



Sex Workers, Fem Queens, and Cross-Dressers: Differential Marginalizations and HIV Vulnerabilities Among Three Ethnocultural Male-to-Female Transgender Communities in New York City

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Abstract: This article describes 3 distinct ethnocultural male-to-female transgender communities in New York City: the low-income African American/Black¹ and Latina(o) House Ball community; low-income, often undocumented immigrant Asian sex workers; and middle-class White cross-dressers. These communities are highly socially isolated from each other and are more connected to their ethnocultural contexts than to an abstract and shared transgender identity. Whereas previous research either has viewed male-to-female transgender people as one monolithic group or has separated them into abstract racial categories unconnected to their communities and lifestyles, this article positions them within specific social networks, cultures, neighborhoods, and lifestyles. With regard to HIV vulnerabilities, violence, and rape, House Ball community members seemed to engage in the riskiest form of survival sex work, whereas Asian sex workers seemed to engage in moderate-risk survival sex work. White cross-dressers seemed to engage in very low-risk recreational sex work.²

Key words: sex work; House Ball community; Asian immigrants; social networks; ethnocultural community contexts

This article charts new territory by mapping ethnocultural communities and connecting HIV risk behaviors within a nexus of racial, ethnic, cultural, social, and economic factors. Findings from our study of three ethnocultural transgender communities demonstrate the

fundamental roles of economics and marginalization in determining identities and HIV risk behaviors.

Male-to-female (MTF) transgender people make up a population that is especially hidden, difficult to reach, and marginalized from the general population (Gorman, Barr, Hansen, Robertson, & Green, 1997; Sterling et al., 2000). Some of this population is also transient (Sterling et al.).³

Although it is well known that transgender people are stigmatized in the United States—as seen in mainstream films such as *Transamerica* (Tucker, 2005) and *The Silence of the Lambs* (Demme, Harris, & Tally, 1991)—the transgender population remains understudied (Bockting, Robinson, & Rosser, 1998; Feldman & Bockting, 2003; Lombardi, 2001). Previous research either has viewed transgender people as one monolithic

¹ We have designated the racial category African American/Black to encompass (a) those who typically identify as African American and (b) those who typically do not identify as African American but are of African descent and may invoke the term *Black* to describe themselves, people who may include Caribbean Americans and recent immigrants from Africa.

² Points of view, opinions, and conclusions in this article do not necessarily represent the official position of the U.S. government, Medical and Health Association of New York City Inc., or National Development and Research Institutes Inc.

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group or has separated them into abstract racial categories unconnected to communities and lifestyles (Bockting et al., 1998; Feldman & Bockting, 2003; Kenagy, 2002, 2005; Lombardi, 2001; Nemoto, Luke, Mamo, Ching, & Patria, 1999; Nemoto, Operario, Keatley, Han, & Soma, 2004; Nemoto, Operario, Keatley, Nguyen, & Sugano, 2005; Nemoto, Operario, Keatley, & Villegas, 2004; Simon, Reback, & Bemis, 2000). This article, however, maps some of the different communities comprising the MTF population in New York City and positions them within specific social networks, cultures, neighborhoods, and lifestyles. These communities not only are stigmatized and, in some cases, marginalized from general society but also are often isolated from each other. Furthermore, they frequently experience their transgender status as an *additional stigma* that exacerbates and intersects with specific vulnerabilities and characteristics already found within a given ethnocultural context, such as poverty, homelessness, joblessness, and high HIV seroprevalence.

Previous literature has already documented the concept of *multiple jeopardy* for those who experience intersecting perils and risks due to ethnocultural and socioeconomic status factors (King, 1988; Valle, 1988–1989). For those of lower socioeconomic status especially, transgender identity

adds another hazardous layer to an already existing complex of racial, cultural, and socioeconomic status perils that lead to a particular brand of transgender-inflected multiple jeopardy.

MTF People as a Vulnerable Population

Within the realm of sexual and gender minorities, certain MTF groups have extremely high HIV seroprevalence and exhibit higher seroprevalence than men who have sex with men, women who have sex with women, and female-to-male (FTM) transgender people. For instance, MTF groups in San Francisco have been shown to engage in riskier sexual behavior—indicated by the number of sex partners in recent history, participation in commercial sex work, and having a primary partner who injected drugs—than men who have sex with men, nontransgender⁴ heterosexual women, and women who have sex with women (Gwadz, Clatts, Leonard, & Goldsamt, 2004; Nemoto et al., 1999; Nemoto, Operario, Keatley, Han, et al., 2004; Nemoto, Operario, Keatley, & Villegas, 2004; Stephens, Scott, & Braithwaite, 1999; Sykes, 1999; Valenta, Elias, & Domurat, 1992; Weinberg, Shaver, & Williams, 1999). MTF people are also more likely than FTM people to have been incarcerated, homeless, and unemployed; to have

³ We will use the terms *transgender* and *male-to-female* (MTF) *transgender people* in this article, although we acknowledge that these terms are problematic not only because they arise from a White, economically privileged context but also because many ethnocultural communities do not use these terms to describe themselves. However, we invoke these terms for purposes of disseminating this information to specific academic and research audiences and because we consider these terms to be more aligned with actual ethnocultural community social formations than other terms arising from White, economically privileged contexts.

In fact, according to studies conducted on indigenous social formations and sex-gender systems in South America, Central America, North America, the Caribbean, Africa, the Middle East, South Asia, and Southeast Asia, a category of third-gender identities, considered alternative to the first- and second-gender categories of women and men, is indigenous to many communities and societies in these countries (Aggleton, 1999; Brooks & Bocahut, 1998; Costa & Matzner, 2007; Henríquez, 2002; Higgins & Coen, 2000; Hwahng, 2007; Jacobs, Thomas, & Lang, 1997; Johnson, 1997; Kulick, 1998; Murray & Roscoe, 1997; Murray & Roscoe, 1998; Nanda, 1999; Prieur, 1998; Reddy, 2005; Roscoe, 1998; Teh, 2002). These indigenous sex-gender systems and third-gender identities are also incompatible with Euro-American Western sex-gender systems (Jacobs et al., 1997; Nanda, 1999). People of color from many of the communities we studied seemed to structure their identities according to non-Western indigenous sex-gender systems. We thus believe that *MTF people* is actually a much more accurate reflection of these third-gender identities within indigenous sex-gender

systems than other terms, such as *transwomen*. For further explication, see Hwahng (2007).

In addition, we prefer the term *MTF people* over *transwomen* because at least some research participants in each of the three ethnocultural communities we studied also identified as both male and female, or as male part of the time, as well as female part of the time. Other participants identified as female all the time. As a catchall term, *MTF people* seemed to encompass this entire spectrum, whereas *transwomen* appeared to apply only to those who identified as female full time.

Any use of terms must take into account not only how long they have been in use but also the context in which they are used, and toward what goals or purposes. In legal contexts, for instance, the use of the term *transwomen* may be justified, especially when the goal is to expand provision of services and resources designated for women to also include transwomen, such as in prison settings (Hembree & Horowitz, 2007). However, within public health research contexts where research is being conducted among what are considered hidden populations—those that are difficult to access and often have strong in-group and out-group distinctions—it behooves researchers to speak the language and employ the terms that the specific target populations are using. Because none of the ethnocultural communities in this study used the term *transwomen* to describe themselves, they might have perceived our using this term as an imposition and an assumption of a Euro-American Western discourse and sex-gender system on these communities that underscored the often inequitable power relationships existing between researchers (more power) and research participants (less power).

engaged in sex work; and to have lower levels of education (Clements-Nolle, Marx, Guzman, & Katz, 2001; Kenagy, 2002, 2005; Kenagy & Hsieh, 2005; Sevelius, Nemoto, Keatley, Ventura, & SenGupta, 2005).⁵

Sex Work as a Risk Factor

Studies identify sex work as a particularly high risk factor for HIV and other sexually transmitted infections (STIs). Sex workers, including MTF sex workers, are vulnerable to unprotected coerced sex through violence and rape. MTF sex workers are also exposed to infection through engaging in unprotected sex and injection drug use with customers who offer additional financial incentives; having unprotected sex with primary partners as a way of differentiating intimacy from work; and using injection drugs to help them cope with stigma, survival sex work, and life stress (Kurtz, Surratt, Kiley, & Inciardi, 2005; Nemoto et al., 1999; Nemoto, Operario, Keatley, & Villegas, 2004; Nuttbrock, Rosenblum, Magura, Villano, & Wallace, 2004; Weiner, 1996; Yahne, Miller, Irvin-Vitela, & Tonigan, 2002). Life stress is often extremely high for sex workers: One study (Valera, Sawyer, & Schiraldi, 2001), which included MTF sex workers, nontransgender female sex workers, and nontransgender male sex workers in Washington, D.C., found that more

than 42% of them met the established criteria for post-traumatic stress disorder. By some accounts (Elifson, Boles, Posey, Sweat, & Darrow, 1993; Modan et al., 1992; Tirelli, Errante, & Serraino, 1988), MTF sex workers not only have higher seroprevalence than MTF people who do not work in the sex industry but also have higher seroprevalence compared with other nontransgender sex workers, such as nontransgender female sex workers and male sex workers who have sex with men.

Difference in HIV Infection Rates

Many MTF groups appear to be greatly isolated from each other based on race, ethnicity, socioeconomic status, and language. In addition, rates of HIV infection and STIs among MTF groups exhibit vast differences. Research has shown that African American/Black and Latina(o) MTF people, who make up the majority of MTF sex workers in the United States, are more likely than White MTF people to engage in unprotected sex, are more prone to non-hormonal injection drug use, and are more susceptible to HIV infection and STIs. Our review of the literature evidenced that African American/Black MTF people are one of the groups most at risk for HIV seroprevalence among the various gay, lesbian, bisexual, and transgender groups. Furthermore, African American/Black MTF people are the

4 In this article, we use the terms *nontransgender women* and *nontransgender men* (rather than the designations *women* and *men*) to distinguish them from transgender women and men. A nontransgender woman is defined as someone who was assigned female at birth, grew up as a girl, and now identifies as a woman. A nontransgender man is someone who was assigned male at birth, grew up as a boy, and now identifies as a man. Using these terms centralizes transgender identities, rather than marginalizes transgender identities. In addition, using the term *nontransgender* as opposed to *genetic* or *biological* denaturalizes assumptions about female and male biology.

As many transgender people have pointed out, unless a person has undergone a full biological analysis including a complete chromosomal panel, brain biopsy, and so forth, defining who is actually biologically male or female is difficult. Many transgender people, in fact, state that they are biologically predisposed to their chosen gender (for instance, because of thoughts and feelings that may be attributed to brain morphology or chemistry) despite the fact that they were officially assigned a different gender at birth based on what many consider to be a few superficial anatomical indicators (American Boyz, 1996–2001; Hale, 1997).

5 Given the data on economic, educational, and employment disparities, it appears that male-to-female (MTF) transgender people are even more stigmatized than female-to-male (FTM) transgender people. Reasons for this difference may include that marginalizing MTF sex workers creates a protective social and psychological buffer for White, middle-class, heterosexual, married clients—a buffer that is most easily maintained by soliciting sex from low-income MTF

people of color. For more elaboration on this point, see Hwahng (2007). From information gleaned in discussions with public health researchers about transgender populations from various regions in the United States, it also appears that at least in urban environments, most of those who identify as MTF people are low-income people of color, whereas most of those who identify as FTM people are White, come from economically or culturally privileged backgrounds, and are typically at low risk for HIV infection.

Why most FTM people in urban areas are White and privileged is something of a mystery, but one explanation may be that people who were assigned female at birth and have a male or masculine propensity or identification simply are not being recognized in groups who are low-income people of color populations that are most vulnerable to HIV in the United States. Members from HIV-vulnerable groups, for example, may still identify as female or as women, so the commonly used definitions of FTM people may not be encompassing these types of identities. In fact, it appears that those groups in which nontransgender men exhibit hegemonic masculinity (Connell, 1987, 1995) are the same groups in which FTM people are most evident. Groups in which nontransgender men exhibit subordinate or marginalized masculinities (Connell), which would also include low-income people of color and HIV-vulnerable groups, do not appear to have many members who identify as FTM people. Perhaps hegemonic masculinity provides an apparent gendered stability or protection within hierarchical inequitable societies that allows FTM identities to emerge, whereas groups that exhibit subordinate or marginalized masculinities are possibly neither stable nor protective enough to support a preponderance of FTM identities.

most susceptible to HIV infection and STIs compared with other racial groups, with HIV seroprevalence ranging from 41% to 63%, followed by Latinas(os) at 23% to 29%. Studies conducted in Los Angeles and San Francisco also suggested that, at 4% to 27%, Asian and Pacific Islander MTF people may have lower rates of HIV infection compared with African American/Black and Latina(o) MTF people. Asian and Pacific Islander data may not be conclusive, however, because many studies on MTF people have not translated their instruments into Asian languages, thereby often inadvertently excluding immigrant and undocumented Asian and Pacific Islanders who may be at high risk (Nemoto, Operario, Keatley, Han, et al.; Nemoto, Operario, Keatley, & Villegas). HIV seroprevalence for White MTF people has been reported as 1% to 22% (Clements-Nolle et al., 2001; Kellogg, Clements-Nolle, Dilley, Katz, & McFarland, 2001; Kenagy, 2002, 2005; Nemoto et al., 1999; Nemoto, Operario, Keatley, Han, et al.; Nemoto, Operario, Keatley, & Villegas; Nuttbrock, 2006; Sevelius et al., 2005; Simon et al., 2000).

Ethnocultural Communities, Lifestyles, and Stratifications

Paradoxically, although much research on sexual and gender minorities has focused on men who have sex with men and nontransgender female sex workers, some groups of MTF people have paralleled or even exceeded the HIV and STI seroprevalence rates of these other populations (Aggleton, 1999; Baker, Case, & Policicchio, 2003; Nemoto et al., 1999). Although studies have been undertaken with MTF people, including MTF people of color, in urban settings, there has never been a public health study identifying MTF groups and comparatively analyzing them as distinct communities by situating transgender groups within their lifestyles and what we term *ethnocultural community* contexts. In fact, researchers often designate races as separate, abstract categories according to HIV seroprevalence and behavioral indicators, with little or no ethnosocial context (Clements-Nolle et al., 2001; Nemoto et al. 1999; Nemoto, Operario, Keatley, Han, et al., 2004; Nemoto, Operario, Keatley, & Villegas, 2004).

This article maps ethnocultural communities and examines both the behavioral and sociostructural factors that contribute to risk of HIV infection. Previous literature (Amaro, 1995; Amaro & Raj, 2000; Amaro, Raj, & Reed, 2001; Deren et al., 1996; Deren et al., 1997; Diaz, 1998; Gentry, Elifson, & Sterk, 2005) has cited the importance of a feminist perspective that contextualizes behavioral risk within gendered social and political contexts. In the terrain of gendered social and political contexts, these risk factors may be connected to different forms of racial

marginalization, which in turn may lead to differential access to resources and institutions for a given ethnocultural transgender community.⁶

By using the term *ethnocultural communities*, we wish to emphasize the significant impact of ethnicity, race, and communities on cultural formations, identities, and lifestyles in the United States. Michael Omi and Howard Winant (1994) stated that race is a fundamental element in structuring and representing the social world, in which racial formations organize and distribute resources along particular racial lines.⁷ Steve Martinot (2003) posited that race is crucial to understanding the United States: The colonization of America did not produce race; instead, race and racialization produced America. Thus, racialization is not only a fundamental cultural structure but also the foundation for class structure.⁸

The United States has always had two working classes—historically, expendable and proletarianized African American/Black/non-White workers, and non-proletarianized White workers who created Whiteness as entitlement, social value, social property, and a form of social capital through social contracts with more economically privileged Whites. This dichotomy makes clear how White working class labor history is primarily exemplified by an unstated belief that a *property differential* existed between the White working class and the African American/Black working class. Thus, racial segregation in the working class is also a class difference (Martinot, 2003).

At present, U.S. society is a corporate administrative entity characterized by hierarchical structure in which coherence is organized through centralized direction and maintained through allegiance to the unifying membership principle of Whiteness. Within the hierarchy, individuals participate differentially along a scale of graded power

6 Cathy Cohen (1999) discussed how racial marginalization directly influences access to (dominant) institutions and resources, an effect that correlates to HIV vulnerabilities among African American/Black populations in the United States. There is thus a link between HIV and racially marginalized communities—in general, the more racially marginalized a community, the higher the risk of HIV infection, with the most stigmatized sectors of a racially marginalized community often exhibiting the greatest HIV vulnerabilities in that community.

7 Omi and Winant (1994) also elaborated that racial formations comprise historically situated *racial projects*.

8 Martinot (2003) also asserted that because racialization is foundational to class relations, traditional theorizations of working class politics and social consciousness inherited from Europe, such as Marxism, have to be modified and racialized in order to be relevant to the U.S. context.

(Martinot, 2003).⁹ It is imperative to understand how ethnocultural transgender communities operate in political relation to the always already racialized White corporate administrative entity. The *ethno* in ethnocultural communities, then, may have a profound impact on where communities are located along the scale of graded power within the social hierarchy. Because the stratification of U.S. society occurs from White solidarity rather than across class interests, racial stratification is often viewed as not only fundamental but also crucial to the understanding of social inequities (Aguirre & Turner, 1998; Marger, 2002).

In addition, according to Michael Marmot (2004), an individual's health is affected not only by her or his own position in society, but also by the characteristics and experiences of other people within the same community. Therefore, it is important to analyze how individuals, as well as their respective communities, participate differentially along a scale of graded power within the White corporate hierarchy of U.S. society. For developed countries that are above the threshold of absolute deprivation—that is, are rich enough to provide the basic resources for life for its citizens—what determines health is actually the *relative position*¹⁰ of an individual or community within the

hierarchy. Even minor differences in income, status, and power will manifest in health disparities for which those of relatively greater privilege typically exhibit much better health than those of lesser privilege (Marmot). An analysis of ethnocultural communities (versus individuals detached from communities) may thus reveal how the positions of these communities in society correlate to risk of HIV infection and STIs for the respective members of those communities.

Research Questions

Because no public health study to date has identified transgender groups as distinct communities and undertaken a comparative analysis of these communities, this research addressed the following questions: (a) Are there differences among MTF communities in terms of social inequities?; (b) If so, how do these inequities manifest within an interacting system of marginalizations that increases HIV vulnerabilities for some communities and not others?; and (c) How can we start to describe this system of social inequities and marginalizations?

Method

The institutional review board at National Development and Research Institutes Inc. approved this qualitative study as an adjunct to the Transgender Project, a quantitative, longitudinal R01 study funded by the National Institutes of Health. The first author designed and implemented the qualitative study; the second author is principal investigator for the Transgender Project.

Ethnographic data were systematically compiled using participant-observation, along with qualitative formal and informal interviews. Data collection for this article consisted of 120 hours of participant-observation conducted over 12 months, from January through December 2005; 35 informal interviews; and 15 formal, semistructured in-depth interviews. We conducted 12 formal interviews with MTF research participants from ethnocultural communities and 3 formal interviews with nontransgender key informants on the Transgender Project research team, and had hundreds of interactions with MTF people in New York City. The in-depth interviews with transgender participants lasted from 60 to 90 minutes and started with questions about each participant's general background, including race, ethnicity, socioeconomic status, age, and immigration or citizenship status. Further questions were asked about gender, family, and work history, followed by specific questions about social networks, intimate partners, body modifications, history of drug use, discrimination, and violence. Participants who were or had been involved with

9 Membership in Whiteness is a social ethos, a cement that holds the corporate administrative structure together within contemporary U.S. corporate society. Structural positions and social stratifications of Whites are established as levels of membership in Whiteness. Those who are White but do not perform as sufficiently White within the administrative structure are questioned or ostracized.

With respect to production in the administrative entity that is White corporate society, one's position in the structure of administration becomes primary over juridical relations to the means of production. For example, supervisors are deemed a different class than production workers even though both groups work for the same enterprise and hold no ownership in it. Economic and social identity is thus constructed by administrative positioning.

Occupation refers generally to social substructures to which one belongs and answers the question of what one administers, rather than which skills and knowledge one has. Members of the proletarianized White working class who are involved in the physical labor of production find themselves in a fluctuating hierarchy between foremen and lower job or skill classifications and often see themselves as administrative as well, even if their authority is only over their own job. The only group denied a role in the administrative structure because of its political relation to the structure is the proletarianized non-White working class (Martinot, 2003).

10 Marmot (2004), citing Amartya Sen, wrote that relative position should be analyzed within the *space of capabilities* versus merely by economic income. How much individuals are capable of freely choosing the life they want to live, as well as what they are capable of doing physically, psychologically, and socially, will determine how much they experience full participation in society; control over life circumstances; and trust, helpfulness, and civic engagement within their community.

sex work answered additional questions about their initial involvement in sex work, solicitation, negotiating power with clients, and their attitudes toward intimate partners versus clients. These participants were also asked to provide information about the drug use and sexual behaviors of those in their social groups and communities. The in-depth interviews with nontransgender participants also lasted from 60 to 90 minutes, with questions focusing on how they viewed MTF people in relation to social networks, drug use, discrimination, violence, and sex work. For all in-depth interviews, the core set of questions remained the same but the structure was flexible: The order in which questions were asked varied so that participants could speak freely with minimal interruptions.

We conducted participant-observation and informal interviews with MTF people at bars, clubs, and streets where MTF people congregate in Manhattan, Queens,

Brooklyn, and the Bronx. Locations included the clubs Esquelita, Opaline, Silver Swans, Karolyn's, Remix, Edelweiss, CK Bar, and Maxie in Manhattan, as well as Lucho's and Lidia's in Queens; balls in Manhattan and Brooklyn; and streets where transgender people congregate in the Fordham neighborhood of the Bronx, the Jackson Heights and Corona neighborhoods of Queens, the Bushwick neighborhood of Brooklyn, and the West Village neighborhood in Manhattan (see Figure 1). During this period, we recorded field notes on either a weekly or biweekly basis. Participant-observation data from 12 quantitative interviews from the Transgender Project were also incorporated into the analysis.¹¹ Because of the nature of the quantitative instrument, participants often discussed key life events in a continuous narrative to help them remember retrospective data. Data that were not captured by the survey instrument were recorded in field notes. In addition, we reviewed a total of 440 baseline,

Figure 1. Participant-observation was conducted in areas marked in red in the Bronx, Queens, Brooklyn, and Manhattan boroughs of New York City.*



* Figure is courtesy of William Bowen. Further reproduction is prohibited without written permission from William A. Bowen, California Geographic Survey.

retest, and follow-up survey instruments from the Transgender Project to inform the direction of this study; we did not use the data from the quantitative study directly in the analysis.¹²

We analyzed field notes and interviews using open coding and grounded theory (Strauss & Corbin, 1990). Line-by-line analysis of field notes and interview transcripts produced a set of open codes that were then organized into categories. From these categories, prevailing themes emerged that we then incorporated into the structure of this article. We examined and integrated negative cases through inductive analysis (Becker, 1998).

This research was also informed by the first author's own personal experience and observations. The first author identifies as an FTM person and has been involved in transgender social, political, and cultural organizing and academic research on both local and national levels since 1995. From October 2004 to August 2005, the first author was also on staff at a community-based organization, the Asian/Pacific Islander Coalition on HIV/AIDS, as the project assistant for the Gay, Bisexual, and Transgender Project. Because of this engagement with both transgender and Asian and Pacific Islander communities, the first author came into this study with some rudimentary conceptual frameworks on transgender communities based on previous experience and observation. This study reinforced some of the first author's initial concepts while also contradicting or complicating other previously held concepts.

Results

Through their research, the authors recognized three distinct ethnocultural contexts—African American/

Black and Latina(o)¹³ transgender people involved in the House Ball community¹⁴, Asian sex workers, and White cross-dressers—although they also identified additional communities. With respect to mapping differences, the aforementioned three ethnocultural communities will be the main focus of this article. The House Ball and Asian communities were both low-income populations; House Ball members were mostly in their teens and 20s, and Asian sex workers were mostly in their 20s and 30s. Members of the White cross-dressing community were middle-class and mostly in their 40s and 50s.

The study also identified additional groups, including the following: low-income, immigrant Latina(o) sex workers of Central and South American origin who solicited in Queens; low-income, immigrant Latina(o) sex workers who solicited in Manhattan; and low-income, immigrant South Asian transvestites in Manhattan, Queens, and New Jersey. Not enough data had been gathered at this writing, however, for detailed analyses of these other populations. Some study participants did not fit any of these ethnocultural contexts but did not constitute large numbers and were thus considered outlier data.

¹³ We use the term *Latina(o)* in this article because some research participants in our study identified as both male and female, or as male part of the time, as well as identified as female part of the time; other participants identified as female all the time. The term *Latina(o)* encompasses all these various transgender identities.

¹⁴ The House Ball community is a social network that originated in New York City and has a fairly long history. The community comprises *houses*, which are family structures of mostly young Black and Latino gay men and male-to-female transgender people, although female-to-male transgender people, nontransgender women, or lesbians may also be involved. An appointed father and mother lead the remaining members in a given house, with the other members being referred to as children. Some houses have original names such as *Ebony*, *Xtravaganza*, or *Maasai*. Today, many houses are named after designers such as *Dior*, *Givenchy*, *Manolo Blahnik*, and *Chanel*. *Balls* are events for spectators in which houses compete for trophies, prize money, and community recognition in categories such as *Vogueing*, *Runway*, *Realness*, *Body*, *Face*, and so forth. The first ball occurred in 1865 at the *Hamilton Lodge* in Harlem (Murrill et al., 2005).

Although members in this community refer to their community as the Ball community, scientific literature often refers to this community as the House Ball community to distinguish it from other social networks organized around events and gatherings. For example, other gay male social networks may also use the term *balls* to refer to their gay male gatherings, although their networks are not necessarily organized into houses. Therefore, in keeping with the scientific literature, we refer to this MTF community in our study as the House Ball community.

¹¹ The Transgender Project interviewed male-to-female transgender people on aspects of gender identity, identity development, drug use, and depression, and also tested them for HIV and sexually transmitted infections, with half of the research participants randomly selected for a 3-year longitudinal study in order to track changes. The instrument being used is the Life Chart Interview—Transgender Experiences (LCI-TE), an adaptation of the Life Chart Interview, which divides the life cycle into five distinct periods starting at the age of 10. In previous studies of several different populations (Lyketsos, Nestadt, Cwi, Heithoof, & Eaton, 1994; Susser et al., 2000), this instrument has been shown to be effective at jogging the memory of research participants, and a test-retest of the LCI-TE has proven its accuracy. At the time of this writing, 285 baseline interviews, 95 retests, and 60 follow-ups had been collected.

¹² Because data collection from the quantitative study, the Transgender Project, was not completed at the time of this writing, the principal investigator (the second author of this article) thought it best not to include this quantitative data, which at this incomplete stage may be misleading.

Figure 2. Scene from inside a Ball in Bedford-Stuyvesant, Brooklyn, during a voguing competition.*



General Descriptions

Members of the House Ball community were primarily nonimmigrant African American/Black, Caribbean, Puerto Rican, and Dominican ethnicities and lived in Harlem, Spanish Harlem, the Bronx, Queens, Brooklyn, and cities in New Jersey such as Newark. They congregated uptown in the Bronx, Harlem, and East Harlem; at the clubs Esquelita and Opaline in Midtown Manhattan; and also attended balls in Manhattan, Brooklyn, and the Bronx (see Figures 2–6). They often referred to themselves as *fem queens*, *nu women*, or *girls*, and usually did not use terms such as *transvestite*, *transgender*, or *transsexual*.

The Asian sex worker community appeared to be exclusively immigrant and often undocumented; comprised several ethnicities including Thai, Vietnamese, Filipina(o), Malaysian, and Chinese; and lived in areas such as Jackson Heights in Queens, Chinatown in Manhattan, and Hoboken in New Jersey (see Figures 7 and 8). Members of this community congregated in their own neighborhoods at after-work events organized by these

transgender people in private homes, at sex work solicitation clubs in Manhattan, and at designated areas in Manhattan and Queens at places such as diners. They often referred to themselves either as *transvestites*, *women*, or *girls*.

White cross-dressers were nonimmigrant and generally lived in White middle-class enclaves such as areas of Manhattan, Long Island, Yonkers, White Plains, and Poughkeepsie in New York; the New Jersey suburbs; and Bethlehem, Pennsylvania (see Figures 9 and 10). They tended to congregate at local meeting places such as motel conference rooms for events organized by local chapters of organizations such as Tri-ESS, the Mid-Hudson Transgender Association, and Long Island Femme Expression, as well as at clubs in Manhattan such as Silver Swans and Karolyn's. They often used terms such as *t-girls*, *cross-dressers*, *dressing up in femme*, or *girls* to refer to themselves.

These disparate communities revealed vastly different relationships to legal employment, sex work, financial pressures, and drug use—differences that resulted in the

* All photos in this article were taken by the first author, Sel Julian Hwahng.

Figure 3. Exterior shot of a Ball at a club in Bedford-Stuyvesant, Brooklyn. Note the mural on exterior wall that reflects African American/Black collective community spirit.



House Ball community experiencing a high risk of HIV infection, the Asian sex workers being at moderate risk, and the White cross-dressers having the lowest risk (see Table 1). We elaborate further on these relationships in upcoming sections of this article.

House Ball Community

Members of the House Ball community often participated as streetwalkers and engaged in sex work in cars, on the streets, and in abandoned parking lots. As marginalized transgender members of an ethnocultural community with very little economic capital, many of the transgender people in the House Ball community felt compelled to go into sex work. Because African American/Black and Latina(o) transgender people were ascribed lower social status within an ethnocultural community of already low socioeconomic status, often the only options seemingly available to them were the riskiest forms of sex work. Similar to participants in a study on African American

nontransgender female sex workers in Detroit, Michigan (Baker et al., 2003), House Ball members were forced into prostitution due to drug addiction, poverty, or lack of education. Because of the long history of extreme stigma experienced by members of the House Ball community, sex work, along with drug use as a coping mechanism for sex work, has become internalized within the community as a rite of passage. Young MTF members of the House Ball community must go through this rite of passage because of the perception that there is no alternative for them other than sex work and drug use—a finding similar to that of a study conducted in San Francisco on MTF people of color (Nemoto, Operario, Keatley, Han, et al., 2004). One member of the House Ball community stated, “You know when you first experience the transgender life, you want to see what they’re [the streetwalkers] all about, where they hang out, what do they do.”

Because of the type of sex work they were involved in, House Ball members appeared to have the lowest

Figure 4. First of three MTF members of the House Ball community at a Ball.**



Figure 5. Second of three MTF members of the House Ball community at a Ball.



negotiating power in relation to safe sex with sexual partners. As indicated by the normalization of multiple rapes and drug use voiced by several members in this community, House Ball members were more vulnerable to random acts of violence as streetwalkers, and these harsh conditions seemed to push many into drug use. Members gave accounts of numerous deaths occurring regularly in this community through overdose and homicide. A House Ball member related:

I never had an experience but I know a lot of the girls that have, where they've been cut in the face, [the clients] give them the money, then they drive them away somewhere and then they beat them and take the money back.

One House Ball member reported that 90% of the clients who cruise the areas in Manhattan and the Bronx are actually White, middle-class, married men, and the remaining 10% are African American/Black men and Latinos. The authors confirmed the racial mix of these

clients with participant-observation. This House Ball member also stated that when she was a streetwalker, she found the African American/Black and Latino clients to be more rough sexually and physically than White clients; thus, she preferred Whites, whom she characterized as submissive, as clients over men of color.

In describing her experiences as a sex worker, another member stated that many of her clients were married and lived public lives as heterosexual, monogamous men. What really surprised her was that many of the clients wanted to be anally penetrated. She stated,

Ninety percent of the clients are White....Most, almost all of them are married. And a lot of them who are married like to—how could I put this in a way that's not so vulgar—they prefer to bend over....Yes. A lot of the clients do like to be penetrated.

One group of clients that made an impression on another member was Hasidic Jewish men, who would often drive up asking for sexual services, including anal penetration, from the House Ball members. As a member said:

Most of [the clients] are White men and Jewish men....Jewish men, with their outfits on...those are the ones that like to pay the girls two-three

** All photographic subjects featured in close-ups in this article signed written consent forms allowing the use of their images.

Figure 6. Third of three MTF members of the House Ball community at a Ball.



hundred dollars....They're Hasidic Jews. Isn't it funny?...On 14th Street and the Bronx.

Another member stated that encounters with clients were almost always quick and rarely built into long-term, sustained relationships, even as client–sex worker relationships. When asked if she would have liked to have a long-term attachment, such as a *sugar daddy* relationship, with one of her clients as a way to gain more economic stability and thus reduce the number of different clients, she said she would but her clients were all married. Furthermore, it appeared that the clients themselves often did not initiate or propose long-term agreements with these streetwalkers.

Transgender people in the House Ball community appeared to often procure body modifications, such as silicone injections and surgery, and hormones within both the legal and underground body-modification markets. These transgender people engaged in sex work, then, to pay for these modifications, not just to finance survival needs such as clothing, food, and shelter. They often experienced the financial expenses of body modifications as additional burdens within lifestyles for which survival itself was often a struggle.

Because of the harsh conditions of sex work, study participants did not idealize such work:

One House Ball member stated,

I think it's degrading that I have a man slobbering all over me for fifty bucks, you know?...You'll find a lot of, it's a lot of [clients] that are really weird. It's a lot of weird things that they want....That's why I stopped. I mean, from the beginning I was disgusted with it and I said this is not really me. But sometimes I did what I had to do to survive.

A research associate with the Transgender Project stated,

I talk to younger people who have really been involved in sex work in parts of their lives, I'm thinking of one person, for example, from the time she was like a teenager, 13 on....She had over 200 people/clients/johns, you know, in a month, and it's so hard to hear about, for them to talk about this part of their life and it's such a different thing like when you are really doing that for survival....It's so different living that life as a teenager and out there doing it for survival than hearing people talk about it later on in life as kind of a fantasy, I think that's interesting.

Another research associate described,

One of the things that kind've strikes me is the extent to which discrimination for these girls and the stuff they have to go through from one day to the next because of discrimination, because of people with closed minds. What I've learned is that a lot of these girls have some education and they want to work but society at large doesn't give them the opportunity because they are different. So basically what I'm learning is that this society really, really has its ways of keeping people under....I feel their pain, I see their suffering. These girls go through a lot of stuff, a lot of them have to turn to lifestyles and do things that they don't want to do because they have no other choice...sex working and selling drugs and stuff like that...but they don't have any opportunities.

In fact, some House Ball members as they get older will actually transition back to men or present as more masculine. A member stated that one reason for this reverse transition is that as transgender sex workers start to age, they are perceived as losing their youth and beauty, so economic survival may become too difficult for them as fem queens or nu women. They may be able to find work more easily if they appear masculine. Another member

Figure 7. Asian MTF sex worker solicitation bar in Manhattan. Note the sleek, modernist aesthetic. Asian MTF sex work bars were usually designed in this modernist style or decorated with kitschy Asian ornamentation.



Figure 8. Group of three Asian MTF people.



Figure 9. White cross-dressers' bar in the Gramercy neighborhood of Manhattan. Note the European-Parisian aesthetic of this bar situated in an economically privileged district.



confirmed this idea in comparing older transgender people who present as feminine and those who transition back to masculine presentations:

A lot of [older MTF people] were just surviving as sex workers, actually, a lot of them have changed their ways. And it's being, I guess, a lot of them have woken up, and some of them don't want to compete with the new generation or they woke up and said, you know what... They change their name, they become legal, they marry a husband who will take care of them for the rest of their lives, you know?

Interviewer: They stay trans though, right?

House Ball member: Yeah, a lot of them do. [But] a lot of them become men again, I don't understand that... I've heard cases where they went and got their implants done, they went got cheekbones

done, they went and got ass done, and then the next thing you know it's like they're men again. I met this one guy like that... He had titties, he had implants, he had, you know taken hormones, soft face and now it's like he removed the titties, he started building muscles and he got built and he left his cheekbones so now he's a [male] stripper.

Asian Sex Workers

As a group with moderate HIV risk, Asian sex workers appeared to engage solely in club and online solicitation and apartment- and hotel-based sex work. With this type of solicitation, Asian MTF people seemed to be able to screen their clients more thoroughly and engage in sex work with a lesser number of clients because they got paid more per client.

Although they were engaged in sex work to finance survival needs such as food, shelter, and clothing, Asians

Figure 10. Group of four White cross-dressers.

often did not incur large financial expenses in relation to body modifications and thus did not have this added financial burden. According to both a member of this community and an MTF outreach worker from an Asian American HIV organization, many Asian sex workers transition sometime between their teenage and early adult years solely

through clothing and behavior. Some Asian “girls” may also start taking hormones at puberty, but this practice has a fairly low cost compared with other body modifications. According to the outreach worker, Asian “girls” pass as natural females without costly or uncomfortable body modifications such as surgery or silicone injections.

Table 1. Comparison of Three Ethnocultural Male-to-Female Transgender Communities in New York City

	House Ball community	Asian sex workers	White cross-dressers
Low income	Yes	Yes	No
Immigrant (often undocumented)	No	Yes	No
Survival sex work	Yes	Yes	No
Street solicitation	Yes	No	No
Club and online solicitation	Some	Yes	Yes
Support partners or families through sex work	Yes	Yes	No
Body-modification expenses	Yes	Little to none	None
Drug use as coping strategy	Yes	Little to none	Almost none
Negotiating power with clients	Low	Medium	High

Similar to clients of House Ball community members, the clientele for Asian sex workers appeared to be also primarily White. Asian sex workers have estimated their client base to consist on average of 94% White, married, middle-class men; 3% Latino men; 2% Asian men; and 1% African American/Black men, percentages that the researchers substantiated by participant-observation.

According to one member of the Asian sex worker community, clients searching for transgender sex workers at transgender bars always chose the Asians first, preferring them over African Americans/Blacks or Latinas(os). This member maintained that because Asians possessed a natural femininity and had not undergone major surgical or other body-modification enhancements, they appeared more feminine—and thus more desirable—to customers than African Americans/Blacks or Latinas(os). An additional likely factor is that Asians were considered more high class than other sex workers soliciting in places such as bars—a notion corroborated by another member, who related her own experiences of clients taking her to wealthy establishments such as the Park Plaza Hotel, where she was treated with respect by the hotel service workers. Several other Asian sex workers confirmed the assertion that Asians were paid more for their sex work than African Americans/Blacks or Latinas(os).

Like House Ball members, sex workers in this community were also often asked to sexually penetrate their male clients. Members of both the Asian and the House Ball communities often referred to the importance of remaining anatomically functional in order to continue to be seen as desirable by clients and to fulfill clients' requests. According to one member of the Asian community, many Asian transgender people viewed any type of modification, including hormones and surgery, as potentially inhibitory of their functionality. Furthermore, many Asian sex workers wanted to retain their functionality not only as a way to generate more money but also sometimes to satisfy their own desires. An interview with a member of this community illustrated the importance of functionality:

Interviewer: But you didn't take hormones.

Asian sex worker: No, I don't, I love my dick....It doesn't work [on hormones]....Also my job too, to make the client happy, so I have to keep it hard, you know. So I don't get hormones.

Interviewer: Because a lot of the times the clients want to be penetrated?

Asian sex worker: They want to feel...functional.

Interviewer: In your experience, most of the time you were the giver [penetrator]?

Asian sex worker: Yeah.

Interviewer: Yeah, because these were supposedly heterosexual guys.

Asian sex worker: And then I hate the guy when they asked me, it totally turned me off....I don't like to be asked. It's like, my god, they're so macho, they're like "Honey, will you fuck me?" And I'm so feminine!...I like to be like, you know, just do it....Just happened, I prefer that. I don't like them to ask me. Big muscle and open the leg [sic], you know... don't ask, either have a good time, don't ask me, I do it if I do it. But don't ask me.

Interviewer: Do you think that that's what they wanted [to be penetrated] most of the time?

Asian sex worker: Exactly, they want to feel it, how to be....They want to feel this. All their lives they've been giving....Exactly, they want to feel this...they want to feel how it's like to have...in the end they always ask [to be penetrated]. Always, always ask.

The outreach worker observed that clients may employ a smoke-and-mirrors approach in which they ask to engage in a series of different sexual acts, including sexually penetrating the sex worker or engaging in mutually penetrative sex acts, in order to mask what they really want: to be anally penetrated. By engaging in a variety of sex acts with the sex worker, the client's desire for anal receptive intercourse does not come across as blatantly obvious even though, according to the outreach worker, that had been the client's goal from the outset.

A refined sexual experience with a feminized Asian sex worker, however, sometimes did not even include actual sex. One member described how middle-class businessmen often sought emotional and psychological pampering in the form of soothing dialogue, compliments, and physical touch and caresses, with sex workers often being paid for these services rather than for actual sex. Another member described her own experiences of clients paying her for other nonsexual services, such as putting on a private fashion show as a runway model, an activity that entailed her putting on different outfits and posing in them without any sexual exchange taking place.

Even when sex did take place, Asian transgender people often exhibited greater negotiating power than members of the House Ball community. For instance, members of the Asian community often stated that their using condoms with clients was nonnegotiable and absolutely mandatory, a behavior that the House Ball members did not observe.

Many members of the Asian sex worker community, particularly those who were undocumented in the United States, also did not seek or have access to social and medical services. In addition, similar to findings in other studies with Asians in the United States, members of this community also exhibited a distrust of the medical and health care systems, feared deportation, and were concerned about adequate language and translation provisions.¹⁵

Members of the Asian sex worker community also seemed less likely to use drugs than those in the House Ball community. The type of sex work Asians were engaged in was not as stressful as streetwalking, so drugs did not appear to be needed as a coping mechanism for daily survival. One Asian member noted that, when drugs were used, the drug of choice was often cocaine. She also stated that many male clients who were snorting or using cocaine would encourage the sex workers to join them in using the drug. Asian sex workers, however, reported that they would often pretend to be snorting or using cocaine along with their male clients while actually covertly discarding the drug; because these male clients were intoxicated, they would not notice. The type of sex work that Asians engaged in thus allowed members more leverage in negotiating safe sex and staving off threats of violence and coerced drug use.

White Cross-Dressers

Unlike members of the other two communities, White, middle-class cross-dressers often maintained or had maintained traditional masculine gender roles as husbands and fathers and were or had been closeted from their wives and families. Study data showed that these cross-dressers held jobs as businessmen, real estate brokers, and other white-collar professions. Even if they did come out of the closet—an action that often resulted in loss of marriage and family—these White cross-dressers were able to remain legally employed, either in the jobs and professions they had held before the domestic breakups or in new occupations. White cross-dressers who had to find new jobs usually ended up with lower socioeconomic status but still could work within the

legal economy as salesclerks at department stores and novelty shops, for example, or in other *pink-collar* (woman-dominated) professions. At a local chapter of Tri-ESS in Poughkeepsie, New York, comprising White middle-class MTF people in their 40s and 50s, the authors observed that several cross-dressers had jobs as salesclerks and that some had been midlevel executives before they displayed their cross-dressing or transgender identities more publicly.

Members of this community often benefited from having access to a White, middle-class network. At Silver Swans, a nightclub located in the Gramercy district of Manhattan and often frequented by White, middle-class, and middle-aged cross-dressers, researchers observed that several cross-dressers, who mentioned their occupations, were all working within the legal economy and even assisting other cross-dressers. For instance, one cross-dresser, who passed as a male real estate broker by day, was helping several other cross-dressers find housing in White, middle-class, suburban neighborhoods that was relatively safe or private to accommodate their cross-dressing lifestyle. Additionally, cross-dressers living in suburban enclaves outside of New York City stated that Cross Dresser's International, a New York City-based cross-dressing organization, rented dressing rooms and lockers to cross-dressers. Members explained that cross-dressers would come to the organization's site as men and then change into femme to go out on the town in New York City, storing their clothes in the lockers. When it was time to go home, they would change back into their men's clothes and leave their women's clothes at Cross Dresser's International.

Even though members of this group were in many ways the most secretive about their transgender status compared with the other two communities, White cross-dressers were often able to retain legal jobs, housing, and some economic security by pooling their resources as White and middle-class people. This double life of secrecy, however, also led to emotional and psychological confusion and stress.¹⁶ These cross-dressers explained that because of their desire to maintain a traditional masculine gender role and hide their transgender status, they often did not undergo transition, hormonal supplementation, or surgery until well into their 40s or 50s. Transition often occurred after a domestic breakup, when they could be more out as transgender. According to one

¹⁵ This distrust of medical establishments fits a similar profile found among both Asian and Pacific Islander immigrant male-to-female transgender and nontransgender populations in other studies (Carrasquillo, Carrasquillo, & Shea, 2000; Choy, Foote, Bojanowski, Yamashita, & Vichinsky, 2000; Goel et al., 2003; Jang, Lee, & Woo, 1998; Kang, Rapkin, Springer, & Kim, 2003; Li & Covinski, 2003; Nemoto, Iwamoto, Wong, Le, & Operario, 2004; Nemoto, Luke, Mamo, Ching, & Patria, 1999).

¹⁶ We wish to emphasize that it is not the double life per se, but the secrecy involved in living the double life that caused stress.

member, however, starting transition this late in life had some costs:

For the most part, starting hormones at an earlier age is a great advantage in transitioning; for those who wait until we are in our 40s and 50s and have accumulated all the traditional American male baggage that we've accumulated along the road, trying to be what we're supposed to be with all this crap that we drag along with us, taking hormones at an earlier age is....I certainly wish I had started hormones then.

So although cross-dressers experienced job security and social privilege by maintaining a traditional White, masculine role, the sacrifice they made for the benefit of this economic and social security was not being out as transgender until much later in their lives, including not feminizing at an earlier age.

Because many transgender people in this community were already employed within the legal economy, when White cross-dressers did engage in sex work, it was almost always for recreational purposes. In fact, recreational sex work seemed to fit within an overall schema of recreational sexual exploration and experimentation for these people when dressed in femme. The atmosphere in White cross-dressing clubs was flirtatious, light, and playful compared with the survival sex work clubs frequented by Asian and Latina(o) transgender sex workers. For instance, when the authors' research team conducted outreach and interviews with members of the White cross-dressing community, cross-dressers often openly flirted with members of the research team and seemed to desire and enjoy any type of positive attention.

In the survival sex work clubs, the atmosphere was often serious and heavy despite the fact that overt displays of sexuality also occurred. Sex workers in these clubs did not engage in light banter and flirtations; conversation often centered on financial and sex act negotiations. Even when acting sexy, such as when they were dancing with and caressing clients, Asian and Latina(o) sex workers still often appeared weary. They did not seem to pay attention to anyone who was not a potential paying client.

Because cross-dressers often experienced their transgender sexuality as exploratory, light, and playful, and did not have to depend on sex work for their survival needs, they often eroticized sex work. A research associate explained:

And I think it's interesting to see the difference in ages and ethnicities, like how people answer questions. I find that so fascinating. Like even just talk about sex work, there's some older White people that I've interviewed that talk about this sex work as like this, like, great kind of fantasy, like I've had

some people kind of brag about it, you know, when we go through the Life Chart Interview there's no sex work, and then later on, there was one person who was like, "Oh, yeah, well, you know, I get \$20 for blowjobs now," and was really excited and proud of it, and there was someone...who when we got to the sex work part was, "I've really been thinking about that, I really want to do that now, I bet people will pay me because you know I've had all this work done and I look great."¹⁷

The ability to choose to engage in recreational sex work, then, also allowed White cross-dressers great negotiating power with sexual partners. For the most part, White cross-dressers' paying sexual partners tended to be White, middle-class, and legally employed. Thus, relationships between cross-dressers and their clients seemed to be more equitable than those between clients and survival sex workers in the other two communities.

Because most cross-dressers were not involved in body modification, cross-dressers also did not have this financial burden. Some cross-dressers did, however, transition through body modifications, and they usually also transitioned out of the cross-dressing community as a result. In those cases, members had often been able to accrue personal savings from their legal employment to finance body modifications and so did not have to rely on sex work to finance their modifications.

In terms of drug use, it appeared that illegal drug use was minimal for the White cross-dressing population. Because cross-dressers engaged in sex work for recreational purposes, they felt little pressure from clients regarding coercive or persuasive drug use because their survival did not depend on placating clients. Furthermore, many cross-dressers seemed to be invested in staying within the legal and acceptable limits of society, with their only so-called transgression being their expression of gender identity.

Discussion

This study revealed that MTF people in New York City are often more connected to their ethnocultural community than to a gender or sexual minority community. Other researchers (Nemoto et al., 1999; Nemoto, Operario,

¹⁷ The author and the research associate also discussed how these comments from White, middle-class participants resembled views on sex work held by White, economically privileged nontransgender women from various regions of the United States. These nontransgender middle-class women often framed their sex work practices as liberating and empowering, an outcome that also seemed to indicate sexual privilege.

Keatley, & Villegas, 2004) have asserted that many MTF people lack employment, live below the poverty line, and engage in high-risk sex work because of the discrimination and stigma they experience as MTF people. However, depending on their ethnocultural context, transgender people can vary widely in terms of their employment, socioeconomic status, and education.

Prioritization of Economics

Economic survival was a main priority for all of the MTF communities we studied. Concerns over economic survival often structured their gender expression, type of work, day-to-day schedules, social activities, choice of sexual partners, and, ultimately, their HIV vulnerabilities. Because of their precarious positions in society, MTF people must place economic survival at the center of their existence while also managing a multitude of other survival and gender-identity needs such as obtaining food, shelter, and clothing and dealing with immigration, gender identity and expression, and gender transition. These ethnocultural communities, then, were often organized to maximize scarce or moderately available resources.

What was noticeably apparent was that White, middle-class cross-dressers were usually employed in legal occupations. If they engaged in sex work, it was always as a recreational pursuit. On the other hand, many of the House Ball community members also did sex work, but they, like the Asian sex workers (who were immigrants and also often undocumented), for the most part engaged in survival sex work, even if just temporarily.

A division thus appeared between those engaged in recreational sex work versus those who did survival sex work (see Figure 11). Recreational sex work could be

described as sex work in which the participant engaged in this activity for purposes of sexual experimentation or to act out erotic fantasies. The participant did not have to engage in sex work for her survival and was usually not a full-time sex worker, but may have used sex work to supplement her income. In comparison, those who engaged in survival sex work often needed to obtain monetary compensation for clothing, food, shelter, and other essentials of life and so usually worked full time as sex workers.

However, even the realm of survival sex work offered different types of sex work. Street-based sex workers, for example, had experiences vastly different from those of apartment- and hotel-based sex workers.

Racial Marginalization and Sex Work

What accounted for House Ball members often engaging in street-based sex work and Asian MTF people engaging in apartment- and hotel-based sex work? These choices were not arbitrary; they filled specific sexual markets. Markets for survival sex work in particular were often adapted according to the desires of White, middle-class male clients. In relation to HIV and STI vulnerabilities, violence, and rape, House Ball community members seemed to engage in the riskiest form of survival sex work, whereas Asian sex workers seemed to be involved in moderate-risk survival sex work and White cross-dressers seemed to engage in very low-risk recreational sex work with the most negotiating power. Interestingly, the levels of risk inversely correlate with the economic hierarchy between general racial groups in the United States, where African Americans/Blacks and Latinos have the least amount of economic capital; followed by Asians, who have moderate capital; and then Whites, who have the most economic resources.

Although it may seem obvious why White cross-dressers would exhibit low HIV risk behaviors, it is not as evident why the House Ball members, who are a nonimmigrant group, would exhibit higher HIV risk behaviors than the Asian sex workers, who are immigrants and often undocumented.¹⁸ To compare the House Ball community members with the Asian sex workers, we considered a comparative race analysis in which marginal communities of color, although racialized differently, are compared

Figure 11. Differences between two types of sex work among male-to-female transgender communities in New York City.

1. Survival sex work (often full time)
 - A. Street- and car-based sex
 - Street solicitation
 - B. Hotel- and apartment-based sex
 - Club solicitation
 - Online solicitation
2. Recreational sex work (part time)
 - A. Within larger schema of sexual exploration and experimentation
 - B. Hotel- and apartment-based sex
 - Club solicitation
 - Online solicitation

¹⁸ Immigrants, in fact, are often viewed in studies as being more vulnerable to HIV infection than nonimmigrants, although immigrants are usually compared only with nonimmigrants in the same racial or ethnic population (Bhattacharya, 2004; Kang, Rapkin, Remien, Mellins, & Oh, 2005; Kang, Rapkin, Springer, & Kim, 2003).

with each other within what we describe as a shared, interlocking *cosmology of marginality*. This method often allows for a more nuanced identification of power and capital differentials between groups and the mechanisms that give rise to these differentials, such as in Jeff Chang's (1993) comparison of African American and Korean groups during the 1992 Los Angeles riots.

Thus, in examining U.S. society, a cosmology of marginality sometimes manifests where marginalized ethnocultural communities interact with each other, often in competition or in conflictual relationships for seemingly scarce resources. Invoking a comparative race analysis between marginal groups moves away from cultural relativism into a politicized discernment of the heterogeneities that exist among ethnocultural communities and how these heterogeneities often account for differential HIV risk. The various types of marginalization are thus shaped by race and class stratifications. In relation to this study, the House Ball and Asian sex worker communities apparently had no interaction with each other but were, on some level, competing as marginalized survival sex workers for male clients.

Lisa Lowe (1996) and Jeff Chang (1993) described differential access to capital as racist social scriptings in which populations of color are differentially disempowered in relation to various forms of economic, cultural, and political capital. Eduardo Bonilla-Silva and Karen S. Glover (2004) accounted for differential disempowerment through a paradigm of a tri-racial stratification system of *Whites*, *Honorary Whites*, and *Collective Black* in the United States. Different patterns of marginalization not only occur between the three strata but also may manifest between racial groups within the same strata—a possibility that accounts for divisions limiting the likelihood of within-strata unity.

Thus, within Bonilla-Silva and Glover's (2004) tri-racial stratification system—which I have renamed as Whites, Calcified Privileged Subordinated, and Collective Black¹⁹—the White cross-dressers occupied the upper

White stratum and thus exhibited the most privilege, an outcome that was to be expected. As economically privileged Whites, the White cross-dressers are situated within the upper echelons of corporate administrative society not only because of economic property but also because Whiteness is both social property and social capital (Martinot, 2003). We categorized members of the House Ball community and the Asian sex workers in the bottom Collective Black stratum through the concept of *pigmentocracy* and because the Asian sex workers were mostly MTF Southeast Asian immigrants who were often undocumented.²⁰ However, even within the same stratum, the rank ordering of groups according to phenotype and cultural characteristics manifested in differential echelons within the stratum. The Asian sex workers thus occupied a more privileged echelon within the Collective Black stratum, a position that correlated with moderate (as opposed to high) HIV risk. As we discussed earlier, even slight differences in the rank ordering of communities indicate a differential participation along a scale of graded power within the hierarchy of U.S. society. The Asian sex workers, in exhibiting greater privilege relative to the House Ball members, also exhibited better health as manifested in lesser HIV risk.

Although both the House Ball members and the Asian sex workers occupied the Collective Black stratum, which would be considered part of the proletarianized working class (Martinot, 2003), the House Ball members were more deeply entrenched within this stratum. The Asian sex workers occupied a higher echelon within the Collective Black stratum and, at times, were able to either cross into the Calcified Privileged Subordinated stratum, or at least perform as if they occupied this higher-ranked

19 Because this model appears to be at least partially based on the Brazilian model of *pretos*, *pardos*, and *brancos*, where the middle stratum of *pardos* comprises those who are partially of European descent, referring to this category as *Honorary Whites* seems apropos for this middle stratum in South American and Latin American contexts but is not necessarily applicable to U.S. contexts. In the United States, many groups in the middle stratum may not be of European descent at all, so we have renamed this middle stratum the *Calcified Privileged Subordinated*, a term derived from Cathy Cohen's (1999) model of racial marginalizations in the United States. For further justification of this renaming, see Hwahng (2007).

20 If this group comprised Southeast Asians who were nontransgender people and fit within the dominant norms and behaviors in work, love, and social interactions (such as a nontransgender heterosexual population), this racial group may, over a certain time frame, move into the Calcified Privileged Subordinated stratum, which is the middle stratum within the tri-racial system (Cohen, 1999; Hwahng, 2007). But because this group comprised male-to-female (MTF) transgender people, this group did not fit within dominant norms and behaviors and were thus stigmatized even within their racially marginalized group. In this case, the MTF stigma was so strong that it circumvented a certain pace of upward mobility that many immigrant Asian groups experience as they assimilate into the United States. We are not suggesting that Southeast Asian MTF people will never enter into the Calcified Privileged Subordinated stratum, especially if they are able to pass as nontransgender women; however, the pace of upward mobility may be partially or completely thwarted because of the transgender stigma.

stratum (see Hwahng, 2007). For House Ball members, high HIV risk also implies what Martinot described as *genocide*—the potential or actual elimination of a culture, a people, or the actual lives of a community—an outcome inherent in the specific proletarianization of people of color. In fact, each act of survival sex work in the House Ball community could be construed as an act of (genocidal) racial violence perpetrated against members of this community.²¹ High HIV risk also demonstrated the expendability of House Ball members as the proletarianized working class in the United States par excellence, and this very expendability supported the White corporate class structure (see Hwahng).

Although economics was a top priority for all three of the communities we studied, *racial stratification* was actually the central organizing principle that determined the relative position of these communities in the hierarchy within White corporate administrative society. Each community's relative position in society indicated greater or lesser income, status, power, access to institutions and resources, participation in society, and control over life's circumstances for its members. Furthermore, relatively greater income, status, and power manifested in relatively lesser HIV vulnerabilities.

Conclusion and Limitations

Three ethnocultural groups emerged through the qualitative study on MTF populations. Analysis of these three communities revealed specific cultural dynamics shaped by economics, race, and other sociostructural factors giving rise to different types of marginalization that may account for the variances of HIV seroprevalence in these ethnocultural communities. Because of the particular sociopolitical dynamics operating within each ethnocultural context, these three communities experienced different relationships to status, power, access to dominant resources and institutions, economic stability, and HIV risk.

MTF communities seem to be even more isolated from each other than other sexual minority communities. To understand the complex, interlocking behavioral and sociostructural determinants of health that often remain hidden within the geographic location of the New York City metropolitan area, it is thus imperative to

examine as many divergent ethnocultural transgender communities as possible. As a preliminary qualitative mapping of ethnocultural and socioeconomic status disparities, many of the findings reported in this article necessitate further substantive study. An obvious limitation of this study is the small sample size of qualitative formal interviews ($N = 15$), although extensive data came from participant-observation (120 hours) and informal interviews ($N = 35$). Also, more data on ethnocultural communities we have not discussed in this article (such as the immigrant Latina MTF community in Queens, the immigrant Latina MTF community that solicited in Manhattan, and the immigrant South Asian, mostly Pakistani MTF community) could have further contextualized the three communities on which we have reported. With some transgender communities exhibiting exceedingly high rates of HIV and STI seroprevalence, accurate information is urgently needed in order to address the extreme health disparities that exist among transgender communities. Furthermore, because the transgender people in this study were often intimately partnered to nontransgender men who also partnered with nontransgender women, there is also reason to believe that transgender people may be a crucial link in the chain of HIV transmission within certain ethnocultural communities. Clearly, much more research is urgently needed.

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²¹ The participation of House Ball members in survival sex work could thus be seen as acts of genocidal racial violence within the historically situated racial project (Omi & Winant, 1994) of the proletarianization of people of color (Martinot, 2003).

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