

Understanding Transgender and Gender-Diverse Communities



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Introducing transgender communities

The first key to understanding the transgender community is recognizing that there is no single, unified transgender community.

Transgender communities are incredibly diverse, and this diversity comes with a wide range of often complex experiences, needs and outlooks. It is rare for any generalization to apply to the entire spectrum of trans communities. What applies to one transgender person and their relationship to their gender identity does not necessarily apply to all, or to even many. To get a genuine understanding of trans communities, it is crucial to abandon assumptions and embrace the full diversity of trans experiences.

If there is no unified transgender community then why do so many different groups of people all use the word transgender to describe themselves and their identities? The reality is that the word transgender is fairly young, at least in its contemporary usage. Transgender identity has its origins in the late 80s, as the term was advanced by activists as a way to unify a wide range of different gender-diverse communities, all struggling for rights, visibility, and survival in a world that largely treated gender diversity with fear, hostility, and disgust.

Transsexuals and transvestites (the latter now considered a slur) constituted the largest of the two identities who were intended to fall under the transgender umbrella, together with certain subsections of drag queens, butches, two-spirit people, intersex people, and countless others. Each of

these constituent identities has its own unique history, many of them originating as umbrella identities themselves, conglomerations of still older gender diverse identities.

“Transgender” proved to be a very useful umbrella term for gender-diverse people, facilitating cooperation towards political goals of mutual interest, such as in advocating for protections against discrimination and pushing for medical autonomy. In fact, it was so effective that just a few short years after the popularization of transgender identity the initialism GLB (gay, lesbian, bisexual) was expanded to the now ubiquitous LGBT, uniting gender and sexual minorities under a still wider umbrella identity. This allowed for even more effective advocacy and foreshadowed still further efforts towards inclusion and solidarity between people of diverse gender and sexual identities, in all their myriad forms.

This quick dip into transgender history has probably left you with more questions than answers and that is okay. The most important lessons to take away from this discussion are:

- 1) While the words gender diverse people use to describe themselves have evolved, and will likely continue to evolve, gender diversity is a part of normal human variety
- 2) As long as there have been rigid structures of gender there have been those who bucked the identities forced upon them.
- 3) The ones who understand gender diverse people best are gender diverse people themselves.

Statistics: Their uses and their limitations

Recognizing that transgender people are anything but a monolith, it is still important to

ask: what proportion of the population falls under the transgender umbrella? Unfortunately, there is no exact answer to what seems like a simple question. The 2020 Census was the first in Canadian history to acknowledge transgender existence. It did this by asking people to specify both their “sex at birth” and their “gender now.” By cross-referencing responses to these two questions, Statistics Canada arrived at the conclusion that 0.24% of Canadians are transgender, their first attempt at determining how many Canadians are transgender.

While this is an historic first step, the approach taken by Statistics Canada is highly problematic and the agency has a lot farther to go. Many transgender people dislike being forced to identify within cissexist, binary conceptions of assigned sex and several have stated publicly in interviews with news media that they skipped the question on “sex at birth.” This would explain why Statistics Canada arrived at an estimate of Canada’s transgender population that is far lower than that suggested by previous studies, such as a 2016 American study by the Williams Institute that estimated 0.58% of the American population was trans.

The figure given by the Williams Institute, despite being more than double the estimate arrived at by Statistics Canada, likely still undersells reality. Even in a perfect world, where the agencies and academics tasked with collecting statistics did so in the most inclusive possible manner, there would still remain an unknown number of people choosing to conceal their transgender status out of very real concerns of harassment, discrimination, and violence. No matter the level of respect afforded from the top-down level, the reality is that an unknown number of trans people will likely remain invisible as long as discrimination persists throughout society at a grassroots level, manifested in the day-to-

day lives and experiences of trans people.

Ultimately, this makes it impossible to ever arrive at a statistic that reflects the full breadth of transgender communities, at least while transphobia and discrimination remain societal realities. Still, the agencies and academics tasked with arriving at those statistics have a long way to go in making what statistics do exist more accurate and inclusive. Perfect statistics might be beyond reach, but they can certainly do better than they have done so far.

While there may never be exact statistics on the whole of the transgender population, the picture painted by targeted studies shows a community beset by injustice, discrimination, and marginalization in virtually all corners of society. The Trans PULSE Project remains the best source of statistics on trans realities in the Canadian context. Running from 2009 to 2010, Trans PULSE surveyed 433 trans people from across Ontario, compiling a tremendous amount of data on the challenges trans people face in Canadian society. Trans PULSE Canada released their most recent national study which collected survey data from 2873 trans and non-binary people in 2019 and continues to share new reports and findings which are, as mentioned, some of the best collections of trans data sources in Canada.

The results show beyond a doubt that trans people are discriminated against in every imaginable context, from university campuses where 58% could not get academic transcripts with the correct name/pronoun, to medical care where 40% had experienced discriminatory behaviour from a family doctor at least once and 10% having been denied emergency room care with another 25% being ridiculed by emergency room service providers because they are trans.

Crucially, trans people reported systematic

discrimination in the area of employment, with 13% having been fired for being trans and another 15% being fired, and believing it might be because they were trans. Without stable access to employment trans people have unequal access to the expensive necessities of life, crucially including housing. The participants in the Trans PULSE Project had a median income of just \$15,000 per year, with 34% of those surveyed living in households with income below the Statistics Canada Low Income Line. Given that 44% of those captured in this data set had a post-secondary or graduate degree, this represents severe underemployment.

Statistics show that trans youth have difficult lives too. A 2019 study conducted by the University of British Columbia found that 28% of those surveyed reported “being physically forced to have sex when they did not want to,” while “almost two thirds of the trans and/or non-binary youth who took the survey told us that they have self-harmed (64%) and/or seriously considered suicide (64%) within the past year.” Clearly growing up trans is frequently a dangerous and traumatizing affair.

This brief introduction has hopefully provided you with an understanding of who trans people are, the hardships faced by trans communities, and the negative effects those hardships have had on the safety and well-being of trans individuals and communities. This document is our attempt to reckon with the stark reality painted by these statistics, and ideally you will come away from this document with a better understanding not just of the problems faced by trans people but with concrete tools with which to address these problems, whether they are being faced by you, your loved ones, or your clients.

Minority Stress, Intersectionality, and the Health Effects of Marginalization

The compounding effect of these socio-economic factors take a heavy toll on the health and well-being of trans people and their wider communities. In 2003 American psychological epidemiologist Ilan Meyer coined the term “minority stress” to describe the strain suffered by those subjected to prejudice and social exclusion on the basis of their identity or intersection of identities.

Social exclusion and discrimination are sadly the reality for the vast majority of trans people and minority stress serves as a useful framework for connecting the prejudice trans people experience to the real damage it does to the health of trans bodies. Over time minority stress leads to negative health outcomes, and this is certainly the case for trans people as its effects range from elevated levels of anxiety and depression, to higher rates of suicide and self-harm.

The previous statistics refer to trans adults, but the situation is sadly much the same for trans youth. “Most trans and/or non-binary youth (63%) reported experiencing severe emotional distress,” with the preventative factors for this distress being supportive families, safe schools, and/or access to legal name change, all factors that work to reduce minority stress by cultivating a sense of social inclusion.

The effects are even greater on those who experience multiple vectors of minority stress, particularly for those who are marginalized for both their race and their gender diversity. While there has been little research focusing directly on people living in the intersection of racism and cissexism/transphobia, what research exists paints a

disheartening picture. The Report of the 2015 U.S. Transgender Survey found that while trans people broadly were twice as likely to be living in poverty as the general population, when the sample is limited to just trans people of colour that ratio skyrockets to over three times the general population.

Closer to home, the 2018 OutLook Study, which surveyed LGBTQ residents of Waterloo Region found that racialized newcomers to the region were 20% less likely to be out to their primary care provider as compared to Canadian born residents, while non-racialized newcomers to the region were only 3% less likely to be out to their primary care provider. Given that inability to access healthcare is one of the leading risk factors for trans suicide, this disparity is a serious one.

The situation for transgender indigenous people is also very concerning. Trans PULSE found “High levels of poverty (47%), homelessness or under housing (34%) ...” among their indigenous respondents. Furthermore, 61% reported at least one unmet health care need in the past year, and most participants experienced violence due to being trans, at a disturbing 73%.

There is little quantitative research comparing the experiences of rural trans people to those in urban areas but what qualitative data exists suggests that those who live in rural areas suffer from isolation and lack of community support. Without the density of queer and trans people that exists in major urban areas, many inclusive reforms to local service provision are still being constructed in rural communities, forcing residents to commute long distances to access services like trans inclusive healthcare, informed therapy/counselling, and/or community spaces.

Disabled trans people face a unique cocktail of challenges stemming from the interrelated

forces of transphobia/cissexism and ableism. Both discriminatory attitudes are strongly present in the medical system, as many practitioners still hold paternalistic and harmful ideas that research has shown to lead to worse outcomes for their patients. The 2015 US Transgender Survey found that 42% of disabled trans people had a negative experience with healthcare professionals in the last year, 12% more than non-disabled trans people.

The same survey showed that 42% of disabled trans people avoided medical treatment because of the cost in the last year, as compared to 33% of trans people generally, leading into the most universal experience of those subject to social exclusion and minority stress: poverty. Virtually every quantitative study ever conducted has shown that transgender people experience a massively inflated rate of poverty. The 2015 US Transgender Survey is one of the largest such study and it pegged the transgender poverty rate at 29%, more than double the baseline 12%. Smaller, more targeted studies like Trans PULSE often return even higher numbers, showing that the problem of transgender economic disempowerment is one that stretches beyond any particular jurisdiction or demographic subdivision.

Poverty negatively impacts every aspect of people’s lives. Housing insecurity is one of the most dire of these impacts, with 30% of trans people reporting being homeless during their lifetime. But even in Canada, where healthcare user fees have been massively reduced if not abolished in most cases, poverty impacts both the ability of people to access healthcare, as many cannot afford to travel to access trans competent care. Furthermore, trans healthcare remains one of the areas of Canada’s single-payer system with major gaps, as procedures such as facial feminization surgery, laser hair removal,

and hormone replacement therapy are left to private insurance to pay for, and they are excluded from many private plans as well.

Private health insurance is conditional on employment, as is the income of the vast majority of people. But trans people do not enjoy equal access to employment, with Canadian, Australian, and American studies reporting the trans unemployment rate at three times the baseline. To quote one of those studies, “The impact of employment on mental and physical health, socioeconomic status and quality of life is profound.”

Given that many trans people live in poverty, and are therefore unable to access medically necessary healthcare, making transition related healthcare inaccessible to many, despite proven mental health benefits. Trans people are also more likely to experience under-employment.

Without employment access to resources crucial to positive health outcomes such as food, housing, and healthcare, become insecure, leading people to spiral into deeper and deeper marginalization. And so, securing equal access to employment for all trans people is of crucial importance to combating poverty, social marginalization, and all the innumerable effects those forces have on trans people around the world, especially for those who are disabled, who experience racial discrimination, who are housing insecure, and/or who live in rural areas.

Gender-Based Violence and Trans Communities

Trans and gender diverse people are disproportionately impacted by Gender-Based Violence (GBV) and Intimate Partner Violence (IPV). Women and Gender Equality Canada defines GBV as “violence based on gender norms and unequal power dynamics, perpe-

trated against someone based on their gender, gender expression, gender identity, or perceived gender. It takes many forms, including physical, economic, sexual, as well as emotional (psychological) abuse”, and Intimate Partner Violence as “Physical, sexual, emotional (psychological) or financial harm done by a current or former intimate partner(s) or spouse(s)”.

Based on the Trans Pulse survey conducted in 2018, 84% of trans people avoid at least one public space due to fears of harassment and discrimination. In the past five years, 68% of trans people have experienced verbal harassment, 37% have experienced physical intimidation or threats, 16% have experienced physical violence, 42% have experienced sexual harassment and 26% have experienced sexual assault. Racialized trans people are disproportionately impacted by violence and harassment, with 72% experiencing verbal harassment, 41% experiencing physical intimidation, and 49% experiencing sexual harassment, all in the past five years.

While there is little evidence available on the prevalence and impact of IPV on trans and gender diverse people, an American study found that 8% of trans men and 16% of trans women had experienced physical abuse within a sexual or romantic relationship in the last year.

Trans people also experience different forms of gender-based and intimate partner violence than cisgender people. For example, an abusive partner might mock trans people for their gender presentation, mock particular body parts that they are sensitive about, or might impede access to objects and tools that are central to an individual’s gender expression, such as binders, or transition-related medication such as hormones.

Experiences of gender-based violence and intimate partner violence have a negative im-

pact on trans people's mental health and well-being. Experiences of such violence are a poignant reminder to trans people that their safety is never guaranteed. The interaction of social stigma, inadequate legal protections, punitive policies and a lack of trans-inclusive counselling and support programs results in significant barriers and disproportionate rates of poor mental health in trans communities. As well, research indicates that experiences of IPV are associated with poor mental health outcomes, including depression, suicide ideation and post-traumatic stress disorder.

