

## Long distance travel, deepening inequality, fear of persecution: The current landscape for transgender and gender-expansive abortion seekers

### Summary

Transgender and gender-expansive<sup>a</sup> (TGE) people face an increasingly hostile political climate in the United States (US), likely compounding existing barriers to abortion and broader health care. This brief presents findings from a focus group discussion among individuals who support transgender and gender-expansive individuals in accessing abortion care or health care to better understand the unique needs of transgender and gender-expansive people seeking abortion in the current political climate. Participants described how multiple intersecting barriers, including a lack of gender-affirming providers, insufficient provider knowledge, financial hardship, and unmet basic needs like food and housing are further intensified by political attacks on both abortion and gender-affirming care. They stressed that addressing these barriers alone would not solve the general lack of safety experienced by TGE people in their day-to-day lives. We propose a multi-pronged approach to ensure that TGE people can access adequate and safe abortion and gender-affirming care, regardless of their financial situation, that includes: 1) bolstering existing gender-affirming services, 2) expanding research and education on TGE health care needs, 3) expanding funding for abortion and gender-affirming care-related travel and services, and 4) improving self-managed abortion and DIY resources.

### Background

Transgender and gender-expansive (TGE) people get pregnant and have abortions but often face barriers to care. They are

more likely to be uninsured and experience discrimination and/or provider incompetence, as clinicians may lack the knowledge to adequately respond to their health care needs.<sup>1-4</sup> As a result, TGE people often delay or avoid seeking care due to fear of mistreatment.<sup>5</sup>

These barriers are exacerbated in abortion care, which is already heavily siloed, stigmatized, and commonly framed as “women’s health care,” which can further alienate TGE people.<sup>6,7</sup> For example, one study found that only about 30% of abortions provided to transgender and nonbinary<sup>b</sup> patients happened at facilities that also had transgender health care services.<sup>8</sup> Another study from 2019 found that nearly one in five TGE people who had ever been pregnant had attempted to end the pregnancy on their own without medical supervision, and none reported using the World Health Organization-recommended medication abortion regimen.<sup>9</sup>

The overturning of *Roe v. Wade* in 2022 triggered a wave of abortion bans and restrictions, and abortion is either completely banned or severely limited in over half of US states and territories.<sup>10</sup> Research has shown that limiting abortion access exacerbates existing inequalities, as traveling for abortion care or ordering abortion pills online are unfeasible for those without the means to do so or for those who face increased risk of criminalization.<sup>11-16</sup> Concurrent to a wave of abortion bans, attacks on transgender rights have cropped up throughout the US, including bans on gender-affirming care, legislation forcing TGE people to use

<sup>a</sup>Transgender refers to people whose gender identity is different from the one commonly assumed to be associated with their sex assigned at birth. For example, a transgender woman is a woman who was assigned male at birth. Gender-expansive is an umbrella term for people who fall outside of cis-normative expectations of gender, which includes nonbinary, gender queer, and agender.

<sup>b</sup>Nonbinary refers to someone who identifies as neither a man or a woman, somewhere between those two, as both, or as another gender.



the bathroom associated with their sex assigned at birth, and imposing barriers to obtaining and denying the recognition of legal documentation.<sup>17</sup>

Knowing that the needs and experiences of TGE people are unique and likely uniquely affected by the combined onslaught of abortion bans and anti-trans legislation, we sought to better understand the needs of TGE people seeking abortion in the current US political climate.

## *Study description*

This brief presents findings from a focus group discussion conducted in September 2025 among individuals who support TGE individuals in accessing abortion care or health care more broadly, either professionally or in their personal lives. Participants were recruited through professional networks of gender-affirming care providers and doulas with experience supporting TGE people.

We asked participants in a two-hour virtual focus group discussion about the social, emotional, physical, and logistical needs of trans and gender-expansive people seeking abortion beyond the abortion itself. Findings from a thematic analysis are summarized below.

Ethical approval was obtained from WCG IRB and verbal consent was collected ahead of participation in the study.

## *Make up of focus group discussions*

A total of six individuals participated in the focus group, with ages ranging from 27-70 years old. Participants comprised a variety of roles supporting transgender and gender-expansive people, including abortion doula, nurse practitioner, abortion and gender-affirming care provider, and gender-affirming care navigator. Participants identified as Black, Jewish, and white and described their gender identities in a range of ways, including trans man, cisgender woman, gender queer, non-binary, and transmasculine. Participants represented urban, rural, and suburban locations in the South, the Midwest, and the West.

## **Key findings**

We present our findings in three thematic areas: 1) the social, emotional, physical, and logistical needs of TGE abortion seekers; 2) the impact of the current political climate on TGE abortion seekers; and 3) the ways in which travel to overcome legal barriers introduces additional risks and barriers. These themes are deeply interconnected and mutually reinforcing. Focus group participants described how the social, emotional, physical, and logistical needs of TGE people seeking abortion are further exacerbated by the current political climate, which also creates new and distinct challenges. While traveling to states without abortion or gender-affirming care bans may allow individuals to circumvent legal restrictions, such travel introduces additional risks and considerations and further widens existing inequities.

## *Social, emotional, physical, and logistical needs of transgender and gender-expansive abortion seekers*

Participants discussed a range of support needs they saw among TGE people seeking abortion, including the need for more gender-affirming providers and TGE-specific abortion counseling and resources. Additionally, participants discussed the way financial precarity inhibits TGE people from receiving everything from basic needs like food and housing to supportive medical care to proper after care for their abortion.

Participants described a need for more gender-affirming providers within abortion care, which is typically presented as an issue of women's health.

*“We don't have gender inclusive language. We don't have gender expansive language. The clinic I work at definitely identifies as a place for women.”* (Abortion doula, South)

*“They don't have the providers, and staff don't have the language capacity to understand those needs or even address the patients properly, which is very bad for those patients when they seek care. **They don't feel affirmed or seen or their needs met.**”* (Nurse practitioner, Midwest)



*“I think just interfacing with a medical “female-like” service as a trans or gender person can be really frightening. [...] People are afraid to go, I think.” (Medical provider, West Coast)*

For informational needs around abortion, participants mentioned that patients wanted to know about the contraindications of different abortion methods with hormone replacement therapy (HRT), how long they would bleed for, what abortion method might allow them to get back to HRT sooner, and a general desire for the least invasive option that would allow them to get back in their body as soon as possible.

One participant highlighted a general need for better education of providers and research to undo the long history of misinformation and discrimination against TGE people.

*“I just think raising awareness in health care settings that trans people can get pregnant, want to get pregnant, don't want to get pregnant [...] for years people were told if you started estrogen, you couldn't contribute to a pregnancy, and if you started T, you were rendered infertile. So just that history of us being so wrong about reproductive care just means we have to—because a lot of those stories or beliefs are still in the air, in the written down places. So we just have a lot of education to do.” (Medical provider, West Coast)*

Outside of being able to access the abortion itself, participants emphasized the socioeconomic stress that many TGE people face, often lacking basic needs—a circumstance that aggravates all existing health inequalities:

*“It's really, really hard to get a job as a trans person [...] the jobs that are available are often really unsafe, really low-paying jobs, or spaces that you want to leave because your coworkers or your boss or whomever is now transphobic, right? So our ability to pay for food and housing and things like that are automatically [impacted] almost from the gate because there are no jobs.” (Community member and advocate, South)*

*“The cost of food is ridiculous right now. Inflation has driven that up. And housing is incredibly expensive all over the country. Unfortunately, our clinic is primarily for patients with insurance unless they have HIV. [...] If they have HIV, I can get them case management services, which helps with housing, food, medications. If they are not, I'm limited to community resources that are available that I can refer them to for food, financial assistance and whatnot. So, very limited.” (Nurse practitioner, Midwest)*

One participant went on to stress that the state of financial need among TGE people presents an insurmountable barrier to the essential aftercare patients need post-abortion, especially as the experience may be more emotionally and physically taxing for TGE people who may endure discrimination and dysphoria in the process of accessing an abortion. Financial need may keep patients from taking time off work, school, or other responsibilities or properly recover:

*“If we're talking barriers, immediately I thought about aftercare, like, how much time your body [and] mind need to recover, how much money folks don't have to be outside of work for [...] longer than a day, you know what I mean? Or, the true repair that one deserves to have is not accessible [and] is not possible under this current system, right? When folks are one paycheck away from homelessness, especially trans folks right now [...] I'm thinking about how underemployed our people are. And, like, let alone all of the shit that you gotta do to gird yourself up to be safe enough to walk into a clinic that might not respect your pronouns, that might not know how to refer to your body.” (Community member and advocate, South)*

## **Impact of political climate on TGE abortion seekers**

Participants highlighted how the existing needs and experiences of TGE abortion seekers are further amplified in the context of increased restrictions on both abortion care and TGE rights. One participant outlined how these attacks are mirrored and united in their infringement on bodily autonomy:



*“[...] I've been sort of preaching about this for a long time [...] if you literally look at the attacks on abortion in our country and the map and the access and what it looks like, there's such a mirror of how that looks in our states [with anti-TGE legislation] [...]*

*not everyone working in the abortion access field is always is informed about the trans justice and healthcare field. And I've always kind of been screaming like, hey, this is like, this is us. This is our liberation altogether.”* (Gender-affirming care navigator, South)

Another participant named the effect of these attacks on TGE people who are already at greater risk of criminalization:

*“I just think it makes it triply hard, you know, for someone who is trans or gender-expansive to access abortion when they're already at risk of being criminalized for being who they are, and then they need abortion care.”* (Medical provider, West Coast)

The impact of the political climate doesn't just affect those TGE people who are in the process of seeking care. This feeling of unsafety is an omnipresent burden for TGE people across the country that presents an existential threat, both stoking interpersonal violence toward and suicidality among TGE people:

*“We were working so hard on making a good clinical environment and now everything outside the clinical environment is just, you know, super threatening and just walking down the street I just feel like safety and being able to breathe and be who I am, who one is right now, is so at risk that **I think it's hard to be alive right now as a trans and gender-expansive person because it just feels so all out to get you, out to deny who your personhood is, who your identity is.**”* (Medical provider, West Coast)

*“Real shit though, I think that this intersection is going to spike suicide rates crazy. Right? [...] I'd rather die than get pregnant. But secondly, if I'm alive right now, I can barely take care of myself. The fuck am I gonna do with a child? You know what I mean? Like, trans folks already are dying.*

*They're [...] being murdered, killing themselves, young folks, like you don't—you're really experiencing an epidemic in the community.”* (Community member and advocate, South)

## **Travel to overcome barriers presents its own risks and barriers**

Notably, participants discussed the new reality of patients traveling, sometimes crossing state lines to access essential gender-affirming and abortion care. This travel places increased stress on the few providers who are continuing to provide care in states where it's still legal:

*“It's just creating this big sort of traffic jam of people wanting to get access. [...] I think about it in the future, it could create a lot of issues because there's very limited providers that are doing both of these sorts of care that are highly stigmatized and highly politicized.”* (Gender-affirming care navigator, South)

*“We're in a state that has open access for everything, so patients are able to get care here. But unfortunately, the surrounding states do not. And so we are absorbing a lot of those patients... I have affirming providers and I can refer patients to them and they have a good experience. But a lot of the surrounding communities where they're coming in for care do not have those kind of services.”* (Nurse practitioner, Midwest)

One participant described the impact of this new reality as further widening existing inequalities, as those who already face the most barriers to care may be more likely to experience medical discrimination and criminalization even in states where care is legal and may be more likely to be forced to carry an unwanted pregnancy to term:

*“With the criminalization and legal threats that are happening now, it's just further dividing and gapping folks based on race and poverty and socioeconomic status. [...] **There's a really big economic divide in who is able to get there and who's able to navigate that, be able to pay for a hotel, stay for a couple of days to get their medications, go home and doing that every***



***few months. And the same thing with abortions.”***

(Nurse practitioner, Midwest)

Those who are able to overcome the financial barrier of traveling face safety concerns of having to travel through a country increasingly hostile to TGE people, and potentially doing so alone and without the support of community:

*“And so especially for those folks that are having to make arrangements and traveling from in two states that it might not feel safe to go to a public restroom. What’s the area of the state will I feel okay and not be attacked and feel vulnerable? And I think that’s also a layer that’s often forgotten in the aftercare. **We focus on, like, do you have a hospital near you that you can go in case of an emergency, but not really thinking of both the getting there and getting to in a safe way that you’re not alone and isolated and vulnerable, and especially in unfamiliar spaces and locations, especially in the current, I’d say, hellscape that we’re all navigating.**”* (Medical provider, South)

Another participant spoke to the particular risk of complication while traveling, either that they won’t know of a competent provider nearby or that they will have a complication after returning home to a hostile state:

*“For folks coming to my clinic from southern states, we give them Cytotec and Promethazine “to go” in case there are complications. [...] There is no real plan to ensure that trans and gender non-conforming folks have culturally competent experiences if they have to go to another clinic or facility because they have complications.”* (Abortion doula, South)

## Conclusion

Participants described a range of support needs of TGE people seeking abortion care, including more gender-affirming providers, filling gaps in provider knowledge, and money to address underemployment, unemployment, and the lack of access to basic needs like food and housing. The current political climate, with mirrored attacks on abortion care and gender-affirming care, exacerbates these existing needs, further

entrenching inequalities as those who have the money and are less likely to face criminalization along the lines of race, class, and immigration status can overcome these barriers by crossing state lines to access care. Whether traveling to receive care or not, participants spoke to the impact of a general sense of persecution and lack of safety TGE people carry from feeling like their very identities are under attack.

## Recommendations

The exacerbating effect of the current political context means that more pressure is being placed on fewer gender-affirming providers and that there may be greater fear, financial barriers, and risk with accessing the few gender-affirming providers and services that still exist. No one solution will meet the needs of TGE abortion seekers across the country. Instead, the situation demands a multi-pronged approach to ensure that TGE people can access adequate and safe abortion care, regardless of their financial situation, in the way that they want to (ex. telehealth, in-clinic abortion procedural or medication abortion, self-management at home). Along with advocacy efforts to remove these bans and restrictions, we present the following recommendations to ease the effects of the current political climate on TGE abortion seekers.

### ***Bolster existing gender-affirming services***

As more pressure is being placed on the few remaining gender-affirming providers in the US—with TGE people traveling from out-of-state to access care from these providers—work must be done to ensure sustainability and expand existing gender-affirming services for TGE people.

Too often TGE health care is thought of as a separate branch of care. As a result, TGE people may be more likely to avoid seeking care and particularly avoid needed emergency medical care where there is no guarantee providers have been trained to competently support TGE patients.<sup>5</sup> All health care providers must be trained on how to provide adequate and affirming care to TGE patients.



## *Expand research and education on TGE health care needs*

In order to bolster existing gender-affirming services, additional work must be done to address the gap of provider knowledge and the history of misinformation about reproductive care for TGE people. Additional research and dissemination are needed to ensure that we have evidence-based, up-to-date information available to adequately address questions TGE people have about abortion and general health care.

Additionally, we know that providers are often the ones who report people having abortions in states where it is illegal to the police, despite having no legal obligation to do so.<sup>18</sup> We also know that providers have denied care to patients in emergency medical situations for fear of aiding an abortion and risking their own criminalization.<sup>19</sup> Providers must be educated on their own rights and those of their patients so they do not hesitate in providing life-saving care and are not complicit in the criminalization of their patients.<sup>20</sup>

## *Funding and practical support for travel and care*

For those TGE patients who wish to receive abortion care and/or gender-affirming care, whether nearby or in another state, funding should be made available to cover the cost of medical care, related aftercare needs, and travel. Studies have found that abortion funds are essential to enabling abortion seekers to travel for their abortion though securing funds presented an additional stressor.<sup>21,22</sup> Abortion funds should work closely with clinics so that clinics can offer funding resources to patients without having to carry too much of the logistical burden of organizing funding themselves. Additionally, resources must be made available to educate TGE patients on how to avoid criminalization and safely navigate any necessary medical care.

As the previous two recommendations are long-term solutions that will require time and generous funding to accomplish, short-term funding could ensure that those TGE people seeking abortion and/or gender-affirming care are supported throughout the process. Specifically, because there may be risk of criminalization for patients who travel from states

where abortion and gender-affirming care are banned to access care—which may be exacerbated by their TGE identities—funds could ensure that TGE people have a place to stay until care is completed so patients do not have to return to hostile states where seeking emergency medical care could present more risk. Abortion funds already work above and beyond to support abortion seekers with limited funds. Additional funds should be set up specifically to support TGE people and more funders must step in to ensure that resources and staff are not spread thin.

## *Self-managed and DIY resources*

As TGE people may avoid seeking care from medical institutions for fear of discrimination and provider inadequacy, resources must be made available to ensure that TGE people who are self-managing their abortions and DIYing their gender-affirming care can do so safely. This looks like spreading knowledge about medication abortion, its regimen and recommended use, and about resources like the [M+A hotline](#) where people can call if they have questions and wish to seek medical guidance from staff that has been trained on TGE inclusion. For DIY gender-affirming care, resources should be vetted and approved for guiding TGE people on DIYing their care and a similar resource to M+A hotline should provide TGE people with on-call counseling and support for any gender-affirming care-related questions.

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