

# Trans Inclusion

Not Just Trans 101!



WAVAW

rape crisis centre

# Introductions

- Name
- Pronouns
- A bit about us!

# Learning Outcomes

1. We need to hold a tricky balance with understanding queer / trans 101 and knowing that it's largely built for & maintains privilege within queer community.
2. There's a specific context for queer sexual violence that is different than a straight or cis context, and 'inclusion' is not enough to capture it.
3. Feminism has mostly harmed trans people, and we need to be attending to that legacy of harm in order to be in community with trans people.



# Change Management

For trans inclusive antiviolenence services



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Trans inclusion

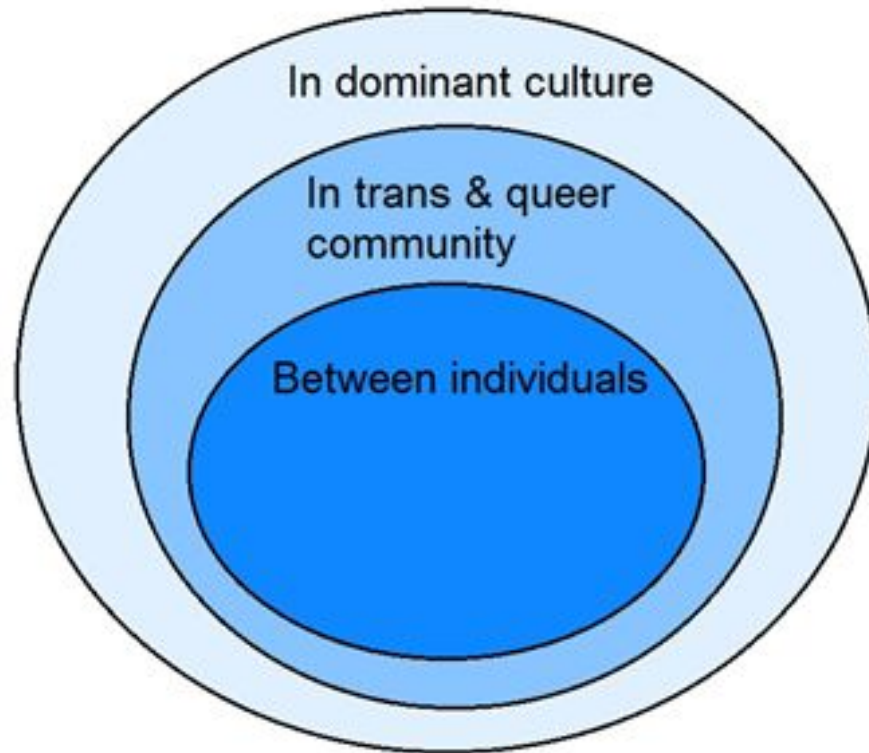


**It's not enough to  
include trans  
people in services  
built for cis people**



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# Ecological Model for Understanding Violence



# IT IS TIME FOR THE ANTI-VIOLENCE SECTOR TO PUSH BACK AGAINST TRANSMISOGYNY

“Perhaps the most dangerous thing trans-exclusionary rhetoric does is to erase difference by insisting on some shared experience of womanhood. [Kimberlé Crenshaw’s hugely influential theory on intersectionality informs our understanding that people embody different intersecting identities that get compounded under systems of oppression.](#) For example, a queer, working class, woman of colour experiences the world in a much different way than an upper middle class, straight, white woman would. Intersectionality shows us that women across race, class, gender, ability, etc., are more different than alike. To say that all women have a shared lived experience based on biological sex erases these differences and upholds white supremacy, patriarchy, and the status quo.

Therefore, as feminists, we cannot speak to a universal experience of womanhood, and we will not exclude trans women by claiming that there is one.”



# Themes from community consultation

## Survivor/perpetrator dichotomy

Working with trans and queer survivors has taught us that the categories of 'survivor' and 'perpetrator' often overlap, as most people who cause harm have experienced it themselves. It is not helpful to think of these categories as dichotomous or completely distinct. It's neither helpful nor possible to try to create spaces that are made 'safer' by the exclusion of people who have caused harm.

## The need for alternatives to justice systems

Because of the long legacy of harm from the criminal justice system towards trans people, and because of the overwhelming failure of criminal justice to attend to sexual violence for anyone, many trans people will not want to pursue justice through the criminal system. There is a need for alternative, transformative or restorative justice systems which can look at how systemic transphobia and homophobia increase violence against trans people and create conditions of harm within our communities.





# Themes from community consultation

## The need for an intersectional understanding of power

We know that sexual violence is about power and control, and not about sex. While gender is one way that power can show up, working with trans survivors and listening to POC has encouraged us to consider many ways that power might show up between two people, including racism, ableism, and many more.

## Hypersexualization

Because of cissexism, trans people are often thought of in a hypersexualized way, especially by straight and queer cis people. Hypersexualization or tokenization and transphobia or violence can be thought of as two sides of the same coin, both objectifying trans people and creating the conditions for violence.



# Themes from community consultation

## Insular communities & the myth of queer utopia

Queer and trans communities can be small and insular. Because of the stigma against queer relationships, it can be challenging to talk about what violence looks like in our communities and there is pressure to not 'air our dirty laundry'. When violence does happen, it can be harder to find safety, as leaving communities often means losing access to basic needs and can be more dangerous than staying with an abuser.

## Bodily Autonomy and the Medical System

Trans people can have a complicated relationship to bodily autonomy. While access to medical transition is essential, trans people often experience violations of bodily autonomy in the medical system, which overlaps with and creates conditions for sexual violence outside of the medical system.



**How do you see yourself or your organization integrating this information into your service provision and/or strategic plan?**

Assign a note-taker to share back!

# Community building vs Inclusion

“Advocacy is service” - Prince George Sexual Assault Centre

- Letting trans people decide what to focus on
- Advocating for trans rights, within society and the women’s sector
- Understanding the local context

# Key outcomes from WAVAW's Inclusion Project

**Be explicit:** Ensure that all of your print materials and website explicitly say what your gender mandate is.

**Know other services:** Be able to skillfully make referrals in your area for trans services. If you are not sure, Transcare BC can help.

**Make a good first impression:** Make sure that trans people see themselves reflected in your service at the front door. You can put up some posters, or have free pamphlets delivered from FORGE

**Be intersectional:** Make sure that, along with transphobia, you are addressing other oppressions that trans people face. At WAVAW, we had to update our sex work policy along with our trans inclusion work.



# Key outcomes from WAVAW's Inclusion Project

**Expect difference:** Trans communities are more different than alike. Don't expect trans people to agree about everything, and expect to hear different needs from different groups.

**Hire trans people:** Trans-specific services, offered by trans staff, are ideal. Otherwise, make an effort to hire trans people into existing roles, and make sure that trans voices are considered in decision-making.

**Be prepared to advocate:** Especially at the hospital and with police. Ask your client if they would like you to address misgendering before heading to the hospital or police station, and know what their options are at triage.



What parts of this are you comfortable integrating into your work?  
Which parts still feel challenging or uncomfortable? How do you  
plan to manage that discomfort?



# Get involved!

Request a workshop

Trans Inclusion for Low-Barrier Services

Trans Inclusion for Feminist Services

What's at Risk? IPV in LGBTQ2S+ Relationships

Participate in building the blueprint