



**FOCUS GROUP FINDINGS ON**

# **TRANSGENDERED PERSONS**

**IN CALIFORNIA**

**BY**

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## DEDICATION

This work is dedicated to thousands of Transgendered Persons who have lived amongst us since the beginning of time. They have been in our families, in our churches, and in our communities veiled by the projection of our prejudice, rendered invisible by institutions who refuse to recognize, refuse to count those that are HIV infected, and refuse to acknowledge their contributions to our lives and to the world in which we live in. Their own words cry out for emancipation from the grip of our bias.

*"I am who I am"*  
*"We are not invisible"*  
*"We are real people with real feelings"*  
*"Accept me as a person, a real human being"*  
*"We have always been here and we will always be here"*  
*"Treat us with respect"*  
*"We are no different than anybody else"*  
*"Speak to us in the language of people"*  
*"This is not a condition of choice"*  
*"We are not mentally ill"*  
*"Everything we are is not related to sex"*  
*"Anything that is different (Transgendered persons) molests children"*  
*"Being Transgender is not a flaw in our character"*  
*"Gender and Sexual Orientation are different, some of us are Heterosexual, some of us are homosexual, some of us are bi-sexual and some of us don't care to have sex with anyone"*  
*"We must break the mythology that Lesbians and Heterosexual Men can't get AIDS, this myth is also killing Female to Male Transgenders"*  
*"We are not trying to change our sex to legitimize our sexual orientation"*  
*"As she was dying of AIDS nobody wanted to touch her, she was beyond the Elephant Man"*

Omission, neglect, denial, judgment, violence, ignorance, institutional and sanctioned oppression, personal transgenderphobia is exacerbating the HIV epidemic in the Transgender community...the time has come to lift the veil of ignorance to show the beauty that is hidden beneath it. Lifting that veil will preserve the sacredness of life.....

*Chris Sandoval*

## **Introduction**

Transgender, the word is made up of two important components, trans and gender. Trans comes from the Latin word meaning “across, beyond, through, so as to change”. Gender finds its roots in another Latin word “gener and genus” meaning “birth, kind, — more at kin”. In English this word has evolved to mean specific “distinguishable characteristics” denoting traits which differentiate male and female.

Transgender, the person is an individual who is born genetically with specific physical traits of one gender but with the internalized identity of the opposite gender. In fact a person may identify as an MTF (Male To Female) or FTM (Female To Male). Society through the institutions of family, faith, and community defines and reinforces the “role” of gender (a dimension of cultural identity) by defining values and behaviors which differentiate and underscore male and female identities.

Quantitative Research and study of Transgendered Persons, their communities, and their risk for HIV disease is virtually non-existent. The findings of this focus group marks the beginning of that inquiry in the State of California. The overarching mission in HIV Education and Prevention is to stop the spread of HIV disease. On Wednesday, May 24, 1995, sixteen providers of services to Transgendered Persons were convened to discuss what works and what doesn't in the field of Education and Prevention. Fourteen of the sixteen participants were members of Transgender Communities. Demographic and epidemiological-surveillance information is not available for this target population since it is not identified in tracking and surveillance methodologies traditionally used by governmental institutions.

## **Description of the Focus Group Study**

Polaris Research & Development, Inc. staff conducted a focus group with participants in the Bay Area of California by soliciting the support of Tamara Ching, a member of the California Prevention Working Group and a Transgendered Person, who is a highly regarded leader in that community, to act as convenor for the focus group. Chris Sandoval, Senior Research Associate at Polaris Research & Development, Inc., was the Focus Group Facilitator, and Joanne Tornatore-Pili was the logistics and support coordinator. The focus group was held in the hearing room of the San Francisco Human Rights Commission where the Transgender Community Task Force of that body has been meeting. Their address is 25 Van Ness Avenue, 8th floor, in San Francisco, California. The focus group took place on Wednesday, May 24, 1995 from 6:00 to 8:00 p.m.

The sixteen participants represented a diversity of individuals affiliated with or serving the Transgendered Persons' Communities. Some of the pertinent information follows:

<b>Number of participants</b>	Sixteen
<b>Number of Transgendered Persons</b>	Fourteen
<b>Number of providers</b>	Sixteen
<b>Ethnic identities</b>	African-American 1 American Indian 1 Asian-Pacific Islander 4 Communities of Mixed Heritage 1 Latino 3 European-American 6
<b>Types of providers</b>	Peer educators, Outreach workers (CHOWS), Substance Abuse prevention, counseling personnel, human rights advocates
<b>Geographic area</b>	9 Bay Area Counties
<b>Age Range</b>	23-65

Some of the specific agencies represented included the Transgender Health Clinic, the Transgender Community Task Force, the Center for Special Problems, the Transgender Advisory Committee to the Human Rights Commission, ETVC (a cable network program for Transgendered persons) and the Asian-AIDS Project to name a few.

## FINDINGS

Transgendered persons are a remarkable group of individuals who are frequently referred to as an umbrella group of identity spanning a list of descriptors which are most often listed in a hierarchical model of identity. Two very distinct findings that emerged from the focus groups were that the description of what a group perceived its group identity to be and what individual members called themselves. What follows is a list of descriptors for the specific groups under the Transgender umbrella and descriptors used to describe personal identity.

### Names for Groups

Post Op  
 Castrated  
 Pre Op  
 Non Op  
 24/7  
 TG  
 Transgender  
 Transsexual  
 Transvestite  
 Cross-Dresser  
 Female Impersonator  
 Drag Queen  
 Androgynous  
 Gender Fuck

### Names individuals called themselves

Transgender-3  
 Woman-2  
 Female-2  
 MTF(Male To Female)-2  
 FTM(Female To Male)-1  
 Transsexual-1  
 Pre-op-1  
 Fag-1  
 Gay Man-1 (real gay man)  
 Human Being -2

### Notable Quotes

“It’s about getting our bodies to match what is inside of our heads”.

“...I am a woman inside a male body...”

“I have been born with the wrong body parts”.

“These terms are arbitrary and reflect internalized oppressions...yes there is more than man and woman”.

“I am both”.

Focus Group findings also documented the most effective elements in HIV/AIDS educational interventions (what works); description of elements in interventions, approaches or models currently in place that are not working (what doesn't work); what are messages that the population at risk needs to hear in order to increase knowledge or change behavior (messages); who is the most appropriate channel of credibility to deliver Education and Prevention interventions (messenger), and what are most important vehicles for educating the target population (medium). Please note that there was substantial agreement indicated by the nods and the verbal affirmations of yes when they were spoken by a single group member.

<b>WHAT WORKS</b>	<b>WHAT DOESN'T</b>
<ul style="list-style-type: none"> <li>• Being Transgender-specific</li> <li>• Being real (authentic)</li> <li>• Speaking in our language</li> <li>• Being erotically appropriate</li> <li>• Rolemodels</li> <li>• Access to ALL the information not just what you design</li> <li>• Humor</li> <li>• Repetition, consistency, and conciseness</li> <li>• Respect</li> <li>• Retraining for therapists</li> <li>• Getting to know us personally</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Trust</li> <li>• Lack of support or affirmation</li> <li>• Fear messages</li> <li>• Moralistic and judgmental approaches</li> <li>• Talk the talk but don't walk the walk</li> <li>• Insensitivity</li> <li>• Lack of appreciation for diversity</li> <li>• Intimidation</li> <li>• Preaching, diagnosing, and labeling</li> <li>• Don't tell me what I can or cannot do, give me choices</li> <li>• Contradictory messages</li> </ul>

Another take on education and prevention is to focus on the messenger, the message, and the medium for communicating an intervention. It is clear from the findings that many of the focus group participants felt it important to bring our attention to what was culturally appropriate for their populations at risk. Our session was documented with tape recordings and field notes to insure accuracy in reporting. We guaranteed absolute confidentiality since some of the respondents feared reprisals from their funding sources or those they believed to be transgenderphobic. What follows are some of the testimonies we recorded.

## **I - MESSENGERS**

1. Someone who I can trust.
2. Someone who is a Transgender.
3. Someone with the same lifestyle or sexual orientation.
4. Someone with special knowledge or experience.
5. Someone who would reach out to me one on one.
6. A former sex worker.
7. Someone who is HIV+ "*seeing it is believing it*".

## **II - MESSAGES**

1. Images that relate to levels of behavior change. In other words don't communicate absolute messages. Focus on gradual change...safe, safer, and safest.
2. Use the language of the streets. Say 'cocksucking' not fellatio.
3. Use real people. A Transgender that looks like "Jessica Rabbit" and a hotman who digs them.
4. Some phrases or language that might be incorporated into other messages include:
  - *Penises taste just as good with a condom.*
  - *Girl friend what's up?*
  - *Love yourself use a condom.*
  - *Yes its a dildo protect it!*
  - *What are you worth?*
  - *"The gift that keeps on giving (condoms).*
  - *Oh she got clocked today and got read for not using a condom!*
  - *"Miss Thing..."*
  - *If you want me you have to do something about this!*

Some thought the imagery and messages should be seen in the context of before safe sex and after unsafe sex; images of death and dying in a hospice setting in order to break through the denial around personal risk; messages on lubricants: how to use them and how to have fun anyway; posters that focused on intimacy and overcoming shyness for FTMs; real life situations or stories on picking someone up and negotiating safer sex, and of course the use of erotic elements in messages.

### III MEDIUMS

Many participants repeatedly spoke of the diversity of culture, economic background, class, personalities and languages spoken, however there were common themes which most thought were relevant to all of them as a group. The following observations were offered as a way to communicate the best possible message using the most credible channel of credibility.

Transgenders must be allowed to speak for themselves—they talk the talk & walk the walk.

Ensure materials reflect Transgender Diversity range from MTF to FTM.

**PRIMARY MEDIUMS FOR COMMUNICATION**

- **Ritual Traditions:** Prayers, meditations, contemplation, dance with chants or invocations, use of symbology (traditional) like Mass, Sunday services, Sabbath services, candles, incense, sage, drumming (new) the AIDS Quilt, Red ribbons, Obituaries, pins, badges, candlelight vigils, memorials (partial list)
- **Oral Traditions:** Through the spoken word via person to person, audio cassettes, radio, CD's, vocal and instrumental music, poetry, chants, Rap, and languages like Street, In-group dialect, Spanglish, etc.
- **Visual Traditions:** Through murals, paintings, sketches, cartoons, cultural iconography, photography, portraiture, television, motion pictures, movie trailers, posters, billboards, stickers etc.
- **Written Traditions** (Measures literacy in Western cultures): Brochures, wallet cards, books, newspapers, magazines, fliers, computers, databases, numerical constructs, multi-lingual formatted formats

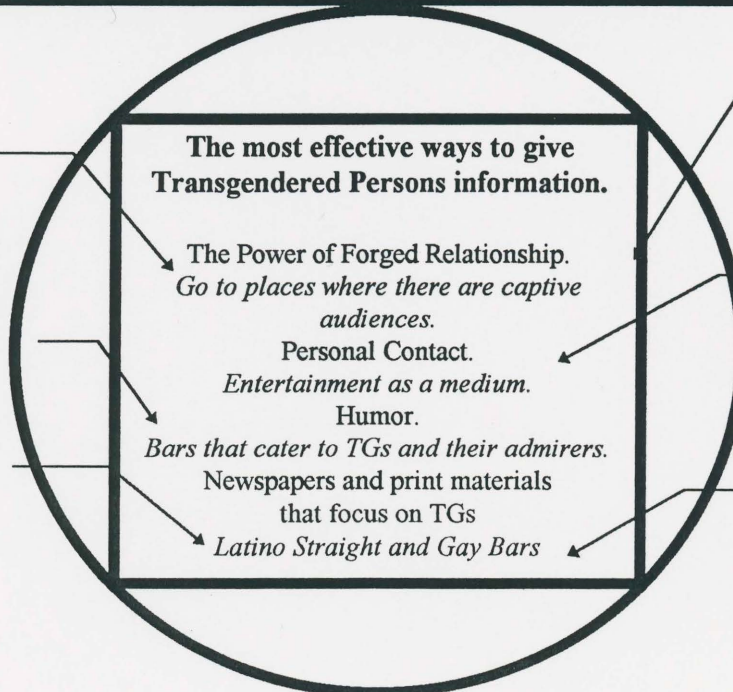
TG rituals may include makeover sessions, beauty pageants, stage performance, silicon and hormone sharing.

Beauty and gender reality appearance is essential—visible visual accuracy is key.

Allies must re-educate themselves, i.e. Therapists, educators, and admirers.

Cruising locations include supermarkets and Mac Donald's.

Cultural and linguistic competent materials .



Empower, hire, and include, Transgenders for their life experience.

Transgender Computer clubs on the Internet is a new venue for TGs.

Transgenders of Color congregate in ethnic-racial neighborhoods.

## **BARRIERS**

Barriers which acted against efforts to teach safer sex, contagion issues, behavior change, behavior maintenance, self-esteem, negotiation skill enhancement, and establishing community standards were wide and varied. Many of the Transgendered Persons present were not only personally involved in HIV disease prevention but also in the area of Human Rights for Transgenders. Many felt that the range of discriminatory practices had their roots in institutionalized and personalized transgenderphobia in American society. Barriers concurrently exist inside the Transgender communities as well, which only serves to complicate an already complicated set of circumstances.

Some of the internal barriers include:

1. "Johns" who obtain the services of Transgender Sex Industry workers and who do not want to hear about HIV disease (i.e. Johns) .
2. Transgendered persons who have internalized transgenderphobia issues are less likely to connect with other members of the community and are less likely to be informed.
3. Survival issues like alcohol and substance abuse, physical abuse, mental health issues, violence, job discrimination, nutrition, housing issues and incest survival.
4. Tavern and bar owners which Transgendered Persons frequent who may be insensitive to issues of HIV infection.

Some of the external barriers include:

1. Lack of coordination of services funded to serve Transgendered Persons. Everyone has a small piece of funding with little to no connection with each other.
2. Coming out in a safe way .
3. Therapists who work to label Transgendered Persons as mentally ill.
4. Definitions of safe, safer, and safest sex which are conceived outside of the Transgender community.
5. Non-Transgendered people who are funded to provide services to Transgendered Persons who have little to no skill or knowledge of the life experience or cultural context of the Transgender community.

## **BRIDGES**

Access points (places where people congregate) were a major common denominator for most of the diverse populations under the Transgender umbrella. Some of the more interesting locations included High Schools, agencies that serve Transgenders, places where sex industry workers ply their trade, mental health programs, porno theaters, residential hotels, restaurants, coffee shops, taverns and bars in ethnic-racial communities where Transgendered Persons gather. A bridge for FTM's are clubs and organizations which bring people together.

Perhaps what was most similar to all the diverse groups were the common misconceptions outside of the community. Misconceptions ran the gamut and were surprisingly present in other groups who are themselves often misunderstood like Lesbians, Gays, and Bisexuals. Transgender communities themselves often have issues which divide and pit one group against the other.

## **ANALYSIS**

### **Emerging Perspectives on Transgendered Persons**

Some of the findings on Transgendered Persons are emerging as new information and have never been documented before. Research attempts to document any reality which may be in existence long before scientific inquiry discovers the truths about the perceptions and realities of a specific community. Such is the case here. The New World was fully occupied by Native Americans with a rich cultural tradition long before the European came to American shores and so it is with Transgender culture. Transgender culture has always been present invisible to other members of society. Here are some interesting revelations.

Every person has both a gender identity and a sexual orientation identity. Gender can be male, female, or transgender (male to female or female to male). Sexual orientation identity can be heterosexual or straight (attraction to members of the opposite sex or gender) and homosexual (attraction to members of the same sex or gender). Men who are attracted to men can be described as men who have sex with men, Gay, or male homosexual. Women who are attracted to women can be described as female homosexual or lesbian.

- **Finding:** Transgenders who are attracted to other Transgenders may be said to be homosexual and more specifically TGSexual. The homosexual range is then Lesbian, Gay, Bisexual and TGSexual.
- **Finding:** A person attracted to both female and male genders is said to be Bi-sexual. A person attracted to male, female, and transgender (all three genders) can be said to be Tri-sexual.
- **Finding:** An FTM (Female to Male) is a person who expresses their Transgender identity in a female to male experience. An FTM can be said to have a sexual identity which is either heterosexual, homosexual, TGSexual, Bi-sexual, or Tri-sexual.
- **Finding:** Transgenders as individuals refer to themselves with a multitude of different descriptors. While there is agreement that there is an umbrella of many Transgender identities there is a variety of names that Transgendered persons call themselves.
- **Finding:** Female to Male Transgenders who have unprotected sex with men are at particular risk for HIV disease. Mythology about infection rates in heterosexual women, lesbians, and heterosexual men are putting FTMs at risk.
- **Finding:** Men who have sex with Transgenders may be heterosexual, homosexual, bisexual, or trisexual.

- **Finding:** Women who have sex with Transgenders may be heterosexual, homosexual, bisexual, or trisexual.
- **Finding:** Shared needles for female hormone injections and glycerin injections to the breasts place MTFs (Male to Females) at greater risk for HIV infection.

## **HOT BUTTON ISSUES**

Issues which underscored common ground and issues which drew the largest disparity of viewpoint became apparent very quickly. Some of the issues which surfaced and caused the greatest consternation in the group were issues of cultural identity and more precisely how people viewed themselves and what they call themselves. In the MTF group people were evenly divided by those who viewed themselves as "women" irrespective of hormone treatment or operative procedure and those who held on to the notion of Transgender identity as a group identity. Issues which came up quickly in the group were differences specific to class, ethnic identity, real world views vs. ideal world views, and those who saw themselves as warriors and survivors of Transgenderphobia and those who only thought about personal life goals.

Common threads were easy to observe and record. Coming out as Transgendered Person was an important rite of passage. Many spoke of their private expression of being Transgender and then the decision for public expression in the families, workplaces, and communities. Others spoke of oppression experiences ranging from families who insisted that they repent for their sins, to families who *incarcerated* them for juvenile issues or for mental illness. Others talked about betrayal by partners who did not say they were HIV infected and about neglect by the professional AIDS caregiving community.

MTFs and FTMs (Females to Males) live in their own separate universes. FTMs feel that all the attention and focus is on MTFs and that their respective worlds are pretty far apart. Gay identified and TGSexual MTFs felt they had greater access to HIV prevention education. Heterosexual FTMs seem to be at greater risk of falling through the cracks with little or no attention that they even exist. A national FTM conference drawing 500 participants hopes to bring attention to their cause. It is a matter of public record that the Executive Director of the National FTM movement died of HIV disease.

Many expressed the Transgender struggles in childhood, adolescence, adulthood, and aging as a lifelong challenge to their survival and existence. Most felt that HIV infected Transgendered Persons experience invisibility and outright discrimination by AIDS providers in all communities irrespective of cultural or sexual orientation identity.

## GROUP PROCESS OBSERVATIONS

The sixteen members were articulate and highly animated. Each was eager to contribute. While the opinions were often different they maintained an air of friendly interaction. During the break people seem to acknowledge and genuinely affirm each other. Natural leaders and rolemodels did evolve out of the group. Many listened intently to the stories of their 'survivors'. There were times when people got off task and the convenor and facilitator brought them back onto the question at hand. At the conclusion of the focus group people lingered and interacted for a while. Meaningful and sincere connections were made, maintained and enhanced through this experience.

## RECOMMENDATIONS

1. **Recommendation** — That the epidemiological surveillance tracking extend to self-identified Transgendered Persons as a separate category under gender identification.
2. **Recommendation** — That a Transgender education and prevention curriculum be developed for education and prevention contractors and subcontractors, which includes guidelines for counseling and testing.
3. **Recommendation** — That guidelines be developed for the care and treatment of HIV infected Transgendered Persons. These guidelines should include Early Intervention, Psycho-Social support, and long term treatment.
4. **Recommendation** — That materials be developed specifically for Transgendered Persons.
5. **Recommendation** — That an ad-hoc Statewide Task Force be convened to address the concerns of the target population.

## RECOMMENDATIONS TO LOCAL EDUCATION AND PREVENTION CONTRACTORS AND SUBCONTRACTORS.

1. **Recommendation** — That Transgendered Persons be invited to participate in Local Prevention Planning Groups.
2. **Recommendation** — That Transgendered Persons be reported in local county epidemiological surveillance tracking reports.

3. **Recommendation** — That a needs assessment and evaluation process begin to document the needs of this community at the local level. This can be done through local focus groups, telephone and mail out surveys of providers to Transgendered Persons, ethnographic studies, and quantitative and qualitative inquiries.
4. **Recommendation** — That local AIDS program directors convene a meeting of mental health, alcohol and substance abuse, STD control, TB control, planning, and other related public health departments to address the needs of this target population.
5. **Recommendation** — That an in-service training be organized and presented to all AIDS providers on Transgendered persons in your local community.

### **Commentary on Future Directions**

The Focus Group findings indicate a need for further inquiry into this complex cluster of communities within the Transgender Umbrella. Imparting a basic knowledge of HIV transmission and prevention is complicated by educators who “think” they know how to outreach to Transgenders. Most Transgender advocates feel that mental health professionals have labeled Transgendered Persons as “pathological or deviant” supporting a compelling popular prejudice against most Transgenders who attempt to remove the gender disguise that covers their internalized and real identity. There is very little research or even anecdotal evidence on group attitudes and cultural beliefs of Transgendered Persons. While we can extrapolate some lessons from working with other communities it appears that institutionalized and personalized Transgenderphobia has limited our ability to target and successfully reach this community. In other communities there is a good amount of conversation on issues of behavior change and behavior maintenance. In this community we are not clear about the range of behaviors that put people at risk. It appears that one behavior, hormone and glycerin injections which Transgendered Persons give themselves may put them at extreme risk for HIV infection. Transgendered Persons in Correctional Institutions, Mental Health Facilities, and those who are homeless present opportunities for public health responses and further research. Venues for interventions may include suicide prevention hotlines, programs for school and out-of-school youth, rural and community clinic settings for migrants and the foreign born. Discrimination, violence, ridicule, and insensitivity of Public Health institutions pose an ongoing threat to the safety and integrity of Transgender Communities throughout California. The future for Transgendered Persons is cloaked with the veil of our ignorance... an ignorance which supports hatred, oppression and HIV disease. We have the power to save lives by lifting that veil.