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Transgender Task Force

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# Transgender Health

## Violence in Virginia Transgender Communities

Violence is not a topic upon which we like to dwell. Whether the focus is hate violence, sexual violence, or domestic violence, all are disturbing to consider. All are serious and can seem to be insurmountable problems for many transgender people. By bringing these problems out

into the open, however, members of the community and allies can learn how to address them. Virginia transgender communities are still finding their voices and figuring out who they are. Part of that process is learning their history and what kind of relationship they want and deserve to have with the rest of the community from this point forward. Naming the problem of violence experienced by transgender individuals and describing its effects on their lives is a powerful step towards a healthier relationship with the larger society.

By investigating some basic questions about transgender Virginians' experiences with violence, the Virginia Transgender Health Initiative Study (THIS) has given us some effective tools. In addition to the data on the chart pictured here, there were some other useful and telling findings. Eighty-three

study reported that they did not even consider such options as domestic violence shelters, sexual violence counseling, or survivor support groups, because of their fears about biases held by providers and other clients. One area, that was not examined by the survey, but was

Violence in Virginia Transgender Populations\*

	MTF		FTM		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Forced sexual activity	53	23%	42	35%	95	27%
Domestic violence					109	31%
Overall violence (excluding sexual)	82	36%	56	46%	138	40%
Hate violence (where the primary reason for assault is transgender status, gender expression, or gender identity)	55	67%	40	72%	95	69%

Total Survey Participants: 350, MTFs: 229, FTMs 121

\*Some numbers have been extrapolated from those provided in the report, *The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians*, from Community Health Research Initiative, VCU. See page 9 for a link to download the report.

Some surveyed for the

Some surveyed for the

touched upon in the Focus Group Reports, was that of murder. At least three participants spoke personally of knowing one or more transgender individuals who had been killed. Considering that there were only 48 focus group participants, this is a high number.

In a personal interview, Christine in the Tidewater area reported hearing about many incidences of violence over the years, including people being beat up, robbed, egged, and murdered. She also reported that police

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### Inside: 4 Different ways YOU can get involved:

- Join the Transgender Task Force! See p. 10 for contact info.
- Join the Virginia HIV Community Planning Committee. Contact Ami Gandhi at (804) 864-8002 or [Ami.Gandhi@vdh.virginia.gov](mailto:Ami.Gandhi@vdh.virginia.gov)
- Write a letter to the editor or an article for the newsletter! See **Announcements** on p. 9 for upcoming newsletter topics.
- Add your event to the to the Upcoming Events section on p. 9!

# VIOLENCE AND ABUSE AGAINST THE TRANS-IDENTIFIED COMMUNITY: WHAT WE KNOW AND ITS CONSEQUENCES

Tarynn M. Witten, PhD, MSW, FGSA

## Overview of Violence, Abuse and Hate Crimes in the Gender Community

A hate crime is defined by Black's Law Dictionary as "a crime motivated by the victim's race, color, ethnicity, religion or national origin." In recent decades, states such as California, Connecticut, Hawaii, Minnesota, Missouri, New Mexico, Pennsylvania, and Vermont have expanded hate crimes legislation to include gender identity, gender presentation, disability, and/or sexual orientation.

Hate crimes, violence and abuse are a fact of life for a great number of transgender-identified individuals. In the first publication to research this class of problems, Witten and Eyler (1999) state that, for the TransScience Longitudinal Aging Research (TLAR) survey; a snowball sample of transgender-identified individuals (213 respondents, ranging in age from 20-85 years, primarily Caucasian, middle-to-upper class, male-to-female transgender-identified persons), there was a high degree of perceived and actual violence and abuse suffered (91% of the respondents).

Violence Type	Percent Responding
Physical	25%
Emotional	37%
Sexual	11%
Neglect	14%
Exploitation	5%
Not Applicable	9%

Because the TLAR population is a privileged population, the results represent a best case scenario for violence and abuse. Sadly, much of this abuse and violence is suffered prior to the age of eighteen years old, falls into multiple categories and occurs multiple times to any individual. Of the respondents answering the question on abuse before the age of 18, 70% stated that they had suffered some sort of violence or abuse

(multiple choices of form of violence/abuse could be checked) prior to age 18. Furthermore, the top perpetrators of this violence/abuse were - in order of importance - the father, another adult, a relative, the mother and a peer. Consider the following quotations from both the TLAR and the FTM Spirituality survey (spelling and grammar preserved as written):

- The abuse was exploitation by a brother. I was defrauded of money (approx. \$2000) and though I would not have taken action to recover it, he assured my silence by threatening to present a letter to my employer and "outing" me. I would call it extortion. It was several yrs ago. Not reported to authorities. Family members voiced their disapproval.
- Stabbed in eighth grade by school-mate mugged by a group in 1973. While crossdressed verbally abused 1995, 1990.
- Step father used to beat me because as a child I didn't play with the boys or get into manly things. I wanted to play with the girls. I didn't play school games--I was a "sissy." I got a broken nose for 1959 Christmas.
- My early experiences in cross-dressing were discovered...and reported to my father. He caus[ed] me great embarrassment in front of the whole family. The second [time] I was caught resulted in a private consultation where I was issued the ultimatum: Stop dressing or be sent to a psychiatric institution...

In-depth implications of this multiple violence and abuse for health services practice are discussed in both Witten and Eyler (1999) and Witten (2004). These violence and abuse results are supported by the more recent work of Lombardi et al. (2001) and the Washington Transgender Needs Assessment Sur-

vey (Xavier & Simmons, 2001). Table 2 below illustrates the percentage of WTNAS respondents who categorized the given motive for abuse/violence against them.

Respondents of the TLAR survey were also asked to identify whether or not they had ever told another individual about the violence, abuse, or mistreat-

Category of Motive for Crime as Applied to WTNAS Respondent Experience	Percentage of WTNAS Respondents
Homophobia	41.3%
Transphobia	33.9%
Don't know motive	27.5%
Economic gain	20.2%
Domestic violence	10.1%
Racism	8.3%
Other motive not listed	4.6%

ment that they had received, and to whom these events had been reported. Of the participants who answered this question, 77% indicated that they had told others of their abuse experiences, and 23% stated that they had not. With respect to reasons for non-reporting, 21% indicated that they were afraid to report for fear of reprisal by the perpetrator, 11% feared abuse by the medical/legal system, 4% were unable to report, 29% felt that it would not make a difference if they had reported the incident or incidents, 8% wanted to protect the perpetrator, and 17% indicated that there had been reasons other than those listed. Fear of reprisal and fear of abuse from the systems that are supposed to protect people was frequently mentioned in both the TLAR and the FTM Spirituality survey comments:

- Arrested a few yrs ago for possession of cocaine-I was verbally harassed by police ("you mean you have a pussy and not a dick?" and forced to pull my pants down in front of 4-5 cops to prove my gender status. 4 yrs ago at a demonstration cops began beating on me with clubs.

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## Violence & Abuse

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- Lost everything I owned when I was run out of town. About \$50,000.
- [re a lawyer] He took my \$600 and failed to take any action on my behalf.

In addition, several survey items were included addressing any acts of abuse, mistreatment or violence that had occurred in social settings. Typically, such acts take place in the workplace, on the street, in bars, or in any other public, interpersonal scene. Religious institutions, educational settings, other public environments, organizations, or institutions were also included as options in this section. When asked if the respondent had had any acts of mistreatment, abuse, or violence perpetrated against them in social settings, survey participants responded as follows: 66% responded Yes, 31% responded No, and 3% responded Not Applicable. Consider the following statements from the FTM Spirituality survey (grammar and spelling retained as written):

- Police verbal: paraded around police station for amusement - "This guy is really a woman." Police also informed my employer of my transsexualism. I had been stopped and asked for ID - There had been no crime nor suspicion of crime, just a request for I.D. I had a female drivers license, so I was taken into custody for proof of identity. Released without charges.
- Verbally: told directly and through others that I should be killed (murdered). Also, once when my gender was ambiguous, a service man working on my car loudly complained about possibly contracting a disease from touching my car. He referred to me as "it" and got laughs from other employees. Beaten/Hit: Once during physical endurance (job) training an instructor was disgusted with

...socioeconomic status was among the best predictors of a transgender person's risk for experiencing violence.

me for working out with the men and punched me in the face.

The more recent study of Lombardi et al. (2001) reported overall transgender violence rates where 59.5% of the sample experienced either violence or harassment (26.6% experienced a violent incident, 14% reported rape or attempted rape, 19.4% reported assault without a weapon, 17.4% reported having items thrown at them, and 10.2% reported assault with a weapon) and 37.1% reported some form of economic discrimination. The National Coalition of Anti-Violence Projects (2005) found that 10% of the crimes tracked by the organization in 2004 were transgender victims. While this number represents a three percent decline from the 2003 report, the researchers noted that the decline may actually be a result of many transgender people attempting to remain undetected (go stealth) rather than an actual decrease in anti-transgender attitudes. This conclusion is not surprising, given the perceptions and experiences illustrated in the following cross-sectional sample of quotations from both the longitudinal TLAR survey and from the FTM Spirituality survey (grammar and spelling retained as written):

- I live in the worst neighborhood in Vancouver the only way I will ever be safe is to get off welfare and move away from the East Side. I have been a target all my life and don't know how to avoid or deflect the unreasoning hatred that permeates all levels of society.
- Mugged in NYC by a gang of black people who took all my cash. Brutally sexually mutilated in what the police said was a "drug related" hit on the wrong person. Police didn't consider it serious enough to follow up on even though my penis was bisected several centimeters with a knife or razor-

"I have been a target all my life and don't know how to avoid or deflect the unreasoning hatred...."

blade. Numerous assaults while growing up.

- Was sexually harassed at work place, employer and employees found out that I was a transsexual, and co-workers tried to find out if I was really a man or woman by grabbing at my chest and hair and other body parts.

Gender Education and Advocacy (2005) reports that, "Over the last decade, more than one person per month has died due to transgender-based hate or prejudice, regardless of any other factors in their lives." One of the TLAR respondents stated the issue quite profoundly:

- I have no social contacts for fear of just the kinds of violence mentioned in this survey.

### Violence, Abuse and the Healthcare System

The institution of healthcare is not immune from participation in transgender abuse & violence. In fact, as the GLMA (2000) document clearly points out, the federal government routinely invisibilizes the GLBT population and in doing so silently sanctions anti-GLBT behaviors (Belongia & Witten, 2006). Many trans-identified individuals have experienced both subtle and overt abuse and violence at the hands of healthcare workers. Witten and Eyler (1999) demonstrate that hate crimes involving transgender people are similar in many ways to hate crimes involving lesbian, gay, and bisexual victims. This similarity is rooted in the commonality of the two groups' transgression of traditional gender norms; whether this takes the form of sexual intimacy with a person of the "non-opposite" gender or if one's own gender identity is more closely associated with another gender. Despite these similarities, Witten and Eyler (1999) concluded, from both anecdotal and survey evidence, that transgender people were simultaneously more likely to be victimized and less likely to have access to medical care and legal services.

(Continued on page 4, Violence & Abuse)



## Violence & Abuse

Among the numerous types of healthcare response, TLAR respondents indicated that 5.2% were placed in a psychiatric hospital, 15.7% were forced to see a counselor or therapist who tried to change them

TLAR and FTM respondents detail a diverse distribution of abuse types ranging from non-inclusion to outright abuse and violence to denial of services. Consider the following examples from the TLAR and FTM Spirituality surveys (grammar and spelling retained as written):

- Went to counseling-and was taken out of the home at age 15 to mental hospital-Went back home for 5 months-went back to the hospital and then to foster parents.
- I paid for a therapist for several yrs. The relationship (w/my ex-boss) was definitely coerced-I was to have sex while dressed "en femme" w/my boss but I actually did want to dress. So I went along w/it. But for yrs I had very very low self esteem.
- When I lived as a woman and was out as gay I've been span on, hit raped, fired, evicted from house and refused treatment for healthcare.
- I saw the same therapist, paid for by the providence British Columbia for 4½ years. She lasted just six months into my treatment and was never supportive ... she refused to listen to my gender problems ... six months into my transition during supposed therapy she quite loudly yelled, "Face it you're a six foot two, broad shoulder, must weigh 180 pounds, and will never be mistaken for a women."

Among the most infamous healthcare abuse stories is that of Tyra Hunter, a Washington, DC hit and run victim, who was allowed to bleed to death by an EMT team when they discovered that she was a pre-operative male-to-female transsexual. The EMT team argued that they

thought she was gay and had AIDS (Fernandez, 1998).

Lombardi et al. (2001) conclude that socioeconomic status was among the best predictors of a transgender person's risk for experiencing violence. Such violence is also a lifelong occurrence in the biographies of many transgender individuals. As previously mentioned, because transgender people often exhibit non-normative gender behavior in childhood, many are victimized by parents, relatives, and others. Among

factors noted as contributing to this trend were homelessness due to of parental disapproval of the youth's gender identity as well as resultant survival behavior such as a sex work, which may be untaken along with all of the associated health and personal risks. On the other end of the spectrum, elderly transgender people were also noted as victims of abuse and/or violence, as their access to medical and mental health services is often reduced because of their transgender status. Consider the following four examples drawn from the work of Witten & Whittle (2004) and discussed more extensively therein:

- **Case 2:** UK - James, a trans-man of 71 who had undergone chest reconstruction but not genital surgery, was in the stages of early Alzheimer's. He was placed within a local authority care home where every other client was female. The staff at the care home was very uncomfortable with meeting his bodily needs and was very unhappy with his constant removal of his incontinence pads. They had also taken to not passing on his post which included a support group magazine, deciding that he was not able to read and understand it. A local volunteer visitor

contacted a support group after discovering James very distressed.

- **Case 4:** US - laughed at by emergency staff - treated unnecessarily roughly and ignored during hospitalization. (63 year-old Male-to-Female trans-person).

Belongia & Witten (2006) report the invisibilization of transgender elders in eldercare facilities. In a study of 29 regional eldercare facilities, 80% of facilities contacted stated that participation a one-hour lunchtime training in transgender eldercare was not relevant to their patient population and/or staff. One facility Director of Nursing did not understand the term transgender. In fact, she had the misperception that transgender was "a homosexual thing." Her disapproval of the topic was quite evident, and she refused to reconsider her position that "these people" are not part of her patient population. The common institutional response seems to be a firm belief that "these people" are not ever patients in nursing homes or other eldercare facilities. Therefore, learning about their particular needs is unnecessary.

### Transgender Identities and Multiple Marginalizations: Emergent Complexities

We have already established that transgender-identified persons frequently suffer a broad spectrum of abuse and violence. Further, we have seen how they are further marginalized by the health-care system as they travel in life. Moreover, these effects can be further compounded by additional life factors.

Cahill, South, & Spade (2000) provide an overview of some of these issues. These factors include such items as race, socioeconomic status, disability status, non-Western cultural status, military status, physical location, substance abuse status, and criminal justice status. As

*(Continued on page 6), Violence & Abuse...*

**Evidence-based literature analysis shows that such experiences have profound negative immediate and long-term medical and psycho-socio-economic outcomes.**

**"... six months into my transition during supposed therapy she quite loudly yelled, 'Face it you're a six foot two, broad shoulder, must weigh 180 pounds, and will never be mistaken for a women.'"**



The Virginia AVP contingent at the National Coalition of Anti-Violence Projects Roundtable & Training Conference in Tucson, AZ: Leslie, Dilcia, Quillin, Stacie, Liz, Ted, and Hugh.

the queer community's attitudes on and experiences with violence, we are asking as many LGBTQ identified as possible to participate! If you would like to put a link to our survey on your website, please let me know.

The AVP will work in conjunction with local agencies across the state in an effort to reach a diverse cross-section of the LGBTQ community in the Commonwealth. Equality Virginia provides a strong structural base for the project as well as much needed networking support. As the project manager, I have been traveling across Virginia meeting with individuals who are active in the anti-violence community and/or the LGBTQ communities. The enthusiasm we are seeing for the project is remarkable. In every corner of the state, there are allies who are ready to engage each other around issues of violence and acknowledge how violence is affecting our communities. This network will be imperative to developing a coordinated community based effort to raise awareness about the problems of sexual and intimate partner violence and hate crimes within and against LGBTQ communities.

In addition to collecting data about people's experiences of violence, the AVP will create a resource and referral manual to assist LGBTQ survivors and service providers in finding appropriate avenues for support in their areas.

It is our hope that the project will continue to grow and expand in whatever direction the community sends us! Should you be interested in participating in the project on any level, or if you would like more information, please contact me at

[quillin\\_drew@equalityvirginia.org](mailto:quillin_drew@equalityvirginia.org). ♣



## Virginia Anti-Violence Project Launches with Statewide Survey!

Quillin Drew

After much anticipation, the Virginia Anti-Violence Project at Equality Virginia is staffed and moving forward. Last fall, a group of anti-violence advocates worked together to apply for grant funding through the Department of Criminal Justice Services. The ultimate goal of the project is to address the gap in services for LGBTQ individuals in Virginia who experience sexual violence, family and intimate partner violence, stalking and hate-motivated violence and harassment. Mainstream domestic violence programs and sexual assault crisis organizations are not necessarily well-suited to provide adequate and sensitive aid to the LGBTQ populations they may be serving. Meanwhile, agencies that primarily serve LGBTQ persons are not necessarily able to provide adequate resources to persons who have experienced or are experiencing violence in their lives.

We have launched our Anti-Violence Project 2007 Community Survey! You can request paper copies by emailing me, Quillin Drew, or go to the survey link on EV's website at <http://www.equalityvirginia.org/site/pp.asp?c=dfIIITMIG&b=2766977>. In an effort to find the most objective view of

essarily well-suited to provide adequate and sensitive aid to the LGBTQ populations they may be serving. Meanwhile, agencies that primarily serve LGBTQ persons are not necessarily able to provide adequate resources to persons who have experienced or are experiencing violence in their lives.



## Violence & Abuse

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can be seen, traversing the transgender journey is strongly affected by numerous factors that are intensified by both perceived and actual violence and abuse. Moreover, it is clear, from the data, that trans-identified individuals experience a significant amount of violence and abuse throughout their lifecourse.

FTM individuals typically respond well to hormonal treatment, masculinizing relatively quickly and effectively. Other than typically being short in stature, they "pass" very well. However, this does not remove them from the abuse and violence associated with being transgender-identified. The following is a sample of descriptions given by FTM Spirituality survey respondents for violent incidents they had experienced (spelling and grammar retained as written):

- When I was about 14, a boy (stranger) asked me if I were a boy or a girl. When I didn't answer, he threatened to shove his hand in my pants, 'to see if there is a hole there.' I punched him and ran.
- Once arrested and had police physically assault, sexual abuse (inappropriate touching, removing my clothing in front of other inmates) and repeatedly threaten to rape me, due to my ambiguous gender presentation.

69.23% of the FTM respondents who reported social mistreatment of some sort, 89% said their experiences matched the operational definition of a hate crime given. Despite this, none of the victimized respondents reported their abuses to law enforcement. This high rate of failure to report is consistent with the earlier results reported by the TLAR study. It should be noted that Virginia, the state in which sampling was carried out, does not legally recognize crimes based on the victim's sexual orientation or gender identity/expression as hate crimes. Some respondents' comments reflected this omission:

- I felt it was pointless. I don't think they [the police] could've really done anything except make me feel worse about it.

In summary, there is now data showing high levels of violence and abuse against the trans-identified community. Research by this author and others has demonstrated that this violence and abuse often falls into multiple categories and over multiple time periods per individual. Evidence-based literature analysis shows that such experiences have profound negative immediate and long-term medical and psycho-socio-economic outcomes. As Witten & Eyler (1999) pointed out, "Violence against the transgender and transsexual community is a public health problem that needs the immediate and

ongoing attention of the healthcare, law-enforcement and legal communities." ♠

The full, unabridged article, with complete references is available, along with further information, at the TranScience Research Institute website <http://www.transcience.org> in the Research Archives section. The author can be contacted at [transcience@earthlink.net](mailto:transcience@earthlink.net) or [tmwitten@vcu.edu](mailto:tmwitten@vcu.edu). If you are interested in participating in the research effort in support of transgender aging (as either a study participant or collaborator) or know of someone who might be, please contact the author for further details.



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## Violence In Virginia

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commonly did not take these incidents seriously, and that the violence seemed to happen sporadically, in groups of three or four episodes within a few weeks and then quiet down again.

These observations are not uncommon across the country. Transgender people often get unspoken (and sometimes not-so-unspoken) messages that their lives are not as important; somehow they deserve the violence to which they have been subjected; and finally, services that many non-trans people take for granted are not for their taking and cannot help them. The brutality of hate violence against trans people is notorious for its implicit message that the perpetrators are trying to erase the victim's existence.

When faced with such realities, the problems of violence in and against transgender communities can feel quite overwhelming. While there are no easy solutions, there are strategies being employed here in Virginia and around the nation to find ways to prevent violence and provide better services for survivors. Perhaps the greatest hope for transgender communities lies in finding common ground with other groups facing similar problems - gay, lesbian, and bisexual people, communities of color, ethnic minorities, etc. Please see the inset box for some of the recommendations from the National Coalition of Anti-Violence Projects (NCAVP). Elsewhere in this newsletter, you will find an article on the newly formed Virginia Anti-Violence Project, a member organization of the NCAVP. Both of these organizations along with others are listed on page 9 as resources for anyone wanting to learn more about these issues or get involved. ♣



## Some Recommendations from the National Coalition of Anti-Violence Projects' Report:

### Anti-Lesbian, Gay, Bisexual, and Transgender Violence in 2006

#### Eradicate the Environment that Feeds Hate

Foster public, educational, political, and cultural climates at local, state, and federal levels that make clear that acts of anti-LGBT hatred and bias have no part in a civil society. Specifically, schools should design and adopt tolerance education curricula for youth, as well as develop protocols for protecting students who identify themselves as, or are perceived to be LGBT. Political leaders of every party should speak out forcefully against anti-LGBT discrimination and violence and support genuine efforts to end them; businesses should establish and enforce appropriate LGBT tolerance and anti-discrimination standards for the workplace; religious leaders should make clear that no major religious tradition holds violence as an acceptable tenet; and the media should explain and report anti-LGBT violence in its proper context, i.e., as a broader pattern of occurrence that reflects and causes harm to everyone in America.

#### Encourage Development of Community-based Solutions

Additional resources should be made available to encourage the development of community-based responses and solutions to anti-LGBT violence, as well as hate-motivated violence targeting other vulnerable populations. These efforts should prioritize serving victims, reducing the number of incidents that occur through the use of education and information, as well as creating means of redress outside of the criminal justice system - particularly for youthful and first-time offenders.

#### Provide Rehabilitation & Alternatives to Incarceration

As organizations dedicated to the cessation of violence in our society, many NCAVP members and NCAVP itself strongly oppose the use of the death penalty. By extension, though NCAVP recognizes that increased penalties may be part of a legislative and criminal justice strategies to combat hate violence,

it does not believe they can comprise the sole or even primary method of addressing such violence. In fact, rather than viewing hate violence as a criminal justice problem with social implications, NCAVP believes that hate violence is a social and public health issue with criminal justice implications. To that end, NCAVP recommends that in addition to, or in many cases, instead of hate crimes laws that provide only increased penalties, enhanced rehabilitation be provided to convicted offenders to reduce recidivism and interrupt escalating cycles of abuse. Once again, it is essential that alternatives to incarceration be developed, particularly for youthful and first-time offenders.

#### Fund Local Initiatives

A realistic appraisal of the work being accomplished to combat hate-motivated violence at the community level must acknowledge that there is a cost associated with that effort. It is essential that local, state, and federal governments fund community-based anti-violence initiatives such as training programs for law enforcement officers and district attorneys, victims' services and monitoring and reporting efforts like this one. The benefit will be to mitigate and prevent acts of violence against LGBT individuals, salvage the lives of those who are victimized by them, and build cooperative relationships between the LGBT community and a wider range of partners in both the public and private service sectors.

#### Increase the Efficacy of Law Enforcement

Establish and promote anti-bias units or hate crimes task forces in every major metropolitan and state police force. Investigate and prosecute acts of harassment, intimidation, and abuse committed by police officers against LGBT individuals. Also provide training and resources to change police cultures and attitudes overall, and end the use of police as instruments of officially sanctioned anti-LGBT oppression.



## From the Editor: The Irony of "Gay" Pride

When most people in mainstream America think of "Gay Pride" parades and celebrations, the images that come are often those of drag queens and leather dykes on bikes. Sure, sometimes they might also think of armies of same-sex couples holding hands and exchanging wedding vows, but it is the images of people transgressing traditional gender roles that really come to mind, resulting from the stigma attached to this kind of behavior. The very first Gay Pride march, in June of 1969, in the wake of the Stonewall Riots in New York City's Greenwich Village, came about because some of the patrons at the Stonewall Bar (mainly drag queens) decided they were not going to tolerate any further police harassment. At that time in the state of New York, police harassment was institutionalized due to laws that required gender-appropriate clothing; if a person was caught wearing less than three clothing items deemed "gender appropriate", they could be imprisoned and fined. When the police showed up that night, somebody threw a bottle as arrests were being made, and the police ended up fleeing when the crowd grew and began to riot. After three days of riots, the first "gay" pride parade was organized. I have read that those riots were called by some, "the hairpin drop heard 'round the world".

I would not be the first to point out the irony of this situation, where sexual orientation became the focus of identity around which

people felt they needed liberation, but the actual behaviors being oppressed were gender-based, and many of the people who suffer from "homophobic" discrimination and hate crimes are singled out for persecution based on their gender variance, whether or not they are not actually transgender identified. The Gay Liberation Movement, as it was known in 1969, has slowly transformed into the Gay Rights Movement, then the Gay and Lesbian Rights Movement, and since about 1990, the more modern LGBTQ Rights Movement. It is so encouraging to see this progression towards inclusivity of

gender identity and expression, but still somewhat disheartening to see that so many people still do not really *get it*.

Part of the problem, I think, is that most trans people are simply invisible, both in the straight community and within gay, lesbian, and bisexual (GLB) communities. *Gay American History*, by Jonathan Katz, a classic of gay and lesbian literature, exemplifies this. Katz provides many examples of people he labels "lesbians", who lived their lives as men and were only "discovered" upon their death or through some medical emergency to be female-bodied. The assumption is they were simply lesbians who were

forced to hide their secret by pretending to be men. He never considers that they might have actually been living a life true to their inner identity. He also talks about the "berdache", an outdated term referring to Native American Indians from various tribes who lived and/or behaved, in culturally accepted roles within their tribes, as the opposite gender (two-spirit is now a more preferred term among LGBTQ American Indians). He writes of them as though they would all be lesbian or gay identified if they only had the correct vocabulary. While this may be true for some, it is almost certainly not the case for all of these individuals.

Much of gay and lesbian literature treats gender variant people this way, as though they are all simply some subcategory of the GLB community. Often transsexual people in particular have been assumed to be gay persons who have so internalized homophobic beliefs that they transition to become straight members of the opposite sex. This, of course, is ridiculous once you consider that many of those who transition identify as gay, lesbian, or bisexual, post-transition.

The ability of many trans persons to pass in their appropriate gender expres-

sion also contributes to our invisibility in both straight and GLB communities. Most people assume that they "know what a tranny looks like", simply because they have seen and identified those who don't pass well. When I first started to transition, a lesbian friend told me to my face that she believed she could identify most transpeople even post-transition, that they would never fully pass (she later

apologized for this when she saw she was wrong).

Most people are shocked when they first meet a transperson who they did not suspect was trans because they passed so well.

Transgender invisibility means that many

transsexuals "disappear" once they have transitioned, because they are finally comfortable with themselves and don't want to deal with the stigma and related stress any more. This is completely understandable. The pain and stress of being different and the difficulties that go along with transitioning are hard enough, and some want nothing more in life than to just "be normal". But more and more choose not to disappear. For many transpeople, whether their orientation is heterosexual, bisexual, gay, or lesbian, "Pride" is finding ways to be open about their lives and experiences. Some trans persons only come out within the context of trans-run organizations to be supportive and to find support; others come out more publicly in varying degrees. Just as with the GLB community, "Pride" is about personal integrity, feeling good about who you are, and taking whatever steps are right for you to maintain those things. Asserting one's pride is a step toward asserting one's entitlement to fair treatment and basic human rights in the wider society. ♠

Most people assume that they "know what a tranny looks like", simply because they have seen and identified those who don't pass well.

Much of gay and lesbian literature treats gender variant people ... as though they are all simply some subcategory of the GLB community.





## Violence In Virginia

### Resources on Violence and Transgender People:

<http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/reportsandpubs.htm> - This is the VDH website where the Transgender Health Information Focus Group Report and Survey Results can be found.

**The National Coalition of Anti-Violence Projects** - <http://www.ncavp.org/> - Read about the other agencies around the country addressing the issues of violence faced by LGBTQ folks.

**The Virginia Anti-Violence Project at Equality Virginia** - <http://www.equalityvirginia.org/site/pp.asp?c=dfIIITMIG&b=2766977> - Read about the Virginia AVP and what it can do for LGBTQ Virginians. Take the survey!

**Remembering Our Dead** - <http://www.gender.org/remember/index.html> - a website devoted to memorializing transgender and gender variant persons lost to violence.

**The Survivor Project** - <http://www.survivorproject.org/index.html> - a website dedicated to addressing the needs of intersex and trans survivors of domestic and sexual violence.

"Resistance begins with people confronting pain,  
whether it's theirs or somebody else's,  
and wanting to do something to change it"  
--- bell hooks, "Yearning"

## Announcements:

- The Virginia Anti-Violence Project (VAVP) NEEDS YOU to participate in a **community survey** about issues of violence in the lives of lesbian, gay, bisexual, transgender, and queer Virginians. The survey can be found at: [www.equalityvirginia.org](http://www.equalityvirginia.org) VAVP is a project of the Equality Virginia Education Fund and works to address and end violence in the lives of LGBTQ Virginians. For more information, contact Quillin Drew at 804.643.4816 or [avp@equalityvirginia.org](mailto:avp@equalityvirginia.org)
- The **report on the Transgender health Initiative Survey (T.H.I.S.)** is completed and is now available on the VDH website! A PDF copy of the full report can be found here: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf>
- The Virginia Department of Health maintains a **Transgender Resource & Referral (R&R)**, listing resources for transgender people all over the state. Go to: <http://www.vdh.virginia.gov/std/Hotline/Transgender%20RR%20List.pdf> to access the PDF. If you are a provider and you'd like to be added to the R&R listing, go here to download the form: <http://www.vdh.virginia.gov/std/Hotline/Trangender%20RR%20Form.pdf>
- **Upcoming Topics for the Transgender Health Newsletter:**
  - **Summer — Local Healthcare Resources**, deadline for submissions is **July 13**.
  - **Fall — Sexual Orientation and Gender**, deadline for submissions is **September 14**.
  - **Winter — Our Families**, deadline for submissions is **December 14**.

Is there a topic related to transgender health that you'd like to see covered in an upcoming issue? Suggestions for topics, along with readers' input via letters to the editor & articles is wanted and needed! Please note, articles should be limited to 2 pages, single spaced, 12 pt font. Contact the editor, Ted Heck, via email at [Ted.Heck@vdh.virginia.gov](mailto:Ted.Heck@vdh.virginia.gov) or phone at (804) 864-8012 if you'd like to contribute in any way.

## Upcoming Events:

- August 31 — September 3: **FTM 2007: A Gender Odyssey**, in Seattle, at the Washington State Convention & Trade Center, a national conference for masculine-identified people who were assigned female gender at birth. This year's event includes more than 60 workshops, town hall meetings, caucuses, social events, entertainment, receptions and a BBQ, also Seattle's second annual transgender film festival—TRANSLATIONS, and increased programming for families, partners, and youth. For more info, go to: <http://www.transconference.org/>.
- September 10 — 16: **Southern Comfort 2007: One Community, One Family** at the Crowne Plaza Ravinia Hotel in Atlanta, GA. The largest & longest running transgender conference, offering an outstanding variety of social activities, a wide assortment of seminars, guest speakers, and Career Fair. For more info and registration, go to <http://www.sccatl.org/>
- September 29, at the Chrysler Museum Theater in Norfolk, VA — **The 8<sup>th</sup> Annual Miss East Coast International Pageant** and the **4th Annual Mr. East Coast International Pageant**, honoring Alexis Tajoure and Eric Rainbow, Miss & Mr. East Coast International of '06-'07. Doors open at 7pm! Updates will be available at this website: <http://mecipageant.com/> also see further detail and contact info in the ad on page 8.

- October 19 — 21, **Transsistahs—Transbrothas Defying Gravity Conference** in Louisville, KY. Topics will include spirituality, life skills, family and alternative families, and politics. Check <http://www.transfamilydefyinggravity.net/#> for updates, also questions can be directed to Joshua at [jahsword@yahoo.com](mailto:jahsword@yahoo.com) or 502-408-8193.

## Ongoing Events

- 1<sup>st</sup> Friday of every month: **TGIIF** stands for **TransGendered Interested In Fielden's Friday** — Doors open at Fielden's (2033 West Broad St. in Richmond) at 11 pm. Email [fieldensva@aol.com](mailto:fieldensva@aol.com) for more information. Past TGIIF nights have featured: TG theme movies, special guest speakers, personal stories, makeup workshops, feminization workshops, and a professional photographer.

Would you like to see an announcement or an upcoming event listed here? Contact Ted Heck at 804-864-8012 or [Ted.Heck@vdh.virginia.gov](mailto:Ted.Heck@vdh.virginia.gov). The deadline for the next newsletter is July 13, 2006!

**Brought to you by  
Virginia's own  
Transgender Task  
Force**

For more info or to get  
involved, contact Ted Heck:

109 Governor Street, Rm. 326  
Richmond, Virginia 23219

Phone: 804.864.8012  
OR

▶ [Ted.Heck@vdh.virginia.gov](mailto:Ted.Heck@vdh.virginia.gov)

The Virginia HIV Community Planning Committee identified transgender persons in Virginia as a priority population. To identify the health related needs of transgender persons, focus was turned to conducting research, increasing understanding and knowledge of transgender communities in Virginia and developing transgender sensitive and specific HIV interventions and health care. From this, the Transgender Health Initiative was born with leadership from the Transgender Task Force (comprised of CPG members, transgender individuals, community members and researchers). The goals of the Task Force are to:

- 1) Inform effective training to promote culturally competent health care to the transgender communities;
- 2) Develop and maintain a statewide resource guide to be distributed across the state to facilitate increased access to care for Transgender individuals;
- 3) Develop and implement HIV prevention programs for the transgender community.

**Building healthy  
transgender communities!**



The Virginia HIV Prevention Community Planning Committee (HCPC) includes people from various backgrounds, expertise, and life experiences coming together as one to aid in preventing the spread of HIV/AIDS in Virginia. Transgender persons are an essential part of the Virginia HCPC.

Have your voices heard! If you or anyone you know is interested in applying to the Virginia HCPC or have any questions, please call Ami Gandhi at (804) 864-8002 or email at [Ami.Gandhi@vdh.virginia.gov](mailto:Ami.Gandhi@vdh.virginia.gov).

## Community Resources

To have your resource listed here, contact the Transgender Health Newsletter at the number or email address listed above on this page.

**DC Area Transmasculine Society (DCATS)** — A peer facilitated social and support group in the D.C. area for anyone on the FTM spectrum. For more info, go to <http://www.dcatsinfo.com/> 2<sup>nd</sup> Sunday of each month 5 pm — 7 pm at the Whitman-Walker Clinic, 1407 S Street, N.W., Washington, D.C. Call (202) 745-6171 for directions.

**James River Transgender Society** — A peer-facilitated support group in the Richmond, Virginia area for anyone on the MTF spectrum. 2<sup>nd</sup> & 4<sup>th</sup> Thursdays, 6 pm — 8 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 for directions or other info.

**Metro Area Gender Identity Connection (MAGIC)** - a peer-facilitated support group for MTF and & FTM transsexual people. Every 3<sup>rd</sup> Friday at 8 p.m. at the Falls Church Presbyterian Church, Broad Street & Fairfax Street, Falls Church. Email [magic@www.janisweb.com/magic](mailto:magic@www.janisweb.com/magic) for more info.

**Richmond Transformers** — A peer-facilitated social and support group in the Richmond, Virginia area for anyone on the FTM spectrum. 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of each month, 7 pm — 8:50 pm at the Fan Free Clinic, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 for directions or other info.

**Roanoke Guys Night Out** — A social group for FTMs/Genderqueer/Masculine-ID'd persons assigned female at birth. For more information

email [baselinerecordlabel@yahoo.com](mailto:baselinerecordlabel@yahoo.com) or go to: <http://www.myspace.com/transguysnightout>

**SW Virginia Transgender Support** — A peer-facilitated support group for MTF transsexual women in the Roanoke area. This group is specifically for those who have transitioned, those in transition, or for those wanting to start. Email [sweetbrandigirl2004@hotmail.com](mailto:sweetbrandigirl2004@hotmail.com) for more info.

**TG Clinic at the Fan Free Clinic** — Free Transgender-specific health-care for anyone in Virginia, including hormone therapy, HIV testing, and primary care services. Every Tuesday 6 pm to 9 pm, 1010 N. Thompson St., Richmond, VA. Call (804) 358-6343 and ask to speak to Linda Kendall or Zakia McKensy for more info.

**TS Ladies Talk**— A peer-facilitated support group for MTF transsexual women in the Tidewater area. For more info, call Vega at (757) 575-7690 or Mocha at (757) 235-4874. Every Monday, 6 pm — 8 pm at Tidewater AIDS Community Task Force, 9229 Granby St., Norfolk, VA. Call (757) 583-1317 for directions or other info.

**Transgender Education Association (TGEA)** — Celebrating 25 years of support to the D.C. area TG/TS/TV/CD communities. Meetings are the 1<sup>st</sup> Saturday of each month. Email [TGEA4U@yahoo.com](mailto:TGEA4U@yahoo.com) for more info or visit <http://www.tgea.net> on the web.