

The LITE study: findings on the social and structural environments that affect the health of transgender women in Baltimore City

Baltimore City Council Hearing on the Well-being of the Transgender Community in Baltimore (Council Resolution #20-0199R)

15 September 2020

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Introduction:

Data derived for this report come from the LITE study, a NIH-funded study that specifically focuses on the health of transgender women.¹ The study was established recognizing that transgender women are heavily burdened by HIV but that they had long been included in research primarily focused on other populations, which produced little evidence to their specific needs. The scientific objective of LITE focuses on understanding HIV risk; however, in recognizing the broader health needs and interests of the community, the study collects a range of data on health, social, and structural factors that impact transgender women's health and wellbeing.

LITE is a multi-site study that has enrolled over 1,500 participants in the baseline survey and over 1,200 in the cohort, which is followed for at least 2 years. Partner sites include New York City, Boston, Baltimore City, Washington DC, Atlanta, and Miami, as well as a separate online cohort that includes participants from 50 cities in the eastern and southern US and that participates only via remote methods. While the original focus of the cohort was to understand more about HIV risks that are unique to transgender women, the survey is broad to allow us to evaluate other health and social concerns. All surveys and measures are available in English and Spanish. The study is implemented in collaboration with a Community Advisory Board that reviews methods and study progress.

Findings:

Data reported here were collected between March 2018 and April 2020 and focus on the 131 adult transgender women who participated in the baseline survey in Baltimore City. The study catchment area is relatively broad: participants generally come from Baltimore City, but some travel from significantly further outside of the city, including Bel Air, Annapolis, and the DC suburbs. Consistent with the demographics of the City, the majority of Baltimore participants identify as non-Hispanic Black (58%), Hispanic Black (3%), or multi-racial (21%).

Education and employment: Historical discrimination in education and employment were reflected in experiences reported by participants. Almost half of participants (45%) had some college-level training or higher, while the remaining 54% report high school education, GED or less. Over one-third (36%) of participants reported current full or part-time employment; this appears to be related to education as 79% of those who were unemployed reported having a high school degree/GED/or lower. However, even 44% of participants who reported college-level training or higher were unemployed at the time of the survey, which may reflect discrimination in employment and other challenges in the workplace. Notably, half of participants reported concerns related to discrimination and other challenges in entering and retaining employment. Finally, current employment status was found to be strongly correlated with lifetime arrest history: only 32% of participants who reported lifetime arrest are currently employed (full or part-time) compared to 51% among those with no arrest history.

Almost two-thirds of participants (61%) were living below the federal poverty level. These challenges persist regardless of employment status, where 31% of participants who were currently employed (either full time or part time) still reported income below the federal poverty level. Likewise, 50% of employed participants reported current food insecurity, which was significantly more common among

Black participants. Thus, access to a living wage and the ability to meet basic needs remain a challenge, regardless of educational attainment or current employment status.

Sex work and policing: Almost two-thirds (63%) of participants report engagement in sex work at one point in their lives and 30% reported recent sex work as a source of income in the last 3 months. Though there was no difference in sex work or survival sex by educational attainment or current employment status, 58% of participants who reported current engagement in sex work were currently living below the federal poverty level.

Even higher levels of participants, 72%, report lifetime arrest and 15% report an arrest in the last 12 months. Black participants were significantly more affected by policing and were 6-times more likely to experience lifetime arrest, compared to non-Black participants. Among those with lifetime history of arrest, charges varied, but sex-work related charges were the most commonly reported (33%). Qualitatively, participants regularly reported feeling targeted simply for being transgender, a situation typically referred to as 'walking while trans', which frequently left them feeling that police were not a viable source of protection in emergency situations.

"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." LITE Participant

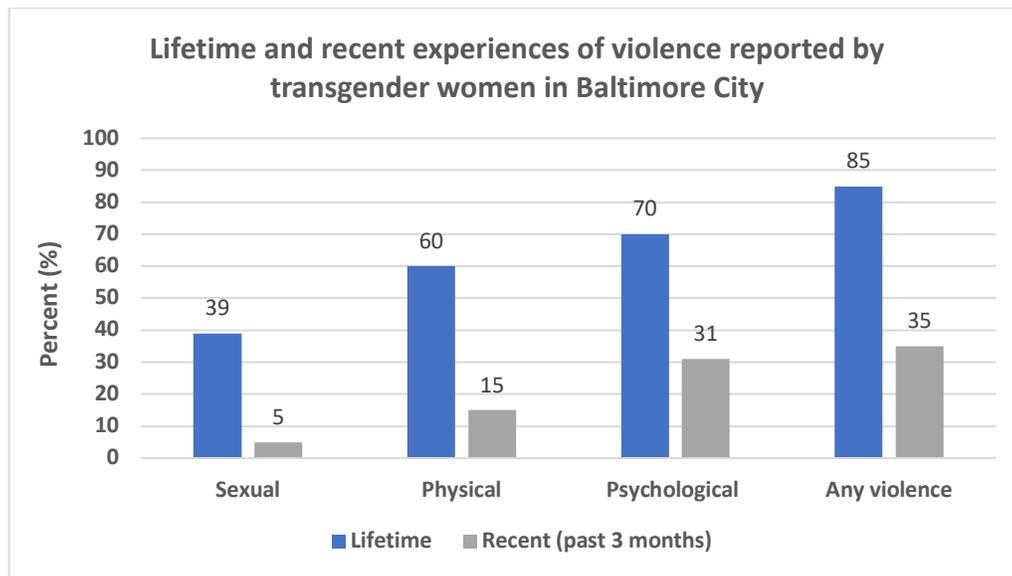
The vast majority of participants who were detained (95%) were housed with cisgender men, while 1% were housed with cisgender women, and the remainder reported being housed in solitary confinement. These housing practices for transgender detainees present serious implications for safety and mental health.

Housing and food security: More than half (56%) of participants in Baltimore reported lifetime homelessness or housing instability and 16% in the last 3 months. Participants have frequently described challenges to accessing housing services based on non-inclusive policies and risk to safety in emergency shelters.

"Transwomen 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." LITE Participant

Similarly, over half of participants (55%) report current food insecurity based on a standard FDA measure, which was also 1.5 times more common among Black participants. Access to support services may be hampered for transgender women for a number of reasons including, incongruent identification documents (i.e. do not display correct name and gender) and insufficient support within existing services to adequately identify and address their needs. For example, 56% of participants who report receiving SNAP or EBT benefits continued to report food insecurity even with this aid. Further, half of those who report food insecurity are not currently receiving SNAP/EBT benefits.

Violence: One of the most salient findings from this research is the high level of violence victimization reported by transgender women. Over one-third of participants report an experience of violence within the last three months and almost 85% report lifetime experiences of violence victimization. To put this into context, the most commonly reported violence statistic is that 1 in 3 cisgender women experience violence in their lifetimes.² Unlike other populations for whom intimate partners are the most common perpetrators of violence, participants reported that strangers, family members, as well as current or former partners were common perpetrators of violence. Further, approximately 40% of participants report knowing at least one other transgender woman who was a victim of a homicide, which is significantly higher than reported in other participating cities in this study.



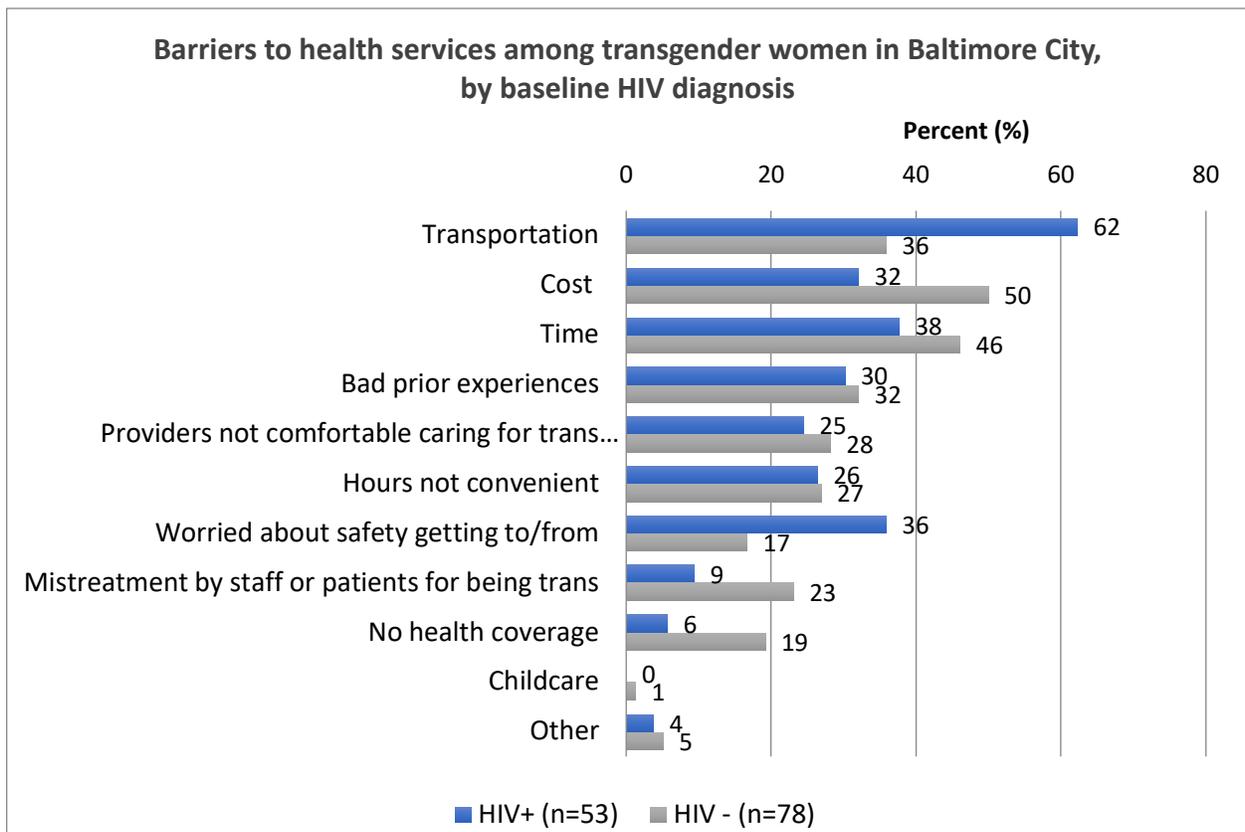
In reviewing prospective data from the cohort, it's worth noting that participants often continue to report violence over time. Over 60-percent of participants who reported a recent experience of violence continue to report experiences of violence over subsequent follow-up visits. Over one-quarter (27%) who reported no lifetime violence at baseline later report recent experiences of violence. This highlights the high incidence of violence against transgender women, and also that it is persistent for many transgender women.

Experiences of violence relate to social and structural experiences. Lifetime housing instability, experiencing higher numbers of adverse childhood events (e.g., child abuse), and not feeling affirmed in one's gender in daily life, were all correlated with recent gender-based violence.

Health: Transgender women bear disproportionately high levels of poor health outcomes. In Baltimore City, transgender women bear a high burden of HIV (41%), alcohol use disorder (24%), and psychological distress (20%). By comparison, in non-pandemic times, an estimated 3% of the US population is believed to experience psychological distress per year, based on the same screening criteria (Kessler-6).³ Poor psychosocial health outcomes are associated with adverse childhood events, such as child abuse, witnessing violence, and living in disrupted households, which are more commonly reported among transgender women than the general adult population in the US.

Critical to addressing these health issues is resolving barriers to healthcare. Participants report several structural barriers to accessing healthcare services. The graph below displays results for Baltimore participants and is stratified by baseline HIV diagnosis, given differences in barriers to care likely due to access to Ryan White services for participants who are living with HIV, or to more frequent clinical visits for those with chronic conditions such as HIV. Transportation related barriers are one of the leading challenges participants report, though we see this is quite different for participants who are not diagnosed with HIV. Another transportation-related barrier is concern about safety in transit to and from a provider’s office. Related to findings of violence victimization, several participants have reported experiencing violence simply waiting at a bus stop in some neighborhoods. This highlights that what may be perceived as a simple trip to a health clinic requires some transgender women to weigh the potential benefit of the medical visit against their own safety.

“There’s some neighborhoods in the city where I would not be welcome, and there’s some neighborhoods in the city where I can just hang out and do my thing.” LITE Participant



Participants also reported significant barriers related to perceived or experienced stigma and discrimination in health care settings. Collectively, almost half of participants reported at least one barrier related to poor healthcare experiences in the past, feeling that providers were uncomfortable caring for trans patients, or being mistreated by staff or other patients.

“You attempt to get out of that situation and go to a resource center and you're misgendered there as well. That, in and of itself, is a very big deal.” LITE Participant

Conclusions:

Findings from the LITE study among transgender women in Baltimore echo priorities and narratives described by the community. Importantly, they highlight critical issues related to basic needs of housing, education, employment, health and safety, and further, an imperative to address systemic discrimination and non-inclusion across these areas. The data described here were collected prior to the COVID-19 pandemic; thus, it is expected that these issues may be exacerbated with ongoing unemployment trends and other economic impacts.⁴

As the City considers how to best address and support the health and well-being of the transgender community, it is critical to understand the impacts of discrimination on the health of the community and the cyclical manner in which these processes reinforce each other. As one example, though perhaps simplistic, discrimination in education or employment early in life can create situations in which transgender women may rely on sex work or survival sex to supplement their income, but subsequent arrest for prostitution-related charges can then have long-term impacts on gainful employment. These socio-economic challenges also impact health outcomes by placing them in heightened risk environments, impacting mental health, and forcing individuals to prioritize basic needs over health. LITE participants recognized the importance of prevention and care for various health issues, but these socio-economic challenges, violence, and other issues take priority. In planning health services in Baltimore City, it is critical to acknowledge and address the fact that health services will have limited impacts if more immediate socio-economic needs are not supported for transgender women.

“Well I mean until you have adequate housing and a job, I mean you’re a little less likely to want to enter into any groups or things like that and everything.” LITE Participant

These findings also highlight a number of actionable steps the City can take to support the health and well-being of transgender women in Baltimore City. With respect to education and employment, these include but are not limited to: committing to and providing ongoing training to support inclusive and affirming K-12 schools, supporting employers to create inclusive workplaces, and providing training that can be provided to staff to ensure equal rights and opportunities regardless of gender identity or expression. With respect to housing and food security, city leaders should review policies to ensure non-discrimination in housing and food services and identify mechanisms for accountability in adherence to these policies, provide social services that address unique needs among transgender people and, as a long-term goal, establish housing services that explicitly accommodate transgender people. Addressing the sequelae of policing and engagement in sex work will likely also have downstream effects on employment, housing, and food security. Decriminalizing sex work, working with police to improve community interactions, and providing opportunities to expunge non-violent charges from criminal records are actionable strategies. Anti-violence programs that provide alternative response to police enforcement for violent incidents, document hate or bias-motivated crimes and sexual assault targeted against the transgender community, provide health provider training on appropriate care for

transgender survivors of violence, and commitment by police to solving homicide cases for transgender victims are strategies to curb and respond to the high rates of violence experienced by the transgender community. Finally, ensuring non-stigmatizing and affirming experiences are critical to accessing health services among transgender women. To this end, the City can encourage local medical schools and training institutions to ensure that LGBT health are core curricula within training and medical school instruction.

At the national level, non-discrimination on the basis of gender has been incorporated into a number of national policies related to provision of services for violence victimization (Violence Against Women Act), housing (Equal Access to Housing Rule), and healthcare services (HHS Healthcare Discrimination Rule). However, these protections have recently come under threat as policies have been reversed, reinterpreted, or failed to be reauthorized.⁵⁻⁸ The State of Maryland has taken important steps to mitigate discrimination, including the explicitly prohibiting discrimination in public accommodations on the basis of sexual orientation and gender identity, passing legislation that explicitly addresses hate crimes on the basis of gender identity, and recently introducing bills to ban the use of the 'LGBTQ panic' defense in court. More work, however, is needed to ensure that non-discrimination policies are effectively implemented and monitored, discrimination and stigma in other unprotected spaces are addressed, as well as to repair the effects of historical discrimination faced by transgender women. Addressing these major structural and social issues will likely have the greatest impact on the health and well-being of transgender women in Baltimore City.

To learn more about the LITE study, please visit: <https://www.litestudy.org>

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