Honoring Transgender Women’s Narratives: A Postmodern Feminist Approach for Assessment and Engagement in HIV Services

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Transwomen’s Needs

- Transgender women are one of the most vulnerable groups served by social workers. Their experiences are diverse, and are often situated at the intersection of multiple systematically marginalized and stigmatized identities.
- Transwomen report at much higher rates that they are not supported by the services they received; that they are not able to be honest or open with counselors about their experiences being transwomen.
- Transwomen have high levels of HIV infection, substance use, and psychological problems that have been found to be a part of the groups narrative across racial and ethnic categories.
- Vulnerability has been caused by (1) social stigma which creates overall negative self-image for transwomen and associated prevalence of depression, (2) economic vulnerability that creates a need to engage in sex work and encourages substance abuse both as a part of and in order to cope with this work, and (3) the difficulties encountered to preform and be validated by their expressed gender identities.
- Increasing the efficacy of social workers at engaging this population is warranted; postmodern feminist understandings of sexism, power, and privileged and teaching social workers how to engage in a reflective process may prove effective at achieving this end.

Theoretical Perspectives

Postmodern Feminism

- Deconstruction used towards achieving feminist objectives.
- Objectives: disassembly of patriarchy to benefit the status of all women partly through the initiation of social and political movements.
- Postmodern feminism as practiced in social work attempts to rebuild social work knowledge from an epistemological standpoint outside of previous patriarchal positivist understandings. It operates from a belief that what has been considered objectivity in the past has actually been constructed through sexism, and that what was thought of as scientific proof was really the subjective understanding of men.
- Thus, postmodern feminism attempts to deconstruct the knowledge of modernity and to reconstruct a knowledge that is inclusive of the voices of the previously disenfranchised including transgender women, women of color, lesbians and others.

Service Delivery Model

- A model of engagement based in Postmodern Feminist Theory: much more than the client’s understanding of sexual identity is captured when assessing and analyzing an individuals narrative as well as the related social discourse on an individual’s embodied characteristics; all processes of oppression and privilege in a client’s life including race, class, gender, migration, colonization, sexuality, ability and other important identity factors can be uncovered.
- Reflection, reflexivity asks that social work practitioners locate themselves amidst the client and community of their focus and is essential to a culturally competent practice. Practitioners must evaluate their own experiences and thoughts in regards to transgender people; cognitive, affective, and behavioral interactions had with transgender people, all experiences positive and negative must be reviewed in order to understand how their own ideas may harm their transgender clients by means of unexamined homophobic and/or heterosexist attitudes.
- Constructive Ethnography. local narratives, including individual and shared community narratives involved with an identified problem are explored and deconstructed with the input and experience of the client, resulting in a fuller understanding of an identified problem for intervention by both the social work practitioner and the individual client.

Case Studies

Transgender Women in a HIV Services Setting: To dismantle essentialist categories of gender that harm trans people and delegitimize their lived experience, it is necessary to record and disseminate their narratives:

- Hawk. mid-forties African American transgender woman who has been homeless for many years. She supports herself through sex work, and copes with this work through the use of crystal meth which she smokes weekly. She is HIV positive, and does not attend primary care visits to monitor her disease for lack of transportation. In the time that Hawk interacted with this author, she was seeking services at an HIV clinic for substance abuse treatment. Hawk would come to process groups which intended to discuss drug use, to provide psychoeducation and offer harm reduction techniques. Many times however, Hawk would come to groups, would eat, and then struggle to stay awake for the sessions. Many times she would sleep most of the session, sitting up in her chair, eyes closed unable to maintain alertness. She was charismatic and would always make the group laugh.
- Paula. a nineteen year old Latina from a middle income neighborhood who lives at home with her family. Paula interacted with the author on multiple occasions at an HIV clinic that offered hormone therapy and HIV and other STD counseling services. Paula presented to the clinic to receive HIV testing and counseling. She was not in the process of transitioning through hormones, nor did she express interest. Paula shared that she needed HIV testing because she had been having unprotected sex. Paula was an escort; she reported that she would find men online through escorting websites, go on dates with them, and very often have sex with them. She stated that her motivation to do this work was because the pay is high, and that it allowed her to buy the things that she really needed such as jewelry, purses, clothing and cosmetics. Paula expressed that men would insist on having unprotected sex though she didn’t want to, and that once, one man had gotten violent with her. After that episode she had decided not to escort, though the draw of money brought her back.

These two individuals expressed pride and stability in their gender identity. The negative factors affecting them were not inherent to their transgender identity; they were instead from external environmental factors often times opposed to their expression of gender.

Conclusions

- When social workers begin to draw on constructionist views to contextualize the narratives of clients that they work with, then they will be able to acknowledge and affirm the lived experience of transgender women that they engage for services.
- By approaching social problems in a constructionist manner, the implicit heteronormativity that permeates our everyday and professional discourses will arise as a problem that can be remedied by reconstructing knowledge that is inclusive of all voices and incorporates the complexity of transgender women’s lived experiences.
- Changing social systems of oppression begins with change of the smaller systems that we operate in as part of our daily lives including the profession of social work. As social workers we must ensure that the call that has existed for at least twenty years be answered to incorporate theories that promote deconstruction of gender and sexuality such as postmodern feminist theory into our professional practices.

Figure 1.1 A Postmodern Feminist Approach to Engage Transgender Women in HIV Services

Stage 1. Reflexivity

- Identify Problem For Intervention
- Reflect on Relation of Self to Problem

Stage 2. Constructivist Ethnography

- Identify Local Subjectivities
- Tension in Narratives and Silenced Discourses
- Identity Dominant Social Discourse on Problem

Stage 3. Partnership

- Step 1. Increase likelihood of intervention acceptance and success with clients' underlying problem
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