
Theses, Dissertations, and Projects

2007

Progressive care : an examination of male to female transgender sex workers' experiences within the health care and social service systems in San Francisco, California

Laura Maria Escobar
Smith College

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Escobar, Laura Maria, "Progressive care : an examination of male to female transgender sex workers' experiences within the health care and social service systems in San Francisco, California" (2007).
Masters Thesis, Smith College, Northampton, MA.
<https://scholarworks.smith.edu/theses/416>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact scholarworks@smith.edu.

Laura Maria Escobar
Progressive Care: An
Examination of Male to
Female Transgender Sex
Workers' Experiences Within
the Health Care and Social
Service Systems in
San Francisco, California

ABSTRACT

This qualitative study explores male to female transgender sex workers' experiences within the social service and health care systems in San Francisco, California. Twenty one male to female transgender sex worker participants were asked to rate services provided to them by the social service and health care systems. Ten of these participants were then asked a series of questions about their experiences within the social service and health care systems in San Francisco. Participants' racial identities and ages were not diverse. Most participants identified as African American and their ages fell between the ranges of 41 and 50 within this study. All participants had worked as sex workers and accessed social services and health care within the last five years. Participants rated health care and social services positively and discussed areas in which these systems could better address for the male to female transgender sex worker community in San Francisco. The major findings reveal the positive services that male to female transgender sex workers have experienced from health care and social services in San Francisco. These findings also reveal the continued discrimination this group faces within these systems and the work force, and the continued violence and health risks they face on the streets. Lastly, this study implicates the need for job trainings for this group and sensitivity trainings for providers and the general public.

PROGRESSIVE CARE: AN EXAMINATION OF MALE TO FEMALE
TRANSGENDER SEX WORKERS' EXPERIENCES WITHIN THE
HEALTH CARE AND SOCIAL SERVICE SYSTEMS IN SAN FRANCISCO,
CALIFORNIA

A project based on an independent investigation,
submitted in partial fulfillment of the requirements for
the degree of Masters of Social Work

Laura Maria Escobar
Smith College, School for Social Work
Northampton, MA. 01063

2007

ACKNOWLEDGEMENTS

This thesis is dedicated to the transgender sex worker community in San Francisco, and to those who support them, and are dedicated to educating others to becoming more accepting and supportive of this community.

This thesis could not have been accomplished without the encouragement and assistance from several individuals. First, I would like to thank the participants of this study who were open to share their experiences with me, and opened my eyes to the hardships they face as male to female transgender sex workers. Secondly, I would like to thank my family and friends who listened to me and installed confidence in me that this thesis would be finished. Lastly, I would like to thank my thesis advisor, Alan Schroffel who supported me in writing this thesis, and was both patient and affirmative throughout the thesis process.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii
TABLE OF CONTENTS	iii
CHAPTER	
I. INTRODUCTION.....	1
II. LITERATURE REVIEW	5
III. METHODOLOGY	42
IV. FINDINGS.....	46
V. DISCUSSION.....	78
REFERENCES	84
APPENDICES	
<u>Appendix A: Human Subjects Review Board Permission Letter</u>	89
Appendix B: Informed Consent for Survey	91
Appendix C: Informed Consent for Interview	93
Appendix D: Survey Questions	95
Appendix E: Interview Questions	101
Appendix F: Recruitment Poster.....	102

CHAPTER I.

INTRODUCTION

Job opportunities and equality are often not afforded to transgender male to female persons as they are to other minority groups within this country. This group often finds themselves faced with discrimination in the work force, and few opportunities other than entry into the sex work profession. For transgender male to female individuals, sex work is an occupation that ensures not only their survival, but provides gender validation and financial support for their gender transitions. Sadly, sex work can also ensure a life of poverty, drug abuse, victimization, and depression for transgender male to female individuals. Sex work puts transgender male to female persons at greater health risks, both mentally and psychologically.

The male to female transgender sex worker community has been largely stigmatized and ignored within the United States. Violence, sexual and physical assault, mental health and substance abuse issues, poverty, homelessness, and sexually transmitted diseases are just some of the key issues faced by transgender male to female sex workers. Due to these issues, social services and health care are in high demand for the transgender sex worker community. Unfortunately male to female transgender sex workers are also marginalized within the health care and social service systems. Services are often not accessed by male to female transgender sex workers due to the discriminatory practices of these systems. A lack of transgender and sex worker specific services, along with little knowledge of the needs of this community, has put male to

female transgender sex workers at a continued increase of both psychological and medical health risks. Until recently, the male to female transgender sex worker community received little recognition. An increase in HIV/AIDS rates among male to female transgender persons in the 1990's heightened public health officials' awareness of the medical and social needs of this community (Wilkinson, 2006). The transgender movement also affected medical and social services to becoming more transgender inclusive (Denny, 2006).

The HIV/AIDS epidemic has affected the transgender community over the last twenty years. Transgender persons were largely ignored at the onset of the HIV/AIDS epidemic. Gay males and intravenous drug users were the specific groups targeted for services and treatment of HIV/AIDS at the beginning of the AIDS crisis (Bockington, Robinson, & Rosser, 1998). Little was known about the transgender community at this time. Within the public health department in San Francisco, most transgender male to female individuals were categorized as either female or gay male. It was not until September 1996 that public health officials in San Francisco began to recognize transgender individuals as a group. Through transgender recognition, a high prevalence of HIV/AIDS rates among the male to female transgender community was discovered. When this information was revealed, more studies began to target the special needs of this group. Programs were also developed to address the needs of the transgender community (Wilkinson, 2006).

Today there are several transgender resources in San Francisco, California and many agencies are specifically targeting transgender sex workers. Some agencies have become more culturally specific, and have targeted the Latina, Asian, and African

American transgender communities. Substance abuse programs, housing programs, and health care and mental health clinics are beginning to become more transgender inclusive within the San Francisco community. Health care and mental health providers are also becoming more sensitive to the demanding health care and psychosocial needs of transgender persons due to continued transgender sensitivity trainings and education (Wilkinson, 2006; UCSF Transgender Resource Guide, 2002). Although HIV services have become more transgender inclusive, studies within the country continue to reveal high rates of HIV/AIDS within the transgender male to female sex worker community. Discrimination in health care and social services, and substance abuse, suicide, and homicide rates also remain high among this community.

Most studies have looked at the health risks and psychosocial needs of male to female transgender sex workers. Not many studies have specifically measured services already given to transgender sex workers within their communities. Few cities within the United States have developed transgender and sex worker specific programs. Boston, Minneapolis/St. Paul, Philadelphia, San Francisco, and New York are some of the cities which have developed transgender specific programs and policies, and have addressed transgender specific concerns.

Today several transgender specific resources can be found in San Francisco, California. The University of California San Francisco Transgender Resources guide lists several resources. These resources are for hormonal therapy, mental health therapy, housing, health care, substance abuse counseling, and transgender and sex worker support groups and programs in San Francisco for the transgender community. The resources listed within this guide have developed within the last ten to fifteen years, and continue to

develop to meet the everyday needs of transgender sex workers. In an attempt to see how effectively these services have been implemented, this study will examine the services given to transgender sex workers within San Francisco, California.

One key question is to what extent the lives of male to female transgender sex workers have improved since more transgender programs have been implemented in San Francisco? A second vital question is to what is needed within the social service and health care systems so that transgender sex workers can easily navigate through the social service and health care systems? In a city which prides itself on its transgender resources and care, the answers to these questions are highly relevant to the care and welfare of this population.

CHAPTER II

LITERATURE REVIEW

Transgender persons do not see themselves as members of their anatomical sex. They identify as members of the opposite sex. These feelings create a desire for transgender persons to change their anatomical sex to that which best suits their gender identity (Brown & Rounsley, 1996). Most of the populous cannot understand these feelings associated with transgender identity, and therefore ignore and/or pathologize this group (Israel & Tarver, 1997). This group is left with few prospects in life due to societal intolerance. Transgender persons join in sex work and other dangerous and illegal activities as a means of survival and to seek acceptance. This is especially true for male to female transgender persons (Clements-Noelle, Marx, Guzman, & Katz, 2001; Bockington, et al., 1998; Nemoto, Operario, Keatly, & Villegas, 2004; Clements-Noelle, Wilkinson, Kitano, & Marx, 1999).

Most literature has been written on the transgender male to female community, and the psychological and physical health risks witnessed within this community (Clements-Noelle et al., 2001; Kenagy, 2005). Literature has specifically examined male to female transgender sex workers and the alarming rates of HIV, drug usage, and mental health symptoms. Literature also reveals the continued barriers this community faces within their communities and within the social service and health care systems. (Clements-Noelle et al 2001.; Bockington, et al. 1998; Nemoto, et. al 2004; Kammerer, Mason, Connors & Durkee, 2001, Clements-Noelle et al., 1999).

Male to female transgender sex workers face extreme barriers as members of two highly stigmatized groups. Few know about the lives of transgender individuals, the discriminatory practices in the work force which lead male to female transgender persons into sex work, the dangers of sex work, and the discrimination this group experiences by the social service and health care systems. In an attempt to reveal the experiences of male to female transgender sex workers, this literature review will examine these issues, and the progress that has been made within the city of San Francisco to address this often underserved and misunderstood group.

Transgender Identification

In order to understand the psychological and sociological experiences of transgender sex workers, it is first important to look at the definition of “transgender” and what it means to the individuals who identify themselves as transgender. Transgender is a relatively new term. It is a term that includes individuals throughout the world and throughout history who have desired to become and/or live as the opposite sex, and have questioned traditional standards of gender (Israel & Tarver, 1997; Denny, 2006).

Today transgender describes individuals who are born anatomically as one sex, but live their lives to varying degrees of the opposite sex due to the persistent and distressing discomfort they feel within their biological gender. Transgender persons live as members of the opposite gender, maintain aspects of their femininity and masculinity, and may be involved in hormonal therapy, cosmetic surgery, electrolysis, castration, and genital reassignment surgery. Recently the term transgender has been used to define all who cross conventional boundaries of gender (Israel & Tarver, 1997).

The term “transgender” is often used globally, and is an umbrella term to describe a diverse group of individuals who cross culturally defined categories of gender (Currah, Juang, Price Minter, 2006). Transgender has also become the label for both professionals and consumers when referring to individuals or the community as a whole (Namaste, 2000). Transgender encompasses gays, lesbians, bisexuals, and straight persons who exhibit any kind of dress or behavior that may transgress traditional gender roles (Lombardi, 2001). The term transgender includes transvestite, transsexual male to female, transsexual female to male, intersex, bigender, and those with androgynous presentations (Israel & Tarver, 1997). Although the term transgender is used in professional settings, it is still important to understand and recognize the differences between the identities transgender includes. The term transgender does not define the individual experiences of all transsexual, transvestite, intersex, and bigender people (Lombardi, 2001).

Like transgender, “transsexual” is a term used to describe persons whose feelings concerning their gender involves more than a desire to dress in a particular set of clothes. Transsexuals not only seek sex hormones and cross dress, but they also desire genital sex reassignment to become their desired sex. Sex hormones and genital sex reassignment are essential for transsexuals, and allow them to live as their preferred sex (Israel & Tarver, 1997).

“Transvestite” is a term used to describe men who dress in women’s clothing and women who dress in men’s clothing. Transvestites wear clothing of the opposite gender primarily for erotic arousal and emotional fulfillment. Cross dressing allows transvestites an outlet to explore the role associated with the opposite gender while still retaining their biological sex. Many transvestites develop a persona when they cross dress, and are able

to compartmentalize their “female side” or “male side”. They often do not display this role in their daily lives as transsexuals do (Brown & Rounsley, 1996). Transvestites also do not express desires to change their biological gender, nor do they wish to seek castration, sex hormones, and genital reassignment as do transsexual individuals (Israel & Tarver, 1997).

“Intersex” individuals, formerly referred to as hermaphrodites, are born with both ovarian and testicular tissue, and have an indeterminate biological sex. They have genetic sex that does not match their outer appearance, and have ambiguous genitalia. When the sex of an infant appears ambiguous, parents and physicians often assign a sex. Parents often do this by choosing for the infant to have genital surgery. While this genital surgery maintains conventional standards for parents, it may leave children gender dysphoric, and with a strong desire to live as the opposite sex and as a transgender individual (Ellis & Eriksen, 2000).

The term “bigender” has emerged from the transgender community, and describes those individuals whose gender identification encompasses both genders. Bigender individuals move between masculine and feminine gender-typed behavior depending on the context, and purposefully change their role for the situation. (<http://en.wikipedia.org/wiki/Bigender>).

Terms such as “transsexual” and “transgender” can be used interchangeably to describe individuals who feel discomfort with their assigned biological sex, and identify and live as the opposite sex. “Intersex” describes those with both female and male genitalia. Terms such as “transvestite” and “bigender” describe characteristics of individuals who defy traditional gender roles and go beyond conventional standards for

erotic and political reasons, but do not wish to change their anatomical sex. Although all these identities can be defined as a form of “transgender”, it is important to note and respect the differences between the individuals who identify as transgender. It is also important to note that the transgender identity may not apply to all whose social lives are similar to these terms (Lombardi, 2001). Labels will continue to change overtime as gender identification is better understood, and as more questions are asked among members of the transgender community (Kammerer et al., 2001). As scholarly articles and literature continue to better understand and question transgender identity, many within the American culture do not understand this group. Transgender persons continue to remain as a highly misunderstood and disgraced group within American society.

As members of a largely stigmatized minority, transgender persons have been subject to a number of discriminatory practices. Many members of the transgender community have struggled to access stable employment, health care, and basic social services due to rejection and intolerance from families and society as a whole.

Transgender persons are often left with little support, and few opportunities in their lives to better themselves. They often become victims of hate crimes and discrimination in the workforce. This victimization and intolerance frequently leaves several transgender persons few support systems and career options (Broadus, 2006).

The sex work community is a tolerant place for male to female transgender persons. The sex work community often ensures acceptance and financial survival for many male to female transgender persons who otherwise cannot find a stable job and support in their lives (Clements-Noelle et al., 2001).

Job Discrimination and Male to female transgender Sex Work

Employment discrimination is a vital issue for transgender persons. The workplace is often not a safe place for transgender individuals to express their true identities. Many transgender people have been fired when they transition on the job, or when their transgender status is found. Some transgender persons have reportedly not been hired because their work history and documentation do not match their gender presentations.

Several transgender individuals have quit their jobs because of the prejudices and harassment of coworkers, and the fear and anxiety felt within the workplace (Currah et al., 2006). A 2003 survey done by the Transgender Law Center found that nearly one in every two transgender respondents had experienced discrimination in the work place (Daley & Minter, 2003). A 1999 survey done by the Public Health administration in San Francisco found that 46% of transgender respondents reported harassment and discriminatory practices within the work place (Clements-Noelle et al., 2001).

Abuse and prejudices experienced in the job market and work place along with lack of education and job trainings to engage in regular jobs leave many transgender persons with few job opportunities resulting in financial hardships. Discrimination in the job market is the leading reason why so many male to female transgender identified persons employ in sex work. This is especially true for male to female transgender individuals who often experience difficulties in passing for their chosen gender identity (Clements-Noelle et al., 1999).

Male to female transgender sex workers struggle not only to survive economically, but attempt to find affirmation through an occupation that is also highly

stigmatized. According to Clements-Noelle & Marx et al., (2001), many transgender identified individuals engage in sex work at some point in their lives due to economic necessity. Sex work is considered “survival sex”, and is a job option due to the prejudices encountered in the job market. It is a job that not only ensures survival, but also helps male to female transgender persons pay for hormones, breast implants, gender reassignment surgery, and psychological counseling (Bockington et al., 1998).

Cost of gender reassignment for male to female transgender persons is extraordinarily high. Orchidectomy, also called castration is the removal of the testicles and costs between \$500-3,000. Vaginoplasty, the surgical creation of a neo-vagina by the use of penile tissue, costs between \$7000-30,000 (Israel & Tarver, 1997). Commercial sex work can be the means of obtaining this money needed for gender reassignment. Sex work guarantees an income for male to female transgender individuals, and is largely accepted within the transgender community. The sex work industry not only guarantees an income for many male to female transgender individuals, but also promotes gender validation and esteem (Clements-Noelle et al., 1999; Bockington et al., 1998).

Sex work for male to female transgender individuals is a way to seek gender validation. Bockington et al. (1998) argues that prostitution provides easy access to sex in the transgender role, ensures anonymity, prevents rejection, and fulfills a fantasy that can pay up to \$200.00 per night. During sex, many male to female transgender individuals experience a true female identity through the acceptance and intimacy given by their partners. Male to female sex workers have claimed that their customers acknowledge their female identities, treat them as women, and allow them to play out their sexual fantasies. Male to female transgender persons are also often allured by the

sex, the drugs, and the money associated with sex work. Sadly, there are psychological and health risks involved in sex work. Accessing health care and social services as both a sex worker and a male to female transgender person is often difficult too.

Street Based Sex Work

Sex work is an occupation or trade involving the exchange of sexual services for economic compensation that may include drugs and alcohol. HIV/AIDS, violent victimization, sexual assault, homelessness, poverty, drug abuse, and sexually transmitted diseases are some of the major outcomes sometimes faced by street based sex workers each day (Kurtz, Surratt, Kiley, & Inciardi, 2005). Additional negative outcomes include musculoskeletal, bladder and kidney infection, stress to hands, arms, shoulders, and jaw and knee pain (Alexander, 1998).

Violence and physical and sexual victimization is a constant among street based sex workers. J. Miller's study (1993) looked at the severity of violence imposed upon street based sex workers and found among participants, 98% had experienced sexual assault, 44% had been forced or coerced to have sex with self-identified police officers, 75% had been raped, and 56% had experienced robbery at one point in their lives. In a 2001 study done by Dalla, Xia, and Kennedy, street based sex workers reported that prostitution was a form of self destruction. Participants of this 2001 study reported severe abuse at the hands of their intimate partners, pimps, and clients. They reported being beaten with objects and threatened with weapons. They also reported having to jump out of moving vehicles after sensing danger, and being abandoned in remote

regions. Due to the violence and victimization imposed on sex workers, most experience long term psychological effects.

Psychological health risks and social barriers appear to be the most pressing issues for street based sex workers today. A study done by Valera, Sawyer, and Shiraldi, (2001) in Washington D.C. explored street based sex workers' risks and barriers. Major health needs were found, and included protection from physical and sexual assault, social support, counseling, addictions treatment, job training, and medical care. In this study, 42% of the sex worker participants were found to identify as meeting established criteria for Post Traumatic Stress Disorder. These sex worker respondents expressed feelings of horror, helplessness, reoccurring nightmares, and increased arousal. Due to the increased psychological and physical assault experienced by street based sex workers, many resort to using drugs. Drugs play a cruel role in the lives of street based sex workers.

Drug addiction has been widely examined in relation to female prostitution. Drug use often becomes a coping strategy among women involved in street based prostitution. Sex worker drug addictions include heroin, alcohol, marijuana, and cocaine. These addictions have both precipitated street based sex work, and have been a cause of street based sex work. Drug addictions often force sex workers to remain within prostitution. Sex work can often be the means of supporting an addiction, especially that of crack cocaine (Dalla et al., 2001).

Crack cocaine has been a drug specifically used by street based sex workers. Crack cocaine intensifies the sex work life and leads to more dangerous and perverse sexual activities. The use of this drug has often motivated street based sex workers to provide cheaper and more degrading sexual services in exchange for the drug (Dala et al.,

2001). Sex work participants in Erikson, Butters, & McGillicuddy's 2001 study reported their desire of crack cocaine. They reported the desperate need of this drug, and their willingness to do anything to get it. Participants in this study also revealed being hurt and exposed to more violence as a result of crack cocaine. Some reported being beaten and stabbed, and having their lives threatened with weapons due to their involvement with crack cocaine. Street based sex workers not only face the horrors of the street life and addiction, but also risk increased criminalization for their choice of occupation and their drug consumption.

Sex work does not only affect the physical and psychological well being of individuals who engage in this work, but it also affects their legal status. With the exception of Nevada, all of the U.S. states prohibit sex work through city ordinances and federal laws (Alexander, 1998).

The illegality and stigma of sex work has prevented the medical system and the justice system from viewing sex work as an occupational health hazard. According to Priscilla Alexander (1998), the medical and justice systems have not taken the right measures to creating a healthier environment for sex workers. Due to the fear of arrest, many sex workers hide in unsafe areas and may reduce the amount of time they negotiate with a client before getting into his car. Alexander (1998) argues that safer sex practices for sex workers are not an option for them during police crackdowns. Sex workers face many obstacles within their lives due to the stigma their profession carries. This also includes accessing social services for themselves.

Lack of Social Service and Health care access to street based sex workers

Street based sex workers need access to health care, shelter, food, and clothing, and to mental health and substance abuse services. Health care and social services do not fully meet the needs of sex workers. Many sex workers feel that the services provided to them by the social service and the health care systems are inappropriate and/or not helpful (Weiner, 1996; Kurtz, Surratt, Kiley, & Inciardi, 2005).

Barriers exist between street based sex workers and the social service and health care systems. Street workers often do not always feel accepted by providers, and services are often restricted. Barriers include unavailability of services to sex workers during specific hours. Sex workers often work in the late night, while health care and social services are often provided during regular business hours. Social service and health care workers have also been reported by sex workers to lack sensitivity and knowledge towards sex work issues. Sex workers have stated that it is rare to find social service staff and health providers who are sensitive to sex workers' problems, and are truly interested in providing help to them (Kurtz et al., 2005).

Today few sex workers have health insurance, and many are homeless and experience difficulties in finding shelter due to their hours of work, and the strict restrictions imposed by shelters and residential treatment centers. Many fear losing social service benefits, being arrested, and losing their children due to their choice of profession. Most sex workers do not have social support systems in their lives, and are often shunned from the people within their communities and their families (Kurtz et al., 2005).

According to Adele Weiner (1996), social services and health care are not meeting the demanding needs of street based sex workers. Weiner (1996) argues that social issues for sex workers must be addressed by social workers and public health officials. Public health officials must give health treatment to prostitutes who are positive for sexually transmitted diseases, and available drug treatment to sex workers actively using drugs. Weiner (1996) also argues that social workers must develop outreach programs that are culturally sensitive to street prostitutes needs, and systems which female prostitutes can trust. Social Workers must travel to where the client is at, at the hours they are working, and develop relationships with the female prostitutes in order for these women to feel safe to access resources.

Transgender sex workers not only face barriers as sex workers, but as transgender identified persons. Few places within this country are tolerant of the issues that transgender sex workers face today. The social service and health care systems are learning the issues faced by transgender persons, and services are beginning to address this group (Wilkinson, 2006). Although social workers and frontline workers have learned to become more sensitive to transgender issues, transgender persons continue to suffer and to feel stigmatized within the social service system, and within the public sphere.

Social Service Care and Needs of the Transgender Community

Many transgender persons face severe discrimination from their family, friends, and society in general. Due to the prejudices experienced by this community, transgender persons are forced to deal with unemployment, homelessness, substance

abuse, physical and sexual abuse, and mental health issues (Israel & Tarver, 1997). Social services are of high demand for transgender persons. Unfortunately many transgender individuals experience great difficulty with access to social services. Social service providers often do not understand the difficulties faced by transgender persons. Many social service programs are also not transgender inclusive. Social services are often restricted by gender. This includes homeless shelters, substance abuse programs, and mental health treatment (Namaste, 2000; Israel & Tarver, 1997; Kammerer et al., 2001).

Homeless shelters

The current policies and practices of shelters for abused and homeless women do not address the needs of male to female transgender persons. Homeless shelters and battered women's programs rarely allow male to female transgender persons access with the rationale that other residents will not feel safe. Shelters are gender specific. Women's shelters have been reported to only allow male to female transgender individuals access if they were post-operative, or if they could provide documentation that they were going under gender transition. Male shelters have been reported to only permit male to female transgender persons in men's shelters if they wear men's clothing. When transgender persons are allowed acceptance into the male shelters, they are often faced with harassment, and physical and sexual abuse from male clients and staff (Namaste, 2000; Kammerer et al., 2001).

Male to female transgender individuals have reported that they rarely considered shelters as an option for safe and temporary housing due to the harassment that they have

felt within homeless shelters. Instead bath houses, friends' houses, and crack houses have been reported by transgender persons as safe places to seek shelter (Namaste, 2000).

Substance Abuse and Substance Abuse Programs

Transgender individuals go through a long and difficult process of coming to terms with their gender identities. Many use alcohol and drugs to escape the confusion, pain, and suffering they feel during this process. Alcohol and drugs are also often used by transgender individuals to escape the scorn and ridicule experienced in the “coming out” process. Due to these feelings and the prejudices experienced by transgender individuals, many resort to using substances. Substance abuse has become a huge concern in the transgender community. Unfortunately substance abuse services often do not accommodate transgender persons. Substance abuse programs are generally gender exclusive, causing several transgender individuals to feel alone and ostracized within substance abuse treatment (Namaste, 2000; Kammerer et al., 2001).

Most substance abuse programs are not transgender inclusive, and are designed specifically for men and women. Transgender persons have stated that they have felt alone and isolated in Alcoholics Anonymous (AA), and Narcotics Anonymous (NA) groups. These traditional supports for substance abuse are frequently not welcoming to transgender members. Counselors are rarely informed of transgender issues, and groups are often unsympathetic to transgender issues. Transgender individuals have also reported that they often had to educate substance abuse counselors of transgender issues. Many had to tell counselors about the ways in which addiction and gender issues are related. They also had to explain the differences between sexual orientation and gender identity (Namaste, 2000).

Within the AA and NA models, the majority of transgender persons have to choose to seek treatment in either men's or women's programs. Transgender persons reported dressing as both their biological sex, and their identified sex, and found problems with both identities in substance abuse treatment facilities. Transgender persons reported that they did not feel comfortable talking about their gender issues with other members. They instead had to hide their transgender identities, and were not able to talk about how their gender related issues affected their substance abuse. This made the substance abuse recovery process even more difficult for them (Namaste, 2000).

Some transgender individuals have reported to find drug and alcohol facilities within the gay community. In the past there has been some conflict between the gay and transgender communities. Gay specific substance abuse programs do not fit the needs of transgender persons. Gender identity issues are different than gay issues. People who establish substance abuse programs need to understand that sexual identity issues and gender identity issues are not the same, and that transgender specific substance abuse programs need to be implemented for this community (Kammerer et al., 2001).

Transgender identified persons experience discrimination not only in accessing shelter and substance abuse programs, but also in accessing appropriate mental health treatment. The mental health system has pathologized this community for several years. Mental health literature has often stigmatized transgender persons. According to Israel & Tarver (1997) mental health treatment is based on the premise that people are ill if they do not conform to society's notions of how a person should behave or act. Numerous medical and psychotherapy texts, diagnostic tools, and medical or psychotherapy research and treatment are still likely to refer to transsexualism, and associated gender identity

disorder as pathological conditions or sexual perversions, and not for the many psychosocial aspects that may accompany transgender identification.

Transgender persons have reported that the mental health system is also not transgender specific, and continues to marginalize this community through treatment. It was not until recently that transgender persons began to reexamine the mental health system's diagnosis of gender identity disorder, and the treatment given to transgender persons (Butler, 2006).

Mental Health treatment for Transgender Persons

In order to be eligible for treatment, many transgender patients must work with mental health professionals skilled in the treatment and diagnosis of Gender Identity Disorder. After months and years of mental health counseling, patients begin hormonal therapy and possible sex reassignment (Proulx, Morgan, & Walbroehl, 2006). For some transgender person this is a rewarding process, for others, it is not. Many transgender individuals feel that they have to embrace an illness model or they will not receive medical and hormonal interventions needed for the transition process (Namaste, 2000). They also do not agree with the diagnosis given to their identity.

Until recently, the Diagnostic and Statistical Manual of Mental Disorders (DSM) described transsexualism and transgender as disorders categorized as a sexual perversion, an immature developmental stage, a psychotic stage, and a delusional distortion of self image within (Israel & Tarver, 1997). Today the Diagnostic and Statistical Manual of Mental Disorders IV categorizes transgender individuals as having a Gender Identity Disorder. This disorder according to the DSM-IV (2000) is categorized as strong and

persistent cross-gender identification, persistent discomfort with one's own sex or sense of appropriateness in the gender role of that sex, clinically significant distress or impairment in social, occupational, or other important areas of functioning, and a disturbance that is not concurrent with a physical intersex condition.

Many within the transgender community have mixed feelings of the gender identity disorder diagnosis. Several find discomfort with the mental health system, and its pathology of the transgender experience. They argue that as *Ego Dystonic Homosexuality* was removed in the DSM-III for lesbian women and gay men in 1973, so too should gender identity disorder be removed within the DSM-IV for transgender persons. Others within the transgender community do not agree with removing gender identity disorder from the DSM-IV. They feel that they are only able to acquire sex reassignment through this diagnosis because insurance companies will not pay for hormonal treatment or sex reassignment unless a diagnosis is given by mental health professionals (Butler, 2006). While the gender identity disorder diagnosis remains a pertinent issue within the transgender community, mental health treatment continues to remain essential for transgender persons. Given the amount of discrimination felt by transgender individuals, many are vulnerable to mental health issues such as depression, anxiety, and suicidal ideation.

Literature continues to reveal suicidal ideation experienced by transgender individuals. A 2001 study done by Clements-Noelle et al., found that suicide attempts among transgender identified persons was much higher than that found in most U.S. households. In this study, 32% of both transgender male to female and transgender female to male participants reported to have attempted suicide. In 2005, Gretchen

Kenagy also found suicide to be an alarming concern amongst the transgender community. Among the 111 respondents of her survey, 32.4% of the male to female transgender participants, and 26.2% of 62 female to male participants reported at least one attempted suicide. Within this study Kenagy (2006) asked participants, “Did you attempt suicide because you are transgender?” Among the 32 transgender male to female respondents who answered the question, three quarters answered, “yes.” Among 17 of the female to male participants, half answered, “yes.” Kenagy (2006) stated that suicide prevention services need to become targeted to transgender persons.

Depression is also a leading mental health diagnosis due to the many psychosocial stressors experienced by transgender persons today. Clements-Noelle, Marx et al. (2001) study also found that 62% of transgender male to female and transgender female to male respondents in her study reported depression. According to Israel (1996), transgender persons continue to be discounted misdiagnosed, or characterized as pathological. As a result, many feel hesitant to seek treatment for their depression or any other psychological issues they may be facing. Israel (1996) suggests that transgender persons have two care providers, one who addresses depression treatment, and one who offers gender specialized support. Overall Israel (1996) argues that care providers need to treat mental health symptoms, and seek gender identity support services for transgender persons in order for mental health services to be effective.

As the social service and mental health needs of transgender persons are great, so too are the health needs of this group. Transgender persons engage in hormonal treatments which can cause serious health problems if not monitored properly by medically trained physicians. Sadly many medical physicians have shown to have little

or no knowledge of hormonal treatments for transgender persons. As a result, many transgender individuals have suffered tremendously.

Hormonal treatment and Health Care Discrimination

The use of hormones by transgender persons provides a sense of well being and enhances the physical secondary characteristics of their desired gender. Hormones are an essential part of the daily lives of transgender individuals and are responsible for changing transgender persons' physical appearances. Estrogen softens the skin, creates the release of fat tissue throughout the body, promotes breast development, and stops male pattern baldness. Testosterone lowers the voice, increases hair growth throughout the body, promotes muscle growth, and stops menstruation. For many transgender identified individuals, hormones are an essential part of the gender transition process (Namaste, 2000). They provide a sense of psychological and emotional fulfillment for transgender individuals, and enhance the secondary sex characteristics of the desired gender (Israel & Tarver, 1997).

Transgender individuals attain hormones through doctors, family and friends, gender identity clinics, and peers on the streets. Many male to female transgender persons have reported that they have persuaded their female friends to give them birth control pills, or have taken estrogen pills from their mothers and wives. Sex hormones are more commonly acquired on the streets. It is important that sex hormones be acquired through a doctor. Several health risks may occur if doctors do not monitor sex hormones taken by transgender individuals (Namaste, 2000).

Transgender individuals face the risk of increased medical and psychological problems if hormones are used excessively, and are not monitored properly. These side

effects vary by age, metabolism, and present and previous health conditions. Hormones can cause nausea, vomiting, headaches, mood swings and depressive symptoms, blood clots, liver damage, heart and lung complications, and problems with blood circulation and veins (Namaste, 2000). Other risks include breast and prostate cancer, thrombotic events, increased cardiovascular risk factors of the metabolic syndrome, and increased hemotocrit levels (Proulx et al., 2006).

Individuals taking hormones should have complete physical examinations before hormones are taken. Blood tests ranging from liver and kidney levels to blood sugar and cholesterol also need to be monitored and recorded as hormones are taken. Unfortunately for most transgender individuals, obtaining hormones from medical practitioners is extremely difficult, and is often not an option. Few physicians are willing to prescribe hormones, and know little of the side effects hormones can promote, if not monitored correctly (Namaste, 2000).

Many transgender individuals are reluctant to acquire hormones from their doctors due to fear of refusal, and/or having to go through an array of different psychiatric evaluations and tests. According a study done by Namaste (2000), several transgender persons reported that they had been blatantly refused hormones, and had felt judged by their general practitioners. Several complained that their general practitioners knew little or nothing about transgender issues. They reported that their doctors feared legal repercussions, and only agreed to prescribe hormones if they had a letter of recommendation from a psychiatrist.

Health care providers' refusal to administer hormonal care has caused several transgender persons to seek hormonal therapy through different means. Transgender

individuals feel that they have no alternative available to medical providers. They often resort to self medication, and/or seek unscrupulous medical providers (Israel & Tarver 1997).

Transgender persons often succumb to buying pills and injectable hormones in the black market when they are refused hormones by medical professionals (Kammerer et al., 1997). Transgender individuals find that they can obtain hormones and silicone easily on the streets. Hormones and silicone are frequently acquired through transgender peers, and are often used intramuscularly. Hormones can be taken in the pill form, but it is believed that using hormones intramuscularly results in more powerful effects. Unfortunately, sharing needles for hormonal and silicone injection creates great risks for transgender individuals if not used correctly. If shared hormonal needles are not properly cleaned, they can spread HIV, Hepatitis C, bacterial infection, and other diseases (Bockington et al., 1998; Kammerer et al., 1997).

Not only have transgender patients reported that they have been refused hormones, but they have also reported the emotional and psychological disturbances of accessing medical treatments. Many have reported that they felt doctors judged their female and male identities more by their physical appearance than by their words. Several transgender individuals claimed that they often had to prove to doctors and psychiatrists that they were ready for hormones. They had to physically dress up and play the stereotypical role of their desired gender. Transgender persons have reported the need to conform to the gender dysphoria diagnosis given by psychiatrists in order to be recommended for hormonal therapy. If this role was not played, they were often refused hormones (Namaste, 2000). Along with conforming to diagnostic criteria and gender

roles, transgender persons are also faced with harassment and insensitivity within the health care system.

Many medical providers have been reported as having a lack of sensitivity to transgender identities. Medical providers have been accounted to refer to male to female transgender patients as “he” or “him”, and often do not acknowledge and respect transgender patients’ gender identities (Lombardi, 2001). Leslie Feinberg (2001), a transgender female to male activist describes what many transgender persons face within the health care system. He shares his experience as a transgender male within the health care system in an editorial, and writes,

Five years ago, while battling an undiagnosed case of bacterial endocarditis, I was refused care at a Jersey City emergency room. After the physician who examined me discovered that I am female bodied, he ordered me out of the emergency room despite the fact that my temperature was above 104 F. He said that I had a fever “because you are a very troubled person.” Weeks later I was hospitalized with the same illness in New York City in a Catholic hospital where management insists patients be put in wards on the basis of their sex. They place transsexual women who have completed sex- reassignment surgery in male wards. Putting me in a female ward created a furor. I awoke in the night to find staff standing around my bed ridiculing my body and referring to me as a “Martian”. The next day the staff refused to work unless “it” was removed from the floor.

(Pg. 897-898)

Reports like Feinberg’s have been abundant within the transgender community. Several deaths within the transgender community have been reported due to transgender patients’ refusal and fear of seeking medical care treatment, and due to medical practitioners’ lack of knowledge of transgender medical issues (Feinberg, 2001).

General medical practitioners’ lack of sensitivity and knowledge to transgender issues has prompted many transgender persons to seek transgender inclusive medical clinics. Several transgender individuals today have two sets of health care providers; one

involved with gender transition, and the other involved in regular medical practice. Lack of insurance coverage for transgender needs, along with the lack of general practitioners' knowledge of transgender health care, creates this need for transgender persons to have two doctors (Lombardi, 2001).

Tragically medical practitioners' insensitivity and lack of knowledge to transgender issues has affected transgender persons' health. Failures to treat patients who identify as transgender also carry risks of depression, and high rates of suicide and substance abuse (Proulx et al., 2006).

The discrimination transgender persons experience accompanied with the barriers to social services and health care have affected both the physical and psychological well being of this community. Prejudices have exacerbated not only substance abuse, mental health, housing, and treatment in health care, but have also exacerbated HIV/AIDS rates within the transgender community; especially within the male to female transgender community (Kammerer et al., 1997; Clements-Noelle et al., 2001; Kenagy, 2005).

HIV/AIDS Epidemic

The AIDS (acquired immune deficiency syndrome) is a disease caused by HIV (human immunodeficiency virus). This disease creates damage to the body's immune system, and leads individuals susceptible to other diseases and illnesses that a healthy immune system would normally be able to protect against. The HIV virus that causes AIDS is primarily carried by and transmitted through blood exposure, semen, vaginal secretions, and breast milk. Transmission often occurs through anal and vaginal intercourse, intravenous drug use, and blood transfusions (Israel & Tarver, 1997). Since

its inception in 1981, this disease has cost the lives of more than 25 million people world wide, and has been considered one of the largest and most destructive epidemics within the last twenty-five years (<http://en.wikipedia.org/wiki/AIDSpandemic>).

Currently one million people are living with HIV in the United States, and approximately 500,000 Americans have died from the AIDS virus (McCann-Fenton, M., 2007). The highest rates of infection in the United States are in the eastern and southern regions of the United States, and California. Currently between 35,000 to 40,000 new infections occur in the United States every year and affect primarily African American men ages 25-54 and African American women ages 35-44 (http://en.wikipedia.org/wiki/AIDS_pandemic). Although there are known preventions to this disease and medications which hinder the AIDS virus, there are currently no cures for this disease. HIV/AIDS is not only an incurable disease, but it is a disease that carries a large stigma. Persons infected with HIV frequently face societal hostility at a time when they are in most need of support. People with HIV are often blamed for causing their condition through risk taking behaviors (Hereck & Glunt, 1988).

According to Hereck and Glunt (1988) HIV/AIDS has been largely a disease of already stigmatized groups. The American epidemic of AIDS has been socially defined as a disease of marginalized groups, especially gay men. This disease was thought to be a “gay” cancer. It was initially proposed as GIRDS (Gay Immune Related Deficiency Syndrome) (Shilts, 1987), and was renamed AIDS in 1982 (McCann-Fenton, 2007). Response to AIDS in the early 1980’s was a response to gay men, drug users, racial minorities, and outsiders (Herek & Glunt, 1988). The Reagan administration and society in general during this time were slow to address the AIDS epidemic (McCann-Fenton,

2007). There was little press coverage of HIV/AIDS until 1983 when it was discovered that persons outside of the “risk group” of homosexual and bisexual men and intravenous drug users could be infected (Baker, 1986; Panem, 1987).

Today HIV/AIDS education has helped to prevent the spread of the disease, and new drug therapies have proved effective in slowing the disease’s progress within HIV patients. Unfortunately these new drug therapies are only available to those who can afford them (McCann-Fenton, 2007). The AIDS epidemic continues to affect mostly marginalized and stigmatized groups within the United States and throughout the world. This includes transgender persons.

HIV Risk Amongst the male to female transgender community

According to Israel & Tarver (1997), when people think of AIDS, their minds turn to gay and bisexual males, intravenous drug users, San Francisco, New York, Haiti, and Africa. Unfortunately transgender individuals along with other marginalized do not come into this equation for many people. Until recently the transgender community was a group that was largely ignored by HIV/AIDS prevention groups. During the 1990’s clinicians and medical practitioners began to see a large percentage of transgender individuals who tested positive for HIV/AIDS. Few HIV/AIDS prevention services included transgender specific services at this time, and little was known about the transgender community (Wilkinson, 2006). As more studies have been done due to larger amounts of funding for HIV/AIDS studies, more literature has been revealed about the transgender community, especially the male to female transgender community. Studies have measured high risk behaviors for HIV/AIDS in the male to female

transgender community, and have also looked more in depth at the reasons for high risk behaviors in this community

While it is important to note that HIV/AIDS does affect the female to male transgender community, studies have shown that the male to female transgender community is more vulnerable to HIV than the female to male transgender community. In Clements-Noelle et al., (2001) study which looked at the risk behaviors, health care, and mental status of male to female and female to male transgender individuals, it was found that female to male participants had a low risk of HIV/AIDS as compared to male to female transgender individuals. Only 2% of the 123 female to male transgender participants tested positive for HIV/AIDS, while 35% of the male to female participants tested positive for HIV/AIDS within this study.

Nemoto, Luke, Mamo, Ching, & Patria (1999) looked at the HIV risk behaviors and social and cognitive factors among male to female transgender persons in comparison to homosexual and bisexual males. Through interviews and surveys of 173 gay, bisexual, and male to female transgender participants at an AIDS service organization, higher risk behaviors were found amongst transgender females. This study found that transgender females engaged in riskier behaviors than bisexual and gay males in terms of sex partners. Male to female transgender persons reported having the most sex partners within the last six months, participated more in commercial sex activities, and had a steady partner who injected drugs.

It is important to look at the psychological and social factors that contribute to high risk behaviors of HIV in the male to female transgender community. Studies have revealed internalized transphobia imposed by society, and the lack of opportunities given

to male to female transgender persons as reasons for high risk HIV behaviors (Clements et al., 2001; Nemoto, et al., 2004).

Reasons for high risk HIV behaviors amongst male to female transgender sex workers

Social marginalization, along with an increased need to experience gender validation, are the reasons several male to female transgender persons engage in high risk behaviors associated with HIV/AIDS. Studies have shown that male to female transgender individuals participate in high risk behaviors such as unprotected sex and intravenous drug use due to addiction, low self esteem, gender validation, and lack of power negotiations in sex (Clements et al., 1999; Nemoto et al., 2004).

Nemoto, Operarario, Keatly, and Villegas' 2004 study looked at the high risk behaviors among male to female transgender persons of color. Through focus groups, this 2004 study examined male to female transgender sex workers' reasons for high risk behaviors as well as their feelings associated with the HIV/AIDS epidemic. Nemoto et al. (2004) found that participants were likely to report having unprotected sex with primary partners to signify love and connection as well as to receive gender validation from their partners. For male to female transgender participants, unprotected sex better secured their intimate relationships and finances for themselves. Not only did having consistent unprotected sex with partners validate these feelings, but sex with customers and casual sex partners did as well.

For male to female transgender sex workers there sometimes is a financial incentive to practice unsafe sex. "Johns" or customers of male to female transgender sex workers often pay a substantially large amount of money to have unprotected intercourse.

Given the need to pay bills for food and shelter, medical expenses, and hormonal therapy, many transgender sex workers see the need to engage in unprotected sex. Financial hardships influence many to not have consistent condom use which puts transgender sex workers at risk for contracting HIV and other venereal diseases. Male to female transgender sex workers have also revealed that they often do not have the power to negotiate safe sex, and are frequently forced to have sex with more customers than male or female sex workers due to their transgender status (Clements-Noelle et al., 2001).

Drugs also play a large role in risky behaviors. Male to female transgender sex workers engage in sexual acts not only for money, but for drugs too. Many male to female transgender sex workers have reported that they became involved in sex work due to their drug addiction, and not for money. Customers often exchange drugs for sex, and influence transgender sex workers to participate in unsafe sexual acts and needle sharing (Harder+Company Community Research, 2002). The use of drugs, especially crack cocaine, contributes to unsafe sexual encounters between men and transgender male to female sex workers. Transgender sex workers also reported that using drugs made having sex with a customer easier (Clemens-Noelle et al., 2001).

Although transgender male to female persons find HIV/AIDS as an important issue in the transgender community, many do not find that it is the most important issue in their lives. One 2004 study revealed that many male to female transgender persons have expressed that HIV is not a high priority, but that mental health and health care are major priorities (Rose, Scheer, & Johnson, 2004). Some male to female transgender persons also see HIV as inevitable, and have experienced multiple losses within their community due to this disease. HIV amongst male to female transgender sex workers

causes many to feel even more stigmatized (Clements-Noelle et al., 2001). HIV also exacerbates male to female transgender sex workers' psychological and physical health.

While the marginalization and the HIV prevalence among male to female transgender persons is high, the marginalization and HIV prevalence among male to female transgender persons of color is even higher. Male to female transgender persons of color experience an increased amount of discrimination and victimization due not only to their gender identity, but also due to their race and culture (Israel & Tarver, 1997).

Latina and Asian Immigrant and African American Male to Female Transgender persons

Male to female transgender persons of color represent members of “dual minorities” and experience both racism and transphobia. Transgender people of color experience discrimination from their ethnic and racial groups because of their gender identities, and experience racism from the transgender community because of their ethnic and racial identities. Transgender people of color face compound stressors, and are unable to divide their identities along race and gender lines (Israel & Tarver, 1997). They are often not represented within the transgender community (Rose et al., 2004). As persons who experience racism, transphobia, and even sexism, male to female transgender individuals of color face an even greater risk to social isolation, victimization, depression, substance abuse, poverty, and disease (Israel & Tarver. 1997). Studies have reported that several transgender male to female transgender persons of color are more likely to be forced into sex work, and have shown higher prevalence of HIV/AIDS than white male to female transgender persons (Clements-Noelle et al., 2001; Simon, Reback, & Benis, 2000; Bockington et al., 1998).

In studies conducted in San Francisco and Los Angeles, African American and Latina male to female transgender persons have shown to have higher rates of HIV than White and Asian male to female transgender persons. HIV rates among African Americans showed 44% to 63%, and Latinas showed 26% to 29% as compared to Whites at 16% -22%, and Asian and Pacific Islanders at 4%-27% (Clements-Noelle et al., 2001; Simon et al., 2000; Bockington et al., 1998). Rose et al. (2004) found within their study that African American male-to-female transgender individuals within San Francisco have greater than a 50% HIV prevalence. Immigrant male to female transgender sex workers are also extremely vulnerable to HIV. They also find difficulties in accessing medical and social services within San Francisco (Nemoto et al., 2004).

Many transgender sex workers within San Francisco, California are immigrants from Mexico, Asia, and Central America. Immigrant transgender male to female persons often come to San Francisco and other major metropolitan areas in their attempt to escape persecution in their native countries due to their gender identities. When transgender male to female immigrants come to San Francisco, many find that the same problems exist within the United States as do their own country. A major concern with program directors of agencies within San Francisco has been that immigrant transgender persons do not have access to medical and social services leaving them more vulnerable to HIV/AIDS and sexually transmitted diseases than American born transgender individuals. This is due to their language barriers and their immigrant status (Nemoto et al., 2004).

While numerous issues face male to female transgender persons, it is also important to look at the amount of progress that has been made within the last ten years

amongst the transgender community. The transgender movement within the 1990's played an integral role in bringing transgender issues to the forefront. Improved laws, health care, and social services can be attributed to the transgender movement.

Transgender Movement

By the 1990's gender variant individuals were beginning to look at themselves differently within the United States, and were beginning to take pride in their differences. The term, "transgender" soon emerged at this time as an umbrella term for those who identified as transgender, transsexuals, and cross dressers. The transgender model allowed gender variant persons to view themselves as both male and female, and as healthy and complete individuals. They did not have to identify with cross dressers or obtain genital surgery and identify as transsexual. This "transgender" term allowed individuals to become more confident and assured within their identity rather than fearful and closeted (Denny, 2006).

The 1990's was also a time when tragic events such as the deaths of Brandon Teena and Tyra Hunter occurred. Brandon Teena, a female to male transgender individual was raped and murdered in Humboldt, Nebraska. Tyra Hunter a male to female transgender person was denied medical treatment in Washington D.C. when firefighters cut away her clothing and saw her penis. These deaths shocked and angered the transgender community. Through these horrific events came progress. Tyra Hunter's case resulted in an alliance for social justice groups of which the transgender community was an integral part. Brandon Teena's murder resulted in books, and the film, "Boy's Don't Cry" in 1999. This film resulted in an academy award for Hilary Swank as Best

Actress. Hilary Swank played Brandon Teena within this movie. This movie awakened the media's recognition of transgender issues (Denny, 2006).

In the mid 1990's, the transgender community also began protesting at Capitol Hill, and demanded the civil rights they were denied. Transgender activists also began to engage in stronger letter writing campaigns and political demonstrations. Some began to run for and be elected to office. More transgender literature surfaced during this time too, and addressed transgender issues. Some of this literature confronted the medical literature that often describes transgender identified persons as mentally ill (Denny, 2006).

The term "transgender" has shifted several persons' perceptions of this community. More importantly, this term has more positively shifted the perceptions of transgender persons, and has given them much more power and strength as a community. The public has become more aware of transgender issues within the last ten years due to the transgender movement. Cities such as San Francisco, California have especially addressed the many social services and health care needs of this community as a result.

San Francisco's response to care for the transgender male to female community

With the HIV/AIDS crisis in the 1980's, street outreach efforts in San Francisco began to address the public health needs of individuals at risk for drug and sexual transmission of this disease. Bleach, condoms, and AIDS education were provided to individuals at risk for HIV. Many male to female sex workers received these services, but specific transgender needs were not addressed until the early 1990's. At this time

trans-specific programs emerged, and transgender-identified outreach workers were hired (Wilkinson, 2006).

The Public Health Department of San Francisco did not track HIV rates among the transgender male to female population until September 1996. For many years male to female transgender persons were categorized as either “gay male” or “biological female.” These actions by the Department of Public Health skewed HIV rates among gay males and biological females. These actions also made transgender HIV rates unnoticed within San Francisco (Wilkinson, 2006).

Not until early 1990’s did social service and health care agencies begin to see alarming rates of HIV for male to female transgender persons. By the mid to late 1990’s, public health studies began to examine the HIV rates of transgender identified individuals within cities such as Boston, St. Paul/Minneapolis, and San Francisco. These studies showed a high prevalence of HIV within the transgender male to female community. These studies also revealed the lack of services given to this group. Housing, mental health, substance abuse treatment, and medical treatment were the needs of this group. Soon public health studies within San Francisco influenced funding within the social services and medical care to becoming transgender inclusive. The transgender community also influenced services to encompass transgender needs (Wilkinson, 2006).

The transgender community within San Francisco began to organize and question public health officials and the Human Rights Commission of the discriminatory practices experienced by transgender persons. Transgender activists too saw the increased discriminatory practices in the health care and social service systems, along with alarming rates of HIV, homicide, mental health, and drug abuse amongst the transgender

community in the 1990's. Due to these pressing issues amongst the transgender community, transgender activists soon began to define their own public health needs and demanded that their issues be addressed within San Francisco. These demands were heard within the San Francisco community. Soon social service and health care organizations began to address the needs of the transgender community (Wilkinson, 2006).

The Tom Wadell clinic in San Francisco began a program in 1993 called "Transgender Tuesdays" to address the many health care needs of transgender persons. This program emerged at a time when transgender patients were being turned away from hospitals due to their intolerance and ignorance of transgender health care. The transgender community within San Francisco was suffering from the worst health care discrimination, and was not seeking medical treatment because they did not have access to appropriate treatment. The Tom Wadell clinic began serving transgender patients well, and allowed transgender persons to feel accepted within a health care setting. Transgender persons were finally allowed to access the hormonal therapy and medical care that they had long been denied (Wilkinson, 2006).

Since the 1990's, the transgender community has continued to experience several gains in public policy and access to health care in San Francisco, California. Transgender activists along with the Department of Public Health in San Francisco have provided transgender inclusive health and prevention services, anti-discrimination laws, data collection protocol, and improved cultural competency among providers (Wilkinson, 2006).

Today several clinics and agencies address the many issues of male to female transgender persons and sex workers. Agencies such as St. James Infirmery and the Tenderloin AIDS Resource Center offer transgender sex work support groups, individual counseling, harm reduction, and acupuncture and massage to male to female transgender persons. Organizations such as Ark of Refuge, Programa El/La Para Las Trans Latinas, and API Wellness offer culturally specific support services to the Latina, Asian, and African American male to female transgender communities. The Walden House offers substance abuse recovery specifically for male to female transgender persons (UCSF Transgender Resources Guide, 2002). Not only have social services and health care become more transgender inclusive, but the San Francisco Police Department and the San Francisco Board of Supervisors have begun to address transgender issues too.

The San Francisco Police Department has become more sensitive to the needs of the transgender community. Due to accusations of the San Francisco Police Department's bias and verbal and physical harassment against transgender persons, transgender sensitivity trainings were implemented. In 2001, Police Chief Fred Lau acknowledged the San Francisco Police Department's bias against transgender persons, and stated that the department agreed to train new recruits and veteran officers to become more sensitive to transgender persons (Buchanan, 2001). In 2003, the city of San Francisco welcomed its first male to female transgender Police Commissioner, Theresa Sparks, a former CEO of Good Vibrations, a sex positive retail store. On April 26, 2007, Theresa Sparks was sworn in again unanimously by the San Francisco Board of Supervisors to serve a second four year term as Police Commissioner of San Francisco (Buchanan, 2007). Within her first term, Theresa Sparks approved new guidelines on how police will deal with

transgender suspects. These guidelines include banning officers from using strip searches alone to determine a person's gender, addressing transgender suspects by their self identified gender rather than their biological gender, and holding transgender persons in the sheriff's cell rather than in the station house cells with the general public (Van Derbeken, 2003). Today every single San Francisco Police Department officer is trained to understand transgender issues. These trainings are being conducted by two female to male transgender police officers, Marcus Arana and Stephen Thorne (De Maria Arana, n.d.).

On April 30, 2001, the San Francisco Board of Supervisors approved a proposal which covers some of the costs of sex change operations for transgender city employees. The measure caps at \$50,000 dollars on the cost of gender reassignment including mental health therapy, hormonal treatment, and surgery (Bull, 2001).

Conclusions

A review of the literature on male to female transgender sex workers reveals the hardships and discrimination this group faces. The term "transgender" is a fairly new term, and is an umbrella term for those whose gender presentation does not match their biological sex. Few know of the needs of this community. Due to xenophobic attitudes, many transgender persons are often forced into prostitution, and a life of poverty, violence, drug abuse, and victimization. They are not only ostracized by the general public, but by health care and social service providers too.

The AIDS epidemic greatly affected the transgender community. In the 1990's, public health studies began to recognize the high risk behaviors and special needs of the

transgender community. Through these studies, the transgender movement in the 1990's, and the shifting attitudes towards transgender identity, policies, health care, and social services soon changed to address the needs of the transgender community.

Although services have become more transgender inclusive, these changes are only found in large, liberal, metropolitan areas within the United States. Boston, Minneapolis, and San Francisco are cities which have implemented transgender services and policies. Few cities within the United States have included services and policies to address the needs of the transgender community. San Francisco is an exception in comparison to other cities throughout the country.

San Francisco today has a plethora of services for transgender persons. Transgender persons throughout the country come to San Francisco believing that the city will provide appropriate resources and care for them. San Francisco also has a large transgender community. Advancements continue to occur for the transgender community in San Francisco due to the city's liberal attitudes and the large representation of transgender persons.

The policies and services which have been employed in San Francisco are progressive, but do they reveal the steps many other cities within this country need to take in order to address transgender sex worker needs? Are the social service and health care agencies addressing male to female transgender sex workers' needs within San Francisco? What do male to female transgender sex workers think of the services provided to them within San Francisco? What are male to female transgender sex workers' experiences in accessing health care and social services within San Francisco, California? In an attempt to answer these questions, this study reveals transgender male

to female sex workers' attitudes within the social service and health care systems in San Francisco, California.

CHAPTER III

METHODOLOGY

Within the last ten to fifteen years, health care and social services have become transgender inclusive within San Francisco, California and have changed to meet the every day needs of male to female transgender sex workers. Male to female transgender sex workers still remain as a largely marginalized and stigmatized group within San Francisco, California. Homelessness, substance abuse, mental health, AIDS, and violence continue to remain as key issues for this group.

The purpose of this study was to explore male to female sex workers' experiences within the social service and health care systems in San Francisco, California. To find these results, a mixed methods study was conducted. Both Likert scale surveys and in depth semi structured interviews were used to gain a better understanding of the experiences male to female transgender sex workers face within the social service and health care systems. These methods were used to both rate services provided, and to explore attitudes male to female sex workers have in regards to social services and health care in San Francisco. Ten interviews were conducted and twenty-one surveys were distributed at a non profit agency whose services are accessed by male to female transgender sex workers in San Francisco.

Sampling

Participants included twenty-one self identified transgender male to female sex workers between the ages of 18 and 50, who have both accessed social services and health care, and have worked as a sex worker within the last five years in San Francisco, California. The agency chosen was located at a site that was accessible and well known to transgender male to female sex workers. From April 6 to May 7, 2007 twenty-one surveys were distributed and ten interviews were conducted at the participating agency in the Tenderloin district of San Francisco, California. Subjects were recruited primarily by the agency's staff who worked directly with transgender male to female sex workers. Many of the subjects had accessed the participating agency's services, or had some contact with the agency staff. Flyers were also distributed to health care facilities and other social service agencies in San Francisco accessed by male to female transgender sex workers in order to recruit participants.

Data Collection

The data design was approved by the Human Subjects Review Board at Smith College School for Social Work. The method for collection was mixed methods and included a Likert scale survey and in depth semi structured interviews. Informed consent forms were given and completed by participants before the surveys and interviews began. These informed consent forms described participants' participation in the study and their rights as human subjects, as well as any potential risks or benefits. The researcher and the participants kept a signed copy of the informed consent forms. The researcher will

keep these forms in secure environment for three years as mandated by federal regulations.

The researcher met participants each Friday in the month of April, and distributed surveys to them within the lunch room at the participating agency. Participants completed a fifteen question Likert scale survey. This survey asked participants for their demographic background and to rate specific health care and social services offered to them within the last five years in San Francisco, California. After the completion of this survey, participants were thanked for their participation, were given a copy of the consent form, a Transgender Resources Guide from the University of California San Francisco, and a choice of either a \$5.00 Safeway gift certificate or a \$5.00 Starbuck's gift certificate as compensation for their participation.

Interviews were also conducted at this time. Interview participants were asked six open ended questions addressing the quality of social services and health care given to transgender male to female sex workers in San Francisco, California. These interviews were audio taped and lasted for no more than half an hour. After the completion of the interview, participants were thanked for their time, given a copy of the letter of consent form, and a \$10.00 reward for their participation. All of the interview participants had also participated in the survey process, and had already received the Transgender Resources Guide. At the completion of the interview, participants were again offered this resource guide.

Data Analysis

Data collected from the Likert scale surveys were analyzed manually using nominal coding. Each topic question was numbered. Each rated response was given a number code, numbered 1-5, and 9 for missing data. The number coded responses to each question were charted manually to display results of the survey questionnaire. The number coded results were then counted to show numbers and percentages of the survey demographics and responses to each question.

Data collected during the tape recording were coded and analyzed for content. In order to analyze for content, the researcher made notes of constant themes, and/or unusual responses during the interviews. The researcher also transcribed comments verbatim. After the transcription process, a process of data reduction was undertaken by way of coding the content of the interviews. Units of data during the interviews were first compartmentalized by the question asked. Similar responses given by participants were then catalogued and coded in regards to that question.

CHAPTER IV

FINDINGS

This research sought to identify the experiences male to female transgender sex workers have within the social service and health care systems within San Francisco, California. The researcher used a mixed methods study to evaluate these services, and to gain a more in depth view of the direct services provided to male to female transgender sex workers in San Francisco, California. Within this chapter, demographic data will be revealed, and the ratings of specific social services and health care from the Likert scale surveys will be shown. This data will be categorized as (1) medical services (2) hormonal therapy, (3) HIV/STD treatment, (4) social services, (5) mental health services, (6) substance abuse treatment, (7) employment assistance, (8) cultural values, (9) condoms and clean needles, (10) safe sex counseling, (11) homeless shelter services, (12) treatment of the criminal justice system, and (13) legal services.

Subjective analysis of qualitative data collected will also be disclosed within this chapter. The data collected will be categorized by topic matter, and will focus on five groupings of information including (1) reluctance to seek social services and health care, (2) today's risks for transgender male to female sex workers, (3) best services provided, (4) worst services provided, and (5) changes needed within the health care and social service systems for male to female transgender sex workers in San Francisco, California.

Survey Findings

Within the survey process of the study, participants were asked to rate services provided to them as male to female transgender sex workers in the city of San Francisco. Participants were asked to rate mental health treatment, substance abuse counseling, legal services, condoms and clean needles, employment assistance, treatment of the criminal justice system, medical services, social services, hormonal treatment, HIV/STD treatment, and the cultural competency of providers. Participants were asked to rate these services because past literature has shown that these services have been poor, and/or non-existent for the male to female transgender sex worker community. Within the last ten to fifteen years, social services and health care have become more available to male to female transgender sex workers in San Francisco. To show the effectiveness of social services and health care provided to male to female transgender sex workers in San Francisco, participants were asked to rate these specific services on a scale from 1-4, and/or 5 as non-applicable.

Sociodemographics

Race

N=21	Frequency	Percentage
African American	10	47%
Caucasian/White	6	9%
Latina/Hispanic	0	28%
Native American	3	9%
Pacific Islander	0	4%
Asian	0	0%
Other	2	9%
Biracial	0	0%

Age

N=21	Frequency	Percentage
18-24	1	4%
25-32	3	14%
33-40	1	4%
41-50	15	71%
51-56	0	0%
Decline	1	4%

Medical Services

Have you obtained medical services within the last five years in San Francisco?

N=21	Frequency	Percentage
Yes	21	100%
No	0	0%

If you responded “yes”, to what extent were these medical services helpful to your individual needs?

N=21	Frequency	Percentage
Not Helpful	0	0%
Somewhat Helpful	2	9%
Helpful	3	14%
Very Helpful	16	76%
Not Applicable	0	0%

Hormonal Therapy

Have you attempted to obtain hormone therapy for your gender transition from medical providers?

N=21	Frequency	Percentage
Yes	17	80%
No	4	19%

If you answered “yes”, how would you rate your accessibility to hormone therapy for gender transition from medical providers?

N=17	Frequency	Percentage
Poor	2	11%
Fair	3	17%
Good	4	23%
Excellent	8	47%
Not Applicable	0	0%

HIV/AIDS Treatment

Have you obtained HIV/AIDS and STD treatment from medical providers?

N=21	Frequency	Percentage
Yes	14	66%
No	6	28%
Missing	1	4%

If you answered “yes”, how would you rate the quality of these services provided to you?

N=14	Frequency	Percentage
Poor	0	0%
Fair	1	7%
Good	6	42%
Excellent	7	33%
Not Applicable	0	0%

Social Service

Have you obtained social services within the last five years in San Francisco? Social services includes case management, general welfare assistance, and job training.

N=21	Frequency	Percentage
Yes	21	100%
No	0	0%

If you answered, “yes”, to what extent were these services helpful to your individual needs?

N=21	Frequency	Percentage
Not Helpful	0	0%
Somewhat Helpful	4	19%
Helpful	2	9%
Very Helpful	14	66%
Not Applicable	1	4%

Mental Health Therapy

Have you obtained mental health services? This includes individual and group therapy and medications from mental health professionals.

N=21	Frequency	Percentage
Yes	17	80%
No	4	19%

If you responded “yes”, to what extent were these mental health services helpful to your needs?

N=17	Frequency	Percentage
Not Helpful	0	0%
Somewhat Helpful	2	11%
Helpful	4	23%
Very Helpful	11	64%
Not Applicable	0	0%

Drug and Alcohol Treatment

Do you feel that drugs or alcohol have been a problem in your life?

N=21	Frequency	Percentage
Yes	20	95%
No	1	4%

If you responded “yes”, have you attempted to obtain help for this drug or alcohol problem?

N=20	Frequency	Percentage
Yes	14	70%
No	6	30%

If you responded “yes”, to what extent were substance abuse treatment services helpful to your needs?

N=14	Frequency	Percentage
Not Helpful	0	0%
Somewhat Helpful	2	14%
Helpful	1	7%
Very Helpful	10	71%
Not Applicable	1	7%

Employment Assistance

Have you received assistance in gaining employment?

N=21	Frequency	Percentage
Yes	7	33%
No	14	66%

If you responded “yes”, to what extent do you feel this assistance was helpful to you?

N=7	Frequency	Percentage
Not Helpful	1	14%
Somewhat Helpful	1	14%
Helpful	2	28%
Very Helpful	2	28%
Not Applicable	1	14%

Cultural Competency of Social Service Providers

To what extent have social workers supported your cultural values? This includes your religious values and spiritual beliefs, your racial and ethnic identities, and customs.

N=21	Frequency	Percentage
Non Supportive	0	0%
Somewhat Supportive	6	28%
Supportive	7	33%
Very Supportive	4	19%
Not Applicable	4	19%

Clean Needles and Condoms

Have you obtained condoms and clean needles from social service providers and health care clinics?

N=21	Frequency	Percentage
Yes	20	95%
No	1	4%

If you answered “yes”, how would you rate each of these products received from social service and health care clinics?

Condoms

N=18	Frequency	Percentage
Poor	0	0%
Fair	0	0%
Good	7	35%
Excellent	10	47%
Not Applicable	1	5%

Clean needles

N=15	Frequency	Percentage
Poor	0	0%
Fair	0	0%
Good	2	13%
Excellent	13	86%
Not Applicable	0	0%

Safe Sex Counseling

Have you accessed safe sex counseling services?

N=21	Frequency	Percentage
Yes	18	85%
No	3	14%

If you answered, “yes”, how would you rate safe sex counseling?

N=18	Frequency	Percentage
Poor	0	0%
Fair	0	0%
Good	7	38%
Excellent	10	55%
Not Applicable	1	5%

Homeless Shelter Services

Have you sought homeless shelter services?

N=21	Frequency	Percentage
Yes	14	66%
No	7	33%

If you answered “yes”, how would your rate the services you received from shelters?

N=14	Frequency	Percentage
Poor	1	7%
Fair	2	9%
Good	3	14%
Excellent	9	64%
Not Applicable	0	0%

*One person reported she never accessed homeless shelter services, but rated services as very good.

Criminal Justice System

Have you been arrested and put into jail?

N=21	Frequency	Percentage
Yes	14	66%
No	4	19%
Missing	3	14%

If you answered “yes” to this question, to what extent do you feel that the criminal justice system workers treated you fairly? This includes the correctional officers in jail, and the police.

N=14	Frequency	Percentage
Unfairly	4	28%
Somewhat Fairly	3	21%
Neither Fairly nor Unfairly	2	14%
Fairly	4	28%
Not Applicable	1	7%

Legal Services

Have you attempted to obtain legal services for yourself?

N=21	Frequency	Percentage
Yes	8	38%
No	12	57%
Missing	1	4%

If you answered, “yes” how would you rate legal services available to you?

N=8	Frequency	Percentage
Poor	1	12%
Fair	1	12%
Good	3	37%
Excellent	4	50%
Not Applicable	0	0%

Sociodemographics

Twenty-one male to female transgender sex workers participated in the survey process of this study. Within the survey process most participants identified as African American/ Black between the ages of 41 and 50. Ten (47%) participants identified as African American/Black, six (28%) identified as Caucasian/White, two (9%) identified as Latino/Hispanic, one (4%) identified as Native American, and two (9%) identified as other, and labeled themselves as Afro-Irish, and African American/Native American. No participants identified as Asian, Pacific Islander, or Biracial. Participants' ages ranged from 18 and 50. Fifteen (71%) of the participants' ages ranged from 41 and 50, three (14%) of the participants' ages ranged from 25 and 32, one (4%) participant's age ranged from 18 and 24, and one participant's age ranged from 33 and 40. One (4%) participant declined her age. No participants' ages fell under the age range of 51 and 56.

Medical Services

All twenty-one participants have accessed medical services within the last five years in San Francisco. The majority of participants found medical service to be very helpful. Sixteen (76%) rated medical services as very helpful, three (14%) rated services as helpful, and two (9%) rated medical services as somewhat helpful.

Hormonal Therapy

Seventeen (80%) of the twenty-one participants responded that they have accessed hormonal therapy within the last five years in San Francisco and rated these services. Almost half of the participants rated hormonal therapy services as excellent.

Eight (47%) rated hormonal therapy as excellent, four (23%) rated services as good, three (17%) rated services as fair, and two (11%) participants rated services as being poor.

HIV/AIDS and STD Treatment

Fourteen (66%) of the twenty-one participants responded that they have received HIV/AIDS and other sexually transmitted disease treatments within San Francisco and rated these services. Half of the participants rated HIV/AIDS treatment as excellent. Seven (50%) rated these services as excellent, six (42%) rated these services as good, and one (7%) rated these services as fair.

Social Services

All twenty-one participants have accessed social services within the last five years in San Francisco. Most participants found social service as helpful. Fourteen (66%) rated these services as excellent, two (9%) rated these services as helpful, and four (19%) rated these services as somewhat helpful. One participant responded not applicable to rating these services.

Mental Health Services

Seventeen (80%) of the twenty-one participants responded that they have received mental health services and rated these services. More than half of the participants rated mental health services as very helpful. Eleven (66%) rated these services as very helpful, four (23%) rated these services as helpful, and two (11%) rated these services as somewhat helpful.

Drug and Alcohol Treatment

Twenty (95%) of the twenty-one participants responded that drugs and alcohol are a problem for them in their lives. Of these twenty respondents, fourteen (70%) have sought substance abuse treatment for their drug or alcohol problem. Thirteen of the fourteen respondents rated substance abuse services within San Francisco. Most found these services as very helpful. Ten (71%) rated these services as very helpful, one (7%) rated these services as helpful, and two (14%) rated these services as somewhat helpful.

Employment Assistance

Few participants have accessed employment assistance within San Francisco. Seven (33%) of the twenty-one participants responded that they have accessed employment assistance. Of these seven respondents, six (85%) rated employment assistance in San Francisco. One (14%) found these services not helpful, one (14%) found these services somewhat helpful, two (28%) found these services helpful, and two (28%) found these services as very helpful.

Cultural Competency of Social Service Providers

Seventeen (80%) of the twenty-one participants responded that social services have supported their cultural values. Six (28%) responded that social workers have somewhat supported their cultural values, seven (33.3%) reported that social workers have been supportive, and four (19%) reported that social workers have been very supportive to their cultural values.

Clean Needles and Condoms

Twenty (95%) of the participants responded that they had accessed condoms and clean needles from social service and health care providers. Of the twenty participants, eighteen rated the quality of condoms and fifteen rated the quality of clean needles given by providers. Seven (33.3%) rated condoms given by providers as good, and thirteen (61%) rated condoms given by providers as excellent. Of the fifteen participants who rated clean needle services, two (13%) participants rated clean needles given by providers as good, and thirteen (86%) rated clean needles given by providers as excellent.

Safe Sex Counseling

Eighteen (85%) of the respondents reported that they had received safe sex counseling. Seventeen (94%) participants rated safe sex counseling services. Seven (38%) rated safe sex counseling services as good, and ten (55%) rated these services as excellent.

Homeless Shelter Services

Fourteen (66%) respondents reported that they have accessed homeless shelter services. One (7%) rated these services as poor, two (14%) rated services as fair, three (21%) reported services as good, and nine (64%) reported services as excellent. One participant responded that she had never accessed homeless services, but rated these services.

Criminal Justice System

Fourteen (66%) of the participants reported that they had been arrested. Thirteen (61%) respondents rated the treatment given by the criminal justice system. Four (30%) of these participants rated the criminal justice system's treatment as unfairly, three (23%) responded that treatment was somewhat fairly, two (15%) reported that treatment was neither fairly nor unfairly, and four (30%) responded that treatment was fairly.

Legal Services

Eight (38%) participants reported that they have accessed legal services. Nine (42%) rated legal services. One (11%) rated services as poor, one (11%) rated services as fair, three (33%) rated services as good, and four (44%) rated services as excellent.

Survey Conclusions

Participants rated the social services and health care provided to male to female transgender sex workers favorably. Participants especially found mental health, hormonal therapy, clean needles and condoms, homeless shelter services, safe sex counseling, and drug and alcohol treatment as excellent or very helpful services. It was unclear if legal services, treatment by the criminal justice system, and cultural competency given by providers have improved and or have been positive services for male to female transgender sex workers.

Less than half of the participants have accessed employment assistance in San Francisco. These services were not clearly rated as favorable or unfavorable among the participants who have accessed employment assistance. It would be interesting

understand why employment assistance has only been accessed by just seven of the twenty-one participants in this study. An in depth discussion on employment assistance among male to female transgender sex workers may better explain the reasons so few participants have accessed employment assistance in San Francisco.

To better understand male to female transgender sex workers experiences within the social service and health care systems, interviews were conducted. Interviews were used to gain a more in depth look at male to female transgender sex workers' views of services provided to them in San Francisco, California.

Interview Findings

Ten male to female transgender sex worker participants participated in the interview process of this study. All ten participants also participated in the survey process of the study, and were eager to share their experiences within the social service and health care systems. The questions asked were designed to elicit information regarding male to female transgender sex workers' reluctance to seek services, the best and worst services they have received within the city of San Francisco, and the changes that still need to be made within San Francisco to best serve the male to female transgender sex worker community.

Reluctance to seek social services and health care

The participants were asked why they or their peers may be reluctant to seek social services and health care. Most respondents reported that fear of discrimination, judgment, and ill treatment by providers are the main reasons that male to female

transgender sex workers may not want to access social services or health care.

Participants reported that although services are improving within San Francisco, male to female transgender persons are still sensitive of their transgender status, and continue to feel the stigma of their gender identity status. One participant explained how many male to female transgender sex workers may feel about seeking medical services and health care:

A lot of transgenders aren't secure enough in themselves to go. They would rather go and stay low key and not you know go and seek health care and stuff because they already feel like you know sometimes people put transgenders in this box. You're going to hell and these types of things. So it has to do with the self esteem of the person I guess.

Two participants spoke of the discriminatory treatment they faced as reasons they or their peers may not access health care and social services:

Because of the way we are treated sometimes. Some places, they will frown upon us. Like you should see when like you say the fact that you are transgender. You will be put way in the back or served last. Like even in the emergency room.

It's not fair the way we get treated. Some get treated more I think. For me I got treated better at a city drop in clinic than I am getting treated as my primary insurance for my job. I don't go back. I don't go back and access their services because I don't like the way they treat me. I don't like what they offer.

Participants not only revealed that discrimination is a reason for transgender male to female sex workers to be reluctant to seek services, but drug abuse is too.

According to many participants, drug abuse has stood in the way for many male to female transgender sex workers, and has stopped them from accessing health care and social services. Participants described their peers' behaviors as apathetic and self destructive when using drugs. Two participants described how drugs hinder themselves and their peers from accessing services:

Drugs get in the way. They would sell their mother's soul. Like some of them won't even come here to do this study.

Most of us sex workers have an addiction, either drugs or alcohol. Or you know sometimes we don't have the time, or we just you know forget about it. We go just when we feel sick or anything.

For participants, drugs not only stopped them and their peers from accessing appropriate health care and social services, but put also them at risk on the streets. Many described drugs as being one of the greatest issues the male to female transgender community faces today.

Today's risks and issues for male to female transgender sex workers

Male to female transgender sex workers face a lot of risks, and are tackling many issues today. Participants were asked to name three of the greatest risks male to female sex workers face today. Most responded that violence, assault, and even death are the greatest risks that transgender sex workers face today. Other issues included drug abuse, HIV/AIDS, rape, robbery, police harassment, and a lack of job opportunities for male to female transgender persons.

Violence on the Streets

The majority of the participants spoke of their experiences on the streets as male to female transgender sex workers. Nearly all had reported that they had been victims of assault and violence, and believed that these were the greatest risks that male to female transgender workers face on the streets. Many described their experiences and the risks that transgender persons and sex workers face:

There is always a chance of assault. You know especially by people who decide they are better than me. I have had people who have slapped the hell out of me, and beat me up just because I was a transgender and a sex worker.

It is like playing Russian roulette. You go out and hustle, and you don't know what you are going to run into. I got jumped. There was this guy. I was buying some crack, and this guy, he said, 'I hate to be treated like a punk', and then bam.

I had an incident once where I was on the street corner walking and these people walked by and something told me to duck and turn, and at the same time as I did that there was a bat swung at my head. Like I didn't even know these people. It was just discrimination or abuse to transgenders. Because there are a lot of other women, and they don't do that to them. It was just. I don't know what told me. De ja vu? Instinct? Or what? But I turned just in time, and ducked just in time to miss it. I think just general violence is one of the drawbacks.

In the past I worked on the street, I worked in the brothel, and in a private part of my home, in my apartment, and in all three areas you run the risk. Because it's sort of secretive, and it is you know very secret. You know people don't care. It's not recorded. People are more apt to act crazy and stuff, you know. You don't know what you are running into.

Participants not only feared violence and assault, but possibly death. Participants felt that with sex work came the risk of death. One participant revealed that many of her friends have been killed on the streets within the last two months. She spoke of the death of a close friend who was also a male to female transgender sex worker:

The one that hurt me the most was my closest friend. We used to hang out a lot together. We used to work on Polk St. That's where all the transgenders go. The last time I saw her was on March 16th right here around the corner on Golden Gate. When I saw her, she was drinking. So she called me, and she said, 'do you want something to drink.' I said, 'no, I don't want to drink.' She said, 'okay, I will see you later', and she waved and just walked out and that was the last time I saw her. That's the last. That's the night when they got, they, somebody strangled her, and left her naked on Caesar Chavez St., far away from here.

This same participant spoke of the dangers that drugs put many male to female sex workers in today. She as well as other participants revealed that drugs put male to female sex workers at risk for violence and HIV/AIDS and other sexually transmitted diseases.

Drugs and HIV

Drug intoxication puts many male to female sex workers at risk for HIV/AIDS.

Several participants found that both drugs and HIV were important issues that needed to be addressed within the transgender sex worker community. One participant spoke of how drugs and the of HIV are connected:

Drugs is a very big issue in the transgender community; especially involved in sex work. Mostly where I have seen has been crystal or crack. Umm a lot of girls instead of working getting their money and going home to buy their drugs, they learn to do their drugs on the streets, and it is very dangerous first of all. One, it is just dangerous anyway to be a sex worker. Two, it is dangerous to be a sex worker and be under the influence of drugs or alcohol because you don't have all your faculties. So I would think that. And three the HIV and STD scare. A lot of girls, especially those that that do do drugs we, because I have been there, get to a point to where we don't care as far as the safety concerning sex. So it's like okay if the John doesn't want to wear a condom, so it's okay because you are giving me \$50.00 dollars, and I already know that once we are finished I am going to take this \$50.00 dollars to get high. So we don't think to where I am getting \$50.00 dollars, but am I also getting HIV at the same time?

Not only do drugs influence male to female transgender sex workers to become at risk for HIV, but customers do as well. Another participant revealed customers' actions and the spread of HIV:

Well I think HIV is a really big risk that all of us are taking because in the past when I was working outside of the street, I have had Johns that like will slip the condoms off. And knowingly will do it just because they want to. I have actually warned them that it is possible that you could contract HIV from me. It's possible. I wouldn't actually say that I am HIV, but it's possible. Professionally, you know I think it was only fair to some people. Some men really don't care.

Violence, death, and HIV are horrific issues that transgender male to female sex workers face on the streets. Male to female transgender sex workers also face police harassment, and a lack of job opportunities.

Police Harassment and Job Discrimination

The dangers on the streets are not the only issues male to female transgender sex workers face today. Unequal treatment given to male to female transgender sex workers by the San Francisco Police Department, and in the job market overall have been key issues for male to female transgender sex workers. Two participants criticized the San Francisco Police Department's actions towards transgender persons. They talked of the harassment and the unequal treatment they have received from them. One participant revealed that she was recently robbed, and spoke of the unfair treatment she received by the San Francisco Police Department:

I was walking down the street, on Market St. at about 4:30 or a quarter to 5:00pm on a Friday afternoon crowded as can be, and three people come up and try to steal my phone and beat me up, and everyone just watches, and don't do nothing. And then when you flag down a police and you're assaulted, his response was, 'I don't have time for you right this minute.' Wait a minute. This is, I am reporting an assault that just happened by myself, and you don't have time for this? Like if I was one of the tourists, I think they would have stopped and addressed it right then and want to know. But since I am transgender, I am put in that category again.

Unfortunately, transgender persons are put into a category, and often their needs are not met due to their status within society. Transgender individuals engage in sex work alone due to the fact that they are ostracized within their communities. They also face a cruel job market which often only affords them two options, sex work and non profit work.

For many male to female sex workers, sex work is all they know. It is not a desired profession, but a job chosen out of necessity. One participant spoke of male to female transgender persons' involvement in sex work:

You know we shouldn't have to be sex workers. You know what I mean? Isn't there something else we can do in life besides being a sex worker? 9 out of 10 transgenders I know are prostitutes. You know that's just how we support ourselves.

Another participant spoke of the lack of skills many male to female transgender persons have in San Francisco, and the need for job trainings and assistance within the job market:

If you don't have any skills, what they should do is build those skills that are beneficial to them in the future. I believe if they put up skills that are more beneficial to transgenders then you wouldn't be having them on welfare assistance and the streets.

Although few job opportunities are given to male to female transgender persons, services have improved within San Francisco, California for transgender individuals. The city of San Francisco has provided several services which have both supported and improved transgender persons' lifestyles.

Best Services

Due to the positive changes that have occurred in San Francisco to address transgender issues, participants were asked to name the best services they have received within the health care and social service systems. Most participants agreed that hormonal therapy and supportive health care providers have been extremely beneficial for them. Participants also spoke positively of social service agencies which employ transgender persons and transgender sensitive counselors, and provide transgender safe spaces.

Hormonal Therapy

Participants found access to hormonal therapy in San Francisco as very valuable. Nearly all the participants described hormonal therapy for male to female transgender persons as excellent. One participant described the differences in accessing hormonal therapy in San Francisco as opposed to Los Angeles:

The best would be for myself, hormone therapy. It was very easy as opposed to L.A. For instance in L.A., they give you a complete psychological evaluation before they put you on hormones. Now here, they feel if you are identifying as being a woman, if you are dressing like a woman everyday and you don't even have to dress out here like a woman everyday to receive hormone therapy. However, on the flip side of that as opposed to L.A. In L.A they will start you on hormones once they do the mental evaluation. If you do that, they give you shots in L.A. which as opposed to here when you start they start you on the pills which is Premarin. And of course the pills work a little slower, because they go through your system and all of that as opposed to getting the shot which goes straight to the blood stream. So, but I would still say out here that hormone services are way, way much better. In L.A. it is so scattered. They got Hollywood and downtown L.A., and they have only one major clinic. Out here there are several different.

Not only did participants describe hormonal therapy as positive, but described relationships with their primary physicians as positive too.

Physicians Knowledgeable and Sensitive of Transgender needs

Participants spoke highly of their primary physicians in San Francisco. Some had long standing relationships with their primary care providers, and felt that they were both sensitive to transgender issues and knowledgeable of transgender medical needs. Two described their relationships with their primary physicians:

He already knows, you know, pretty much knows how to handle us transgenders. Or see umm female women who are changing over. You know, so he knows how to handle us and how to deal with our emotions and our ups and downs and what level of hormone we should take and not take. So he knows. He is really cool with that, and he knows what letters we need to go and get implants or go and get our surgery done through Medi-Cal and stuff.

I have a good relationship with my doctor. I have had the same caregiver for seventeen years. Now I see him on a monthly basis. He works with me, on. I get appointments with him, although he does have clinic, and I can just drop in whenever I want to make appointments. He is really, really flexible. I mean he is like specifically, like I mean, I feel like he was put here just for me. He is also really up on transgender things. He has a lot of resources.

Participants were not only optimistic about services provided by the health care system, but noted the constructive changes that have occurred within social service agencies in San Francisco.

Transgender and Sex Worker Sensitive Social Service Providers

Agencies within the social service system in San Francisco have changed to becoming more empathetic and sensitive to the needs of transgender persons. As a result many employees within the social service system have become more sensitive and accommodating to the needs of transgender individuals. For participants, this has been one of the best services in San Francisco provided by the social service system. Two participants described the services provided by specific agencies:

The best services have been from there. There are a lot of people who care. There are a lot of volunteers that come in and are actually trying to work in whatever field, like massage and/or either acupuncture and the person who draws your blood, and all that stuff. I guess the doctor's assistant. And so they actually care because that is what they do, and they are in school. So you actually get the feeling of people that really care. The only bad thing about it is you won't be seeing the same person all the time. Except the only person you see all the time is the doctor.

They show more concern more so than just rushing you through and hurrying getting you out of there. You know. They actually ask you questions. They ask you how you feel and stuff like that. They feed you there. They make you feel comfortable. They have the community room where you can go in and mingle with other people. And stuff like that. That way you don't feel as exposed and put on the spot yourself. You know. You feel kind of comfortable.

Agencies have also employed transgender persons to work with transgender individuals seeking social services and health care. One participant who now works as a counselor noted that her progress within a substance abuse program was due to having a transgender therapist. She found that her therapist acted as a huge support in her substance abuse recovery:

It is kind of crazy because we do have special needs some of us, and if you don't deal with transgenders, how are you going to do that. And I think that was really good with this agency. They have a tremendous transgender program, and when I was there they had a transgender therapist. What better to answer or help with transgender issues and relate to what you may be going through than a transgender. That's how we stepped up and provided that as a social service. I know that is one of my best role models, my therapist. Working in, working in a social service or setting and helping transgenders and being able to recognize we don't have to be on the streets no more if you really don't want to. That was great help.

Another participant noted her appreciation of an agency which hired current and former sex workers:

One thing I like about it is that people that work there are you know either former or either still in the sex industry so that you won't feel that fear, and I just think they do a great thing, you know they just work well with transgender individuals.

Participants also noted that many services within San Francisco were still poor, and needed improvement. While there has been much progress made within the social service and health care systems in San Francisco, many participants still described some of the worst treatments that they have received as male to female transgender sex workers.

Worst Services

Not only were participants asked about the best services they have received, but participants were also asked about the worst services they have received from the health care and the social service systems within San Francisco. Although many participants described the health care system as positive, many still described discriminatory practices within health care clinics. Participants also discussed the difficulties of accessing general assistance welfare from social service agencies.

Discrimination and Prejudices of Providers

Participants reported biased behaviors of the health care system. One participant stated that she was seen last due to her transgender status:

When I went over there I saw that they discriminate me because they gave me. I know I was the third person in line and all these people were behind me and they kept cutting me. And you know that's the clinic where first come, first serve. There's not like an appointment or anything. And they kept calling. They kept calling people and people, and I said, 'I was before this guy and you keep, you, and how come I have to wait?' And they said, 'The other doctor is busy right now.' I don't know. I went twice and they did the same thing. They discriminate me.

Other participants spoke of the careless and lackadaisical performances of health care providers who work in the city's health care clinics:

I don't feel welcomed. They're unprofessional. I had an issue when I went there one time. I just think that they can be very you know unprofessional and inconsistent. Well they told me to come at 5:00 pm. When I got there, they was like we don't open until 5:00pm, and then they actually didn't open until 5:45 pm. So I waited forty-five minutes, and then when I got in, I realized I could not see a doctor because I had to do and intake, and no one informed me about an intake. I don't. I was just very upset about the situation.

They kept losing my file. How can you lose? I mean come on this is serious stuff. Blood work? How can you just lose it? You know and then keep having to take blood after blood. You can't. That's not cool.

Participants also reported that many persons working in health care clinics also did not address them properly and treat them respectfully.

Some male to female transgender participants noted that they have also been referred to as “he” as opposed to “she” while receiving health care. One participant reported how disrespected she and other male to female transgender persons have felt within the health care system by being referred to in the wrong gender pronoun. She accounted her and her peer’s experience within a health care clinic:

Just in pronouns alone was so disrespectful. Even after being told the proper pronoun for this person. Even though it may not appear that way because the person is sick and can’t do what it is to do to be in that role play that they want us to be in order to get that actual respect and right sir name. Just totally ridiculous, and you know it like makes you not even want to go to health care providers when you are not being treated. Or the looks or just some of the comments they say. We don’t want that. We don’t want to come and be abused by that.

Participants stated that they also have difficulties within the social service system.

Inaccessible Resources

The social service system within San Francisco provides many helpful resources for transgender male to female sex workers. Participants did not find some of these services as easily accessible for transgender male to female sex workers and other clientele. Participants felt frustrated with the stipulations the social service system imposes on those seeking general welfare assistance and employment. One participant spoke passionately of this issue:

You have to clean the streets on GA at least three times a week unless you have a doctor’s excuse in order to get your check. If you miss it, you don’t get your check. You have to start all over. They have it where right now you can do so many hours at a non profit to receive your GA, but you can’t miss any hours otherwise you don’t get your check. Which I can understand that if you have an excuse and they give you the benefit of the doubt, but a lot of transgenders don’t have any work skills because they are transgender, and the only way they are

going to get money and then get the things they need quickly is through prostitution. Maybe instead of having them sweep the streets or come and volunteer time at a place like this maybe have them go to a school or class for training. Then atleast they can say they have that on their resume where they can work. Cause otherwise they are in that revolving door of the social service system.

This is not the only change that participants felt needed to happen within the social service system. Participants spoke extensively and were very forthcoming about the changes that needed to occur within the social service and health care systems in San Francisco.

Future changes

Participants acknowledged the amount of progress that has been made within social services and the health care systems to address the transgender community, but still felt that the community has a long way to go. Participants were asked what changes they felt needed to happen within the social service and health care systems to best support transgender male to female sex workers. Most participants felt that job trainings, transgender sensitivity trainings for providers and the general public, and funding for sexual reassignment were the most important changes that needed to occur within the social service and health care systems. Other issues that participants presented were 24 hour services for sex workers, self defense and violence prevention services for transgender persons and sex workers, and more needed studies, funding, and services for female to male transgender persons and female to male transgender sex workers.

Job Trainings and Education

Due to the lack of job opportunities available for male to female transgender persons, and the lack of skills many have, participants felt that job trainings and

education would be very beneficial. One participant spoke about job fairs in San Francisco and the needed trainings and education for male to female transgender individuals:

I know some of the job fairs they have for transgenders is way out of normal working for transgenders. They won't even come close to qualifying for those jobs. So that's like why even offer those jobs. Instead of offering jobs like that maybe offering job training to do other jobs that you might have that is less educational or that you have to have a degree. Or especially help get a degree in social services, because most transgenders end up working in the non profit field. It seems like that is our niche.

Job trainings and education would allow transgender male to female persons to access other work than sex work. It would enhance their self confidence, and would improve their quality of life. Participants also felt that sex reassignment would increase their esteem and self respect.

Funding for sex reassignment surgery

Sex reassignment surgery is very important for many male to female transgender persons. Not all transgender persons desire this surgery, but for those that do, this surgery enhances their quality of life, and allows them to live fully as their desired sex. The city of San Francisco provides funding for its city employees who wish to seek sex reassignment surgery. Medicare, a federal insurance, and Medi-Cal, a state funded insurance in California do not provide sex reassignment funding for transgender persons, but provide male to female transgender persons with hormonal therapy and general health care. There are in fact few insurance companies that cover sex reassignment surgery in California. This surgery is considered a cosmetic surgery. For male to female transgender persons this is extremely disappointing and frustrating. Many feel that the

state and the government should help fund this surgery that they feel is vital to improving their mental health. Two participants spoke of needed funding for transgender persons seeking sex reassignment surgery:

The flaw in health care? Not addressing the medical needs as a cosmetic surgery. Maybe a necessity surgery? Because they consider it cosmetic, but yet in transphoria disorder it's like you see yourself one way, but you appear another way? God for me that's really hard sometimes to look in the mirror and feel one way and look another way. Maybe that. Maybe something around Medi-Cal. Atleast helping people that really want that, because not all transgenders want that.

I think changes in insurance. I think insurance. I don't know it is a personal. A lot of insurances do not cover things like the medical needs of transgender persons because we just don't qualify for the change surgery. Medi-Cal and MediCare don't cover sex change, but cover hormones. I get great health care. The insurance covering the surgery specifically is needed.

Participants spoke not only of changes in care needed for male to female transgender persons, but service changes needed for sex workers as well.

24 Hour Care and Resources and Violence Prevention for Sex Workers

Sex workers work primarily in the evenings and are exposed to several risks such as violence and assault. Social service and health care clinics are mostly available during business hours, and do not see sex work clients in their time of need. One participant spoke of the changes needed for sex workers and the 24 hour care needed and said:

A 24 hour hotline or something which would be open is good, to where a girl would know, you know, if I am feeling that I might be in danger go to. I am feeling that I need to talk to somebody. I am feeling that I don't have no condoms, but I know that I can go to this place and I can get them.

This same participant spoke about violence on the streets and the changes that needed to occur within the sex worker community with the assistance of the social services:

As a whole I think they do need more counseling in the sex work area. Should I say convince the girls to be more safe. Actually I could say I guess be more safe

because like I said a lot of them that are in sex work still do drugs and alcohol. We because I have been there get to this point to where safety truly isn't an issue whether it's regarding HIV or just safety in general you know. Me going out there. First of all we have to dress a certain way to be appealing to the customer, okay, so it's like okay so choose my corners, choose the area, do a buddy system, and have some type of counselor whether it be a transgender person or a regular male or female regular person. Someone that really understands sex work first of all, someone that I feel that has had some type of experience like myself that can actually talk

Male to female sex workers are not the only transgender persons who experience assault and require services. Female to male transgender sex workers also require these services and are often overlooked within the health care and social service systems in San Francisco.

Services and Studies for the Female to Male Transgender Community

Studies within the San Francisco Bay Area have mostly been focused on the male to female transgender community. Few studies have focused on the health care and social service needs of the female to male transgender community. As a result, few services are available to female to male transgender persons within San Francisco. Some participants appeared annoyed within the study. For them yet another study only focused on the male to female transgender sex work community, and not the transgender female to male community. One participant spoke of the lack of services and studies done on the female to male community:

One of the things that I think needs to be changed honestly is that it shouldn't just be transgender male to female. And I have noticed in a lot of surveys, in a lot of studies it is always transgender male to female. But we have a lot of female to male okay? And they for whatever reason don't seem to get the same type of service or same type of attention that male to female have and I think that right there is a very major issue because I have met so many out here. And they are like where can I go for this or where can I go for that, and we send them to places that we go, and they can't receive the same type of services. It is much harder for

a female to male to get testosterone for instance. A male to female, like I said I mean out here it is very easy.

She also spoke of the same dangers and risks that female to male sex workers face and are often overlooked by researchers and providers:

Yeah you go up there 12:30-1 o'clock at night and you'll see more on the Diva's side more transgender male to female okay. You look right across the street and there are a lot of male, I mean female to male and they are doing the same thing that we are doing. Picking up Johns, turning dates, picking up women, turning dates, you know? Their health issue, their safety issue does not come up as much as ours does. And personally I think that would be more of an issue because I don't know how you look at this, but I was born male okay. Just because we start taking some hormones and start growing breasts and all of that does not mean that we lose our male strength. And I am not saying that women are weak, but there are women that come and do a female to male okay, and they start with the facial hair and all of that and start to look like a guy and all of that, but their physical strength does not match to a real male that's still out there. A real male may be looking for a little gay boy or whatever trying to date. And then when they find out, okay you got the face of a man, you've got the voice of a man, but you still got that other part down there. It is the same kind of risk that a transgender male to female would take, and I also not personally experienced it, but I've seen it since I've been here. I've seen stuff like that happen. And it's never really been an issue that's talked out here or in a lot of other places that offer transgender services. So I think that would be a major, major issue to look at.

Unfortunately little is known about the female to male sex work community, and few services in San Francisco represent this community. More knowledge needs to be gained about the female to male transgender community. Transgender sensitivity trainings within San Francisco and throughout the country are also crucial for the transgender community.

Transgender Sensitivity Training

Participants agreed that more transgender sensitivity trainings were needed within San Francisco in order for more positive changes to occur for the transgender community.

Two participants did not feel that these trainings occur often enough:

Well one time I went to the transgender law center, and they said that they have a program that goes from all the places where they help people and you know and transgenders go anywhere. So they go and show the straight people or whatever, all the employees how to deal with transgenders. And I don't think they do that any more. I think that's a good thing. To teach people about the transgenders.

If they would give a course in humanities. To show them that. Christian values. Sensitive and open. Just give them course in humanities. More education on transgender sex worker issues.

Transgender education and tolerance need to be implemented within different systems of care. Transgender sensitivity trainings among providers, employers, and the general public will allow for a more transgender tolerant environment. Although participants felt that many changes still needed to occur within health care and social service systems for male to female transgender sex workers, they felt hopeful about the progress that has been made for transgender persons. Participants took notice of the progress and the improvements in services for the male to female transgender community in San Francisco.

Optimism within the Transgender Community

Participants were optimistic about the changes that have occurred within the transgender community. They acknowledged the struggles the transgender community has faced, and continues to face today:

We have come a long way, but we still have a long way still to go. We are acceptable now more than we were thirty or forty years ago.

It is getting better. I hope by having a transgender Police Commissioner. For one I would hope that maybe they have some trans sensitivity training or something. I don't know. I can't wait to find out during tranny week when this person comes to find out her views and maybe future policies on that. It would be really interesting to find out. I really want to hear it from her and if this person is really standing up and representing the real community of Trans.

The transgender community has come a long way within the last ten years. Services have especially become better for the male to female transgender sex worker community in San Francisco, California. The transgender community will hopefully be better served not only in San Francisco, but in other parts of the country.

Conclusion

This chapter represents the findings of twenty-one male to female transgender sex workers' experiences in the social service and health care systems in San Francisco, California. Findings from ten interviews and twenty-one surveys reveal male to female transgender sex workers' views of these systems.

Participants found that drug abuse and discrimination were reasons many male to female transgender sex workers do not access social services and health care. The best services participants found for male to female transgender sex workers in San Francisco were hormonal therapy, and transgender sensitive counselors and medical providers. The worst services included unprofessional, careless, and insensitive medical providers, and a punitive social service system which does not easily allow low income persons to obtain services needed. Participants felt that transgender sensitivity trainings, job trainings for transgender persons, violence prevention services, 24 hour medical and social services for sex workers, female to male transgender persons, and female to male sex workers

needed to be implemented and more available within the health care and social service systems. Participants felt that these changes in services would be especially beneficial to the transgender sex worker community within San Francisco and elsewhere.

Overall participants appeared content with the services provided to them, but still expressed comments about discriminatory practices within the health care and social service systems. Participants spoke extensively of their experiences within the social service and health care systems within the interview process and the changes that need to occur for the male to female transgender sex worker community in San Francisco. They also raised important topics for further discussion within this study.

CHAPTER V

DISCUSSION

The purpose of this study was to explore male to female transgender sex workers' experiences within the social service and health care systems in San Francisco, California. Health care and social services for the male to female transgender sex worker community were rated overall positively amongst the twenty-one survey participants. The ten interview participants also spoke positively of the services provided to male to female transgender sex workers in the city of San Francisco. Participants also noted the discriminatory practices that still occur within these systems for male to female transgender sex workers. These results differed from past studies which revealed that health care and social services are poor amongst the male to female transgender sex worker community. This study also revealed topics of interest for further studies, and limitations which need to be addressed.

Implications for Further Research

Within this study, no particular service within the social service and health care systems was rated poorly. This was surprising considering past literature has shown that medical services, hormonal treatment, substance abuse services, mental health, and homeless shelter services have been poor for the male to female transgender sex worker community. Most surprising was that the criminal justice system was rated neutrally. The criminal justice system was viewed poorly amongst some interviewed participants. According to recent literature, transgender sensitivity trainings amongst the San

San Francisco Police Department have occurred since 2003. It would be interesting to look specifically at how these trainings and Theresa Sparks, a male to female transgender Police Commissioner, have influenced the San Francisco Police Department's relations with male to female transgender sex workers. The San Francisco Police Department's relations with male to female transgender sex workers and the effectiveness of employment assistance for male to female transgender sex workers are areas that appear worthy of further study and exploration.

The subject of employment assistance was a significant topic within this study. Few participants within this study have accessed employment assistance. Interview participants spoke extensively about the needed job trainings for the male to female transgender community in San Francisco. It seems that employment assistance is an area that social services need to better address for the transgender community. A further look at male to female transgender persons' experiences within employment assistance and job trainings in San Francisco may better reveal why so few male to female transgender persons in this study have accessed employment assistance, and have found job trainings as vital within their community.

Female to male transgender issues was also a topic of discussion within the interview process. It was alarming to hear from one participant that while medical services and health care are accessible for the male to female transgender community, they are not as accessible for the female to male transgender community. This participant was also concerned that few studies have been done on this community. She noted the risks that researchers and the social service and health care systems often overlook for both the female to male transgender community and female to male sex workers. This

participant was correct to point out that studies and services need to better address the female to male transgender community. Few studies have addressed the female to male transgender community, and the female to male transgender sex worker community. A comparison between the male to female transgender sex workers and the female to male sex workers' experiences in the social service and health care systems in San Francisco, California may also be a topic of further research and discussion.

Lastly, the topic of funding and insurance for the genital reassignment surgery was a key issue for this community. Participants within this survey reported the desire to complete the genital reassignment surgery, but lacked the funding and insurance for it. Many found that often both public and private insurance do not cover this surgery. According to the DSM-IV, those with Gender Identity Disorder wish to live and to be treated as the opposite sex, and suffer from severe discomfort with their own biological sex. It seems imperative for those diagnosed with this disorder to have the genital reassignment surgery. So why do both public and private insurances still recognize this surgery as cosmetic, and not as a mental health intervention? It would also be interesting to begin a discussion concerning insurance coverage for the genital reassignment surgery for transgender persons. While this study does bring about important topics of discussion, it is also important to look at the limitations of this study.

Limitations

This study was a small sample of male to female transgender sex workers in San Francisco. No generalized conclusions can be made from this limited study. The survey process of this survey was conducted amongst 21 participants. This researcher sought to have 35 participants for the survey process of this study. Unfortunately only 21

participants were able to complete the survey process of this study. This community was difficult to access within San Francisco due to the stipulations of the recruitment process of this study, time limitations, and sensitivity of social service providers to this particular group. Fortunately one agency allowed this researcher to conduct her study at its site in the Tenderloin District of San Francisco. This area allowed certain male to female sex workers access to participation.

Particular male to female transgender sex worker participants participated in this study. Due to the fact that this study was conducted at a health care and social service agency in the Tenderloin district of San Francisco, participants' ages and races did not vary. The majority of participants self identified as African American and were between the ages of 41 and 50. Adolescent and young adult male to female transgender sex workers were not well represented among this study. Asian American and Pacific Islanders were also not represented in this study. According to participants of this study, there would have been a larger sample of Asian, Pacific Islander, and Hispanic male to female transgender sex workers if this study had been done in the Mission District of San Francisco. Participants also noted that accessing participants through van outreach would have attracted a younger group of male to female transgender sex workers to participate in this study.

This study was only conducted in English, and did not allow non English speaking male to female transgender sex workers to participate in this study. Several non English speaking male to female transgender persons reside in San Francisco. Specific issues such as cultural competency, legal services, and illegal immigration would have been pertinent topics for non English speaking male to female transgender sex workers

within this study. Immigrant transgender male to female sex workers' issues may have been discussed too within the interview process of this study if the study had been translated into different languages. Different concerns and fears that immigrant male to female sex workers have within San Francisco may have been discussed. This includes more extreme barriers in the social service and health care systems, and under representation within the transgender community.

Future studies with clinicians and medical providers could also enhance knowledge of the relations providers have with the male to female transgender persons. Clinicians and medical providers could present their counter transference issues and experiences working with male to female transgender sex workers, and how this affects their work with this group. Counter transference issues and different experiences may reveal why past studies have shown that the health care system and social service system have treated male to female transgender sex workers poorly. Interviews with clinicians and medical providers could reveal future areas transgender sensitivity trainings need to address for providers.

Although there are limitations to this study, this study reveals important issues of discussion and future studies to examine. The results were also not entirely surprising considering this study was done in San Francisco, California. San Francisco's politics are liberal, and the social service and health care systems reflect these liberal beliefs. Had this study been done in other parts of the country such as Kansas City, Missouri; Los Angeles, California; or Boston, Massachusetts, these results would have been different, and would have reflected different areas that need to be addressed for the male to female transgender sex worker community.

Many cities throughout the United States do not have medical and social services which address transgender persons' needs. Few cities also have services which address sex worker needs. Cities throughout the country need to begin to implement services such as those in San Francisco for transgender sex workers. If not, transgender persons will continue to feel marginalized within the health care and social service systems. It is not transgender persons' duty to move to where transgender services are available for them. It is health care and social service providers' duty to equally serve, respect, and understand the needs of each individual patient and client, including transgender persons and sex workers.

References

- AIDS pandemic (n.d.). Retrieved January 23, 2007, from http://en.wikipedia.org/wiki/AIDS_pandemic
- Alexander, P. (1998). Sex Work and Health: A Question of Safety in the Workplace. *Jamwa*. 53, 77-82.
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders*. (4th ed. text revision). Washington D.C.: Author
- Baker, A. (1986). The portrayal of AIDS in the media: An analysis of articles in the *The New York Times*. In Feldman, D. & Johnson, T., *The social dimension of AIDS* (179-194). New York, NY: Praeger.
- Bigender (n.d.). Retrieved January 9, 2007, from <http://en.wikipedia.org/wiki/Bigender>
- Broadus, K. (2006). The Evolution of Employment Discrimination Protections for Transgender People. In Currah, P., Juang, R., & Price-Minter, S., *Transgender Rights* (93-101). Minneapolis, MN: University of Minnesota Press.
- Brown, M., & Rounsley C., (1996). True Selves: Understanding Transsexualism. San Francisco, CA.: Jossey-Bass.
- Bockington, O., Robinson, B., & Rosser, R. (1998). Transgender HIV Prevention: A Qualitative Needs Assessment. *Aids Care*. 10(4), 505-526.
- Butler, J. (2006). Undiagnosing Gender. In Currah, P., Juang, R. & Minter-Price, S. *Transgender Rights*. (274-298). Minneapolis, MN: University of Minnesota Press.
- Buchanan, W. (2001, August 10). S.F Transgender Sensitivity Classes: Police Trainings in Response to Complaint about Lack of Respect. *San Francisco Chronicle*. pp A21.
- Buchanan, W. (2007, April 27). Pride parade salute for an unlikely ally Police officer who reached out in the 1960's to be grand marshall. *San Francisco Chronicle*, pp. B-1.
- Bull, C. (2001). Benefits of transition-San Francisco, California, to offer employees sex change benefits. Retrieved May 2, 2007 from http://findarticles.com/p/articles/mi_m1589/is_2001_June_5/ai_75248586.

- Clements-Noelle, K., Wilkinson, W., Kitano, K., & Marx, R. (1999). HIV Prevention and Health Service Needs of the Transgender Community in San Francisco. In Bockington, W., Kirk, S.. *Transgender and HIV: Risk Preventions and Care* (69-89). Binghamton, NY: The Hawthorne Press Inc.
- Clements-Noelle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention. *American Journal of Public Health*. 91, 915-921.
- Currah, P, Juang, R., & Minter- Price, S. (2006). *Transgender Rights*. Minneapolis, MN: University of Minnesota Press.
- Dalla, R., Xia, Y., & Kennedy, H. (2003). You Just Give Them What They Want and Pray That They Don't Kill You. *Violence Against Women*. 9 (1367-1394).
- Daley, C., & Minter- Price, S., (2003). *Trans Realities: A Legal Assessment of San Francisco's Transgender Communities*. *Transgender Law Center*.
- Denny, D. (2006). Transgender Community of the United States in the Late Twentieth Century. In Currah, P., Juang, R, & Minter- Price, S. *Transgender Rights*. (171-191). Minneapolis, MN.: University of Minnesota Press.
- Ellis, K., & Eriksen, K. (2002). Transsexual and Transgenderist Experiences and Treatment Options. *The Family Journal: Counseling and Therapy for Couples and Families*. 10, 289-299.
- Erickson, P. Butters, J., & McGilliduddy, P., Hallgren, A. (2000). Crack and Prostitution: gender myths, and experiences. *Journal of Drug Issues*. 30 (767-788).
- Feinberg, L. (2001). Trans Health Crisis: For Us It's Life or Death. *American Journal of Public Health*. 91, 897-900.
- Harder+ Company Community Research. (n.d.). Men Who Have Sex with Transgender Persons: Results of an HIV Prevention Needs Assessment.
- Hereck, G., Glunt, E. (1988). An Epidemic of Stigma. *American Psychologist*. 43, 886-891.
- Israel, G. (1996). Retrieved February 23, 2007, from <http://wwwfirelili.com/gender/gianna/depression.html>.

- Israel, G., & Tarver, D., (1997). *Transgender Care: Recommended Guidelines, Practical Information & Personal Accounts*. Philadelphia, PA.: Temple University Press.
- Kammerer, N., Mason, T., Connors, M., & Durkee, R. (2001). Transgenders, HIV/AIDS, and Substance Abuse: From Risk Group to Group Prevention. In W. Bockington & S. Kirk. *Transgender and HIV: Risk Preventions and Care* (13-30). Binghamton, NY: The Hawthorne Press Inc.
- Kenagy, G. (2005). Transgender Health: Findings from Two Needs Assessment Studies Philadelphia. *Health and Social Work*. 30, 19-26.
- Kurtz, S., Surratt, H., Kiley, M., & Inciardi, J. (2005). Barriers to Health and Social Services for Street-Based Sex Workers. *Journal of Health Care for the Poor and Underserved*. 16, 345-361.
- Lombardi, E. (2001). Enhancing Transgender Health Care. *Journal of Public Health*. 91(6), 869-872.
- McCann-Fenton, M. (2007). America: An Illustrated Modern History. *Time*. 102.
- Miller, J. (1993). Your life is on the line every night you're on the streets: Victimization and resistance among street prostitutes. *Humanity and Society*. 17, 422-445.
- Namaste, V. (2000). *Invisible Lives*. Chicago, IL: The University of Chicago Press.
- Nemoto, T., Mamo, L., Ching, A., & Patria, J. (1999). HIV risk behaviours among male-to-female transgenders in comparison with homosexual or bisexual males and heterosexual females. *Aids Care*. 11, 297-313.
- Nemoto, T., Operario, J., Keatley, J., & Villegas, D. (2004). Social Context of HIV risk behaviours among male-to-female transgenders of color. *Aids Care*. 16, 724-735.
- Panem, S. (1987). *The AIDS bureaucracy*. Cambridge, MA: Harvard University Press.
- Proulx, A., Morgan, S., & Walbroehl, G. (2006). Transgender Care Resources for Family Physicians. *American Family Physician*. 74, 925-926
- Rose, V., Scheer, S., & Johnson, J. (2004). Investigation of the High HIV Prevalence in the African American Transgender Community in San Francisco
- Shilts, R. (1987). *And the band played on: Politics, people, and the AIDS epidemic*. New York: St. Martin's Press.

UCSF Transgender Resources Guide, 2002

Valera, R., Sawyer, G., & Schiraldi, G. (2001). Perceived Health Needs of Inner-City Street Prostitutes: A Preliminary Study. *Am J Health Behavior*, 25, 50-59.

Van Derberken, J. (2003, November 14). San Francisco Police Panel alters transgender rules. *San Francisco Chronicle*. pp. A20.

Weiner, A. (1996). Understanding the Social Needs of Streetwalking Prostitutes. *Social Work*. 41, 97-105.

Wilkinson, W. (2006). Public Health Gains of the Transgender Community in San Francisco: Grassroots organizing and Community- Based Research. In Currah, P., Juang, R., & Minter, S., *Transgender Rights* (192-214). Minneapolis, MN: Universtiy of Minnesota Press

Appendix A

March 29, 2007

Laura Escobar
610 Leavenworth, #107
San Francisco, CA 94109

Dear Laura,

Your second set of revisions have been reviewed and all but one of the revisions we requested have been done. We did ask you to remove the additional comment you made after the boilerplate at the end of the Informed Consent, because it was repetitious. You removed the boilerplate and left your brief sentence. We would prefer it if you used the recommended boilerplate at the end of the Informed Consent and please capitalize it to make it stand out.

Just send the corrected Informed Consent to Laurie for your permanent file. Assuming you will send this in, we are now able to give final approval to your study.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain signed consent documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Alan Schroffel, Research Advisor

Appendix B

MTF Transgender Sex Workers' experiences in accessing social and healthcare services within San Francisco,

Consent Form

Investigator: Laura Escobar

Dear Potential Participant:

I am a Social Work student at Smith College conducting a study which examines the quality of social services and health care given to transgender sex workers within San Francisco, California. This study is being conducted for my thesis project, and possible presentation and publication. This thesis is being done in partial fulfillment of the requirements for the Masters of Social Work degree at Smith College.

You are being asked to participate in this study as a person who has met the following criteria: (1) an individual between 18-56 years of age; (2) who identifies as male to female transgender; (3) who has worked as a sex worker within the last five years; and (4) who has accessed social services and health care services within the last five years in San Francisco, CA.

The purpose of this study is to examine the strengths and weaknesses of social services and health care services provided to transgender male to female sex workers. This study will measure transgender sex workers' experiences in accessing health care and social services, and will reveal improved areas that both health care providers and social services need to address within San Francisco, CA. If you agree, you will be asked to answer fifteen questions. These questions will relate to your experiences with health care providers and social services. The questions will ask you to rate your experiences in accessing services such as mental health, hormonal treatment, substance abuse, and legal services. Your participation will not affect any of your social service benefits or health care.

The questions within the survey will ask you to rate services which may reveal your medical, legal, substance abuse, and mental health history and current status. The questions may also bring about some discomfort. It is with this in mind that a directory of Transgender resources from the University of California will be given to you. This directory of transgender resources is very informative and appropriate for your needs.

Strict confidentiality will also be maintained within the study. Information that you provide will be stored safely for three years, and will only be accessible by me, and my research advisor at Smith College. You may refuse to answer a particular question within the survey, and if you choose, you may withdrawal altogether from this study by informing the researcher by May 5, 2007.

If you choose to leave the study, all materials describing you will be destroyed within two days. There will be a \$5.00 Walgreen card reward for your

completion of this survey. You will also be rewarded in knowing that your participation is contributing to social workers and health care workers' understanding of the needs and concerns of transgender sex workers.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy of this form has been given to me.

Signature of Participant: _____ Date: _____

**Signature of
Researcher: _____ Date: _____**

Appendix C

MTF Transgender Sex Workers' experiences in accessing social and healthcare services within San Francisco,

Consent Form

Investigator: Laura Escobar

Dear Potential Participant:

I am a Social Work student at Smith College conducting a study which examines the quality of social services and health care given to transgender sex workers within San Francisco, California. This study is being conducted for my thesis project, and possible presentation and publication. This thesis is being done in partial fulfillment of the requirements for the Masters of Social Work degree at Smith College.

You are being asked to participate in this study as a person who has met the following criteria: (1) an individual between 18-56 years of age; (2) who identifies as male to female transgender; (3) who has worked as a sex worker within the last five years; and (4) who has accessed social services and health care services within the last five years in San Francisco, CA.

The purpose of this study is to examine the strengths and weaknesses of social services and health care services provided to transgender male to female sex workers. This study will measure transgender sex workers' experiences in accessing health care and social services, and will reveal improved areas that both health care providers and social services need to address within San Francisco, CA. Your participation will not affect any of your social service benefits or health care. Within the interview, you will be asked six open ended questions about your experience within the social service and health care systems within San Francisco. This interview will be audio taped and conducted at the Tenderloin AIDS Resource Center in the Tenderloin District of San Francisco, California.

The questions within the interview will ask you to discuss services which may reveal your medical, legal, substance abuse, and mental health history and current status. The questions may also bring about some discomfort. It is with this in mind that a directory of Transgender resources from the University of California will be given to you. This directory of transgender resources is very informative and appropriate for your needs.

Strict confidentiality will also be maintained within the study. Information that you provide will be stored safely for three years, and will only be accessible by me, and my research advisor at Smith College. The information you provide will be unidentifiable. It will be disguised so that it cannot be identified with you. In the event that information from this study is used in scientific presentation or publications, the data will be presented in collective form. Illustrative material and vignettes will be disguised so that no single person can be identified. Your

participation for the interview is voluntary. You may refuse to answer a particular question within the survey, and if you choose, you may withdrawal altogether from this study by informing the researcher by May 5, 2007.

If you choose to leave the study, all materials describing you will be destroyed within two days. There will be a \$10.00 reward for your participation. The complete interview will be recorded. You will also be rewarded in knowing that your participation is contributing to social workers and health care workers' understanding of the needs and concerns of transgender sex workers.

I have read and fully understand the consent form. I sign it freely and voluntarily. A copy of this form has been given to me.

Signature of Participant: _____ Date: _____

Signature of
Researcher: _____ Date: _____

Appendix D

Please check one line for each question. You can choose not to reveal this information by checking, decline

Background Information:

1. How do you identify by race/ethnicity?

African American/Black

Caucasian/White

Latino/Hispanic

Native American/Alaskan Native

Asian

Pacific Islander

Other, please specify _____

Biracial

Decline

2. How old are you?

18-24

25-32

33-40

41-50

51-56

Decline

Please circle one answer for each question. You can chose not answer each question; especially if you feel the question is too sensitive or does not pertain to you.

3. Have you obtained medical services within the last five years in San Francisco?

Yes

No

If you responded “yes”, to what extent were these medical services helpful to your individual needs?

1	2	3	4	5
Not helpful	Somewhat helpful	helpful	very helpful	not applicable

4. Have you attempted to obtain hormone therapy for your gender transition from medical providers?

Yes

No

If you answered “yes”, how would you rate your accessibility to hormone therapy for gender transition from medical providers?

1	2	3	4	5
poor	fair	good	excellent	not applicable

5. Have you obtained HIV/AIDS and STD treatment from medical providers?

Yes

No

If you answered “yes”, how would you rate the quality of these services provided to you?

1	2	3	4	5
poor	fair	good	excellent	not applicable

6. Have you obtained social services within the last five years in San Francisco? Social services includes case management, general welfare assistance, and job training.

Yes

No

If you answered, “yes”, to what extent were these services helpful to your individual needs?

1	2	3	4	5
Not helpful	Somewhat helpful	helpful	very helpful	not applicable

7. Have you obtained mental health services? This includes individual and group therapy and medications from mental health professionals.

Yes

No

If you responded “yes”, to what extent were these mental health services helpful to your needs?

1	2	3	4	5
Not helpful	Somewhat helpful	helpful	very helpful	not applicable

8. Do you feel that drugs or alcohol have been a problem in your life?

Yes

No

If you responded “yes”, have you attempted to obtain help for this drug or alcohol problem?

Yes

No

If you responded “yes”, to what extent were substance abuse treatment services helpful to your needs?

1	2	3	4	5
Not helpful	somewhat helpful	helpful	very helpful	not applicable

9. Have you received assistance in gaining employment?

Yes

No

If you responded “yes”, to what extent do you feel this assistance was helpful to you?

1	2	3	4	5
Not Helpful	somewhat helpful	helpful	very helpful	not applicable

10. To what extent have social workers supported your cultural values? This includes your religious values and spiritual beliefs, your racial and ethnic identities, and customs.

1	2	3	4	5
Non supportive	somewhat supportive	supportive	very supportive	non applicable

11. Have you obtained condoms and clean needles from social service and health care clinics?

Yes

No

If you answered “yes”, how would you rate each of these products received from social service and health care clinics?

Condoms?

1	2	3	4	5
poor	fair	good	excellent	not applicable

Clean needles?

1	2	3	4	5
Poor	fair	good	excellent	not applicable

12. Have you received safe sex counseling?

Yes

No

If you answered, “yes”, how would you rate safe sex counseling?

1	2	3	4	5
poor	fair	good	excellent	not applicable

13. Have you sought homeless shelter services?

Yes

No

If you answered “yes”, how would your rate the services you received from shelters?

1	2	3	4	5
poor	fair	good	excellent	not applicable

14. Have you been arrested and put into jail?

Yes

No

If you answered “yes” to this question, to what extent do you feel that the criminal justice system workers treated you fairly? This includes the correctional officers in jail, and the police.

1	2	3	4	5
Unfairly	somewhat fairly	neither fairly nor unfairly	fairly	not applicable

15. Have you attempted to obtain legal services for yourself?

Yes

No

If you answered, “yes” how would you rate legal services available to you?

1	2	3	4	5
poor	fair	good	excellent	not applicable

BY RETURNING THE SURVEY, YOU ARE INDICATING THAT YOU HAVE READ AND UNDERSTAND THE INFORMATION ABOVE AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION IS GREATLY APPRECIATED

*Further information is needed regarding MTF transgender sex workers’ accessibility to social services and health care. Interviews will be conducted at TARC in the months of March and April. The interview will last for a half hour, and will consist of six questions regarding this topic. Participants will be compensated \$10.00 for this interview. If you are interested, please email me @lauramaria9@yahoo.com or call (650) 219-1949.

Appendix E

1. What are some of the reasons that you or your peers may be reluctant to seek medical services or social services
2. What are three of the greatest risks or issues that you feel that you have faced as a transgender individual and as a sex worker? How do services address these risks?
3. Do you feel that you have benefited from social services and health care providers? If so which programs and clinics were most helpful, and why?
4. What are the best services that you feel you have received from health care and social service providers?
5. What are the worst services or treatments that you feel you have received from social service and health care providers? How do you feel these services could be improved?
6. What are changes within social services and health care organizations that would be most helpful for transgender sex workers today?

Appendix F

Do you identify as male to female transgender?

Are you between the ages of 18-56?

Have you exchanged sex for money or other goods within the last 5 years?

Have you received assistance from social services and health care within the last five years in San Francisco?

If you answered, “yes” to all four questions, you can participate and share your experiences in a survey which will look at the social services and health care assistance provided to male to female transgender sex workers within the last five years in San Francisco. Your participation in this survey will not affect your current social services and health care. **If you decide to participate in this survey, you are eligible for a Walgreen’s or Starbuck’s certificate, and satisfaction knowing that your participation may help other male to female transgender sex workers to obtain improved health care and social services.**

If you would like to participate, please drop by at 255 Golden Gate at the Tenderloin AIDS Resource Center in between Leavenworth and Hyde streets in the Tenderloin District of San Francisco. I will distribute these surveys on Fridays in the month of April between 10-5pm. These dates are April 6, 13, 20, 27, and Monday April 30th between 1-2pm.