



City Council Investigative Hearing 20-0199R Wellbeing of the Transgender Community in Baltimore Harnessing Data from Local Research Studies

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Population Size

- The Williams Institute used Behavioral Risk Factors Surveillance System (BRFSS) data to estimate the size of the transgender population in the United States, in 2016
 - 0.6% nationwide (N=1.4 million)
 - 0.49% in Maryland (N=22,300)
- Be the Conversation (BTC) needs assessment survey conducted in 2016 incorporated the **"wisdom of the crowd"** questions in order to estimate the size of the transgender population in Baltimore
 - Useful context for programming
 - Potential underestimate
 - Represents an important data gap and need



Baltimore (n=621,000)	BTC wisdom of the crowd estimate (median from estimates by BTC participants, N=141)
	2000 (0.33%)

Grounding the Conversation in Community Priorities

- Housing insecurity, employment challenges, and violence have emerged as priority needs and inextricable from other health issues (2018)



Housing insecurity

- Challenges accessing and maintaining due to stigma and discrimination, and lack of availability
- Face numerous barriers to supportive and transitional housing services



Employment challenges, interrelated with housing

- Experiences of hiring and workplace discrimination, lack of affirming work environments
- Need for job training and professional employment options

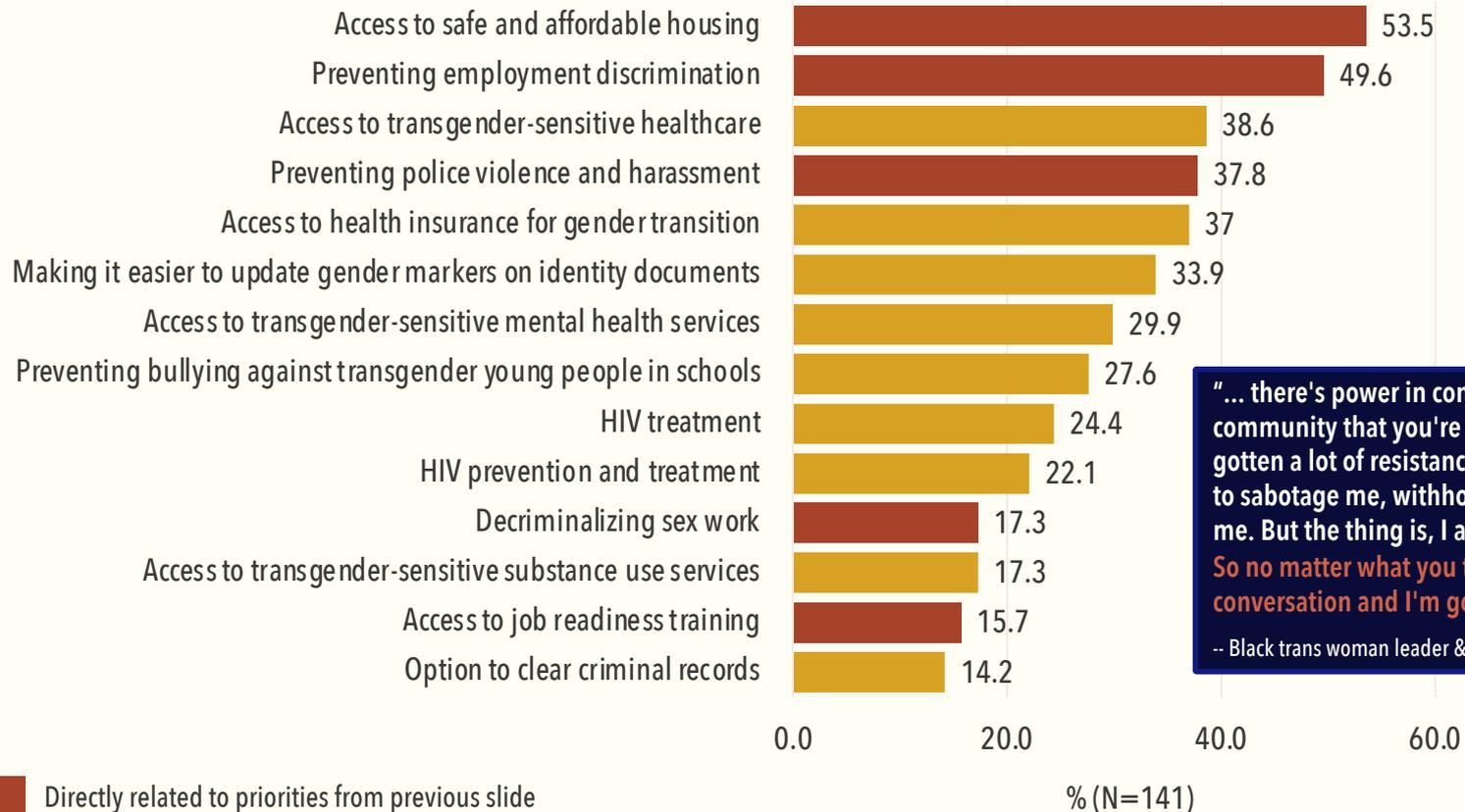


Violence victimization, exacerbated by housing and employment challenges

- Prevalent and experienced in diverse ways, across genders
- Silence about magnitude and impact of violence is further damaging



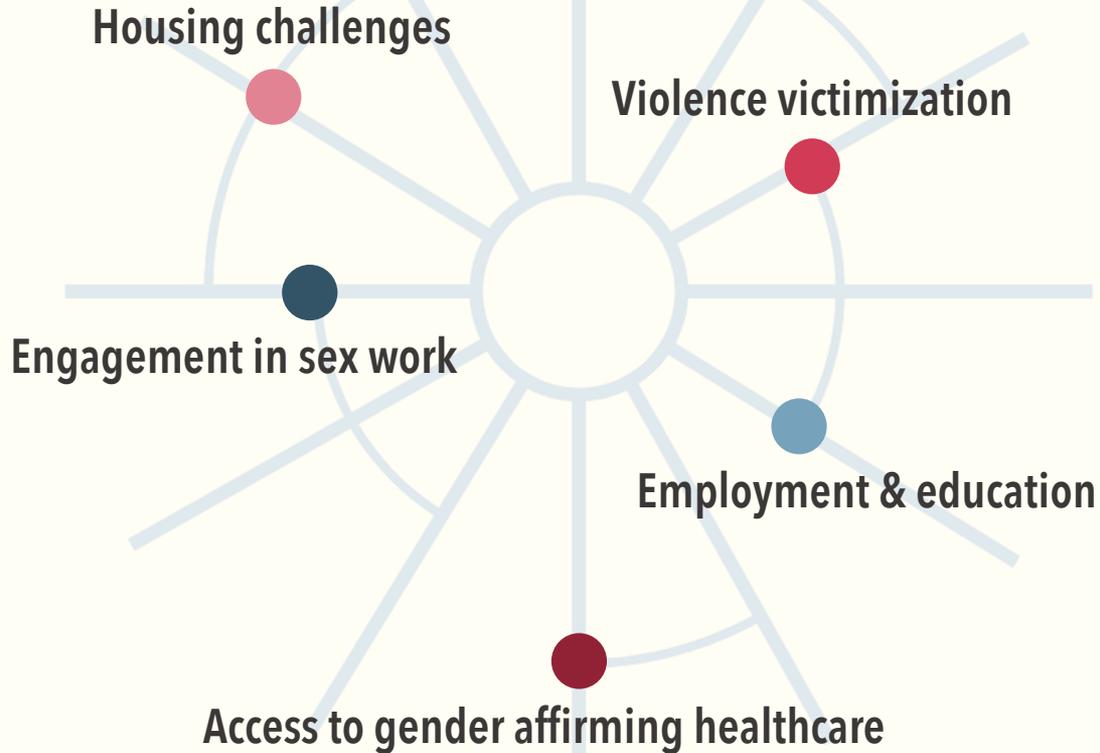
Grounding the Conversation in Community Priorities



"... there's power in controlling a community that you're not part of... I've gotten a lot of resistance and people trying to sabotage me, withholding resources from me. But the thing is, I am the conversation. **So no matter what you try to do, I am the conversation and I'm going to be there.**"

-- Black trans woman leader & advocate (BTC)

Presentation Overview



THERE IS NO SUCH THING
AS A SINGLE-ISSUE STRUGGLE
BECAUSE WE DO NOT LIVE
SINGLE-ISSUE LIVES.

-AUDRE LORDE



Housing Challenges

"Trans women don't go to shelters, baby. We don't go. We'd sit on a park bench before we go to a shelter because **shelters are where things happen.**"

-- Transgender woman (LITE)

- Pervasive housing instability and homelessness

- Around **1 in 3 (36%)** transgender Baltimoreans BTC were unstably housed in the past 12 months
 - **44%** of transfeminine participants and **21%** of transmasculine participants
- Among **transfeminine Baltimoreans** (LITE study, N=131), **more than half (56%)** reported lifetime homelessness or housing instability
 - Lifetime housing instability was correlated with **recent gender based violence**
- Transgender Baltimoreans (CLEAR) described **rampant transphobia** by owners, landlords, and realtors

"You have to face your neighbors, is the landlord going to be cool or **judge me** on my appearance or think that I'm a prostitute or drug addict."

-- Black transgender woman (CLEAR)

Contingent on housing availability



- Inadequate, traumatic shelter services

- Risk for violence and abuse at shelters
- Often non-affirming experience, e.g., frequent misgendering, individuals housed based on sex-assigned-at-birth

Housing Challenges

- **Housing intricately tied to employment for transgender Baltimoreans (CLEAR)**
 - Cannot secure housing without a job, yet employers expect a permanent address
 - Housing instability can exacerbate life stress, challenge for securing and maintaining employment



Community-informed Recommendations

- Required (& regular) **cultural humility trainings for existing city housing service providers**, led by transgender individuals
- Strengthen **non-discrimination policies at shelters**, and enact **violence response & prevention protections**
- Fund housing services to hire **transgender peer navigators** and case managers
- **Long-term need** for safe and affirming **transgender-led shelters** and transitional housing, especially for youth
 - **Look to Baltimore Safe Haven and YES Drop-in Center as models**

Education and Employment Experiences

- Historical discrimination in education and employment were reflected in demographic characteristics reported by participants, across studies

2 in 5 (44%) transgender Baltimoreans had a high school diploma or less (BTC)



2 in 5 (34%) were unemployed (BTC)



3 in 5 were living below the federal poverty line (FPL) (BTC)



- **Also, 13%** of transgender Baltimoreans reported being fired from a job or denied a job or promotion they were qualified for in the past 12 months (BTC)
- **44%** of transgender women who reported college-level training or higher were unemployed – may reflect discrimination in employment and other workplace challenges (LITE)
 - **Impact of arrest histories:** only **32%** transgender women who reported lifetime arrest were currently employed, compared to **51%** among those with no arrest history
 - Even among employed women, **31%** were living below the FPL and **50%** reported food insecurity

Education and Employment Experiences

- Jobs tend to be limited to service jobs in unsafe or non-affirming workplaces, may also lack healthcare benefits
- Widespread judgement, discrimination, and harassment during hiring and once employed – exacerbated by intersections of gender, race, class

“Customer discrimination, co-worker discrimination, boss discrimination, cutting of hours, pay cuts.”

-- White non-binary participant (CLEAR)

School Climate in MD
GLSEN 2017 National
School Climate Survey



70% of LGBTQ students had heard **negative remarks** about transgender people at schools
16% were **prevented** from discussing LGBTQ issues in assignments

Fewer than 1 in 10 reported receiving LGBTQ-inclusive sex education at school

Over half of transgender students (54%) were **unable to use the school restroom** aligned with their gender, and nearly half (48%) were **prevented from using their correct name and pronouns in school**

Education and Employment Experiences



Community-informed Recommendations

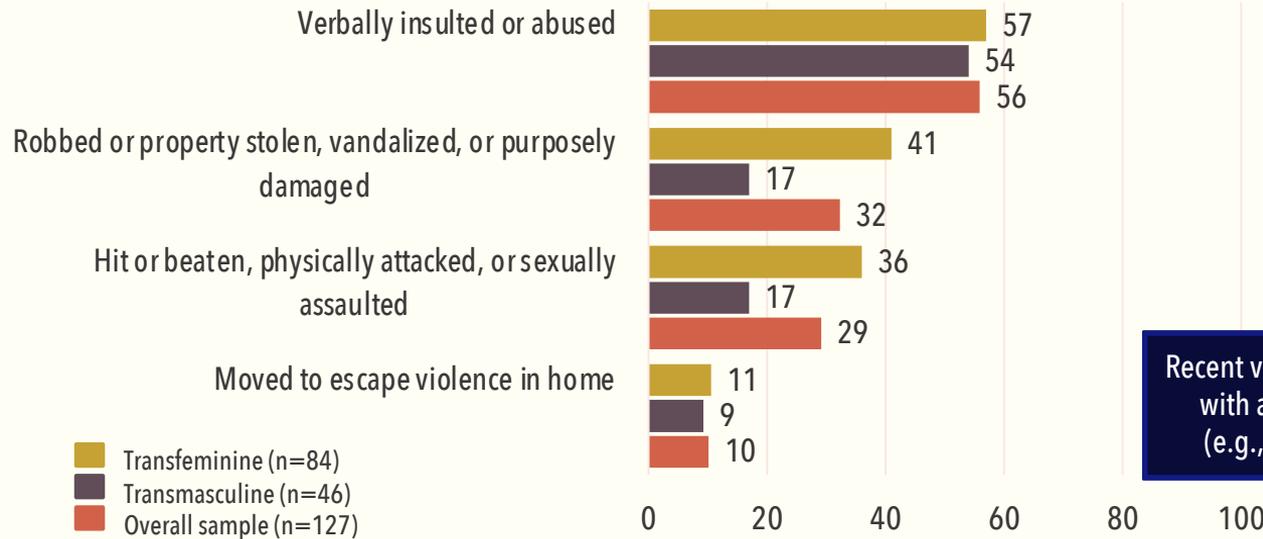
- Funding for **employment programs** that incorporate GED courses, resume writing, other professional development opportunities
- Establishment of **intergenerational support groups** for mentorship
- Supporting establishment of **pipelines for education and safe employment** for transgender Baltimoreans
 - Including monitoring of workplace safety and policies, employers
 - Inclusive job fairs, e.g., <https://transcanwork.org>
- Revisiting reporting and response to **workplace non-discrimination** policies
- **Non-discrimination protections and inclusive policies** for transgender people in educational settings, particularly **K to 12 education**

3 in 5 transgender Baltimoreans experienced some form of violence in the past year



Violence Experiences

Prevalence (%) of Recent Violence Experiences by Sex-assigned-at-birth (BTC)

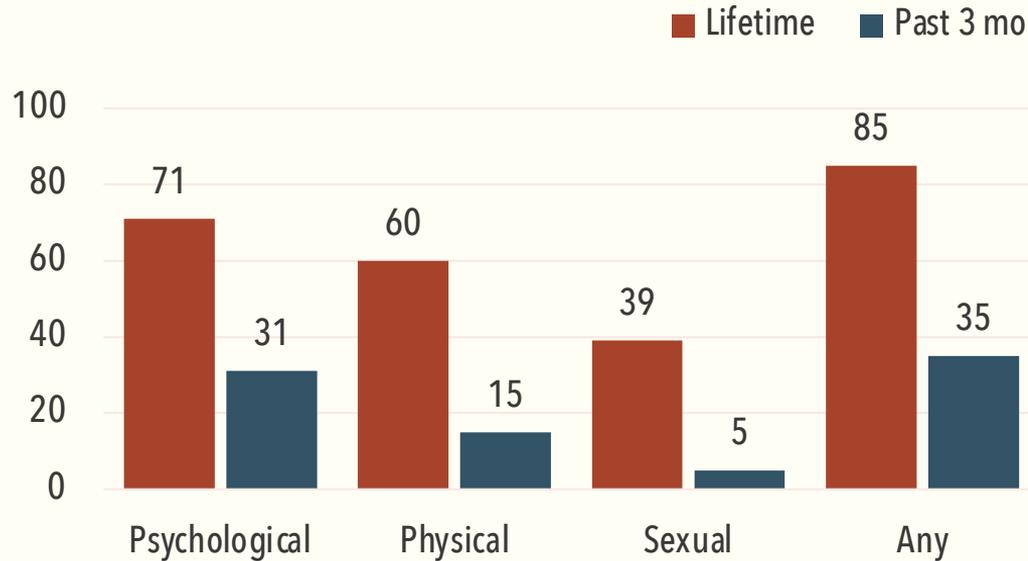


Recent violence highly correlated with adverse mental health (e.g., suicidality and PTSD)

High prevalence of violence across groups, and likely under reported
Limited data on violence experiences of transgender men and non-binary Baltimoreans
Targeting city-level transphobia as a determinant of violence is imperative

Violence Experiences

Lifetime and Recent Violence (%) among Transfeminine Baltimoreans (LITE)



"A trans woman can call a cop and tell them I'm being abused, I'm being assaulted... and the cop **couldn't care less...** Now, let the police be called that it's the transgender out here beating up, bashing up, destroying and they'll be there to **lock us up in 2.5 seconds.**"

-- Transgender woman (LITE)

Transgender women of color are disproportionately impacted

Diverse common perpetrators of violence reported, e.g., strangers, family members, and current or former partners

40% reported knowing at least one other transgender woman who was a victim of a homicide

Violence Experiences



Community-informed Recommendations

- **Safe spaces and programs for survivors** of all types of violence, not just intimate partner violence
- **Affirming and inclusive trauma-informed care trainings** for health and social service providers
 - Forge Forward trainings: <https://forge-forward.org/anti-violence/for-professionals/>
 - Anti-violence Project Training and Technical Assistance: <https://avp.org/ncavp/tta-center/>
- Housing and other supports for transgender Baltimoreans **experiencing violence at home (often leads to further risk of violence)**, especially youth
- **Prosecution of violent crimes** perpetrated against transgender Baltimoreans, including homicides
- **Reduce structural drivers of violence**, e.g., provision of socioeconomic support and educational and employment services, regardless of age and incarceration history
 - **AND** decriminalization of sex work to enable safer work environments, coupled with enhanced sex worker protections
- **Ban** gay and transgender panic defenses (MD bill under consideration)
- **Address transphobia and cycles of transgender dehumanization through city-wide initiatives**

Sex Work and Policing



- **Almost two-thirds (63%)** of transgender women had engaged in sex work at some point in their lives (LITE)
 - 61% of those engaged in sex work are living below the FPL
- **72%** of transgender women reported lifetime arrest – **6x more common for Black transgender women** (LITE)
- **Among 62 trans women engaged in street-based sex work (SAPPHIRE)**



56% were minors when they entered sex work

Drivers of sex work

61% were in street based sex work for >5 years

40% reported 1+ encounters with police per week

22% engaged in sex work for hormones or other transition needs

Sex work experiences

30% had experienced physical violence perpetrated by police

Compared to cisgender female sex workers, transgender women were more likely to engage in sex work because there were **no other job opportunities (13% vs 37%)**

33% had experienced sexual violence perpetrated by police

Sex Work and Policing



Community-informed Recommendations

- **Track bias** in policing and implement **accountability measures** for profiling and discrimination
- **Increased police accountability**, e.g., follow-up on reports of violence against transgender people
- Need **safe reporting mechanisms** for police perpetrated violence (e.g., civilian review board)
 - Support development of alternative, community-based anti-violence project (Transgender Response Team project)
- Required **gender and sexuality trainings** for law enforcement
- Fund **arrest diversion programs**
- **Flexible hours and models** for case management and wraparound services, for transgender sex workers
- **Sex work decriminalization** (at local and state levels) **AND** coupled expansion of support services
 - Potential model, **Minnesota Safe Harbor Law & programs:**
<https://www.health.state.mn.us/communities/safeharbor/response/housing.html?fbclid=IwAR3ZHIKtavScBFkF2Q1MmTslCdygx22Fe8P2IIL758qblEJ9keejk69pX0k>
 - Also need **alternatives** (e.g., pipelines for education and safe employment) - ensuring that sex work does not feel like the only option

Health and Gender Affirming Care



Health Outcomes <small>*BTC unless indicated otherwise</small>	Overall	Transfeminine	Transmasculine
Depressive symptoms, past 2 weeks	28%	25%	34%
Anxiety symptoms, past 2 weeks	34%	31%	41%
Lifetime attempted suicide	34%	27%	48%
7+ days of poor mental health, past 30 days	35%	26%	56%
Current smoking	31%	32%	30%
Alcohol use disorder	34%	27%	46%
Headaches or migraines (medical diagnosis)	28%	40%	22%
Elevated cholesterol (medical diagnosis)	20%	24%	12%
Living with HIV (LITE)	41%	41%	--

Health and Gender Affirming Care

Stigma during interactions between medical providers and transgender patients

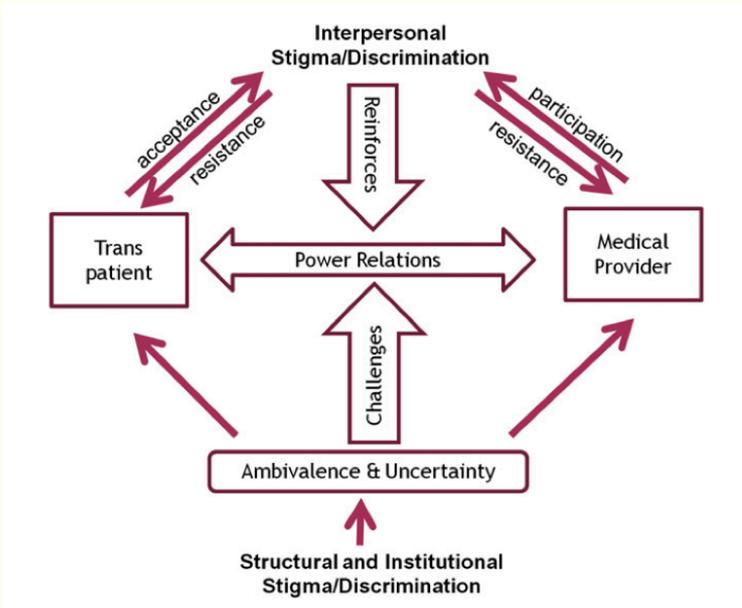


Fig. 1. Managing Uncertainty and Establishing Authority: A grounded theory of how stigma manifests as a force impacting power relations between medical providers and transgender patients.

"I said access to care, its really more nuanced than access. **It's really the dance between the timing, the insurance, and all the providers involved.** And that is hard to do. It takes a fair amount of case management, and that is another issue that I think a lot of our trans folk face is, you know, finances. And this is a financial burden, but it is not just the surgery, or not just the whatever, it is also **have a working phone, having a stable address.** So when we look at trans care, **we are expecting folks to have some degree of stability** and be able to demonstrate that if you are going to have any sort of medical intervention, which can be really affirming, but you also need to be able to be followed up."

-- White cisgender man & psychologist (BTC)

"There needs to be a lot-- a lot of cultural competency training, for one, but not-- **for the whole staff, not just the doctor...** everyone needs to understand the cultural competence... But if they're not doing that, or where they come in and they sign in, and then they're snickering, **who's going to come back?"**

-- Black cisgender man & social service provider (BTC)

Health and Gender Affirming Care

Overarching Issue

Lack of competent providers, and limited capacity amongst available providers to meet demand (e.g., long waitlists for gender affirming services)



Community-informed Recommendations

- **Socioeconomic supports** described in previous slides can improve access to healthcare
 - Increase access to **legal name and gender marker change**
- **Provider level**
 - Required (& regular) **cultural humility trainings** for all providers and staff – highlighting how **intersecting oppressions** (e.g., transphobia & racism) inform community experiences
 - **Provider CEUs** (continuing education units) related to transgender care competency
- **Organizational level**
 - Funding to **hire transgender staff and peer navigators** in healthcare services
 - Organizational commitment to cultural competency and humility, **make it a value**
- **Systems level**
 - **Non-discrimination protections** during healthcare interactions
 - Collaborating with Baltimore medical institutions to target medical school curricula
 - Mandating standardized **SOGI data collection** (sexual orientation gender identity) across local health systems
 - Ensuring that city schools are in alignment with **new state recommendations for inclusive sex education**

"I believe that **telling our stories, first to ourselves and then to one another and the world, is a revolutionary act. It is an act that can be met with hostility, exclusion, and violence. **It can also lead to love, understanding, transcendence, and community.**"**

Janet Mock



Thank you for listening!

Please see the following slides for methodological information about the research studies featured in this presentation.

Contact information for each study team is also provided.

Many thanks to...

Andrea Wirtz

Erin Cooney

Danielle German

Will Beckham

Jabari Lyles

Jean-Michel Brevelle

Tonia Poteat

LITE Study team

Be the Conversation Study team

CLEAR Project team

Transgender Response Team

SAPPHIRE Study

Many community partners

Be the Conversation Study

- **Qualitative formative phase (July to August 2015): To inform development of the Be the Conversation transgender needs assessment survey**
 - In-depth interviews with key informants (e.g., trans community leaders, health and social services providers)
- **Quantitative survey (March to September 2016), self-administered online**
 - Mixed recruitment strategy, including collaboration with community organizations and healthcare centers, and targeted outreach at local trans and LGBTQ events
 - Survey topics covered: sociodemographics, general health, HIV and STIs, mental health and substance use, access to gender affirming services, stigma and discrimination, violence experiences, gender pride, community priorities

Key informant interviews
(N=20)

Survey development
and piloting

Quantitative surveys
(N=141)

Synthesize and interpret

The LITE American Cohort Study

- **Baltimore sub-sample:** Data in this presentation are from 131 transgender women in Baltimore who participated in the LITE study, which enrolled over 1500 transgender women spanning the eastern and southern US
- **Study visits:** Every 3 mo. for 24 months (facility-based or online)
 - HIV and STI testing provided
- **Online cohort:** n=468 transgender women at risk for HIV throughout the eastern and southern US enrolled into sister cohort (data not included in presentation)
- For more info on methods, visit www.litestudy.org

Contact Information: Dr. Andrea Wirtz, principal investigator
awirtz1@jhu.edu



CLEAR Project

- **Communities Leveraging Evidence for Action and Resources**
 - CLEAR aims to identify the strengths and assets, and understand health, social, and service needs of transgender and nonbinary individuals living in and around Baltimore
- Formative research conducted between February 2018 and August 2019
 - Stakeholder in-depth interviews (n=15) and small group discussions with transgender and nonbinary Baltimoreans (n=13; 28 participants)
 - Focused on:
 - Needs and strengths of transgender and nonbinary communities
 - Research knowledge gaps
 - Implementation considerations
- For more information visit, <http://www.besurebaltimore.com/clear>

Contact Information: Dr. Danielle German, principal investigator
danielle.german@jhu.edu



Other Data

Slide 14 SAPPHIRE Study data obtained from:

Sherman, S. G., Park, J. N., Galai, N., Allen, S. T., Huettner, S. S., Silberzahn, B. E., ... & Footer, K. H. (2019). Drivers of HIV infection among Cisgender and transgender female sex worker populations in Baltimore City: results from the SAPPHIRE study. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 80(5), 513-521.

Slide 17 "Managing Uncertainty" conceptual model obtained from:

Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: a grounded theory of stigma in transgender health care encounters. *Social science & medicine*, 84, 22-29.