MOVEMENT INVESTMENT PROJECT

OBSTACLES AND MISINFORMATION: ABORTION ACCESS FOR TRANSGENDER AND GENDER-EXPANSIVE PEOPLE

ncrp National Committee for Responsive Philanthropy

Any person has a slew of decisions that they must make once they find out that they are pregnant. For transgender and gender-expansive (TGE) individuals, those choices are severely limiting and traumatizing, leading to even more dangerous healthcare outcomes.

SYSTEMATIC LACK OF HEALTHCARE ACCESS IS LINKED TO POVERTY AND STIGMA

3x Transgender people are **3x as likely** as the general population **to be unemployed.**

Transgender people are **4x AS LIKELY**, and Black transgender people are **8x AS LIKELY** than cisgender people **to live in extreme poverty.**

19% of trans and nonbinary people **are uninsured.**

25%+ of transgender **people of color are uninsured.**

STEPS OF TGE ABORTION SEEKERS:

FINDING OUT ABOUT A PREGNANCY

SEARCHING FOR SERVICES

GETTING WRONG OR MISLEADING INFORMATION

Crisis pregnancy centers intentionally mislead patients seeking abortion care.

GETTING GENDERED INFORMATION

Resources about abortion care and clinics are often gendered, such as having "women" in the title.

FINDING A PROVIDER

FEARING DENIAL OF CARE

A quarter of transgender people are denied healthcare and 30% of transgender people delay healthcare because of discrimination.

ENCOUNTERING UNEDUCATED PROVIDERS

1 in 3 transgender patients have to teach their doctor about appropriate care for transgender people.

ENCOUNTERING ABUSE & DISCRIMINATION

Nearly half of transgender adults report being misgendered or treated roughly, facing abusive language, or another form of mistreatment.

PLANNING A TRIP

RESTRICTIONS & REQUIREMENTS

Existing laws impose restrictions, including requiring multiple visits to secure treatment.

LONG WAITS AND LIMITED STAFF

Existing providers can be overwhelmed and have long wait times.

GOING TO THE CLINIC

OUTSIDE THE CLINIC

Protesters outside create a hostile environment that is particularly triggering.

INSIDE THE CLINIC

Gendered environment inside the clinic (forms, deadnaming, brochures, etc) may create/cause/exacerbate gender dysmorphia.

In 2011, there was only about **5 hours, on average, of LGBT related content among 150 medical schools, with transgender-related topics least addressed.**

FINDING AN ABORTION CLINIC AND MAKING AN APPOINTMENT IS JUST THE BEGINNING. IT DOES NOT GUARANTEE THAT PATIENTS WILL RECEIVE GENDER-AFFIRMING CARE.

SOURCE: NATIONAL CENTER FOR TRANSGENDER EQUALITY, THE REPORT OF THE 2015 U.S. TRANSGENDER SURVEY. THE SURVEYS USED FOR THESE STATISTICS INCLUDE TRANSGENDER, GENDERQUEER, AND NONBINARY PEOPLE

PHILANTHROPY CAN HELP EXPAND ABORTION ACCESS TO TRANSGENDER AND GENDER-EXPANSIVE PEOPLE

SOURCE: FUNDERS FOR LGBTQ ISSUES

FOR EVERY $1M AWARDED BY U.S. FOUNDATIONS

TRANSGENDER / NONBINARY PEOPLE	$400
TRANSGENDER / NONBINARY HEALTH	$88
TRANSGENDER / NONBINARY REPRODUCTIVE HEALTH	$11.44
BY COMPARISON: FUNDING TO HARVARD UNIVERSITY ALONE	$448

NOTE: There is very limited research and information available about transgender people and healthcare in general so it is likely that these statistics represent an undercount of the population. Research about reproductive health and experiences often exclude transgender and nonbinary people. As a result, there is little comprehensive data about the experiences of transgender, non-binary people regarding abortion care, preferences, and experiences.

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