



2 Stigma, Discrimination, Violence & Human Rights



What's in this chapter?

This chapter explains:

- the underlying **stigma, discrimination, transphobia** and **violence** that are responsible for human-rights violations against trans people, and how this overarching environment increases vulnerability to HIV (Section 2.1)
- how trans people experience stigma, discrimination and violence in different contexts, and promising **interventions and strategies** to address stigma, discrimination and violence (Sections 2.2 and 2.3)
- approaches to **monitoring and evaluation** of programmes (Section 2.4).

The chapter also provides a list of **resources and further reading** (Section 2.5).

2.1 Introduction

2014 Key Populations Consolidated Guidelines¹

Countries should work towards implementing and enforcing antidiscrimination and protective laws, derived from human-rights standards, to eliminate stigma, discrimination and violence against people from key populations. (p.96)

Every human being is guaranteed inalienable human rights in accordance with international legal standards. For many trans people, these rights exist only in form, not in substance. Trans people are denied not only fundamental rights to equality, dignity, health and security of being, but their very personhood. Trans people experience grave marginalization, discrimination and violence. This debilitating environment has many harmful consequences, one of which is a severe HIV epidemic, particularly among trans women.

Interventions to address transphobia, violence, stigma and discrimination and uphold the human rights of trans people are essential in order to safeguard their health and well-being. This chapter describes how these issues impact the everyday lives, social and economic status and well-being of trans people. It also identifies a number of strategies to prevent and respond to this. Many of these strategies were developed as good practice by groups of trans people, and may serve as examples for programme design.² They complement one another and should ideally be implemented together (see also Chapter 5, Figure 5.1). Nevertheless, the onus to implement and expand such strategies lies as much with government actors including health and law-enforcement departments as with other non-state actors and community groups.³

2.1.1 Transphobia and violence

Transphobia is prejudice directed at people whose gender identity⁴ or gender expression⁵ does not conform to social norms and expectations. It is a reaction to the real or perceived difference between the biological sex attributed to a person at birth and their gender identity or expression. Transphobia is a socially created attitude, similar in nature to racism, sexism, xenophobia or religious intolerance. It contributes to the marginalization of trans people and gender non-conforming people, and their resultant vulnerability to HIV.

1 Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2014.

2 Most of these strategies have not been formally evaluated for their impact on reducing risk factors or levels of stigma, discrimination or violence against trans people. Monitoring for unintended consequences and evaluation is important to produce evidence of violence reduction and rationales for programme expansion.

3 Community, in most contexts in this tool, refers to populations of trans women or men, rather than the broader geographic, social or cultural groupings of which they may be a part. Thus, “outreach to the community” means outreach to trans people, “community-led interventions” are interventions led by trans people, and “community members” are trans people.

4 Gender identity is a person’s internal, deeply felt sense of being male, female or some alternative gender or combination of genders. A person’s gender identity may or may not correspond with her or his sex assigned at birth.

5 Gender expression is a person’s ways of communicating masculinity, femininity or some combination externally through their physical appearance (including clothing, hair styles and the use of cosmetics), mannerisms, ways of speaking and behavioural patterns.

Transphobia can be directed at individuals or groups and manifests in many ways, including violence or other aggressive behaviour, stigmatization, hostility, disgust or other negative attitudes. It is often institutionalized through criminalization, discrimination, social exclusion, hate speech and hostile media coverage that pathologize and stigmatize trans people. A person's experience of transphobia may be aggravated (or mitigated) by their nationality, race, class, religion, economic circumstances or disability. Trans people living with HIV also report HIV-related stigma, discrimination and violence from within their own communities, as well as from families and intimate partners.

Transphobic violence has various manifestations, and can be seen as a form of gender-based violence. The Trans Murder Monitoring Project recorded 1,700 transphobic killings of trans and gender non-conforming individuals worldwide between 2008 and 2014, the vast majority of them trans women. Many other killings go unreported. In the United States, three-quarters of lesbian, gay, bisexual and trans (LGBT) homicide victims in 2013 were trans women. Transphobia is sometimes particularly intense against those who are marginalized in other ways, such as sex workers: two-thirds of the 1,700 murdered trans people whose profession was known were sex workers, and the levels of violence in these cases were extreme. Along with these murders, activists and organizations worldwide have documented cases of arbitrary detention, torture, mutilation and other inhumane and degrading treatment of trans people by individuals and state perpetrators.

Transphobia contributes to other risk dynamics disproportionately experienced by trans people, including economic and educational disenfranchisement and poor mental health (see Section 2.2). It negatively impacts the health and well-being of trans people within health-care settings themselves. For example, trans people are often unable to change the way their sex and name are listed on their medical record to reflect their gender identity. Other barriers to health care include cost, access to specialists and a lack of providers who are knowledgeable and accepting of trans people. This is due in part to the exclusion of trans people's health-related issues from standard medical training.

Access to HIV testing, care and treatment among trans people can be limited by experiences of stigma, discrimination or violence within the health-care setting. Trans women experience serious challenges in adhering to HIV care and treatment and therefore have low virological suppression rates. Being HIV positive can compound trans identity-related stigma and discrimination. If incarcerated, trans women living with HIV face interpersonal violence, a lack of safety, and threats to privacy, which create barriers for accessing ART.

2.1.2 Discrimination and action for legal gender recognition

Trans people in many countries suffer from a lack of legal recognition, equality and protection, and fundamental citizenship rights. These include the right to a legal identity based on the gender of their choosing, and the right to gender equality and equity, i.e. non-discrimination in all spheres of life based on their gender identity or gender expression.

In many contexts trans women are legally identified as male and are unable to change their gender on identification cards and passports. Trans men also face similar challenges. The violation of the fundamental right to personhood perpetuates serious disadvantages in everyday life. The lack of legal gender recognition can make it impossible for trans people to obtain any identification document, let alone one that describes their correct gender. Simple everyday activities—obtaining railway tickets, a phone line, state rations, a job, opening a bank account or attending school or

college—are made burdensome or even impossible. In countries where the law states that only a person's sex at birth can be listed on a passport or other official identification, confusion may arise in situations where official identification is required, causing uncomfortable scrutiny of trans persons and forcing them to reveal their sex assigned at birth, even if they would prefer not to do so. Such scrutiny also violates their right to privacy. Difficulties obtaining legal gender recognition can block the access of trans people to health services, shelter, housing, steady employment or education and contribute significantly to compromised health.

Some countries have recognized gender identities beyond the male–female binary and thereby extended constitutional rights to greater numbers of trans people:

- In 2007, the Supreme Court of Nepal paved the way to recognize a third gender officially in citizenship documents.
- In 2007, the Supreme Court of Pakistan directed the National Database and Registration Authority to add a “third gender” column to national identity cards for trans people, thus giving them the right to register to vote.
- In 2014, India's Supreme Court directed the government to recognize trans people as a third gender and trans women who identify as female, and trans men who identify as male, while guaranteeing the right to equality under the country's constitution. It called for special health and welfare programmes to support the needs of trans people.

In many countries, changes cannot be made to state identification documents unless the individual has undergone gender reassignment surgery. A precondition of such surgery may be a clinical diagnosis of gender identity disorder or gender dysphoria. In some cases this diagnosis requires registration, mandatory psychotherapy or an extended stay at a psychiatric hospital. Furthermore, some countries retain controversial sterilization requirements for those who seek gender reassignment or identification in a new gender. However, there has recently been positive change:

- Argentine activists and lawmakers succeeded in passing a Gender Identity Law in 2012, the first of its kind in assuring access to legal gender recognition to trans people without judicial, psychiatric or medical intervention, and in accessing free and voluntary health care for transition.
- In 2014 Denmark passed a law that permitted citizens to change their legal gender identity without needing to undergo sterilization or surgery, which had previously been required.
- In 2015, Mexico City reformed its Civil Code to introduce provisions similar to the Argentine law.
- In 2015, Columbia issued a ministerial decree permitting gender markers on birth certificates to be rectified through a simple administrative procedure.
- In 2015, the European Court of Human Rights ruled that requiring sterilization prior to gender reassignment, and the failure of the state to alter the birth certificate of a person to their preferred gender, are violations of the individual's right to a private life.

Box 2.1

Case example: Gender identity recognition in Malta

“Gender identity is considered to be an inherent part of a person which may or may not need surgical or hormonal treatment or therapy and the bill provides for a simplified procedure which respects the privacy of the person requesting that one’s official documents be changed to reflect the person’s gender.” (From the Objects and Reasons of Malta’s Gender Identity, Gender Expression and Sex Characteristics Act, 2015)

In 2015 Malta passed the Gender Identity, Gender Expression and Sex Characteristics Act, which provides a self-determined, speedy and accessible gender-recognition process. It envisages minors being able to exercise choice about their gender identity, while recognizing parental participation and the minor’s best interests. The law also guarantees non-discrimination in the public and private sector, and rejects the pathologizing of gender identity by stipulating that people “shall not be required to provide proof of a surgical procedure for total or partial genital reassignment, hormonal therapies or any other psychiatric, psychological or medical treatment”. The law also calls for a working group on trans health care to research international best practices. Following the law’s passage, the Maltese Ministry of Education, working with activists, devised a policy to accommodate trans, gender non-conforming and intersex⁶ children in the educational system.

Box 2.2

Case example: The Philippine’s largest city passes a “Gender Fair” ordinance

In 2014 the municipal council of Quezon City unanimously passed a “Gender Fair City” ordinance to protect the rights of LGBT individuals in all aspects of life including education, the workplace and politics. The ordinance promotes zero tolerance of discrimination, including bullying, teasing and negative portrayals in the media. In addition, it calls for increased options for stating sexual orientation or gender on various forms; providing gender-neutral bathrooms in public spaces and at work; and antidiscrimination activities in educational institutions and in the workplace. The city’s Pride Council was tasked with executing and monitoring the ordinance. While this is a small step towards eliminating discrimination against the trans community in the Philippines, the ordinance’s local focus supports change at the city level.

2.1.3 Legal and policy frameworks**International**

Predicated on fundamental notions of dignity, equality and security of personhood, the key international conventions that govern human rights articulate important rights-based claims that are applicable to all human beings, including trans people:

⁶ An intersex person is one who born with sexual anatomy, reproductive organs or chromosome patterns that do not fit the typical definition of male or female, by contrast with a transgender person, who is usually born with a male or female body.

- **The International Covenant on Civil and Political Rights (ICCPR)**, signed by 195 countries, specifically prohibits discrimination based on “race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status” (Article 26). In 1994, the United Nations Human Rights Committee ruled that “sex” as used in the ICCPR also includes sexual orientation, thereby making discrimination against sexual minorities a violation. An interpretation of this kind is an important precedent; it has the potential to expand grounds for protection against discrimination within “other status” in the ICCPR to issues such as gender identity and gender expression.
- **The International Covenant on Economic, Social and Cultural Rights (ICESCR)**, which has been signed by 164 countries, recognizes the right to enjoy “the highest attainable standard of physical and mental health” by all persons (Article 12).
- **The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)**, which has been signed by 189 countries, recognizes the equality of women in all spheres of life, particularly education, employment and health. The CEDAW Committee, the convention’s reporting mechanism, has received shadow reports highlighting the human-rights concerns of trans people.
- **The United Nations Human Rights Council resolution on sexual orientation and gender identity** in 2011 (updated in 2014), which has been signed by 96 countries, asserted the principles of universality of human rights and brought focus to violence and discrimination based on sexual orientation and gender identity. A 2011 report by the UN High Commissioner for Human Rights (also updated in 2014) called on UN member states to repeal discriminatory policies, enact anti-discrimination laws, and ensure protection for sexual minorities. A second report by the high commissioner was issued in 2015. The 2015 WHO publication *Sexual health, human rights and the law* addresses the particular vulnerabilities of trans people.

Regional

Regional mechanisms also articulate fundamental human rights for all persons within their jurisdictions, rights which apply as much to trans people as to other human beings:

- **The Inter-American Convention against All Forms of Discrimination and Intolerance** was approved in 2013 by the General Assembly of the Organization of American States (OAS). Based on the American Convention on Human Rights, it proscribes any form of discrimination and intolerance specifically on grounds of sexual orientation, gender identity and gender expression. The Inter-American Commission on Human Rights, an OAS body, instituted a Rapporteurship on the Rights of Lesbian, Gay, Bisexual, Trans and Intersex Persons, aimed at monitoring the human-rights situation, advising and providing technical assistance to the Commission and member states, and preparing reports and recommendations on law and policy reform in relation to LGBT and intersex persons.
- **The African Charter on Human and Peoples’ Rights**, signed and ratified by all but one country on the continent, stipulates the rights to life, personal liberty, free expression, humane treatment, inherent dignity and equality for all persons.
- **The European Convention on Human Rights**. In 2010 the 47 member states of the Council of Europe agreed to take a broad range of measures to combat discrimination based on sexual orientation and gender identity. These measures are set out in a Council of Europe recommendation, which was the first comprehensive intergovernmental agreement on the rights of LGBT people. Building on this, the council’s Parliamentary Assembly adopted a resolution on measures to prevent discrimination against trans people in Europe.

National

In addition to these international and regional human-rights frameworks and commitments, the constitutions of several countries, while lacking specific provisions related to trans people, guarantee equality of all persons and protection and respect of human dignity. In some countries quasi-judicial forums have been created for trans people to seek relief from human-rights violations. For instance, in El Salvador the Human Rights Ombudsperson (Procuraduría para la Defensa de los Derechos Humanos) receives and documents such complaints. Such procedures have been used effectively by advocates in making significant advances in trans people's human rights. Such norm-setting processes are vital to addressing the discrimination faced by trans people, and they play a crucial role in mitigating stigma. In many of these instances, law and policy reform has been led by trans activists in partnership with allies and law- and policy-makers.

Box 2.3

Case example: Addressing trans rights and needs at the policy level in India

Building on the success of activists who had worked with the national government to establish a Transgender Welfare Board, the *hijra*⁷ and trans women community in the Indian state of Maharashtra advocated successfully for the Women Policy 2014. The policy, which was developed by the state's Women and Child Development Department, acknowledged for the first time the human rights and the needs of *hijras* and trans women and committed to take action in several areas:

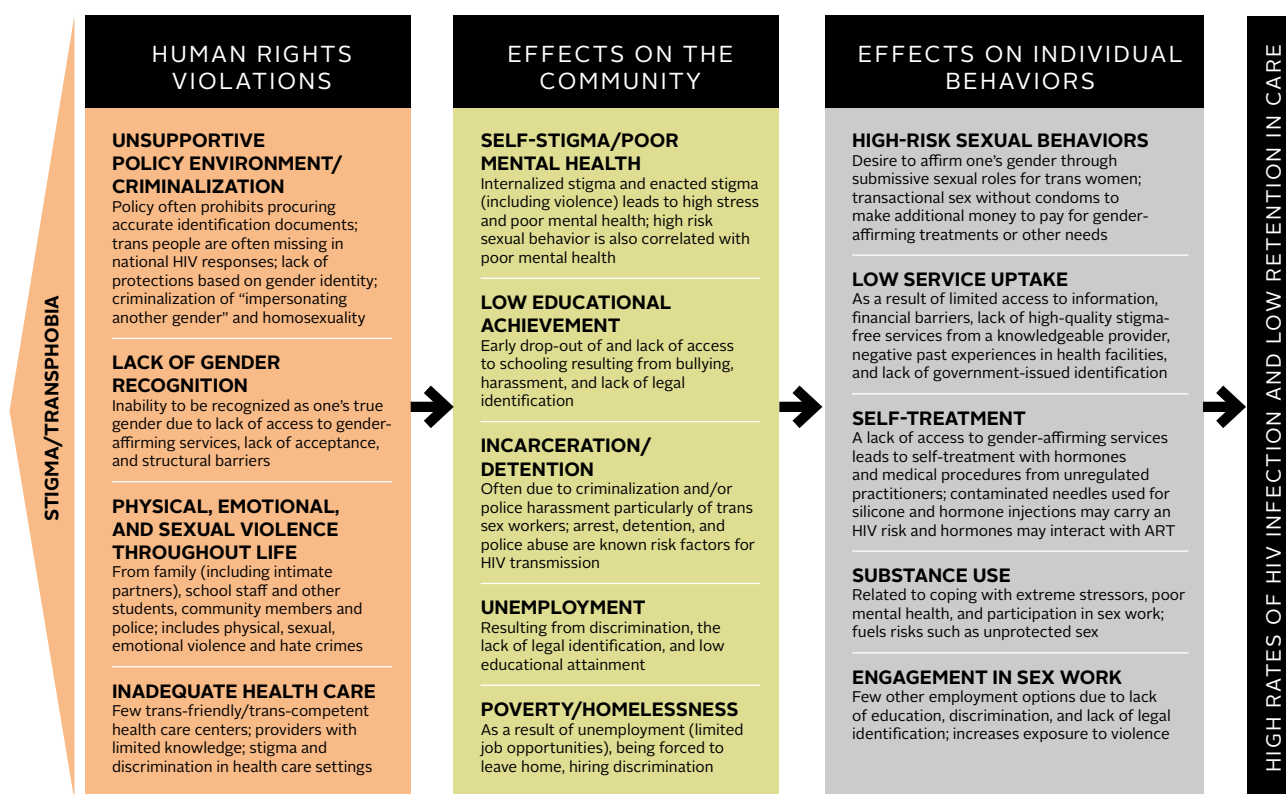
- **Law and crime:** Sensitize the police department to prevent the unjustified use of criminal law against *hijras* and trans women, and make available medical and legal help for *hijras* and trans women in police custody.
- **Shelter:** Allocate land and funds to build shelters for *hijras* and trans women.
- **Public health:** Provide free trans-focused health-service facilities, pre-surgery schemes like health insurance and regular medical check-ups. Conduct sensitization training for doctors and other hospital staff.
- **Education:** Coordinate work of the education and health departments and the state's HIV prevention structures to make education opportunities available, and conduct sensitization training for teaching and non-teaching staff. Implement a literacy drive for adult *hijras* and trans women, and a scholarship scheme for young *hijras* and trans women.

⁷ *Hijras* are a distinct socio-religious and cultural group within the wider trans population in India who mostly live in close-knit clans known as *gharanas*. *Hijras* traditionally give blessings and offer songs or dances at public ceremonies such as marriages, in return for money; but changing socio-economic conditions have forced a significant proportion of them into begging and sex work for economic survival, increasing their vulnerability to HIV and other sexually transmitted infections.

2.2 Addressing stigma, discrimination and violence

Like other human beings, trans people live in multiple contexts, and their lives are informed by a complex web of dynamics. Understanding these is key to designing appropriate programmatic responses. Figure 2.1 shows how structural factors that violate their human rights affect trans people in general and as individuals.

Figure 2.1 Social determinants of health



Source: FHI 360/LINKAGES

2.2.1 Family

“My parents threatened to disown me. ‘It was a sin,’ ‘I was sick,’ ‘I wanted to mutilate my body,’ etc. I drank fairly heavily from when I was 14 on. And I just kept drinking.”

From Injustice at every turn – a report of the National Transgender Discrimination Survey, USA

Trans people are often not safe even among their own family members. While some parents, siblings and other relatives may feel love and concern for a trans family member, many are frequently ashamed or embarrassed or feel that their child is dishonouring the family. Trans people can suffer beatings from family members or banishment from the family. In some places there is the threat of “honour” killings, or trans women/men may be forced into marriage to a female/male partner, subjecting the trans individual to grave danger and denying them the life of their choice. This

ongoing lack of support puts trans people at risk of poor outcomes for physical and psychosocial health. Research found that trans individuals in the USA who experienced domestic violence from family members had significantly higher rates of homelessness, incarceration and HIV, and they were more likely to be involved in the underground economy, attempt suicide, and be drug- or alcohol-dependent. For trans people living with HIV, transphobia among family members can be compounded by HIV-related stigma.

Family support can protect against health risks among trans people and can improve self-esteem. An example of current efforts to address family violence is the Family Acceptance Project at San Francisco State University, USA. The project uses a research-driven, evidence-informed family model of wellness, prevention and care to strengthen families by providing LGBT-specific training and consultations on family-based prevention and intervention approaches. The training, consultation and programme development is tailored to the needs of individual agencies, institutions, congregations and communities.

2.2.2 Intimate partner violence

“When we find a new intimate partner, we tend to indulge in sex with him with the promise that both sides will be faithful to each other. So we go all the way and have unprotected sex with the new partner. But many of them do not keep their promise and disclose the relationship to their friends. Their friends then blackmail us into having non-consensual sex with them. This is one of the worst kinds of violence suffered by us. It leads to depression, attempts at suicide, loss of trust, and above all a feeling of losing all: family, friends and love itself.”

—Respondents in focus group discussion in Delhi in a study on violence conducted by HIV/AIDS Alliance

Trans people are significantly more likely to experience violence at the hands of intimate partners than other groups, and trans women more so than trans men. Such violence includes not only physical aggression, but also outing trans people to strangers or at work, prohibiting them from interacting with other trans people, using their fear of the police to abuse them without repercussions, as well as forced or unprotected sex, sexual manipulation and blackmail.

Discrimination in the social-service sector results in inadequate access to shelters for trans victims of intimate partner violence, while police stigma and transphobia in the health-care system can deter them from reporting violence, seeking medical care for their injuries or getting access to shelters.

Box 2.4

Case example: A toolkit to address intimate partner violence in the USA

The USA-based National Coalition of Anti-Violence Programs produced a *Community Action Toolkit for Addressing IPV [intimate partner violence] against Transgender People*. The toolkit outlines (1) pathways of abuse that trans people can experience in an intimate relationship, (2) community actions that can be taken to prevent and address intimate partner violence in the community, (3) policy and institutional activities needed to address such violence, and (4) personal planning, precautions and actions that one can take to protect oneself and seek support and help.

For example, at the community level the toolkit instructs organizations and activists to:

- **engage** community members through outreach
- **locate** community members through mapping
- **listen** to what community members have to say about intimate partner violence
- **educate** community members about intimate partner violence and what can be done
- **involve** community members by building momentum and meeting regularly.

Although focused on the USA, the toolkit can be adapted to other environments and is available online: nbjc.org/sites/default/files/files/ncavp_trans_ipvt toolkit.pdf

A similar resource to prevent domestic and intimate partner violence has been developed by the UK-based AVA (Against Violence and Abuse):

[http://www.avaproject.org.uk/our-resources/reports--publications/domestic-violence-a-resource-for-trans-people-\(2009\).aspx](http://www.avaproject.org.uk/our-resources/reports--publications/domestic-violence-a-resource-for-trans-people-(2009).aspx)

2.2.3 Education

In many countries trans people can be stigmatized from an early age and may drop out of education due to bullying and institutional discrimination, such as forced dress codes (including school uniforms and hair length) or inappropriate toilet facilities. This occurs in both secular and religiously affiliated schools and universities. The values of religious institutions may make life particularly difficult for trans and gender non-conforming children. The education gap caused by high rates of dropout (i.e. exclusion) causes social marginalization and poverty among trans people. Many trans women surveyed in South Africa had an advanced education but generally worked in positions that were below their level of education and experience.

Although legal frameworks generally fail to protect trans people within schools and universities, there are a few positive examples, such as in Japan, where in 2015 the Ministry of Education ordered schools to accept trans students according to their preferred gender identity. To help prevent bullying of Brazilian trans school students and their dropping out of school, a 2015 resolution of a government council on LGBT rights established that trans students were allowed to attend schools (public and private) using their names and uniforms of choice, ask to be addressed as such, and to access bathrooms according to their preferred gender identity and expression.

Box 2.5

Case example: Upholding a trans student's right to gender identity in Colombia

In August 2013, a trans girl (self-identified as Briana) filed a case against a high school in Magdalena for denying her admission due to her gender identity, claiming that her fundamental rights to education, equality, free development of the personality and human dignity were violated. A lower court decided that homosexuality was an abnormal condition, that the free development of the personality was not absolute, and that therefore the student must conform to the norms of the institution. The Constitutional Court reviewed this decision, upheld the right of Briana to study, and directed the school to accept her according to her gender identity. It also ordered the school to introduce a course concerning lesbian, gay, bisexual, trans and intersex (LGBTI) rights for students and teachers. The Constitutional Court also directed the lower court to abstain from using pejorative language against LGBTI people. Following this decision, the Ministry of Internal Affairs issued a ruling allowing trans people to officially change their sex and name according to their gender identity, without first undergoing a psychiatric evaluation, as is also the case in Argentina, Uruguay and Mexico City.

Box 2.6

Case example: Addressing the religious education needs of trans people in Indonesia

Muslim trans people in Yogyakarta have found it challenging to obtain Islamic learning and offer prayers at public mosques, where men and women are often separated at the time of prayer. In response, in 2008 a local trans woman started a boarding school to provide a safe space for trans people to learn about Islam and to raise public awareness of their right to worship. The informal education includes teachings of the Quran, discussions and talks related to trans issues in the context of Islam.

The school is supported by community volunteers, with engagement from local and neighbourhood religious leaders and provincial religious authorities. It has developed an agreement with a local university to help educate the students, who now number 41. The general public in Yogyakarta has also been accepting of the school, and it has helped change negative attitudes towards trans people.

This experience has shown that it is possible to influence attitudes toward trans people by first working informally with religious leaders to develop understanding, and creating alliances that support advocacy at higher provincial levels. This is vital in the Indonesian context, where decentralization vests key authority with provincial governments.

2.2.4 Employment

Trans workers are often excluded from much of the workforce. Discrimination occurs at all levels of the employment process, including recruitment, training opportunities and access to job advancement and partner benefits. Even where gender identity laws have been passed, employment-related issues have not been addressed, especially at the entry level. The majority of trans women find that

their job opportunities are limited to being beauticians, entertainers or sex workers. Unemployment results in poverty, further social exclusion and homelessness. In countries where health insurance is funded by employers, unemployment also excludes trans people from health care.

Many trans people identify gender recognition as a precursor to gainful employment—if a person's gender is legally recognized it can empower them to apply for jobs they are qualified for, and there is less confusion in the hiring process. Ensuring legal gender recognition, providing equal access to employment opportunities, developing and improving anti-discrimination policies that protect trans workers, and protecting safety and security in the workplace are essential for ensuring that trans individuals are treated equally in the labour market. Governments should be responsible for providing such protections, but in the absence of such efforts, trans activists have explored other approaches to create opportunities for trans workers.

Box 2.7

Case example: Creating opportunities for trans workers in Argentina

Launched by a group of trans women in 2006, when trans individuals did not yet enjoy the full spectrum of their rights in Argentina, the Nadia Echazu cooperative provided trans women with economic opportunities and taught a skilled trade. Making products that were in high demand, the cooperative was successful and allowed members to launch their own businesses. Activists from the cooperative were involved in establishing a school for gender non-conforming teens and children who would otherwise be at risk of dropping out from mainstream educational institutions due to discrimination.

ATTTA (Asociacion Travestis, Transexuales, Transgénero Argentinas) collaborated with the Ministry of Social Development and Labour to train trans women as in-home caretakers for the elderly. The effort has resulted in comprehensive joint programming between the ministry and trans organizations. Meanwhile, the National Institute against Discrimination, Xenophobia and Racism (INADI) has promoted sounder policies for trans workers and collaborates with labour unions to conduct sensitization trainings and dialogues on sexual diversity.

Source: <http://newint.org/features/2013/06/01/argentina-transgender-rights>

<http://www.argentinaindependent.com/socialissues/humanrights/transsexuals-democracys-forgotten>

It is important to note that trans workers should not be trained to work only in selected professions. To achieve equality and to fully realize their potential, efforts are needed to expand access of trans people to comprehensive employment opportunities.

Box 2.8

Case example: Improving employment prospects for trans people in the USA

The Transgender Economic Empowerment Initiative is a community-led initiative launched in 2008 in the San Francisco Bay area. It provides a comprehensive range of employment, career development and other trans-centric services. On the client side these services include:

- resume writing and interview skills-building workshops
- mentoring and networking clubs and events
- career coaching
- skills and education assessments
- career fairs with trans-respectful, equal-opportunity employers
- employment placement.

The initiative provides sensitization and advocacy trainings to employers, and trainings that expand employer knowledge of anti-discrimination provisions of local laws. It also advocates with local employment authorities and governments. This dual approach allows development of a trained and well-prepared employee base and sensitized employers who are aware of qualified candidates.

www.sfcenter.org

2.2.5 Homelessness and poverty

Numerous factors such as family rejection, access to education, and discrimination in the workplace all contribute to the downward mobility of trans people. Research in the USA shows that one in five trans people has been homeless and that trans people are four times more likely to be in poverty.

Box 2.9

Case example: An initiative for social inclusion of trans people in Uruguay

A study conducted by Uruguay's Ministry of Social Inclusion revealed that almost all trans people surveyed were living on the fringes of extreme poverty. The ministry created a subsidy programme for trans people, with a debit card through which individuals could access money credited to the card each month for the purchase of food and medicines. In 2014 the ministry established a quota for trans people within public services, increasing their employment opportunities.

The situation is amplified by discrimination and harassment in the social-service systems. When trans people who are homeless try to access shelters they face particular challenges, since shelters are categorized by sex, and trans people are assigned according to their sex assigned at birth instead of their preferred gender, forcing them to share often hostile or dangerous spaces in the shelter. Many trans people choose to be homeless rather than face this. However, some innovative

community efforts have been made to ensure that trans people have the ability to access housing (Box 2.10), showing that significant accomplishments are possible despite considerable challenges.

Box 2.10

Case example: Direct housing support in Zambia and Jamaica

Two examples illustrate both the possibilities and challenges of providing much-needed housing support to members of the trans community.

TransBantu Zambia, an organization serving the country's trans community, established a community house to accommodate three trans men and three trans women for a period of three to six months to help them get back on their feet. As part of the programme, residents would help with office activities and attend trainings with the organization. Due to hostility towards trans people in Zambia, high levels of security were necessary at the house.

The Safe House Project in New Kingston, Jamaica, was created through the fundraising efforts of the LGBT community, spearheaded by young trans women. The three-bedroom transitional living programme in New Kingston offered LGBT persons aged 16–25 who had been rejected by their families a free place to stay for up to nine months while they developed life skills to become independent. Dorm-style co-ed rooms accommodated the residents, with a closet space and freedom to decorate their rooms. Meals were prepared by residents skilled in the kitchen. Programme officers from the Jamaica AIDS Support for Life (JASL) and the Jamaica Forum for Lesbians, All-Sexuals & Gays (JFLAG) helped residents get official identification, enrol in school, find and keep jobs and manage their savings. Staff were available round the clock to help residents keep their appointments, help them through challenges, facilitate weekly support group meetings, arrange excursions and entertainment and share in celebration of their accomplishments. Residents who displayed progress in the overall programme were given the opportunity to volunteer and in some cases work in the offices of JASL and JFLAG.

Each of these programmes has faced the challenge of ensuring the security of residents in environments hostile towards trans people. At the time of publication, both projects have been suspended due to security concerns or lack of sustained funding.

Box 2.11

Case example: Housing support for trans people in the USA and the United Kingdom

The Transgender Legal Defence & Education Fund in the USA works to protect trans people from housing discrimination, such as landlords who refuse to rent apartments to them or real estate brokers who steer trans people away from such properties. Support is also provided to trans people facing harassment or threats of eviction from their landlords.

In London, UK, Stonewall Housing provides a monthly drop-in housing advice service at CliniQ, the UK's only trans-led sexual-health service. The service enables clients to obtain a comprehensive, holistic range of services and support at a single point of access.

www.tldef.org • www.stonewallhousing.org

2.2.6 Sex work

Trans women and some trans men often have to resort to sex work as their only viable option for employment after being rejected by their families and friends and faced with systemic societal discrimination and exclusion. Some work in the sex industry because of peer pressure, the need to have the commodities of life and also for funds to finance costly medical transition.

Sex work is illegal in most countries around the world and criminalized in many countries. Criminalization is often compounded by “sodomy” laws punishing sex that is not penile–vaginal. Therefore, trans sex workers are especially vulnerable to rape as well as other forms of violence and human-rights violation. Frequently, police are the perpetrators of such violence. Many laws against rape do not include anal sex, leaving trans people without legal protection if they are anally raped. The general environment of criminalization both creates and enhances this lack of safety and sometimes compromises safer sex practices such as condom use, due to the fear of being harassed or detained by law enforcers for possessing condoms.

Within the sex worker community and sex work organizations, recognizing trans sex workers is important in order to ensure that their particular needs are addressed. For example, the New Zealand Prostitute’s Collective runs an outreach project that works exclusively with trans sex workers to address their social, medical and employment needs. Since sex work is decriminalized in New Zealand, sex workers may report workplace injustice; however, due to stigma trans sex workers may be less empowered to do so.

2.2.7 Legal and political stigmatization and violence

Trans people are excluded from society in various ways, and their marginalization reduces their access to services and increases their risk of experiencing violence and acquiring HIV. Some specific types of legal and political stigmatization are summarized here.

- **Criminalization:** In many countries which ban same-sex sexual relationships, sex between trans women or trans men and non-trans men, or between trans men and non-trans women, is effectively criminalized. In some countries, prohibitions against “homosexual propaganda” make trans people especially susceptible to police and societal abuse, due to assumptions that trans people are homosexual. Since little protection from the law is available to trans people in such environments, perpetrators of violence are rarely punished and the right to due process before the judicial system is often denied.
- **Police harassment and violence:** The application of laws such as those mentioned above, the criminalization of sex work, conservative social attitudes and non-accountability make police violence and extortion directed at trans people commonplace. In several countries broad “public nuisance”, “vagrancy” and “public order” laws are freely used by the police to harass or abuse trans people. Some countries in Asia, Africa, the Caribbean and the Pacific retain laws against “cross-dressing” that can be used to target trans people.

Once they are deprived of liberty, trans people face abuse not only from police, but also from fellow inmates, since they are often put in cells based on their sex at birth and not on the gender with which they identify.

- **Migration:** Barriers to mobility can limit important life activities of trans people. Countries where same-sex relations and/or gender reassignment are criminalized may prevent trans people from entering or seeking asylum even when fleeing persecution due to transphobia in their home country. HIV positive status can be another factor leading to infringement of trans people's fundamental right to leave or enter a country.
- **Religious stigma:** Conservative religious attitudes can influence laws and policies in ways that affect trans people negatively. For example, religious groups have taken issue with laws on domestic violence that did not have rigid definitions of the gender of the parties involved and that could otherwise have served to protect trans people.

Finding solutions

Engaging with police and social-services staff is essential to address the needs of trans people in crisis. Police sensitization trainings have taken place in the USA, where after a wave of anti-trans violence the country's Department of Justice began training law-enforcement officials on trans identities, and in the Philippines, where national police took part in gender and sexuality trainings that included a focus on the needs of trans people. While such interventions can have meaningful impacts, they must be sustained over the long term and formalized into policies and procedures.

Trans persons who are incarcerated should be placed in the sex-segregated facility that matches their gender identity rather than the sex assigned to them at birth, and should have access to appropriate gender-affirming treatment (see Chapter 3, Section 3.2.3). If a trans person who has previously been receiving hormone therapy is suddenly prevented from accessing it, the undesired regression could cause serious physical and emotional harm.

Some communities have approached the issue of anti-trans violence through community dialogues and drawing up municipal violence and stigma prevention plans with extensive input from stakeholders, thus establishing a sustaining policy framework to prevent violence. These plans express municipal commitment to stigma prevention and describe actions that police, social-service agencies, and community organizations need to take in order to address and prevent violence.

Providing access to justice and bringing cases to account for violations against trans people is essential to ensure that a shift in policy occurs. In hostile environments, provision of legal aid and advocacy are difficult but necessary, and international mechanisms should be considered for submitting cases and putting pressure on governments to address violations. Since legal aid can be costly, negotiating pro-bono services with interested lawyers and involving trans activists who have a legal background in this work can be effective. In addition, in countries where trans people's movements are nascent, forming a library of cases and building legal precedents or remedies can contribute to improving the situation in the long term.

Box 2.12

Case example: Advocating for legal recognition of gender identity in the Russian Federation

The Transgender Legal Defence Project, launched in 2012, is operated by a group of volunteer lawyers and paralegals who are trans-rights activists and deals with issues related to legal gender recognition. The organization responds to requests from all of Russia's regions and connects individuals who live outside Russia to organizations that can help them obtain legal support in their own country.

While provisions for changing name and gender markers exist in Russia, they can be complicated by significant legal and operational hurdles. The project helps prepare legal documents and supports and counsels trans clients in the process of legal gender recognition. Lawyers also represent clients in court. The organization maintains a Facebook page and a page on the Russian-language social media site vkontakte.ru to report on its activities and seek new clients. In 2014, the project won a case in the Moscow City Court using provisions of the European Convention on Human Rights and established that gender reassignment dictates all aspects of an individual's private life and should be supported by the state.

By providing over 380 consultations and representation for 40 court cases in 2014, the organization is also building a database of cases that can serve to influence future court decisions and the enforcement of laws. Along with its partners, the organization also collaborates on submission of more complex cases within and outside the realm of identification needs and violations to the European Court of Human Rights.

<http://pravo-trans.eu/about-us>

Access to legal aid can also be leveraged by empowerment and education. Understanding what legal mechanisms and protections are available and forming resilience in a community to stand their ground for fundamental rights can be effective in fending off violations. Crisis or legal response teams that arrive at the time of police harassment or wrongful arrests can provide legal aid and help defuse the situation. They can be effective in preventing incarceration and reducing violence. These teams typically consist of lawyers, paralegals and trained community members.

Box 2.13

Case example: Legal aid collaboration between a women's centre and sex work collectives in South Africa

The Women's Legal Centre provides legal advice and collaborates closely with the Sex Workers Education and Advocacy Task Force and Sisonke, South Africa's national sex worker movement. This began with workshops on human rights and the law, after which some sex workers became community-based paralegals providing male, female and trans sex workers with legal advice and assistance with bail applications, and accompanying them to the courts. This initiative has included producing pamphlets that explain sex workers' legal rights, including those applicable upon arrest or detention. The initiative has also developed an information card, "My Rights When Dealing with the Police", which sex workers can carry on their person for ease of reference.

Through the legal aid and related support provided to sex workers, a marked improvement in the attitudes of police toward sex work has been witnessed, along with increased empowerment of sex workers through legal literacy efforts.

Source: http://www.opensocietyfoundations.org/sites/default/files/bringing-justice-health-20130923_o.pdf

Box 2.14

Case example: Legal advocacy in the USA

The Transgender Law Center is a national, multi-disciplinary organization that works to change law, policy and attitudes so that all people can live safely, authentically and free from discrimination regardless of their gender identity or expression. The Legal Information Helpline provides basic information about laws that affect trans people, including employment, health care, civil rights, family law and identity document changes.

The centre has a legal information helpline that can be accessed via phone or the Internet. Callers can leave a message detailing their legal queries, and the centre also accepts collect (reverse-charge) phone calls from people who are incarcerated. The recorded message is in both Spanish and English. On the Internet the helpline provides fields for the user to complete to provide contact and demographic information in addition to details of the legal concern for which assistance is being requested. Each helpline request is reviewed and responded to by a legal team member. When appropriate, a helpline submission may be referred to a Transgender Law Center staff attorney for additional review and possible representation.

www.transgenderlawcenter.org/help

2.2.8 Health care

“At the clinic, the public-health inspector laughed at me because of my appearance before sending me the doctor, who then insulted me for trying to become a woman and having sex with men. He asked me to get rid of all this ‘rubbish’ and live a good life. I was very disappointed with their treatment and regretted that I had come, telling myself that would be the last time.”

—A young trans woman from Sri Lanka

From Jumping hurdles: discussion paper on access to HIV health services for young men who have sex with men and young transgender persons in Asia and the Pacific,
Youth Voices Count

Trans people in many settings contend with barriers to health care, including experiences of stigma, discrimination and violence. Studies show that trans individuals experience multiple challenges when attempting to access both routine and transition-related medical care, including denial of care, harassment and lack of competent and sensitive providers with adequate knowledge of their specific needs.

- **Primary care:** Stigmatization by health-care providers can take the form of derogatory labelling, demeaning interactions, outright insults and breaches of confidentiality. Discrimination is often institutionalized from the first moment of contact if staff at registration desks insist on the use of sex assigned at birth on registration forms, and when staff prove not to be trained, sensitive and non-judgemental. Such experiences result in low HIV testing rates and limited engagement in HIV care among trans people, and a similar reluctance to seek drug treatment and other coping services.
- **Mental-health care:** Transphobia also contributes in worsening the mental health of trans people, who suffer disproportionately from depression and suicidal thoughts. In most settings, psychosocial services for trans people are underdeveloped or nonexistent, and where they are available they can be inaccessible due to prohibitive costs. Because the approval of mental-health institutions is often needed to obtain a diagnosis of gender dysphoria in order to transition, mental-health services are viewed negatively by many trans people. The focus on a specific “diagnosis” related to binary gender norms, and the overall unpreparedness of mental-health professionals to address other mental-health needs of trans people, may lead to service-providers failing to diagnose real mental-health needs or making diagnoses which pathologize and stigmatize the trans person and cause additional suffering.
- **Gender-affirming care:** One of the most important services sought by trans people—gender-affirming⁸ surgical and medical interventions—is often inaccessible to them. While hormones or other surgical interventions may be offered for cancer treatment, contraception or reproductive health, they are frequently denied to trans people out of the belief that in their case these interventions are cosmetic, medically unnecessary, or even the expression of

⁸ Gender-affirming refers to medical procedures that enable a trans person to live more authentically in their gender identity.

a mental disorder. Where they are offered, such services are prohibitively expensive and are often not covered under national or private health insurance schemes. Denying and making these essential services inaccessible to trans people makes many individuals consider unsafe hormonal injections from unqualified persons, which are purchased illegally and may carry risks of infection through unsafe use of injecting equipment.

"I was told to sort out my sexuality when I came to the clinic to get tested. Like many other transgender sisters, I avoid using health-care services in Fiji in fear of discrimination. They don't understand and respect gender and sexual diversity."

—A young trans woman from Fiji

From *Jumping hurdles: discussion paper on access to HIV health services for young men who have sex with men and young transgender persons in Asia and the Pacific*,
Youth Voices Count

Finding solutions

Identifying barriers and facilitators of trans women's participation in HIV vaccine clinical trials has led to the following recommendations: trans community sensitivity training; trans-competent⁹ environments; true partnerships with local trans-competent organizations and health-care providers; protocols that focus on trans-specific concerns; and collecting and tracking data on trans individuals. Some countries, such as Uruguay, Brazil and Chile, issue special identification cards to trans people who apply for them, to be used to access health care and other services.

In many countries, activists have attempted to tackle barriers to health care by training providers. While effective for improving the situation in a particular community, one-off interventions may not have long-term impact because of staff turnover. Sustained impact requires systematic training of health-care workers, usually with the involvement of the ministry of health and in-country educational systems that can facilitate introduction of special courses at universities and recertification institutions. Forming centres of best practice can also help develop health professionals who can further facilitate peer learning (Boxes 2.15 and 2.16).

Addressing the psychosocial health needs of trans individuals is crucial, but this essential service is often forgotten. Organizations and health professionals that work with trans people have focused on peer-based and group interventions and some organizations have established training and best-practice standards for providing psychosocial services.

In addition to training health professionals, learning and empowerment on the part of trans people about their rights as clients of health services is also crucially important.

⁹ Trans-competent refers to the provision of services, especially health-care services, to trans people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights and the particular situation and needs of the trans individual being served. In addition, trans-competent care is delivered in a respectful, non-judgemental and compassionate manner, in settings free of stigma and discrimination.

Box 2.15

Case example: Creating a safe space for trans health in Lebanon

Marsa Sexual Health Centre in Beirut, established in 2011, is one of the Middle East's first centres serving marginalized individuals, including young people, women, LGBT individuals and people living with HIV. The centre provides comprehensive sexual-health services as well as subsidized psychological and social counselling. Marsa quickly became the most popular such facility in Lebanon due to its respectful and non-judgemental environment that emphasizes anonymity and confidentiality. The clinic also created a referral unit for professionals experienced in working with trans people, such as psychotherapists, psychiatrists, endocrinologists, lawyers and others relevant to the transitioning process.

The centre conducted a qualitative needs assessment among local trans populations and in 2014 launched a project to provide a space for trans people to discuss their health concerns and considerations for transition, either online or in person. The centre also distributes printed materials about transition, legal issues, and other topics relevant to trans people.

www.marsa.me/trans

Box 2.16

Case example: Collaborating with government to address health needs in Ecuador

Alfil Association started as a support organization for gay men and has expanded to include lesbians, bisexuals and trans people. Its work on trans issues focuses on overcoming obstacles to accessing health care. After consulting with the trans community about their health needs, Alfil arranged training and awareness meetings for health professionals and obtained the support of the health ministry in Pichincha province to establish a trans health clinic at Alfil's offices in Quito. The clinic was first staffed by government physicians trained by Alfil, along with volunteers and support staff. A study demonstrated the clinic's positive impact on trans clients' health, despite the irregular availability of doctors. This challenge has now been overcome and two doctors and two psychologists are readily available. The clinic has become both a meeting place and a reference centre for the trans community, and continues to demonstrate the positive impact that good medical practices can have on trans communities.

Source:

Lessons from the front lines: trans health and rights. New York: amfAR, the Foundation for AIDS Research & Global Action for Trans* Equality.

<http://www.amfar.org/frontlines>

Since trans people face multiple barriers when accessing health services, including stigma, costs and transportation, they may sometimes seek health support in a discreet manner, as illustrated below.

Box 2.17

Case example: Navigating health-care and legal environments in Eastern Europe and Central Asia

Russia-based FtM Phoenix provides online support to trans people from 12 countries in Eastern Europe and Central Asia. In all these countries legal gender recognition requires a medical diagnosis of transsexualism. However, the Ministry of Health approved the relevant procedures in only three of the countries; to get a new identification documents in the others, trans people must prove their identity at a registry office or in court. Navigating these requirements and obtaining documents from health-care providers can be overwhelming. Following several years of research and advocacy, FtM Phoenix has since 2008 connected trans people to trans-competent health-care providers for gender-affirming services and other services. The group also provides paralegal, social and peer support services. This comprehensive case management takes time, but delivers results through referrals to health-care providers and support for complex medical and legal processes.

www.facebook.com/transsovetnik

For more examples of successfully addressing stigma in health-care settings and providing trans-competent health services, please refer to Chapter 3 and 4.

2.2.9 Everyday settings

In hostile environments, safety is a particularly challenging issue for trans people. According to the LGBTI organization Kyrgyz Indigo, safety for trans women is a combination of a multitude of factors, beginning with financial independence and supportive legislation, which leads to personal and emotional safety and security. Safety and security concerns cannot be viewed independently of other issues encountered by trans women and can sometimes result from these challenges.

When safety and security are assured, it can greatly benefit the effectiveness of programming. For example, the Ukrainian organization Insight, which works with LGBT individuals, has experienced multiple attacks on its offices, but after it installed security equipment for the offices and technology to enhance the security of information stored on its computers and website, it experienced a 30% increase in client attendance. Other practical ways that community-led organizations can enhance their members' safety include disseminating reports on aggressors, ensuring that emergency phone numbers (e.g. for crisis response teams) are circulated, and by contributing to or participating in anti-transphobia campaigns (for example, see Chapter 3, Box 3.15).

Box 2.18

Case example: Fostering safety for trans people on public transport in Belize

The Collaborative Network of Persons Living with HIV (CNET+) conducts workshops for trans women on safety in everyday situations, such as using public transport. The solutions are driven by the community's challenges—the group has sensitized some bus companies to the presence and safety needs of trans passengers, as well as giving practical advice to trans women on dealing with hostile or aggressive behaviour from other passengers.

Tips on general safety are also discussed at the workshops, such as never posting one's location on social media, never going out alone, avoiding areas known for violence and going to social venues known to be welcoming to trans people. CNET+ also considers the issues of emotional safety important and provides sensitization training to government office representatives, police and medical workers, as well as providing counselling to trans clients.

2.3 Complementary interventions and strategies**2.3.1 Collecting data as evidence of stigma, discrimination and violence**

In order to address stigma and discrimination among trans people, strategies for measuring, documenting and monitoring it must be developed and improved. Documenting stigma, abuse and discrimination can be challenging if fear leads trans community members to refuse to participate, but it is an important component of programming that can aid advocacy for trans people's human rights. In addition, recording stigma, discrimination and other violations can help attract donor funding.

The People Living with HIV Stigma Index is a tool that has been used in over 50 countries to measure and detect HIV-related stigma. As an example, the report from Nepal found that more trans respondents reported experiencing stigma and discrimination than male and female respondents, including psychological pressure from a partner, sexual rejection, discrimination by other people living with HIV and by household members. All participating trans respondents experienced self-stigma and many blamed themselves for acquiring HIV. These documentation efforts are essential for progress in reducing the occurrences and mitigating the impacts of stigma and discrimination.

The HIV Stigma Index UK, published in 2015, purposefully included trans people and explored intersections of trans- and HIV-related discrimination through accurate and inclusive gender-identity monitoring. Surprisingly, 52% of the trans people surveyed reported that their HIV disclosure had been an empowering experience for them, with one trans woman stating “it's strengthened some of my most important relationships”. The experiences of both HIV-related and trans-related stigma are surprising, particularly as anecdotal evidence from trans HIV services in London suggest that stigma within the trans communities is commonplace, particularly among trans women in sex work. However, trans and non-binary people who responded to the survey did report a range of negative experiences when accessing health and social-care services, which corresponds with a recent survey of health-care staff which indicated that 1 in 5 health-care workers had heard their colleagues make derogatory remarks about trans people.

Although advocacy and political will are needed to bring perpetrators of violence and discrimination to justice, and this can be difficult to achieve when governments themselves are involved in these violations, trans organizations and allies can use existing international, regional and national human-rights mechanisms to bring violations to light. For instance, they can contribute to “shadow reports” for UN human-rights processes such as the Universal Periodic Review (UPR), and entities like the Committee to Eliminate all Forms of Discrimination Against Women (CEDAW) and the Committee on Economic, Social and Cultural Rights (CESCR), and offices of ombudspersons and human-rights commissions. Shadow reports are submitted by civil-society actors to supplement government reports and direct global and UN attention to issues such as trans people in detention and limited access to gender recognition or to gender-affirming health services.

Box 2.19

Case example: Documenting human-rights violations in Kyrgyzstan

Two organizations working with LGBT individuals in Kyrgyzstan, Kyrgyz Indigo and Labrys, regularly document and collect cases of violations against trans women. The organizations contributed to several shadow reports to CEDAW and on the implementation of the International Covenant on Civil and Political Rights, highlighting violations against trans women in Kyrgyzstan. In 2012, as a result of the organizations’ advocacy and meetings with the country’s Ombudsman, violations against LGBT individuals were included in the Ombudsman’s periodic report on the country’s human-rights situation. Kyrgyz Indigo participated in the Universal Periodic Review process by submitting an alternative report on the situation of LGBT people in the country and actively representing their interests at the United Nations. As a result, Kyrgyzstan received around 20 recommendations on issues of sexual orientation and gender identity and expression, and on introducing national anti-discrimination legislation that would also protect the rights of trans women.

www.indigo.kg • www.labrys.kg

Sometimes documentation can have a different purpose and still have greatly beneficial impact on the life and well-being of trans people.

Box 2.20

Case example: Storytelling as documentation in South Africa

The South African organization Gender DynamiX hosts a “Life stories” section on its website: members of the trans community or their friends or partners record stories to discuss challenges they have faced and ways in which they have overcome them. These stories help to build and support the trans community and to inspire change.

<http://genderdynamix.org.za/www53.jnb2.host-h.net/document-categories/life-stories>

Monitoring violations of trans rights is important to build the evidence in support of the necessary policy change and law reform. A global-level example has been influential in highlighting concerns of violence against trans people (Box 2.21).

Box 2.21
Case example: Mapping trans rights in Europe

Starting in 2008, Transgender Europe has monitored trans homicides around the world, relying on data from collaborating organizations. This has evolved into Transrespect vs Transphobia, a comprehensive mapping project that tracks and reports on trans community activism, governmental good practices, incidents against trans individuals, and global legal and social frameworks for trans people. By providing comprehensive maps, and qualitative and quantitative data, the project aims to influence policy-making and human-rights frameworks and to inspire trans activism around the world.

www.transrespect.org

2.3.2 Using information and communication technology

Online social networking and community-building can offer a safe space for trans people to explore and receive support for their gender identity and expression without having to reveal themselves fully. Information and communication technology (ICT) can also be a powerful means for marginalized communities such as trans people to collectivize and organize to counter stigma, discrimination and violence. New technologies allow for real-time citizen reporting, and some platforms also provide levels of protection and anonymity, making their use safe for individuals who might otherwise be targeted for retaliation. Initiatives to include human-rights monitoring for affected communities are underway, and can be enhanced further by including links to legal aid providers and know-your-rights information.

However, trans-specific health services and information on the Internet remain sparse, especially in languages other than English (see also Chapter 4, Section 4.7). In addition, programme implementers report that high levels of illiteracy sometimes prevent trans community members from accessing web-based interventions even if they have access to technology such as smartphones. This calls for creative approaches that can help reach and engage populations in their local languages, including people with varying levels of reading literacy.

Box 2.22

Using software to monitor human-rights violations and identify HIV services

The systematic documentation of rights violations is made more robust if evidence is cross-checked with witnesses and police records. **Martus** is a free, open-source software that allows researchers to store records and information about participants and witnesses in a systematic and secure way. In Uganda, Martus was used to interview 106 individuals, including seven trans women and six trans men, and to document 78 verified cases of human-rights violations. In environments where there is a risk of police confiscating computers from LGBT organizations, Martus has been used to compile lists of members in a secure password-protected database. Martus also functions as a phone application, providing an opportunity to report encrypted data in real time. martus.org

OpenEvsys is an open-source software enabling secure reporting of human-rights violations. Developed by HURIDOCs (a global network of organizations concerned with human rights), it has been used by the Transgender Europe project (TGEU) to monitor transphobic incidents. Information on TGEU's approach to monitoring transphobic violence and the use of OpenEvsys is available in a brochure: tgeu.org/wp-content/uploads/2013/11/Monitoring_Transphobic_Incidents_final.pdf; www.huridocs.org/openevsys/

Another free open-source software, **Ushahidi**, provides powerful visualization tools, such as Crowdfunder, that allow individuals to supply data on cases of violence via their mobile phones. The software then helps produce maps that indicate where the violence is occurring. Multiple women's-rights organizations have used Ushahidi and Crowdfunder to track cases of sexual harassment and violence and to identify perpetrators. Trans communities can adopt these tools for their needs. Neither Martus nor Ushahidi requires a technical background and both provide training and support for community organizations. www.ushahidi.com

iMonitor+ is a UNAIDS-supported mobile phone app being tested in the Asia-Pacific region that allows any community to identify HIV prevention and treatment programmes, report HIV medication stockouts and report incidents of stigma and discrimination when obtaining services. The Indonesian AIDS Coalition has been running a trial project with iMonitor+ and reports that health authorities are receiving real-time alerts registered in iMonitor+ faster than with past reporting mechanisms. live.imonitorplus.org

In addition to specific secure databases and mapping tools, Twitter, Facebook and other social media can also aid in maintaining safety and security and in conducting country-wide workshops and consultations that would otherwise be costly (Box 2.23).

Box 2.23

Case example: Using social media to protect safety in Belize

In a legal environment that prohibits same-sex activity, Trans in Action's (TIA) constituents are particularly vulnerable to violence. Ensuring that their voices are heard at national events while maintaining anonymity is important. TIA uses WhatsApp messaging software and chat rooms to keep in touch with community members when they travel, go out or might otherwise be exposed to violence. Private Facebook groups and pages are also used for community consultations, for examples to prepare a concept note for the Global Fund. Using these simple and relatively anonymous resources, the organization maintains constant contact with the community that it serves and seeks to mobilize.

Using social media can greatly aid in empowering trans communities, as demonstrated in Malaysia.

Box 2.24

Case example: Using social media to empower and engage trans women in Malaysia

In February 2011, Justice for Sisters, a grassroots campaign in Malaysia, assisted a group of trans women in filing an application for constitutional review of a law criminalizing a "male person ... who wears a woman's attire and poses as a woman", following a series of arbitrary and violent raids and arrests of trans women in Seremban, the capital of the state of Negeri Sembilan.

Justice for sisters launched a talk show series—"Chit chat with Jelita"—for the trans community to explain some of the issues arising in the constitutional review. The series used talent from within the community, particularly those working in the field of HIV prevention. The seven episodes, in the Malay language, highlighted the intersections of sex work, HIV and urban poverty, as well as police powers, transphobia and discrimination in education. The videos were supplemented by Twitter discussions in collaboration with human-rights groups and civil-society organizations. An example of the series is available here:

<https://www.youtube.com/watch?v=yLQiiir54qrg>

Following this Justice for Sisters launched the "I AM YOU: be a trans ally" campaign in 2013. A series of thematic videos on discrimination, family acceptance, health, and employment aimed to educate the general public to support the constitutional review, which is ongoing. Information on the campaign is available on Facebook, Twitter and YouTube, and

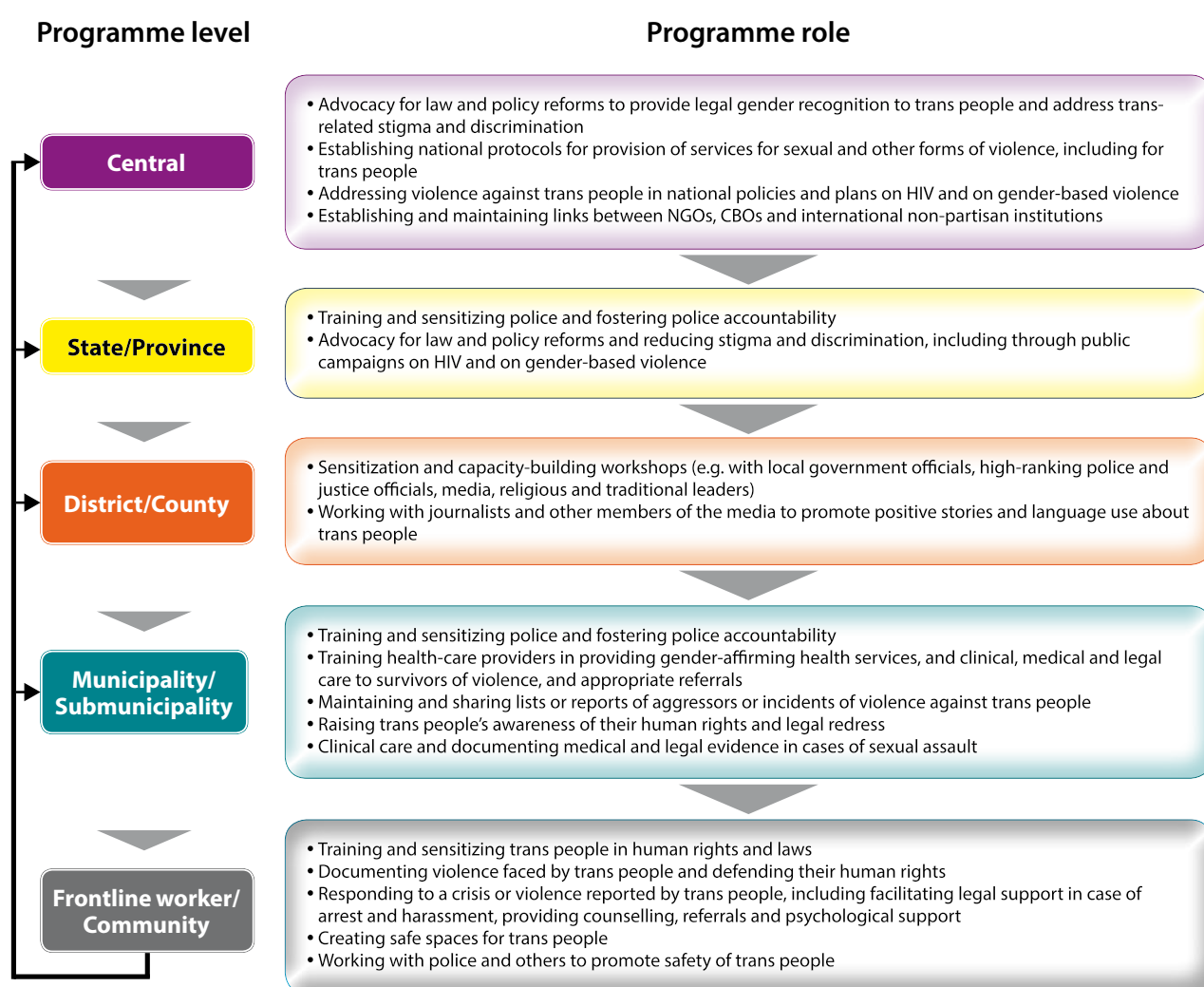
<http://mytransally.weebly.com>.

The use of ICT for trans community organizing, health monitoring and other purposes is discussed in detail in Chapter 4.

2.4 Monitoring and evaluation

The interventions illustrated in this chapter are not only implemented at a local level but also require engagement at subnational and national levels (some even at the international level). This is particularly true for sensitization and advocacy work. Figure 2.2 shows the roles of each of the levels of implementation, although in many contexts interventions may be required at multiple levels.

Figure 2.2 Illustrative multi-level approach to addressing stigma, discrimination and violence against trans people



Current global campaigns such as 90–90–90, Fast Track and Quarter for Prevention call for concerted efforts to stall the HIV epidemic by 2030. The Fast Track initiative also seeks to set antidiscrimination targets informed by the evidence that HIV can only be defeated by ensuring enabling environments for key populations. Thus monitoring and evaluation of stigma, discrimination, and violence prevention and response efforts are important because:

- These indicators are becoming a key component of successful HIV prevention, diagnosis, treatment and care programmes globally.

- Data on the specific forms of these phenomena faced by trans people, and the contexts in which they occur, provide a basis for planning and designing appropriate strategies, such as addressing stigma in health-care settings, violence from state perpetrators etc.
- Including indicators on these phenomena in the routine monitoring framework allows programmes to monitor whether there are any unintended consequences of programmes and interventions, e.g. “backlash” violence.
- Evidence on these phenomena faced by trans people is a powerful tool for advocacy efforts to change laws and policies related to them and create an enabling environment for promoting the rights of trans people.

Evaluation of stigma, discrimination and violence prevention and response strategies with trans people is necessary before most of the options presented in Sections 2.2 and 2.3 are scaled up. Care must be taken that collection of data or documentation of incidents of stigma, discrimination or violence does not further endanger the safety of trans people or stigmatize them. Building trust depends on the ethical and safety measures included in data collection, and the skills of data collectors in sensitively asking relevant questions. Prior research on these phenomena against trans populations can provide guidelines for researching violence and gathering data. Trans people must be equal partners in the design, implementation and dissemination of results from any data-collection activity related to violence and other human-rights violations against them.

At the time of writing there is a dearth of validated and internationally agreed-upon population-based impact or programmatic indicators that are specific to stigma, discrimination and violence faced by trans people. This has been a particular challenge since data on trans people have only recently been disaggregated from those on men who have sex with men in the realm of HIV.

The WHO *Tool for setting and monitoring targets for HIV prevention diagnosis, treatment and care for key populations* provides indicators that can apply to trans people in the context of human rights and enabling environments.

To monitor stigma and discrimination:

- stigma and discrimination experienced by trans people (also can be used to monitor change—for example: percentage of trans people still experiencing stigma and discrimination)
- attitudes towards trans individuals held by service-providers (also can be used to monitor change).

To assess work in the area of providing an enabling environment:

- involvement of trans people in policy and strategy formulation
- legal support services for trans people
- support services for trans people who experience violence
- sensitization trainings on trans people for health-care providers/law-enforcement officers.

See also the *UNAIDS 2016–2021 Strategy*, which contains an illustrative list of indicators, including ones relevant to access to tailored HIV combination prevention services; addressing punitive laws, policies, stigma and discrimination; and ensuring social protections.

A document produced jointly by multiple UN and bilateral agencies with civil-society partners, *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people*, suggests that law-enforcement or human-rights agencies track and report on the frequency of discrimination or violence reported by members of key populations due to their sexual orientation. In the context of trans people “sexual orientation” would be replaced by “gender identity or gender expression”. This recommendation provides for monitoring the advancement of the enabling environment and whether or not there are mechanisms at the national level to report violations, as well as how these violations are being addressed. Illustrative indicators proposed by the document specifically in relation to trans people are:

- number of trans individuals that participate in gender equality and HIV training
- outcome indicator: Percentage of trans individuals reached by gender equality and HIV training
- output indicator: Percentage of trans individuals reached by community-led participatory education challenging harmful gender norms.

In India, where the Avahan AIDS Initiative included crisis response systems to address violence, programmes have also collected data on reported incidents of violence which can be adapted to address the needs of trans people. These indicators include:

- number of trans people who report incidents of physical violence
- number of trans people who report incidents of sexual violence
- perpetrators of any violence reported by trans people, by category (e.g. police, intimate partner, client).

Programme monitoring data that rely on self-reported incidents of violence are susceptible to bias. It may therefore be challenging to interpret monitoring efforts that track increases or declines in reported incidents over time. Some forms of violence may be more likely to be reported when programme monitoring systems are established than others, and this will vary across different contexts over time.

It is essential to involve trans communities in monitoring and evaluation processes to enhance and support data collection and ensure that data accurately reflect the community's experiences. Trans communities can also provide oversight of programming intended to benefit them, report rights violations, and inform change. Implementing community monitoring systems will encourage trans participation and increase capacity for collecting data relevant to those receiving services. Such systems can be designed by including trans people on local, regional, and national programme design and review committees. Trans-led organizations can establish their own monitoring processes by periodically surveying their client base about key services they are receiving or rights violations they are experiencing. In certain locales, trans communities use social media networks such as Facebook and Twitter to report on health services, health outcomes and violations (see also Box 2.22).

2.5 Resources and further reading

1. Transgender health and human rights: discussion paper. Geneva: United Nations Development Programme; 2013.
<http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Trans%20Health%20&%20Human%20Rights.pdf>
2. Human rights, sexual orientation and gender identity. Geneva: United Nations General Assembly, Human Rights Council; 2011.
<http://www.un.org/Docs/journal/asp/ws.asp?m=A/HRC/17/L.9/Rev.1>
3. Joint statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people. United Nations; 2015.
<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/LGBTIjointstatement.html>
4. Lesbian, gay, bisexual and transgender and intersex people. Geneva: United Nations Human Rights, Office of the High Commissioner.
http://www.ohchr.org/Documents/Issues/Women/WRGS/SexualHealth/INFO_LGTG_WEB.pdf
5. Sexual health, human rights and the law. Geneva: World Health Organization; 2015.
http://www.who.int/reproductivehealth/publications/sexual_health/sexual-health-human-rights-law/en
6. The right to health: fact sheet 31. Geneva: United Nations High Commission for Human Rights.
<http://www.ohchr.org/Documents/Publications/Factsheet31.pdf>
7. Gender identity and sexual orientation in Thailand: promoting rights, diversity and equality in the World of Work (PRIDE) Project. Bangkok: International Labour Organization Country Office for Thailand, Cambodia and Lao People's Democratic Republic; 2014.
http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/publication/wcms_356950.pdf
8. Egremy G, Betron M, Eckman A. Identifying violence against most-at-risk populations: a focus on MSM and transgenders. Training manual for health providers. Washington (DC): Futures Group, Health Policy Initiative, Task Order 1; 2009.
http://www.healthpolicyinitiative.com/Publications/Documents/1097_1_GBV_MARPs_Workshop_Manual_FINAL_4_27_10_acc.pdf
9. Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity. Geneva: United Nations General Assembly, Human Rights Council (A/HRC/19/41); 2011.
http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session19/A-HRC-19-41_en.pdf
10. Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity: report of the Office of the United Nations High Commissioner for Human Rights. Geneva: United Nations General Assembly, Human Rights Council (A/HRC/29/23); 2015.
<http://www.ohchr.org/EN/Issues/Discrimination/Pages/LGBTUNReports.aspx>
11. Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity. Strasbourg (France): Council of Europe; 2010.
<https://wcd.coe.int/ViewDoc.jsp?id=1606669>

12. Transrespect versus transphobia worldwide: a comparative review of the human-rights situation of gender-variant/trans people. Berlin: Transrespect versus Transphobia Worldwide; 2012.
http://www.transrespect-transphobia.org/uploads/downloads/Publications/TvT_research-report.pdf
13. International covenant on civil and political rights Geneva: Office of the High Commissioner for Human Rights; 1966.
<http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>
14. A broken bargain for transgender workers. Denver (CO): Movement Advancement Project; 2013.
<http://www.lgbtmap.org/file/a-broken-bargain-for-transgender-workers.pdf>
15. Understanding issues facing transgender Americans. Denver (CO): Movement Advancement Project.
<http://www.lgbtmap.org/file/understanding-issues-facing-transgender-americans.pdf>
16. Middleton LS. Review of training and programming resources on gender-based violence against key populations. Arlington (VA): USAID AIDS Support and Technical Assistance Resources, Task Order 2 (AIDSTAR-Two) and the International HIV/AIDS Alliance; 2013.
http://www.hivgaps.org/wp-content/uploads/2013/10/AIDSTAR-Two_Tech-Paper-Rev-Resources-GBV-Against-Key-Populations-FINAL-09-30-13.pdf
17. The night is another country: impunity and violence against transgender women human rights defenders in Latin America. Buenos Aires: AIDS Alliance/REDLACTRANS; 2012.
http://www.aidsalliance.org/assets/000/000/405/90623-Impunity-and-violence-against-transgender-women-human-rights-defenders-in-Latin-America_original.pdf?1405586435
18. Report on the social, economic and cultural rights of the transgender population in Latin America and the Caribbean. Buenos Aires: REDLACTRANS; 2014.
<http://www.redlactrans.org.ar/site/wp-content/uploads/2015/03/Report%20on%20DESC%20trans.pdf>
19. Discrimination against transgender people in Europe. Resolution 2048 (2015). Strasbourg (France): Council of Europe, Parliamentary Assembly; 2015.
<http://assembly.coe.int/nw/xml/XRef/X2H-Xref-ViewPDF.asp?FileID=21736&lang=en>
20. Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M. Injustice at every turn: a report of the National Transgender Discrimination Survey. Washington (DC): National Center for Transgender Equality and National Gay and Lesbian Task Force; 2011.
http://endtransdiscrimination.org/PDFs/NTDS_Report.pdf
21. Transilience: the realities of violence against transgender women in South Africa. East London (South Africa): Social, Health and Empowerment Collective of Transgender Women of Africa; 2015.
<http://www.awid.org/resources/report-violence-against-trans-women-south-africa>
22. Hate violence against lesbian, gay, bisexual, transgender, queer and HIV-affected communities in the United States in 2013. New York (NY): National Coalition of Anti-Violence Programs; 2014.
http://avp.org/storage/documents/2013_ncavp_hvreport_final.pdf
23. The people living with HIV stigma index.
<http://www.stigmaindex.org>
24. Mapping the legal and social situation. Transrespect versus Transphobia Worldwide.
http://www.transrespect-transphobia.org/en_US/mapping.htm
25. Family Acceptance Project:
<http://familyproject.sfsu.edu>

26. Global Commission on HIV and the Law: risks, rights and health. Geneva: United Nations Development Programme; 2012.
<http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>
27. National dialogues on HIV and the law: a practical manual for UNDP regional HIV teams and country offices. Geneva: United Nations Development Programme; 2014.
<http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/UNDP%20Practical%20Guide%20on%20National%20Dialogues%20on%20HIV%20and%20the%20Law%20FINAL.pdf>
28. Baral SD, Beyrer C, Poteat T. Human rights, the law, and HIV among transgender people. Working paper prepared for the Third Meeting of the Technical Advisory Group of the Global Commission on HIV and the Law, 7-9 July 2011.
<http://www.hivlawcommission.org/index.php/working-papers?task=document.viewdoc&id=93>
29. Reisner SL, Lloyd J, Baral SD. Technical report: the global health needs of transgender populations. Arlington (VA): USAID's AIDS Support and Technical Assistance Resources, Task Order 2 (AIDSTAR-Two); 2013.
http://www.aidstar-two.org/upload/AIDSTAR-Two-Transgender-Technical-Report_FINAL_09-30-13.pdf
30. Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone countries. Washington (DC): Pan American Health Organization; 2014.
<http://www.who.int/hiv/pub/transgender/blueprint-trans-paho/en>
31. Blueprint for the provision of comprehensive care for trans people and their communities in Asia and the Pacific. Washington (DC): Futures Group, Health Policy Project; 2015.
http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/blueprint-for-the-provision-of-comprehensive-care-for-trans-peop.html
32. Services for transgender people. UNAIDS guidance notes. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.
http://www.unaids.org/sites/default/files/media_asset/2014unaidsguidancenote_servicesfortransgenderpeople_en.pdf
33. HIV infection among transgender people. Atlanta (GA): US Centers for Disease Control; 2011.
<http://www.cdc.gov/hiv/transgender/pdf/transgender.pdf>
34. The gap report. Geneva: Joint United Nations Programme on HIV/AIDS; 2014.
http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf
35. HIV and young transgender people: a technical brief. Geneva: World Health Organization; 2014.
http://www.who.int/hiv/pub/guidelines/briefs_ykp_2014.pdf
36. Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations. Geneva: World Health Organization; 2015.
<http://www.who.int/hiv/pub/toolkits/kpp-monitoring-tools/en>
37. UNAIDS action framework: universal access for men who have sex with men and transgender people. Geneva: Joint United Nations Programme on HIV/AIDS; 2009.
http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf
38. Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. Volume I: national and sub-national Levels. Geneva: World Health Organization; 2013.
http://www.cpc.unc.edu/measure/publications/ms-11-49a/at_download/document

39. The user guide for the HIV-related Human Rights Costing Tool: costing programmes to reduce stigma and discrimination, and increase access to justice in the context of HIV. Geneva: Joint United Nations Programme on HIV/AIDS; 2012.
http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/document/2012/The_HRCT_User_Guide_FINAL_2012-07-09.pdf
40. HIV, sexually transmitted infections and other health needs among transgender people in Asia and the Pacific: joint regional technical brief; Geneva: World Health Organization; 2013.
http://www.wpro.who.int/hiv/documents/docs/HIV_STI_Other_Health_needs_among_transgender.pdf
41. Jumping hurdles: discussion paper on access to HIV health services for young men who have sex with men and young transgender persons in Asia and the Pacific. Bangkok: Youth Voices Count.
http://www.aidsdatahub.org/sites/default/files/community/Jumping_hurdles_Discussion_paper_Youth_voices_count_2015.pdf
42. The time has come: enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: training package for health providers to reduce stigma in health care settings.
http://www.asia-pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/the-time-has-come.html
43. Lessons from the front lines: trans health and rights. New York: amfAR, the Foundation for AIDS Research, GATE (Global Action for Trans* Equality).
<http://www.amfar.org/frontlines>
44. Breaking through barriers: Avahan's scale-up of HIV prevention among high-risk MSM and transgenders in India. New Delhi: Bill & Melinda Gates Foundation; 2010.
<https://docs.gatesfoundation.org/Documents/breaking-thru-barriers.pdf>
45. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva: World Health Organization; 2013.
http://www.who.int/hiv/pub/sti/sex_worker_implementation/en
46. Ministerio de Desarrollo Social. Diversidad sexual en Uruguay: las políticas de inclusión social para las personas LGBTI del Ministerio de Desarrollo Social (2010–2014), informe final. Montevideo: Ministerio de Desarrollo Social; 2014.
http://www.google.co.ve/url?sa=t&rct=j&q=&esrc=s&source=web&cd=3&cad=rja&uact=8&ved=oCCgQFjAC&url=http%3A%2F%2Fwww.unfpa.org.uy%2Fuserfiles%2Fpublications%2F112_file1.pdf&ei=gDdRVZToLIShwTa_4DwCQ&usg=AFQjCNEVB_ulgaDJxvSnVzHf23o5TJ2y6g&sig2=wn6CsrDovsmx2QeP9l_NDA&bvm=bv.92885102,d.eXY
47. Arrest the violence: human rights abuses against sex workers in Central and Eastern Europe and Central Asia. Sex Workers' Rights Advocacy Network (SWAN); 2009.
<http://www.opensocietyfoundations.org/sites/default/files/arrest-violence-20091217.pdf>
48. Identidad de genero. InfoLEG; 2012.
<http://www.infoleg.gov.ar/infolegInternet/anexos/195000-199999/197860/norma.htm>; English translation of Argentina's gender identity law as approved by the Senate of Argentina on May 8, 2012. Transgender Europe (TGEU); 2012.
<http://tgeu.org/argentina-gender-identity-law>
49. ECtHR ends absurd sterilisation requirement in Turkish law. Transgender Europe (TGEU); 2015.
<http://tgeu.org/ecthr-ends-absurd-sterilisation-requirement-in-turkish-law>

50. LGBT students in Japan: education ministry asks schools to let transgender children use preferred bathrooms: report. International Business Times. April 30, 2015.
<http://www.ibtimes.com/lgbt-students-japan-education-ministry-asks-schools-let-transgender-children-use-1903168>
51. Orientacion sexual e identidad de genero. Constitutional Court of Columbia.
<http://www.corteconstitucional.gov.co/RELATORIA/2014/T-804-14.htm>
52. DOJ rolls out transgender sensitivity training for police. CNS News. March 28, 2014.
<http://cnsnews.com/news/article/susan-jones/doj-rolls-out-transgender-sensitivity-training-police>
53. Special report: Philippines national police undergo LGBT sensitivity workshops – part II. National Civil Rights Movement (NCRM).
http://www.thenewcivilrightsmovement.com/special_report_philippines_national_police_undergo_lgbt_sensitivity_workshops_part_ii

Further reading

54. Andrasik MP, Yoon R, Mooney J, Broder G, Bolton M, Votto T, et al. Exploring barriers and facilitators to participation of male-to-female transgender persons in preventive HIV vaccine clinical trials. *Prev Sci*. 2014;15:268–276.
55. Beattie TS, Bhattacharjee P, Suresh M, Isac S, Ramesh BM, Moses S. Personal, interpersonal and structural challenges to accessing HIV testing, treatment and care services among female sex workers, men who have sex with men and transgenders in Karnataka state, South India. *J Epidemiol Commun H*. 2012;66(Suppl2):42–48.
56. Bockting WO, Robinson BE, Rosser BR. Transgender HIV prevention: a qualitative needs assessment. *AIDS Care*. 1998;10:505–525.
57. Chakrapani V, Newman PA, Shunmugam M, Dubrow R. Barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravanis (transgender women) in Chennai, India. *AIDS Care*. 2011;23:1687–1694.
58. Culbert GJ. Violence and the perceived risks of taking antiretroviral therapy in US jails and prisons. *Int J Prison Health*. 2014;10:94–110.
59. Grossman AH, D'Augelli AR, Howell TJ, Hubbard S. Parents' reactions to transgender youths' gender nonconforming expression and identity. *J Gay Lesbian Soc Serv*. 2005;18(1):3–16. doi:10.1300/J041v18n01_02.
60. Poteat T, German D, Kerrigan D. Managing uncertainty: A grounded theory of stigma in transgender health care encounters. *Soc Sci Med*. 2013;84:22–29.
61. Poteat T, Reisner S, Radix A. HIV epidemics among transgender women. *Curr Opin HIV AIDS*. 2014;9:168–173.
62. Ryan C, Russell ST, Huebner D, Diaz R, Sanchez J. Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs*. 2010;23:205–213.
63. Santos GM, Wilson EC, Rapues J, Macias O, Packer T, Raymond HF. HIV treatment cascade among transgender women in a San Francisco respondent driven sampling study. *Sex Transm Infect*. 2014;90:430–433.
64. Sevelius JM, Patouhas E, Keatley JG, Johnson MO. Barriers and facilitators to engagement and retention to care among transgender women living with human immunodeficiency virus. *Ann Behav Med*. 2014;47(1):5–16. doi:10.1007/s12160-013-9565-8.

65. Simons L, Schrager SM, Clark LF, Belzer M, Olson J. Parental support and mental health among transgender adolescents. *J Adolesc Health*. 2013;53:791–793.
66. Socías ME, Marshall BDL, Arístegui I, Romero M, Cahn P, Kerr T, et al. Factors associated with healthcare avoidance among transgender women in Argentina. *Int J Equity Health*. 2014;13:81.
67. Wilson EC, Iverson E, Garofalo R, Belzer M. (2012). Parental support and condom use among transgender female youth. *J Assoc Nurses AIDS Care*. 2012;23:306–317.