

*Trans Inclusion Policy Manual
For Women's Organizations*

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for the
Women/Trans Dialogue Planning Committee
and the
Trans Alliance Society*

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1 Introduction

Purpose of this Manual

Trans and intersex people have been profoundly stigmatized by mainstream North American society, rendering them especially vulnerable to violence and discrimination. This marginalization has included denied access to basic services, including most women’s services. Indeed, the inclusion of trans and intersex women in women’s organizations has been the subject of heated debate for decades. At times these debates have divided women’s organizations and women’s communities.

However, the recent explosion of information and awareness of trans and intersex issues has led many non-trans women¹ to re-think trans and intersex inclusion.

Trans activists and their allies have successfully focused attention on the discrimination experienced by trans people and their right to be recognized for who they are. New language has evolved to articulate trans experience and a new understanding of

Terminology can be confusing.
Please refer to Appendix A, p. 104

gender has developed: one which shakes the core of unquestioned assumptions. Many non-trans women have enthusiastically embraced this new knowledge and awareness, while others continue to respond with fear and suspicion. Currently, women’s services occupy a range of positions on trans inclusion. Some continue to oppose it, believing that such a change will undermine women’s services. However, many more are eager to welcome trans and intersex women into their agencies, though they may be unsure of how to go about doing so.

This manual was written to assist women’s services, including transition houses,

¹ Non-trans women’s gender identity and presentation typically match their assigned sex (female).

sexual assault centres, and women’s centres, in developing trans inclusive policies. It is designed for services with a desire to begin the process of creating inclusive and accessible organizations.

The authors of this manual are lesbian feminists who have worked with numerous women’s organizations (mostly in Ontario) for more than two decades; including sexual assault centres, transition houses, International Women’s Day coalitions, services for women in conflict with the law, and women’s centres, to name a few. We believe there is a continuing need for women-only organizations and that all women, including trans and intersex women, have the right to shape and benefit from these organizations. At the same time, we are acutely aware that some people, including trans-men and pan-gendered² people, may need the services that women’s organizations provide. Therefore, we will suggest some ways that your organization may choose to meet those needs. We feel that women’s organizations are particularly well-suited to serve trans people, having had decades of experience with gender-based oppression.

Comments on Language

“Trans” is used in this manual as an umbrella term to encompass all those who cross socially constructed gender boundaries with a gender identity, presentation, or behaviour not typically associated with their real or perceived biological sex. This also includes people who may not identify themselves as trans, but who are seen as trans by others. We use the term “trans” instead of “transgender” because some transsexuals believe that “transgender” erases their identity. “Trans-women” refers to all trans people who identify as women. Although this term typically includes intersex women, we refer to “trans and intersex women” deliberately in order to raise awareness. Intersex women are

² Pan-gendered refers to those who may identify as sometimes being male, sometimes female, both, or neither.

often invisible in discussions of trans-women; hence, their particular issues and needs are often neglected. An elaboration of these definitions can be found in Appendix A.

Implications of Policy Development

As most of you know, inclusiveness and accessibility are not achieved with the production of a written policy. The policy itself is actually a small part of the work, most of which is undertaken before and after writing the document.

Therefore, embarking on policy development means committing to a process of education and change for all members of your organization. It obliges you to undertake community development and to forge new alliances with trans and queer communities. It also requires preparation for a possible backlash from some who may insist that you maintain the status quo. This may come from within your own organization, from other women's organizations, or from the community at large. However, most women's organizations are familiar with these hurdles and responsibilities.

A prerequisite for change in any organization is a strong commitment.

Wholehearted support from every member of an organization is rarely achieved, regardless of the issue. However, a desire for change on the part of most members, and a strong commitment from those in positions of authority, is a necessary and realistic goal. Without this foundation the process may be repeatedly stalled, if not directly undermined, by those opposing change.

We want to remind you that trans and intersex people already exist within women's services, whether they are visible or not. Trans-men who have closely identified with women's or lesbian communities have been involved in the development and delivery of women's services for decades. Trans-women, including visible butches and not-so-visible trans and intersex women, have also

been working within these organizations. Some have simply not identified themselves as being trans. Consequently, we ask you to consider the impact of your discussions and decisions on those directly affected by these issues as you engage in the process of change.

Organization of the Manual

As you read through the manual, you may need to refer to the Terminology section, available in Appendix A. However, if you find that most of the information in the manual is new to you, you may want to consult other resources before proceeding further (see the chapter on Resources). An understanding of some basic trans issues, such as the diversity and fluidity in trans communities, the process of transitioning, and the concept of transphobia, will be helpful prior to policy development.

We begin this manual with a brief look at the history of dominant Western feminism in relation to trans communities. The transphobia in women's communities, and the anti-trans arguments put forward by some feminists, are outlined to give a historical and social context for the changes you are considering. The exploration of gender in Chapter 3 provides the conceptual foundation for the rest of the manual and for building your policies. The breaking down, or deconstruction, of gender has been at the heart of feminism. It has helped us to understand what was long suspected: that gender is a largely a social construct, influenced by racism, heterosexism and other forms of oppression, and designed to reinforce men's positions of power over women. The examination of gender in this manual carries this feminist tradition a step further, breaking down both gender and sex, and forcing us to question entrenched assumptions. The experiences, needs, and rights of trans people flow from this reconceptualization of gender and sex.

The routine harassment, denial of services, and violence experienced by trans and intersex people is outlined in Chapter 4 and leaves little doubt about their need for access to women's organizations. In addition to the need for trans inclusion from a social justice perspective, human rights tribunals are clarifying the legal rights of trans people. The chapter on human rights and legal aspects describes some relevant human rights cases and legal considerations when creating new policies. Guidance in establishing policy is contained in the subsequent two chapters. We offer the steps needed prior to developing a policy, followed by suggestions for writing and implementing a policy. The manual closes with some responses to frequently asked questions, a variety of resources, a glossary, and a sample policy.

Limitations of the Manual

A significant limitation to this manual is the fact that neither of its authors identifies as trans. Thus, we lack the understanding of trans issues that only comes from lived experience. We are, therefore, indebted to the trans people in BC, and in our community, who agreed to comment on earlier drafts of the manual. Their generous and thoughtful feedback was indispensable.

A second limitation concerns the needs of trans people who do not identify as women. Women's organizations exist within a gender system that creates and perpetuates polarization. The continued need for some gendered services (e.g., for women given the level of male violence) means that some desperately needed services are not available to those who do not identify as women. Although we discuss some ways that women's organizations may include those not identifying as women (such as trans-men, pan-gendered people), our exploration of this area is not extensive, given the nature and scope of this project. It is not our intention, or desire, to further marginalize trans-men and pan-gendered

people. We have found the process of addressing trans inclusion within the existing gender system both personally and politically challenging.

A third limitation is that the gender analyses we present are derived from, and are geared to, dominant Western (and especially North American) feminists and feminist movements. The nature of feminist movements around the world vary enormously in their priorities and, for some, in their relationship to trans people. Further, within Canada there are feminist groups which are not accurately characterized by the generalizations that we sometimes describe. Similarly, understandings and expressions of gender are extremely variable across time and cultures. In writing this manual we have used many mainstream North American stereotypes and assumptions to illustrate the past, and continuing, influence of the dominant culture's conception of sex and gender. We do this with the awareness that considerable variability exists in this country, and that there are cultures in Canada which understand gender, and gender expression, differently than the dominant system.

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2 *Feminism and Transphobia*

Before moving ahead, we feel it is important to acknowledge, and to understand, feminism's history with trans communities. Although there are always exceptions, dominant Western feminists have typically excluded trans people from organizations, groups, and discussion tables. Trans-women and drag queens have been accused of mocking - if not undermining - women's struggles by perpetuating what was thought to be conventional femininity. Trans-men and butch women were seen as identifying with the enemy and were denounced for refusing to hide their masculinity. All were accused of false consciousness and were marginalized, even reviled, by mainstream feminism.

"If a pre op transsexual, a post op transsexual, a butch lesbian, and a person who identifies as pan-gendered are all kicked out of the same washroom on the same day because a non-trans woman has complained to security that there are men in the washroom, should all of them be able to file a human rights complaint? The answer was a resounding yes. For one thing, from the point of view of the person doing the discriminating, they (literally) can't tell the difference!!" (Christine Burnham, 1999, p. 1, *Trans/Action Resolution*, Proceedings of the Transgendered Justice & Equality Summit, Vancouver)

Paradoxically, much of feminism is anchored in the separation of biology and gender. But while most feminists challenged biology as the basis of gender roles, anti-trans feminists used biology as the basis for discrimination against trans people. During the period in which many women's organizations were being established, feminists were generally well-versed in many aspects of gender (including some biological variations). However, most were wholly unaware of gender identity as a concept separate from biological sex.

It was simply assumed that those who looked like women, also “felt” like women and those who looked like men, did not. Gender identity was rarely questioned and it did not occur to most non-trans feminists that they were building communities alongside some women with penises and some men with vaginas. It was only when *visible* trans and intersex women approached women’s organizations, only when their *appearance* challenged their understanding of “woman” that it became an issue.

In the age of identity politics, many political, cultural, and ethnic groups have wrestled with the issue of inclusion and criteria for group membership. In the search for defining criteria, discussions have often gotten ugly. For example, during the 1980s, women wrangled over who had the right to call themselves lesbians. Does sexual experience with a woman define a lesbian? If so, do you have to prove it? Does a one night stand get you into the club, even though you were just “experimenting?” These types of complex, and often offensive, discussions led most (though not all) groups to the conclusion that inclusion must be based on self-definition.

Feminists are not strangers to the need for self-definition. As women began to claim the right to dress in clothes of their choosing, work in male dominated jobs, and control their reproduction, they were constantly told by mainstream society that they were not “real” women. They were bad women, they were evil women, they were women trying to be men and, apparently, they were all lesbians - who were not women at all! Anti-feminist men and women felt entitled to define *for women* the category of woman. The definition was based on codes of appearance and behaviour which suited their purposes. However, women refused to be defined by others, knowing that real women wear overalls and dresses; have hairy and shaved legs; ride bicycles and motorcycles; and desire

other women and men. Women embraced their diversity and reclaimed those characteristics considered to be stereotypically masculine (such as assertiveness and self-sufficiency) as well as feminine (such as nurturance and compassion).

"I just want people to understand that women can be a rainbow of things and not lose any idea of being a woman." (Debbie, body builder & power-lifter, in Feinberg, 1996, p. 137)

Feminist research also established that the biological differences between women and men are rather small and do not account for the substantial differences in gender roles and status. Yet for many, just under the surface of this political and intellectual deconstruction of gender, was a bedrock of essentialism: the belief that somehow women were *naturally* more moral, peace-loving and egalitarian than men. This was openly celebrated by cultural feminists³ and secretly embraced by others. And so, when courageous trans-women began knocking on feminism's door, some feminists returned to anti-feminist arguments, based in biology and appearance, to justify installing the lock.

A good example is Janice Raymond, a vehement anti-trans feminist.⁴ Her now classic text, *The Transsexual Empire* (1979), reflects many myths associated with trans people and raises anti-trans arguments that are still heard in some feminist circles. Raymond denies the reality of cross-gender identities and insists that transsexuals did not exist prior to the advent of hormone therapy and sex reassignment surgery (SRS).⁵ Although the medical technology is relatively

³ Cultural feminists stress qualities that tend to differentiate women from men, such as women's tendency to be more nurturing.

⁴ Other prominent anti-trans feminists include Sheila Jeffries and Mary Daly.

⁵ For an excellent critique of Raymond, see Pat Califia's (1997) chapter: The backlash: Transphobia in feminism.

new, trans people have existed in ancient and modern societies throughout the world, for as long as anybody else. Raymond, nevertheless, describes transsexuals as creations of the patriarchal medical establishment. She bases her arguments on biological sex and relies on a single marker of sex, chromosomes, to define both sex and gender. Speaking of transsexual women, she writes,

If chromosomal sex is taken to be the fundamental basis for maleness and femaleness, the male who undergoes sex conversion surgery is *not* female (p. 10). Transsexuals are *not* women. They are *deviant males* (p.183).

In addition to being transparently hostile, Raymond's analysis is simplistic. As discussed more fully in the next chapter, chromosomes are but one of several markers of biological sex, and there is often incongruity within and between these markers. Perhaps more relevant though, is Raymond's disregard for the fact that gender is consistently understood as encompassing much more than biological sex. Gender roles and presentation have always been included in the definition of gender; sex and gender are used interchangeably, in courts and in everyday life.

Anti-trans proponents have also expressed deep mistrust of the motives of trans people who wish to live in their felt gender:

Ultimately, female-to-constructed-male transsexuals are the "final solution" of women perpetrated by the transsexual empire. Male-to-constructed-female transsexuals attempt to neutralize women by making the biological woman unnecessary -by invading both the feminine and feminist fronts (Raymond, p. xxiv-xxv).

Transsexual women have been accused of trying to "possess female creative energies" through sex reassignment surgery and to "penetrate" both women and

women's spaces (Raymond, 1979). Trans-men have been accused of opting out of women's oppression to possess the riches and power associated with male status. Raymond refers to trans-men as "the token that saves face for the male transsexual empire," alluding to the tokenism experienced by women within male systems (p. 27).

"The current phraseology is 'women born women.' We're told that only 'women born women' are allowed into some space. Well, that's a problem. Aside from the obvious absurdity of a newborn infant being called a woman, the phrase 'women born women' just throws us back into the what's-a-woman question." (Kate Bornstein, 199, p. 82-83)

Conspicuously absent throughout these discussions is the actual experience of trans people. Anti-trans feminists appear to believe that trans-women will happily subject themselves to (often lethal) transphobia, the loss of assumed male privilege, and the devastation in one's life that comes from transitioning, in order to join the local women's centre! Let's face it, women's groups are just not that compelling. They also suggest that trans-men who choose to transition are welcomed with a free membership into the old boys' club and a red carpet to the pinnacle of power. Although many trans-men do pass well on the street, they are often in great physical danger from non-trans men. They face enormous transphobia and risk the loss of employment, family and community. The loss of community is profound for trans-men who have lived in women's communities. If upon transitioning they are expected to move out, they lose access to services, groups, and community events that they may have helped to create. In short, no one chooses this path lightly: there are few material benefits and substantial tangible losses.

Finally, it has been suggested that trans-women cannot be women, or in women's communities, because they have been socialized as men. Some non-trans women question if trans-women can understand what it's like to be a woman, not having shared women's experience. Some also fear that they will bring a male sensibility, or sense of privilege, into women's spaces. These are reasonable questions for feminists to ask, but they are based in assumptions, rather than trans-women's experience. Although we know a great deal about the socialization of girls and women in general, we also know that there is tremendous variability in the lives of individual girls and women. Social class, race, ability and ethnicity are just a few of the variables that will influence how girls develop and what they learn about being women. Within each of these categories, and within the various combinations of these factors, are also

"It's beautiful,' I exclaim. It is, in fact, a particularly fine watch my father has just bought for my seventh birthday, the jewelled face throwing back at me the summer's sunlight. 'It's... it's...,' I hesitate, searching for just the right word, 'it's divine.' I breathe happily. My father's face comes up sharply, his pupils narrowing. 'Boys don't say divine.' And he watches me, his head cocked slightly to one side. I open my mouth to question this unfathomable statement . . . but there is something hard in his voice and his eyes. Suddenly, my pleasure evaporates and is replaced entirely by fear. I know if I question him I'll probably get the palm of his hand." (Riki Anne Wilchins, 1997, p. 1)

differences that result from individual experiences. Not all women are raised to be unassertive, dependent, and nurturing. Biologically-based events (such as childbirth and menstruation) are not experienced by all non-trans women. And many non-trans women are anti-feminist and entirely unsuited to working with other women. So, although we can talk generally about female socialization, we cannot predict, with any certainty, the attitudes or skills of a particular woman. We know even less about how a male-born girl is socialized. Growing up believing that you are a

girl, and being treated as one, must differ enormously from growing up believing you are a girl, and being treated as if you are a boy. Trans-women have described their wish to be with the girls as children, their difficulty fitting in with the boys, their humiliation when forced to take on a male role, and their refusal to relinquish what are considered “female” characteristics - even in the face of punishment. Trans-men have also talked about selectively choosing (when possible) the “best” human qualities associated with both female and male gender roles. These accounts seriously undermine any simplistic understanding of gender socialization. In fact, we may find that a “mixed gender” socialization process provides trans and intersex women with the very skills and insights that non-trans women have been working so hard to obtain.

It may be true that some trans-women have had a greater sense of entitlement in certain areas of their lives if they conformed to male gender expectations for many years, particularly if they are white and middle class. It is also true that many lesbians live as heterosexuals before coming out; yet, no one suggests that they be excluded from lesbian communities because they were socialized as heterosexuals and enjoyed decades of heterosexual privilege (Feinberg, 1996). Along with any privilege gained from having male biology, trans-women endure the fear and punishment that comes with being trans. Many trans people live in constant fear of being discovered and losing employment, housing, services, family and children. As many lesbians and gay men know, hiding one’s identity reinforces a deep sense of shame and seriously limits one’s sense of entitlement.

However, if a trans or intersex woman behaves in ways that interfere with work or service-provision, then she needs to change that behaviour, as would any non-trans woman. Feminism is deeply invested in people’s ability to change and

there is no reason to believe that trans or intersex women are limited in this regard. Individual women, trans and non-trans, span the range of personality types. Those who worry about trans-women trying to “dominate,” simply need to reflect on the many non-trans women who have attempted to control agendas and organizations in the past.

No discussion of trans exclusion would be complete without mention of the controversial policy of the Michigan Women’s Music Festival.⁶ Although the policy has been modified somewhat over the years, the festival remains essentially closed to the trans community. The current policy describes the festival as “an event intended for womyn who were born and who have lived their entire life experience as female - and who currently identify as a womon.” In this way, the festival excludes even trans-women who are “legally” women. In the past, women who were perceived as trans (those who didn’t pass) were denied entry or forced to leave. The present policy does include a commitment not to question a woman’s gender during the festival (thus taking the focus off appearance), but entry is denied to anyone who self-identifies as a transsexual woman or man. This “don’t ask, don’t tell” policy means that as long as no one fesses up, presumably anyone can revel in the womyn-born-womyn event! We are not suggesting that the dilemmas posed at this festival, or in women’s organizations, are easily resolved. But to ask people to hide, or lie about, their identity is a distinctly “unfeminist” solution.

In response to the festival’s discriminatory policies, and to increase awareness of trans issues, Camp Trans⁷ was established in 1991 outside the festival gates. It offers education on trans issues to those at the festival through workshops and discussion.

⁶ This music festival, held annually since 1975, attracts close to 10,000 women.

⁷ For more information, see the Camp Trans Planning Committee at: www.camptrans.com.

Is the oppression of trans people a women's issue? Some argue that it's not and that women should not always be expected to take on "other people's" issues. However, we should not forget that, not so long ago, some white feminists argued that racism was not a women's issue either. Women of colour have always known that racism and sexism are intimately linked and that neither can be addressed in isolation. Sexism and transphobia are also interlocking and transphobia may be one of sexism's most powerful tools. The oppression of women is grounded in the presumption of two distinct genders: the clearer the distinctions, the better. And like lesbian-baiting, transphobic harassment is meant to threaten everyone - to keep us all in line.

Feminisms are built on women's experience (the personal is political). An understanding of gender discrimination was gained by listening to women; and we have learned that we run into trouble when we fail to listen closely and respectfully. Feminists have not been listening to trans and intersex women and have much to learn about their lives and about gender oppression. Trans people suffer discrimination from the same gender-based system as all women, and in many of the same ways. Social justice for women will not be realized until all forms of discrimination are eliminated, including transphobia.

3 *Exploring Gender*

And then I found out that gender can have fluidity, which is quite different from ambiguity. If ambiguity is a refusal to fall within a prescribed gender code, then fluidity is the refusal to remain one gender or another. Gender fluidity is the ability to freely and knowingly become one or many of a limitless number of genders, for any length of time, at any rate of change. Gender fluidity recognizes no borders or rules of gender. (Kate Bornstein, 1994, p.52)

One of the strongest held convictions in our society is that sex, and therefore gender, can be neatly divided into two, mutually exclusive categories. The divisions between male and female are thought not only to be self-evident, but also innate. Society dictates that we must all fit into one of the two genders, even if we have to be stuffed into them yelling and screaming. Our gender is assigned to us before we have the opportunity to voice an opinion, by someone taking a cursory look between our legs and exclaiming, “It’s a boy!” or “It’s a girl!” Once our gender has been “determined” by powers beyond our control, we are saddled with baggage that we will be required to carry for life. Contained within these bags are expectations of how we will act, what we will do with our lives, how we will look, how we will interact with others, and who we will love. All this before we even have the chance to catch our breath! Gender assignment maps out the expected course of our lives and we have little to say on some of the most important aspects of it.

Immediately after our traumatic entry into the world, we start to receive extensive training to become skilled at being a “him” or a “her.” For some people this seems to come naturally; for others, it is an excruciatingly painful experience of

being shoved into a space that simply doesn't fit. But whether or not we fit the role we were assigned, we cannot help learning what is expected of us. We all learn what it means to be a boy or girl, even if some of us can never quite align our feelings with the required behaviour. For little girls who don't want to play with dolls or their Easy Bake Ovens, and little boys who covet their sister's velvet dresses and Bridal Barbies, childhood can be a nightmare that becomes all the more horrifying with the move into adolescence and adulthood.

The institution of gender has allowed for some deviations from the norm, but has maintained a steadfast belief in its binary nature. Men, for example, can now be nurses and have their ears pierced; and women can be truck drivers and keep their hair short. But the system does not seem able to accommodate people who defy categorization, either biologically or socially. Some people identify as male, even though they have female biology. Some identify as female, though they have male biology. Others don't identify as either male or female and just plain resent questions about their sex. There is much greater diversity in human biology and gender than most people imagine. Or, as Shakespeare so eloquently put it, "There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy" (Hamlet).

All of this then begs the question: What exactly is gender? Is it a set of predetermined traits, predicated on sex characteristics? Or is gender the sum of human potentials that have been arbitrarily divided, with some assigned to those with penises, and some assigned to those without?

Defining Gender

Gender can be conceptualized as two, polarized categories comprised of five elements: sex, identity, presentation, roles and experiences. If all of these

actually lined up the way the system suggests they should, you wouldn't be reading this manual. But the binary system has a few problems: sex and identity don't always match; presentation can have little to do with roles; and so-called gender-specific experiences are not necessarily universal.

Most people tend to equate sex with gender, as if they were one and the same thing. However, **sex** refers to the biological make-up of a person, as signified by relative amounts of hormones (estrogen or testosterone) and chromosomal markers. Sex is usually determined by the status of our genitalia, although occasionally chromosomal testing is done - and when that fails, good old guessing comes into play.

We imagine a dividing line with penis, scrotum, testicles, testosterone, and XY chromosomes on one side, and clitoris, vagina, uterus, ovaries, estrogen and XX chromosomes on the other. But were we to look between the legs and into the chemical and chromosomal makeup of real people, we would see that nature often refuses to abide by that tidy division (Martha Coventry, 2000, p. 3).

If sex is what is between our legs, **gender identity** is what is between our ears. Gender identity is the internally felt sense of being male, female, both or something else. It answers the question, "Who am I?" Unlike our physical bodies, our identities are as invisible as our personalities (at least until you get to know us). Our sense of ourselves as gay, lesbian, bisexual or heterosexual is also an identity that exists between our ears. It remains hidden from others unless it is articulated or expressed in some way.

Gender presentation is how we express our gender identity to ourselves and to the world. It is what we wear on the outside. Gender presentation includes things such as clothing, body decorations, body language, speech patterns, and

how we engage others. Gender presentation is aided by the fact that we attribute gender to objects, as well as people. Baseball caps and work boots are boys' things; skirts and hair curlers are girls' things. We generally don't think to ask people what their gender identity is, we think we know it by how they adorn themselves.

Who Wears the Pants?

A British schoolgirl has won an out-of-court settlement against her school in a two-year tussle to wear trousers instead of skirts to class. Jo Hale, 14, and her mother Clare began legal action against Wickham Comprehensive School in Gateshead, northern England, after it refused to change a strict dress code insisting on skirts even during Britain's cold winter months. "Now I will be glad to put this all behind me and get on with my schoolwork," said Jo. "After all, if you're in class and doing your work then what does it matter if you're wearing trousers?" The school said it had agreed "reluctantly" to let Jo wear trousers because it faced the possible legal bills of up to 50,000 pounds (\$80,000) if the case went to court. (Transgender Canada, 2000, 5, p.10)

Gender roles set the parameters of our self-expression: basically what our choices are. Roles relate to the behaviours, thoughts, feelings, occupations and interpersonal dynamics associated with each gender. Traditional gender roles have men as firefighters, police officers, and scientists while women are mothers, nurses, and secretaries. Men are competitive, action-oriented, and non-emotive while women are cooperative, process-oriented, and emotionally expressive. In a nutshell: men do and women feel. Over the past 40 years, feminism has challenged the narrow limits of these gender roles and broadened opportunities for women and men.

The final element of gender is **experiences**. Some experiences are considered to be exclusive to those with male or female biology, such as women's experience of menstruation and men's experience of penile erection. These gender-specific experiences are said to contribute to a person's sense of gender. There are other experiences which are considered to be gendered, but they are not the exclusive property of one sex or the other; rather, there is a greater chance that they will occur in one or the other sex. An example would be sexual violence. Women and girls are more likely to be raped although men, and especially boys, are raped as well.

The binary gender system tends to classify people, not by the features they actually have, but by the features they are supposed to have. For example, a gender-specific experience is pregnancy, but not all women can, or want to, get pregnant. A man's ability to produce sperm is part of what defines him, whether or not he actually does (after all, fertility clinics are big business). All this leads to the big question: Where does gender really come from? Does it flow naturally from our biology, or do we "gender" our biology and assign meaning to what we find?

Gender and Biology

Avenues of scientific research are usually based in the belief that gender differences are innate: that they are as hard-wired as the impulse to blink when a finger is poked in our eye. Our physical make-up is said, by some, to determine our behaviour, experiences, identity, social roles, and even how we adorn ourselves. Men and boys are considered to be naturally aggressive and competitive because of all the testosterone rushing through their bodies, moving them ever forward to dominate and conquer. Women and girls are considered to be naturally nurturing and passive because of the estrogen gently pulsating in

their wombs, in constant search of someone to take care of. But in reality, the relationship between hormones and human behaviour is rather weak. For example, levels of testosterone in men do not predict aggressive behaviour with any consistency; and levels of testosterone in women and men are influenced by environmental factors, such as jobs and sports (e.g., Anderson, 1997; Burke, 1996; Unger & Crawford, 1992).

Whether the focus is on hormones, the brain, reproductive capacities or chromosomes, scientific research into gender has searched long and hard to find innate, objective differences between male and female bodies. Of course, some would argue that the differences are as plain as the noses on our faces. Even if we did not assign gendered behaviours or meanings to them, surely the differences beg to be noticed.

Excluding characteristics such as height, weight, etc. (for which there is about a 92% overlap between women and men), there are a few attributes that are considered exclusive to female and male biology. These attributes include:

Female

- more than one X chromosome
- high levels of estrogen
- vagina
- ovaries
- production of eggs
- menstruation

Male

- Y chromosome
- high levels of testosterone
- penis
- testicles
- production of sperm

These lists seem fairly straightforward. If women are the exclusive possessors of all the characteristics listed under “female”, and men are the exclusive possessors of all the characteristics listed under “male”, it should be easy to scientifically demonstrate the existence of the two sexes. But if binary gender is

based on chromosomes, as Janice Raymond would have us believe, then there is clearly a problem. We know that in addition to the XX chromosome pattern associated with being female, and the XY pattern associated with being male, there are other combinations of chromosomes that are naturally occurring, such as XXY, XYY and XO. Therefore, you could have a female with a Y chromosome, and a male with XX chromosomes. That makes the list of exclusively female and male characteristics a little bit shorter.

Gender Verification at the Olympics

Gender verification in the Olympics was born at the 1968 Mexico City Games. It arose from concerns that some countries had males masquerading as female athletes. Previously, testing had involved humiliating gynaecological exams for all females, but it soon evolved into chromosomal testing. The chromosomal test, call the Buccal Smear, was looking for the standard XX chromosomes associated with being female. However, since biological sex can be more complicated than XX for females and XY for males, problems soon emerged. The test had no trouble detecting the chromosomes, but the chromosomal patterns were not always clearly "male" or "female." In the 1996 Olympic Games, 1 in 400 female athletes failed the chromosome test, even though all were eventually confirmed as biological females. The test has since been rejected and gender verification testing was not used at the Sydney Olympics in 2000.⁸

When we look at hormones, we find that the relative levels of testosterone and estrogen in males and females are not consistent throughout life. Young boys and older men have low levels of testosterone; young girls and menopausal women have low levels of estrogen. It is only in our reproductive prime that we actually have high levels of these hormones. The same can be said of producing eggs or sperm. So, some items in our list of female and male characteristics are relevant only during particular periods of our lives.

⁸ For more information see: www.mediawatch.com/olympics or www.caaws.ca/olympics/2000/equity/equity.

The last set of defining attributes is the penis and the vagina. With the advent of sex reassignment surgery, even the penis and vagina are no longer mutually exclusive. You can possess both in the same lifetime. They may not be naturally occurring, but neither are the livers, hearts, lungs, and kidney's that people routinely have transplanted. The body parts that we start out with may not be the ones that we end up with. Why are the parts associated with sex more sacrosanct than the ones that keep us alive?

For intersex people, the list of female and male characteristics are not mutually exclusive, by definition. Intersex people may have some of the sex and reproductive organs of both sexes or they may have discrepancies between chromosomal, gonadal or hormonal sex. Estimates of the number of intersex births vary considerably: from 1 in 500 (Intersex Society of North America; Sloane, 1993⁹) to 1 in 1,500 for all chromosomal, anatomical and hormonal variations of the male/female standard (Fausto-Sterling, 1999). The frequency estimate rises to 2% of live births if technically non-intersex children who are deemed to have “unacceptable” genitalia are added.¹⁰ With babies, clitorises are considered too big if they exceed 1 centimetre in length, while penises are considered too small if the stretched length is less than 2.5 centimetres (Dreger, 1998). Both situations dictate surgical intervention for what are, essentially, cosmetic purposes.

Intersexuality has been viewed by many endocrinologists and surgeons as an abnormality, or condition that requires correcting. Others, including many intersex people, believe that “the various forms of intersexuality should be defined as normal. All fall within the statistically expected variability of sex and gender

⁹ Sloane, E. (1993). *Biology of women, 3rd ed.* Albany: Delmar Publishers.

¹⁰ Blackless, M., Charuvastra, A., Derryc, A., Fausto-Sterling, A., Lauzanne, K. & Lee, E. (2000). How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology*, *12*, 151-166.

. . . intersexual conditions are not themselves diseases” (Fausto-Sterling, 2000, p. 4). When gender is based on physical attributes, naturally occurring variations become stigmatized. There is the presumption that breasts on people with penises is somehow wrong; and that facial hair on those with vaginas is somehow unsightly. As a result, it is permissible for a non-trans man to have breast reduction surgery to eliminate, what he considers, an embarrassing physical feature. However, it is not acceptable for a trans-man to have chest reconstruction surgery when he considers his breasts to be an unwelcome

“Broadly speaking, intersexuality constitutes a range of anatomical conditions in which an individual’s anatomy mixes key masculine anatomy with key feminine anatomy. One quickly runs into a problem, however, when trying to define ‘key’ or ‘essential’ feminine and masculine anatomy. In fact, any close study of sexual anatomy results in a loss of faith that there is a simple, ‘natural’ sex distinction that will not break down in the face of certain anatomical, behavioural, or philosophical challenges.” (Alice Domurat Dreger, 1998, p. 3)

physical feature. Similarly, it is understood that a non-trans woman might want electrolysis to remove unwanted facial hair; yet a trans-woman is met with disapproval for wanting the same thing, for the same reason. Only non-trans females and males are sanctioned to alter their bodies to fit a mold they are already supposed to inhabit.

Organizing gender strictly around the body becomes all the more disturbing when you consider how intersex children are dealt with. Intersexuality itself is not a life threatening condition; and yet infants and children are subjected to repeated, painful, and invasive surgeries for primarily cosmetic purposes (Dreger, 1998). The purpose of these surgeries and treatments is to create the appearance of “normal” genitals, not to deal with a health crisis. The consequences of these surgeries include the reduction or elimination of sexual sensation (with the

removal or shaving of the clitoris or micro-penis). Some authors believe that the extensive emotional trauma related to these surgeries can be compared to that of child sexual abuse. Tamara Alexander notes that,

The medical management of intersex conditions involves direct contact with the child's genitals by a person in power over the child, and with the cooperation of his/her parents. The procedures are painful, confusing and repeated. The family dynamics of the child's situation also parallel those in familial abuse: children are routinely silenced or misinformed about what is happening to them and parents are held responsible for the harm that is done. Finally, the outcomes of these experiences result in remarkably similar negative psychological sequelae, including depression, body image disruptions, dissociative patterns, sexual dysfunction, intimacy issues, suicide attempts, and Post Traumatic Stress Disorder (1997, p. 6).

Gender and the Brain

Instead of locating gender in the body, other lines of thought find gender in the brain. Brain sex studies try to establish that there is a male brain and a female brain. During a crucial stage of fetal development, the brain undergoes a "hormone wash." If there is an abundance of testosterone, the theory asserts, you have a boy brain and if there is little testosterone, you have a girl brain. The flexibility of this theory allows for the possibility of a male brain to be located in a female body and a female brain to be located in a male body, making trans people natural in that sense. Understandably, many trans people (like many gays and lesbians), find this type of theory appealing. There is something comforting about knowing that you are what you are because nature intended it.

According to brain sex theories, binary gender flows directly from brain differences between the sexes. The suggestion is that, even a few hours after birth, significant behavioural differences are noted between boys and girls. Even before they can understand language, baby girls are said to be better at

identifying the emotional context of speech. Baby boys, on the other hand, tend to show more wakefulness and activity. These studies purport to show that, as infants grow into children, these differences naturally intensify. Eventually we have polarized, gender-based preferences, behaviours, skills and aptitudes.

Scientific research on gender is notoriously biased. Consider the research that tried to establish the superiority of the male brain over the female brain. It was assumed that females had smaller brains (of course) and were “naturally” less intelligent than males. The researchers divided the brain size by the body weight and, to their great surprise and dismay, found that female brains were proportionally bigger. In this case, the difference between male and female brains was not deemed to be meaningful. Had male brains been found to be larger, the difference would likely be considered profoundly significant. (reported in Burke, 1996)

However, the relationship between our brain, the environment, hormones and behaviour is very complex. It is virtually impossible to control all the variables, including cultural context. It may be that baby boys do have a propensity to wakefulness, and that baby girls are predisposed to identify the emotional context of speech. However, the meaning given to those differences will depend on the era, the culture, and the biases of the researcher observing them. The single most important finding of biological comparison studies is that the overlap between women and men is far greater than any difference.

Gender and Society

Perception is everything. Are you a boy or a girl? Blue or pink? People view you as male or female, and this view is crucial to the way our society thinks, identifies, categorizes and defines each other. It's woven into the fabric of our daily existence, and God help anyone who challenges this two party, male/female system. (Joe Luniewicz, 1996, p. 1)

Some people believe that gender is a product of nurture, rather than nature. John Money, a psychologist at Johns Hopkins University, was considered to be a pioneer in the role of socialization and gender. He believed that gender identity was the result of psychosocial rearing, rather than biology. Accordingly any baby, with the aid of surgery, hormones and social environment, could be raised as either female or male.

The case of “John/Joan”¹¹ was used to prove this point. John, along with his twin brother, was born a typical XY male. At eight months old, his penis was accidentally burnt off during circumcision. It was decided that, because of the loss of the penis, John should be medically reconstructed as a girl: Joan. At 18 months, John’s testes were removed, and he was given surgical and hormonal treatments to make his body look more like a girl’s. Psychological counselling was provided to help Joan and the family accept “her” female gender. The parents were directed to raise Joan as stereotypically female and to encourage feminine behaviour and presentation. This case was widely reported as proving the socialization theory of gender, insofar as Joan appeared to be a “normal little girl.” The experts believed that “Johns” could be made into “Joans” as long as the genitals looked right and everyone agreed to treat the child according to her/his assigned gender. But by the time Joan was 14, “she” rejected the female gender assigned and chose to resume the life of John. He was taken off feminizing hormones, had a mastectomy, and underwent two years of surgeries aimed at making his genitals look more masculine.

Gender socialization does play a significant role in how we learn to express our gender. We are all taught the appropriate, or acceptable, way to express our gender from the moment our lives begin. We are then given constant guidance

¹¹ Taken from Dreger (1998) though this case has been reported in numerous scientific publications as well as popular culture magazines, such as Rolling Stone (1997).

on how to maintain it. Consider a study conducted in the United States in 1978¹² that sought to catalogue body movements as either male or female. In an experiment involving 180 boys and girls, physical gestures were observed to assess differences between the sexes. A body gesture litmus test for gender conformity was created that included the “limp wrist” and “flutters.” The limp wrist refers to holding your wrist loosely in relation to your forearm, and letting it flop downwards. Flutters refers to a rapid succession of up-and-down movements of the forearm, while the wrist remains relaxed, resulting in a gentle flapping motion of the hand.

The researchers observed that limp wrists and flutters occurred more frequently in girls than in boys, rendering them “feminine” movements. A young boy with a limp wrist and a tendency to flutter may be at risk for a psychiatric diagnosis of a gender disturbance and, almost certainly, will be at risk for school yard bullying. He will learn not to “flutter” if he wants to avoid harassment and scorn.

The limp wrist phenomenon continues to have a powerful impact on what are generally considered masculine or feminine gestures in mainstream North America. Consider that a person need only mimic a limp wrist, for a fraction of a second, to communicate an opinion on the sexual orientation of another. It has become a prosaic symbol of non-masculinity and, hence, homosexuality in this culture. This is not true for all cultures and there are many in which such a gesture would simply be a means of communication, not a gender cue. Gender socialization may take different forms in different cultures, but all children are taught what it means to be male or female and to abide by the distinctions.

¹² Reported in Burke (1996).

Suspended for Wearing a Dress

In 1998, a 17-year old Connecticut high school student, Bryan, was suspended for three days for wearing a dress to school. Upon his return from the suspension, wearing a denim skirt, he was supported by eight other boys wearing dresses or skirts, and about a dozen girls dressed in business suits and ties. He was again suspended, as were several of the other boys. School administrators defended their actions, stating that they don't want a "carnival-like atmosphere" in the school. However, the director of the state Civil Liberties Union cited the school administrators' own discomfort about men wearing dresses as the real cause for the school's overreaction. "They wouldn't react the same way to a cheerleader wearing a football jersey," the director said. Bryan told reporters, "I feel comfortable wearing a dress. It's just something I like to do. I make sure it isn't trashy and looks cool." Bryan's mother said she couldn't guarantee that her son wouldn't be dipping into her wardrobe again. (The New York Times & The Hartford Courant, April, 1998)

Gender Complexity

When we start to strip away previously held convictions of maleness and femaleness as either socially derived, or biologically ordained, we have to consider that the binary gender system, as we know it, is flawed. We are clearly much more than the product of our socialization or the sum of our biology. We need to find ways to understand gender that validate - not stigmatize - people's experiences. A binary system is unable to accommodate the combinations and permutations that make up gender as we really live it. Instead, it pathologizes variety; labels those who transgress gender rules as deviants; and punishes those who refuse to conform with scorn, isolation and violence. In reality, gender does not operate easily as a binary, no matter how hard we try to cram people into one of the two boxes.

4 *The Need for Inclusion*

The dominant culture's insistence on two polarized, unchanging genders results in great injury to all people, but especially to trans people.¹³ This chapter looks at why trans people need access to women's organizations and how all women will benefit from trans inclusion.

Need for Access to Organizations

The violence, discrimination and hatred heaped upon differently-gendered people is an enormous wrong. This bigotry will stop only when the rest of "us" are able to accept our own gender conflicts and pinpoint our own prejudices about biological sex and social sex-roles. (Pat Califia, 1997, p. 10)¹⁴

A cursory look at the discrimination and violence experienced by trans people leaves little question about the actual need for access to women's services. Trans people have difficulty finding jobs, places to live, restaurants where they don't get hassled, bathrooms they can use, and clubs where they can socialize. They are denied access to social services and medical care; they are harassed by police and bureaucrats; they are assaulted, raped and murdered. Discrimination in all of these areas is largely based on appearance and stereotyped behaviour. Some fundamental elements of transphobic discrimination include a dogged adherence to the belief that visible biological characteristics are the only basis for gender and a sense of entitlement to point out any deviation from the "norm." Further, as with so-called "homosexual panic", there is an over-reaction to difference (perhaps in order to prove one's "normalcy")

¹³ This has not always been the case; for example, in some First Nations cultures trans people were held in high esteem and fulfilled specific and valued roles in the community (e.g., see Roscoe, 1998; Williams, 1986).

¹⁴ Califia has since come out as FTM.

which often results in shocking levels of verbal and physical violence.

Housing

Finding appropriate and safe accommodation can be difficult for trans people. There is a circular dependence among our public systems that make it difficult for people, especially poor people, to stabilize their lives. For example, it is difficult to get housing without a stable job, and it is difficult to get a job without a stable residence. Because we are required to show identification for both, additional barriers exist for trans people. Many forms of official identification specify our gender in addition to our name, address and other information. Those trans people who “legally” transition into another gender will have a gender designation that matches their name and presentation. However, the majority of trans people do not go through the legal and medical process required to change their birth certificate and other documents, for a variety of reasons. This means that they will have a passport or driver’s licence with mismatched information (e.g., male presentation with “Female” indicated on their licence). With these incongruities, landowners and employers are more likely to turn them away. It is also not uncommon for a trans-person to arrive to view an apartment only to be told, once seen by the owner, that the place is rented. Many trans people have limited incomes and need housing assistance, but the waiting lists for subsidized housing are long. Some continue to pay more for housing than they can afford because they are afraid of the discrimination they may face if they move (Burnham, 1999).

When trans people are homeless, or in need of emergency shelter, they can rarely make use of the safety nets available. The difficulties that trans people have getting into shelters are monumental.¹⁵ This is true for women’s, men’s, and co-ed shelters. Few have anti-discrimination policies that include trans

¹⁵ See Namaste (2000), Cope & Darke (1999) and Ross (1995).

people, staff are rarely trained on these issues, and those that do not deny entry may treat trans people with disrespect. Shelter staff often refuse to acknowledge trans people's gender and insist that they dress and behave according to conventional gender norms. This is true even for shelters which boast "environments free from oppression," in which discrimination is not, apparently, tolerated (Namaste, 2000). The following experience of a trans youth is typical:

This one hostel said, "It's best that we don't let you in here for your own good. It's best to just go elsewhere. We don't want any trouble here. We don't want you to get hurt either." I said, "You can't do that, you know. I need a place to stay tonight. So if something happens, it's my fault. I can take care of myself. Just give me a bed." They just can't do that (O'Brien in Namaste, 2000, p. 175).

Transition houses and women's shelters for the homeless also routinely deny access to trans-women. In 1995, Mirha-Soleil Ross found that none of the women's shelters surveyed in the Toronto area had policies regarding transsexual women.¹⁶ She noted that a couple of shelters would accept transsexual women if they identified as women or had completed sex reassignment surgery. This latter requirement, of course, excludes most trans-women.

"Finally, I would like to state that the whole question of TS women in women's shelters is a perfect example of how TS's are defined, controlled and regulated by non-transsexuals, whether they be psychiatric authorities demanding that we fit their pre-conceived and prejudiced notions of gender or non-transsexual women deciding whether or not to include us and under what circumstances." (Mirha-Soleil Ross, 1995, p. 10)

¹⁶ Almost 5 years later, the situation had not improved much: we found that only 5 (of 29) Ontario women's shelters mentioned transphobia in their policies (Cope & Darke).

Similarly, Namaste (2000) reported that some shelters accepted trans-women if they provided official letters indicating they were undergoing transition (i.e., from a doctor or gender clinic); and others paid for trans-women to stay in motel rooms. The safety of non-trans women was most often the justification for denying services. Like Ross, Namaste found that some women's shelters insisted on gender normative dress and behaviour as a condition of service provision:

I was informed that a MTF transsexual would be accepted into some shelters "if the person doesn't come across as too terribly masculine." Staff people claimed that the physical appearance of transsexual women was related to their ability to "fit in." These comments illustrate the judgements to which transsexual women are subjected when they attempt to access social services. Other people decide if a transsexual woman is "feminine" enough, if she is "really" a woman, if her presence will be "disruptive," and if she has the right to the services offered to women. We might ask whether staff members judge all their clients on this basis, or just those who are known to be transsexual (Namaste, 2000, p. 180).

Shelters are but one of a host of services that all women need. As Namaste observes, the impact of denying a particular service goes far beyond the immediate need; rather it goes to the heart of a trans-woman, as it would any woman who is dismissed because of her looks:

To be refused admittance into a woman's shelter on the basis of one's physical appearance can reinforce the hatred that transsexuals feel for their bodies. This rejection can also lead to low self esteem, increased alcohol and drug consumption, and even attempts at suicide. In this complex way, the denial of services to transsexual women has repercussions that range beyond their immediate housing needs (Viviane Ki Namaste, 2000, p. 181).

Employment

In her research of 152 transsexual and transgendered people, Christine Burnham

found that 40% of the respondents were not employed, despite the fact that the majority (71%) had two or more years of post secondary education (more than double the provincial average). In addition, 71% earned incomes well below, or within, the “low income” range set by the federal government. Clearly trans people are disproportionately unemployed and under-employed: as a result, poverty is common in many trans communities. Burnham succinctly states that, “these statistics reinforce the obvious, being TS/TG and going through a gender change has an impact on your employability” (1999, p. 69). Many, especially trans youth, turn to prostitution to pay the rent and to finance their hormones or other medical needs.

In seeking employment, trans people may succeed in getting job interviews based on written applications, but may not be hired if they are identified as trans either in an interview or in their documentation. Those with jobs report frequent workplace harassment, including a refusal to use gender-appropriate pronouns, refusal to use the person’s name, denial of the use of appropriate washrooms, derogatory comments about appearance, and breaches of privacy. Trans people who are thought to be lesbian or gay are also subjected to homophobic remarks about their behaviour and appearance. In the face of ongoing harassment, many trans and intersex people, like members of any marginalized group, feel they have little recourse. Trans people with multiply marginalized identities (like trans people of colour, with disabilities, etc.) are even less likely to report harassment and may simply quit their jobs when it becomes intolerable.

Trans people who are not visible fear harassment or dismissal if they are identified as trans - whether through self-disclosure or being outed by someone else. This can be especially difficult for people who make the decision to transition while employed. Some choose to maintain their privacy, and avoid

potential harassment, by quitting their current job, transitioning, and finding new employment in their new gender role. Others decide to inform their employer and co-workers about their intention to change gender roles - a decision requiring considerable courage. The likelihood of harassment and actual dismissal will vary according to the nature of a person's occupation, their seniority, class privilege, etc. However, it is heartening to hear that in BC, trans people are reporting that they are generally able to transition on the job without their employment being threatened.

David Rivers taught for eight years at a California high school and was regarded as a outstanding educator. In the spring of 1999, David informed her principal that she was transitioning and would return in the fall as Dana, living full-time as a woman. Together she and her principal discussed how to prepare other teachers and students. Letters were written to co-workers, students' fear were addressed, and an article was written for the school newspaper. Dana received the overwhelming support of students and most parents. However, the Governing Board of the District voted to dismiss her, alleging "evident unfitness for service" as a teacher. Upon her return to school, Dana was put on administrative leave. She eventually accepted a settlement from the school in exchange for her resignation.

Health Care

As a transgender adult, I had only sought treatment in life-and-death situations. . . . I remembered every moment of humiliation I'd ever experienced at the hands of health care providers. That's why I always made up a phony nom de guerre and gave bogus ID to emergency room staff. Get out with a quick medical evaluation, a prescription and my dignity- that was always my aim. (Leslie Feinberg, 1998a, p. 38)

Perhaps nowhere is the brutality of institutionalized transphobia so apparent as in the treatment of trans people by the health care system. Many health care

providers believe that a trans identity is pathological and this belief is reflected in the type of care they offer, or deny. Some trans people are denied access to the most basic health care services, emergency rooms, hormones, and gender appropriate treatment programs. It is not a surprise then, to hear that many avoid using these services, whenever possible, in order to avoid potential humiliation and harassment. Horror stories abound about harassing and contemptuous behaviour on the part of doctors, nurses and other medical staff.

Leslie Feinberg (1998a) recounts hir¹⁷ experience of being called a “freak” by a resident; being awakened in the hospital by laughing staff referring to “it”; and being told by a doctor that the devil was responsible for hir chosen path. Trans people are often addressed using birth-assigned pronouns and placed in rooms according to birth-assigned sex. Many trans people do not have a family physician and, therefore, lack continuity in their health care. Even those with doctors often do not receive the care considered routine for women or men. For example, transitioned women may not be given breast examinations and trans-men may not receive routine gynecological care.

Trans people also have difficulty getting the medical services that are most relevant to their trans identities. For example, many trans people desire hormones. Because many people do not go to a gender clinic, the other medically safe route is through a prescription from a physician. However, it is becoming increasingly difficult to find doctors who are taking new patients and it is especially difficult for those who are poor and perhaps homeless. The reality is that many trans people, and most trans youth, resort to getting hormones from their friends or on the street (Namaste, 2000). Many then face the health risks associated with sharing vials of hormones or needles (there are few needle

¹⁷ Feinberg prefers this gender-neutral pronoun.

exchange programs). Some also take large doses of hormones, or inject hormones into the body site they wish to alter, hoping to speed up the process of change. Although they may be aware of the dangers associated with such use, many feel they have no choice.

A doctor advised Robert Eads not to have a hysterectomy when he transitioned because he was already post-menopausal. In 1996, Robert was diagnosed with ovarian and cervical cancer. In his own words, "the last part of me that is female is killing me." Following the diagnosis, Robert approached over 20 doctors and hospitals in his home state of Georgia who refused to treat him. They feared upsetting other patients and harming their practices. By the time Robert found a supportive doctor, it was too late for chemo and radiation therapy. Robert, at age 52, died in January of 1999. He agreed to the filming of "Southern Comfort" only because it would be released after his death. Members of his chosen family who appeared in the film, fear harassment and assault with the airing of the documentary (see Resources).

Those who have a doctor may find that their physicians do not know the protocols for the use of hormones with trans people. It is common for patients to have to educate them. Further, many people are not properly monitored (with blood tests) to ensure that the proper dosages have been given. Namaste interviewed a person who had been on hormones for over 16 years and had never had a doctor insist on blood tests. Another said that her blood work was done sporadically, "and I have to bug him [my doctor] about it" (2000, p. 168).

Some doctors will prescribe hormones, but others will choose to refer their patients to a gender clinic. This can pose additional barriers, however, as clinic staff may apply arbitrary criteria associated with age, race and class to the screening process. They may then require a person to live in their gender for a year or more, before prescribing hormones. It is interesting to compare this to

the treatment of non-trans women and men who can easily get hormones for hot flashes and flagging erections!

Sex reassignment surgery (SRS) is a procedure desired by many transsexuals. It can increase a person's comfort with their body by bringing it more in line with their identity. SRS can help a person be more easily identified as a member of their gender; thus, making it easier to fit in. The medical profession also recommends SRS as a central form of treatment for transsexuals. In other words, it is a medically prescribed procedure and there are legal and practical benefits to having SRS. For example, after surgery a person can change the sex designation on their birth certificate, or landing documents and passport, making them "legal" members of their gender.

Despite these benefits, it is extremely difficult for most transsexuals to obtain SRS. To have *some* surgeries covered by the Medical Services Plan (e.g., phalloplasties are not), a gender clinic must confirm a diagnosis of Gender Identity Disorder, rule out numerous other diagnoses and circumstances of a person's life, and conclude that the person is likely to be "successful" living in their gender. Prior to surgery, the person must transition and live in their felt gender for at least one year: an extremely difficult period in most transsexuals' lives. Although in BC, many trans people can access the Gender Clinic with a doctor's referral, many will avoid a clinic, not wishing to be "diagnosed" by the medical establishment in order to have their identity validated or authenticated. Others are concerned about the gender conservatism of gender clinics (like the medical establishment in general) and the sexism imbedded in their practices and policies (Namaste, 2000). A person could pay privately for surgery but the costs are extremely high. For all of these reasons, the majority of trans people who wish to have SRS are not able to get it.

It is also the case that many trans people do not want SRS. In addition to the barriers mentioned, there are other costs associated with the surgery: it can be painful; the technology is relatively new; the risks include permanent damage to muscles, nerves, sexual functioning and sensitivity; and the appearance and functioning of the genitals can vary greatly.

In 1995, Tyra Hunter, a trans-woman of colour, was treated by emergency medical staff for serious injuries resulting from a hit and run car accident. It is difficult to disentangle the roles played by racism, sexism and transphobia in Tyra's treatment, but it is likely that all contributed to her death. When a paramedic found that she had a penis, he stood up and backed away from her. A witness quoted him as saying, "this ain't no bitch" and he stood "joking" with his co-workers. Another bystander heard a firefighter say, "look, it's got a cock and balls." While they stood ridiculing Tyra, her treatment was discontinued for five to seven minutes. Upon arrival at the General Hospital, the attending physician did not order a chest tube or blood transfusions that may have saved her life. In 1998, Tyra's mother won a wrongful death suit against the government of the District of Columbia. She was awarded damages for negligence and medical malpractice in the death of her child.

In summary, trans people are poorly served by our health care system in terms of access, range, and quality of services. The medicalization of cross-gender identities is controversial within, and outside, trans communities and the discussion encompasses legal, social, financial and social justice issues. The systemic power of the prevailing gender system leads many people to feel that SRS is necessary to be accepted as members of their gender. In addition, current laws *require* transsexuals to have SRS to "legalize" their gender. Society's demand that people have extensive surgery in order to have their identities acknowledged, and their rights protected, may be seen as a violation

of basic rights guaranteed in the Charter of Rights and Freedoms: the right to life, liberty and security of the person. Although greater access to SRS by those who desire it is needed, the state's demand for SRS, in order to obtain the benefits and protections available to others of their gender, may violate the bodily integrity of trans people and remove their freedom to choose.

Violence

Hate crimes are the logical end point in a society that tolerates discrimination against any class of individuals. As long a popular television talk show host can portray gender variant people as outrageously ridiculous freaks, as long as news media continues to misrepresent who we really are, as long as teachers look the other way when children call their classmates "faggot" or "sissy", as long as it's okay to fire a woman who is "too masculine", then murders of young transgender women will continue to be given tacit approval by our society. (Miranda Stevens-Miller, *Discrimination 2000, It's Time, Illinois*¹⁸)

It is difficult to know where to start when considering the violence in the lives of those who transgress gender norms. Violence and other hate crimes against trans people are seriously underreported and are often mistakenly reported as being based on sexual orientation. Carrie Davis, director of GenderPac¹⁹ reports that, in addition to the monthly murder of a trans person nationwide, "almost 60% of all transpeople are victims of violence" (speech delivered in March, 1999). Trans people also appear to be victims of the most brutal hate crimes. In one study, violence against trans people accounted for 2 - 4% of all reported violent hate incidents. Those crimes represented about 20% of all reported *murders* of lesbian, gay, bisexual and trans people, and approximately 40% of the total number of incidents involving police-initiated violence.²⁰

¹⁸ *It's Time, Illinois* (<http://itstimeil.org>) compiles reports of crimes against gender-variant people.

¹⁹ GenderPac (Gender Public Advocacy Coalition) is a U. S. based non-profit group dedicated to pursuing "gender, affectional, and racial equality" and contesting gender-based oppression (Wilchins, 1997).

²⁰ Annual Report of the National Coalition of Anti-Violence Programs (in Currah & Minter, 1999).

Jamison Green observes that the vast majority of violence against trans people is directed toward trans-women (Currah & Minter, 1999), possibly because trans-men are less frequently identified as trans. But both trans-women and men are sexually assaulted and murdered because they are not “real” women or because they are not “real” men (Lev & Lev, 2000). When Brandon Teena was discovered to have female anatomy, he was gang raped by two acquaintances and later murdered by them. Debbie Forte’s murderer confessed that he killed her after they were “messing around” and he discovered she had a penis (Wilchins, 1997).

“In the eight months between the well-publicized murders of Matthew Shepard and Billy Jack Gauthier, there were at least eight equally gruesome murders of transgendered people. One murder per month. There is a war going on against the transgender community. . . with few exceptions these murders were not considered newsworthy. When the stories were covered, transgender people were ridiculed with cartoons and dismissed with demeaning stereotypes. We are the new disposable people.” (Miranda Stevens-Miller, *Discrimination 2000, It’s Time, Illinois*)

The convergence of transphobia with other forms of oppression is striking in reports of verbal and physical assaults on people who transgress gender norms. *It’s Time, Illinois* describes the racist, homophobic and transphobic workplace harassment suffered by a gay Cuban man. In addition to the standard homophobic epithets used against him, and charges of “effeminate” behaviour, he was also slurred in his first language by being referred to as “Reina” (which means queen). Similarly a lesbian, wearing a hooded sweatshirt and pants, was assaulted by a stranger on the street. Her assailant repeatedly called her a “faggot” before punching her in the stomach: fusing transphobia and homophobia (*It’s Time, Illinois*).

In spite of the many assaults that do occur in the streets, we know that the majority of violence against women occurs in intimate relationships. This also appears true for trans people. In one study, 50% of the trans people surveyed disclosed having been raped or assaulted by a partner, and 31% reported being survivors of domestic violence (Courvant & Cook-Daniels, 1998). Yet, these survivors often cannot access services, such as sexual assault centres and transition houses. Given the treatment by police and medical centres, few people ever report these crimes. Many trans people live in constant fear and cannot count on the police or hospitals for help.

Women's organizations are very familiar with the short- and long-term effects of pervasive discrimination and violence. The impact on an individual is profound, shaping one's concept of self and the world. Low self-esteem, body-hatred, self-injury, alcohol and drug use, and conflict with the law are some of the common after-effects. The damage is further exacerbated by isolation. Like lesbians and gay men, trans people live with the knowledge that they are different and are considered abnormal. Trans youth have difficulty finding a place in either mainstream or same-sex youth groups, and few find acceptance within their families of origin. Coming out to family can result in being thrown out of the house and, in turn, dropping out of school. Many find a new home on the street and earn their living through prostitution. For adults, coming out can mean the loss of family and friends, as well as social, cultural, religious and political communities. It is impossible not to internalize transphobia and feel shame and self-loathing. Understandably, chronic depression and suicide are common: in one report over 70% of transsexuals had considered suicide, and up to 20% had attempted suicide, at least once (Brown & Rounsley, 1996). Society's message about who is important, and who belongs, is hard to miss.

Understanding Mutual Needs

[W]omen don't just need to understand the links between what they and trans people suffer in society, they need to realize that the women's and the trans' liberation movements need each other. Sex and gender oppression of all forms needs to be fought in tandem with the combined strength of these two movements and all our allies in society. (Leslie Feinberg, 1996, p.109)

While trans and intersex women have needs that could be met by women's organizations, so do these organizations need what trans and intersex women have to offer. Having been required to navigate the world differently than other women, trans and intersex women bring unique skills, coping strategies and perspectives from which conventionally socialized women may benefit. Trans and intersex women's experiences and insights into gender and sex-based oppression can deepen our understanding of gender oppression and enhance services for all women.

The inclusion of trans people in all organizations is long overdue; but inclusion for women's organizations, in particular, is timely. There are now several legal precedents to support trans inclusion and some human rights commissions are taking progressive positions on this issue (e.g., British Columbia and Ontario). A few women's organizations have already written inclusive policies; others have been welcoming trans and intersex women for some time, but may not have put the structural elements in place to ensure equitable treatment.

Changes are also being made in other services, businesses and governments to include, and protect, trans people. Public institutions are including gender identity in their anti-discrimination policies (e.g., Vancouver/Richmond Health Board, Canadian universities), as are some large corporations (e.g., Apple Computer, Inc., Lucent Technologies). Cities and states in the U. S., Australia

and New Zealand have also passed ordinances and hate crimes legislation to protect trans people. In other words, there is increasing institutionalized support for organizations to move ahead. In addition, most lesbian, gay and bisexual organizations have added trans to their mandates and are attempting to become trans inclusive. In the next chapter, legal precedents and the bottom-line legal requirements for inclusion will be discussed. However, the real need for trans inclusion is based in the right of trans people to be full participants in society, the obvious need for use of the services, and the contributions that trans people can make to women's organizations.

5 *Legal Aspects and Human Rights*

All human beings are born free and equal in dignity and rights.
Universal Declaration of Human Rights (1948, Article 1)

This chapter examines how trans people's rights can be protected with the legal tools currently available. It is divided into three sections and offers a brief look at the legal aspects of gender designation, an overview of the basic concepts associated with human rights, and a summary of some human rights decisions involving trans-women. These rulings provide direction for women's services.

Legal Aspects of Gender and Sex

The procedures required for people to *legally* change their sex or gender designation are described in this section. First, it is interesting to note that neither sex, nor gender, is specifically defined in law and, as Justice Davies observed,²¹ the terms appear to be used "either randomly or interchangeably." However at the policy level, "sex" refers expressly to the sex recorded on a birth certificate. A person who decides to live in a gender that is different from the one assigned at birth (e.g., male-to-female) will face significant barriers if they wish to change their recorded sex.

In British Columbia, the sex designation on some pieces of identification (such as a driver's licence and BC Identification Card) can be changed with a letter from a physician stating that a person is living as a member of the opposite gender. For those willing and able to obtain the letter, the procedure is not terribly onerous (though a person may still be questioned, or ridiculed, by those altering

²¹ Vancouver Rape Relief v. B. C. Human Rights, 2000, Judgement of the Supreme Court of B. C.

their documents). However, changing the sex designation on other documents, a passport for example, requires that the person's birth certificate first be altered.

There is currently only one way to change the recorded sex on a birth certificate in British Columbia: if you have had "transsexual surgery" you can apply to the Division of Vital Statistics. To satisfy Vital Statistics, you must submit two certificates: one from the surgeon who performed the surgery and another from a physician who can verify the procedure. What constitutes "transsexual surgery" can vary; and the types of surgeries that individuals choose to have may fail to meet, may match, or may exceed, the province's definition.

In BC, trans-men typically need only have a hysterectomy and a double mastectomy. If they are small breasted, a mastectomy may not be necessary. Trans-men are not generally required to have their vagina removed or to have phalloplasty (the construction of a penis). Although most trans-women choose to have vaginoplasty (the construction of a vagina), the removal of the penis and testes, alone, is sufficient for legal purposes. Breast implants and permanent removal of facial hair are optional, as is hormone therapy (e.g., estrogen and testosterone) for both trans-women and trans-men.

If the Division of Vital Statistics is satisfied with a person's documentation, they are declared a legal member of their gender and changes are made to their birth certificate and/or landing documents. Clearly, the process of legally changing one's sex is formidable and, arguably, discriminatory. There are many people who cannot, or will not, have SRS and, therefore, will never be legally recognized as members of their gender. This also has implications for the protection of their human rights. But for those completing the process, it is cause for celebration: they are formally acknowledged as a member of their gender, their physical body

more closely reflects their self-concept, and the risk of harassment and ostracism is diminished.

A Human Rights Primer

At the most basic level, human rights are those rights which are not earned, or granted to us, but to which we are entitled, simply because we are human. They are universal and considered to be inalienable; that is, they cannot be taken away by human-made law. Human rights can be classified as legal rights (e.g., to a fair trial), political rights (e.g., to vote) and equality rights. Equality rights are intended to ensure that all other rights and freedoms are available without discrimination. Social, economic and cultural rights are increasingly viewed as human rights as they address the right to food, shelter, a decent standard of living, and protection of cultural identity and heritage.

Specific legal protections for human rights are relatively new. The first extensive international document, the Universal Declaration of Human Rights, was created in 1948 in response to the genocide and atrocities perpetrated by the Nazis during World War II. Canadian human rights legislation, both federal and provincial, evolved from there. Currently, our human rights are enshrined in the Canadian Charter of Rights and Freedoms, which is part of the Constitution. Because the Constitution is the highest law in the land, other legislation and government actions are supposed to conform to the principles in the Charter. In addition to the Charter, our human rights are protected in the Canadian Human Rights Act and provincial human rights legislation. The federal and provincial legislation applies to the areas under federal and provincial regulation. So, the Canadian Human Rights Act covers banks, airlines and federal employees; while provincial legislation applies to provincial services and workplaces.

The Nature of Human Rights Legislation

The intent of human rights legislation is to ensure that people are dealt with on their own merits, and not on the basis of personal characteristics (such as race, sex or disability) or fundamental personal choices (such as religious belief, marital status, or family status). These laws are considered *evolving* documents; that is, they can change as needs and circumstances change. For example, only eight years ago, family status and sexual orientation were added as grounds of discrimination in the *British Columbia Human Rights Code*.

Human rights law is not considered “ordinary” law, but rather “fundamental” law. In other words, human rights legislation can override other laws because it is considered to be quasi-constitutional. The interpretation of human rights laws also differ somewhat from that of ordinary laws. The Supreme Court of Canada has emphasized that “a large and liberal interpretation” must apply to human rights legislation in order to “advance its broad purposes.”

British Columbia’s Human Rights Code

The *British Columbia Human Rights Code* prohibits discrimination in areas that include: publications, employment, accommodation and tenancy, facilities, and services.²² “Services” refers to any service that is customarily available to the public, like restaurants, schools and public pools.

Discrimination in human rights law means making a distinction between people or groups on the basis of certain characteristics or prohibited grounds (e.g., race, sex, religion) which results in a negative effect. The distinction may create disadvantage not imposed on others; limit access to opportunities that are available to others; or demean or expose the individual or group to ridicule. Even

²² The Code, in its entirety, is available on the B. C. Human Rights Commission web site (see Resources).

a so-called “positive” distinction (like repeated comments about how the office is so much *prettier* with women in it, or how Asian women are so much *nicer* to work with) can be discriminatory in its effects.

Policies and actions are sometimes blatantly discriminatory. A job ad that says “gay men need not apply,” or a refusal to provide services because a person is trans, are examples that most of us would quickly label as discrimination. Most people are also familiar with harassment, a type of discrimination that can take many forms; including offensive images, repeated comments about a person’s appearance, unwanted sexual advances and ostracism. Sometimes a single instance of harassment is serious enough to create a poisoned environment and can be considered a violation of a person’s human rights.

Because discrimination is defined by effects (not intention), it also encompasses policies or actions that seem to be unbiased but which, nonetheless, result in discrimination. For example, the practice of registering all infants as female or male on birth certificates appears to be neutral; however, this rule may have a discriminatory impact on trans people. If sex designation is not consistent with gender presentation, trans people may have difficulty getting the documents or services they need. Similarly, the requirement for everyone to check one box (of only two) marked “sex” on many forms does not appear to discriminate, but it may have a negative effect on trans people for whom neither choice is applicable.

Systemic discrimination (referring to the way in which the “systems” in our society are structured) includes obvious, as well as indirect, discrimination. Complaints of systemic discrimination seek to change long-standing, institutionalized patterns of inequality (e.g., in health care, educational, or justice systems).

When faced with a human rights complaint, an employer or service-provider can argue that a particular form of discrimination is necessarily related to work performance or other work-related purposes (e.g., the ability to drive a car).²³ However, in these situations an employer must also show that the practice or rule was adopted in good faith and that it was impossible to make other arrangements for the person (see *The Concept of Accommodation*, p. 53).

In human rights law, the motivation of a person who is discriminating is not relevant. Discrimination is defined on the basis of the effect of the actions, not the intention of the person (or institution) discriminating. Most women have direct experience with this difference, having heard men insist (oh, so many times) that they “didn’t mean any harm - it was just a joke.” Although mere thoughtlessness does not nullify discrimination, there are certainly times in our day-to-day lives when intention is meaningful. Most of us will react differently to someone who was genuinely unaware of the impact of an action, and is genuinely concerned about its effect, than to someone who is indifferent to the feelings of others. But the law reflects the need for all of us to consider the effects of our actions, before we act.

Protected Grounds

A primary purpose of human rights legislation is to protect, and provide a remedy for, people and groups who have been traditionally disadvantaged by discrimination, such as women and Aboriginal peoples. As a result, the bases for the discrimination (sex and race) have been written into Codes and are called “prohibited grounds” for discrimination. Prohibited grounds are considered to be essential, or inherent, characteristics of a person. It is not necessary that these characteristics be unchangeable (for example, a person can decide to get

²³ This is sometimes referred to as a *bona fide* job requirement.

married, have a child, or change religions) - only that they constitute an essential part of a person's identity or a fundamental choice affecting a person's life. The *British Columbia Human Rights Code* lists the following grounds on which discrimination is prohibited in accommodation, services and facilities: race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, and sexual orientation. Discriminatory practices based on the additional grounds of age, political belief, and convictions for some offences (those unrelated to employment) are also prohibited in employment.

There is currently no explicit protection for trans people in human rights legislation in Canada as "gender identity" is not included as a prohibited ground. When trans people have brought forward complaints in British Columbia, and elsewhere, their complaints have been based on the grounds of sex, disability, or sexual orientation. Although recent rulings have made it clear that some trans people's complaints can be upheld on the grounds of sex and disability, many have argued that none of these grounds provides adequate protection for trans people.²⁴ For example, some trans people do not identify as either male or female and, therefore, could not argue discrimination on the basis of sex as it is commonly understood in courts. Many trans people maintain that trans identity is not a disability and consider it inaccurate to assert disability as a ground for protection simply because the normal variations in human nature are erased by our gender system. Finally, sexual orientation is not the same as gender identity and trans people may be heterosexual, lesbian, gay or bisexual. For these reasons, among others, efforts are being made to include "gender identity" in human rights codes to ensure that all trans people are adequately protected. The British Columbia and Ontario Human Rights Commissions, as well as the federal Human Rights Act Review Panel, have all recommended to governments

²⁴ The Transgendered Law Reform Project, sponsored by the B. C. Law Foundation, outlined the inadequacies of existing grounds for the protection of trans people.

that human rights legislation be amended to include “gender identity” as a protected ground.

Special Programs and Exemptions

Special programs is the term used to refer to programs and activities intended to remove barriers faced by people who have been historically disadvantaged. For this reason, it is not discriminatory to implement an employment equity program, for example. Employment equity programs address long-standing unequal employment opportunities for women, visible minorities, Aboriginal peoples and people with disabilities. So, special programs may involve giving preference in hiring, or offering training opportunities, to members of those groups. In British Columbia, the Deputy Chief Commissioner can approve any special program that seeks to improve the conditions of disadvantaged individuals or groups.

There is also a section of the *British Columbia Human Rights Code* (Section 41) which allows for “exemptions.” This section allows charitable and other non-profit groups, which have the primary purpose of promoting the interests or welfare of an identifiable group (characterized by race, disability, sex, age, etc.), to give preference to members of that group. This is the case for many women’s organizations which are allowed to provide services specifically designed for the unique needs of women, and to restrict hiring to women. If a man filed a complaint because he was denied a job, the organization could use this section of the Code as a defence.

The Concept of Accommodation

This type of accommodation does not refer to a place to live, but to making adjustments to meet people’s needs. Services and employers are required to accommodate the needs of those protected under human rights legislation. We

know that treating people exactly the same does not result in equality. Real, or substantive, equality involves removing barriers and creating conditions in which a customer, employee or service-user will feel comfortable and welcome. So, employers and services are required to do everything possible to meet a need “short of undue hardship.” This means taking substantial and meaningful steps to accommodate a person’s needs, including re-examining any rules or policies that are discriminatory. It may involve making changes to a work station or a service to accommodate a person’s disability; restructuring work schedules to permit employees to observe religious practices; or assessing an individual’s abilities, rather than making assumptions based on group characteristics. The cost and disruption, as well as the impact on collective agreements and health and safety concerns, must be substantial to justify not meeting a person’s need (i.e., that it amounts to undue hardship). Further, accommodations must protect the dignity of the person. Dignity encompasses the confidentiality, autonomy, comfort, and self-esteem of the person. For example, offering the use of a freight elevator at the back of the building is not considered a dignified solution for a person with a disability.

Trans people have sometimes required accommodations in workplaces and services in order to have their needs met. For example, a workplace with multiple bathroom stalls may not offer enough privacy for a trans-woman who is in the process of transitioning. She may not feel comfortable, for a variety of reasons, in the common women’s washroom and may request the use of a single-occupant bathroom for a period of time. Similarly, a trans-man may not feel safe using a common men’s bathroom and may request a more private space. Note that these accommodations are made to meet the needs of the trans person, not other people using the facilities.

Some services, such as public pools and fitness clubs, do not have private shower or change areas. Access to these services by post-operative (post-op) women should not be an issue. However, non-operative (non-op) and pre-operative (pre-op) women would need to be accommodated so as not to violate current public decency laws relating to opposite sex nudity. Again, the dignity of the person is a primary factor and segregation is not appropriate. Hence, designating a separate room for trans-women - away from the regular change room - would not be considered suitable. However, creating a private area *within* the women's change room may meet the needs of trans-women, as well as other women wishing privacy when they change (e.g., as Queen's University has done).

The Role of Human Rights Commissions

Human Rights Commissions are needed to implement Human Rights Codes. To this end, they promote equality through education and research, and administer human rights complaints. The purpose of the complaints procedure is to provide a remedy for discrimination and to prevent further discrimination - not to punish. When a complaint is brought to the Commission, a human rights officer investigates to determine if there is evidence of discrimination and if the complaint can be informally resolved. If appropriate, the investigator will try to help the parties come to a mutually agreeable settlement. If there is evidence of discrimination and a settlement cannot be reached, the Commission refers the case to a Human Rights Tribunal.

The Tribunal is a quasi-judicial body that is independent of the Human Rights Commission. Tribunal members hear complaints and make rulings as to whether or not discrimination has occurred. If a Tribunal finds that discrimination has occurred, it orders a remedy. Remedies can include changing a discriminatory

policy, reimbursing an employee for lost wages, or compensating a victim of discrimination for damage to dignity. Tribunal decisions can be appealed to a court and some have resulted in rulings by the Supreme Court of Canada.

Recent Human Rights Decisions

There have been several significant rulings in recent years which give direction to women's services regarding the inclusion of trans-women. Tribunals in British Columbia and Quebec have established that transsexuals are protected by human rights codes on the basis of sex and/or disability. Complaints of discrimination have been upheld in the areas of employment and services. For example, a Human Rights Tribunal ruled against a youth centre in Montreal for

When an outreach worker for a Montreal youth centre informed her employer that she would be transitioning and wished to be recognized as a woman, the centre failed to renew her contract. The centre cited the reactions of financial supporters, parents, and the youth with whom she worked, as reasons for discontinuing her employment. At the human rights hearing, the centre confessed that it had dismissed another employee at the same time, hoping that the trans-woman's termination would not be viewed as discriminatory. The Tribunal ruled that the centre had discriminated against this employee on the basis of her sex and ordered it to pay lost wages, as well as \$4,000 for injury to her dignity. (Quebec Commission des droits de la personne et des droits de la jeunesse v. Maison des jeunes A-Ma-Baie, 1998)

dismissing a woman after she informed management that she was transitioning (see box on left).

A taxi dispatcher in British Columbia was also found to have been discriminated against on the basis of her trans status by her union. In this case, a co-worker complained about the dispatcher using the women's washroom. When the dispatcher filed a grievance against the company with her union, her union rep believed that the complaint had merit and failed to support her grievance (see box on next page).

This case confirmed that trans people are entitled to the same protection by unions as any other union member.

A trans-woman who had worked as a taxi driver for 15 years was subsequently hired as an office dispatcher by the same company. After she moved into the main office, a co-worker complained to the manager about her use of the women's washroom. After an astonishing series of omissions, and repeated failure by both management and the union representative to communicate with the woman, she filed a grievance with her union against the cab company. Her union representative refused to support her grievance, stating that the washroom complaint seemed "valid." This series of events led to the employee leaving her job after nearly 20 years of service. She filed a human rights complaint against both her employer and her union. Before the human rights hearing, the cab company settled with her; however, a Tribunal heard her complaint against the union. It found that the union had discriminated against her on the basis of her sex and disability by failing to contact her and by treating her grievance in a "glib and dismissive" manner. Her trans status was considered to have been a factor in that treatment. The union was ordered to compensate her for lost wages and to pay her \$5,000 for injury to her dignity, feelings and self-respect. (Ferris v. Office & Technical Employees Union, 1999, B. C. Human Rights Tribunal)

Another case involving the use of washrooms helped to clarify when a trans-woman is entitled to be treated as a woman. Although medical reassignment is needed to alter one's birth certificate, Human Rights Tribunals have determined that it is not required in order to be treated as a member of one's gender. A woman in the process of transitioning was prevented from using the women's washroom in a nightclub. The Tribunal ruled that the club had been discriminatory in its treatment of her and that, "transsexuals in transition who are living as members of the desired sex should be considered to be members of that sex for the purposes of human rights legislation. . . .the Complainant, on [that date], was a woman and, therefore, her choice of the women's washroom

was appropriate.” The club was ordered to change its washroom policy and pay the woman \$2000 for injury to her dignity (see box below).

A woman in transition started going to a lesbian and gay club in Victoria, thinking that it would be “a safe environment” in which to socialize as a woman. When seen leaving the women’s washroom, a nightclub employee informed her that this was not permitted. After obtaining a letter from her physician, indicating that she was a transsexual and was authorized to live and dress as a woman, the patron returned to the bar for a New Year’s Eve party. She was refused entry because her driver’s licence photo did not match her appearance, and she was told that her physician’s letter “meant nothing.” When she later spoke with the club’s owner, he informed her that there had been complaints from lesbians about transsexuals using the washroom and that the club’s policy forbade it. The Human Rights Tribunal ruled that the woman had been discriminated against on the basis of sex and disability and that the owner of the club had failed in his duty to accommodate her needs. They also reiterated that the discomfort, or preference, of other patrons is not a defense for discrimination. (Sheridan v. Sanctuary Investments Ltd., 1998, B. C. Human Rights Tribunal)

The youth worker and the nightclub patron were both in the process of medical reassignment and were engaged in the Real Life Test required prior to surgery. They were well on their way to meeting the requirements for sex reassignment and Tribunals recognized that they had no choice but to use women’s bathrooms, and to live as women in all areas of their lives, including their workplaces.

The same principles were applied to the following situation in which a woman was denied access to women-only space.²⁵ As volunteer work was one of the requirements of the gender clinic, prior to SRS, a woman attempted to join the Vancouver Lesbian Connection. This woman identified as a radical lesbian feminist and specifically wanted to be in women-only space. She was initially

²⁵ Mamela v. Vancouver Lesbian Connection, 1999, B. C. Human Rights Tribunal.

refused a membership because, she was told, she had been “raised as a boy.” She subsequently wrote to the organization suggesting that they open their membership to transgendered and bisexual women, which they did. She then became a member and began volunteering. Following the publication of some of her opinions on gender in a controversial newspaper article, board members from the organization described her as “aggressive and mannish” and expressed disapproval of her comments. Shortly thereafter, a board member approached her and insisted that she leave the organization, claiming improper use of the computer. Following an exchange of letters, with one addressed in her former masculine name, the volunteer received a notice suspending her membership and prohibiting her from attending events for a year. The Human Rights Tribunal ruled that these actions constituted discrimination and that her sex was the basis for this negative treatment. The organization was ordered to cease its violation of the Code and to pay her \$3,000 for injury to her dignity.

These rulings clarify the right of trans-women to use women’s services and to volunteer in women’s organizations, without discrimination. However, there is a final case which clarifies a trans-woman’s right to provide *counselling* services in a women’s organization. A post-op trans-woman volunteered at Vancouver Rape Relief (VRR), a service for sexually assaulted and abused women. Following a screening interview, she attended the first volunteer training session; but she was asked to leave the session because she was not born female. As a result, she filed a human rights complaint.

VRR initially tried to stop the Human Rights Tribunal from hearing the complaint, arguing that transsexuals were not protected by the Code; however, the Supreme Court determined that this was, indeed, a human rights case (see box below).

The Vancouver Rape Relief Society refused to allow a trans-woman to volunteer as a crisis counsellor because she had not been born female. The woman filed a human rights complaint. However, Rape Relief filed a petition to halt the hearing, arguing that because gender identity was not listed as a prohibited ground, transsexuals were not protected by the Human Rights Code. The petition was heard in the British Columbia Supreme Court. In his decision, Justice Davies disagreed with Rape Relief, stating that the volunteer's complaint can "fairly be characterized as an allegation of discrimination against her as a woman, a complaint over which the Commission and the Tribunal both have jurisdiction just as they have jurisdiction over any complaint of discrimination by any woman based on appearance." Accordingly, the case was referred back to the Human Rights Tribunal for a hearing. (Vancouver Rape Relief Society v. B. C. Human Rights Commission, 2000)

In the subsequent Tribunal hearing, VRR argued that its exclusion of the trans volunteer was justified because the "life-long experience of being treated as a female, and no experience being treated as a male" was a bona fide occupational requirement for volunteers who counsel abused women.²⁶ Exclusive socialization as a female, they contended, was necessary to be considered a "peer" to other women. However the Tribunal disagreed, noting that VRR's argument assumes that all other women who volunteer for, and use, their services have "a homogenous common life experience."

Although some form of screening process was considered reasonable by the Tribunal, it ruled that VRR excluded the volunteer because she is a member of a defined, marginalized group (trans and transgendered women), not on the basis of her individual capabilities. In other words, there is no reason to believe that trans-women cannot provide these services; indeed, this particular woman had

²⁶ Nixon v. Vancouver Rape Relief Society, 2002, B. C. Human Rights Tribunal.

successfully volunteered and worked with similar women-only services in the past.

Further, the Tribunal noted that if problems related to training or service-provision were anticipated, VRR had a duty to accommodate the volunteer; short of undue hardship, and to find ways to include her in the training program. VRR was ordered to comply with the Code and to pay the volunteer \$7,500 for injury to her dignity, feelings and self-respect.

In summary, recent legal decisions clarify the rights of trans-women who have undergone, or are in the process of undergoing, medical reassignment. We do not know how a Tribunal might rule in the case of a trans-woman lacking the support of a medical diagnosis. However, the intent of human rights law, and the tenets of feminism, both embrace a large and liberal interpretation of the concept of justice.

Implications of Human Rights Rulings for Women's Organizations

The trend in these decisions indicate that:

- trans-women in the process of a medical transition are protected from discrimination on the basis of sex and/or disability
- trans-women are entitled to be treated as women and to use women's services and facilities, including bathrooms and change rooms
- trans-women are entitled to volunteer with, and provide services in, women-only organizations
- women's organizations cannot discriminate against trans-women in employment, service-provision, or any other area protected in the Code
- women's organizations have a duty to develop policies that accommodate the needs of trans-women
- excluding particular groups of women, without individual assessment and accommodation, may be discriminatory
- the preference, or discomfort, of others is not a good reason to discriminate
- women's organizations have the same responsibility as any other service or workplace not to discriminate and are just as vulnerable to human rights complaints

6 *Initiating Policy Development*

Thus far, we have provided the background information that sets the stage for policy development. Now it is time to start the process. Again, keep in mind that there may be trans and intersex people already working in, or receiving services from, your organization. Be respectful and considerate while you engage in your policy deliberations. Do not assume that you know a co-worker's or client's gender identity.

Not all policies are created equal. Some policies require only compliance; that is, a requirement that members do (or do not) engage in some particular behaviours. For example, a non-smoking policy requires only that people don't light up inside. This kind of policy does not insist that beliefs about smoking or smokers change, only that the behaviour is modified for particular periods of time. No one has to quit smoking, they simply need to engage in the behaviour elsewhere. This kind of policy is relatively easy to monitor and to enforce.

Other kinds of policies, such as anti-discrimination policies, necessitate more than simple compliance: they require endorsement, education and support. An anti-discrimination policy deals with not just one kind of behaviour, but with a whole collection of behaviours, attitudes and beliefs. In order for behaviour to change, some attitudes and beliefs about the oppressed group must change as well. These policies can be difficult to monitor and enforce and can be undermined at any level of the organization. An anti-discrimination policy works only if the organization as a whole is committed to making it work. Thus, unlike the smoking policy, it is necessary for the spirit and intention of the policy to be

supported, attended to, and evaluated on an ongoing basis. Members of your organization will need to deal with any fears and prejudices they might have about trans and intersex people in order for this policy to be successful.

Before we can decide where to go, we have to know where we are. What follows are some tips and guidance for assessing the current situation within your organization. We cannot offer a paint-by-number approach as the circumstances in each organization are unique. You will need to develop a process that meets the needs of your organization and your community.

Clarify Your Objectives

As you know, it is not enough to simply write statements to the effect that you will not discriminate against trans and intersex women. The policy is just a tool to help guide your practices: the concrete, day-to-day things you do to meet the objective of becoming inclusive. To give the policy meaning, and the chance to succeed, you need to be clear about what inclusion means to you and what changes are required to achieve it.

Throughout this manual a broad definition of trans has been used: one which includes all people who cross socially constructed gender and sex boundaries with a gender identity and/or presentation not typically associated with their assigned sex. In clarifying your objectives, you will need to determine how broad your definition will be and, thus, the scope of your policy.

Inclusivity means actively including trans and intersex women among your service-users, staff, volunteers, board members, and general membership. At this stage, it would be helpful to have trans people and trans allies assisting with the policy development process. Contact a local trans organization, let them

know what you are up to, and ask if they would consider lending a hand. If there are no such organizations in your area, try developing some long-distance relationships with trans groups elsewhere in the province. This is also a good time to seek out other women's organizations which have already drafted, or implemented, trans inclusion policies. They may be willing to share experiences and resources.

The next chapter deals with strategies for enhancing the inclusivity of your organization, but at this stage it is sufficient to recognize that you will soon need to engage in outreach, coalition building, and program development, in order to implement your policy.

Take Stock - Where Are You Now?

Try not to be overwhelmed by what you are about to undertake - you have done anti-discrimination work before and will do it again. Creating a policy for trans people is not fundamentally different from creating inclusive policies for lesbians, women of colour, women with disabilities, or people from any other marginalized group. Taking stock is about recognizing where you are now and includes determining the level of commitment to the process, recognizing your strengths and weaknesses, and assessing educational and resource needs.

Determine Organizational Commitment

This is an intensely transphobic society, so it is a good bet that transphobia exists in your organization, just as homophobia, racism, ableism and classism do. The question is not whether transphobia exists, but whether there is the motivation to do anything about it. Is there support for this undertaking? Where does the support lie? Is it scattered throughout the organization among frontline staff or at the board level? If you are unionized, do you have rank and file support?

Assess Educational Needs

Determine the level of knowledge your organization has on trans issues. Have all members of the organization received trans-specific anti-discrimination training? If so, how much? Before you start to write your policy you will need to have at least one substantial training session on trans issues, for all members of the organization. In addition, an in-service on the process of policy development will help ensure that everyone understands what is taking place and why. See if you can find educators with specific expertise on trans issues who could provide this training for you. Do you know if your union includes trans issues in their education programs? If so, can it assist you?

If you have had some training, what was the outcome? Did the training have an impact on attitudes? Are there obvious pockets of concern? What is the nature of the concerns? It has been our experience that many non-trans women initially find it difficult to further deconstruct gender. They have seen only a binary model and change is going to take a bit of work. If concerns remain strong, you may need to organize additional educational sessions. Helping people to reconceptualize gender should help in addressing reservations they may have about becoming trans inclusive.

Have frontline staff received the training they will likely need on issues pertinent to them (e.g. sexual or domestic violence issues for trans and intersex women)? Your organization will likely require additional resources and the chapter on *Resources* could be of use here. Finally, has your organization been generating ideas for educating service-users? If not, think about the strategies that have worked in the past for dealing with racist or homophobic service-users and consider how they could be used to deal with transphobia.

Analyze and Address Barriers

There may be individuals (or groups) who are reluctant to include trans and intersex women in your organization. Analyzing the origins of those concerns will help you figure out how to overcome them. For the Trans Accessibility Project²⁷ we sent questionnaires to transition houses and shelters in Ontario and asked women what they saw as the barriers to trans inclusion. Below is a summary of some of the issues identified:

- **Discriminatory attitudes towards trans-women** on the part of staff, boards and volunteers was frequently raised as a barrier. Some non-trans women believed that trans issues were not women's issues and did not accept trans-women as “real” women. Transphobia is, after all, based in a conventional notion of gender - where men are men, and women are women, with a distinct line between the two. It can be difficult, even for committed feminists, to unlearn transphobic attitudes and behaviours. Shelter workers identified education as essential in dealing with this problem.
- **Differences in the socialization of females and males** was a frequent objection. While a grudging acceptance of gender identity may be given, there were concerns that trans-women would bring “male energy” into women’s spaces as a result of presumed male socialization. Trying to define male energy is almost impossible, so it can be difficult to challenge. You can’t see, touch, smell, or hear it. If compelled to define it, it would probably include the characteristics that we associate with privilege: a sense of entitlement, confidence, assertiveness and taking up space. It’s a bit like saying, “We don’t want people in here with the characteristics we are striving for.”
- **Transphobia from non-trans service-users** was anticipated. Some of the respondents wondered if it was realistic, or fair, to expect non-trans service-users to accept trans-women. Women, after all, come to escape abusive, desperate situations; not to get a political education. However, we know that having been abused, or being in need of any service, does not give one license to discriminate against others on the basis of any other

²⁷ The Trans Accessibility Project (1999) was undertaken by Allison Cope and Julie Darke and funded by the Violence Intervention & Education Work Group. The purpose was to develop a user-friendly manual for women’s transition houses to assist those organizations in providing appropriate services to trans-women.

characteristic, such as ability, race, or sexual orientation.

Human rights philosophy and rulings recognize that the comfort (or discomfort) of others is not a legitimate reason to exclude someone from services or from full participation in society. Concerns about the comfort of service-users will (and should) always be a consideration in how services are delivered. However, discrimination cannot be used to create a comfortable environment for one part of the population, at the expense of another. We do not exclude lesbians because some heterosexual women are homophobic and we cannot exclude trans and intersex women because some non-trans women are transphobic.

- **Frontline staff felt unprepared** to deal with trans-women and their specific issues. Respondents were reluctant to agree to do counselling, for example, without first developing new skills and gaining more knowledge. It is true that some skills development will be necessary to perform effectively and responsibly. This training should be considered a part of the policy development process. It will take some time to increase the organization's competence with trans issues and this should be viewed as an ongoing endeavour. However, over the past 30 years, women's organizations have repeatedly been confronted with the need to change their understanding of violence and expand their skills. For example, women of colour, Aboriginal women, lesbians, and working class women have insisted that women's organizations recognize and address the intersections of multiple forms of oppression. In addition, staff have had to learn about addictions, self-injury, dissociative responses, and HIV, among other issues, in order to provide relevant and competent services. And through it all, issues that relate to gender and gender identity have been present. Although workers may feel they need some additional training on trans issues, women's organizations are well-qualified to take this on.
- **A scarcity of resources** was identified as a possible barrier. The women surveyed feared that putting energy into trans inclusion would detract from the *real* work of the organization and drain already limited resources. As long as trans issues are not seen as women's issues, or are viewed as unimportant, there will never be "enough" time, energy or money (see Determine Organizational Commitment). Real concerns also existed in terms of accommodation expenses. The lack of private rooms or facilities in residential settings, and the inability to finance renovations, was believed

to be an almost insurmountable barrier. Funding concerns also included a lack of resources for hiring trainers and consultants, revising print materials, buying new resources, and advertising. Organizations feared stretching limited resources to meet new and previously unanticipated needs.

It is true that resources in all social services, especially women's organizations, are limited. However, a realistic appraisal of anticipated costs needs to be undertaken. The potential accommodation needs of trans and intersex women are minimal. Non-residential settings might only need private bathroom facilities, not structural renovations. Most services already have single-occupant bathrooms, or doors with latches on multiple stalls. Accommodation issues will be more complicated for residential settings without any single rooms. However, creative solutions may be found in discussion with women in need of accommodation. Beware that a "scarcity of resources" argument is not used as a red herring to divert attention from underlying resistance. For example, there is an abundance of free resources on trans issues on the internet and at most local libraries. The changes that are needed to make an organization inclusive are more attitudinal than financial.

- **The anticipated disapproval of others** in the community was also considered a barrier. It is similar to the concerns about including lesbians in women's organizations in the 70s and 80s. There may also be worries about how other women's groups, who are opposed to trans inclusion, may react. Women's organizations have a long history of experiencing community disapproval but, thankfully, that never stopped us from doing the work that needed to be done.
- **Finally, the perception by the trans community** that your organization is transphobic may pose a significant barrier to inclusivity. Respondents to the Trans Accessibility Questionnaire did not make reference to this, but we feel that it is important to add. The perceptions of your organization, or negative experiences that members of the trans community may have had with your organization (or others like it), could prevent them from contacting you. You may have good intentions, but past behaviour may have undermined trust in women's services. Trans and intersex women may feel cautious about approaching an unknown organization for help, employment, or volunteering opportunities. A trans-woman may not know what services she can access, what conditions may be placed on her admittance, or what

she might encounter while using the services. Even if there is a high level of commitment to becoming inclusive, you may find that when you open your doors, nobody shows up. If so, you will need to engage in outreach to the trans community (see Chapter 7).

Identify Your Strengths - What Do You Bring?

The greatest strength that women's organizations bring to this process is having been through it before. Thus you have the "know how" and do not need to reinvent the wheel. Think of your existing policies and procedures as strengths which you bring to this process. Virtually all women's organizations have policies and procedures in place to deal with issues of discrimination. You have also likely had many years of practical experience dealing with the effects of discrimination. Transphobia is one more form to be integrated into your work.

Determine Your Process

Once you know your strengths and weaknesses, and feel that the level of commitment to the process is sufficient to proceed, then it is time to consider how to make this policy a reality. The process of policy development will have a direct impact on the effectiveness of your policy. Whether the policy is created by a board of directors, or a team drawn from throughout the organization, you will want to build consensus and deal with barriers as part of the process.

Create a Team

Each organization has its own method of creating policy and we are not suggesting that you diverge radically from what you are accustomed to doing. However, this is a new area for many women and more preparatory work may be needed than with other policies you have produced. Establishing a team that is representative of the entire organization will enhance support for the policy during its implementation. The policy team could be composed of board members,

frontline staff, volunteers, union representatives and community advisors.

Consider including members with diverse opinions on the team. In addition to the education that all members of the organization receive, the policy development team will need some additional information and expertise. They will need a cursory understanding of human rights rulings and legislation, as well as a good grasp of the rationale for, and implications of, the policy. We suggest that all team members read this manual; further, the team may need access to additional resources to undertake this task.

Build Consensus

The decision to become trans and intersex inclusive may generate some controversy and conflict. There is a history of transphobia within women's organizations and additional work, beyond basic education, may be needed to gain support for this undertaking. Your policy will be more successful if it is not thrust upon members. Take the time to develop some consensus on both the process and the objectives of policy development. Working to build consensus with controversial subjects takes time, effort, and commitment. It also requires that participants work in good faith to resolve disagreements.

Consensus does not mean that every member of the organization must be in complete agreement with every nuance of the policy. Absolute agreement may not be realistic and some members may remain adamant in their opposition. Some individuals may not be prepared to move ahead with the organization and that must be recognized as part of this process. While our comfort level with something new often needs time to catch up, a lack of familiarity must not be allowed to stall progressive changes. If you waited to eliminate everyone's biases before putting pen to paper, you would never get a policy written.

Building Consensus

There are some steps that can be taken to increase the degree of consensus and, therefore, support for this endeavour:

- If possible, bring in an outside, mutually agreed upon facilitator who is knowledgeable about the issues to mediate the process
- Consider a day-long retreat to address the issues and conflict
- Foster a sense of group ownership over the process and objectives
- Avoid us/them, polarized conflicts by taking everyone into account
- Encourage and support participation, so that everyone feels they are an important part of the process
- Provide everyone involved with the tools and knowledge they need to participate fully

Set Time Lines

Set time lines for this process, but be realistic. It should not take long to actually write the policy, but it will take time to do the preparation outlined in this chapter. The initial stages of policy development will be time consuming if there are concerns about your objectives. Although it is not necessary to completely eradicate opposition, a strategy for dealing with it should be initiated. The most time consuming phase of policy development is implementation. Setting time lines gives the process direction and momentum and prevents stalling. It will take more than a couple weeks to become inclusive, but you should be well underway within a year.

7 *Writing and Implementing Your Policy*

It is now time to start writing your policy! Each organization has its own way of creating and writing policies. We are not proposing a specific formula, or exact wording to be used, but we are suggesting that you include some of the elements listed below. The policy fragments included in each section are meant as examples, not as templates. While the following material provides the bare-bones of an inclusive policy for trans and intersex women, some of you may wish to extend your mandates to include trans and intersex men as well as pan-gendered people. You will find some suggestions on how to do this in *Frequently Asked Questions*.

Components of Your Policy

Your policy can be broken down into the following elements:

- a. statements outlining your philosophy of anti-discrimination and inclusion; who you are including and their eligibility for services and participation
- b. statements about accommodation
- c. an expression of the organization's commitment to creating a trans-positive environment
- d. an identification of educational needs and outreach strategies that allow you to be trans inclusive

What follows is a description of the function of each component and sample clauses.

Philosophy

a) Non-discrimination and inclusion

This section explicitly states that discrimination based on trans status will not be tolerated by the organization. The non-discrimination clause makes the objective of inclusion apparent by both prohibiting discrimination and by stating how, in broad terms, the organization will include trans and intersex women. The majority of women's organizations already have anti-discrimination clauses relating to race, HIV/AIDS, sexual orientation, disabilities, etc. The format for the trans anti-discrimination clause should reflect the style used in existing non-discrimination clauses.

Example:

This policy reflects Organization A's commitment to anti-discrimination practices in relation to all trans and intersex women (volunteers, employees and service-users) and ensures that their rights are respected and protected. Organization A will actively work to promote a climate that is welcoming and inclusive of trans and intersex women. Any conduct which fosters a hostile environment for trans-women, whether from service-users or members of the organization, will not be tolerated. Organization A will include trans and intersex women as members in all areas of the organization and as service-users.

In the above statement, the requirements for inclusion (a trans-positive environment) are integrated into an anti-discrimination framework, making explicit the link between being prohibitive (of discriminatory treatment) and pro-active (in creating an inclusive environment). Procedures for dealing with discriminatory behaviour on the part of service-users, staff and volunteers will be the same as procedures for dealing with any other kind of discrimination.

b) Definitions

Trans and intersex women already know who they are, so a definition is meant to reflect the scope of your policy. It could be argued that including a definition of trans is insulting, since we don't define terms like "lesbian" or "woman or colour." How you choose to define trans (if you choose to include this at all) will set the tone for your policy and its implementation. For example, the broader your definition, the more inclusive the policy. Conversely, if you define a trans-woman only as one who has undergone sex reassignment surgery, and who has "official" documentation, you have not created an inclusive policy at all, since post-op women are already legally women (as discussed in Chapter 5).

Example:

Trans and intersex women are individuals who self-identify as women.

c) Eligibility for services and participation in the organization

This clause provides the nuts and bolts of where discrimination against trans-women is prohibited and how trans and intersex women will be included and welcomed in the organization. The anti-discrimination clause confers general protection, while this section makes clear how that clause is to be interpreted and implemented. The eligibility provisions are statements which reflect a commitment to employment equity and the right of trans and intersex women to access services.

Example:

Organization A recognizes that being trans is not in any way related to an individual's eligibility for volunteering, employment or services. Candidates for staff and volunteer positions will not be discriminated against on the basis of their trans or intersex status, and will be given the same consideration as all other candidates. Organization A will provide trans and intersex women who meet the criteria for

services with the same range of services available to all women. Refusal to work with a trans service-user, volunteer or co-worker because they are trans will result in disciplinary action.

Eligibility statements serve two functions: they clarify the roles in which trans and intersex women are included (all roles) and they let women know that they are welcome in the organization. Given the history of exclusion from women's services, it is particularly useful to be clear about the extent of eligibility.

d) Confidentiality

Dignity, privacy and confidentiality are essential for all service-users, staff, and volunteers. Just as sexual orientation, HIV status, and other personal information is considered to be confidential, so too is a woman's trans status. Existing confidentiality provisos can be updated to include trans status.

Example:

The trans or intersex status of any and all members of Organization A is considered confidential and private and will not be recorded or disclosed without the express permission of the individual. Disclosure is a personal choice.

Guarantees of confidentiality are essential to creating a safe space. The consequences for breaches of confidentiality should reflect the gravity of the violation.

Accommodation

The accommodation requirements for trans and intersex women may be minimal. Accommodations will probably only be needed for situations where there may be nudity, or where privacy is requested.

Example:

Organization A will make appropriate bathrooms, bedrooms, and changing areas available to all women. All shared bathrooms will be equipped with stalls, latching doors, curtains or other reasonable methods to provide privacy in a communal setting. Substantial efforts will be made to accommodate trans and intersex women in accordance with human rights legislation.

There may be services without the means to offer any resident a private room. In these cases, organizations may need to be creative to accommodate women's desire or need for privacy. For example, in the case of dormitory style sleeping facilities, perhaps a screened area could be made available for changing. Keep in mind that in making an accommodation, the dignity and confidentiality of the woman must guide your decision-making.

Education and Outreach

It is important that your policy not be "tokenistic." It is not sufficient to merely have a policy that says you won't discriminate or that trans-women are welcome in your organization. In order for your policy to work, and even more importantly, to ensure that trans and intersex women receive respectful treatment, you need to consider including provisions for education and outreach.

a) Education

Transphobia should be addressed in orientation and training sessions for all volunteers, staff and board members.

Example:

Organization A will continue to increase its knowledge of trans and intersex issues through ongoing staff in-services and the incorporation of trans issues into volunteer training programs.

The educational needs of the organization should be assessed and plans made to ensure that all members receive adequate training. Frontline workers may require additional, specialized training on the support and counselling needs of trans and intersex women.

b) Outreach

A commitment to engage in outreach should be included in your policy to ensure that other services and communities are aware of what you are doing.

Example:

Organization A will initiate and maintain an outreach program focusing on trans and intersex women and trans communities.

Writing the policy is fairly straightforward when compared to implementing it. As the following reveals, once you have the words on paper, the real work begins.

Implementing Your Policy

Implementation is about actualizing the philosophy and intentions of your policy. When implementing the non-smoking policy (referred to earlier), you probably included the directive in general house rules, posted some “no smoking” signs, and continued to provide the occasional verbal reminder to smoke outside. An inclusion policy requires many more steps: some you can achieve in the short-term, others only over the long haul. Below are some activities that will help put your policy into action.

Advertise

Creating inclusive policies is futile if that fact is not known beyond your own front door. When you start advertising that you are trans inclusive you are, in a sense, “coming out” as a trans-positive organization. You are making public, not

only the services you provide, but also the spirit of your policy.

Update Your Materials

Review other policies, procedures, and written materials and integrate trans content where relevant, ensuring that they explicitly state that trans and intersex women are included in your organization. Your mission statement, pamphlets, intake and assessment forms, newsletters, and all forms of public education materials should reflect this inclusivity. Equity statements, confidentiality provisions, recruitment procedures, and references to ongoing training, all need to be updated. Not all materials can be revised at once, however, all policies and procedures should be reviewed and brought in line as soon as possible.

Meet the Needs of Service-Users

Most needs of trans service-users will be similar to those of non-trans women. For example, trans survivors of violence experience the disbelief, terror, guilt, hopelessness and powerlessness common to all women who are victimized. They fear that they will not be believed and that they will be seen as responsible for the violence. Women's organizations have great expertise in these areas, so the support you offer to trans and intersex women will be similar to that offered to non-trans women. However, trans service-users may have additional issues to contend with, including:

- **internalized transphobia:** Transphobia shapes trans and intersex people's concepts of self and beliefs about the world. As with other forms of oppression, the hateful messages of transphobia become internalized and generate fear, self-loathing and shame. Internalized transphobia affects the impact of abuse and women's ability to heal from it. The addition of other forms of internalized oppression (such as internalized ableism, racism or homophobia), will further intensify the impact of abuse and complicate healing. Multiple victimizations can also spawn the belief that abuse is

normal and inevitable. Like some non-trans women, a trans or intersex woman may believe that she is lucky to have a partner, even an abusive one, and that she is not likely to find another.

- **outing issues:** Trans and intersex women are confronted with the decision to out themselves as trans when they seek services. Although they may not be identified as trans by others, there may be a need to discuss gender identity, or intersexuality, if some aspects of the abuse they suffered are directly related to their trans status. If their sexual orientation was also a factor in the abuse, they face another coming out dilemma. The full impact of the abuse endured may not be understood without knowledge of gender identity, sexual orientation, and other identities that may, or may not, be visible (disabilities, ethnicity, etc.).
- **dissociative experiences:** Trans survivors, like non-trans survivors, use dissociation to cope with the abuse they experienced. However, recovery from violence may be further complicated for trans-women who are highly dissociative (e.g., Dissociative Identity Disorder, DID) and they may have to contend with their own, or others', confusion about the nature of their identities. For example, they may have their trans identity minimized and viewed solely as a product of dissociative reactions. Although there may be instances in which this is the case, there is a danger that service-providers, who generally possess greater knowledge of dissociation than trans issues, may fail to explore, or validate, a trans identity. In addition, barriers to medical sex reassignment services will be increased as DID is a common "differential diagnosis" for Gender Identity Disorder.
- **limited range of services available:** There are few places for trans-women to receive services. To ensure that your services adequately respond to their needs, you will need to consult trans communities and resources. Organizations such as the Survivor Project and the Intersex Society of North America will be helpful (see Resources). While you may be the experts on harassment, sexual assault and domestic violence, trans people are the experts on their lives. Ensure their experiences and perspectives are adequately reflected in your services.

You may also need to enhance your referral capacities. Many trans people, like non-trans people, are multiply marginalized and you can expect that they will have multiple needs and issues. They may have needs that your

organization is unable, or not mandated, to meet. Therefore, you may need to expand your knowledge of other trans-positive services and be prepared to advocate on behalf of your trans service-users. Advocacy may also necessitate educating other community resources to ensure that trans and intersex women are treated respectfully. As discussed in Chapter 4, even going the hospital emergency department can be a harrowing experience for some trans people.

Create a Trans-Positive Environment

There are several concrete ways in which an organization can create an environment that is welcoming and comfortable for trans and intersex women. You will likely need to increase the range of resources available for trans and non-trans service-users, staff, volunteers and board members. Existing literature (pamphlets, booklets) may need to be revised to include trans content and/or new materials developed. Similarly, pictures, symbols and posters - visible trans images - not only educate non-trans service-users and staff, but signal to trans-women that there is a place for them in the organization. A trans-positive environment cannot be created without the appropriate and respectful use of language (see Appendix A, p. 104).

Undertake Outreach and Community Development

As with any marginalized group, efforts must be made to reach out to trans communities. Outreach work is as much about building trust, and developing communication, as it is about making your services known. Outreach also requires that you go to the communities you want to access, rather than waiting for them to come to you. It is an active endeavour that demonstrates good will, commitment, and a genuine interest in providing services.

Outreach and community building are intimately linked: both are required to be successful in either. Because trans people are, and always have been, part of

women's communities, community development is about working to make our communities more inclusive of all its members. There are multiple constituencies, and therefore priorities, within any community; including, concerns related to racism, ableism, classism, homophobia, and transphobia. Coalition building is about finding common ground and uniting to fight shared problems.

Suggestions for Outreach

- invite speakers from trans communities for training, films and discussion groups
- invite members of trans communities to assist in the formation of policies and procedures
- participate in, or help to create, a coalition of groups and agencies to coordinate services and evaluate the gaps in services for trans people
- include trans issues in International Women's Week, Take Back The Night rallies, Black History Month, Queer Pride events, etc.
- offer anti-transphobia workshops during International Women's Week, Take Back The Night, etc.
- develop a workshop making the links between trans issues and the women's movement
- initiate a community panel on trans issues
- become familiar with, and support, issues of concern to trans communities and help them fight for social justice - on their terms

Outreach and community development will be significant components of your implementation process and critical to the success of your objective. Be persistent in your efforts. It can take time to build relationships and trust where little has existed in the past. Trans communities have reason to feel suspicious of women's organizations and may need to witness sustained effort on your part before accepting your intentions as sincere.

Increase Understanding

It is clear that earlier experiences of dominant Western feminism were drawn from predominantly white, middle class, and heterosexual women. Hence, the movement's early agenda was driven by, and served, particular women, not the majority of women. Despite the best of intentions, many women have been, and continue to be, marginalized within the women's movement. Women of colour, women with disabilities, lesbians, Aboriginal women, old women and poor women have all encountered barriers to inclusion in women's organizations. Some of us continue to fight for recognition of our very existence, as well as our unique needs and experiences, within feminist communities. Responding to these challenges is not always easy, for in the process we confront our deeply held fears and prejudices. We struggle with our own racism, classism, ableism, internalized sexism, and other forms of oppression in order to bring our organizations, as well as our sense of self, in line with our political and social goals. We need to continue to struggle to ensure that all women, including trans and intersex women, can access all services and opportunities. Trans and intersex people face relentless discrimination in all areas of their lives. It is time to incorporate the experiences of trans-women into our understanding of discrimination and oppression, have a look inside ourselves, and open our doors. This is an exciting time as gender barriers continue to be broken down. Including trans people in our organizations enriches us personally and politically.

8 *Frequently Asked Questions*

What if we write our policy and nobody comes?

Time to go back to the drawing board and see what steps you may have missed, either in the initial stages of policy development or, more likely, in the implementation phase. It may be that trans people are not aware of the changes that you have made, in which case building alliances with trans communities is needed. If you are in a small community, without a trans organization, you may need to be more active in advertising the changes you have made. Remember that trans people have reason to be suspicious of women's organizations and a proven track record may be needed to overcome mistrust. Doing some coalition work on trans issues will help to get the word out and demonstrate your commitment. It may also just take some time.

What about the safety issue?

The safety of all women is a concern for women's organizations. Some fear that trans and intersex women will pose a threat to non-trans women. This fear is based in the belief that trans-women are not "really" women, but men. However, there is no evidence to suggest that trans and intersex women are more verbally or physically abusive than other women. As you know, ostracism, verbal abuse, and physical violence tend to be experienced by members of marginalized groups within women's organizations, as elsewhere. Thus trans and intersex women, like Aboriginal women and lesbians, risk emotional and physical abuse because of their identities. Staff will need to be vigilant to ensure that trans and intersex women, as all women, are physically and emotionally safe.

Where is the law headed?

It has been established that it is against the law to discriminate against a person who has completed, or who is in the process of completing, sex reassignment to change their gender status. However, we do not know how tribunals might rule regarding trans people who cannot, or do not want to, access these medical services. It is also not known to what extent people who are not transsexuals are protected (e.g., pan-gendered). Some courts and tribunals have considered trans-women and men as simply a subgroup of their gender; thus, not addressing the fluidity of gender or the binary system. However others, including the British Columbia Supreme Court, have referred to considerations beyond the “traditional female/ male distinction”²⁸ leaving the door open to protection for people not clearly identifying as either a woman or a man. Further, human rights commissions across Canada are beginning to ask for legislative change in order to provide better protection for trans people; including adding gender identity as a prohibited ground for discrimination.

What about privacy for trans-women who have not had surgery?

There are two issues related to privacy. The first is the need to maintain the current public decency laws. Therefore, privacy is required in places where people undress or bathe. Most organizations have single occupant bathrooms or stalls with partitions, so privacy is not a concern. This is also true for most residential settings, so bathing and showering should not pose a problem. For residential services without single rooms, privacy may be a concern if a pre-op, or non-op, woman is asked to share a bedroom. In that case, you may need to get creative with an alternative form of accommodation. If the trans or intersex woman is comfortable with it, perhaps some form of temporary screen could be set up to provide privacy. Asking a trans or intersex woman to go and undress in

²⁸ Reiterated by Barbara Humphreys, *Sheridan v. Sanctuary Investments Ltd.*, 1998 (B. C. Human Rights Tribunal).

the bathroom is not an appropriate form of accommodation. The second issue is the degree of privacy requested by a trans-woman. Even if decency laws are not an issue (e.g., post-op), a trans or intersex woman may feel the need for some additional privacy. If this request is based on her trans status, services have a responsibility to meet her need (short of undue hardship).

Are single rooms for trans or intersex women always required?

No, this should not be necessary. Some trans and intersex women will want an extra degree of privacy and others will not. Unless you have reason to be concerned about public decency laws, it is up to the woman. You can ask if she would prefer a single room, but to *expect* her to use one is akin to segregation. This would likely be done for the comfort of other residents and at the expense of the trans-woman.

What if a survivor is afraid of a trans-woman who has masculine features?

For some survivors of male violence, a generalized fear of men is not uncommon, at least for a period of time. Survivors often struggle with a wide range of triggers which can activate feelings associated with the abuse; including sounds, colours, smells and the time of day. A woman (non-trans or trans) with some “masculine” features may remind a survivor of her male abuser. Another woman (non-trans or trans) may remind a survivor of her female abuser. There are any number of characteristics that may trigger a survivor. Part of a survivor’s healing process is to learn to differentiate her abuser from others with a similar characteristic: whether it’s the muscular arms of a non-trans woman or the curly red hair of a trans-woman. The law is clear on this one: the discomfort of others does not justify discrimination.

What if a resident refuses to share a room with a trans-woman?

Consider how you would handle the situation if a resident wanted to switch bedrooms because she wasn't comfortable sharing with a lesbian, or a woman of colour, or an Aboriginal woman. This situation is no different. We assume that you would not allow a resident to move because of prejudice. If you did, a powerful message would be sent to all women in your organization. If a resident would rather leave than sleep in the same room as a lesbian, a trans-woman, or an old woman, then that is her choice.

What if a client says she won't be counselled by a trans-person?

You can deal with this situation in the same way you would if a service-user said she is not going to talk to a woman who has a disability, or to a woman she "knows" is a lesbian. You can remind her that it is against the law for your organization to discriminate and that all staff are well-qualified to provide services.

What if I can't relate well to a trans co-worker?

If we relate well to every one of our co-workers, we're pretty lucky. It could be that the two of you just don't connect. On the other hand, you may be having difficulty getting past the fact that she is trans. Let's face it, most people learn their lessons well and will need to put some work into changing long-held biases. This is particularly true for preconceptions based on appearance. It might help to consider the women you already know and remind yourself that some of these women may be trans or intersex. Remember that some men have fine facial features or noticeable breasts; and some women have heavy-set jaws or imperceptible breasts. The similarities among people are far greater than the differences, in both anatomy and behaviour. Most importantly, listen closely to trans and intersex women and learn about their lives as women.

What if I think someone is trans, should I ask them?

No, not a good idea. How would you feel if someone asked if you were trans? Or if you were a lesbian? Or if you were really a woman? There is no need for you to know unless the person wants you to know. An intake interview that is trans and intersex-positive will make it easier for a trans service-user (who wishes) to reveal their identity. However, if you are still unclear at the end of the interview about whether your organization can meet the needs of the person, it may be appropriate to ask why they are seeking your particular services, or to discuss the services of other relevant organizations of which they may not be aware.

What if I make a mistake and say the wrong thing?

You probably will make a mistake at some point. As always, it is important to take responsibility for our mistakes and apologize for the harm we may have caused (without asking for reassurance from the person we may have offended). It is equally important to be patient with ourselves as “unlearning” takes time. If you are non-trans, get some support and talk it through with a non-trans ally.

What’s to stop a male abuser from coming to a transition house and saying he’s a woman who needs shelter?

Theoretically, this could happen; but in reality, it is quite unlikely. If an abuser simply wanted to get in the front door, it would be immediately clear to staff that he was an intruder. If he planned to pretend he was a victim of abuse until he could find his partner, it is likely that the suspicions of staff would be raised within the first few minutes of the intake assessment. It is more likely that a female abuser would try to gain entry (posing as the victim) to get access to her lesbian partner. Transition houses know that this also rarely happens.

What if a trans-woman comes to the door saying she's a victim of partner abuse, but her partner is already in the house, or is using other services, saying *she* is the victim?

These situations are not common but, when they arise, can be difficult. Again, return to what you know about the dynamics of abuse and same-sex partner abuse. In assessing who is likely the victim and abuser in a non-trans lesbian relationship, you look for a pattern of controlling behaviour as well as feelings and behaviour typically associated with victimization. We have learned that female abusers cannot be identified by their looks, tone of voice, or gendered appearance. These same principles apply in situations involving trans-women. Staff may need to be especially aware of their preconceptions about abusers and take care not to make assumptions based on appearance. This will be particularly important in situations where it is difficult to identify common abuse dynamics (e.g., that clearly differentiate the abuser and abused) and when you are making decisions about how, or where, services for both women will be provided. Additional education in the area of same-sex partner abuse may be helpful if you are lacking confidence (contact the Northwest Network in Seattle for information on assessment procedures for same-sex relationships).

If trans-men are “really” men, why do they want to use women’s services?

Many don't, but there are a couple of reasons why some will. First, many trans-men have a unique relationship with women's communities. Many live and work in them, especially lesbian communities, before coming out as trans. They counsel survivors, go to women's dances, call the crisis line, run groups, and use transition houses. In short, they are full participants in women's communities. Some trans-men helped *establish* women-only services. So, it is not difficult to understand why some do not want to completely lose the communities that they helped to build because of their decision to come out as men.

A second reason is that, if trans-men are identified as trans (i.e., having female biology), they are treated and punished as women: deviant women. Trans-men who have been sexually and physically assaulted for being in female bodies are unlikely to benefit from services designed for non-trans men. It is also possible that they will not be safe in those services. Many trans-men know that women's organizations will have the best understanding of their abuse experiences and, therefore, can provide the most suitable services. Trans-men need services informed by a feminist analysis of violence and in which they will not be threatened or ridiculed.

How can we support trans-men without losing our women-only status?

You will not threaten your status as a women's service if the services you offer are consistent with your organization's primary mandate. For example, if the focus of your work is violence against women, providing services to a trans-man who was sexually assaulted because he was born female (and therefore abused as a woman), is consistent with this mandate. Depending on the nature of your services, you may be able to offer some, but perhaps not all, of your normal services to trans-men. If on-site services are not considered appropriate, you may want to consider providing off-site services, or working with a community group with greater expertise in this area. Some sexual assault centres already provide phone services, for counselling and referrals, to men.

Decisions about service-provision can be based on the nature of the services needed, the circumstances of the person, and your ability to provide an appropriate accommodation, if required. For example, if you are a residential service and you have a private room, there may be times when you will want to provide emergency shelter to a trans-man who has been assaulted. Each

organization will need to decide how best to serve trans communities; especially those segments of the community which, in practical terms, do not have access to any relevant services.

How can we work with women’s organizations who are against including trans-women?

It can be difficult dealing with a non-supportive community, especially in smaller towns and isolated areas. You can reflect on your past experience of becoming known as a lesbian-positive or anti-racist organization and draw on strategies that were useful. Think of this as an individual and organizational “coming out” process: you are coming out as trans allies. As in any coming out process, you may experience anxiety and residual transphobia in face of criticism and threats. Be prepared for it and have responses ready for frequently asked questions. You can offer to help other organizations understand why you are trans inclusive. There is no need to burn bridges or isolate your organization as there will always be differences in women’s communities. Develop support networks and use them. Organizations which aligned themselves with lesbians 20 years ago were seen as undermining the movement; now they are hailed as pioneers.

9 Resources

There has been a tremendous growth in resources on trans issues recently: in print, in film, and on the internet. We have listed some organizations in this section that can help you with information and support, but you will also need to locate those available in your own area. If you are in a large urban centre, there are likely organizations and support groups already established. If you are in an isolated region, the resources may be more limited and the internet may prove to be one of your best sources of information. Take advantage of the opportunities at conferences and workshops to collect information and form alliances. You can also contact organizations in larger centres and develop long-distance relationships by phone or email. Most of the books below can be ordered through your local bookstore or purchased on the internet. Many of the films are available in video stores or can be ordered through organizations such as the International Foundation for Gender Education (listed under Organizations).

Print Resources

Books & Papers

Alexander, Tamara (1997). The medical management of intersexed children: An analogue for childhood sexual abuse (<http://www.isna.org/articles/analog>).

Anderson, Margaret (1997). Thinking about women: Sociological perspectives on sex and gender. Boston: Allyn and Bacon.

Boenke, Mary (1999). Our trans children. Parents, Families and Friends of Lesbians and Gays. 180 Bailey Blvd., Hardy, VA, 24101 (3 for \$3).

Boenke, Mary, Ed. (1999). Trans forming families: Real stories about transgendered loved ones. Imperial Beach, CA: Walter Trook Publishing.

Bolin, Anne (1988). In search of Eve: Transsexual rites of passage. South Hadley, MA: Bergin & Garbey Publishers.

Bornstein, Kate (1998). My gender workbook: How to become a real man, a real woman, the real you, or something else entirely. NY: Routledge.

Bornstein, Kate (1994). Gender outlaw: On men, women and the rest of us. NY: Routledge.

Brown, Mildred & Rounsley, Chloe Ann (1996). True selves: Understanding transsexualism - for families, friends, coworkers and helping professionals. San Francisco: Jossey Bass.

Bullough, Vern L. & Bullough, Bonnie (1993). Cross-dressing, sex and gender. Philadelphia: University of Pennsylvania Press.

Burke, Phyllis (1996). Gender shock: Exploding the myths of male and female. NY: Doubleday Books.

Burnham, Christine (1999). Transsexual/transgendered needs assessment survey (1998) report. GC Services, 5th Floor, Echelon Centre, 575 West 8th Ave., Vancouver, BC, V5Z 1M9.

Califia, Pat (1997). Sex changes: The politics of transgenderism. San Francisco: Cleis Press.

Cameron, Loren (1996). Body alchemy: Transsexual portraits. San Francisco: Cleis Press.

Chermayeff, Catherine; David, Jonathan & Richardson, Nan (1995). Drag diaries. San Francisco: Chronicle Books.

Cicotello, Dianna (1992). The employer's guide to gender transition: Information for those dealing with an employee involved in gender role transition. Transition Press, 1740 South Buckley Rd., #6-178, Aurora, CO, 80017 (\$10).

Cope, Allison & Darke, Julie (1999). Trans Accessibility Project: Making women's shelters accessible to transgendered women. Ontario Ministry of

Education & Training, Toronto, ON (<http://www.queensu.ca/humanrights/tap>).

Courvant, Diana & Cook-Daniels, Loree (1998). Trans and intersex survivors of domestic violence: Defining terms, barriers and responsibilities. Survivor Project, 10 NE Fargo #2, Portland, OR, 97212 (<http://www.survivorproject.org>).

Courvant, Diana (1998). A walking map through the oppression of trans and intersex people. Survivor Project, 10 NE Fargo #2, Portland, OR, 97212 (<http://www.survivorproject.org>).

Coventry, Martha (2000). Making the cut. Ms. Magazine, Oct/Nov (<http://www.Msmagazine.com>).

Cromwell, Jason (1999). Transmen and ftms: Identities, bodies, genders, and sexualities. Chicago: University of Illinois Press.

Currah, Paisley & Minter, Shannon (1999). Transgender equality: A handbook for activists and policy makers. Policy Institute of the National Gay & Lesbian Task Force, New York, NY.

Devor, Holly (1997). FTM: Female to male transsexuals in society. Bloomington, IN: Indiana University Press.

Devor, Holly (1989). Gender blending: Confronting the limits of duality. Bloomington, IN: Indiana University Press.

Dreger, Alice Domurat (1998). Ambiguous sex - or ambivalent medicine? The Hastings Center Report, 28(3), 24-35.

Fausto-Sterling, Anne (2000). The five sexes, revisited. The Sciences, July/Aug., 1-7 (<http://www.nyas.org/membersonly/sciences>).

Fausto-Sterling, Anne (1999). Sexing the body: How biologists construct sexuality. NY: Basic Books.

Fausto-Sterling, Anne (1992). Myths of gender: Biological theories about men and women. NY: Basic Books

Feinberg, Leslie (1998a). I can't afford to get sick. Transgender Tapestry, 84, 36-40.

Feinberg, Leslie (1998b). Trans liberation: Beyond pink or blue. Boston: Beacon.

Feinberg, Leslie (1996). Transgender warriors: Making history from Joan of Arc to RuPaul. Boston: Beacon Press.

Feinberg, Leslie (1993). Stone butch blues. Ithica, NY: Firebrand Books.

Garber, Marjorie (1992). Vested interests: Cross-dressing and cultural anxiety. NY: Harper Perennial.

Hausman, Bernice (1995). Changing sex: Transsexualism, technology and the idea of gender. Durham, NC: Duke University Press.

Israel, Gianna E. & Tarver, Donald E. (1997). Transgender care: Recommended guidelines, practical information and personal accounts. Philadelphia: Temple University Press.

Kay, Jackie (1998). Trumpet. London: Macmillan Publishers. (fiction)

Kessler, Suzanne J. (1998). Lessons from the intersexed. New Brunswick: Rutgers University Press.

Kirk, Sheila & Rothblatt, Martine (1995). Medical, legal and workplace issues for the transsexual. Blawnox, PA: Together Lifeworks.

Koyama, Emi (2001). Whose feminism is it anyway? A collection by Emi Koyama (emi@eminism.org).

Laqueur, Thomas (1990). Making sex, body and gender from the Greeks to Freud. Cambridge, MA: Harvard University Press.

Lev, Arlene Istar & Lev, S. Sundance (in press). Sexual assault in the lesbian, gay, bisexual and transgender communities. In J. C. McLellan & J. Gunther (Eds.). Same-sex partner abuse: A professional's guide to practice intervention. Lewiston, NY: Mellen Press.

Luniewicz, Joe (1996). Transgender positive. Body Positive, 9, 1-5 (<http://www.thebody.com>).

Namaste, Viviane K. (2000). Invisible lives: The erasure of transsexual and transgendered people. Chicago: University of Chicago Press.

Namaste, Viviane K. (1995). HIV/AIDS and transgender communities in Canada: A report on the knowledge, attitudes and behaviour of transgendered people in Canada with respect to HIV and AIDS. Available from Genderpress, P.O. Box 500-62, 552 Church St., Toronto, ON, M4Y 2E3.

Pratt, Minnie Bruce (1995). S/he. Ithica, NY: Firebrand Books.

Raymond, Janice (1979). The transsexual empire. London: Women's Press.

Roscoe, Will (1998). Changing ones: Third and fourth genders in Native North America. NY: St. Martin's Press.

Ross, Mirha-Soleil (1995). Investigating women's shelters. Gendertrash, 3, 7-10.

Talamini, John (1982). Boys will be girls: The hidden world of the heterosexual male transvestite. Lanham, MD: University Press of America.

Tremain, Rose (1992). Sacred country. London: Hodder & Stoughton. (fiction)

Unger, Rhoda & Crawford, Mary (1992). Women and gender: A feminist psychology. NY: McGraw-Hill, Inc.

Volcano, Del Lagrace & Halberstam, Judith "Jack" (1999). The drag king book. London: Serpent's Tail.

Williams, Walter (1986). The spirit and the flesh: Sexual diversity in American Indian culture. Boston: Beacon Press.

Wilchins, Riki Anne (1997). Read my lips: Sexual subversion and the end of gender. Ithica, NY: Firebrand Books.

Biography & Autobiography

Castle, Stephanie (1992). Feelings: A transsexual's explanation of a baffling condition. Vancouver: Perceptions Press.

Cossey, C. (1991). My story. Boston: Faber & Faber.

Johnson, Katherine & Castle, Stephanie (1997). Prisoner of gender. Vancouver: Perceptions Press.

Jones, Aphrodite (1996). All she wanted. NY: Simon & Schuster.

Jorgensen, Christine (1968). A personal autobiography. NY: Bantam Books.

Martino, Mario (1977). Emergence: A transsexual autobiography. NY: Crown.

McCloskey, Dierdre N. (1999). Crossing: A memoir. Chicago: University of Chicago Press.

Middlebrook, Diane (1998). Suits me: The double life of Billy Tipton. Boston: Houghton Mifflin.

Morris, Jan (1974). Conundrum. NY: Signet Books.

Rees, Mark (1996). Dear sir or madam: The autobiography of a female-to-male transsexual. London: Cassell Publishers.

Richards, Renee (1983). Second serve: The Renee Richards story. NY: Stein & Day.

Self, Will & Gamble, David (2000). Perfidious man. London: Viking Press.

Scholinski, Daphne (1998). The last time I wore a dress: A memoir. NY: Riverhead Books.

Sullivan, Louis (1990). From female to male: The life of Jack Bee Garland. Boston: Alyson Publications.

Magazines

Chrysalis Quarterly, Published by AEGIS, P.O. Box 33724, Decatur, GA, 30033-0724 (<http://www.gender.org/aegis> or aegis@gender.org).

Transgender Canada, Published by Xpressions, P.O. Box 223, Stn A, Toronto, ON, M5W 1B2 (<http://www.xpressions.org>).

Transgender Tapestry, Published by IFGE, P.O. Box 229, Waltham, MA, 02154-0229.

Zenith Digest, Published by Zenith Foundation, Box 45006, 4326 Dunbar Street, Vancouver, BC, V6S 2G3 (<http://www.zenithfoundation.ca>).

Organizations

British Columbia

BC FTM Network
P.O. Box 10, 1895 Commercial Drive
Vancouver, BC, V5N 4A6
(604) 988-1958 or (604) 254-7292
70641.507@compuserve.com or lukasw@direct.ca

British Columbia Human Rights Commission (Vancouver)
306-815 Hornby Street.
Vancouver, BC, V6Z 2E6
(604) 660-6811 (Toll-free 1-800-663-0876)
TTY: (604) 660-2252
bc.human_rights_commission@ag.gov.bc.ca
<http://www.bchumanrights.org>

British Columbia Human Rights Commission (Victoria)
2nd floor, 844 Courtney Street.
P.O. Box 9209 Stn Prov Govt
Victoria, BC, V8W 9J1
(604) 387-3710 (Toll-free 1-800-663-0876)
TTY: (604) 953-4911
bc.human_rights_commission@ag.gov.bc.ca
<http://www.bchumanrights.org>

Centre for Sexuality, Gender Identity & Reproductive Health (*gender clinic*)
Vancouver Hospital & Health Sciences Centre
855 West 12th Avenue
Vancouver, BC, V5Z 1M9
(604) 875-8282
http://www.vanhosp.bc.ca/html/pros_cpu_sexuality

Cornbury Society (*heterosexual male cross-dressers*)
Box 3745
Vancouver, BC, V3B 1Z1
(604) 862-1321
cornbury@bc.sympatico.ca
<http://www.3dcom.com/tg/cornbury>

GC Services (*electrolysis, video & gender change consultant*)
Centre for Sexuality, Gender Identity & Reproductive Health
Vancouver Hospital & Health Sciences Centre
5th Floor, Echelon Centre
575 West 8th Avenue,
Vancouver, BC, V5Z 1M9
(604) 875-8262
gcservices2001@yahoo.com

Trans Alliance Society (*BC trans coalition*)
c/o 1170 Bute Street
Vancouver, BC, V6E 1Z6
(604) 684-9872 Ext. 2044
communications@transalliancesociety.org
<http://www.transalliancesociety.org>

Transcend Transgender Support & Education Society
P.O. Box 8673
Victoria, BC, V8X 3S2
(250) 413-3220
transcend@islandnet.com
<http://www.islandnet.com/transcend>

Women/Trans Dialogue Planning Committee
c/o 1170 Bute Street
Vancouver, BC, V6E 1Z6
(604) 684-9872 Ext. 2044
communications@transalliancesociety.org
<http://www.transalliancesociety.org>

Youthquest! (lesbian, gay, bi, trans, questioning, queer)
Lesbian & Gay Youth Society of BC
1959 Langan Avenue
Port Coquitlam, BC, V3C 1L1
(604) 944-6293
<http://www.geocities.com/WestHollywood/9992>

Zenith Foundation (M-F transsexuals)
Box 45006, 4326 Dunbar Street
Vancouver, BC, V6S 2G3
(604) 685-4335
zenithfoundation@hotmail.com
<http://www.zenithfoundation.ca>

General

FTM International
5337 College Avenue #142
Oakland, CA
<http://www.ftm-intl.org>

Gender Education and Advocacy
P.O. Box 33724
Decatur, GA, 30033-0724
info@gender.org
<http://www.gender.org>

International Foundation for Gender Education (IFGE)
P.O. Box 229
Waltham, MA, 02154-0229
<http://www.ifge.org>

Intersex Society of North America
 P.O. Box 31791
 San Francisco, CA, 94131
<http://www.isna.org>

Survivor Project (trans survivors of violence)
 10 NE Fargo #2
 Portland, OR, 97212
 (503) 288-3191
<http://www.survivorproject.org>

Additional Web Sites (all preceded by: <http://>)

Deaf Queer Resource Centre - www.deafqueer.org
 Deaf Youth Rainbow - www.deafqueer.net/cmra/dyr
 GenderPAC (Political Action Coalition) - www.gpac.org
 LGBT Youth of Color - www.youthresource.com/feat/poc/index
 PFLAG (trans inclusive) - www.pflag.org
 Transgender at Work - www.tgender.net/taw
 Trans Studies (on-line course) - www.angelfire.com/on/transtudies

Audio-Visual Resources

Popular Films

Almost Human (2000)	Mrs. Doubtfire (1993)
Bruno (2000)	Orlando (1993)
Hedwig and the Angry Inch (2000)	I Am My Own Woman (1992)
All About My Mother (1999)	Just Like a Woman (1992)
Boys Don't Cry (1999)	The Crying Game (1992)
Flawless (1999)	All Of Me (1990)
Ma Vie En Rose (1997)	Just One of the Guys (1985)
Different for Girls (1996)	Yentl (1983)
The Birdcage (1996)	Tootsie (1982)
Adventures of Priscilla, Queen of the Desert (1994)	Victor/Victoria (1982)
Ed Wood (1994)	La Cage aux Folles (1978)
Farewell My Concubine (1993)	Outrageous! (1977)
M. Butterfly (1993)	Rocky Horror Picture Show (1975)

Documentary & Autobiography

Some of the Stories: A Documentary about Trans Youth (2001)
A Boy Named Sue (2000)
In the Flesh: In the Heart, In the Mind (NFB, 2000)
Southern Comfort (2000)
Transsexual Voyage (CBC, 2000)
The Brandon Teena Story (1998)
Transgender Revolution (A&E, 1998)

Transsexual Menace (1996)
You Don't Know Dick: Courageous Hearts of Transsexual Men (1996)
Stonewall (1995)
Wigstock, The Movie (1995)
Paris is Burning (1990)
Second Serve (1986)
The Christine Jorgensen Story (1970)

Independent BC Videos (All available at videoout@telus.net)

Gender Line (2001)
Thinking of You (2001)
The Man From Venus (2000)
Transversal (2000)
Two Brides and a Scalpel (1999)
Transmission (1998)

Appendices

Appendix A

Terminology

Some guidelines for respectful conversation

- Use pronouns that are consistent with a person's stated preference; if you don't know their preference, ask
 - Use the name given to you by the person
 - It may be sexual harassment to ask questions about intimate physical details (e.g., Have you had surgery?)
 - Referring to a person's trans status to others, without their explicit permission, is outing them and is a breach of their privacy (e.g., don't tell people they are about to meet a trans-person)
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Androgynous refers to individuals whose characteristics are not limited to either of the two traditional gender classifications. These characteristics can include androgynous presentation, behaviour, wardrobe, and social roles.

Assigned sex refers to the sex assigned to each child at birth, typically based on a cursory examination of the genitals. Please note that assigned gender refers to assumptions made about a child's gender based on their assigned sex (i.e., babies with penises are assumed to be boys and babies with vaginas are assumed to be girls).

Binary gender system refers to the division of human beings into two, mutually exclusive categories of male and female. Each is assumed to have its own biological and social characteristics. In this system, those born with vaginas must understand themselves to be female and feminine, to feel female and feminine, and to appear female and feminine to others. Those born with penises must understand themselves to be male and masculine, to feel male and masculine, and to appear male and masculine to others. While society generally recognizes that all individuals have both masculine and feminine characteristics,

women and men are expected to demonstrate predominantly those gender characteristics considered appropriate to their sex. Although the practice of categorizing people as either male (masculine) or female (feminine) continues to be commonplace, the exclusivity of the traits associated with both groups, and the ability to divide people into only two groups, is being vigorously challenged by trans and intersex people, gay men, lesbians, and bisexuals, among others.

Butch is most commonly used in the lesbian community to refer to a lesbian whose self-identity and expression takes on some aspects of the “masculine.”

Chromosomes are genetic material. Each person has a mixture of chromosomes that are inherited from the fusion of the sperm and the ovum at conception. Chromosomes carry the genes that convey hereditary characteristics, such as height, eye colour, etc. Two of them are related to sex differentiation.

Cross-Dressing refers to wearing clothing and accessories typically associated with that of the “opposite” gender; for example, men wearing what is generally considered to be women’s clothing and women wearing stereotypically male attire. Cross-dressing tends to be associated more with men than with women, simply because clothing is currently more rigidly gendered for men. For example, women can easily wear pants, suits, ties and boots; while men can rarely wear dresses, wigs, make-up or high heels on the street without being harassed. Cross-dressing may be undertaken in particular situations, for specific occasions, or in all aspects of a person’s life. It may involve some articles of clothing, or full cross-gender clothing and appearance. The term cross-dresser is preferred to transvestite.

Drag is a form of cross-dressing and typically refers to gay men or lesbians who dress in a “hyper” feminine or masculine way for the purpose of performance. Drag is not, however, limited to the queer community. In its broader definition, drag is about blurring rigid gender lines, redefining roles, and turning expectations upside down. Drag can also include consciously putting on a highly gendered costume to go to your Auntie’s 90th birthday party, when ordinarily you wouldn’t choose to dress that way. Drag is a performance of gender. You can have fun with it, or you can do it out of a sense of “duty.” As RuPaul says, “You’re born naked and everything you put on after that is drag.”

DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition)

describes the classification system and diagnostic criteria for what are considered to be mental disorders. It is published by the American Psychiatric Association and is used in Canada. Diagnoses applied to trans people include Transvestic Fetishism (which greatly stigmatizes heterosexual, male cross-dressers) and Gender Identity Disorders (which refer to transsexuals, see Gender Identity Disorder). There is considerable debate about the inclusion and interpretation of these diagnostic categories within, and outside, trans communities.

Estrogen is considered to be the “female” sex hormone. However, both men and women produce estrogen, women just tend to have more of it.

FTM (female-to-male, trans-man) is used to specify the direction of movement in identification from assigned sex (female) to gender identity (male/man). An FTM is typically a person born with female or intersex physiology, who identifies as male or as masculine some, or all, of the time. FTM's may or may not pursue sex reassignment surgery (all or in part), and may or may not take testosterone. Trans-men's expression of their masculinity may take many forms depending on personal preference, culture, sexual orientation, and class, among other considerations.

Feminine is the gender role assigned to girls and women. It involves the gendering of certain traits or characteristics, such as passivity, cooperation, emotional expression and verbal skills, making them the exclusive domain of those considered to be female.

Femme is most commonly used in the lesbian community to refer to a lesbian whose self-identity and expression is that of a “feminine” woman.

Gender identity is an internally felt sense of gender. It refers to the self-image or belief a person has about their gender as being female, male, both, or something altogether different. Gender identity answers the question, “Do I experience and understand myself as male, female, or something else?” Gender identity does not always match the (biological) gender assigned at birth. It is important to differentiate gender identity from sexual orientation (sexual identity). Sexual orientation refers to emotional and sexual desires for others, whereas gender identity refers to the experience of who we are, separate from attractions to others. Trans people are, therefore, heterosexual, bisexual, lesbian, and gay. **Gender Identity Disorder** is a psychiatric diagnosis in the DSM-IV and is used to describe people whose identity does not match their assigned gender. A

Gender Identity Disorder is described as a strong and persistent cross-gender identification manifested by the stated desire to be the other sex and to dress, interact, live and be treated as the sex other than that assigned at birth. To be clinically diagnosed as having a Gender Identity Disorder, a person must exhibit extreme discomfort with their assigned sex (dysphoria) and have a preoccupation with getting rid of primary and secondary sex characteristics (through requests for hormones, surgery, or other procedures to physically alter their sex characteristics). Thus, Gender Identity Disorder typically applies to transsexuals.

There is a great deal of controversy about whether gender identity should even be in the DSM and, hence, classified as a mental disorder. The same controversy existed when homosexuality was in the DSM-II as a form of sexual deviance. It was removed in 1973 as a result of organized protests and pressure from sexual queers. The intense social stigma experience by transsexuals is exacerbated by being labelled as having a “mental disorder.” The medicalization of feelings and identity is a clear statement of society’s view that being transsexual is abnormal, pathological, or unnatural. However, as long as this “disorder” is in the DSM, it is considered to be a medical condition and can be used as a human rights ground on which to fight discrimination. The medicalization of gender identity also offers access to the BC Medical Services Plan which will cover some of the costs associated with transitioning. Sex reassignment surgery is very expensive and, thus, inaccessible to most people on their own. So calls to remove gender identity disorders from the DSM, in order to combat stigma, are met with concern about further impeding people’s ability to bring their bodies into line with their identities.

Heterosexism is a belief system and practice that recognizes heterosexuality as normal and all other orientations as deviant. Heterosexist beliefs include the assumption that everyone should be heterosexual; that everyone is heterosexual, unless known to be otherwise; and that non-heterosexuals are unnatural or abnormal. A common heterosexist notion is that a family is made up of a one mom (female), one dad (male) and children (take your pick). It ignores and demeans the reality of families with two moms or two dads. The lack of credibility, or legitimacy, of same-sex relationships is reflected in the archaic marriage laws that prohibit same-sex unions. The invisibility of queer lives is a reflection of the dominance of heterosexism in this society.

Homophobia is the irrational fear and loathing of gay, lesbian and bisexual people. The term is often used to describe personal forms of heterosexism,

including the rejection, verbal abuse, and physical violence that sexual queers experience. Some find the roots of the term (the irrational fear of same-sex oriented people or feelings) useful in addressing heterosexist attitudes. However, others prefer to use the more inclusive term, heterosexism, to describe all forms of discrimination against lesbians, gay men and bisexuals.

Hormone Therapy consists of taking prescription hormones (e.g., estrogen or testosterone), and hormone suppressants, to induce changes in secondary sex characteristics. For a trans-woman, hormones facilitate breast development, soften the skin, change male-pattern body hair, reduce the size and function of the penis and testicles, and re-distribute fat to cause some changes in body shape. Hormone therapy will not raise the voice or eliminate the growth of male-pattern facial hair. For a trans-man, hormones facilitate the growth of male-pattern facial and body hair, enhance the development of muscle mass, lower the voice, stop menstruation, and increase the size of the clitoris. Hormone replacement therapy is used by non-trans women to counteract the effects of menopause and by older non-trans men to replenish declining levels of testosterone.

Intersex people are born with sex characteristics other than XX or XY. They may have some of the sex and reproductive organs of both XX and XY, or they may have other discrepancies between chromosomal, gonadal, or hormonal sex. It is estimated that up to 1/500 people have chromosomal variations from the “standard” of XX or XY (Intersex Society of North America). Typically at birth, doctors decide which “sex” is more surgically or aesthetically viable (based on appearance of external genitalia, chromosome markers, and potential fertility, among other factors) and surgical alterations are made. In most cases, surgery is performed to designate a female gender and the child is raised accordingly. Many intersex people are then subjected to life-long hormone therapy to reinforce the gender chosen by the doctors. This gender may be in conflict with the person’s gender identity.

Masculine is the gender role assigned to boys and men. It refers to the gendering of certain traits or characteristics such as aggression, emotional reticence, competitiveness, and spatial skills, making them the exclusive domain of those considered male.

MTF (male-to-female, trans-woman) is used to specify the direction of movement in identification from assigned sex (male) to gender identity

(female/woman). An MTF is typically a person born with male or intersex physiology, who identifies as a woman, or as feminine, some or all of the time. MTF's may or may not pursue sex reassignment surgery (all or in part), and may or may not take estrogen. Trans-women's expression of their femininity may take many forms depending on personal preference, culture, sexual orientation, and class, among other considerations.

Non-operative (non-op) refers to a trans-person who has not had, cannot have, or does not want to have, sex reassignment surgery.

Non-trans refers to those privileged people for whom gender identity matches the sex assigned at birth, in a conventional way. Most people in this category would not identify as being "non-trans" any more than heterosexuals identify themselves by their sexual orientation, white people identify themselves by their colour, or able-bodied people identify themselves by their abilities. Members of dominant groups rarely feel the need, or are compelled, to identify by traits that locate them in a privileged class.

Pan-gendered refers to people who feel they have both male and female aspects to their identities. Pan-gendered people may refer to themselves as sometimes being male, sometimes female, both, or neither. Some pan-gendered people feel they constitute a third gender (or a fourth, fifth or sixth) and that neither "male" nor "female" adequately describes their reality.

Post-operative (post-op) refers to a trans-person who has undergone sex reassignment surgery.

Pre-operative (pre-op) refers to a trans-person who is awaiting sex reassignment surgery.

Primary sex characteristics include penis, testes, vagina, uterus, and ovaries. Chromosomes most influence primary sex characteristics.

Real Life Test is required by gender clinics and refers to the period of time in which transsexuals interact socially in the gender of their identity, sometimes prior to using hormones, but not always, and most often before undergoing sex reassignment surgery. For trans-women, for example, this means presenting as a woman at work, on the street, with friends and with strangers. It can mean shopping in the women's department, using the women's washroom and using

women's change rooms. "Success" with the Real Life Test, and so access to surgical procedures, is often, but not always, predicated on adherence to stereotypical gender presentations and roles. The Real Life Test is a process in which some trans people embrace what many consider to be gender stereotypes to convince others of their validity. It is interesting to note that procedures such as breast implants, breast reduction, hysterectomies, and penis enlargements are much more easily obtained by non-trans people, than by trans people.

Secondary sex characteristics include facial and body hair, vocal timbre and range, breast size, and fat distribution. Hormones most affect secondary sex characteristics.

Sex refers to a set of biological characteristics (chromosomes, hormones and anatomy). A female typically has an XX chromosome pattern, higher levels of estrogen, a vagina, uterus, and ovaries; while a male typically has an XY chromosome pair, higher levels of testosterone, a penis, testicles, and sperm.

Sex Reassignment Surgery (SRS) refers to the surgical procedures used to facilitate living in one's felt gender and increase comfort with one's body. These surgical procedures are designed to modify primary and secondary sexual characteristics from those of one sex to those of another. For trans-women, the surgeries can include: removal of the testicles, creation of a vagina and labia, electrolysis, breast implants and tracheal shaves. For trans-men, the surgeries can include: mastectomy and chest reconstruction, hysterectomy, oophorectomy (removal of ovaries), phalloplasty (creation of a phallus), or metaidioplasty (extension of the clitoris). Some trans people will choose to have all the surgeries relevant to them, others will choose only some, or none.

Testosterone is considered to be the "male" hormone. However, both men and women produce testosterone, men just tend to have more.

Trans (or transgendered or trans-identified) is a term that can include transsexuals, cross-dressers, drag queens and kings, intersex people, transgenderists, androgynists, and other variations and combinations of gender identity and expression. This is a large umbrella that embraces people who cross socially constructed gender boundaries with a gender identity, presentation, or behaviour not typically associated with their perceived, or actual, biological sex. People who describe themselves as trans may not feel, look, dress, or behave in ways expected of women and men in their culture. This

inclusive definition also refers to people whose gender identity may match their biological sex, although their gender expression or behaviour is outside socially accepted parameters. Some people who have transitioned from FTM or MTF no longer consider themselves to be “trans.” They may consider being “trans” as one stage of their life and identify only as men or women.

Transitioning means moving into the life of one’s gender identity. This can, but need not, include making physical changes through hormones or sex reassignment surgery (also see Real Life Test).

Transphobia is the irrational fear and loathing of people who transgress conventional gender and sex rules in the binary system. Lesbians, gay men, bisexuals, and trans people are typically, but not exclusively, the targets of transphobia. Transphobia can take many forms: it can be covert and subtle, or blatantly hateful and violent. Like other forms of discrimination, transphobia is often invisible to those who are not its targets. There can be confusion between the concepts of transphobia and homophobia, with transphobia often being mislabelled as homophobia.

Queer has historically been used as a pejorative term for those with a same-sex orientation, conferring an unnatural, abnormal, and sexually deviant status. This word has been proudly reclaimed, and altered, by lesbians, gay men and bisexuals to represent all those who diverge from conventional heterosexuality. Many lesbian, gay and bisexual groups are now formally including “trans” under the umbrella of “queer” in recognition of the close relationship between homophobia and transphobia, and the trans people who identify as lesbian, gay and bisexual. Assaults on gay men, lesbians and bisexuals are often related to their gender presentation, while assaults on trans people are often based on assumptions about their sexual orientation. Some trans people who do not identify as lesbian, gay or bisexual, object to being lumped in with sexual queers, since their issue is gender identity, not sexual orientation. However, others feel that there is a strong political alliance to be forged between sexual queers and trans people on the basis of shared marginalization.

Appendix B

Sample Trans Inclusion Policy

Philosophy

- I. Our Organization is committed to anti-discrimination practices in relation to trans and intersex women (including volunteers, employees and service-users) and will ensure that their rights are respected and protected.
- II. Our Organization will not tolerate any behaviour or speech from service-users or members of the organization which fosters or creates a hostile environment for trans and intersex women.
- III. Trans and intersex women shall be identified as individuals living and identifying as women.

Inclusion

- I. Our Organization will include trans and intersex women as both members of the organization and as service-users.
- II. Our Organization recognizes that being trans is not in any way related to an individual's eligibility for volunteering, employment, or services. Candidates for staff and volunteer positions will not be discriminated against on the basis of their trans or intersex status, and will be given the same consideration as all other candidates. Trans and intersex women who meet the criteria for services will be provided with the same range of services available to non-trans women.
- III. Refusal to work with a trans or intersex service-user, volunteer, or co-worker shall result in disciplinary action.

Confidentiality

The trans or intersex status of any and all members of Our Organization is considered confidential and private and shall not be recorded or disclosed without the express permission of the individual involved.

Accommodation

Our Organization will make appropriate bathrooms, bedrooms, and changing areas available to trans and intersex women whenever possible. All shared bathrooms will be equipped with stalls, latching doors, curtains or other reasonable accommodations to provide privacy in the shared setting. Every effort will be made to accommodate trans and intersex women in accordance with the Human Rights Code.

Education

Our Organization will continue to increase its knowledge of and sensitivity to trans and intersex issues through ongoing staff in-services and the incorporation of these issues into volunteer training programs. We will also incorporate trans and intersex issues into all public education materials, including pamphlets, newsletters, and public talks.

Outreach

Our Organization will initiate and maintain an outreach program focusing on trans and intersex women.