, be cautious about accessing services in the community. Services with established reputations of being trans inclusive will likely see more trans service users.

Transphobic violence may have an impact on trans women's experiences with HIV. A 2011 study of HIV-positive women in Ontario found that several participants noted sexual violence motivated by homophobia or transphobia as a route of HIV infection.<sup>21</sup> In addition, some women's support services have a history of trans exclusion, acting as agents of transmisogyny. While many of these services have worked hard to overcome that past, trans women may feel unsafe accessing the violence against women sector.

Having a safe and supportive home to grow up in can positively influence future outcomes. Trans youth with supportive parents (vs unsupportive parents) are more likely to report feeling satisfied with life, having very good or excellent mental health, and high self-esteem.



**31%** of racialized and Aboriginal trans people in Ontario have **reported feeling uncomfortable in trans spaces** because of their race or ethnicity.<sup>18</sup>



**A third of Ontario's trans people have had to change where they live** because of their trans identity, while **77%** have at some point worried that their trans status may leave them to grow old alone.<sup>19</sup>

With parental support, trans youth are less likely to report depressive symptoms and recent suicide attempts.<sup>22</sup>

The health and well-being of trans women also impacts their own children. 40% of trans women in Ontario are parents.<sup>23</sup> WHAI workers may be connected with child welfare agencies, youth programs and family services that serve trans women of all ages.

Because of the gender segregation that happens in the shelter system, trans women who are homeless or underhoused may find themselves unable to access shelter services when they need them. Women's shelters may prohibit entry based on whether a trans woman has had lower surgery, or the worker's assessment of how well she "passes" as a woman. Men's shelters may not be a safe nor desirable alternative. Many women's shelters are working on developing policies on how to best support trans women in residential services. It is illegal (under the Ontario Human Rights Code) for a women-serving agency to deny access to a trans woman based on her trans status.

## HEALTH SERVICES

It makes sense that having access to good health care would improve overall quality of health. Trans women need access to quality care for general health, in addition to some trans-specific needs. Transphobia and a lack of provider knowledge can impact that access, which affects health outcomes for trans women.

Trans women who are seeking transition related care may struggle to find a provider who is knowledgeable about trans-specific care. Trans women living with HIV may have an even more challenging time finding a competent doctor, one who is knowledgeable about trans-specific needs, HIV care, and the ways that hormone therapy and HIV treatment medications may interact. >>

Accessing trans-friendly medical care may be especially difficult for trans women with specific access needs. For example, finding an ASL-English interpreter that is knowledgeable about trans-specific and HIV-specific language, can be very challenging, especially outside of urban centres. Trans women with mobility issues may find a competent provider, but may experience physical barriers to accessing care. Trans women with intellectual disabilities may not have their desire to access medical transition respected by their provider.

While there has historically been a gap in the collection of data about HIV rates among trans women in Canada, changes to the HIV test requisition form in 2016 will allow for more consistent and stronger data. These changes will begin the process of data collection which will allow new opportunities to meet the treatment and prevention needs of trans women. With this new data, HIV testing services have work to do to become more accessible to trans women since historically, 42% of trans women have never been tested for HIV due to fear of transphobic providers and discomfort with gender-segregated testing, with even lower testing rates among trans women of colour (67% having never been tested for HIV).<sup>25</sup>

## MENTAL HEALTH

Negative mental health outcomes are the product of how broader society views and treats trans women, and the ways that trans women internalize these messages and see themselves.

In Ontario, a psychiatric diagnosis of Gender Dysphoria (previously called Gender Identity Disorder) is required in order to receive transition-related care, like hormone therapy and surgeries. In some cases, this has led to pathologizing of trans women. For example, trans women who aren't exclusively attracted to cis men, may have their



**21% of trans Ontarians have avoided accessing hospital emergency care because of the perception that their trans status would negatively affect their experience.**<sup>24</sup>



**96% of trans people have heard that being trans is not normal.**<sup>26</sup>

sexuality diagnosed as deviant and have their motivations for transition questioned.<sup>27</sup> Trans women with histories of mental health issues may have those experiences used against them when they seek support from their medical provider for medical transition. Trans women may be wary of interacting with the mental health system because of this ongoing history.

Media representations would have us believe that trans women are hypersexual. We see trans women depicted in ways that fetishize their bodies, and suggest that their motivations for transition are sexual, or that all trans women are engaged in sex work. In fact, TransPULSE data found that more than half of trans women across the province have not had sex within the last year, and 15% have never had sex.<sup>28</sup>

Trans women would benefit from the opportunity to access trans-competent mental health care. Systemic barriers (e.g. unemployment, lack of affirming programs, etc.) may be part of the reason that more than 60% of trans women in Ontario have experienced depression.<sup>29</sup>

Trans women may be accessing crisis lines, mental health agencies, substance use programs and supportive housing. Some trans women may choose to avoid those spaces, and instead create their own community support programs housed within other, trans-affirming agencies.



**Among the 77% of trans Ontarians that have seriously considered suicide, trans youth are almost three times as likely as their older counterparts to have recently attempted suicide.<sup>30</sup>**

## INCARCERATION

High rates of unemployment, discrimination and poverty make trans women more vulnerable to incarceration. The compounding impacts of colonialism mean that in spite of making up 7% of Ontario's trans population, Aboriginal trans people made up about a quarter of TransPULSE participants who had been in prison.<sup>31</sup> >>

While the impacts of unemployment may lead someone to experience incarceration, the reverse is also true - incarceration can lead to unemployment. Many people find that a criminal record acts as a barrier to employment, and that time spent in prison not only leaves gaps on a resume, but also creates gaps in prisoners' knowledge of new technologies, making them less employable.

The Correctional Services of Canada (CSC) policies state that trans prisoners have the right to a psychiatrist or physician (if and when available), if there are reasonable grounds to believe that Gender Dysphoria exists. This would be up to the discretion of prison staff that may not be competent in making this assessment. For trans women hoping to begin medical transition while incarcerated, they must be able to prove that they were presenting as their current gender for a minimum of one year prior to incarceration (a policy that is not in line with current World Professional Association for Transgender Health - WPATH - standard of care).<sup>32</sup>

Trans women who are entitled to treatment may not receive consistent treatment, in spite of their rights, and this may reverse some of the previously achieved effects of their transition. Losing the ability to "pass" when they return to their life outside of prison may cause real challenges, including increasing unemployability.

Trans women already face higher risk of HIV infection, and the experience of incarceration adds to that risk. HIV infection rates in federal prisons are 15 times greater than that in the general population.<sup>34</sup>

Incarcerated women, and especially Indigenous women, are disproportionately living with HIV. In a study done in the late 1990s, 10% of the HIV-positive prisoners accessing service from PASAN (Prisoners HIV/AIDS Support Action Network) identified as transgender or transsexual.<sup>35</sup>



**"61% [of TransPULSE participants] who had been in prison while presenting in their felt gender were not in the prison appropriate to their felt gender, some or all of the time."<sup>33</sup>**



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# Moving Forward, Making Change

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There are a handful of common concerns, assumptions and fears that prevent trans women from accessing women's services. These are often enforced by workers who may have good intentions, but may not have the tools or exposure to unpack some of the ways that these concerns are problematic.



## **THE AGENCIES I WORK WITH, DON'T HAVE ANY TRANS SERVICE USERS**

There may be a belief that the agencies that you work with, don't have any trans service users, but how can you be so sure? If service users are not identifying themselves as trans, it could be because they don't need to, or it could be that they don't feel safe disclosing their trans status. Workers may be operating under the belief that they would be able to recognize a trans woman accessing services, which relies on a stereotype that trans women all look a certain way. It also puts the worker in the position to be searching for masculine characteristics within trans women, which is rooted in a belief that trans women aren't real women.

If trans women really aren't accessing the services of an agency, it may be that they are uncomfortable, have heard other people share bad experiences about the service, or may have had a negative experience themselves in the past. Many trans women anticipate transphobia, especially when the services are gender specific, which can prevent them from being able to access necessary services. The trans community often shares information about which services are trans inclusive and which are not. Once the community sees that an agency has done the work to become more trans inclusive, they will begin to access services.



## **THE TRANS COMMUNITY IS SMALL, WE DON'T NEED TO PUT IN ALL THIS WORK FOR SUCH A SMALL GROUP**

Is the exclusion of a group of people acceptable because the group is small? While a relatively small group, trans people are no less important than other service users, and deserve to be able to access services to improve their lives. Trans women are protected from discrimination and harassment by the Ontario Human Rights Code, under the section on Gender Identity and Expression.<sup>36</sup>



## **SURVIVORS OF MALE VIOLENCE MAY BE TRIGGERED BY A TRANS WOMAN**

Survivors of violence may experience a variety of triggers, sounds, smells, types of touch and the physical features of others. Survivors accessing services may be triggered by the physical characteristics of other service users or staff, whether they are cis or trans.

**“Supportive services are crucial for all survivors, both [cis] women and trans women, and as they move towards healing, they can and do learn to manage their triggers over time. Supporting this healing process represents more appropriate focus for organization staff resources than attempting to eliminate all triggers - a task which is hardly possible. Ultimately, as part of the diversity of women, trans women have a right to receive women’s services regardless of what their unique bodies might signify to others.”<sup>37</sup>**



## **SHOULD WOMEN’S SERVICES BE ACCESSIBLE TO TRANS MEN?**

Many agencies struggle with the question of whether their trans-inclusive policies should give trans men access to their women’s services. Ideally, trans men should feel safe and comfortable accessing men’s services, but unfortunately, that’s not always the case. The report “Invisible Men: FTMs and Homelessness in Toronto” found that only 11% of trans men experiencing homelessness accessed men’s shelters, with many participants citing fears of safety as their primary reason for avoiding those services.<sup>38</sup> Services for women may not be the best option, as trans men may feel that their dignity and male identity is undermined by accessing those services,<sup>39</sup> but when options are limited, those may be the safer options.

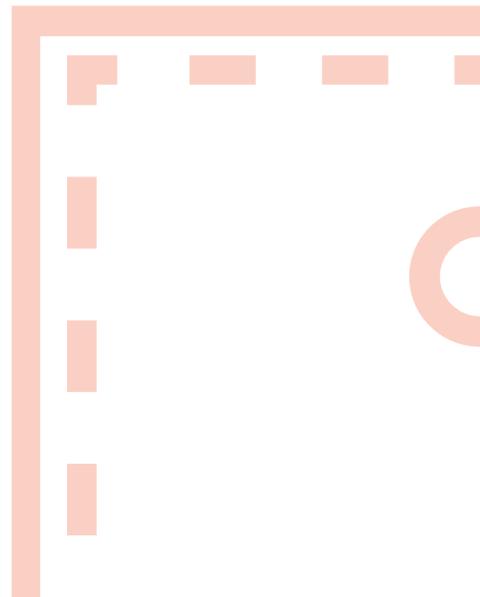
Genderqueer people do not have gender specific services available to them and may also feel that women’s services are a more appropriate or safe option.



## **WOMEN'S SERVICES SHOULD BE AVAILABLE TO TRANS WOMEN AS LONG AS THEY HAVE COMPLETED THEIR TRANSITION AND PASS AS WOMEN.**

For many trans women, “passing” may not be accessible or desired. There are many barriers to accessing transition-related medical care; finding a provider to support the medical aspects of transition might not be possible, and surgeries can be very expensive. We know that trans women experience high rates of poverty, and expensive surgeries may not be an option. On the flip side of that, trans women who do not “pass,” may be more likely to experience workplace discrimination, poverty and transphobia, which may be what is leading them to seek supportive services in the first place. For some trans women, medical transition might not be desired. This does not make them any less women. Expectations of what a woman is supposed to look like are driven by misogyny, and demanding that trans women fit into a particular description of femininity is transmisogyny.

**“It’s worth noting that being excluded from service is itself a form of systemic violence.”<sup>40</sup>**





## OUR SERVICES WON'T BE SAFE FOR TRANS WOMEN.

Concerns about transphobic violence are often cited as reasons for excluding trans women from women serving agencies. The safety of all women accessing a service is critical. If agencies are concerned about trans women being targeted because of transphobia on the part of staff or other service users, solutions can be found in the ways that other types of discrimination (like homophobia and racism) and violence are dealt with. Creating strong policies against violence in all forms will make agencies safer for everyone.

**"We have not received a single complaint that any man has ever put on a dress to get into a women's shelter."<sup>41</sup>**

- Marcus Arana, Human Rights Commission Investigator, San Francisco

## RESOURCES

### **30+ Examples of Cisgender Privilege**

<http://itspronouncedmetrosexual.com/2011/11/list-of-cisgender-privileges/>

### **HIV Prevention and Trans People: What the Trans PULSE Project can tell us**

<http://www.catie.ca/en/pif/spring-2014/hiv-prevention-and-trans-people-what-trans-pulse-project-can-tell-us>

### **“I don’t think this is theoretical; this is our lives.” How Erasure Impacts Health Care for Transgender People.**

<http://transpulseproject.ca/research/i-dont-think-this-is-theoretical-this-is-our-lives-how-erasure-impacts-health-care-for-transgender-people/>

### **It’s Time to End the Long History of Feminism Failing Transgender Women**

<http://bitchmagazine.org/post/the-long-history-of-transgender-exclusion-from-feminism>

### **Opening the Door to the Inclusion of Transgender People: The nine keys to making lesbian, gay, bisexual and transgender organizations dully transgender-inclusive**

[http://transequality.org/Resources/opening\\_the\\_door.pdf](http://transequality.org/Resources/opening_the_door.pdf)

### **Please Stop Saying That Trans Women Were “Born Boys”**

<http://www.autostraddle.com/let-it-go-for-the-last-time-trans-women-were-not-born-boys-255055/>

### **The 519’s Equity Glossary of Terms**

<http://www.cfcollaborative.ca/wp-content/uploads/2011/12/The-519s-Equity-Glossary-of-Terms-Oct-21-11.pdf>

### **Trans Inclusion Policy Manual for Women’s Organizations**

<http://www.transalliancesociety.org/education/documents/02womenpolicy.pdf>

### **Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People**

[http://www.thetaskforce.org/static\\_html/downloads/reports/reports/TransitioningOurShelters.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/TransitioningOurShelters.pdf)

### **Transmisogyny Primer by Julia Serano**

<http://www.juliaserano.com/av/TransmisogynyPrimer-Serano.pdf>

### **Trans Resources for AIDS Service Organizations**

[http://www.cdnaids.ca/files.nsf/pages/resources/\\$file/RESOURCES.pdf](http://www.cdnaids.ca/files.nsf/pages/resources/$file/RESOURCES.pdf)

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<http://www.rainbowresourcecentre.org/wp-content/uploads/2011/09/TwoSpirit.pdf>

### **What Transmisogyny Looks Like**

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