We are the organisation responsible for the running and funding of the Belfast Trans Resource Centre, the only trans community centre in the UK & Ireland, and delivery of consultancy and training services to public authorities on trans inclusion across Northern Ireland. We are members of Transgender Europe and have been expert consultants & contributors on projects for the EU/European Commission level and United Nations.

We work alongside women’s and bodily autonomy organisations in Northern Ireland, and strongly support the work of Alliance for Choice, Belfast Feminist Network and the Women’s Rights and Development Agency among others.

In addition to our response, we would like to specifically endorse the response by Alliance for Choice.

This response represents the views of the organisation, as developed through community interaction over the past 24 months in collaboration with other trans community organisations in the region.

Response from TransgenderNI to the Women and Equalities Committee Inquiry into Abortion Law in Northern Ireland

1. We welcome the Women and Equalities Committee’s move to hold an inquiry into Abortion Law in Northern Ireland. Our response is specifically relating to issues affecting transgender men and other transgender people who may need to access abortion for any reason. Some of the issues detailed are also often the experiences of women, though there are distinct specific trans experiences also.

2. This information was compiled over 24 months of engagement with trans communities in Northern Ireland on issues affecting access to healthcare, specifically sexual and reproductive health services.

3. For the purposes of this submission, when we say “trans people”, we mean all trans people who are capable of becoming pregnant, including trans men, non-binary people and some other gender diverse people. We also include trans-identified intersex people who can become pregnant.

Issues affecting trans people accessing abortion

4. Trans people may wish to become pregnant as part of their choice to have a family, as a way to have a biological child, but also as a way of having a family without having to jump through hoops in social care and adoption services, which discriminate against non-traditional family set-ups.

5. Trans people may also experience conflicting emotions and problems when considering pregnancy, such as gender dysphoria\(^1\) and subsequent mental health problems that may experience as a result of becoming pregnant, discrimination resulting from lack of education and information regarding trans pregnancy; and the effect that becoming pregnant may have on their ability to access gender-affirming healthcare or legal gender recognition in Northern Ireland.

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\(^1\) Gender dysphoria is a specific type of discomfort and distress that trans people can experience in relation to their bodies and how they are perceived within society.
Perceived social gender role

6. To become pregnant as a trans person is largely considered by legal and medical professionals to be counter to “living in the new gender role”, which is a requirement of gender identity services and of current NI gender recognition law for trans people to socially and legally transition in order to access certain services or supports.

7. For example, a trans man who has otherwise transitioned to male may not be considered to be “living as a man” if he becomes pregnant.

8. These requirements breach the rights of trans people to private and family life.

9. Therefore, trans people may need to access abortion on the grounds that their transition-related healthcare needs may be denied to them due their pregnancy, or because they may otherwise face an additional two-year delay to accessing legal gender recognition under the Gender Recognition Act 2004.
Mental health and protection of life

10. For some trans people, pregnancy represents a useful and desirable way to start a family, just like any other person, but for other trans people, it is a prospect that fills them with dread. Many trans people specifically begin hormonal contraceptives or hormone replacement therapy to halt the menstrual cycle for the purposes of alleviating dysphoria and improving self-comfort, thus pregnancy for these people could represent a greater challenge still.

11. Similar to trans people who experience mental health problems, self-harm, and suicide attempts and completion due to being unable to access gender affirming healthcare services, trans people who become pregnant or are likely to become pregnant and wish to access abortion are also more likely to experience a similar dip in their mental wellbeing.

12. For some trans people, pregnancy (or adjacent experiences like a pregnancy scare) manifests as a mental health emergency, and access to abortion becomes an urgent priority.

13. This is particularly the case for trans people who experience rape and/or sexual violence, where pregnancy becomes an additional trauma on top of the original trauma of sexual violence. The impact of domestic and sexual abuse on trans people who are forced to become, or stay, pregnant can be profound and life-threatening.

Gendered services

14. Abortion is a highly gendered healthcare intervention by the inherent demographics of the people who access it, but this presents psychological, physical and social barriers to trans people and other gender non-conforming people who need to access it.

15. For example, getting referrals or access to services when you are perceived as having a male name, have a male sex marker on your health records, or have a deep voice and facial hair, is exceedingly difficult due to: assumptions made about sex characteristics; institutional and systemic issues with making referrals for gendered healthcare services; and the psychological barrier of having to “out” yourself repeatedly in order to access gendered healthcare.

16. For trans men and other people who may be perceived as male or masculine within abortion service providers, they may feel very unwelcome or uncomfortable within what is perceived to be a female-only space, and others attending gendered services may feel uncomfortable if the trans person is there alone, without a female companion to “explain” their presence. Similarly, a trans person in a gendered service like this may be outed in waiting rooms to members of the public simply by being there, which results in trans people self-excluding from these services and accessing gendered services by other, often illegal and more dangerous, means.

17. Trans people may also be more likely to experience hate crime or harassment outside the buildings of abortion service providers on the basis that they are perceived as a trans person, either by members of the general public, or by anti-abortion protesters, as has happened here in Belfast.

18. We understand that the use of abortion pills is more common in the trans community, and increasingly so.
Medical competence

19. Generally, issues relating to transgender healthcare are poorly understood within medical and healthcare organisations and professionals, as shown recently through the newest NHS England service specifications for gender dysphoria services, and in ongoing issues with trans healthcare across the UK.

20. This extends to reproductive healthcare settings, where the sexual and reproductive healthcare needs of trans people are poorly understood and even more poorly addressed, especially relating to safe methods of abortion, drug interactions with hormone replacement therapy, and the safety of pharmaceutical-based medical abortion for trans people who are, or who have been, on hormone replacement therapy.

21. For example, there have been no studies examining the effect these pills may have on the physical health of individuals undergoing hormone replacement therapy (testosterone), which places an additional health risk on an already at-risk population.

Healthcare information

22. Generally, trans people in Northern Ireland are required to demonstrate informed consent before starting hormone replacement therapy. However, we have seen an increasingly worrying situation where trans people are not being properly educated by healthcare professionals about their fertility options and viability. This often leads to the cessation of the use of barrier prophylaxes on the false assumption that, once started on testosterone or GnRH antagonists (“hormone blockers”), their likelihood of becoming pregnant is close to zero. This increases the risks of pregnancy due to the cessation of contraception resulting in altered sexual behaviours of those involved.

23. Although research increasingly demonstrates that trans men, and other trans people who are capable of becoming pregnant, often retain fertility after starting hormone replacement therapy, the increasing number of trans people becoming pregnant highlights a need to address this within the education that healthcare professionals provide to people starting hormone replacement therapy for the first time.

Confidentiality and safety

24. Trans people are often out and proud throughout their life, but especially in Northern Ireland, others may choose to be, or need to be, very private about their trans status, as is their right and prerogative. Trans people who live in areas controlled by paramilitary forces, in rural communities, or who work in industries or organisations hostile to their existence may face negative consequences on being outed, including hate crimes, paramilitary intimidation, forced homelessness from shared housing and loss of employment.

25. Therefore, being outed without consent, or where it is inappropriate, exposes trans people to undue risks both socially and physically, which is a driving force behind many trans people travelling to access trans support services, gender-affirming healthcare and, indeed, abortion.

26. Therefore, although travelling to Great Britain for abortion may continue to be required for some trans people, the services in and of themselves still represent risks to personal safety and social standing.
Travel

27. Trans people, especially those on low incomes, often experience issues travelling internationally or domestically within the UK & Ireland due to issues with security processes, identification documents and immigration controls.

28. Many trans people self-exclude from travel, which includes pat-down searches, body scanners or other bodily searches, due to the likelihood of them beingouted or otherwise having issues with security staff. Trans people’s bodies often don’t conform to the expectations of automated screenings or poorly trained airport staff, so embarrassing or humiliating experiences are commonplace. For trans people travelling for abortion, this places an even heavier burden on them.

29. For trans people who are undocumented, who are refugees or asylum seekers, or who are on out-of-work benefits, travel may be restricted or impossible due to immigration controls, risk of criminalisation, or monetary sanctions from taking days off job-searching in order to access abortion healthcare in GB.

Poverty

30. Trans people are more likely to experience poverty than the general population, and although supports now exist for limited travel expenditure coverage for Northern Irish people travelling for abortion, this still presents as a significant barrier to trans people on low incomes or out-of-work benefits, especially those with job seeking obligations.

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