

SNAPSHOT: ADVANCING TRANSGENDER EQUALITY



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movement advancement project ▶

Author



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CENTRIC ORANGE

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Movement Advancement Project

The LGBT Movement Advancement Project (MAP) is an independent resource for LGBT organization executives and donors, funded by a small number of committed, long-term donors to the movement. MAP's mission is to speed achievement of full social and political equality for LGBT people by providing donors and organizations with strategic information, insights, and analyses that help them increase and align resources for highest impact.

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Disclaimer: *The opinions expressed in this report reflect the best judgment of MAP based on analyzed data collected from interviews, studies, and published materials. These opinions do not necessarily reflect the views of our funders or other MAP members.*

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Terminology Used in the Report

We use “transgender” and “trans” interchangeably as umbrella terms to describe those whose gender identity (their inner sense of being male, female or another gender) and/or gender expression (their behavior, clothing, haircut, voice, and body characteristics) do not match stereotypes associated with the gender assigned to them at birth—and who often, but not always, live as members of the “opposite” sex. This includes, but is not limited to, transsexuals (those who have “transitioned” or who may transition to live full-time as the gender opposite that assigned them at birth).

While medical and psychological experts do not agree on what causes individuals to be transgender, they do nearly universally believe that it is something individuals are born with, as opposed to something they choose. The most common theory is that the brain itself has a sex and the brain's sex doesn't always match the body's sex. If the locus of gender isn't in the genitals or chromosomes but in the brain, then trans people can truly be “trapped in the wrong body.”

Note that **gender identity as experienced by the individual is the key**, making it important not to categorize someone as trans or not trans based on their surgical history. This report also covers those who are gender nonconforming but do not identify as transgender. For example, non-trans lesbian, gay, and bisexual (LGB) people can suffer workplace harassment for being “too flamboyant” or “not feminine enough,” and accessing public restrooms can be very problematic for masculine-appearing lesbians.

While portions of this report use “transgender” and “LGB” in ways that suggest two separate populations, there is in fact substantial overlap among individuals in these categories. Unless stated otherwise in this report, we use LGB to mean lesbian, gay and bisexual people who do *not* consider themselves transgender; we use transgender and trans to include both straight and LGB transgender people.

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INTRODUCTION

This report explains why now is the time for lesbian, gay, bisexual and transgender (LGBT) organizations and donors to make a stand for inclusion of and unity with transgender people. The transgender movement has grown tremendously in this decade, having secured a stable national transgender advocacy organization, a growing number of regional and state transgender organizations, and increased focus on trans issues by general LGBT groups.

Progress is being made on a wide range of transgender legal issues. Increased resources combined with persistent advocacy in the last two decades has led to significant advances, especially in the areas of hate crimes and nondiscrimination protections. By mid-2008, transgender nondiscrimination laws' coverage had almost caught up to that of sexual orientation nondiscrimination laws: 39% of the country's population versus 52% for sexual orientation (up from 5% and 39%, respectively, in 2000). There are now 13 states and more than 100 municipalities with inclusive nondiscrimination laws or ordinances. There has also been remarkable growth in corporations with trans-inclusive nondiscrimination policies—66% of the nearly 600 companies reviewed under HRC's Corporate Equality Index provide employment protections based on gender identity and expression (GI/E), up from only 5% in 2002. Eleven states and the District of Columbia (DC) have trans-inclusive hate crimes laws.

In 2008, opponents of LGBT rights started introducing anti-trans measures, both on a stand-alone basis and in order to build support for efforts to repeal laws that bar discrimination based on sexual orientation. Their messages invoke fear by falsely implying that transgender people are sexual predators. Though false, opponents' messaging appears effective at bolstering irrational fears, in part because many Americans lack familiarity with trans people. In 2002, only 16% of Americans said they knew someone who was transgender. Polls also show that only 5 to 10% of Americans understand that it is legal to fire transgender people just because they are transgender.¹

The transgender movement lacks strong, sustainable infrastructure to respond to right-wing attacks. Only about 2.5% of institutional funders' grant dollars given to LGBT organizations over the past three years have gone specifically to transgender work.² The three largest trans-specific organizations had a combined budget of only \$1.4 million in 2008. The few fully functioning autonomous transgender organizations face unique fundraising challenges that make it difficult for them to build power and influence. Transgender communities are small and dispersed, making fundraising events difficult to organize at scale; there are no transgender-specific foundations; and individual donors give mostly to general LGBT groups. Transgender organizations' most-likely donors—transgender and gender-nonconforming people—face extreme economic challenges. Finally, autonomous trans organizations lack the resources to have professional fundraising teams; none interviewed for this report has a development director on staff.

In sum, the basic framework for success is in place, but the transgender movement needs tactical, political, and financial support to capitalize on current opportunities.

KEY OBSTACLES FACING TRANSGENDER AMERICANS

Many LGB people don't fully understand how deeply certain issues affect trans people in their daily lives, or what it takes to solve them. For transgender people who are unable to "pass" (i.e., to live as their new gender without signaling their assigned birth sex), daily living—from trying to fit in at work to using public transportation to going to religious services—can be exceedingly stressful and risky. Some of the more complex areas to navigate are interviewing for jobs, filling out applications of any kind, finding safe restrooms, submitting to background checks for employment or housing, showing identification, obtaining medical care or receiving fair treatment in any gender-segregated facility (e.g., group homes, prisons, juvenile justice facilities, or homeless shelters).

For ease of presentation, this report groups the various and overlapping impediments to transgender equality into four major areas: impediments to physical and mental health; to safety and physical security; to legal documentation and relationship status; and to employment and self-sufficiency. (See *Figure 1*.) Within each section we briefly outline the work that organizations and advocates may undertake to overcome these impediments.

1. Obstacles to Physical and Mental Health

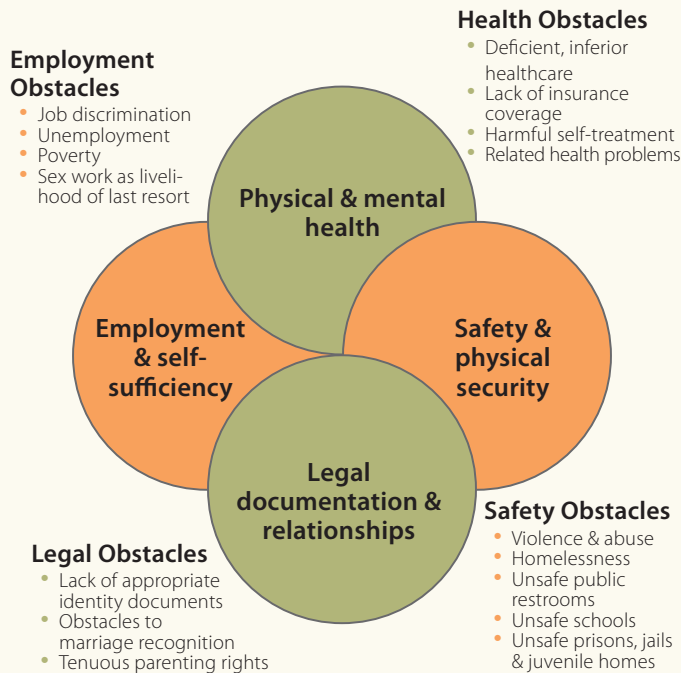
Inadequate and Low-Quality Health Services

Transgender people often have great difficulty finding suitable healthcare, despite the consensus among knowledgeable medical practitioners that gender transition is medically necessary treatment for many transgender people. Medical providers may act in an insensitive, discriminatory, or even hostile manner when dealing with transgender people. Additionally, even trans-friendly medical providers usually make a diagnosis of Gender Identity Disorder (GID) before they assist with gender transition—a diagnosis that contributes to the view that transgender people are "mentally ill." Some transgender people believe that an appropriate diagnosis specifying a physical medical condition, rather than a mental illness, should replace GID. *Figure 2* shows the prevalence of various health issues discussed in this section of the report.³

¹ Human Rights Campaign, July 2002 polling of 800 registered voters; ESPA and Global Strategy Group, February 2008 polling of 600 New Yorkers.

² MAP, 2008 Standard Annual Reporting: A Financial and Operating Overview of the LGBT Movement and its Leading Organizations.

Figure 1: Obstacles Trans People Must Overcome in Everyday Life



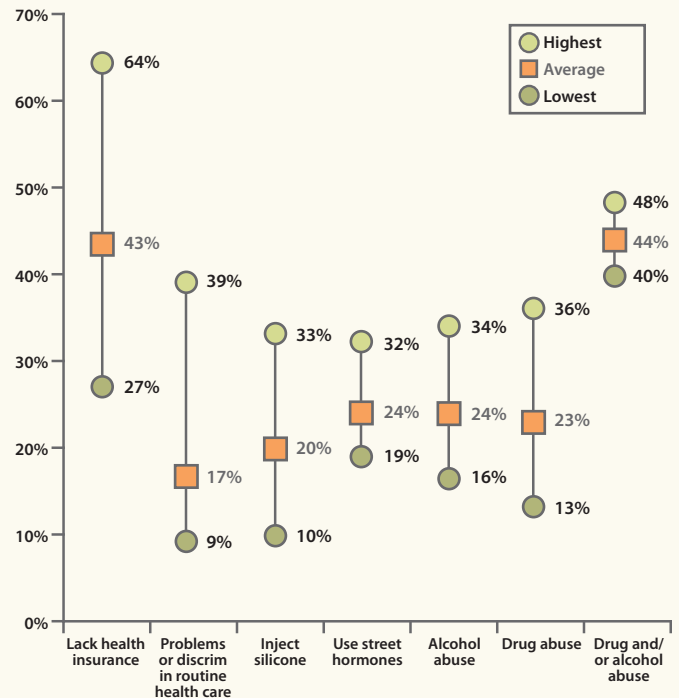
Lack of Insurance Coverage for Health Needs

Even when knowledgeable and trans-friendly providers are available, trans people have great difficulty simply accessing, or paying for, their services. Theoretically at least, a transgender person could pay for healthcare through Medicare (health insurance for older Americans), Medicaid (public insurance for the poor), private insurance (usually employer-sponsored), the veterans healthcare system, or out-of-pocket payment.

In reality, all of these are problematic. Medicare and the veterans healthcare system presently exclude coverage for most transition-related procedures. Medicaid coverage policies are set by individual states; 22 explicitly exclude transition-related care, and while the remaining 28 states have no explicit exclusions, some have rejected transition-related claims as “cosmetic” or “experimental” (even when health providers deem them medically necessary).

Private insurance companies often refuse to provide any insurance coverage for transgender people; deny coverage of routine, gender-specific care (e.g., a transwoman might be rejected for prostate cancer treatment); or sometimes even illegally reject claims based solely on the fact that the person is transgender (e.g., one insurance company denied a claim for coverage of a transman’s hypertension based on a medically unsupported argument that it was related to his testosterone treatment). They routinely exclude transition-related care, even when that care is neither complicated

Figure 2: Transgender Health Care and Issues³
% of respondents in cross-study analyses



Note: Statistics in Figures 2, 3 and 5 are based on MAP analysis of several studies in each topical category. The highest data point represents the greatest percentage of respondents having a particular characteristic across all the studies. The lowest point represents the smallest percentage. The average is a simple average of all the values for a characteristic across all the studies.

nor expensive. Thus the vast majority of transgender people are left paying for transition-related healthcare out-of-pocket, going without it, or making do with self-administered treatments obtained on the streets.

Harmful and Dangerous Self-Treatment

Lacking appropriate, affordable transition-related healthcare, some transgender people engage in “self-treatment,” including taking hormones without medical supervision and injecting silicone, as shown in Figure 2. Dangers associated with street hormones include dubious quality, lack of medical supervision, and injection in large quantities and in unsafe ways.

Additional Problems Related to Self-Treatment/Social Stigma

Social stigma and rampant discrimination place transgender people at risk for other health problems, including:

³ See Appendix 2 in the long-form report for details of studies cited in this report. All averages are simple averages across studies, instead of weighted averages by the sample size in each study. We note that the lack of solid research on transgender people is astonishing. Portions of this report necessarily rely on data collected by researchers using non-scientific convenience samples, fairly old data, or data limited to a single urban environment. *To the extent that we rely on notions of the incidence of various situations, behaviors, or characteristics among transgender people, our observations and conclusions should be considered guiding, rather than definitive, in nature.*

Drug and alcohol abuse. Bias, discrimination, and social and familial rejection lead some trans people to abuse drugs or alcohol, as shown in Figure 2. Drug and alcohol treatment programs can be problematic for trans people because they are often sex-segregated, hostile to transgender people, and/or classify prescription hormones as impermissible drug use.

High HIV/AIDS rate. Intravenous drug use, injection of silicone or hormones, survival sex work and high rates of sexual assault contribute to alarmingly high HIV infection rates, especially among male-to-female (MTF) transgender people (in particular among African American MTFs). HIV rates in some MTF populations are more than three times that for men who have sex with men and 60 times that of the general population.⁴ MAP's unweighted average of nine studies yielded an average rate of HIV infection of 24%.⁵

High Risk of Suicide. Averaging across seven studies, just over half of transgender respondents (51%) reported suicidal ideation, and among those who had considered suicide, about half had actually attempted it (averaging 10 studies). No study found that less than 16% of the entire sample had attempted suicide, while one study found 34% of respondents had attempted suicide.

In addition to nonprofit provision of direct services (e.g., HIV prevention programs, health clinics), advocacy efforts to advance trans-specific healthcare needs generally aim to secure general health insurance coverage and access, coverage of transition-related care and hormones, and coverage of sex-specific medical care (e.g., ensuring a transman is still covered for gynecological exams). Since it can be difficult to change government healthcare policies, efforts often focus on creating employer demand for inclusive insurance policies. Trans advocates have succeeded in driving some public and private employers, labor unions, and pension funds to demand inclusive policies.

Advocates have also worked successfully with the American Medical Association, American Psychological Association, and other medical associations to advocate for research on transgender health and secure supportive public statements.

Legal challenges in trans health generally fall into one of two areas: challenge the denial of coverage for trans patients of procedures that are regularly covered for non-trans patients (e.g., if an insurance policy provides coverage for hysterectomies without exclusions, it should not selectively deny a transgender person a hysterectomy); or challenge blanket exclusions of transition-related procedures and care. The latter efforts are more challenging because states and private insurers generally have the right to create blanket exclusions for particular treatments if the exclusions are applied equally to everyone. There is very little case law here, so any new court decisions have high potential impact.

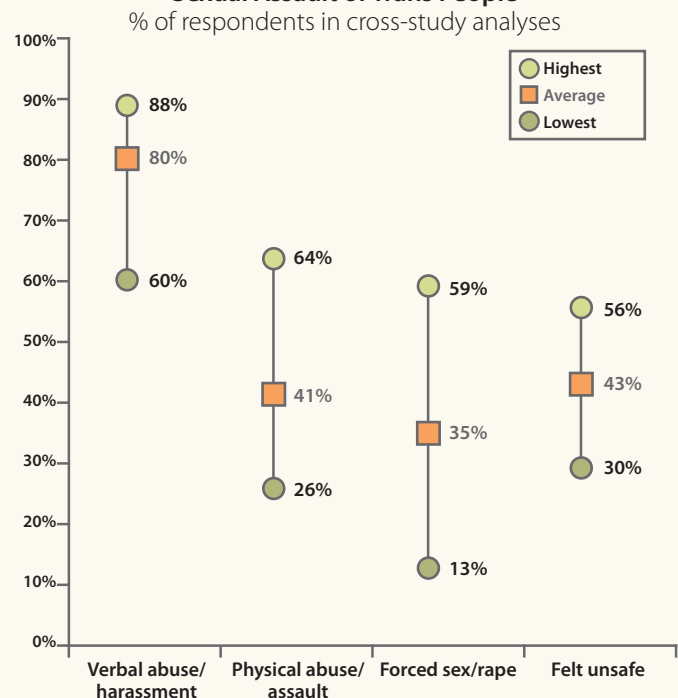
2. Obstacles to Safety and Physical Security

Violence and Abuse

Transgender people are at great risk of violence and abuse. From preliminary data, an astonishing 35% of transgender people have suffered forced sex, sexual assault, or rape; 42% have experienced some form of physical abuse or violence; and 80% have suffered verbal abuse or harassment. Not surprisingly, almost half of trans people feel unsafe. (See *Figure 3*.)

Anti-violence advocacy focuses on gaining passage of local, state and national trans-inclusive hate crimes laws. Most advocates believe that inclusive hate crimes laws are, or will be, easier to pass than inclusive nondiscrimination laws because opponents risk appearing to condone violence against transgender people. Hate crimes laws also are not susceptible to fabricated arguments that trans people somehow pose a risk to others.

Figure 3: Verbal Abuse, Violence and Sexual Assault of Trans People



⁴ Centers for Disease Control; MAP analysis

⁵ Note that the female-to-male (FTM) respondents bring averages down; in two studies examining FTM populations, HIV rates were 3% and 2%.

Homelessness

Families often force trans youth⁶ to leave home with no option but to live on the streets. Trans adults also have high rates of homelessness due to employment discrimination and resulting unemployment and poverty, as well as pervasive bias and discrimination in the housing market. An average of 37% of transgender respondents across five studies lacked stable housing, and 25% of respondents across three studies reported having been denied housing, evicted or otherwise discriminated against because they were transgender. Note that nearly all homeless shelters segregate residents by sex and lack private showers or bathrooms. Many homeless shelters simply refuse to accept trans people.

Work on safety in homeless shelters proceeds primarily through shelter-by-shelter advocacy and education. Most focuses on changing local shelter policies around intake, placement, and shower and restroom usage, and then training and educating shelter staff. It usually requires quietly building relationships with shelter administrators. Shelter advocacy meets with a fair bit of success when advocates have adequate time and resources.

Unsafe Public Restrooms and Locker Rooms

Bathrooms in restaurants, libraries, bars, theaters, shopping malls, and airports are locations of frequent, sometimes serious, harassment and abuse of transgender people. Also problematic are fitness centers, swimming pools, school locker rooms, beach changing rooms, corporate health centers, and even fitting rooms in department stores.

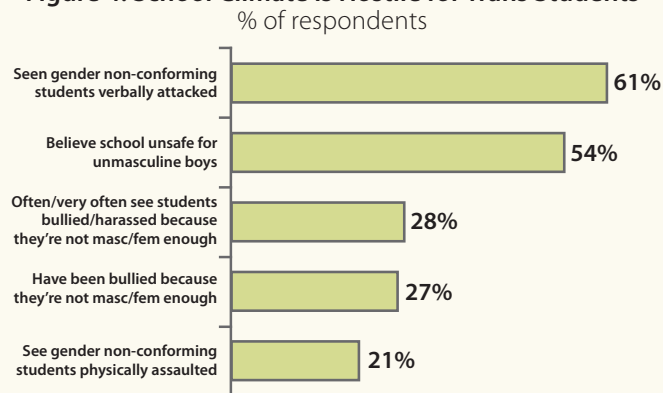
Sometimes laws barring discrimination in public accommodations and housing can be used to ensure that transgender people are given appropriate and safe access to all such facilities based on their gender identity. Safe bathroom campaigns have succeeded on college campuses, at workplaces, and in city and county buildings.

Unsafe Schools

Harassment based on gender non-conformity is common in schools, as shown in *Figure 4*. Surveys of school populations have established links between verbal and physical abuse in school and self-harming behaviors (e.g., skipping school, dropping out, and suicide attempts). For example, when a young boy is tormented for being a “fag” (before he is even aware of his sexual orientation), it is almost always because he is gender nonconforming. School personnel may fail to stop harassment; refuse to recognize the gender identity of transgender students; refuse to use the correct name and pronoun; or attempt to prevent students from expressing their gender identity. Despite these problems, only nine states and DC have anti-bullying laws that cover gender identity.

Parents of gender nonconforming children have become very effective at advocating and lobbying for their kids. Advocacy organizations may also work directly with school administrators to help

Figure 4: School Climate is Hostile for Trans Students



Note: Statistics are based on MAP analysis of several studies in each topical category.

them understand their legal responsibilities towards trans students and provide model policies.

Schools advocacy usually focuses on passage and implementation of safe-schools policies at the school, district and state levels. Transgender students, like other students, need and deserve safe and non-discriminatory schools so they can focus on learning.

Safe schools litigation usually occurs in response to an incident in which a school or school district has acted inappropriately towards a trans student (e.g., by refusing to recognize the student's gender identity, restricting his or her gender expression, or allowing abuse and harassment). When lawsuits are successful, other schools pay more attention to their legal obligations.

Unsafe Prisons and Jails

Transgender people are overrepresented in prisons and jails. Faced with poverty and employment discrimination, some trans people are forced to turn to sex work or other criminalized activities for survival. Police profiling contributes to high arrest rates; in many areas of the country, police actively harass trans people. Additionally, high rates of homelessness make many transgender people susceptible to arrest for minor offenses like loitering. Transgender people are disproportionately denied parole because they are not eligible for halfway house programs segregated by gender, making their prison stays longer.

The only known report on transgender persons' jail and prison experience found that an astounding 31% of respondents had been incarcerated in the past year and 61% had been incarcerated in their lifetimes.⁷ Once arrested, transgender people are often unsafely placed according to genitals or birth sex, resulting in high rates of violence and sexual assault. In a recent study of California

⁶ We use “trans children” or “trans youth” to describe children or youth who are gender nonconforming or who identify with the “opposite” sex. Some children who have a cross-gender identity do grow up to be transgender adults but others, including children who behave in strongly gender nonconforming ways, grow up to be LGB or heterosexual without a transgender identity.

⁷ Clements, et al. “The Transgender Community Health Project: Prevalence of HIV Infection in Transgender Individuals in San Francisco.” 1999.

prisons, 59% of transgender prisoners reported having been sexually assaulted, versus 4% of inmates overall.⁸ In some prisons and jails, transgender inmates are placed in solitary confinement or protective custody “for their own safety,” severely restricting their activities.

Because policies and regulations for prisons and jails vary from city to city, county to county, and state to state, changing these rules is a complex process. Federal prison policies are probably the easiest to identify and understand, but local or state jail and prison policies in progressive areas might be easier to change. Juvenile justice advocacy work usually takes place at a state or county level.

Jail and prison litigation often results from an institution’s refusal to provide hormones and other healthcare to trans prisoners—medical treatment that advocates argue is required by the constitutional prohibition of cruel and unusual punishment. Juvenile justice litigation often focuses on lack of safety, improper use of isolation, inadequate medical care, and improper treatment by staff. A legal victory against one juvenile justice facility almost always leads to changes in policy and practices at all such facilities in the state.

3. Obstacles to Legal Documentation and Legal Status of Relationships

Inability to Secure Appropriate Identity Documents

When official identity documents have names and gender markers that do not match a transgender person’s visible gender, the documents can obstruct employment and travel, as well as expose transgender people to harassment, violence, refusal of service, job loss, and more.

Driver’s licenses are commonly used as identification for air travel, credit card/check and age verifications, bank transactions, apartment leases, credit/employment applications, healthcare, voting, etc. A non-matching driver’s license is a serious obstacle to employment and can complicate even a minor traffic stop. In about one-third of states, a person can change the gender on their driver’s license with confirmation from a health care provider that they have gone or are undergoing gender transition. However, many states require proof of sex reassignment surgery (SRS), which is particularly problematic for trans people who do not want or cannot afford this procedure.

Social Security cards. Employers require new hires to provide Social Security numbers and, in recent years, the U.S. Social Security Administration (SSA) has checked employer-submitted data and notified employers if there appears to be a gender mismatch. The SSA will only change a gender marker in response to a surgeon’s or attending physician’s verification that “sex change surgery has been completed.”



A sign marks the entrance to a gender neutral restroom at the University of Vermont in Burlington.

Birth certificates are essential for schooling, insurance, public benefits, and pensions. The ability to change one’s gender marker varies from state to state. Most state statutes or regulations require proof of some kind of transition-related surgery, but interpretation of exactly what type of surgery or evidence is required varies. Most states have fairly burdensome requirements that many transgender people cannot meet.

Passports are required for international travel. Some transgender people avoid such travel for fear of harassment by airport security or detention by customs agents. The U.S. State Department will change the gender marker on a passport only if an applicant submits medical evidence that they have completed SRS.

Other types of ID. There are many other documents on which names and gender markers cause problems, including professional certifications (e.g., pilot’s license), employer ID badges, green cards and military veteran’s records.

ID advocacy largely focuses on behind-the-scenes education of state Department of Motor Vehicle authorities, state birth certificate offices, the SSA, and the State Department. Occasionally advocates will work with state or federal legislators to advance legal documentation policies. Advocates work to educate administrative agencies on the wide range of transition-related procedures that constitute gender reassignment, trying to make policies more accurately reflect today’s medical understanding of what treatment is necessary for individuals to complete gender transition.

⁸ Valerie Jenness, “The Victimization of Transgender Inmates: an Empirical Examination of a Vulnerable Population in Prison,” 2008.

Litigation in this area has been most successful in cases where agencies have refused to, or erred in, implementing existing policies. One emerging area of identity law involves getting state courts to issue official court-ordered changes of sex, rather than simply changing the birth certificate's gender marker. An official court-ordered change of sex could serve as evidence for changing all other identity documents and establish legal gender for purposes of marriage, divorce, adoption, and parenting. However, the federal government may or may not accept a state court order as a basis to change the gender markers on federal documents.

Complications in Marriage Recognition

A transgender person is usually able to marry if he or she completes a legal change of sex and then marries someone of the opposite sex (i.e., a transman marries a woman or a transwoman marries a man). Fortunately, in all states, the marriage of a person who transitions after legally marrying a person of the opposite sex (i.e., they were of opposite sexes when first wed) remains valid. In practice, couples who are in such marriages may encounter practical problems asserting their marital rights because both spouses are now of the same sex. For example, health insurers or pension plans may attempt to deny coverage or benefits.

Marriage advocacy centers on educating transgender people and their partners on how to best protect their relationships. All advances in marriage equality for same-sex couples also benefit transgender people because they eliminate the main threat to their marriages: the possibility that the marriage will not be recognized because the government decides it is between two people of the same sex.

Marriage litigation involving transgender people is primarily defensive and centers on trying to avoid the invalidation of a marriage as having taken place between two people of the same sex, an argument that is often made even when the trans spouse transitioned before the marriage. An attempt to invalidate a marriage may occur during a divorce, but also upon death of a spouse (motivated by an inheritance claim from biological family members).

Tenuous Parenting Rights

For the most part, the parental rights of a trans spouse are secure as long as the marriage stays intact, whether the trans person is a biological, adoptive, or foster parent. However, a trans parent can be at a serious disadvantage in a divorce, particularly if his or her transition was a factor. The court may question his or her fitness as a parent or the estranged spouse may argue the marriage was never valid, as discussed above.

Advocates lobby for state-wide policy and legislative changes to fix these problems. However, laws and regulations in this area generally don't explicitly address trans people.

A related but distinct body of custody cases is arising involving gender nonconforming children. In those cases, the custodial parent often wants to support the child's GI/E but the other parent refuses and threatens a custody battle. There is little case law in this area and most judges are unfamiliar with how to best raise gender nonconforming children.

4. Obstacles to Employment and Self-Sufficiency

Job Discrimination

Transgender people face widespread employment discrimination and often lose their jobs during gender transition. Once employed, transgender people are also at risk that a routine check of prior work experience or government ID records can reveal trans status. Employment applications can be particularly problematic for professionals licensed under a different name and/or gender, or whose professional reputation and job history is connected to their prior name and gender. Finding employment is even more difficult for transgender people who do not pass or who have been fired from a previous job because they are trans. An average of 40% of transgender respondents in 11 studies reported job discrimination, 30% in three studies had been denied jobs, and 15% in four studies had been unfairly fired.

Only 12 states and DC have workplace antidiscrimination laws covering GI/E. An additional 107 local jurisdictions have transgender-inclusive nondiscrimination ordinances. About 39% of Americans live in areas with inclusive nondiscrimination protections, up dramatically in recent years.

Advocacy work with corporations has been very successful. In 2008, 66% of the 583 companies reviewed under HRC's Corporate Equality Index provided employment protections based on GI/E.

Where no inclusive nondiscrimination law or policy applies, trans people who experience employment discrimination may be able to sue under existing laws prohibiting discrimination based on sex or disability. Federal litigation generally relies on Title VII of the 1964 Civil Rights Act, which prohibits employment discrimination based on sex. However, many federal judges continue to be unsupportive of transgender issues.

In states lacking trans-inclusive nondiscrimination laws, successful cases have been brought under state laws prohibiting sex or disability discrimination, although some exclude "transsexualism" or "gender identity disorders not resulting from physical impairments" from the definition of disability. At least seven states have found that transgender people are protected under state disability discrimination laws.



Jiffy Javenella, left, and his wife, Donita Ganzon, in Los Angeles. Javenella applied for permanent resident status after marrying Ganzon in 2001. During interviews with immigration agents in 2004, Ganzon revealed that she had undergone SRS in 1981 and, on that basis, her husband's legal residency was denied.

Unemployment and Poverty

About 40% of trans people are unemployed. (See *Figure 5*.) High rates of unemployment yield high poverty rates among trans people. In the ten studies measuring annual income below \$15,300, an average of 46% of respondents reported earning this amount or less (71% in the highest study and 17% in the lowest).

High homelessness and poverty rates drive many trans people into survival sex work. One-third of respondents across four studies had engaged in sex work in the past year and 43% across five studies had done so at some point in their lives.

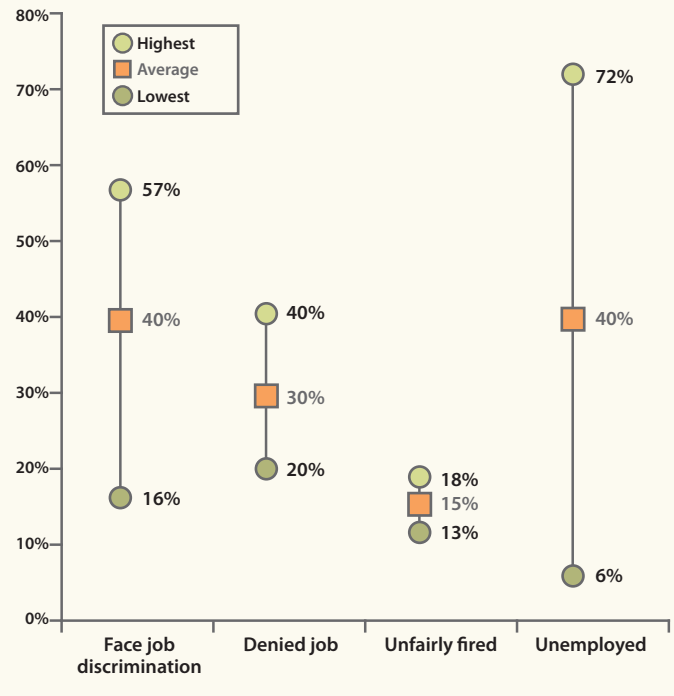
INTERPLAY AMONG THE ISSUES

The various obstacles affecting transgender people can stimulate and reinforce other problems to create vicious cycles of poverty, homelessness, incarceration, unsafe environments and poor health. We use *Tony's Story* to show how in an unsupportive environment, obstacles build on each other to create a downward spiral. Conversely, in *Kathy's Story*, we show the value of supportive services and policies.

Tony's Story

Figure 6 outlines the story of Tony, born Tina, in a Bible Belt city, where he is harassed in high school for a "dyke-like" appearance, and kicked out by his family after graduation. Tony begins his transition while staying temporarily with friends, but is unable to afford hormone therapy and so has trouble passing as male and suffers constant harassment. Local employers will not hire him, and he is legally fired from his job as a gas station attendant when SSA records identify him as female.

Figure 5: Unemployment and Employment Discrimination
% of respondents in cross-study analyses



He moves to a homeless shelter because he cannot contribute to his friend's rent, but after complaints from residents and abuse from staff, Tony leaves the shelter for the streets. He turns to drug and sex work for survival, but is an easy target for police due to his unconventional gender presentation. When police approach him for loitering, they find drugs in his backpack and he goes to jail. Released from prison a few months later, Tony returns to survival sex work and learns he is HIV positive.

Kathy's Story

Because Tony's story is extreme (though certainly not rare), it is helpful to consider the value of supportive policies, as shown in *Figure 7*. Kathy (Kevin at birth) grows up in the northeast, where she confides her feelings of being different to an advisor of her high school's gay-straight alliance (GSA). The advisor refers Kathy to the school's therapist, who is trained to work with questioning and LGBT youth, and who supports Kathy in talking with her parents.

After a few months of family therapy, Kathy's parents agree to support her transition, paying for treatment while she attends a college on the West Coast. At college, Kathy meets supportive friends and graduates as her transition is completed. She lands an offer from a company with non-discrimination protections based on GI/E and which also offers health insurance that covers hormones and other medically necessary expenses.

A few years later, Kathy marries. She and her spouse buy a house in San Francisco and decide to foster and then adopt children.

TEN RECOMMENDATIONS FOR LGBT ORGANIZATIONS

1. Gain more trans representation. Work towards full integration of trans people (currently about 5% of staff and 6% of board members, on average) at every organizational level. Helpful practices include: adopting non-discrimination policies/practices and inclusive facilities and leadership; advertising jobs via local trans groups and social networks; and conducting staff training on basic protocol.

2. Educate all staff members on trans needs and work. Transgender advocacy goals should belong to the entire staff, not just to one or two (trans) employees. All staff should understand transgender issues and the transgender experience (and how it differs from/intersects with sexual orientation work). Helpful actions include making *Advancing Transgender Equality* required reading for staff and board and inviting a trans advocate to address your staff.

3. Conduct a Trans Equity Analysis. Trans people have similar but different needs than LGBT people. Conduct a trans-specific community needs assessment and include transgender people in planning programming, services and advocacy.

4. Include trans needs in general program work. There is an ethical difference between compromising on *what* proposed legislation covers or protects and *who* among us it covers or protects, with the latter being unacceptable. Legislators tend to get on board with GI/E inclusions if advocacy organizations clearly signal they are non-negotiable. Inclusive nondiscrimination legislation has succeeded recently in CO, IL, IO, NM, ME, OR and WA.

5. Conduct trans-specific projects. Each LGBT organization should commit to at least one transgender-specific goal per year, or one short-term annual goal and one longer-term goal. Potential projects include advocacy for trans-inclusive legislation, better state gender change policies (e.g., driver's license or birth certificate), better state/county prison/jail policies or adoption of trans-friendly policies by large employers.

6. Conduct trans-related health and social science research. Credible quantitative data is sorely needed on the number, demographics, and well-being of transgender people. The lack of accessible health and social science research impedes all areas of trans advocacy and litigation. Ideally, the movement would establish a multi-year process between researchers, advocates and litigators—ensuring advocates use the best research and that researchers meet the most pressing advocacy needs.

7. Engage in public polling, messaging, and education. Advocates have very little information about what to say to the general public about trans issues and people, or how to say it. More progress could be made if organizations had resources to build media relationships, collect compelling transgender stories,

and recruit and train transgender spokespeople. Specifically, we need to research how best to familiarize Americans with transgender people; how to describe the severe obstacles in trans people's daily lives; how to talk about specific issues (e.g., employment protections); and how to counter opponents' messages.

8. Develop training and resources for services and advocacy. Training needs include volunteer training (e.g., how to advocate with employers for inclusive policies); training materials, sample policies, and toolkits targeted to politicians, administrators, medical professionals, school staff, and family therapists; and more comprehensive materials for trans individuals to help/advocate for themselves (e.g., how to change ID documents by state).

9. Use and advance emerging best practices, which include:

- Get organizational and community buy-in on trans-inclusive legislation before a bill is active.
- Build support for legislation among many interested parties (e.g., if the state legislature is hostile, build support with municipalities, key businesses, labor unions and religious leaders).
- Involve trans people in relationship-building with legislators and other decision makers (e.g., shelter authorities).
- Seek help from more established LGBT organizations to build the leadership and advocacy skills of on-the-ground trans advocates.
- Take advantage of the small but growing body of research on, and experience in, messaging around transgender issues. A state-specific poll showing support for inclusive nondiscrimination legislation can be very helpful (particularly with breakdowns by key legislative districts).
- Secure and commit adequate funding. Be realistic about the resources it will take to achieve longer-term or more difficult goals.

10. Engage in implementation work. Recognize that enacting trans-supportive laws and policies is just the first step toward actually improving transgender people's well-being. Advocates need to ensure implementation and enforcement.

FIVE RECOMMENDATIONS FOR LGBT FUNDERS

1. Gain more trans representation. Without an inside transgender perspective, especially among senior and program staff, even foundations with the best intentions can fall short in supporting trans equality. Small or unstaffed foundations can establish a trans advisory group or build working relationships with existing trans groups.

2. Educate trustees, staff and the philanthropic community on trans needs and work. Efforts may include securing agreement among staff and board that trans-inclusion is a core value; hosting trans advocates for staff or board discussions; obtaining trans community input to program agendas and funding allocations; and/or presenting trans-related content at meetings of national and regional associations of grantmakers.

3. Ensure grantmaking addresses trans needs. Consider adding transgender issues as a priority funding area and/or encouraging trans organizations to submit proposals under general funding areas (e.g., healthcare, homelessness, children and youth). Also consider avoiding funding non-trans inclusive work by LGBT organizations. Signal that trans issues are important by suggesting grantees set goals for trans-specific work and/or diversify their staffs.

4. Fund trans-specific work, especially in key gap areas. In particular, we see a need to support health and social science research; polling and public education; and informational resources and training to support direct services and advocacy work. Note, however, that general trans advocacy and litigation efforts are also in need of a substantial funding boost.

5. Fund autonomous trans organizations. Transgender people need sustainable and independent trans organizations to help shape the LGBT movement's agenda and to hold larger organizations accountable to trans constituents. Supporting transgender-specific organizations builds their financial stability and capacity to deepen the policy and legal gains of the last decade, fight emerging anti-trans right-wing attacks, and shape public attitudes.

CONCLUSION

While much work remains to be done, transgender advocates have made great progress, especially given that the first staffed, autonomous transgender organizations were launched only six years ago. Early wins suggest further progress is possible in securing employment nondiscrimination and hate crimes protections; securing transgender-inclusive healthcare; lobbying for policies that reflect the needs of transgender people in prisons, homeless and domestic violence shelters, and foster and juvenile justice facilities; and modernizing rules on changing ID documents.

Additional resources and focus will help drive more successful advocacy and litigation; educate the public, service providers, and policy makers; and improve the lives of transgender people through direct services. All of this will enable transgender people to support themselves and their families and to live safely and participate fully in their communities, free of harassment and discrimination.

Members of MAP may see the long-form report *Advancing Transgender Equality* for a more complete overview of the issues facing transgender people, as well as a list of terminology, a table of quantitative sources cited in this report, an overview of trans-specific work and organizations, interviewees for this report, and a list of sources.

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