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TLDEF's Mona Rae Mason Delivers Keynote Address at "LGBT Stories" Conference

On August 21, 2009, TLDEF board member **Mona Rae Mason** delivered the following address at the **"LGBT Stories: Reflections and Voices from Within" conference**, hosted by the Central New York Health Services Agency, in Syracuse, New York:

Good afternoon, everyone, and welcome. My name is Mona Rae Mason, and just for the record, I am not gender dysphoric, I am gender euphoric.

From 2004 through 2009, I had the great pleasure and privilege of working on The Transgender Project in NYC. Conducted by National Development and Research Institutes, the study known as The New York Transgender Project was funded by the NIH from an R-01 grant application titled 'HIV/STI's in a High Risk Urban Population: Male to Female Transgender'. Dr. Larry Nuttbrock was the principal investigator, with Drs.' Walter Bockting, Andrew Rosenblum, and Sel Hawang as co-investigators. Jeffrey Becker, Monica Macri, and I were the Research Associates on the project.

This was a longitudinal study. We implemented an adapted version of the Life Chart Interview as used in the National Comorbidity Study tailored for use specifically with male to female transgender persons. We recruited and interviewed almost 600 volunteer participants from the New York metro area, and by using the LCI, each of these transgender women was in effect telling us their individual life story. So, rather than just stand here and prattle on with a lot of fatuous twaddle about myself, let's talk about these 600 transwomen.

I think the one thing that stands out to me the most is the transgender community's diversity. I had always felt that we, transgender people, were pretty much 'everywhere', but we are EVERYWHERE. We come in all shapes and sizes and every color. We come from every country, society and culture. We are of all religious backgrounds and faiths, and all economic backgrounds. We self define our individual gender identities in countless ways, and live our lives and present ourselves in just as many ways. Transgender people are just as diverse, if not more so, as any other group of people. There are no one or two models of transgender that will fit us all or even the majority of us all, and those who try to categorize, typologize or dichotomize us are in for a very complicated and difficult time. There really are no finites when it comes to transgender.

I have met and gotten to know some transgender women who have PhD's, and Masters degrees; and some with very little or almost no formal education at all. I have interviewed transgender women who are plumbers, professors, a NYPD detective, construction workers, accountants, musicians, lawyers, a major university president, a published author, a law professor, a West Point Cadet, and even one who is a monk. I have met sisters who have transitioned successfully at home and in the workplace, and some who have lost everything— family, friends, and income as a result of their transition.

And I have also met with my sisters, far too many sisters, who have never had a job, and engage in survival sex as their only option.

I have discussed and shared experiences with transgender women who have found support and acceptance from family, and others who have been



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both verbally and physically abused, and in some cases, sexually abused—usually followed by being expelled from the home altogether. I have laughed with some of these women, and cried with others.

For only a very few of us, being transgender has not been too calamitous an issue. But for many of us however, it's a constant 'life negotiation', and still sadly for others, being transgender makes life an ever-constant struggle for their very existence.

I do not use the word existence lightly here. High rates of serious depression and suicidal ideation, difficulty in obtaining and maintaining employment, lack of shelter, and the absence of acceptance from family and society are just some of the reasons many transgender women find themselves in high risk situations for contracting HIV and other STI's. Even the everyday tasks of life can often become major hurdles and roadblocks for many transgender persons who only want to lead a reasonably comfortable life. Something as simple as going to the local grocery can become a running of the gauntlet of verbal harassment and possible physical abuse. And why? Because we look 'different'? Because we don't fit neatly into an uncomplicated gender binary?

Imagine yourself in this situation. I imagine some of you here today have faced this yourselves?

The family, seemingly, is an individual's first and primary support system. Rejection and rebuke, condemnation, verbal abuse and perhaps even physical abuse from ones family can be emotionally devastating, especially to the young. These young transgender women, expelled from the home or forced to leave, end up on the street, homeless and hungry. Cold and hunger drive people to do things they would otherwise never do. Sex work soon becomes the only means by which they can survive.

It comes as no news to anyone here in this room, that the greater the number of different sex partners one has, the greater one's chance of contracting HIV or an STI become. But what may surprise you is that this condition of family initiated homelessness is primarily a cultural phenomenon predominate in the African American and Latina segments of the transgender community. This homeless situation, in conjunction with the inability to find employment and shelter, and relying on sex work for survival are some of the direct correlates to our findings that show us that 48.1% of African American and 49.6% of Latina transgender women in our study tested positive for HIV at baseline.

Forty-eight and forty-nine percent! Essentially, every other transgender woman of color that walked in my door was HIV positive at baseline.

So we, as service providers, must ask ourselves, what message aren't we getting across to these women? Are they really listening to us, and if not, why not? These questions certainly do need to be asked, and the answers found, right now. Are we just talking about condoms, or do we ask about life choices? Or partner choices? Have we asked any of our young gay and transgender clients where they see themselves in 5 and 10 years? If you haven't you should, because I can promise you not too many of them have thought about it.

And then, shouldn't we also be asking what message is it that the PARENTS AND FAMILIES AREN'T GETTING? And how do we address this serious and dangerous problem? What do we do about these parents? The ones out there right now who will, in the coming months and years, be casting off their own children for no other reason than these kids are different; they didn't meet their parent's expectations. How do we teach them about our diversity? How do we change these long standing perceptions? These questions and issues also need to be, and must be, addressed – and obviously the sooner the better. But short of rounding up these parents and heading them off to re-education camps, where do we

begin? In the churches? The PTA's? The Rotary or Lions Clubs?

Maybe, just maybe, it's up to each of us, individually and collectively, to get this education process started. Every day. Every night. On the streets and in the home.

Right now in this country, we hear of some school districts who have taken the lead in teaching sexual orientation and gender diversity education, and I know we all pray that this will lead to positive change in the coming years, but SOME schools are not enough! We need ALL schools, everywhere, to get on board. This is a great start for kids still in school, but what of our gay and transgender kids who have left or quit school? Are we asking them, or even pushing them, to get that GED so they might be able to get a job, or are we just handing them condoms and telling them to be safe? That is simply not enough.

Mental health. Depression. As you know, major depression very often leads to high risk behaviors. In the recently completed New York City Transgender Project, we saw that 78.1% reported psychological abuse and 50.1% reported physical abuse at some point in their lives. The perpetrators of both types of abuse were most often parents or other family members during adolescence, and strangers, neighbors or police during post-adolescence.

The rate of lifetime major depression in this study of male to female transgender persons was 54.3%. That is almost three times higher than the corresponding estimate for the general population.

Suicide ideation for this same group was at 53.3%, again three times higher than the general population.

Actual suicide plans and attempts, 35.0% in the younger group, and 27.9% in the older, are seven and 10 times higher than the NCS estimates. SEVEN to TEN times!

Serious depression, joblessness, homelessness, lack of acceptance, verbal and physical abuse. Marginalized, trivialized and sensationalized. Is it any wonder why this community is at high risk?

Many state and local governments have been passing laws that provide gender identity protections, and that is wonderful news, but laws by themselves are not the answer. Laws alone do not change public perceptions or attitudes. Changing the currently popular but sadly misinformed and shallow perceptions of transgender is what will bring about the most positive change. In the end, that will be up to us, the greater transgender community, to bring about this desperately needed change But I feel comfortable in saying that I speak for most transgender persons when I say, "We need and want your help."