NIH-PA Author Manuscript

Male-to-Female Transgender Individuals Building Social Support and Capital From Within a Gender-Focused Network

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Abstract

The literature on male-to-female transgender (MTF) individuals lists myriad problems such individuals face in their day-to-day lives, including high rates of HIV/AIDS, addiction to drugs, violence, and lack of health care. These problems are exacerbated for ethnic and racial minority MTFs. Support available from their social networks can help MTFs alleviate these problems. This article explores how minority MTFs, specifically in an urban environment, develop supportive social networks defined by their gender and sexual identities. Using principles of community-based participatory research (CBPR), 20 African American and Latina MTFs were recruited at a community-based health care clinic. Their ages ranged from 18 to 53. Data were coded and analyzed following standard procedure for content analysis. The qualitative interviews revealed that participants formed their gender and sexual identities over time, developed gender-focused social networks based in the clinic from which they receive services, and engaged in social capital building and political action. Implications for using CBPR in research with MTFs are discussed.

Keywords

Male-to-female transgender; social network; support; capital; community-based participatory research

"Transgender" as an umbrella term includes, but is not limited to, cross-dressers, male-to-female (MTF) transsexuals, intersex individuals, and "drag queens." Although female-to-male transgender individuals belong to this population, this article focuses exclusively on (MTFs). MTFs endure severe social stigmatization and discrimination, forcing many to retreat from society (Feinberg, 2001; Green, 1994; Lombardi, 2001). Socially isolated, MTFs may become less willing to reveal their transgender identities, identifying themselves only as "women." They may retreat into segments of society perceived as safe for them, and have contact only with "transfriendly" people. These issues are further exacerbated for racial and ethnic minority MTFs (Bockting et al., 1998; Clements-Nolle & Bachrach, 2003; Gender Education and Advocacy, 2001; Heckathorn et al., 2001; Melendez & Pinto, in press; Salganik & Heckathorn, 2004).

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The literature on MTFs lists other myriad problems they have to face in their day-to-day lives, including high rates of HIV/AIDS, addiction to drugs, violence, and lack of financial resources (Kenagy, 2005; Namaste, 2000; Nemoto et al., 2004). Research has shown that social support can help abate many of these problems in diverse populations (Lee, 1994; Pinto, 2006; Pinto & Francis, 2005; Turner, 1999). Therefore, the investigation of the nature of MTFs' social networks and sources of both formal and informal supports is critical. Given the difficulties faced by MTFs in general, and by minority MTFs in particular, it is not surprising that they may not expect to find support from communities traditionally defined by geography, religious affiliation, or employment. Therefore, in this study, we sought to explore how racial and ethnic minority MTFs, specifically in an urban environment, develop supportive social networks defined by their gender and sexual identities.

We used Weeks's (2000) framework for defining sexual communities to guide our data collection and analysis, and our interpretation of the findings. Weeks postulates that sexual minorities build networks from which they draw social support. This framework focuses on how like-minded individuals build social networks around their sexual identities and values, and on how these networks can be sources of social capital and political action. For Weeks, a focus of identity means solidarity and a commonality that encourages individual and social action within a social group. Social values refer to guiding principles that help individuals develop relational networks and systems of support. Social capital refers to sharing information and social values in networks that promote survival and access to resources (Bourdieu, 1986; Coleman, 1988). Politics refers to activities meant to achieve a group's social and political goals.

Grounded in these concepts, we describe how a sample of urban racial and ethnic minority MTFs use their gendered social networks to develop social capital and engage in political action. However, because MTFs, a hidden population, are difficult to reach (Clements-Nolle & Bachrach, 2003), several methodological issues have been posed as challenges to doing research with them. These challenges include how to recruit MTFs, how to involve them in the research process, and how to disseminate research findings in their communities. To strengthen recruitment and the usefulness of the research aims and results, we sought to listen to the voices of the research participants throughout the research process, and to do so we used methods found in community-based participatory research (CBPR).

COMMUNITY-BASED PARTICIPATORY RESEARCH WITH MTFS

CBPR, as an "orientation to research" (Minkler & Wallerstein, 2003, p. 4), has been recommended as a way to approach hidden populations. CBPR can foster closer collaborations between researchers and MTFs, whose voices often have been excluded from mainstream discourses, making them invisible in research and policy debates (Kadour, 2005). This type of collaboration can enhance research by (1) combining academic and local expertise, (2) enhancing relevance of research questions and results, (3) developing community-friendly programs, (4) promoting community adoption of interventions, and (5) increasing communities' power over research projects (Israel et al., 1998; Schensul, 1985; Wandersman, 2003).

To accomplish this study's objective to describe how minority MTFs use gendered networks to develop social capital and engage in political action, we used the tenets of CBPR. These tenets stress identity as a key factor for bringing people together to address their needs. We sought to use a simple technique for recruiting MTFs that consisted in identifying a point of conversion for MTFs of diverse racial, ethnic, and socioeconomic statuses. We identified a community-based clinic where MTFs gather to receive medical and psychosocial services (i.e., venue recruitment). Because CBPR values indigenous knowledge and reciprocal teaching and

learning, we consulted, at different phases of this study, with providers at the clinic from which the sample was drawn. MTFs also provided help in defining the main goal of this study, and were asked during their interviews to reveal any concerns they had about our research. In a broad sense, these methods were used to increase MTFs' involvement in knowledge building (Frank & Snijders, 1994; Salganik & Heckathorn, 2004).

METHODS

We used qualitative research methods to elicit, record, and report minority MTFs' interpretations of their lives and the contexts in which they live.

Design and Procedures

We engaged 20 Latina and African American MTFs who receive ongoing services in a community-based clinic for low-income individuals in New York City. Participants received medical and social services from this clinic for anywhere from a few months to several years. The clinic staff was trained to treat MTFs with care and respect, a practice that had engendered client satisfaction and had encouraged our participants to stay with the clinic.

Recruitment—Collaboratively, a decision was made that the staff in the clinic would recruit 20 participants for this study. We felt that the doctors would be best suited to invite potential participants because they had the longest lasting professional relationships with the clients, and they were best able to engage their interest. Two doctors approached participants during their regular visits to the clinic and asked them if they would be willing to participate in a study of MTFs. They explained that participation required an interview with a trained researcher about MTFs' sexual and gender identities and myriad life contexts. Participants were informed that they would receive $35 compensation for their time, and that the services they received at the clinic would continue with no changes if they chose not to participate. Because many clients already knew about the study and agreed with its goals, 20 respondents were easily recruited.

Interviews—Each interview was held in a private room in the clinic. The interviewer explained the procedures and goals of the study, reminding participants that interviews were voluntary and offering to answer any questions. Participants were given consent forms accompanied by oral explanations and were asked to sign the forms once they consented to answer the study questions. All interviews were conducted by the second author, who is bilingual. Participants could elect to be interviewed in Spanish or in English, based on their comfort level with each language. Seven of the twenty interviews were conducted in Spanish. Some participants, who had chosen to be interviewed in one language, used words from the other to describe certain feelings or material objects. (Quotations taken from interviews held in Spanish appear in this article in both English and Spanish in order to preserve the voices of the participants.) Interviews were audio recorded and lasted from 60 to 90 minutes. Recordings were subsequently transcribed by a professional.

Instrument

The interview comprised rapport-forming, demographic, and semistructured descriptive and analytic questions. Content areas discussed included how participants (1) formed their gender and sexual identities, (2) developed gender-focused social networks, and (3) engaged in social capital building and political action. Drawing on Weeks's (2000) framework, the interviewer prompted participants to identify: (1) how they viewed their identities vis-à-vis other individuals with whom they identified; (2) how they exchanged goods, ideas, and general support; and (3) how they organized around civic and political issues. Questions were followed by prompts for clarification only when necessary.

The initial prompt of the interview was, "Is anything on your mind you would like to discuss?" This question allowed participants to ask questions and to discuss any concerns they may have had at that time. This prompt led to many discussions that were crucial to our understanding of the data, and of how the data could elucidate our research question. For example, one participant described seeking shelter from an abusive relationship. Others related problems with health insurance and the need for better policies around eligibility for the purchase of female hormones. Participants were encouraged to discuss issues that were relevant in their lives (May, 2002).

Analytic Approach

Our approach follows Lincoln and Guba (1985) in that we do not assume an inexperienced orientation to the data on the part of the investigators, as in traditional approaches that use grounded theory. Indeed, we analyzed and interpreted the data grounded in our background as sex and community-based participatory action researchers, and in our expertise in qualitative interviewing and data analysis.

Data Sampling—We selected a random sample of four transcripts (20% of the interviews) for the initial analysis. Two bilingual independent coders read the transcripts to identify units of analysis on how MTFs in the sample (1) formed gender and sexual identities, (2) developed gender-focused social networks, and (3) engaged in social capital building and political action. Units of analysis consisted of textual segments (sentences and themes) and/or larger pieces that captured how minority MTFs in an urban environment defined themselves and built networks from which they drew social support. By consensus, the two coders agreed that the four interviews had enough data to warrant further exploration of all other transcripts.

Building Codes and Finding Themes—We built a code book derived from textual units in the transcripts. For each of the three constructs listed above, we developed definitions and used those definitions to guide our search through the transcripts. Through co-coding and by consensus (Silverman, 2000; Strauss & Corbin, 1990), the coders placed passages from the four sample transcripts onto a grid that contained the themes explored in the Results section below. This became the final code book that we used to mark the remaining 16 interviews.

The coders independently read the remaining transcripts line by line, looking for passages that captured the three constructs in our framework. After each interview had been studied, the coders discussed each passage they had marked. No passage from the transcripts was entered in the grid until the coders, through discussion and consensus, came to an agreement that that passage indeed represented one or more of the three constructs.

Data Interpretation—Our interpretation of the data followed the basic guidelines for handling qualitative data (Charmaz, 2000). Moreover, we submitted our results for review (Lincoln & Guba, 1985) to two other collaborators in this project, each of whom reviewed the manuscript independently and reported back to the first author how well they believed the passages in the text represented the elements of the theoretical framework (Janesick, 2000). They helped validate the way in which the interview excerpts lent meaning to the constructs of the framework. Quotes used in this article were selected for their representation of the interviews generally, and for their representations of one or another construct of the framework.

RESULTS

Sample

Of the 20 participants, 16 identified as Latina and 4 as African American. The mean age of participants was 30.7 years (range = 18–53; standard deviation = 9.8). Although participants

attributed various identities to themselves ("transgender," "transsexual," "drag queen," etc.), each expressed desire for and engaged in sexual activity exclusively with biological males. The average monthly income for this sample was $525, although one participant earned as little as $136, and another as much as $1,200. Six participants had completed high school, seven had one or 2 years of high school, five had finished junior high school, and one had a fourth grade education. The majority of respondents (16) lived in apartments or houses, two lived in a shelter for homeless individuals, and one lived on the street. Almost half of the sample (9) lived alone. All others lived with family (6), a partner (4), or friends (1).

Forming Gender and Sexual Identities

We coded for participants' expressions of their gender identity and how they conveyed their sexualities and/or sexual orientations. These expressions included "drag queen," "woman," "transsexual," and "transgender." Respondents used different combinations of these words at different times during the interviews. Taken together, participants used the word "gay" 24 times. They used the words "drag queen," woman," "transsexual," and "transgender" 2, 13, 16, and 16 times, respectively.

> *Cuando era pequeña… poco a poco hasta que fui descubriendo a mi misma, y terminé llegando a lo que soy. Me considero una* transgender. When I was little… slowly I began to discover myself, and ended up what I am today. I consider myself transgender. (25, Peruvian)

> *Para nosotros los latinos, nos decimos* "drag queen." *Y en inglés, es* "transgender." For us Latinos, we call ourselves "drag queen." And in English, it is "transgender." (33, Puerto Rican)

> I don't really identify myself as transgender, even though people say the name "transgender." I identify myself as a woman. See myself as a woman. (24, Jamaican)

> *Yo estoy haciendo el papel de mujer porque yo quiero estar con un hombre que me haga sentir mujer.* I'm playing the role of a woman because I want to be with a man who will make me feel like a woman. (41, Puerto Rican)

Participants in this study talked about their identities at an early time in their lives when they felt attracted to men, but still thought of themselves as men. They described these early feelings as a "jumpstart" point, a time when they were part of a gay life or a gay community.

> Interviewer: So you were in that lifestyle for how long, would you say?

> Interviewee: Um, not really, because I used to like …, I knew a lot of gay people so it was like … it was just a jumpstart for me. It was just to see and chill. You have to see how it is and stuff. So um, but after that it was just like I have to change my whole life around, because this is not …, it's not me. So that's what I did and I made moves. (21, Puerto Rican)

> I've been gay ever since I was about 12, and what made me realize it was I started having these feelings towards people of the same sex like males. (32, African American)

From this jumpstart point, participants explained that inevitably they became more feminine. Drawn to a different community, they began to use props to conceal their masculinity and enhance their femininity.

> *Bueno, hace un año yo me consideraba gay… pero era un gay muy femenino, pero ahora opté por la manera de ser transgénero porque eso era lo que verdaderamente lo que sentía. Vestirme de mujer.* Well, a year ago I considered myself gay… but I

was a very feminine gay, and now I choose to act like a transgender because this is what I truly felt like. I dress up as a woman. (25, Peruvian)

I went through a phase of dressing as a female 24 hours a day. I was wearing bloomers and everything. (47, Puerto Rican)

Participants revealed that eventually they began a more concerted effort to become women, which included taking estrogen to change the appearance of their bodies. They also talked about wanting to learn how to be and to pass as women.

I wasn't acting like a girl…. I appeared to be a male but in my mind, it's like I reacted the way of a girl, like a girl would react. (35, Puerto Rican and Haitian)

I always wanted to be a girl. I asked my mother for hormones and she said no… but when I was 16 or 17, I started taking them. (24, Puerto Rican)

[Estrogen] gave me breasts. It cut down the hair on my face. It made me feel better about myself. (22, African American)

Nobody would even be able to tell, you know? Sometimes I'm in a bus, you know? I don't have no problems, like some homosexuals do. (47, Puerto Rican)

Developing Gendered Social Networks

Participants identified the clinic from which they had been recruited as a central determinant of their formal social network. As a service provision organization, the clinic represented a point of convergence for MTFs, and a place where they found support in the form of medical and psychosocial services for maintaining their feminine identities.

I was, like… you would have to go to so many different places to get what you need to keep yourself up, and with a place like here you're one stop shop. You get everything you need, and not just the medication. You get the love, the care, the concern, the case management, the therapy; you get everything you need right here. (32, African American)

I consider myself like a woman. A hundred percent. You know, I feel that ever since I started taking [hormones], 'cause a friend of mine that brought me here, she's like, says you wanted to take them…. So she brought me over here, and ever since I started taking them I was feeling okay. (28, Puerto Rican)

One of my friends had told me about the fact that they prescribed the medication, [and] they'll help you with everything that you want to do. That's how I started coming here. I have a lot of friends. I do. They even come to this clinic. Yeah, a friend told me about this clinic. (21, Puerto Rican)

Participants appear to have developed informal social networks in which they exchanged information and support, each helping others to emerge from their gender/sexual transformations successfully. The following passages summarize how "transidentified" individuals help one another in the pursuit of their gender identity.

The way I started was… my friend she was, like, "Okay I'm going to take you to the doctor. I'm going to tell her to give you a physical, and then we're going to see how can we go about some more hormones for you," and then… after that it was just… they tested me on my hormone level to see if I ever took hormones, and then from there they just started giving me hormones. (21, Puerto Rican)

I'm always thinking about [hormones], 'cause everything started working with me last year. I started dressing up, being a drag queen, doing drag shows. All of my friends would teach me how to do that, and I did that, and then I just wanted to be more into

it, so I decided I would, like, start taking hormones pills, and so I did. (23, African American)

SOCIAL CAPITAL BUILDING AND SOCIAL ACTION

A major concern for racial and ethnic minorities from low socioeconomic backgrounds is access to and acquisition of myriad goods. For MTFs, "medical goods" (e.g., feminizing hormones, silicone) and feminizing procedures are particularly important because they can be used to reinforce their feminine identities. However, these services are expensive and difficult to access. By building social capital in the form of social connections within their networks, MTFs do access services that contribute to their gender identity. The following passages illustrate how participants access, in both formal and informal networks, hormones and medical procedures for enhancing their feminine looks.

Interviewer: And so, when you bought hormones, did you buy them from friends?

Amanda: No, a pharmacy.

Interviewer: Oh, so how did you get them?

Amanda: Through a friend of mine. She took me to the pharmacy in Brooklyn.

Interviewer: I didn't know that. I just assumed it was on the street.

Amanda: No, some people do it on the street. Some… different things.

Interviewer: I didn't know that.

Amanda: I still haven't had no surgery. The only thing that I've done is my lip with silicone. On the top, and that's the only thing.

Interviewer: And did you get that done in a doctor's office?

Amanda: No, in an office somewhere.

Interviewer: Someone you know?

Amanda: That someone that I know is a friend of mine. This friend of mine said they want to help me 'cause I was the younger one. (24, Puerto Rican)

Participants also reported accessing hormones outside of their immediate network.

Clarisse: I got hormones from this man that used to sell the shots to all the girls.

Interviewer: And where was this?

Clarisse: In the Village, he used to be in the Village; a lot of girls know him.

Interviewer: Is he still around?

Clarisse: Yeah, he's still around and he's still doing the same thing. (29, Puerto Rican)

As MTFs in this sample develop formal and informal networks, they begin to share common concerns about threats to their survival and their ability to maintain their feminine looks and identities. Most participants discussed two key concerns that led to political action. They used the clinic (i.e., formal network) as a forum for discussing among themselves (i.e., informal network) their economic struggles. The clinic also became a site for starting political action.

In all interviews, participants talked about one or another struggle with social welfare systems, as well as difficulties in obtaining cash benefits and social services. The excerpts below illustrate the types of discussions among clients at the clinic.

I just came from the Welfare. I had to take them documents and all that today, so I wasn't even going to come here, 'cause I was saying I know I had an appointment for today, but it's going to be late by the time I get out of the Welfare, but being that I got out there early, before 12:00, I said, let me go to the clinic. But now I just got to sit and wait for them to accept whatever documents…. You know, that's all I'm doing now. So far I was accepted for food stamps, and they're supposed to give me $141.00 every month starting as of January, you know? As far as any other income, I don't know anything there. (47, Puerto Rican)

It is difficult to talk about because I degrade myself, you know, but I have to get it from somewhere. I have to take care of me, I have to survive, exactly so until I can get, you know, my Welfare and start working all over again, because, don't get me wrong, I love to work. I love when Uncle Sam takes a nice little chunk out of my check. I love the nice check I get back at the end of the year, I love it all, but I don't have it. I have to find something. I have to get money somewhere. (20, Puerto Rican)

Participants also reported that they had galvanized themselves around a serious problem that threatened their ability to live as women. They reported that Medicaid was no longer financing the injectable hormone that helped them maintain a feminine appearance. Since most participants had very low incomes, this threatened a loss of their feminine looks, and thus of their identities. The passages that follow illustrate how, as a community, they dealt with this situation by organizing themselves to go to Washington, DC, to advocate for their needs, a level of organization that could only be achieved within a well-developed social network.

I heard that there was… like the girls from here, there are transsexuals that come here, they told me that they went up to Washington, and they had a meeting for the hormones and stuff. (21, Puerto Rican)

Nosotros fuimos a Washington hace poco con la misma agencia de aquí, Community Works… *hicimos un "trip" a Washington a hablar con esta gente allá arriba respecto al tratamiento que nos estaban dando y, ¿y por qué nos quitaron los tratamientos?* We went to Washington a little while ago with the same agency from here, Community Works…. We took a trip to Washington to talk about the people there, about the treatment that we used to receive, and why did they stop giving treatments to us? (32, Puerto Rican)

De todas las parejas que venían aquí, me mandaron a mí a Washington a presentar el resto de las personas, porque como dice, de tantas que vienen aquí se ven hermosas, se ven mujeres, se ven todo, pero se ven ficticias, no se ven tan natural, ésa es la diferencia. Of all the people that come here, they sent me to Washington to represent all the others because, as I said, the people who come here look very nice, look like women, but they also look fake, they are not natural looking. This is the difference. (32, Puerto Rican)

DISCUSSION

We developed this study aiming to better understand how racial and ethnic minority MTFs in an urban environment form gender identities and build gendered networks from which they draw social support. Use of different words to express gender and sexuality was not incidental in this sample. Participants used these terms to convey their identities, and these terms reflected different stages of the transformation from male to female. They conveyed that these identities were formed over time, that they reflected personal and contextual influences (age, ethnicity, and stage of transformation), and that hormone therapy was an important step in consolidating gender transition. These findings reflect other studies showing that a transgender identity is

the result of diverse personal, medical, and social factors (Docter & Fleming, 2001; Wassersug et al., 2007).

Weeks (2000) contends that solidarity among sexual minorities empowers people to define their own evolving identities and take social action. At first, respondents felt attracted to men but still thought of themselves as men (i.e., gay men). They described these feelings as a jumpstart point, when they were part of a gay life or gay community. This important distinction alerts researchers not to place all people with evolving gender identities in one category, nor to assume that their feelings and behaviors are the same (Namaste, 2000; Sandfort & Ehrhardt, 2004). Indeed, research about identity formation in this population is sorely needed.

Participants reported activities—exchange of goods, support, and information in their networks —that helped them access formal and informal services from their environments. Defined as a set of social connections and shared values, the social capital accumulated in participants' networks has been described elsewhere as a result of social networking and participation in social and civic activities (Lombardi, 1999). The informal services described by respondents (e.g., referrals to people who provide silicone injections and/or sell hormones) demonstrate cohesion in social networks where feminine identities and behaviors can be affirmed and sustained over time.

Participants also talked about how they managed to access the services they needed for becoming and staying female. They used social capital to access resources known to meet these needs—hormones, silicone, and medical care. Even though many transgender people have been reported as not having primary physicians and as being denied medical services (Kenagy, 2005), our participants described accessing the clinic from which they were recruited through friends and acquaintances in their networks. They referred to the clinic as a place where they received formal services for general health and for maintaining their feminine looks and identities.

Weeks (2000) indicates that communities at some point reach a "moment of citizenship," the culmination of community members' efforts to have their voices heard in the political arena. Like participants in other transgender studies (Kenagy, 2005; Nemoto et al., 2004), our respondents reported lower levels of education and income. These conditions accompany the marginalization faced by transgender people in this society (Feinberg, 2001; Green, 1994; Lombardi, 2001). As they struggled with myriad psychosocial issues stemming from lack of resources, participants were able to organize around civic and political activities, some of which had a direct impact on their ability to maintain their chosen gender. Although these activities may have been funded by the clinic and not by the respondents themselves, they nonetheless generated social support and political action, further strengthening their gendered network.

Although it has added to our understanding of how ethnic and racial minorities form gender identities and derive support from their social networks, this study has limitations. We used qualitative data from a small sample of transidentified minority individuals. The criteria for inclusion (i.e., agreement to discuss gender identities, and perceptions around myriad life contexts) allowed us to have participants with multiple identities, needs, attitudes, and perceptions. However, because identity is multifaceted, our participants probably belonged to many communities other than their transidentified one. Transgender identity may also be different for different racial/ethnic groups. For example, our sample did not include Caucasian MTFs, who would have added another dimension to the data. The entire sample also came from the same clinic, making it more likely that participants knew each other and belonged to the same and/or similar networks. Even though participants in our sample came from different neighborhoods, they did not represent all other communities across the country that might

organize themselves around comparable but different sets of values, social networks, or politics.

Since this was our first project with MTFs in this clinic, they were not involved in coding the interviews or in interpreting results. However, we feel that our interpretations could have been refined by involving study participants in the analysis of the data, and we have planned to do so in our next study with this population (Pinto, McKay, & Escobar, 2008). Based on our interpretation of the social organization of this group of MTFs, we hope to draw further implications for CBPR with MTFs. Grounded in our own experience doing this research, we recommend CBPR as an approach for studying MTFs' gender and sexual identities, their social networks, and their politics. Indeed, CBPR values and methods have guided successfully other works with diverse social groups (Clements-Nolle & Bachrach, 2003; Pinto et al., 2006; Reece & Dodge, 2004).

Our findings demonstrate that social capital is a powerful force in MTFs' lives. CBPR is also concerned with social capital development, and this should form the foundation for scientific inquiry with populations that historically have been subjugated. CBPR can help their voices be heard in the scientific and policy-making arenas. Participants in this study exemplify through informal networks the importance of building on their strengths and resources to achieve common goals. By maintaining strong connections with participants and community members, researchers may exchange information in the same way that MTFs do among themselves. Finally, CBPR aims to combine research and social action. This can be linked to the political struggle embodied in the sample with which we worked. We learned that participants organized politically to be heard about their needs, and that they used a community-based clinic as a forum for discussing economic struggles. Political efforts, such as those illustrated by the data, will ultimately benefit all members of the transgender community. Data collected collaboratively with MTFs can be used to document their lives and aspirations, and thus can help advance their political struggles.

CONCLUSION

This study shows that MTFs in an urban environment organize themselves in social systems distinguished by personal bonding, common identities, social cohesion, emotional connections, and temporal continuity. In line with the values of CBPR, this shows that these minority MTFs can best be understood not by geographic boundaries but by the relationships and affinities among themselves. Given the lack of research focused on ethnic and racial minority MTFs, it was crucial to use qualitative data to begin a discussion that addressed, concomitantly, how MTFs form gender identities and derive support from gendered social networks. Nonetheless, research with larger and more diverse samples will be necessary to further uncover the shapes, sizes, and functions of the social networks of MTFs.

Acknowledgments

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