A Blueprint for

TRANS AND NON-BINARY SEXUAL HEALTH AND LIBERATION

GRINDR FOR EQUALITY

Anand Kalra & **Emmett Patterson** with **Tori Cooper**, **Teo Drake**, **Shaan Lashun**, **Kiara St. James**, and support from **Mattee Jim** & **Shakyara Ralat**

Host Sites

Arianna's Center
Fort Lauderdale, Florida

DC Area Transmasculine Society
Washington, D.C.

LaGender Inc.
Atlanta, Georgia

Transgender Resource Center of New Mexico
Albuquerque, New Mexico

Washington County Gay Straight Alliance, Inc.
Washington, Pennsylvania

WHAT IS FOR EQUALITY?

Grindr for Equality (**G4E**) is the app's program for social justice, focusing on LGBTQ safety, health, and human rights worldwide. We use the app's global reach to support local LGBTQ advocacy groups in their efforts to organize their communities for justice.

Learn more at **grindr.com/G4E**.

OUR GLOBAL COMMITMENT TO TRANS AND NON-BINARY PEOPLE

G4E works to support trans and non-binary leaders and app users, from connecting them with local services to adding features in the app itself to make it easier for trans and non-binary people to use.

PROJECT BACKGROUND

When trans and non-binary leaders in this project began thinking about capturing our sexual health priorities, we envisioned a community-based approach that would ultimately put data, stories, and resilience strategies back in the hands of our community organizers to be used in our organizing, agitating, and activism. Being leaders in research efforts on our communities is a right and responsibility we must continue to exercise. Trans and non-binary people are routinely excluded from the higher education necessary to gain access to research institutions. We face job discrimination and have our expertise siloed, undervalued, and underpaid. Researchers and others with the power to collect our communities' stories often do not listen to how we would prioritize our needs; rather, they focus on research or political agendas that are entirely their own. Centering trans and

and non-binary people at the helm for this project as its designers, content expert advisors, forum facilitators, data analysts, and authors was critical. Our intent is that the resulting data is openly given back to trans communities to fuel our justice and liberation work.

We were not the first all trans-led data collection project in this area. We looked to the foundational work of **Positively Trans**, a project of the Transgender Law Center. Positively Trans launched in 2015 with a focus on developing self-empowerment and advocacy for trans leaders living with HIV. Starting with a 2016 U.S. national needs assessment of trans and non-binary people living with HIV, Positively Trans has collected critical health data on our communities, by our communities. Now in their fourth year of developing geographic breakouts, issue-specific reports, and a new 2019 needs assessment, Positively Trans has created a necessary and impactful data library on trans and non-binary people's priorities to take control of our futures. We hope this report will only further boost their efforts, and we are thankful to have had their expertise as part of this project.

Find out more about Positively Trans at:

https://transgenderlawcenter.org/programs/positively-trans

Suggested Citation:
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EXECUTIVE SUMMARY

Living a long and healthy life can be difficult for trans and non-binary people. Trans communities organize to survive, focusing on the most immediate threats to our wellbeing: preventing and recovering from violence, having safe places to live and work, and accessing emergency healthcare. But these day-to-day survival needs cannot be extracted from our long-term needs—to not only survive but thrive. In order to gain control over the wellbeing of our bodies and minds, we must bring trans health—particularly trans sexual health—into our movement.

Given the range and depth of challenges our communities face, it comes as no surprise that research has largely ignored our sexual health and well-being beyond the realms of HIV and other STIs. **Grindr for Equality** (**G4E**) wants to help change that. Together with an advisory team of trans experts in sexual health and wellness, **G4E** hosted a series of community health forums in partnership with trans leaders in five U.S. cities during 2019. The goal of these convenings was to find out what sexual health issues are important to trans people and how to incorporate them into our larger movement work.

Methodology

Our criteria for site selection included: being hosted by an existing trans-led organizing/community service presence; prioritizing organizations outside of U.S. major coastal metropolitan areas; and asking a local leader to support participant recruitment. **G4E** compensated host organizations with stipends to support their recruitment work and provided stipends to individual forum participants to honor their contributions to this research.

Between August and November 2019, our team of staff, consultants, and host site leaders administered surveys to 107 transgender and non-binary people in Albuquerque, New Mexico, Fort Lauderdale, Florida, Atlanta, Georgia, Washington, D.C., and Washington, Pennsylvania, a rural town south of Pittsburgh. We followed up in each location with a half-day in-person community health forum, in which we asked participants to:

- Describe their vision of a future in which all trans and non-binary people are in control of their sexual health and can work towards sexual liberation
- Identify the major barriers to that future that exist today
- Propose solutions to remove those barriers

Demographics

Table 1: **Respondent Demographics**

Gender Identity, mutually exclusive N = 100

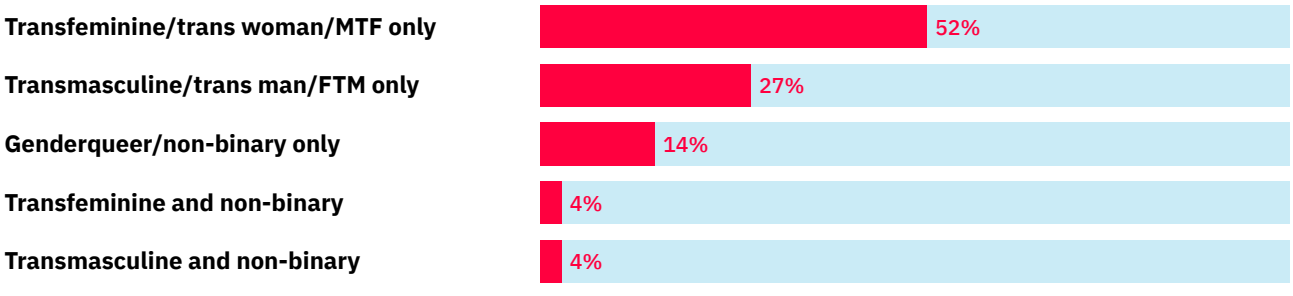
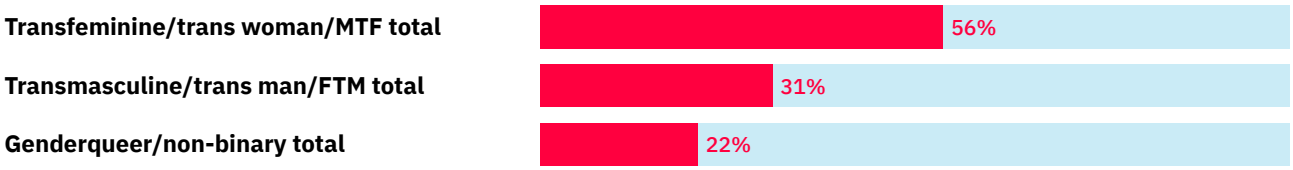
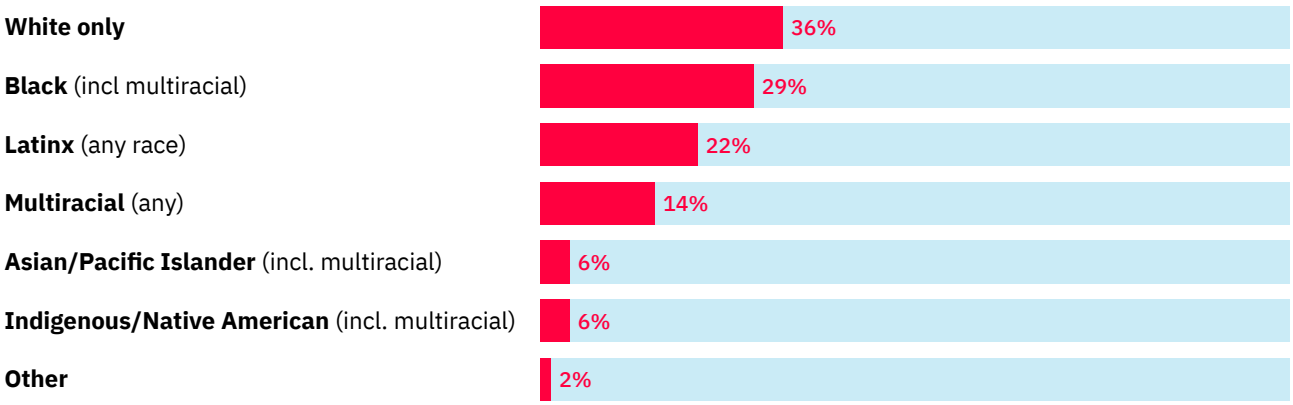


Table 1: **Respondent Demographics** *continues*

Gender Identity, overlapping N = 100



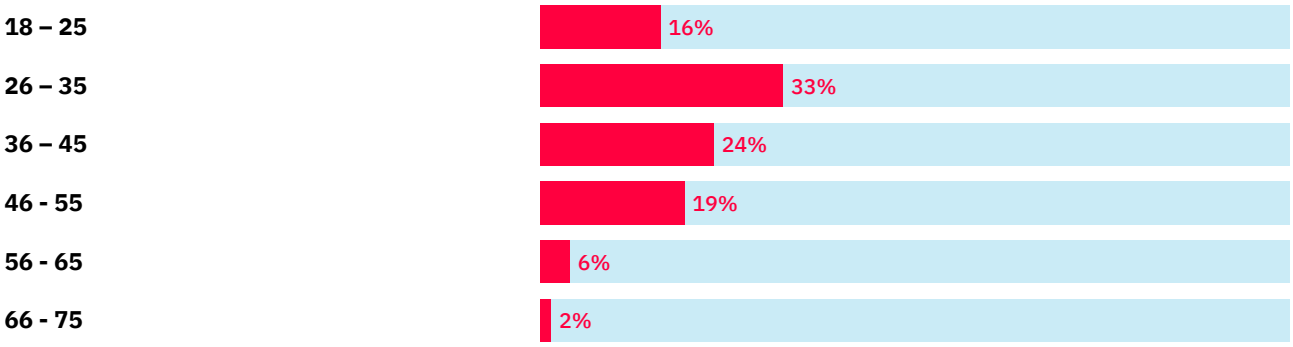
Race/Ethnicity N = 103



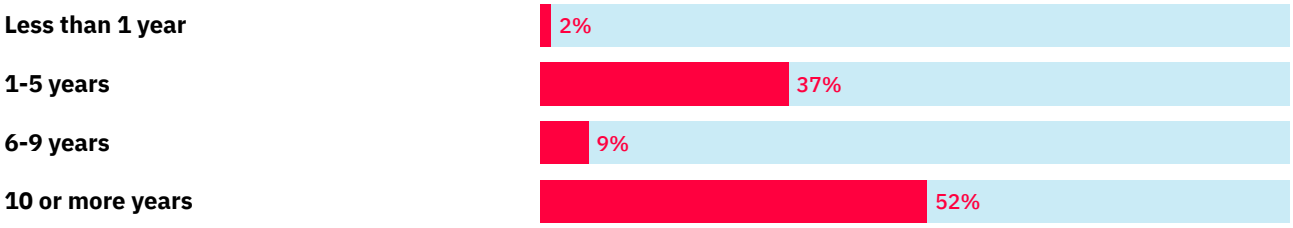
Sexual Orientation N = 97

Table 1: **Respondent Demographics** *ends*

Age N = 105



Years since identifying as trans and/or non-binary N = 106



Do you identify as disabled/have a disability? N = 106

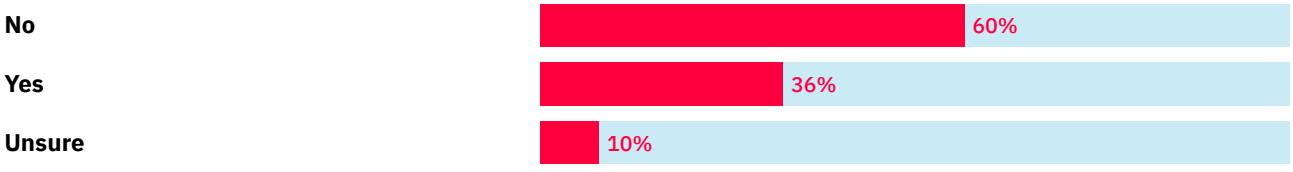
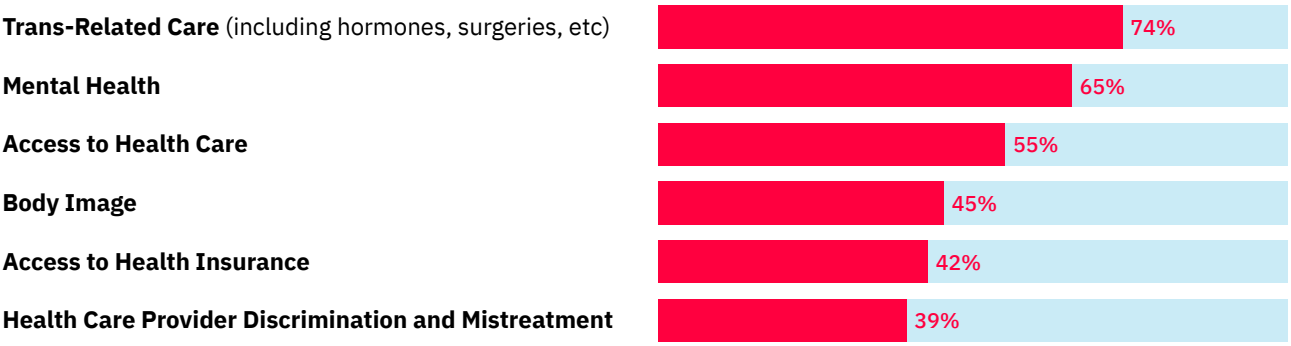


Table 2: **Most frequent responses to "What are your top 5 general health concerns?" across all groups**

Washington, D.C. N = 31



Florida N = 22

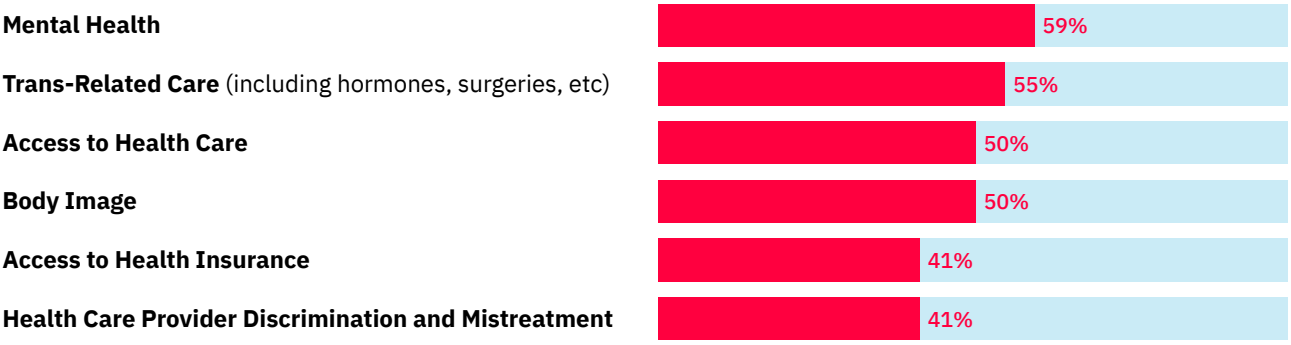
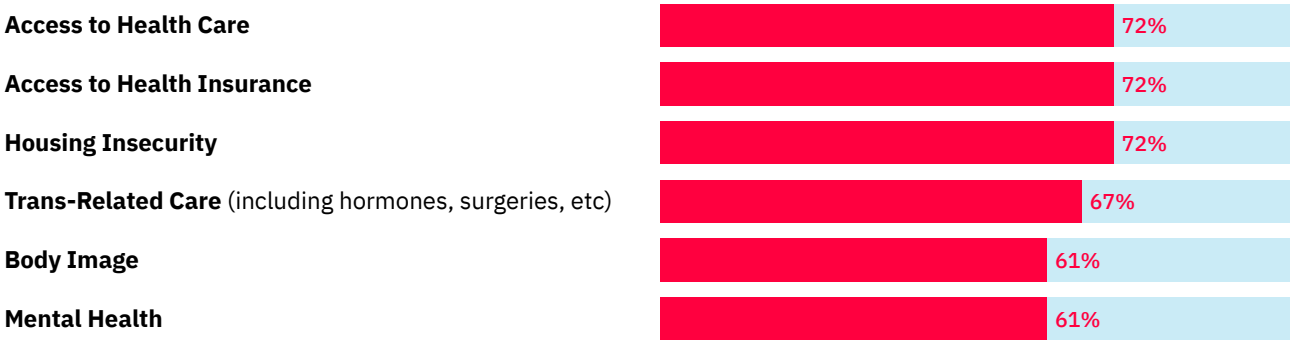
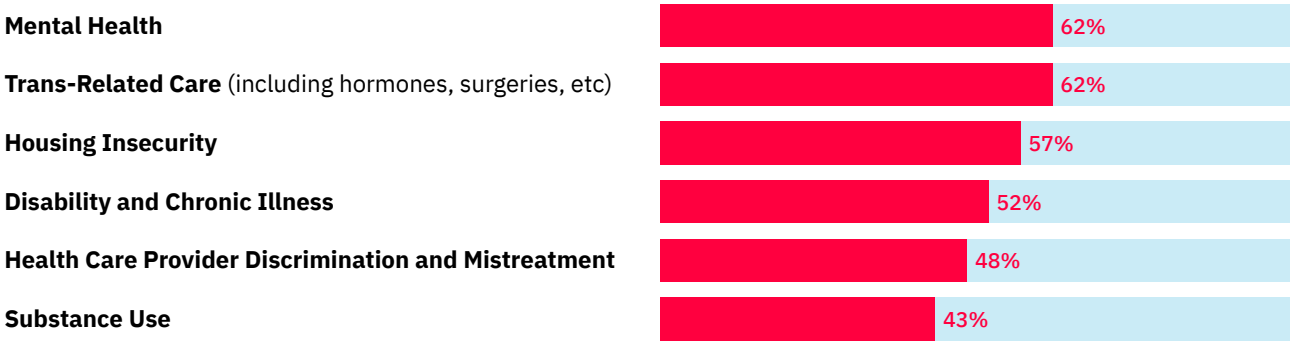


Table 2: **Most frequent responses to "What are your top 5 general health concerns?" across all groups** *ends*

Georgia N = 18



New Mexico N = 21



Pennsylvania N = 15

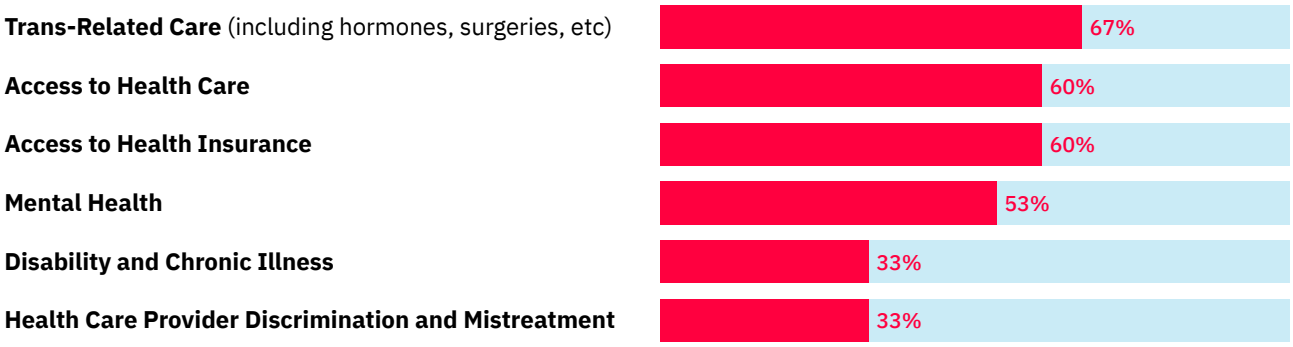
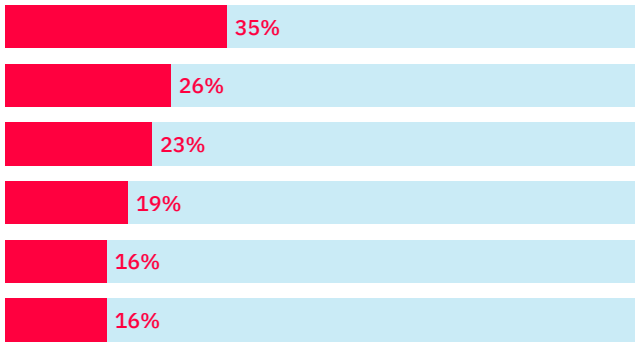


Table 3: **Most frequent responses to "What are your top 5 sexual health concerns?" across all groups**

Washington, D.C. N = 31



Florida N = 22

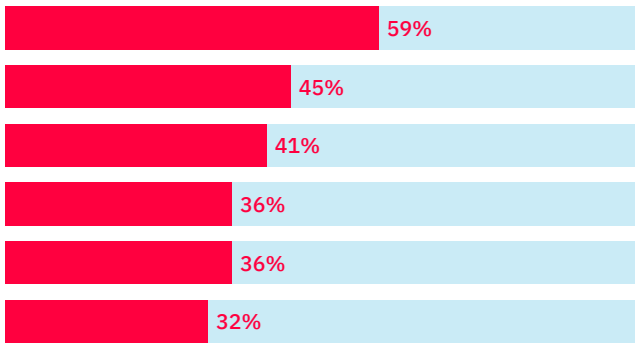
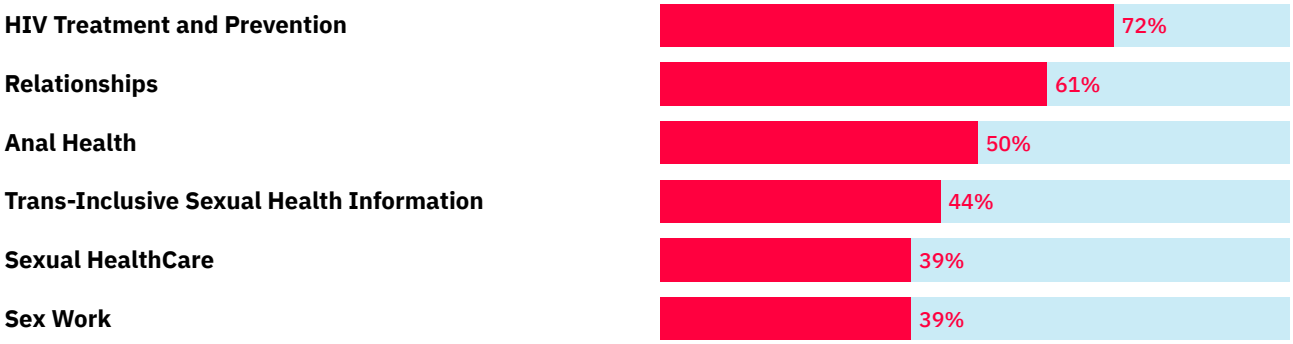
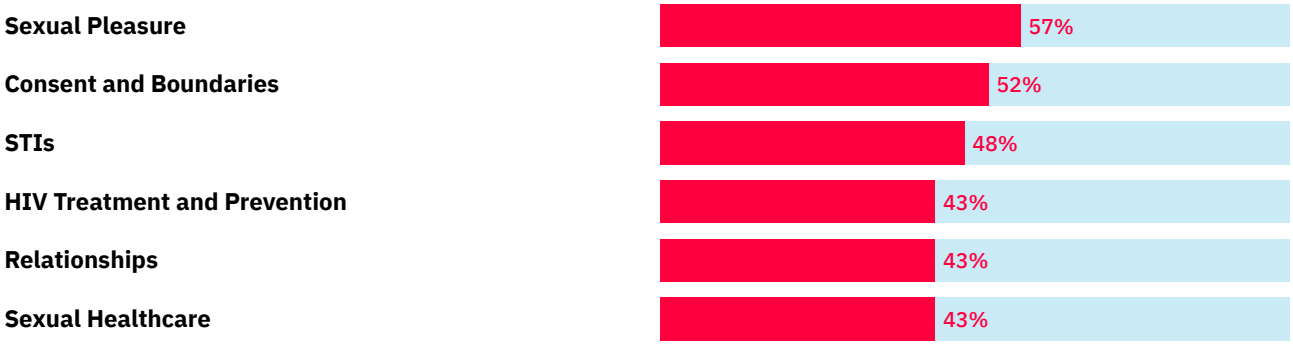


Table 3: **Most frequent responses to "What are your top 5 sexual health concerns?" across all groups** *ends*

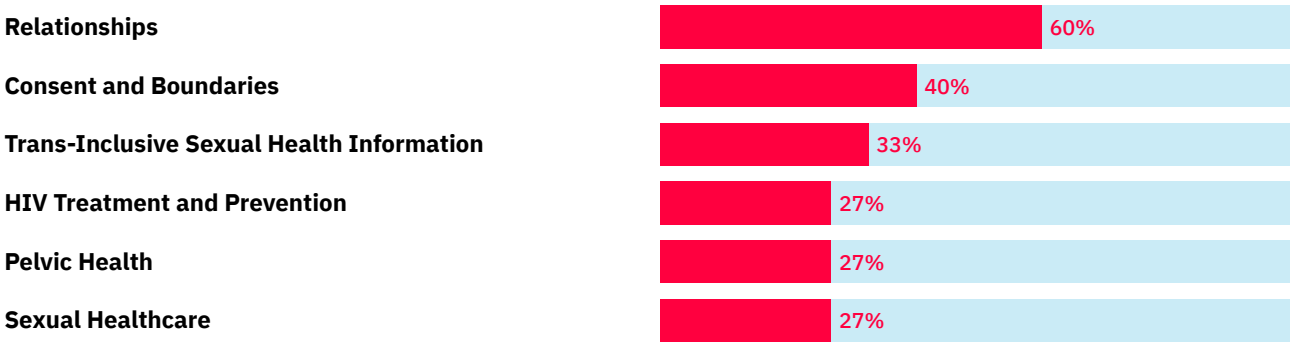
Georgia N = 18



New Mexico N = 21



Pennsylvania N = 15



Take Action

In addition to finding out what sexual health issues are important to trans people, we sought to understand how trans and allied activists can mobilize around these issues. It became clear that sexual health for participants was inextricable from overall mental and physical health as well as the social determinants of health like family support, housing, economic security, and institutional violence.

Each section of the report contains action items the forum participants recommended. These are organized by community activists, health & social service providers, policymakers, and funders. These recommendations cover the core themes from the convenings: Self-determination; Information Access; Sex Work; and Improving Self-worth and Creating Affirming Relationships.

Example Actions

COMMUNITY ACTIVISTS

Identity the local or state officials and groups responsible for administering protections in health care, housing, education, public accommodations in your area

Example Actions *continues*

COMMUNITY ACTIVISTS *continued*

Advocate for K-12 sex education curriculum that includes accurate, non-stigmatizing information about trans and non-binary people

Pursue public policy agenda that accounts for the needs of trans people who engage in survival sex work

Share referral resources such as the National Queer and Trans Therapists of Color Network

Example Actions *continues*

HEALTHCARE AND SOCIAL SERVICE WORKERS

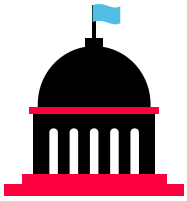
Hire trans and non-binary people into meaningful positions of leadership

Always use people-first language when referring to trans and non-binary people and people living with HIV (e.g., "people living with HIV", NOT "HIV-infected people"; "transgender people" not "transgenders")

Implement health and safety programs for sex workers—besides just condom distribution! Resource: guide from the World Health Organization

Remind clients that they are lovable just as they are

Example Actions *continues*



POLICYMAKERS /LEGISLATORS

Commit to full funding for programs like the Ryan White Care Program, the Affordable Care Act, and similar state and local health equity programs

Always use non-stigmatizing language when referring to risk reduction in sex – for example, "condomless sex" instead of "risky" or "unsafe sex"

Ensure that any anti-trafficking policy you support avoids unintended consequences

Publicly support family planning and reproductive health programs that intentionally include trans and non-binary people who may want to parent

Example Actions *ends*

FUNDERS

Commit to general operating support for existing work of trans women of color who are already leading efforts to improve conditions for currently and formerly incarcerated trans and non-binary people (for example: Solutions Not Punishment Collaborative; New York Trans Advocacy Group; Trans, Gender Variant, and Intersex Justice Project)

Support trans and non-binary led programs to develop new cultural works (e.g., writing, video, music, zines, comics) that share positive, accurate information about sexual health and wellness

Follow the lead of sex worker-led organizations such as the Sex Worker Outreach Project and Red Umbrella Fund

Require that portfolios funding domestic/intimate partner violence be intentionally inclusive of trans and non-binary people

INTRODUCTION

Living a long and healthy life can be difficult for trans and non-binary people. Trans communities organize to survive, focusing on the most immediate threats to our wellbeing: preventing and recovering from violence, having safe places to live and work, and accessing emergency healthcare. But these day-to-day survival needs cannot be extracted from our long-term needs—to not only survive, but thrive. In order to gain control over the wellbeing of our bodies and minds, we must bring trans health—particularly trans sexual health—into our movement. Trans and non-binary people find ourselves adversely impacted by HIV and intimate partner violence among countless other hidden epidemics that affect each of us differently because of racism, colonization, ableism, transmisogyny, and classism. All the while, due to a lack of trans-inclusive sexual health information and research on trans and non-binary sexual health, prioritizing these concerns often falls to the wayside.

From existing literature and lessons learned from decades of activism, we know that widespread stigma against transgender and non-binary people results in high rates of discrimination in families, schools, houses of worship, workplaces, housing, and public accommodations (e.g., stores, restaurants, healthcare facilities). This discrimination and rejection often leads to short- and long-term economic and housing instability, social isolation, and vulnerability to interpersonal and institutional violence. For transgender people of color, and for Black, Indigenous, and Latinx transgender women in particular, the rates are even higher. Recent estimates suggest that as many as 1 in 5 Latinx trans women and 1 in 2 Black trans women in the United States are living with HIV, and available data on discrimination in healthcare settings shows clear disparities in health access and outcomes among trans people, even when controlling for race and economic factors.

Yet, in the midst of these persistent and pervasive patterns of oppression, trans and non-binary people continue to survive. We come together from a shared sense of difference. We develop our own ways of sharing information about our bodies and needs and participate in political processes to make our public officials listen to us. We create art and media to share our stories, hopes, and pain. While much of this report focuses on barriers, problems, and challenges, we also offer specific recommendations for how to improve conditions, knowledge, and sexual health maintenance.

Given the range and depth of challenges our communities face, it comes as no surprise that research has largely ignored our sexual health and well-being beyond the realms of HIV and other STIs. **Grindr for Equality** (**G4E**) wants to help change that. Together with an advisory team of trans experts in sexual health and wellness, **G4E** hosted a series of community health forums in partnership with trans leaders in five cities across the U.S. during 2019. The goal of each of these convenings was to find out what sexual health issues are important to trans people and how to incorporate them into our larger movement work.

[1] **Jeffrey S. Becasen et al.,** "Estimating the Prevalence of HIV and Sexual Behaviors Among the US Transgender Population: A Systemic Review and Meta-Analysis, 2006-2017," *American Journal of Public Health* 109, no. 1 (2019): e1-e8.

Our criteria for site selection included: being hosted by an existing trans-led organizing/community service presence; prioritizing organizations outside of U.S. major coastal metropolitan areas; and asking a local leader to support participant recruitment. **G4E** compensated host organizations with stipends to support their recruitment work and provided stipends to individual forum participants to honor their contributions to this research.

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- Describe their vision of a future in which all trans and non-binary people are in control of their sexual health and can work towards sexual liberation
- Identify the major barriers to that future that exist today
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The participants in these forums voiced ideas, aspirations, and clear understandings of our communities' needs and desires. They also reflected on the realities of isolation and physical, psychological, and sexual trauma that course through our lives. This report offers a blueprint for the future we as trans and non-binary people are building to feel safe and at home in our communities, bodies, and partnerships.

Defining Our Terms

Transgender

An adjective describing a person whose gender identity—their internal sense of being a man, woman, or another gender—is different from their birth sex. In this report, we use "trans" as an abbreviation for transgender, as it is more commonly used among community members.

Non-binary

An adjective describing a person whose gender identity is not exclusively male or female. Some examples of non-binary identities are genderqueer, agender, gender fluid, and Two-Spirit. A person can identify as transgender and non-binary, or just as non-binary.

Cisgender

An adjective describing a person whose gender identity is the same as their birth sex.

Sexual Liberation

The ability of consenting adults to make informed choices for themselves about how much of what kinds of sex to have, including how often, with whom, and at what times, and to do so without social stigma or outside intervention.

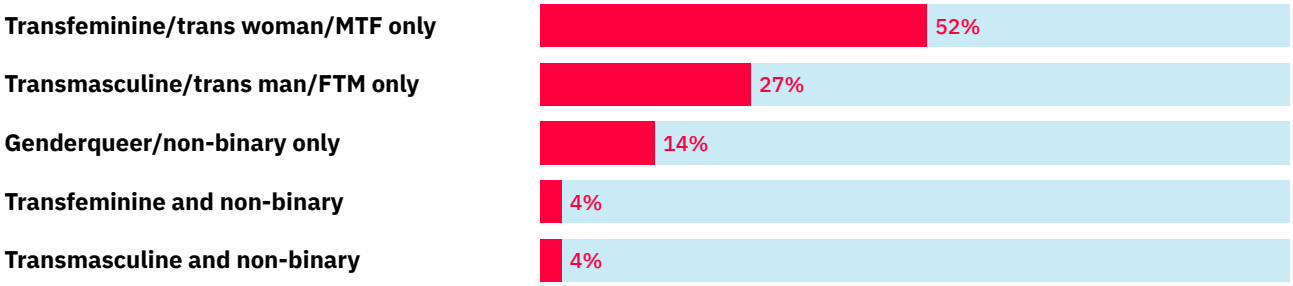
SURVEY RESULTS

Demographics

Prior to each community health forum, our host sites surveyed participants who had signed up to attend. The survey included basic demographic questions as well as questions for participants to select their top 5 general health and sexual health concerns from a given list.

Table 1: **Respondent Demographics**

Gender Identity, mutually exclusive N = 100



Gender Identity, overlapping N = 100

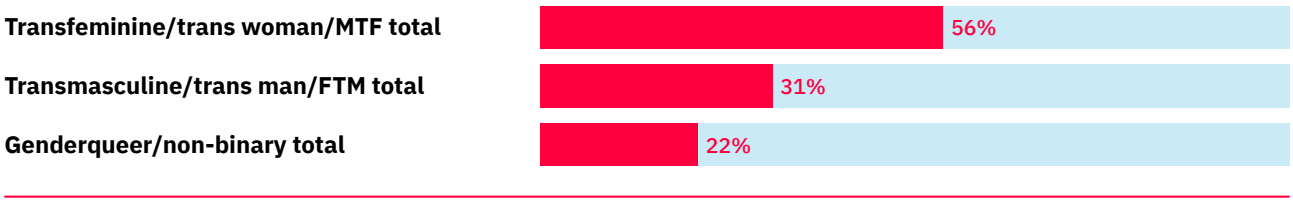
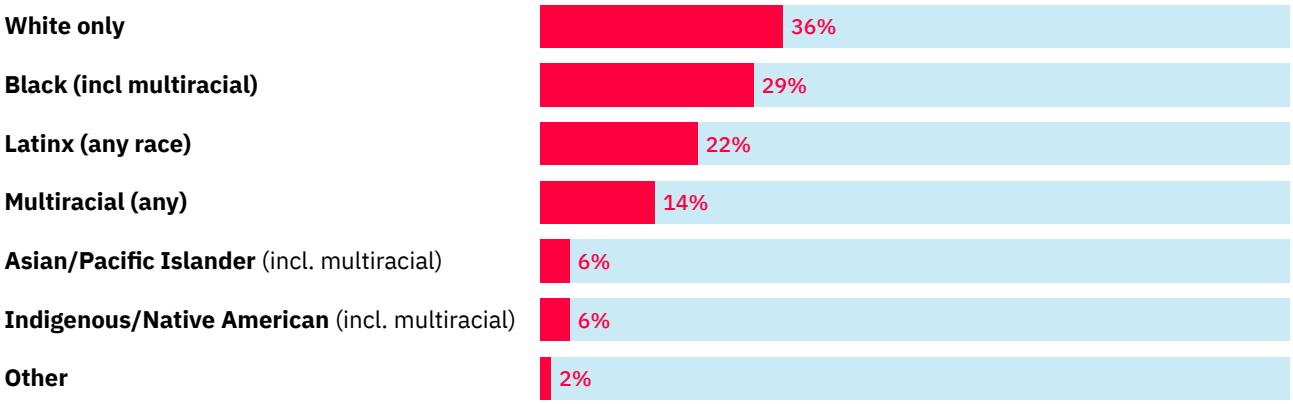


Table 1: **Respondent Demographics** *continues*

Race/Ethnicity N = 103



Sexual Orientation N = 97

Age N = 105

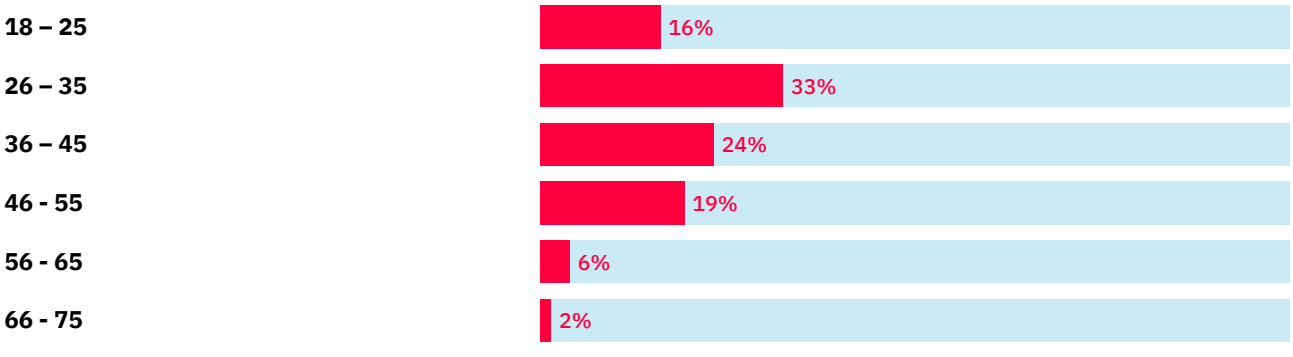
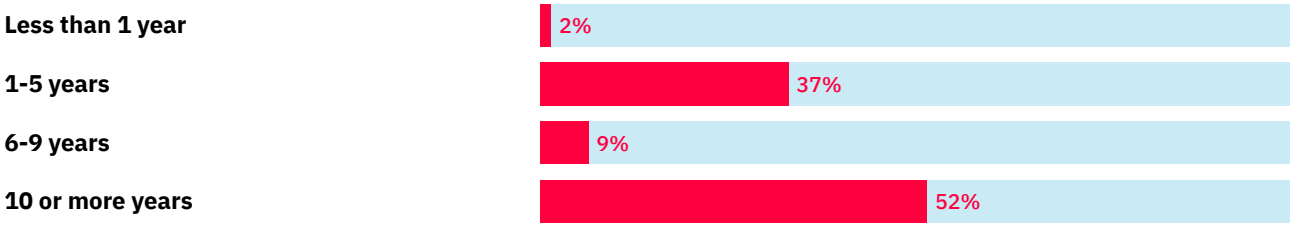
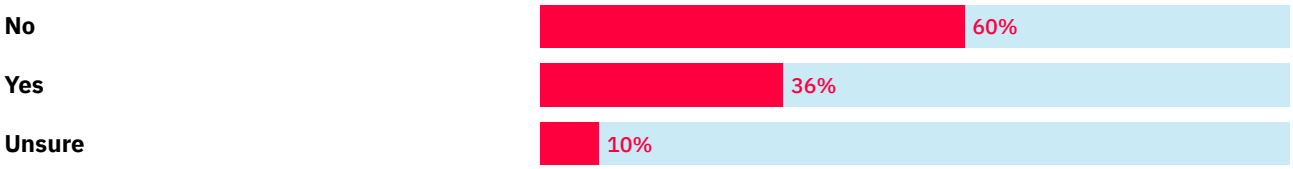


Table 1: **Respondent Demographics** *ends*

Years since identifying as trans and/or non-binary N = 106

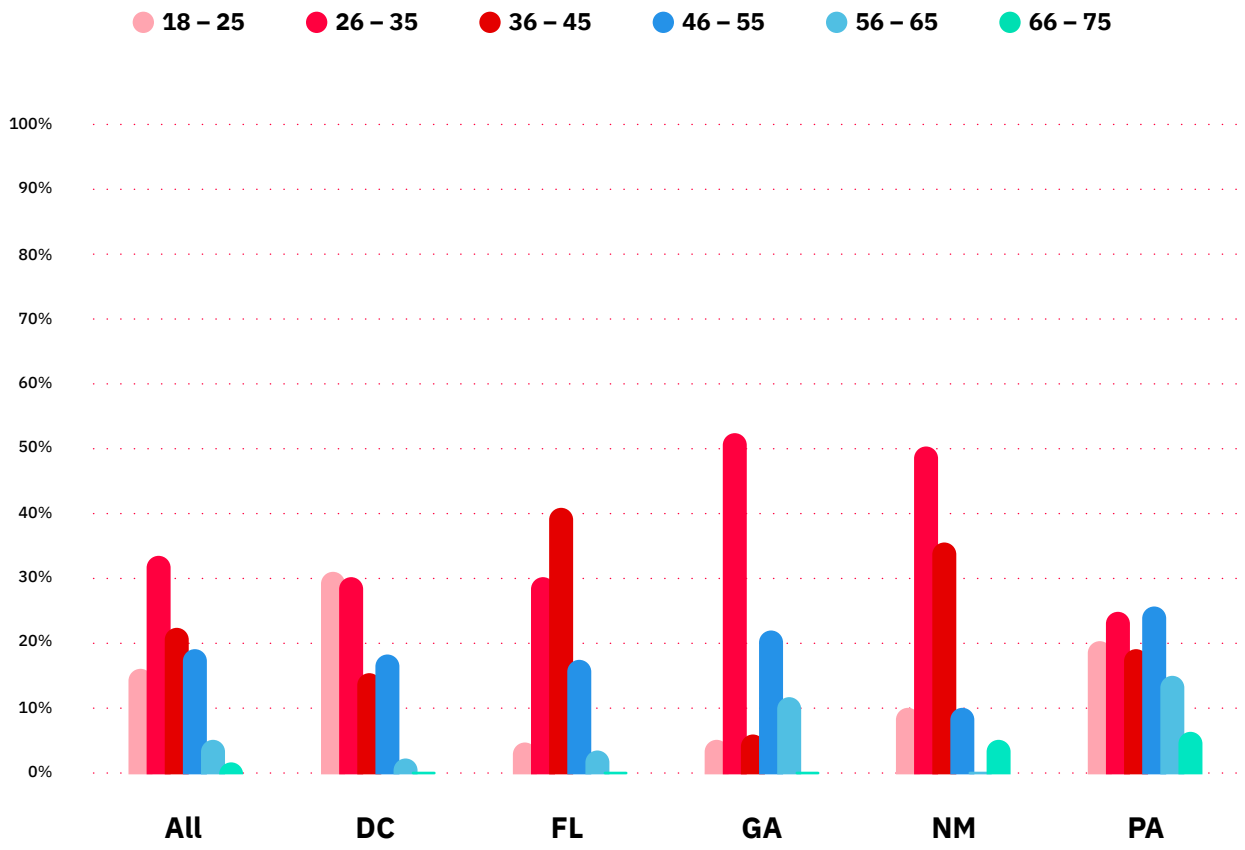


Do you identify as disabled/have a disability? N = 106



There were 31 survey respondents from the Washington, D.C. area (including Virginia and Maryland), 22 from Florida, 18 from Georgia, 21 from New Mexico, and 15 from Pennsylvania (including West Virginia and Ohio). More than half the participants have identified as trans and/or non-binary for 10 or more years, and more than 60% for 6 or more years. A large proportion (37%) have identified as trans and/or non-binary for 1–5 years, and a very small proportion (2%) were within their first year of identifying as trans and/or non-binary at the time they filled out the survey. More than two-thirds of the survey respondents identified as having a disability or weren't sure. In addition, 63% identified with a sexual orientation of queer, gay, lesbian, bisexual, pansexual, or fluid (abbreviated LGBQ), while 37% identified as heterosexual.

Participant Age Distribution by Location N = 105

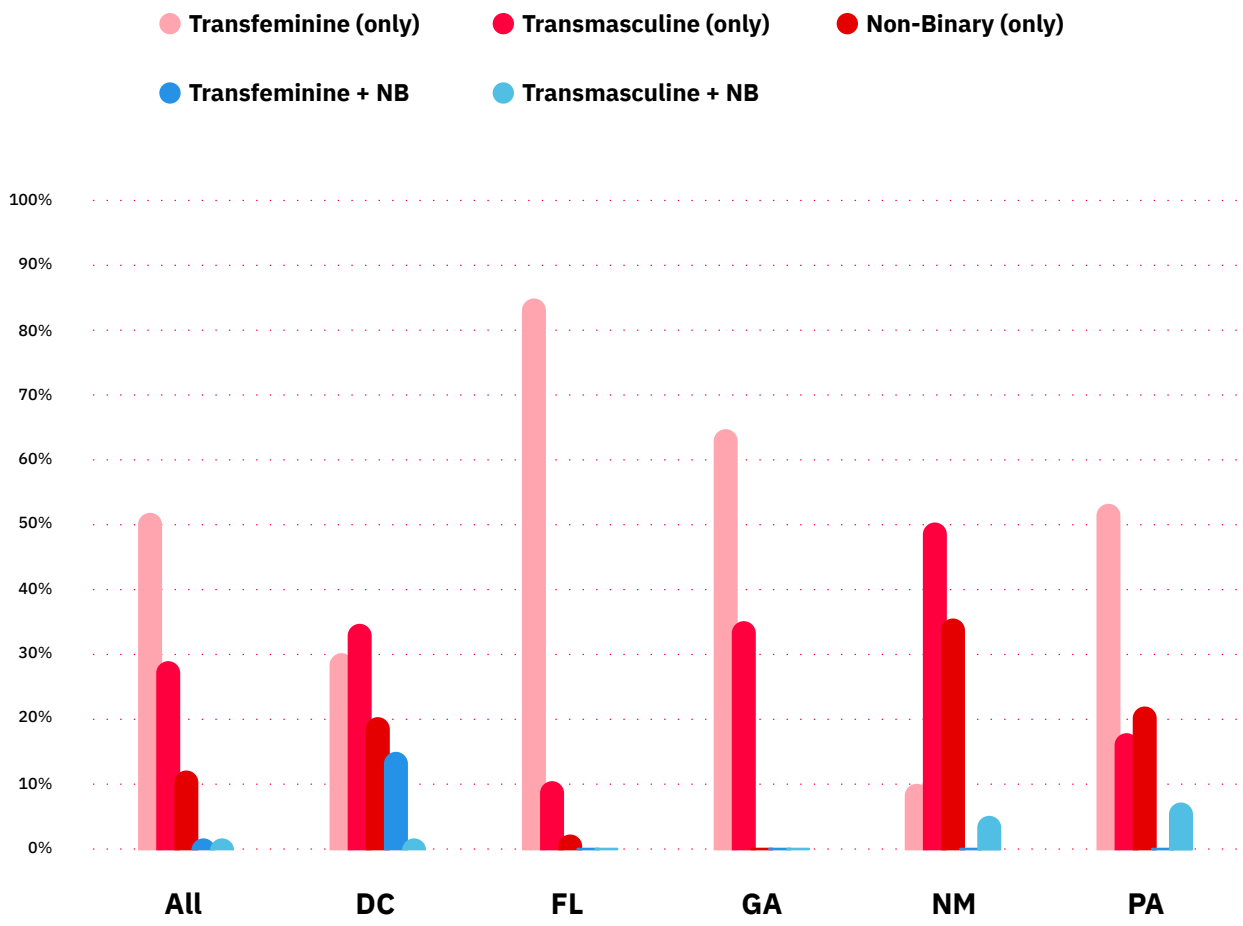


Overall, about half of the participants were between ages 18–35 and half were 36 or older. The Washington, D.C. group had the largest proportion of participants in the youngest category, while the New Mexico and Pennsylvania groups had the highest proportion of older participants. Notably, the high density of participants over age 35 throughout the sample would seem to contradict the often-misquoted statistic that life expectancy for transgender women is age 35. [2] The Washington, D.C. and Pennsylvania groups were the most age-diverse groups, while the Florida and New Mexico groups had the strongest representation from the 26–35 and 36–45 age groups.

[2] **The statistic comes from a press release from the Inter-American Commission on Human Rights and actually says that 80% of trans women murdered in Latin America over a 15-month period in 2013 and 2014 were 35 or under at the time of their death.** Inter-American Commission on Human Rights, "An Overview of Violence Against LGBTI Persons: A Registry Documenting Acts of Violence Between January 1, 2013 and March 31, 2014," Text (Washington, D.C., 2014),

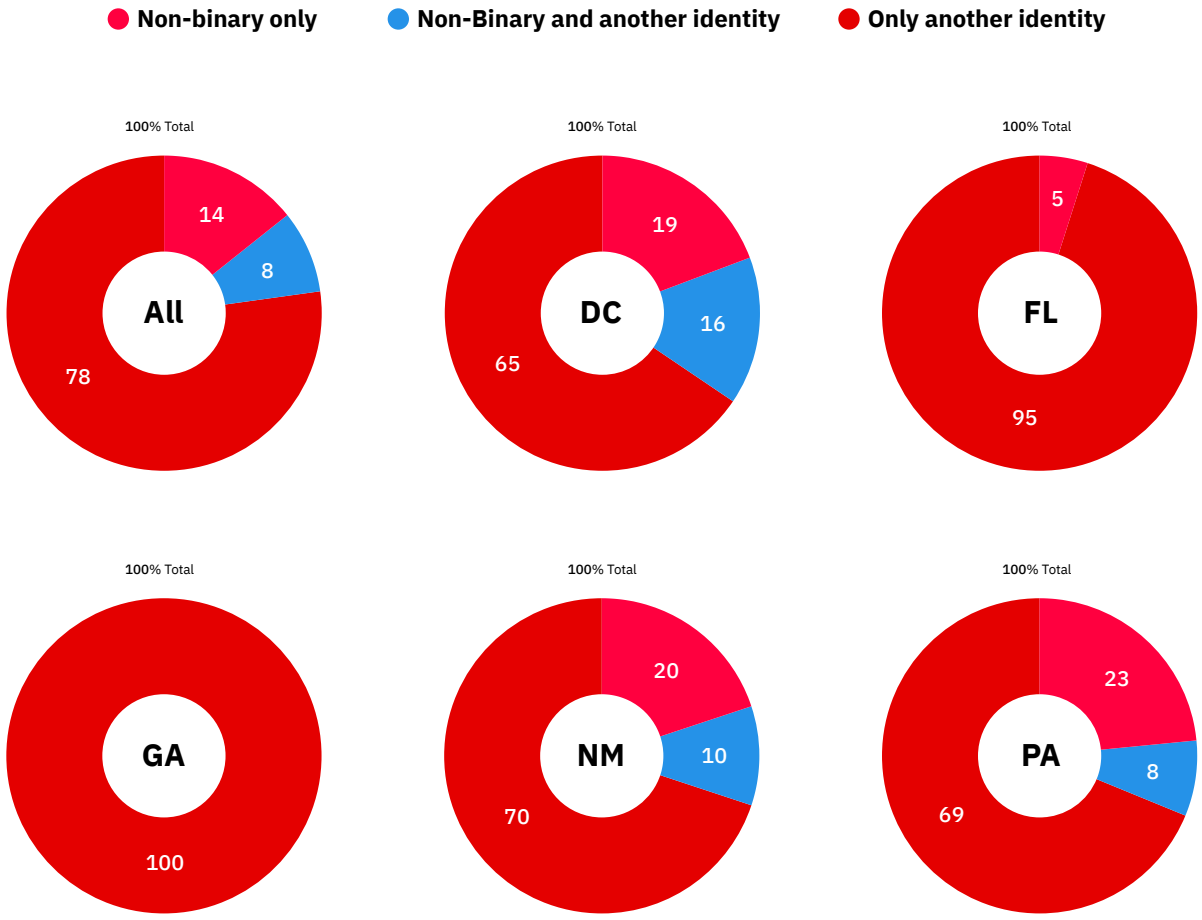
https://www.oas.org/en/iachr/media_center/PReleases/2014/153A.asp.

Participant Gender Identity Distribution, mutually exclusive categories N = 100

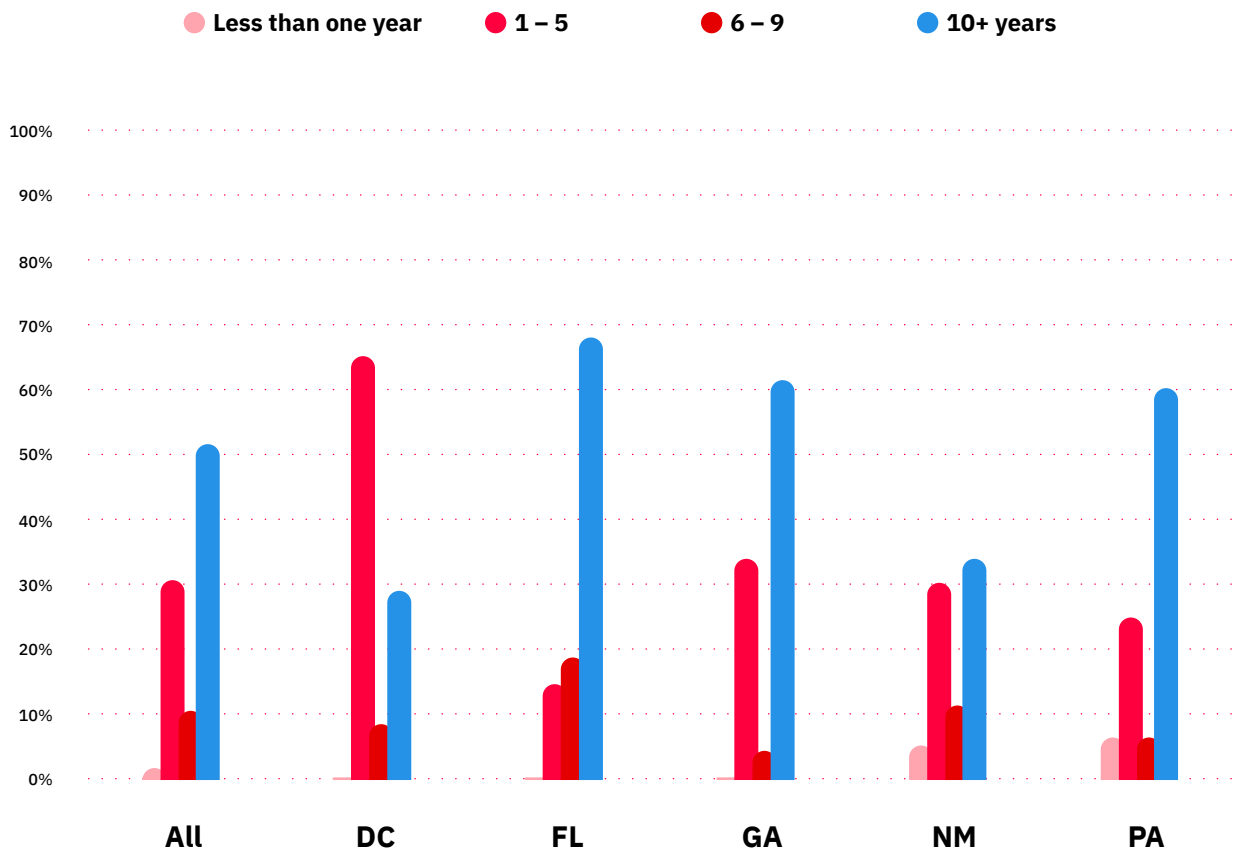


Overall, trans women made up a little over half of the participants (56%) and trans men made up close to one-third (31%); these numbers include trans women and trans men who also identify as non-binary since these identities are not mutually exclusive. People who identified as only non-binary made up 14% of the participants overall, with higher rates in the D.C., New Mexico, and Pennsylvania groups. Non-binary people overall made up 22% of the sample, including people who identified as non-binary in addition to another gender identity.

Participant Non-Binary Identity N = 100

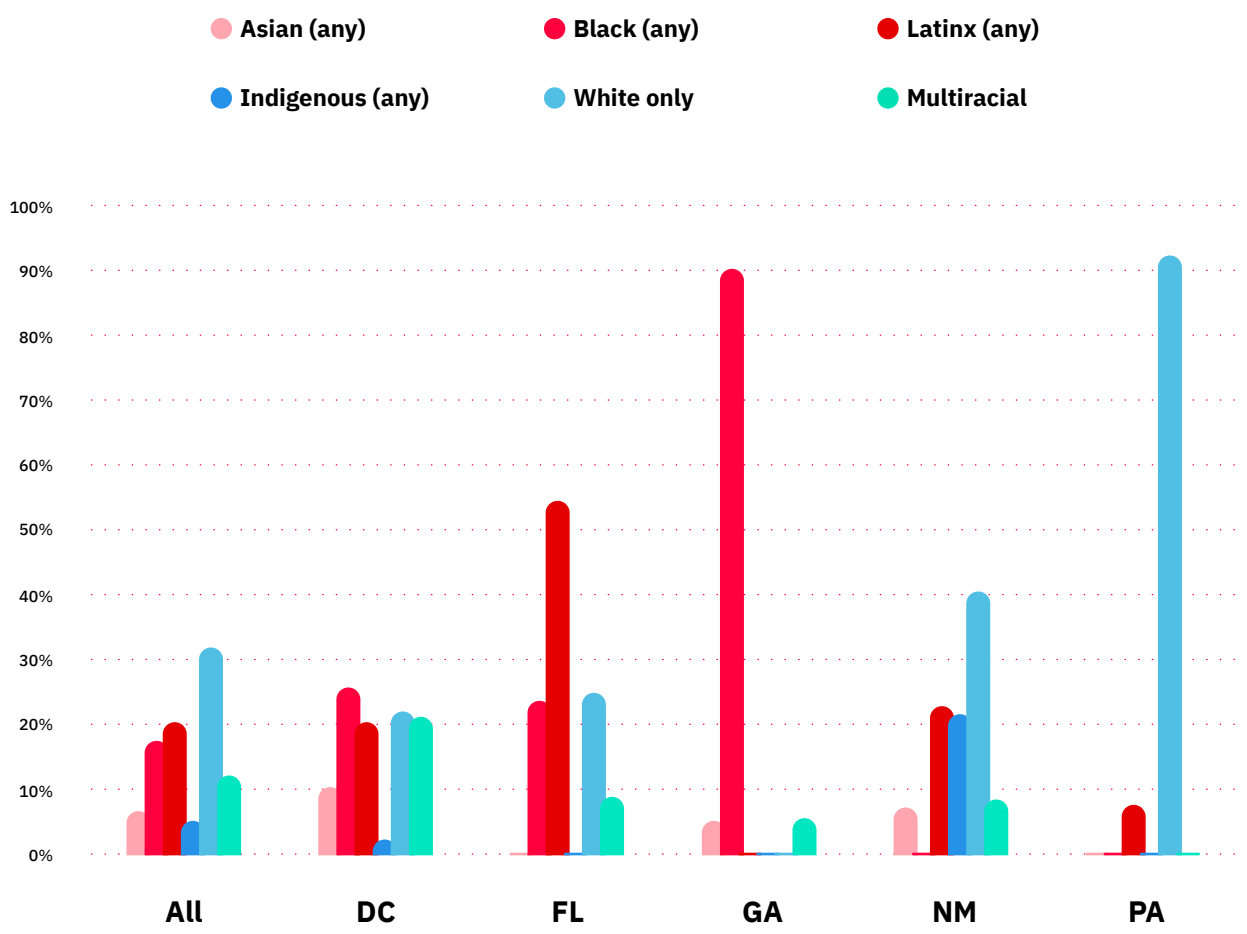


Years since identifying as Trans and Non-Binary N = 106



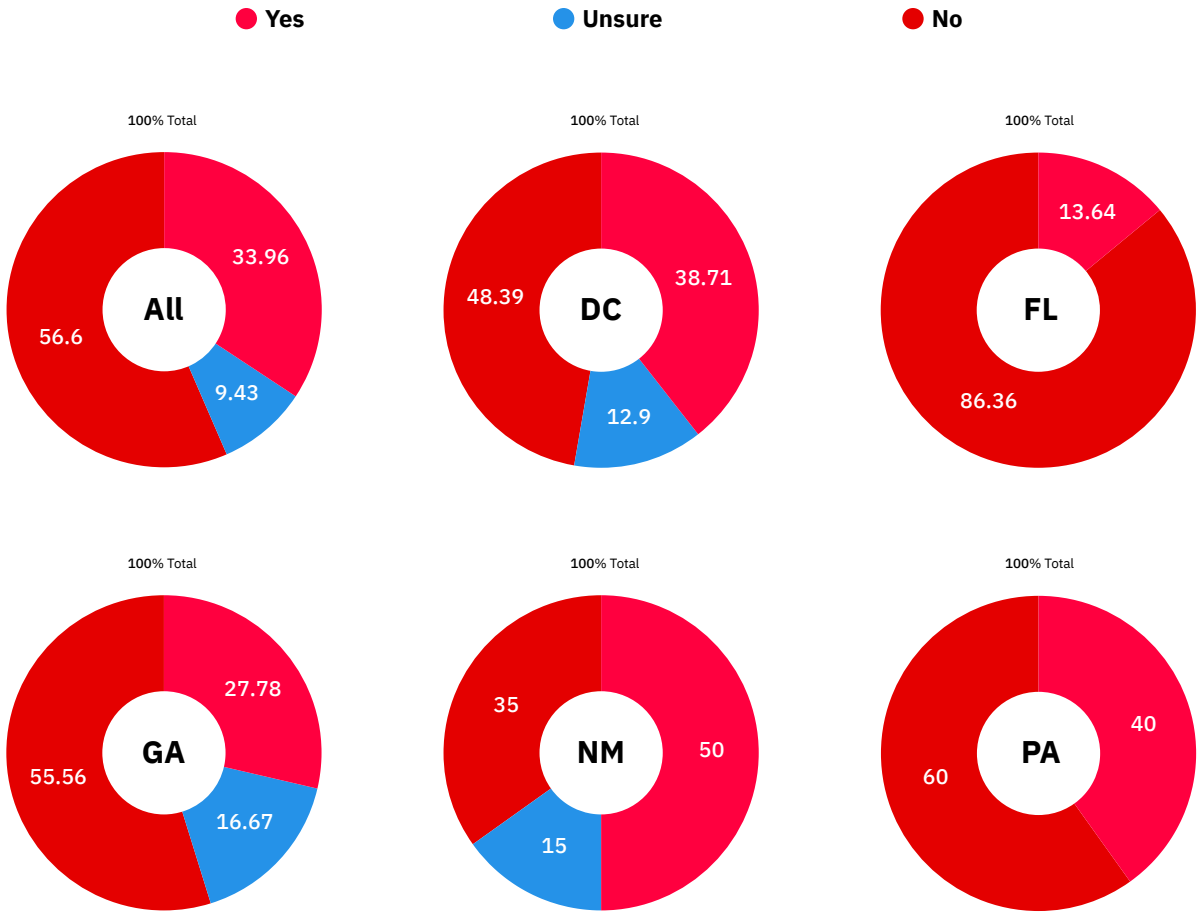
Less than 40% of respondents were early in their process of identifying as trans and/or non-binary (0 – 5 years), while a majority (52%) have been identifying as trans and/or non-binary for more than 10 years. The D.C. group was an exception, with nearly two-thirds of the group being in their first five years of identifying as trans and/or non-binary; the group also had the largest proportion of participants under age 25, which accounts for some of that difference. The Florida group was the reverse, with two-thirds of respondents living for 10 or more years in their gender identities. The Florida group also had the highest proportion of participants over age 35, which may also explain the difference. Such a range of experience among these groups allowed for perspectives in this project of veterans and those newer to trans and non-binary communities.

Racial/Ethnic Makeup of Groups by Location N = 105



The racial and ethnic makeup of each group varied widely. Overall, the sample is quite racially and ethnically diverse, with 29% of participants identifying as Black or African American, 22% as Latinx or Hispanic, 14% as multiracial or multiple racial/ethnic identities, 6% as Indigenous, and 6% as Asian or Pacific Islander. The Washington D.C. group largely reflected the demographics of the whole, while the Georgia group was almost completely made up of Black transgender men and women (there were no non-binary-identified participants in that group), and the rural Pennsylvania group was almost completely White, both of which reflect local trends. The Florida group had the highest proportion of Latinx participants (45%) and the New Mexico group had the highest proportion of Indigenous participants (24%), both of which also reflect regional variation.

Do you consider yourself disabled or a person who has a disability N = 106

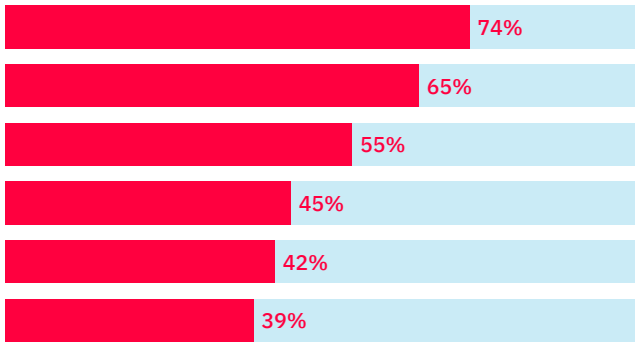


Overall, close to half of respondents (46%) said that they have a disability or weren't sure. New Mexico respondents were most likely to report living with a disability (50% yes, 15% unsure). Only 14% of respondents in the Florida group reported living with a disability. Most of the Florida participants took the survey in Spanish; it is possible that cultural understanding of the word choice in the translated survey may explain some of this variation.

General Health Concerns

Table 2: **Most frequent responses to "What are your top 5 general health concerns?" across all groups**

Washington, D.C. N = 31



Florida N = 22

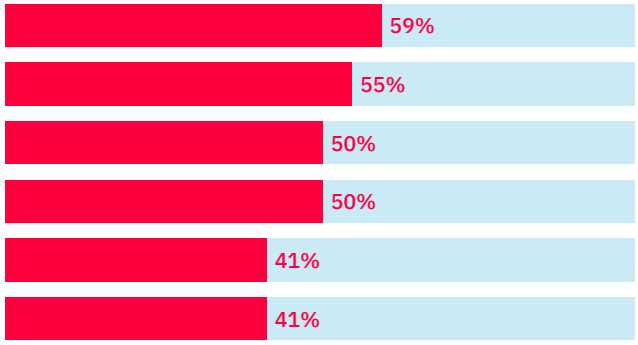
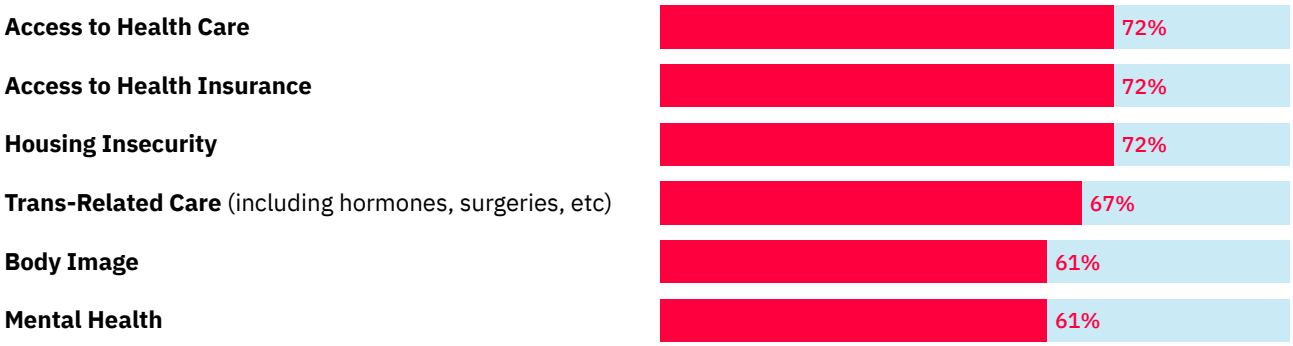


Table 2: **Most frequent responses to "What are your top 5 general health concerns?" across all groups** *continues*

Georgia N = 18



New Mexico N = 21

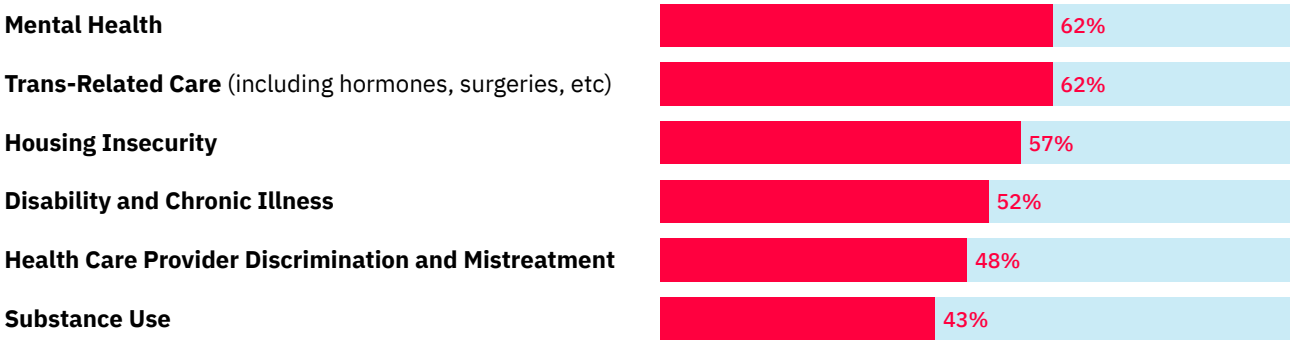
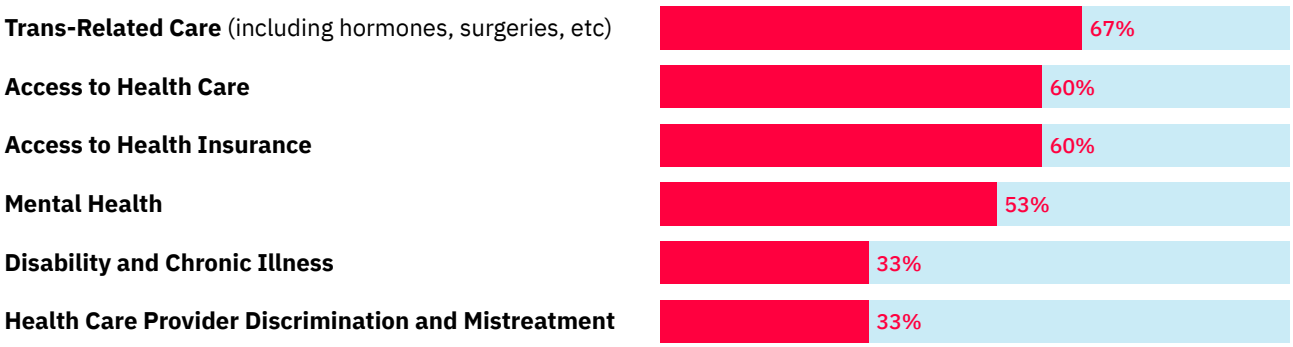


Table 2: **Most frequent responses to "What are your top 5 general health concerns?" across all groups** *ends*

Pennsylvania N = 15

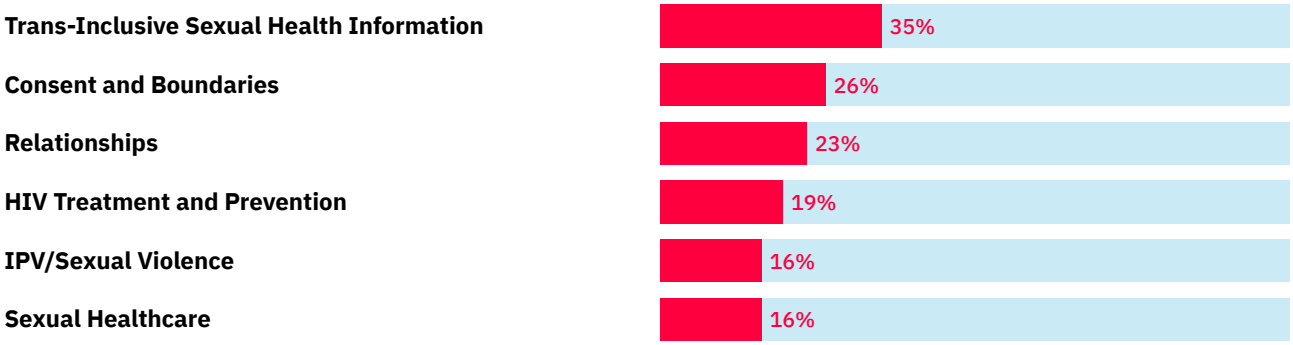


Besides demographic questions, the survey also asked participants to note from a list of general health and sexual health issues which were their top concerns. Table 2 lists the six most frequently noted general health concerns for each group. *Transition-Related Care (including hormones, surgeries, etc)* and *Mental Health* appeared in the top six concerns of all five groups. *Transition-Related Care* appeared in the top two spots in four of the five groups. For the Georgia group, it appeared fourth; for that group the top one and two were *Access to Health Care* and *Access to Health Insurance* overall, highlighting that surmounting barriers to care and coverage overall are prerequisites for these respondents – you have to be able to get through the door at all before you can ask for anything. *Access to Health Care* and *Access to Health Insurance* also appeared in the top six concerns for 3 other groups (4 groups total); notably, it was absent for the New Mexico group, where the host site was itself a health clinic. *Health Care Provider Discrimination and Mistreatment* also appeared in the top six for four of the five groups, with Georgia being the only group where it did not appear in the top six; again, this makes sense given the Georgia group's priority around getting into care in the first place.

Sexual Health Concerns

Table 3: **Most frequent responses to "What are your top 5 sexual health concerns?" across all groups**

Washington, D.C. N = 31



Florida N = 22

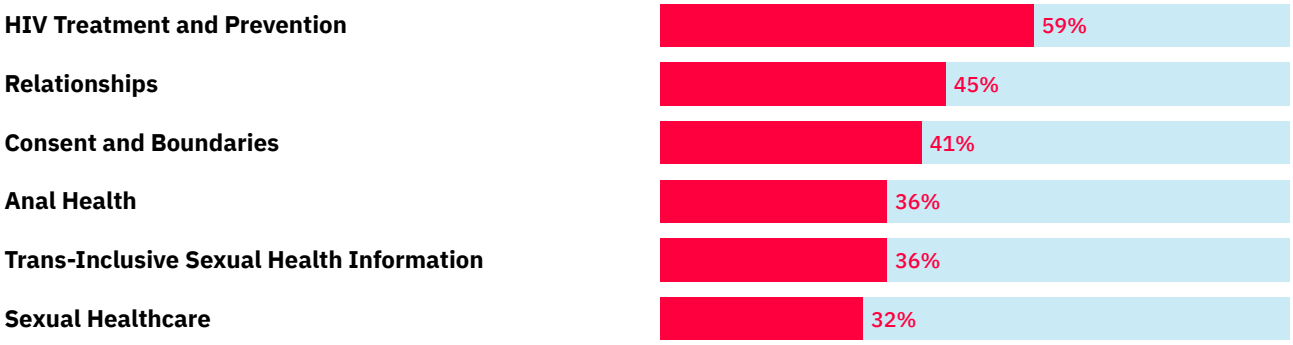
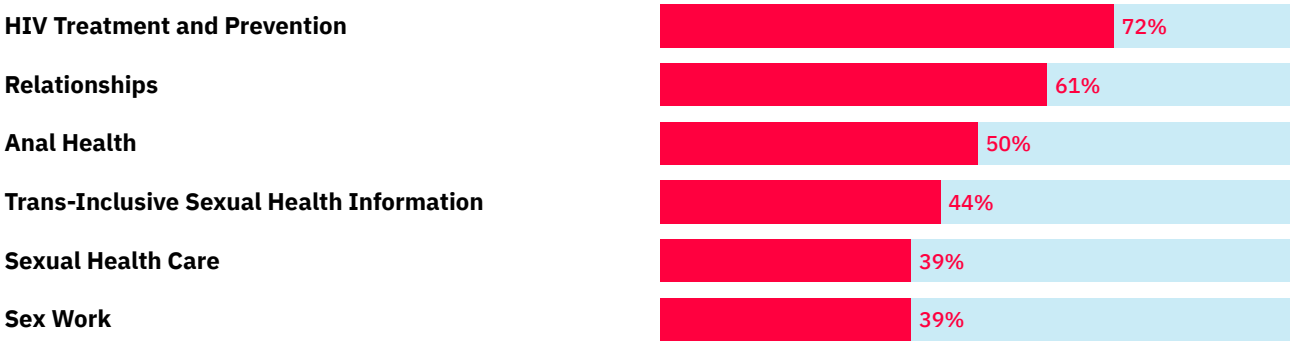


Table 3: **Most frequent responses to "What are your top 5 sexual health concerns?" across all groups** *continues*

Georgia N = 18



New Mexico N = 21

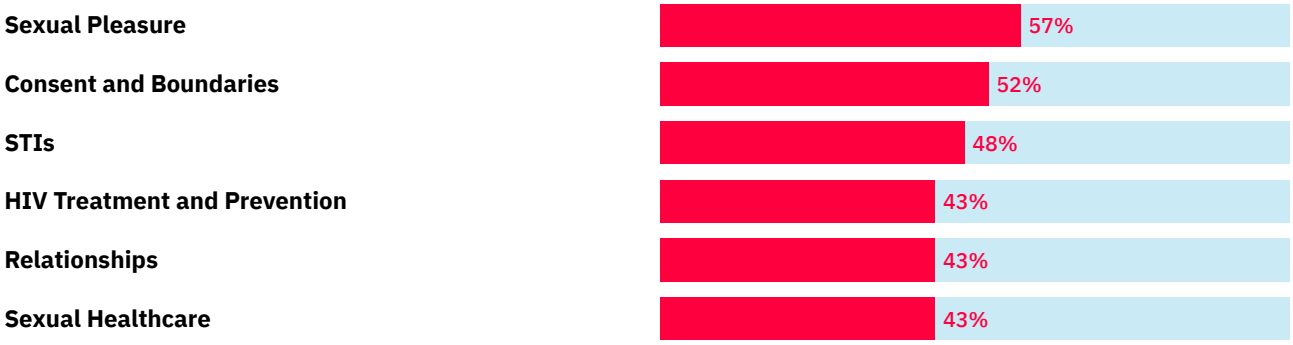


Table 3: **Most frequent responses to "What are your top 5 general health concerns?" across all groups** *ends*

Pennsylvania N = 15

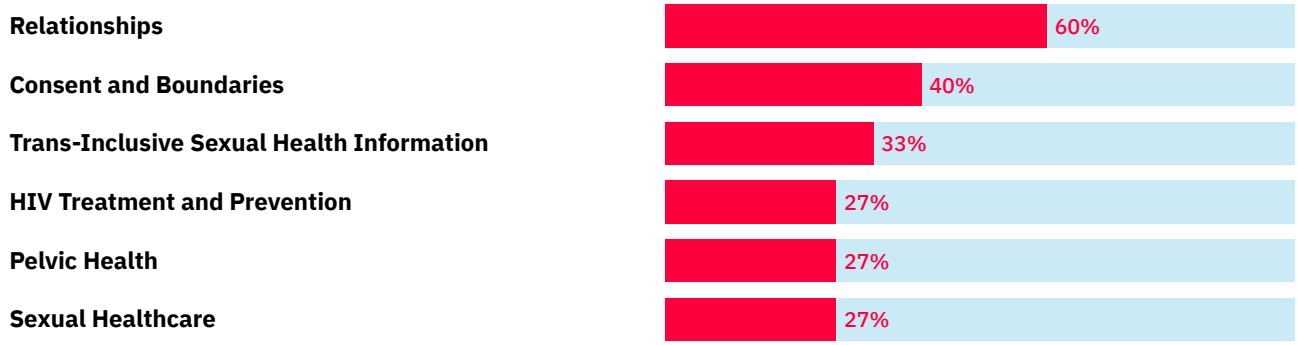


Table 3 lists the six most frequently noted sexual health concerns for each group. *Relationships, HIV Treatment and Prevention*, and *Sexual Healthcare* (such as pap smears, prostate and chest exams) appeared in the top 6 across all five groups. *Consent & Boundaries* appeared in the top 6 in 4 of the 5 groups, as did *Trans-Inclusive Sexual Health Information*. The two groups in the South had nearly identical top 6, notably with *HIV Treatment and Prevention* being the most-frequently cited concern in both groups. Given the high prevalence of HIV among trans and non-binary people, we expect that some of the variation in priority of *HIV Prevention and Treatment* may be explained by support services being accessible, rather than indicating that HIV is a low priority for the participants. We interpret the high ranking of *Consent and Boundaries* relates to the high prevalence of sexual assault and sexual abuse among trans people, and the high ranking on Relationships to relate to high rates of social isolation and discrimination in dating.

We were surprised to find that, given the diversity and variation in race, age, and region among the different groups, there was such consistency among the priorities the respondents identified. This suggests that, despite variation, there are measurable focus areas for trans and/or non-binary people about their sexual health and wellness that deserve attention, research, resources, and support. Still, there was wide variation among the respondents who identified these issues as their top concern, and many other issues warrant further investigation. In particular, intimate partner/sexual violence, sex work, and sexual pleasure also ranked highly among most groups. All of these issues came up in the community health forums in significant detail, as we discuss below.

COMMUNITY HEALTH FORUM

Self-Determination and Social Determinants of Sexual Health

We set out to identify what sexual health issues are important to trans people how we might mobilize trans communities around these issues. It became immediately clear that sexual health for the participants was inextricable from overall mental and physical health as well as social determinants of health like family support, housing, economic security, and institutional violence. One participant in the Washington, D.C. group laid out a clear connection between housing security and sexual health: **"We need safe places to have sex!"**

A repeated theme was the need for safety in all aspects of life, from homes and houses of worship, to schools and workplaces, to hospitals and prisons. Participants in several groups noted the importance of reducing stigma in order to achieve cultural power. In doing so, trans and non-binary people can be seen as full, whole human beings, instead of punchlines and stereotypes. **"We are whole,"** is how one participant from Florida put it. "We want people to see us as part of history," said another participant from Georgia. Participants resonated with a desire for trans and cis people alike to view trans people not as deviations from a norm who need to be "included," but as whole people integral to the global community.

For our groups, answering the question "What does sexual health look like for trans and non-binary people?" involved considerable discussion of safety, agency, and freedom of movement as a precursor to any kind of health, including sexual health.

In each group, participants brought up:

- The increasingly difficult paths to safe migration across international borders, especially for people who are migrating to escape transphobic violence and seeking asylum

- The disproportionate rates of and brutal conditions under which trans people of color are
- The economic barriers that result in extreme rates of lacking health insurance, experiencing homelessness, and participating in underground economies
- The vulnerability to sexual exploitation at all ages that results from each of these societal failures

The key understanding was that, in order for trans people to maintain healthy minds and bodies, we need a level of bodily autonomy at a scale that fundamentally does not exist. The D.C. group enthusiastically named a **desire for trans and non-binary people to be able to make choices from a place of stability instead of vulnerability.**

Changing Circumstances to Support Self-Determination and Social Determinants of Sexual Health

COMMUNITY ACTIVISTS

Identity the local or state officials and groups responsible for administering protections in health care, housing, education, public accommodations in your area

Engage them with data and stories that communicate the issues clearly and with urgency

Ask for specific commitments to improve experiences for trans and non-binary people

Follow up! Follow up! Follow up!

Changing Circumstances to Support Self-Determination and Social Determinants of Sexual Health *continues*

HEALTHCARE AND SOCIAL SERVICE WORKERS

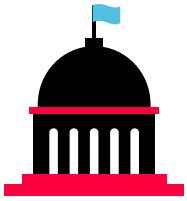
Hire trans and non-binary people into meaningful positions of leadership

Ensure that all workers treat trans and non-binary clients as well as coworkers with common courtesy and respect

Ensure that intake and records systems have fields for preferred name and gender pronouns

Take Action

Changing Circumstances to Support Self-Determination and Social Determinants of Sexual Health *continues*



POLICYMAKERS /LEGISLATORS

Publicly support universal healthcare for all people living in the U.S., regardless of immigration status, income, or employment

Draft local, state, and federal legislation to expand Medicaid eligibility

Commit to full funding for programs like the Ryan White Care Program, the Affordable Care Act, and similar state and local health equity programs

Publicly oppose restrictions on freedom of movement, including immigration detention

Changing Circumstances to Support Self-Determination and Social Determinants of Sexual Health *continues*

POLICYMAKERS/LEGISLATORS *continued*

Publicly support trans and non-binary centered alternatives to policing and prisons

Publicly oppose HIV criminalization laws

Pursue public policy agenda that accounts for the needs of trans people who engage in survival sex work

Take Action

Changing Circumstances to Support Self-Determination and Social Determinants of Sexual Health *ends*

FUNDERS

Commit to general operating support for existing work of trans women of color who are already leading efforts to improve conditions for currently and formerly incarcerated trans and non-binary people (for example: Solutions Not Punishment Collaborative; New York Trans Advocacy Group; Trans, Gender Variant, and Intersex Justice Project)

Support trans and non-binary led organizing efforts to put material consequences on landlords and business owners who promote or allow discrimination based on gender identity or expression in housing (including homeless shelters), healthcare, employment, schools, and public accommodations

Information Availability & Access

Participants across all groups brought up the difficulty of finding accurate information about sexual health; many believed no trans-inclusive sex education or sexual health information existed. When our facilitation team shared existing resources with the groups, participants dug deeper to identify sources of failure that prevented them and others in their communities from knowing about these resources. Some pointed to the need for K-12 sex education in schools to include trans people and our bodies throughout the curriculum; further, they noted a need for lifelong sex education by increasing adult sexual health resources that are widely accessible. Participants in Washington D.C., Pennsylvania, and New Mexico noted that trans-specific sex education resources should include information about how our bodies and desires may change with hormones and aging, in addition to what puberty looks like for trans youth both using and not using hormone blockers.

> "If you know your path, you can go for it"
>
> ***~Georgia participant***

Participants also said that the media limited the flow of information. Representations of trans and non-binary people in mainstream media are increasing but still function at a rudimentary level. They continue to focus on breaking down stereotypes and introducing trans people to cisgender audiences instead of connecting with trans audiences to inspire and enrich our lives. One D.C. participant noted that representation and visibility are not an end goal; however, as one Georgia participant noted, they can reach deeply into a person's psyche to show a path forward through life, instead of solely focusing on the challenging aspects of living as a trans person today.

Many participants over age 40 discussed the word-of-mouth connections that trans communities have historically formed to share information about reliable and safe health care providers, safer or more pleasurable sex practices, and other survival resources. One participant in Pennsylvania noted that, while these word-of-mouth connections have been vital to community health, they require people to already know whom to talk to, introduce distortion through re-tellings, may inadvertently contain misinformation, and lack the authoritative credibility to stand up to scrutiny from skeptical healthcare providers.

For our participants, the need for accessible, reliable information was not limited to community members themselves. Many highlighted that healthcare providers and healthcare institutions need to receive information about trans and non-binary sexual health (for example, in the form of trainings, preferably required by law). Participants in all groups noted the need for systemic changes to intake forms, health records, waiting room practices, and restrooms that account for the variety of trans bodies and identities. However, provider education is only a first step in improving experiences and outcomes—as another Pennsylvania participant put it, **"I want our providers to know not just who we are, but how they can help us."** This is particularly salient in a context where more than half of transgender people have had to educate their providers about basic aspects of trans health, instead of being able to seek information about their bodies *from* providers.[3]

[3] **Jaime M. Grant, Lisa A. Motter, and Justin Tanis,** "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey," 2011.

Improving Availability & Access of Sexual Health Information

COMMUNITY ACTIVISTS

Tell your story!

Advocate for K-12 sex education curriculum that includes accurate, non-stigmatizing information about trans and non-binary people

Always use non-stigmatizing language when referring to risk reduction in sex – for example, “condomless sex” instead of “risky” or “unsafe sex”

Take Action

Improving Availability & Access of Sexual Health Information *continues*

COMMUNITY ACTIVISTS *continued*

Always use people-first language when referring to trans and non-binary people and people living with HIV (e.g., "people living with HIV", NOT "HIV-infected people"; "transgender people" not "transgenders")

Share existing resources in support groups and social media

Improving Availability & Access of Sexual Health Information *continues*

HEALTHCARE AND SOCIAL SERVICE WORKERS

Always use non-stigmatizing language when referring to risk reduction in sex – for example, "condomless sex" instead of "risky" or "unsafe sex"

Always use people-first language when referring to trans and non-binary people and people living with HIV (e.g., "people living with HIV", NOT "HIV-infected people"; "transgender people" not "transgenders")

Share copies of existing resources such as the Fucking Trans Women zine, Trans Bodies, Trans Selves, and Safer Sex for Trans Bodies

Take Action

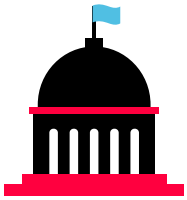
Improving Availability & Access of Sexual Health Information *continues*

HEALTHCARE AND SOCIAL SERVICE WORKERS *continued*

Advocate in professional associations for training programs to require relevant, accurate information about trans and non-binary people, physiology, and social context into regular curriculum

Hire trans and non-binary people as employees in meaningful positions of leadership

Improving Availability & Access of Sexual Health Information *continues*



POLICYMAKERS/ LEGISLATORS

Publicly support K-12 sex education curriculum that includes accurate, non-stigmatizing information about trans and non-binary people

Always use non-stigmatizing language when referring to risk reduction in sex – for example, "condomless sex" instead of "risky" or "unsafe sex"

Always use people-first language when referring to trans and non-binary people and people living with HIV (e.g., "people living with HIV", NOT "HIV-infected people"; "transgender people" not "transgenders")

Take Action

Improving Availability & Access of Sexual Health Information *ends*

FUNDERS

Support trans and non-binary led programs to develop and maintain educational information about sexual health

Support trans and non-binary led programs to develop new cultural works (e.g., writing, video, music, zines, comics) that share positive, accurate information about sexual health and wellness

Sex Work as Reality, Harsh or Otherwise

Many participants described their experiences with sex work as a de facto reality. Due to discrimination in education and employment paired with family rejection, sex work often becomes the primary source of income and stability for some trans people. Also, some trans women in particular described sex work as a rite of passage—being desirable by cisgender men validated their womanhood. In this view, sex work offered opportunity for participants to gain social acceptance and control their own time, money, and body, in a way that is often denied to them in other industries. For some participants, the choice to engage in sex work felt empowering. One participant in Washington, D.C. pointed to a need to reduce stigma "of our bodies and how we use them—**our bodies are not your business until we want them to be.**" For others, sex work is a means of immediate survival in the face of rampant discrimination in workplaces of all kinds. As one participant from Pennsylvania said, **"I had to pay the bills, and [sex work] was the only kind of work I could get."**

Participants in all groups noted that the stigma and criminality of sex work results in increased vulnerability to physical, sexual, and economic exploitation. Participants shared stories of roommates and partners using sex work—either as an arrestable offense or threatening to force them into sex work for financial gain—as a means of controlling their actions. Many participants discussed their experiences with violent or controlling partners, both in and out of the context of sex work. The role of economic vulnerability in violent relationships stands out in sharp relief given the high prevalence of survival sex work among trans and non-binary people, particularly trans women of color.

Participants also discussed the long-term impacts of engaging in sex work as detrimental to sexual health for a number of reasons. Some highlighted the pressure to have condomless sex for higher pay or under coercion, leading to increased risk of contracting STIs and HIV. Others noted that their sexual pleasure and desires became muted and pointed to a need to reconnect to their own sexuality outside of a working mindset.

Additionally, given the criminalization of sex work throughout the U.S., participants highlighted the lack of recourse available when a client is violent or refuses to pay for their services. Participants in Georgia also noted that the stigma and stereotyping of trans women as sex workers is a barrier to getting and keeping stable housing—landlords who "don't want trouble" will simply evict or refuse to rent to trans women on the assumption that they engage in sex work. From both perspectives, participants noted the impacts of shifts in public policy and economic trends on their health and livelihoods. In particular, participants in New Mexico highlighted that laws and policies intended to end sex trafficking often had unintended consequences for trans people.

Further, participants noted that as the economy continues to trend downward, it has become more difficult to maintain their rates, as wages for clients in working in the formal economy go down and unemployment/underemployment rises.

Responding to Sex Work as Reality Harsh or Otherwise

COMMUNITY ACTIVISTS

Pursue public policy agenda that accounts for the needs of trans people who engage in survival sex work

Share information about dangerous people in online "bad date" lists

Acknowledge the specific impact of anti-blackness in violence against sex workers

Responding to Sex Work as Reality Harsh or Otherwise *continues*

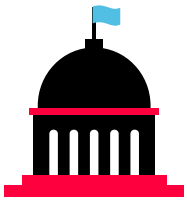
HEALTHCARE AND SOCIAL SERVICE WORKERS

Implement health and safety programs for sex workers—besides just condom distribution! Resource: guide from the World Health Organization

Ensure that all staff treat sex workers with common courtesy and respect

Take Action

Responding to Sex Work as Reality Harsh or Otherwise *continues*



POLICYMAKERS /LEGISLATORS

Pursue public policy agenda that accounts for the needs of trans people who engage in survival sex work

Educate yourself about sex worker rights, issues, and demands

Ensure that any anti-trafficking policy you support avoids unintended consequences

Support the national Equality Act as well as state and local bills that guarantee protections for trans employment non-discrimination to reduce the number of trans people who are forced into sex work

Responding to Sex Work as Reality Harsh or Otherwise *ends*

FUNDERS

Follow the lead of sex worker-led organizations such as the Sex Worker Outreach Project and Red Umbrella Fund

Learn from philanthropic partners leading funding to support sex workers, such as the Levi Strauss Foundation, Ford Foundation, and Open Society Foundations

Self-Worth, Internalized Transphobia, and Affirming Relationships

Many participants highlighted challenges at all stages of intimate relationships—forming, maintaining, and ending them. Some of the issues related to potential partners and some relating to one's own sense of self. Participants in all groups described a history of and fear of rejection from partners. Many also discussed those experiences in combination with low self-esteem and internalized transphobia leading to difficulty expressing their own desires and agency with partners, or to putting up with disrespect or abuse. A participant in New Mexico described this as "feeding self-toxic thinking," while another in Pennsylvania described being so conditioned within unhealthy relationships that a necessary first step was knowing what a healthy relationship looks like. This emotional vulnerability could be paradoxically entwined with protective mechanisms that form their own barriers to intimacy—one participant in the Washington, D.C. group talked about the difficulty in trusting people and letting people inside the thick skin she's grown from living through so much trauma. When we consider these patterns in the larger context there is a clear correlation between economic instability, vulnerability, and policing, and the high rates of intimate partner violence and abusive relationships that trans and non-binary people experience. Many participants discussed being trans as a lonely experience, and that the potential for intimacy and love makes it easier to tolerate unhealthy patterns in relationships. In other words, "knowing better" isn't enough to keep someone safe from harm. Some participants, particularly trans women, also noted that many potential partners see them as objects of fetishization and aren't interested in them as whole people.

For those who were in relationships or had previously been, other challenges included the strain on a relationship when one partner transitions. One participant in the Pennsylvania group noted that, from within trans and LGBQ communities, there is pressure to transition and "be true to yourself," without accompanying support, awareness, or caution for the real losses a person may experience during transition. Several participants described partners leaving them or barring access to their own children as a direct result of their transitions. Some participants in Washington D.C. and Atlanta described cisgender men partners who were happy to be partnered to trans women but left the relationship after their trans women partners underwent surgery for genital reconstruction as part of their transition. Others discussed the extra layers added to a healthy, loving relationship that being trans adds—for example, being accepted not just by one's own family, but by a partner's family and meeting familial expectations of gendered roles.

Still, many participants talked about the self-love they had gained as a result of living their authentic lives and the boost to their self-esteem that has allowed them to expect respect from their partners. Some articulated the shame that is an underlying factor in the challenges discussed above, and rejected it outright. One participant in Washington, D.C. named it plain and simple: **"Don't shame me."** Participants in Washington, D.C., Georgia, and Pennsylvania highlighted the beauty and richness of romantic relationships between and among trans and non-binary people, noting that trans people are able to understand each other's experiences at a level of depth that comes only from lived experience.

Participants in all groups discussed the importance of negotiating sexual boundaries with potential sexual and romantic partners. Some identified the uniquely trans challenge of finding comfortable, non-stigmatizing, non-clinical words with which to refer to genitals. Others highlighted issues of consent—from normalizing asking permission to ask personal questions to talking about sex to engaging in particular sexual activities to bringing an awareness of past trauma into a new sexual relationship. Participants who had gained a feeling of sexual empowerment talked about the importance of knowing one's own limits, setting clear and direct boundaries, and the importance of voicing needs and asking questions of their partners—**"don't assume, communicate!"** as one participant in Washington, D.C. said.

> "No partner of any level of intimacy deserves details on my transition. I lead that charge."
>
> *~Washington, D.C. participant*

Improving Self-worth, Internalized Transphobia, and Affirming Relationships

COMMUNITY ACTIVISTS

Share stories of affirming, safe relationships and hookups as models in organizing

Share referral resources such as the National Queer and Trans Therapists of Color Network

Model and teach continuous consent practices

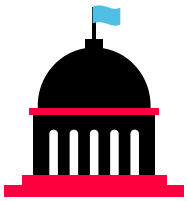
Improving Self-worth, Internalized Transphobia, and Affirming Relationships *continues*

HEALTHCARE AND SOCIAL SERVICE WORKERS

Include screening questions for intimate partner violence in general intake and regular appointments

Remind clients that they are lovable just as they are

Improving Self-worth, Internalized Transphobia, and Affirming Relationships *continues*



POLICYMAKERS /LEGISLATORS

Publicly support family planning and reproductive health programs that intentionally include trans and non-binary people who may want to parent

Publicly support anti-violence legislation and programs that intentionally include trans and non-binary people

Improving Self-worth, Internalized Transphobia, and Affirming Relationships *ends*

FUNDERS

Require that portfolios funding domestic/intimate partner violence be intentionally inclusive of trans and non-binary people

Support trans and non-binary led programs focused on trauma recovery and consent culture

CONCLUSION

Our communities often live in survival mode with our focus on fighting back the immediate threats to our livelihood and existence. However, we cannot separate these immediate needs from our ever-present desire for freedom and control over our bodies and sexual health. Nor can we separate our sexual liberation from the overburdening hold of racism, colonization, ableism, transmisogyny, and classism and all the violence that results from these forces.

The stories from this group of trans and non-binary people are not exhaustive in describing our larger priorities for justice. What they do provide is a baseline of where we are in understanding our sexual vulnerabilities, strengths, and desires and the way to move forward. We can see that a world where trans and non-binary people are more sexually liberated and healthy is a world without barriers to stable housing, employment, and health care; one where we have safe freedom of movement across borders and are not subject to mass incarceration. This world where we not only have access to lifesaving information, but we are educating our communities and are supported by health experts to do so. Where sex workers are supported and the power of trans love with our partners and for ourselves is realized: that is the world towards which we are building, organizing, and moving.

Now more than ever, we are tasked with doing this liberatory work in our communities and within ourselves to ensure our freedoms to desire, to love, and to connect. We hope that these lessons and stories can allow us to take control of our health and push our path inevitably towards this vision for our sexual liberation.

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