

Challenging the Binary: Gender Characteristics of Trans Ontarians



Building our communities through research

Trans PULSE E-Bulletin

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Trans PULSE is a community-based research project investigating the impact of social exclusion and discrimination on the health of trans people in Ontario, Canada. Funded by the Canadian Institutes of Health Research, this project is a partnership between researchers, trans community members, and community organizations committed to improving health outcomes for trans people. We hope that health professionals, policy makers, trans communities and allies will use the results of this research to remove barriers, create positive changes, and to improve the health and well-being of trans people.

Background

Gender-related terms represent concepts that are important in how people self-identify and are rooted in social, institutional, and medical histories. Sex and gender have historically been binary -- male and female -- and these terms have been applied to appearance, identities, and anatomies. The assumption of two and only two categories that neatly apply to all aspects of an individual is reinforced by social, medical, religious and legal systems. A sex/gender label is generally carried throughout a person's life and any desire to change this or expand its boundaries can come at great personal costs, whether financial, emotional, or social. The information gathered by Trans PULSE challenges this binary and suggests that gender presentation and identity are more complicated with a range of diverse presentations. It also makes clear the need for further education for service providers, educators, and the rest of society.

Our Approach

Trans PULSE took a unique approach to capture information about trans people across Ontario, Canada – people with a range of identities, relationships with their bodies, and personal beliefs about the necessity of physical transition. Here, we present information on gender-related characteristics collected from Ontario's trans communities, using a research method that allowed us to take the most statistically accurate picture possible.¹ Surveys were completed by 433 trans people age 16 or over who live, work or receive health care in the province of Ontario. To increase accessibility, participants completed their surveys either online, via paper copy, or by telephone with a language interpreter. To participate, individuals indicated that they fit under the broad umbrella term of "trans" and were not required to have begun a social or medical gender transition. Several questions about gender identity were asked to make sure the diversity of gender within Ontario's trans communities was adequately captured.

Key Findings

Gender fluidity

Fifty-four percent of trans Ontarians aged 16 or older were on the female-to-male (FTM) spectrum, and 47% on the male-to-female (MTF) spectrum. Twenty percent did not place

	FTM ^a %	MTF ^b %	Total %
Gender spectrum			
Female-to-male	--	--	54
Male-to-female	--	--	47
Intersex diagnosis			
Yes	5	6	6
No	81	77	80
Unsure	14	17	15
Gender identity			
Masculine	84	0	45
Feminine	2	73	35
Both, neither or fluid	14	27	20

a Female-to-male or transmasculine spectrum

b Male-to-female or transfeminine spectrum

themselves within the gender binary, considering themselves both male and female, neither, or some fluid position between the two. In a culture that uses gender for classification purposes, this speaks to the appropriateness of using male and female categories on identity documents. This practice creates use barriers for trans people attempting to access facilities that are inherently gendered, such as shelters,² sexual assault centres, and sexual health care. Supports for those identifying as genderqueer, for example, need to be in place to allow for equitable access to services.

Intersexuality

A medically-recognized intersex diagnosis was reported by 6% of trans people in Ontario. An additional 15% were unsure.

Living in one's felt gender

In Table 2, 48% of trans Ontarians were currently living full-time in their felt gender with another 30% doing so part-time. Twenty per cent were not living in their felt gender at all. This can also create barriers to services for trans people.

Stigma and discrimination expected by trans people potentially lead to a decreased willingness for some to live in their felt gender, which results in a lack of visibility and an underestimation of the number of services and supports needed for trans people. This then acts to further increase stigma for trans people.

Of those currently living in their felt gender, 34% began doing so before the age of 20, and 26% between the ages of 15 and 19. More than half of trans Ontarians (59%) were less than 10 years old when they became aware that their gender did not match their bodies. This highlights the importance of teaching about gender identity and trans issues in both primary and secondary school.

Medically transitioning

Approximately one quarter of trans Ontarians had completed a medical transition process. In our study, a "completed medical transition process" was based on each respondent's own indication that they had completed their medical transition, whatever this meant to them. Additionally, 4% were not planning to medically transition, 10% were unsure if they would, and for 9%, the entire concept of transition was irrelevant. Of those who had undergone or would be undergoing a medical transition of some kind, two-thirds had not completed all the medical treatments they feel they need. For some, this involved only hormones or a single surgery, for others a combination of procedures and hormones.

	FTM^a %	MTF^b %	Total %
Age first aware that gender did not match body			
< 10 years	57	61	59
10-14 years	20	22	21
15-19 years	15	10	13
20-29 years	8	5	7
30+ years	0.5	2	1
Currently living in felt gender			
Full-time	49	49	48
Part-time	35	24	30
Not at all	16	30	22
If living in felt gender, age begun			
< 10 years	3	5	4
10-14 years	4	4	4
15-19 years	36	12	26
20-29 years	44	34	40
30-39 years	11	23	16
40-49 years	2	14	7
50+ years	0.3	9	4
Medical transition status^c			
Completed transition	25	26	25
In process of transition	15	32	24
Planning, but not begun	38	15	28
Not planning to transition	6	3	4
Concept of "transition" n/a	6	14	9
Unsure if will transition	9	11	10

a Female-to-male or **transmasculine** spectrum

b Male-to-female or **transfeminine** spectrum

c Medical transition included hormones and/or surgeries, and completed transitions varied with regard to procedures

Many services for trans people are only available to those that have undergone genital surgeries, literally erasing those that identify as gender fluid and those that transition, but don't undergo all possible medical procedures. We need to redefine societal recognition of gender and how we accommodate all trans people, rather than just those who can check every box on a predetermined checklist of surgeries and hormones that assumes an "all or nothing" approach to transition and transness.

With 59% of trans people indicating they knew their gender identity before age of 10, before puberty began, it is crucial that medical hormone intervention be available prior to puberty when so many irreversible body changes occur.

A note on the use of the term "gender"

Sexe social will be used instead of *genre* as a French translation of *gender*. *Genre* has many uses in French that *gender* does not in English and those socio-cultural heritages should not be lost in favour of imposing an English understanding. This is disputed ground as many use an anglicised definition of "genre" in Canada. Many francophones around the world turn to Canadian sources to build their own frame of reference so *genre* is more widely used. There is precedence for challenging this, such as the recent defeated Bill C-389. It translated "gender identity and gender expression" as "l'identité sexuelle et l'expression sexuelle" rather than "identité de genre et l'expression de genre."

What can be done?

- ◆ Gender identity/expression added to elementary and high school curricula
- ◆ Gender identity/expression added to human rights codes
- ◆ Pre-puberty hormonal treatment be made more widely available
- ◆ Training for gendered services (e.g. shelter systems) to understand the specific needs and issues facing trans people

References

1. Heckathorn DD. Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations. *Social Problems*. 2002; 49(1): 11-34.
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