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## Why Disability Studies Scholars Must Challenge Transmisogyny and Transphobia

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### Abstract

We argue the need for coalition between trans and disability studies and activism, and that Disability Studies gives us the tools for this task. Our argument rests upon six facets. First and foremost, we explicitly acknowledge the existence of trans disabled people, arguing that Disability Studies must recognise the diversity of disabled people's lives. Second, we consider how the homogenisation of womanhood, too often employed in transmisogonist arguments particularly when coming from those claiming to be feminists, harm both non-disabled trans women and cis disabled women. This leads to our third point, that Feminist Disability studies must be anti-reductive, exploring how gendered experiences rest upon other social positions (disability, queerness, race etc.) Fourth, we reflect upon the ways in which Disability Studies and feminism share a struggle for bodily autonomy, and that this should include trans people's bodily autonomy. Finally, we argue that Trans and Disability Studies and activism share complex and critical relationships with medicine, making Disability and Trans Studies useful allies in the fight for better universal health care. We conclude by calling for our colleagues in Disability Studies to challenge transmisogony and transphobia and that transphobia is not compatible with Disability Studies perspectives.

### Introduction

This article calls to our colleagues within Disability Studies to challenge transmisogyny and transphobia, which we are increasingly concerned by within the UK and elsewhere. Transphobia and transmisogyny happen mundanely, for example, through school systems (Stonewall, 2017), but also through academics and journalists who are given high-profile public platforms. These views exist within our discipline: we are prompted to write this piece after viewing transphobic and transmisogynist discourse perpetuated by Disability Studies colleagues. In her recent publication, *Transgender Children and Young People*, for example, Michele Moore (2018, 219), executive editor of *Disability and Society*, argues that 'alliances should not be made between the disabled people's

movement and the transgender movement'. Moore's writing, however, relies upon misinformed and outdated tropes about trans people and activism which are rarely supported through engagement with academic literature and research. Although we do not spend this article directly challenging Moore's chapter, we refute her argument which is both misinformed and plays into transphobic discourse (see Pain, 2018 for a review of the book which we endorse).

We also write as researchers on *Around the Toilet*; a project exploring what makes an accessible toilet space. The project started through conversations with trans, queer and disabled people. Despite our broad and expanding remit ([aroundthetoilet.com/history/](http://aroundthetoilet.com/history/)), media attention has focused on our work about trans people's access to toilets. As such, emails rooted in transphobia, and particularly transmisogyny, increasingly land in our inboxes. Through this project and our own personal and political lives we see a need for coalition between Disability and Trans Studies and activism<sup>1</sup>.

Before the main body of our article, let us make two clarifying points. Firstly, to define and justify our focus on transmisogyny. Transmisogyny is used to describe the oppression of trans women through transphobia and misogyny. Serano (2007) highlights that although all gender nonconforming people experience pathologisation, trans women and transfeminine people experience heightened ridicule, gaze and violence in comparison to trans men and transmasculine people (further mediated by race, disability, class, and sexuality - see [alokvmenon.com](http://alokvmenon.com); Clare, 1999; Krell, 2017). In our own work, although enquiries about *Around the Toilet* are often framed as being about trans people broadly, trans women soon become the primary subject of attention. Secondly, we oppose 'freedom of speech' being used to justify platforming transphobia and transmisogyny. By this we mean the argument that by challenging transphobia and transmisogyny - including our refusal to debate the 'reality' of trans people's existence, entry into categories of woman/man and/or the legitimacy of non-binary identities - we are shutting down debate. In an analysis of disability hate crime, Burch (2016, 7) highlights that

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<sup>1</sup> When we refer to Disability and Trans Studies from here onwards we include activism outside the academy.

'when hate speech is cloaked by the protection of free speech, it allows for the demeaning, denigrating and silencing of certain groups of people in favour of the narratives of those in power'. Like Burch, we see 'freedom of speech' materially impacting on trans people through, for example, insufficient medical support and hate crime, including sexual assault and murder. We ask Disability Studies colleagues whether they would defend disablist hate speech using an argument of 'freedom of speech' (and we hope the answer is 'no').

Below we offer six reasons why Disability Studies scholars should challenge transmisogyny and transphobia and how Disability Studies offers us tools for this task.

### **Trans disabled people exist!**

Our subheading here is used to be explicit of the existence of disabled trans people. Disabled people are still desexualised, hypersexualized, or at best only inscribed with heterosexuality (dictating proximity to the gender binary) (Abbott, 2015; Siebers, 2008). We have raised elsewhere the difficulties in playing with and/or resisting the gender binary when you are disabled (Liddiard & Slater, 2017; Liddiard, 2018; Slater, 2018; Slater, Agútsdóttir and Haraldsdóttir, f.c.). The erasure of trans disabled people has material consequences: the UK Anti-Bullying Alliance (2017) reported that disabled young people weren't believed when they said they were trans; Stonewall (2017) highlight LGBT young disabled people are at heightened risk of being bullied and experiencing poor mental health. To paraphrase Lorde (2012), none of us live single-issue lives, but such silences around, and lack of knowledges of, the lives of disabled trans people is a yet another form of everyday violence.

## **Disabled women and trans women are both positioned outside of womanhood<sup>2</sup>**

Transmisogyny rests upon the assumption that trans women are not real women and are encroaching on cisgender<sup>3</sup> women's spaces. Within transmisogynist discussions the word cis is either not used or is explicitly rejected, whilst discriminatory and misgendering terms are used instead of trans women. Thus trans people and women are positioned as mutually exclusive categories, propagating the Othering inherent to transmisogyny.

The positioning of some women outside womanhood should worry Disability Studies scholars. Disability Studies highlights that disabled women can struggle to position themselves as women<sup>4</sup> and the precarity that this can bring (Slater, Ágústsdóttir, and Haraldsdóttir, f.c.; Thomas, 1999; Wendell, 1996). Intersections of sexism, misogyny and disablism mean that disabled women are at greater risk of sexual violence than disabled men and non-disabled women (Thiara, 2011). This risk increases for LGBTQ disabled women and/or disabled women of colour (Gillespie-Sells, 1998). Furthermore, a transmisogynist argument is fundamentally ableist as it relies on normative understandings of women's bodies. For example, trans exclusionary radical feminists such as Janice Raymond and Germaine Greer argue that trans women cannot be women because they do not understand experiences of menstruation, childbearing and menopause; arguments perpetuated in the mainstream media. Of course, it is not only trans women who don't experience menstruation, childbearing and menopause - not all cis women

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<sup>2</sup> By using this subheading we do not mean to position trans women and disabled women as mutually exclusive categories. As our previous section makes explicit, trans disabled women exist! However, it is important to recognise that cis disabled women and trans non-disabled women have also both been positioned outside of womanhood.

<sup>3</sup> The word 'cis' refers to people whose gender aligns with that which they were assigned at birth. In other words, 'cis' means 'not trans', in the same way that 'straight' is used to mean 'not lesbian, gay, or bisexual'. The use of the terms cis women and trans women denote that both trans women and cis women are legitimate and non-hierarchical identities/ways of being women.

<sup>4</sup> Transmisogynist arguments also fail to note that many other women have and continue to be positioned outside of womanhood - black women, lesbians, working class women, poor women, intersex women, women sex workers.

menstruate, can or want to bear children, have or will experience menopause. Yet, maintaining that women's bodies must function in particular ways is concerning for disabled women amongst others, whose embodiments are already considered non-normative (Garland-Thomson, 1996).

### **Feminist Disability Studies work must be anti-reductive**

Much recent high-profile transmisogyny comes from women claiming their arguments are feminist. At the same time, they position the work of trans and queer scholars and their allies as anti-feminist and oppressive to (cis) women. We reject this argument: our work is feminist. Whilst we are open to critique, particularly from oppressed groups that we don't inhabit, we strive to acknowledge how womanhood (and gender broadly) is mediated by other forms of social positioning (race, sexuality, dis/ability, class, nation). As Lorde (2015, 91) writes, a feminism homogenising women's experiences 'lose[s] sight of the many varied tools of patriarchy. It is to ignore how those tools are used by women without awareness against each other'.

Just as Disability Studies has been accused of being male-centric, feminism has often excluded disabled women's experiences (Garland-Thomson, 2011). Similar criticisms have been levelled at Trans Studies. Krell (2017) critiques Serano's (2007, 2013) work for silently centring white, middle-class trans women. Trans Studies has also omitted to include experiences of disablism and ableism - and often Disability Studies has been cisnormative (Baril, 2015; Withers, 2013). The role of Feminist Disability Studies, therefore, is not just to add disabled women's experiences to those of non-disabled women; nor to create another discrete form of feminism. Rather, Feminist Disability Studies uses Disability Studies to enhance feminist theory, whilst drawing on feminist theory to further Disability Studies (Garland-Thomson, 2002; Hall, 2011). Erevelles (2011b) adds that Feminist Disability Studies must consider how disability intersects with race, class, coloniality, nationalism and imperialism. Rather than close down who counts as woman, we follow Hall (2011, drawing on Butler), arguing that

Disability Studies needs to propose new ways of imagining whose bodies, lives and ways of being are livable, including those of trans women, transfeminine people and trans and genderqueer people more broadly. We see the need for coalition between Disability Studies and feminism, particularly queer, trans and black feminist perspectives (see Clare, 1999; Erevelles, 2011a; Kafer, 2013; Mingus, 2011).

### **Disability Studies values bodily autonomy**

Disability Studies and feminism share a struggle for bodily autonomy and challenge how socio-cultural-political landscapes restrict autonomy (Graby & Greenstein, 2016). A Feminist Disability Studies position therefore doesn't correlate with transmisoginist arguments which deny trans people's lived-experiences and contest their right to bodily autonomy. Disability Studies has taught us to believe people when they tell us of their experiences of their bodies (even if we cannot understand those experiences or don't feel that way ourselves). It provides the tools to deconstruct patriarchal medicalised and reductive understandings of bodies (including the sexing and gendering of bodies), without denying bodily difference and the materiality of the body. It allows us to privilege lived-bodily experiences and self-definition.

### **Disability Studies is wary of the homogenisation of childhood**

A transmisogynist argument maintains that trans women cannot be women as they haven't been socialised as women and therefore don't share lived-experiences of being/becoming woman. Such a statement erroneously assumes that there is one way of being/becoming woman: that all children who identify or are labelled as girl are socialised in the same ways. While we agree that all girls experience misogyny under patriarchy, and that these are often institutionally maintained in childhood, these lived experiences are always further shaped through race, class, disability, sexuality and nation (Rice, 2014). In centring the lives of disabled children, disabled children's childhood studies (Curran & Runswick-



Cole, 2013; Runswick-Cole, Curran, & Liddiard, 2017) positions socialisation as processes that, while located in dis/ableism, don't engender sameness. Rather, they stress the heterogeneity of childhood, acknowledging that disabled childhoods are contoured by different experiences, privileges, and oppressions. Simplistic arguments around socialisation also deny children's agency, who are presumed incapable of resisting dominant discourses (Jones & Liddiard, 2017). Acknowledging the complexities of socialisation, Disability Studies should be wary of arguments which homogenise childhood and particular ways of being/becoming girl/woman.

### **Disability Studies critiques medicalisation whilst maintaining that everyone deserves life-affirming health care**

Trans activists are often criticized for medicalising childhood, as gender nonconforming children come to the attention of medical and psy-professional gazes (e.g. Moore, 2018). Trans adults are harmfully portrayed as predators that want to 'convert' children and pressure them into changing their bodies (with frightening echoes of Section 28<sup>5</sup>). Such arguments are ignorant to the realities of childhood as inherently medicalisable (although we don't deny some more than others). Institutions children traverse routinely monitor them for signs of difference and disorder (allergies; BMI) (Evans & Rich, 2011). These arguments also misrepresent Trans Studies' nuanced relationships with medicine. Like Disability Studies, Trans Studies is critical of medicalisation whilst acknowledging that access to good quality healthcare keeps trans people alive (see US disabled people's protests over Medicare removal; UK trans organisations responses to UK Gender Identity Services consultation, e.g. <http://uktrans.info/nhsconsultation2017>; <http://actionfortranshealth.org.uk>; Pearce, f.c; Vipond, 2015).

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<sup>5</sup> Section 28 was UK legislation which, until 2003 (2000 in Scotland), prevented teachers discussing LGBT issues for fear of 'promoting homosexuality'.

Interestingly, although Disability Studies has long critiqued medicalisation in disabled children's lives, this is seldom problematised within the mainstream as it is for trans children.

Furthermore, moral panics rarely recognise trans people's difficulty in reaching publically funded healthcare, or legitimising their identities without accessing medical/psy-professions. In the case of trans children and young people, children and families undergo considerable assessment and intervention prior to any diagnosis, which doesn't automatically equate to medical intervention, despite charities advocating for faster treatment (Lyons 2016). Where interventions are possible, this is determined by a range of factors, monitored through lengthy and multiple assessments. Importantly, children and families are largely passed through these medicalised contexts because little other support is available. As a result, the majority of trans young people undergo multiple years of social transition. Social transition, on a basic level, simply means addressing children in ways they choose. Despite a UK public healthcare system, lengthy NHS<sup>6</sup> medical journeys are also experienced by trans adults which can lead trans people to crowdfund their own healthcare.

Disability Studies and activists' complex and critical relationships with the medical profession make Disability and Trans Studies useful allies in the fight for better universal health care.

## **Conclusion**

As we close, we reaffirm our call to Disability Studies colleagues to challenge transmisogyny and transphobia. More than this, we encourage others to ask critical questions of themselves and their own scholarly and activist movements, practices and responsibilities towards mitigating the impacts of transmisogyny and transphobia and acknowledging trans disabled people's lives. As we have argued, a transphobic and/or transmisogynist position is not compatible with the broad ethical principles of

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<sup>6</sup> The National Health Service (NHS) is the publically funded health-care system in England, and one of four National Health Services of the United Kingdom.

Disability Studies. We agree with Erevelles (2011a) that we must pay attention to the materiality of lives under ableist, patriarchal, heteronormative, colonial and racist transnational capitalism.

Acknowledging the materiality of the body, we work to challenge the fetishisation of some bodies and minds as deviant, dangerous, objects of curiosity. We call for a greater consciousness around gender and sexuality in Disability Studies where marginalised groups are concerned and demarcate that a lack of consciousness, awareness or action equates to complicity.

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