

Transgender Health: Findings from Two Needs Assessment Studies in Philadelphia.

by Gretchen P. Kenagy

The term "transgender" is used as an umbrella term to describe people who "... have gender identities, expressions, or behaviors not traditionally associated with their birth sex" (Gender Education & Advocacy, Inc., 2001). Transgender people are often grouped by their gender vector (Gender Education & Advocacy, Inc.), male-to-female (MTF) and female-to-male (FTM). MTFs are people who have been assigned a male gender at birth, but who identify their gender as female; FTMs are people who have been assigned a female gender at birth, but who identify their gender as male. These two gender identities (MTF and FTM) have been widely used by transgender people and in the transgender literature (for example, Clements-Nolle, Marx, Guzman, & Katz, 2001; JSI Research & Training Institute, 2000; Xavier, 2000). The language used to describe transgender identity is constantly evolving. For descriptions of transgender identity terms see Gender Education & Advocacy, Inc. and Israel (1996).

Although MTF and FTM are often used to group transgender people, it is important to understand the diversity of genders that exists in the transgender community. Some transgender people identify their gender as both male and female; others identify their gender as neither male nor female. As one transactivist wrote, "gender-identity is the manner in which we think of ourselves, our internal conviction about being men or women, male or female, masculine or feminine (and both or neither)" (Singer, 1997).

BACKGROUND

Historically, particularly in Western culture, people who have not conformed to their assigned gender role have been oppressed, and transgender people have been victims of societal discrimination and marginalization (MacKenzie, 1994). Recently, transgender activists organized to challenge discrimination and violence as well as negative stereotyping by the media (MacKenzie; Parlee, 1996). Growth of the transgender movement accelerated in the 1990s, advocating for civil rights for transgender people and seeking to improve the health and welfare of the transgender community. Researchers also began to document a variety of issues that are relevant to the transgender community, such as discrimination, oppression, and the adverse social and health consequences of discrimination and oppression. Although the volume of information about transgender people is limited, key issues are emerging from the literature-- HIV/AIDS, suicide, violence, and barriers to health care access.

HIV/AIDS is a major health concern among the transgender community. Studies have shown that transgender people are at risk of HIV infection from unprotected sexual activity (Bockting, Beatrice, Robinson, & Rosser, 1998; Clements-Nolle et al., 2001; Elifson et al., 1993; Gattari, Rezza, Zaccarelli, Valenzi, & Tirelli, 1991; Pang, Pugh, & Catalan, 1994; Reback, Simon, Bemis, & Gatson, 2001; Xavier, 2000). HIV prevalence rates among transgender people appear uniformly high. For example, in a sample of 515 transgender people in San Francisco, 27 percent were HIV positive (Clements-Nolle et al.); in a sample of 252 transgender people in Washington, DC, 25 percent were HIV -positive (Xavier). These rates are alarming when compared with the general population. In the year 2000 it was estimated that between 850,000 and 950,000 people in the United States were HIV -positive (National Institute of Allergy and Infectious Diseases, 2002). Based on an estimated resident population of 283 million (U.S. Census Bureau, 2002) for the same year, the percentage of U.S. residents infected with HIV is approximately .3 to .34 percent, much lower than the percentage of HIV -infected transgender people found in studies to date.

Suicide among transgender people has rarely been studied. Although researchers have speculated that transsexuals are prone to suicide (Block & Tessler, 1973; Levine, 1978; Wicks, 1977), only two empirical studies were found that asked transgender people about suicide (Clements, Marx, Guzman, Ikeda, & Katz, 1998; Xavier, 2000). A study of 515 transgender people in San Francisco found that 32

percent of the sample had attempted suicide (Clements et al.). The percentage of transgender people who had attempted suicide was lower (16 percent) among a Washington, DC, sample (N = 252), however, 35 percent had experienced suicidal ideation and among them, 64 percent had thought about suicide because of gender issues (Xavier).

There has been much anecdotal evidence that transgender people are victims of severe forms of violence. In recent years high profile cases of violence against transgender people, such as Brandon Teena and Tyra Hunter, have captured "mainstream" media headlines, but tragically the day-to-day violence against transgender people remains virtually ignored. Studies, however, are beginning to document violence as a major public health threat to the transgender community (Bowen, 1995; Wilchins, Lombardi, Priesing, & Malouf, 1997; Xavier, 2000). Bowen found that among 20 FTMs, 21 percent had been beaten as an adult and 71 percent had been beaten as children, defined as under age 21. More than one-third (36 percent) of the sample were sexually abused as adults, 50 percent were sexually abused as children, 50 percent had been raped or sexually assaulted at some point during their lives, and about two-thirds (64 percent) were afraid for their life or physical safety at some point during their lives.

Wilchins and colleagues (1997) surveyed 402 predominately white (70.9 percent) transgender people and found that 47 percent had been assaulted during their lifetime. In the year before the survey, 16 percent of respondents had been assaulted compared with data from the National Crime Victimization Report, which found an 8.2 percent assault rate. The study also found that 14 percent of respondents had been either raped or the victim of an attempted rape (Wilchins et al.).

Among 515 transgender people who took part in a needs assessment study in San Francisco, 68 percent of MTFs and 55 percent of FTMs had been forced to have sex (Clements et al., 1998). A needs assessment study of transgender people (N = 252) in Washington, DC found that 43 percent of respondents had been a victim of violence or crime (Xavier, 2000). In Los Angeles, 47 percent (N = 244) of a baseline sample of MTFs reported that they had been physically abused, and 80 percent had experienced verbal abuse (Reback et al., 2001). The literature also suggests that transgender people experience barriers to health care access. Transgender people have been denied health care services such as transgender -related care and HIV prevention services (Bowen, 1995; Reback et al., 2001). Lack of knowledgeable providers (JSI Research & Training Institute, 2000), insensitivity or hostility by providers (Xavier, 2000), and lack of health insurance (JSI Research & Training Institute; Reback et al.; Xavier) were also found to be barriers to obtaining general and transgender -related health care. Lack of access to a doctor may hinder the general health of transgender people during the course of their lives.

Given the limited research on transgender health, this study used empirical data from two needs assessment surveys to document key health issues affecting transgender people: HIV/AIDS, suicide, violence, and health care access. Results are presented for the entire sample. Differences between MTFs and FTMs are explored.

METHOD

Data were collected from two needs assessment surveys of transgender people: The Needs Assessment for the Transgender Communities in the Philadelphia Region (survey one) and the Delaware Valley Transgender Survey (survey two). Survey one was initiated by a Philadelphia-based AIDS services agency, which was given funding to study transgender people. The agency, in collaboration with another AIDS services agency and a local university, conducted a needs assessment of a community-based sample of transgender people in the Greater Philadelphia area. Snowball sampling was used to recruit respondents. Data were collected through face-to-face structured interviews by eight transgender interviewers trained to administer the needs assessment survey. Interviews lasted about one hour. Respondents were administered the needs assessment survey in places of their choosing so that they would feel as safe and comfortable as possible. Main topics as well as language for most of the questions were identified and developed by transgender people during two focus groups and two discussion groups. The primary health-related concerns expressed in the focus groups and discussion groups were HIV/AIDS, suicide, violence, and barriers to health care access. In addition, a draft of survey two was used to obtain ideas on content. The needs assessment survey was pilot tested before interviews were conducted.

Survey two was developed and conducted by a grassroots transgender health advocacy group in Philadelphia. The needs assessment survey was distributed in person or by mail to Philadelphia area organizations that provided services to transgender people. The organizations were asked to display the needs assessment survey in a highly visible area. Respondents were transgender people willing to complete the self-administered survey. Self-addressed stamped envelopes were provided to facilitate responses. Because many questions were common to both surveys and had the same wording, results from survey one and survey two were combined.

Inclusion criteria for both surveys were developed by transgender people. Survey one asked participants to identify as transgender by answering "yes" to the following question: "According to one definition, being transgendered is the recognition of conflict between gender at birth and present gender identity. According to this definition do you consider yourself to be transgendered?" People who said "yes" were given the survey. Respondents of survey two were those who self-identified as transgender. In addition, they were asked "What is your gender identity?" and given a list of fifteen gender identity terms from which to choose (see the Appendix). Their responses to the question were used as evidence of their transgender status.

Respondents were categorized as either MTF or FTM for the purpose of data analysis. Survey one respondents' answers to the question "What was your biological sex?" (respondents had a choice of "male," "female" or "intersex") were used as an indicator of their birth-assigned gender. Because respondents self-identified as transgender, their answers to this question were used to categorize their gender identity as either MTF or FTM. Respondents whose biological sex or birth-assigned gender was male were categorized as MTF, respondents whose biological sex or birth-assigned gender was female were categorized as FTM.

Survey two respondents were considered MTF if they identified as male-to-female transsexual, transwoman, transvestite, drag queen, cross-dresser, female, transgendered, or transgenderist on the question "What is your gender identity?" and answered "male" to the question "What was your physical sex at birth?" (respondents had a choice of "male," "female," or "intersex"). Respondents were considered FTM if they identified as female-to-male transsexual, transman, passing butch, transvestite, drag king, male, transgendered, or transgenderist to the question "What is your gender identity?" and answered "female" to the question "What was your physical sex at birth?"

Sample Characteristics

There were 182 people in the sample (81 in survey one and 101 in survey two). About three-fifths (62.1 percent) of the sample were MTF and about two-fifths (37.9 percent) were FTM. Among the 179 respondents who answered the question on race, 41.3 percent were African American, 33.0 percent were white, 10.1 percent were multiracial, 6.1 percent were Hispanic, 5.6 percent were biracial, and 3.9 percent were other (see Table 1). The average age of respondents ($n = 161$) was 32.2 ($SD = 9.8$) and ranged from 17 to 68 years. Among the 171 people who answered the question on education, the majority (52.7 percent) had 12 or fewer years of education; however, 29 percent had 13 to 16 years of education, and 27.5 percent had attended graduate school or obtained a graduate or professional degree.

RESULTS

HIV/AIDS

HIV Status and Testing. Among the 177 respondents who provided information on their HIV status, 6.2 percent were HIV positive, 77.4 percent were HIV negative, and 16.4 percent didn't know their HIV status. A statistically significant difference in HIV status was found among MTFs and FTMs ($p < .001$). Ten percent of MTFs were HIV positive, whereas none of the FTMs were. MTFs appeared to be less informed about their HIV status than FTMs. More than two-fifths (21.8 percent) of MTFs said that they didn't know their HIV status compared with 7.5 percent of FTMs.

Among MTFs, a statistically significant difference was found between HIV status and race ($p < .01$). More than one-third (39.0 percent) of white MTFs did not know their HIV status compared with 11.8

percent of MTFs of color who did. A higher percentage of MTFs of color (11.7 percent) than white MTFs (4.9 percent) were HIV positive.

Respondents were also asked when they were last tested for HIV/AIDS. Of the 99 people who provided this information, 41.4 percent had been tested within the past six months, 28.3 percent were tested in the past six to 12 months, 9.1 percent in the past 12 to 24 months, and 21.2 percent were tested more than 48 months before the survey.

Risk of HIV Infection or Reinfection. About three-fifths (60.4 percent) of respondents had engaged in unprotected sexual activity during the past 12 months, putting themselves at risk of HIV infection or reinfection. Almost two-thirds (64.2 percent) of HIV -negative respondents, 81.8 percent of HIV -positive respondents, and 37.9 percent of respondents who didn't know their HIV status had engaged in unprotected sexual activity during the past 12 months. The majority of MTFs (61.1 percent) and FTMs (59.4 percent) had engaged in unprotected sexual activity.

The risk of HIV infection from unprotected sex was significantly higher among people of color than among white people ($p < .01$). More than two-thirds (67.5 percent) of people of color had unprotected sex during the past 12 months compared with less than half (45.8 percent) of white respondents. In addition, FTMs of color were at significantly higher risk than white FTMs ($p < .001$). Almost three-fourths (73.5 percent) of FTMs of color had unprotected sex compared with less than one-quarter (22.2 percent) of white FTMs. The same relationship was not found among MTFs. Table 2 shows the breakdown of unprotected sexual activities common to both surveys and the percentage of respondents who engaged in those activities.

Suicide

When asked "Have you ever attempted suicide?" about one-third (30.1 percent) of the 176 respondents who answered the question said "yes." Among the 111 MTFs who answered the question, 32.4 percent had attempted suicide; among the 65 FTMs 26.2 percent had attempted suicide. Respondents who had attempted suicide were asked: "Did you attempt suicide because you are transgender?" Of the 49 people who answered the question, about two-thirds (67.3 percent) said "yes." Among the 32 MTFs who answered the question, three-quarters (75.0 percent) said being transgender was the reason they attempted suicide. Among the 17 FTMs who answered the question, more than half (52.9 percent) said being transgender was the reason they attempted suicide.

Violence

Survey one respondents were asked three questions about violence they had experienced during their lifetime. Among the 78 respondents who answered the question "Have you ever been forced to have sex?" 53.8 percent said "yes." When asked "Have you ever experienced violence in your home?" 56.3 percent of the 80 people who answered the question said "yes." Last, among the 80 respondents who answered the question "Have you ever been physically abused?" 51.3 percent said "yes." MTFs (68.8 percent) were significantly more likely to have been forced to have sex ($p < .001$) than FTMs (30.0 percent). MTFs (67.3 percent) were significantly more likely to have experienced violence in their homes ($p < .05$) than were FTMs (38.7 percent). Also, MTFs (65.3 percent) were significantly more likely to have been physically abused ($p < .01$) than were FTMs (29.0 percent).

Access to Health Care

Of the 173 people who answered the question "Do you have a doctor or primary care physician?" about two-thirds (67.1 percent) had a doctor or primary care physician. Among the MTFs ($n = 100$), 71.8 percent had a doctor, and among the FTMs ($n = 63$), 58.7 percent had a doctor. Significantly more white respondents than respondents of color had a doctor ($p < .01$). The majority (83.1 percent) of white respondents had a doctor; the percentage drops to 59.5 for respondents of color. When data were cross tabulated by gender identity, a significant relationship between race and having a doctor was found only for FTMs ($p < .01$). The majority (88.9 percent) of white FTMs had a doctor compared with less than half (48.8 percent) of FTMs of color.

Respondents were also asked "Have you ever been denied health care because you are transgender?" Of the 154 people who provided information, 26.0 percent had been denied medical services. Of the 88 MTFs who answered the question, 28.4 percent had been denied medical services. Of the 66 FTMs who answered the question, 22.7 percent had been denied medical services. In addition, 14.8 percent of MTFs and 19.7 percent of FTMs did not know if they had been denied health care services because they were transgender. Perhaps some respondents suspected that they were refused care because of their transgender status, but had no way of knowing for sure.

Survey two respondents were also asked if they had difficulty obtaining general health and transgender-related health services because of cost. Specifically, they were asked about their ability to gain access to general medical care, prescription medication other than hormones, hormones, gender-related surgery, counseling or therapy, and dental care. About half (51.5 percent) of respondents had difficulty gaining access to one or more of these services. Almost two-fifths (39.1 percent) of MTFs were unable to gain access to at least one health service due to cost, but almost two-thirds of FTMs (73.0 percent) were unable to do so. Table 3 provides information for each health service survey two respondents were unable to obtain due to cost.

DISCUSSION

Before discussing the implications of these findings, major limitations of this study should be addressed. The nonprobability sampling method used does not allow the results of this study to be generalized beyond the study sample. Furthermore, it is unclear how the different data collection methods affect the comparability of the two needs assessment surveys.

Another limitation pertains to the definition of transgender. The term "transgender" is new and possibly unfamiliar to people who identify as or express attributes of the "opposite" gender. It is important to consider that language developed to define transgender identity may not be similarly used (or used at all) by people of varying racial and ethnic groups. People may have aspects of what some would define as a transgender identity, but not themselves identify as transgender. By asking people to agree with one definition of transgender, as in survey one, or to identify as one of many categories of transgender identity and/or expression, as in survey two, people unfamiliar with these descriptions of transgender identity may have been inadvertently excluded from the study sample. It is important for future research to incorporate a clearer understanding of how transgender identity is defined and expressed, including within and across racial and ethnic groups, as a means of improving study samples.

Despite the limitations, there were many important findings with regard to HIV/AIDS, suicide, violence, and barriers to health care access that came out of this study. The findings showed a lower incidence of HIV infection among the respondents in comparison with those found by previous studies (for example, Clements-Nolle et al., 2001; Xavier, 2000). To report that the prevalence of HIV among this sample of transgender people is low, however, may be premature because respondents self-reported their HIV status. In addition, a majority of respondents reported their HIV status without having had an HIV test in the past six months. Particularly worth noting is that all FTMs said they were HIV negative, but most had not been recently tested for HIV.

In addition to confirming the high risk of HIV infection among MTFs, which is consistent with other studies (Clements-Nolle et al., 2001; Elifson et al., 1993; Modan et al., 1992; Xavier, 2000), this study found that FTMs were also at risk. Despite the risk of HIV infection or reinfection through unprotected sexual activity, FTM and MTF respondents engaged in sexual activity without using a latex barrier during the past 12 months. These findings point to the need for further investigation of HIV risk among FTMs and suggest that HIV prevention efforts should target FTMs as well as MTFs.

The findings on suicide support data from previous studies that suicide is a major health concern among transgender people (Clements et al., 1998; Xavier, 2000). Although there is no official national data in the United States for suicide attempts, it is estimated that there are 730,000 suicide attempts in the United States each year (American Association of Suicidology, 2001), which is about the rate of .002, or 200 attempts per 100,000 people. In this context, the percentage of attempted suicide (30.1 percent) found in this study sample is alarming. Of particular concern is that two-thirds of respondents who attempted suicide did so because they were transgender. These findings point to the need for suicide

prevention services targeted to transgender people. More research is needed to explore the factors that influence the decision-making processes of transgender people who attempt suicide in order to reduce the high incidence of attempted suicide among this group.

Several studies have reported alarmingly high levels of domestic violence, physical abuse, and sexual abuse against transgender people (for example, Bowen, 1995; Wilchins et al., 1997). This study also found high levels of violence experienced by transgender respondents. Survey one respondents, particularly MTFs, experienced high levels of physical abuse and violence in their homes. The levels of sexual abuse were also alarming. The higher levels of sexual abuse found among MTFs may be due to the fact that MTF sex workers were among the survey one target population. MTF sex workers are in danger of being victims of violent sexual acts, particularly if they are pre-operative. There is anecdotal information of pre-op MTFs who have been beaten and even killed by "Johns" who found out they were biological males (Wilchins et al.).

In addition to the acts of physical and sexual abuse perpetrated against the study respondents, many respondents felt unsafe or uncomfortable in public. These findings indicate a strong need for the development of violence prevention services for transgender people. It is suggested that future research on violence and transgender people include information regarding when the violence took place and the type of violence that occurred. The information can be used to inform public policy and to develop anti-violence social service programs for the transgender community.

Barriers to health care access is another key area that must be addressed with regard to transgender people. This study found that a high percentage of the sample did not have a doctor (about one-third), which may be an indicator of lack of access to consistent primary medical care. People of color were less likely than white respondents to have a doctor, and FTMs of color were less likely than their white counterparts to have a doctor. These findings suggest that transgender people of color may not be receiving adequate health care services. More attention needs to be paid to racial disparities in health care in the transgender community.

In addition, the study found that transgender people experienced discrimination in the health care system because of gender identity. About one-quarter of MTFs and FTMs were denied medical services because they were transgender, a finding that corresponds with other research (Bowen, 1995). Provider training about transgender identity and health needs is urgently needed; as a start, I suggest that programs training health care and social services providers incorporate these issues into their curriculums.

Lack of understanding of transgender identity and stigma may adversely affect the health of the transgender community. Transgender people not only experience high levels of HIV, suicide, and violence, but also face barriers to health care. Transgender people need more access to the systems that provide care to prevent and reduce the incidence of HIV, suicide, and violence in their community.

APPENDIX

Gender Identity Terms from the Delaware Valley Transgender Survey (survey two)

1. Male to female transsexual
2. Female to male transsexual
3. Transman
4. Transwoman
5. Passing butch
6. Transvestite

7. Intersexed
8. Drag king
9. Drag queen
10. Cross dresser
11. Male
12. Female
13. Transgendered
14. Transgenderist
15. Other (specify)

Table 1: Characteristics of Transgender Respondents Participating in Needs Assessment Studies

Variable	Full Sample (N = 182)	MTF (n = 113)	FTM (n = 69)
Age (M) **	33.2	35.5	29.4
Race (%)			
African American	41.3	41.1	41.8
White	33.0	36.6	26.9
Multiracial	10.1	9.8	10.4
Hispanic	6.1	3.6	10.4
Biracial	5.6	4.5	7.5
Other (including Asian and Native American)	3.9	4.5	3.0
Years of education (%)			
Less than 12	14.6	18.2	8.2
12	38.0	33.6	45.9
13-16	29.8	30.0	29.5
More than 16	17.5	18.2	16.4

Notes: MTF = male to female. FTM = female to male. Data in this table are from the Needs Assessment for the Transgender Communities in the Philadelphia Region and the Delaware Valley Transgender Survey.

** $p < .01$

Table 2: Type of Unprotected Sexual Activity among Transgender Respondents

Sexual Activity	Full Sample (N = 182)	MTF (N = 113)	n	%	n	%
Vaginal-penile intercourse without a condom	28	15.4	23	20.4		
Anal--penile intercourse without a condom	16	8.8	12	10.6		
Oral--penile intercourse without a condom	56	30.8	52	46.0		
Oral--vaginal sex without a latex barrier	57	31.3	26	23.0		
Oral--anal sex without a latex barrier	53	29.1	36	31.9		
Sex while drunk or high	57	31.3	38	33.6		

Sex with HIV+ partner 14 7.7 8 7.1

FTM

(N = 69)

Sexual Activity n %

Vaginal-penile intercourse without a condom 5 7.2

Anal--penile intercourse without a condom 4 5.8

Oral--penile intercourse without a condom 4 5.8

Oral--vaginal sex without a latex barrier 31 44.9

Oral--anal sex without a latex barrier 17 24.6

Sex while drunk or high 19 27.5

Sex with HIV+ partner 6 8.7

Notes: MTF = male to female. FTM = female to male. Data in this table are from the Needs Assessment for the Transgender Communities in the Philadelphia Region and the Delaware Valley Transgender Survey.

Table 3: Health Services Transgender

Respondents Were Unable to Obtain

Because of Cost

Full

Sample MTF FTM

(N = 101) (n = 64) (n = 37)

Service % % %

General medical care ** 24.8 14.3 43.2

Prescription medication * 21.8 14.3 35.1

Hormones 21.8 17.5 29.7

Gender-related surgery * 39.6 31.7 54.1

Counseling or therapy 32.7 28.6 40.5

Dental care ** 30.7 20.6 48.6

Notes: MTF = male to female. FTM = female to male. Data in table are from the Delaware Valley Transgender Survey.

* p < .05. ** p < .01.

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