HEALTH CARE WE CAN TRUST

Report of key findings from a 2018 needs assessment of transgender and gender nonconforming people living with HIV in Detroit, Michigan.

Transgender Law Center

Positively Trans

March 31, 2019

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ABOUT TRANSGENDER LAW CENTER

Founded in 2002, Transgender Law Center has grown into the largest trans-specific, trans-led organization in the United States, changing law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression. As a multidisciplinary national organization, Transgender Law Center advances the movement for transgender and gender nonconforming people using an integrated set of approaches, including strategic litigation, policy advocacy, educational efforts, movement-building, and the creation of programs that meet the needs of transgender and gender nonconforming people and communities.

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ABOUT POSITIVELY TRANS

Positively Trans (T+), developed and directed by Transgender Law Center Senior Strategist Cecilia Chung, is a constituent-led project grounded on the principle that we are all capable of forming our own network, telling our own stories, and developing our own advocacy strategies in response to inequities, stigma, and discrimination over punitive laws and lack of legal protections in our local communities. With the support of the Elton John AIDS Foundation, Transgender Law Center launched T+ as a response to the structural inequalities that drive the high rate of HIV/AIDS and poor health outcomes. By partnering with a National Advisory Board of community leaders, T+ seeks to mobilize and promote resilience of trans people most impacted by or living with HIV/AIDS, particularly trans women of color, through research, policy advocacy, legal advocacy, and leadership-strengthening.

INTRODUCTION AND BACKGROUND

Transgender Law Center launched Positively Trans in 2015 as a project focused on developing self-empowerment and advocacy by and for transgender people living with HIV. Positively Trans operates under the guidance of a National Advisory Board of transgender people living with HIV from across the United States; the board is primarily composed of trans women of color who are already engaged in advocacy and leadership roles in their local communities.

Recent studies indicate that transgender people, especially trans women of color (TWOC), experience disproportionate economic marginalization,[i] homelessness, stigma, discrimination in health care access and provision,[ii] harassment and violence at school,[iii] police abuse, [iv] and physical and sexual violence.[v] In the face of these systemic threats and barriers to autonomy and well-being, the impact of HIV on the transgender community cannot simply be addressed by programs that work to affect individual behaviors. We must address the systemic barriers our community members face—and the complex interactions of these systems—to reduce HIV risk and increase access to care and other resources for trans people living with HIV (TPLHIV). We believe that effective HIV responses for transgender people must include a combination of leadership development, community mobilization and strengthening, access to quality health care and services, and policy and legal advocacy aimed to advance the human rights of the community. Furthermore, we believe that an effective HIV response for trans people must center around the leadership, voices, and experience of TPLHIV, particularly trans women of color.

We use data-driven advocacy led by the community for the community. Our objective is to support grassroots movement-building by producing tools that our community (transgender people of color living with HIV) can use to advocate for their own needs. Advocacy that connects data with personal stories and highlight disparities and injustices can be powerful motivation for action. As a community, we are working to eliminate poor health outcomes driven by other social determinants such as income, violence, employment, criminalization, social support systems, wellness, access to gender-affirming health care and services, and discriminations and stigma that TPLHIV face.

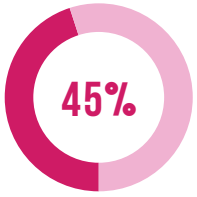
Toward this aim, in 2018 we conducted a needs assessment in Detroit, Michigan, to identify community needs and advocacy priorities. The needs assessment was conducted using SurveyMonkey and was fielded using local tablets and laptops made available for use by respondents. A partner from the Positively Trans National Advisory Board, Bré Anne Rivera of the Trans Sistas of Color Project, assisted with recruitment and logistics. Recruitment was limited to people living with HIV in Detroit, and whose sex at birth was different from their current gender identity. As an incentive, respondents were invited to be entered into a drawing for a $50, $75, or $100 gift card. Three winners were randomly selected from the respondents who consented to being in the drawing, and gift cards were mailed to the winners.

Key questions in the needs assessment focused on barriers to health and well-being for transgender people living with HIV as well as on their legal and health priorities. This report describes the responses to a small subset of those questions. The survey was offered in English only, due to budget constraints.

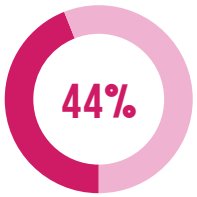
The survey mostly attracted respondents who already have access to medical care; 98% of the respondents are currently getting medical care for HIV. As a result, the responses may under-represent the experiences of those who are more isolated and/or not in care. Because respondents were recruited through existing networks and not randomly selected, the results cannot be interpreted as representative of all transgender people living with HIV in Detroit. Instead, the results should be understood as illustrating the experiences and priorities of transgender people living with HIV and as providing a starting point for further engagement.

RESPONDENT DEMOGRAPHICS

Forty-six transgender or gender nonconforming people living with HIV completed the needs assessment. The majority of respondents identified as African American trans women who identified as U.S. citizens (Figure 1). Most respondents (77%) were under the age of 35. Nearly half of the respondents were unemployed, and nearly half had experienced incarceration in their lifetime. The majority of the respondents reported having health insurance. Table 1 contains a summary of demographic information for needs assessment respondents. Findings should not be generalized to the entire community of TGNC people living with HIV in Detroit.



OF RESPONDENTS WERE UNEMPLOYED



EXPERIENCED INCARCERATION IN THEIR LIFETIME

Figure 1.

RACE & ETHNICITY, N=46

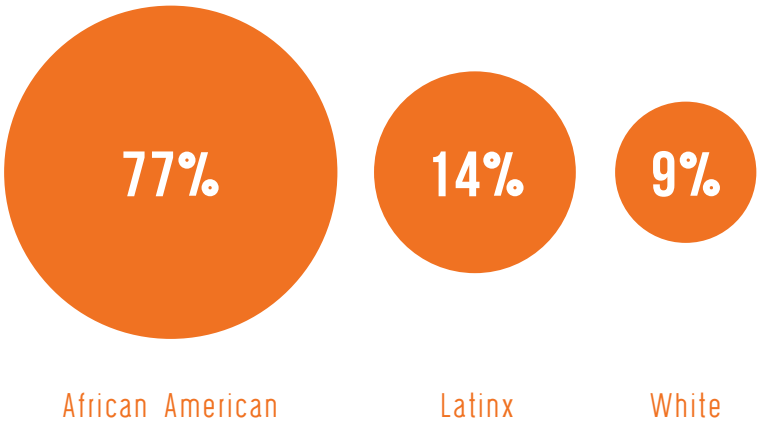


Table 1. Summary of Respondent Demographics (N = 46)

Demographic Item	Total % (N=46)	Latinx % (n=6)	African American % (n=34)
Gender Identity*			
Female/male-to-female	72.7% (32)	66.7% (4)	76.5% (26)
Male/female-to-male	11.4% (5)	--	11.8% (4)
Genderqueer	4.5% (2)	--	5.9% (2)
Gender non-binary or gender non-conforming	11.4% (5)	33.3% (2)	5.9% (2)
Sex at Birth			
Male	77.3% (34)	83.3% (5)	85.3% (29)
Female	20.5% (9)	0 (0)	14.7% (5)
Race and Ethnicity*			
Latinx**	13.6% (6)	100% (6)	--
African American**	77.3% (34	--	100% (34)
White**	9.1% (4)	--	--
Other races	--	--	--
Citizenship			
U.S.	97.7% (43)	83.3% (5)	100% (34)
Non-U.S.: Here legally†	--	--	--
Non-U.S.: Not here legally	--	--	--
Region and Urbanicity			
Other states	--	--	--
MSA (large urban area)	86.4% (38)	83.3% (5)	88.2% (30)
Education			
Less than high school	6.8% (3)	--	8.8% (3)
Some high school	27.3% (12)	16.7% (1)	29.4% (10)
High school or GED	27.3% (12)	16.7% (1)	29.4% (10)
Some college	34.1% (15)	50.0% (3)	26.5% (9)
Bachelor's or higher degree	4.5% (2)	--	5.9% (2)
Employment Status			
Full-time	13.6% (6)	16.7% (1)	11.8% (4)
Part-time	9.1% (4)	16.7% (1)	5.9% (2)
Self-employed	31.8% (14)	66.7% (4)	29.4 (10)
Not working	25.0% (11)	--	26.5% (9)
Looking for work	20.5% (9)	--	26.5% (9)
Incarceration History			
Ever in jail or prison	44.2% (19)	33.3% (2)	45.5% (15)
Health Insurance Status			
Have insurance	90.7% (39)	100% (6)	87.9% (29)
Ryan White Drug Assistance	56.4% (22)	66.7% (4)	23.5% (8)
Age			
24 and under	29.5% (13)	66.7% (4)	23.5% (8)
25-34	47.7% (21)	16.7% (1)	50.0% (17)
35-44	9.1% (4)	16.7% (1)	8.8% (3)
45-54	6.8% (3)	--	8.8% (3)
55 or older	6.8% (3)	--	50.0% (14)

*Valid % presented—excludes missing responses
**Latinx respondents endorsed Hispanic or Latino ethnicity; African American and White respondents did not endorse Hispanic or Latino ethnicity
†Respondents with green card, temporary resident card, student visa, seeking/granted asylum, and refugees

KEY FINDINGS

This report focuses on findings related to several key areas from the needs assessment as well as focus group data from TGNC people living in Detroit. Key findings are highlighted to illuminate the needs and share the experiences of this community.

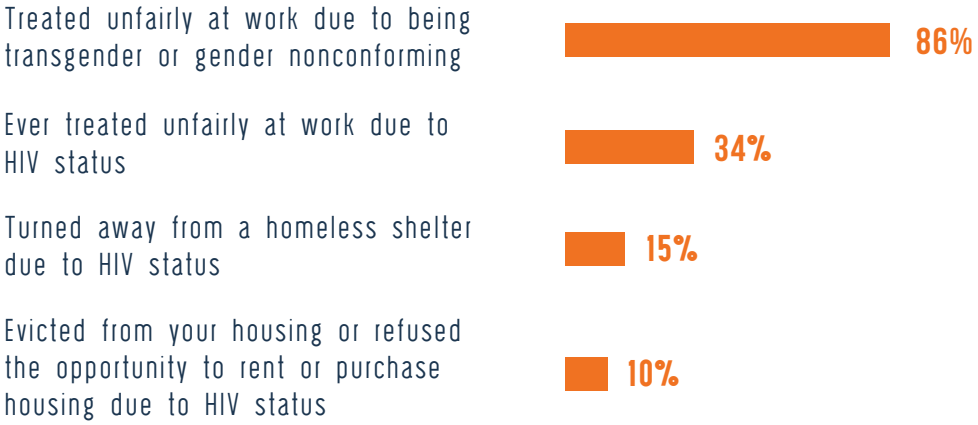
DISCRIMINATION AND LEGAL RIGHTS

HIGH RATES OF DISCRIMINATION

Nearly 9 in 10 respondents (86%) felt discrimination at work due to being transgender/gender nonconforming (TGNC), and 1 in 3 reported ever being treated unfairly at work due to their HIV status (Figure 2). While fewer TGNC people in Detroit reported more extreme outcomes of discrimination—there were such occurrences. Ten percent of respondents reported eviction or being refused opportunities to rent or purchase housing due to their HIV status, and 15% reported being turned away from a homeless shelter because they were HIV positive. The intersection of gender nonconformity and HIV status appears to compound the stark reality of severe discrimination experienced by TGNC people in Detroit.

Figure 2.

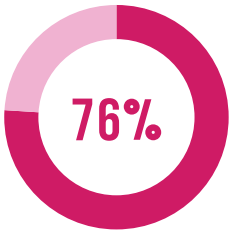
EXPERIENCE OF DISCRIMINATION



LEGAL NEEDS RELATED TO DISCRIMINATION

The greatest legal need reported was related to employment discrimination (76%) closely followed by housing discrimination (68%) (Figure 3). Gainful employment is a critical need. Nearly half of the survey respondents reported they did not have a job or were currently looking for a job, suggesting high rates of unemployment of TGNC people living with HIV in Detroit. One reason may be that 3 in every 4 TGNC people living with HIV reported legal needs associated with employment discrimination.

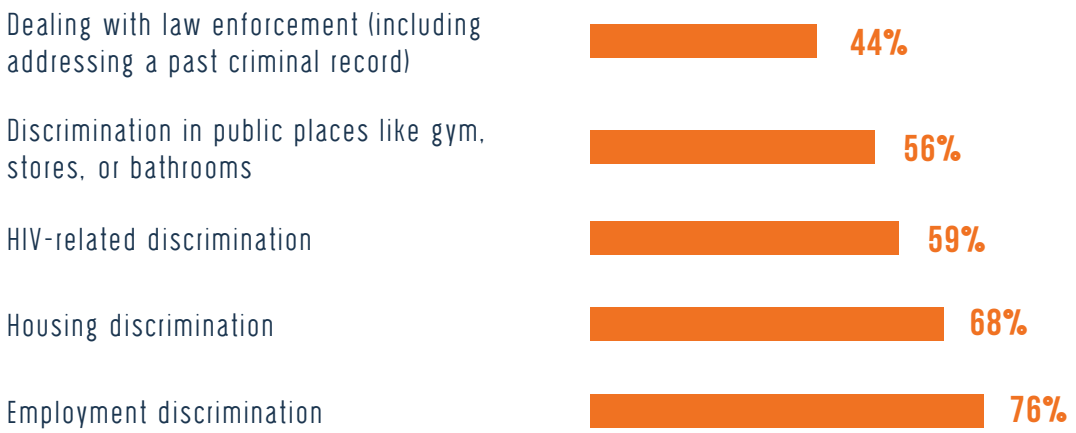
Similarly, without access to safe and affordable housing, many TGNC people living with HIV cannot meet their basic needs for shelter—discrimination in the process of finding housing appears all too common for TGNC people. This reality, coupled with significant legal needs related to dealing with law enforcement in their community (58% noted this as a top need), indicates TGNC people living with HIV have significant barriers addressing the discrimination that they often experience in Detroit communities.



FELT DISCRIMINATION AT WORK DUE TO BEING TRANSGENDER OR GENDER NONCONFORMING

Figure 3.

TOP 5 LEGAL PRIORITIES/NEEDS



When faced with broad, multi-sector discrimination, TGNC people in Detroit need more knowledge about their rights so they can combat discrimination at every turn. However, roughly 69% of the sample were not confident that they know their rights as a transgender person and about 50% were not confident that they know their rights as a person living with HIV or as a person of color (Figure 4). These findings suggest that Detroit TGNC people living with HIV may benefit from rights-based education and training specifically designed for transgender people living with HIV.

Figure 4.

COMPLETELY OR MOSTLY CONFIDENT THAT YOU KNOW YOUR RIGHTS

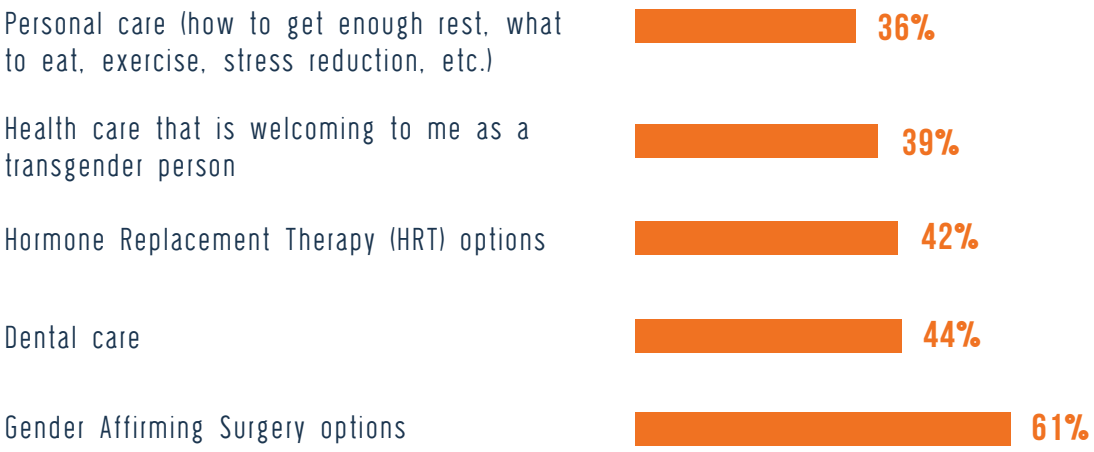
HEALTH CARE

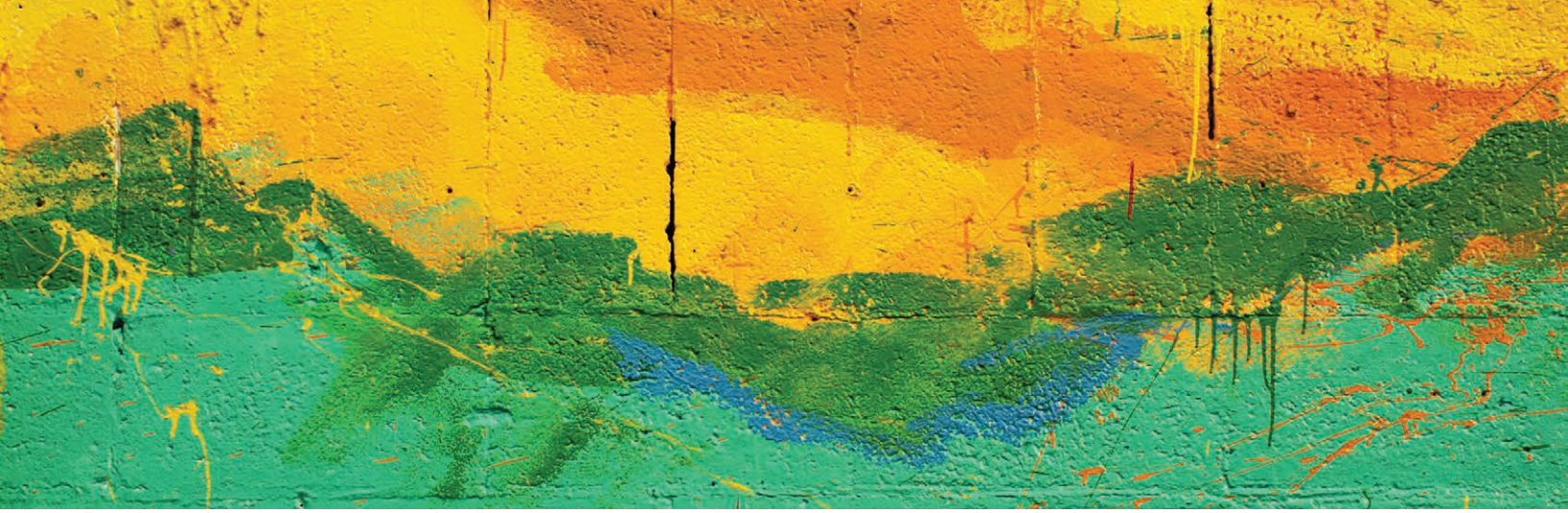
HEALTH CARE NEEDS

TGNC people living with HIV in Detroit face considerable challenges related to their health care. The top health concerns reported included: options for Gender Affirming Surgery (61%), dental care (44%), hormone replacement therapy (42%), trans-affirming health care (39%), and taking care of oneself/personal care (36%) (Figure 5).

Figure 5.

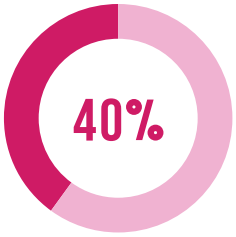
TOP 5 HEALTH CONCERNS





HIV CARE

Most respondents (98%) said they were currently getting care for HIV and had been seen within the last year. However, over 40% of the sample reported ever having gone more than six months without care for HIV. Regular HIV care is critical to overall health and any gaps in treatment can lead to detrimental health effects. Improving retention in care is key to eliminating HIV transmission.



OF RESPONDENTS REPORTED EVER HAVING GONE MORE THAN 6 MONTHS WITHOUT CARE FOR THEIR HIV

MENTAL HEALTH NEEDS

The need for mental health and counseling services was common (64%). About one-quarter of the sample reported sometimes or often using drugs or alcohol in unhealthy ways (Table 2).

Table 2. Mental Health Needs

Demographic Item	Total % (N = 46)	Latinx % (n = 6)	African American % (n = 34)
Can benefit from mental health or counseling sessions	64.3% (27)	50.0% (3)	65.6% (21)
Use drugs or alcohol in unhealthy ways,* Never	66.7% (28)	50.0% (3)	68.8% (22)
Use drugs or alcohol in unhealthy ways,* Sometimes/rarely	22.0% (9)	33.3% (2)	16.1% (5)
Use drugs or alcohol in unhealthy ways,* Often	2.4% (1)	--	3.1% (1)

*Unhealthy ways was subjective and based on the respondent's judgment only.

INTERPERSONAL VIOLENCE AND FAMILY REJECTION

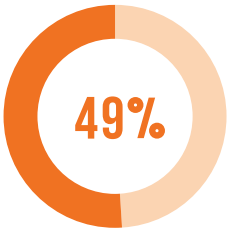
INTERPERSONAL VIOLENCE AFFECTS TGNC LIVES

TGNC people across the country experience some of the highest rates of interpersonal violence and murder of any sexual or gender minority group. In Detroit, over 40% of respondents said they were harassed or threatened on the street in the last year alone, and 17% reported being attacked on the street in the last year. Nearly 1 in 3 TGNC people living with HIV reported ever being forced to have sex in their lifetime. These rates are too high and demonstrate the incredible safety concerns for this population.

NEARLY 1 IN 3 TGNC PEOPLE LIVING WITH HIV REPORTED EVER BEING FORCED TO HAVE SEX IN THEIR LIFETIME

FAMILY REJECTION

Family acceptance and support is a critical need. Having a supportive family and others to depend on in times of need is an important support for TGNC people as it is for anyone. However, family rejection is a sad reality for many TGNC people living with HIV in Detroit. Family rejection and disconnection were experienced by many respondents. Nearly half of respondents (49%) reported that their birth family had ever cut off contact with them, and about 40% of respondents said they were kicked out of their family home—almost all of these said they were kicked out before age 18.



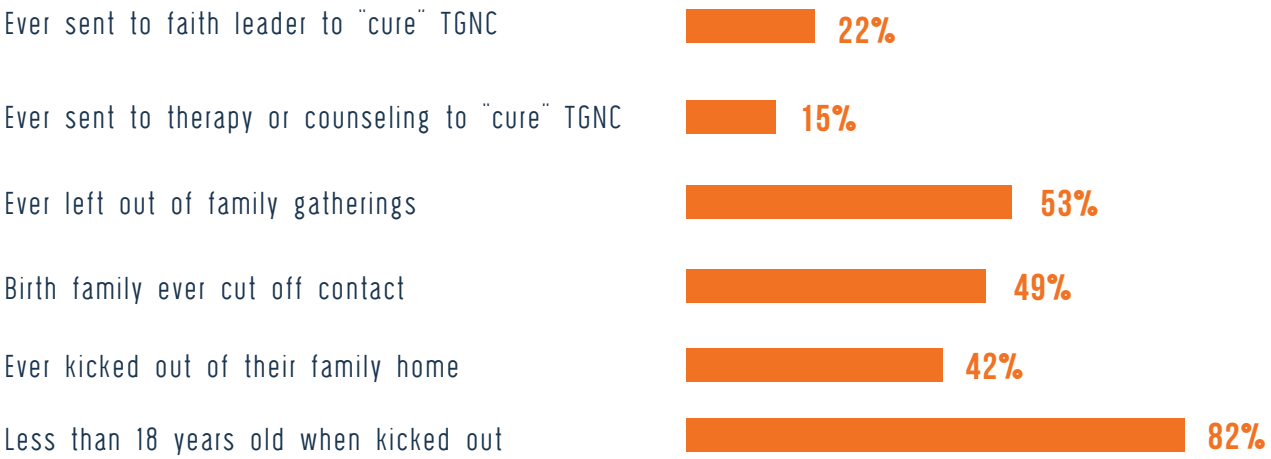
REPORTED THAT THEIR BIRTH FAMILY HAD EVER CUT OFF CONTACT WITH THEM

As evidenced throughout this report, TGNC people experience social rejection, discrimination in many sectors of life, high levels of community violence, and have additional trauma associated with family rejection. In some cases, family rejection can

inflict additional harm when TGNC is perceived as a choice and families send their TGNC youth to a faith leader to cure them of their gender identity or nonconformity. In this sample, nearly 1 in 4 (22%) TGNC people reported such efforts to "cure" them of their gender identity.

Figure 6.

FAMILY REJECTION



TGNC VOICES OF DETROIT

Seven transgender and gender nonconforming people living with HIV in Detroit participated in a focus group in 2018. The discussion focused on experiences and opinions of the transgender community regarding access to services and health care, employment, housing, social support, social networks, and other quality of life concerns. Several described achievements in gaining more independence, especially becoming employed, that harmed their well-being when they lost their benefits before actually becoming financially stable. One participant suggested a benefits transition program that would allow recipients to remain on Medicaid and receive entitlements (e.g., food stamps) for a period of time until they can get on their feet. Another concern expressed by several participants was that a clinic with a "beloved" doctor who has "revolutionized" care for TGNC people living with HIV, has an age limit that forces patients to find new providers when they age out. This policy has led to many patients falling out of care due to being "blatantly" misgendered and disrespected by front desk and other front-line medical staff at other medical provider locations. To address this concern, the beloved doctor created separate clinic hours for adult patients, but additional solutions are necessary.

"WE **NEED** A RELATIONSHIP WITH A DOCTOR THAT WE CAN TRUST, WHO TAKES THE SHAME AWAY OF DEALING WITH OUR GENITALS, INCLUDING TALKING ABOUT STDS, AND MAKES COMING TO THE CLINIC FUN."

Other recommendations from focus group participants included collaboration between service providers that provide services to transgender people, insurance coverage for gender affirming surgeries, and decriminalization of HIV and sex work. They noted that sex work, outside of a network of men who pay for sex with transgender women where "everyone" has HIV, is problematic because if one's HIV status is discovered or disclosed it can lead to incarceration.

The findings from the needs assessment and experiences shared by focus group participants indicate a need for more to be done to improve health care and quality of life for transgender people living with HIV in Detroit. Participants expressed a will to change the current system by organizing and becoming more involved in advocacy work, and collecting data to show what is needed. One participant noted that engaging in advocacy work makes them feel resilient. While the group recognized the importance of more involvement in advocacy among transgender leaders, it is critical that others, including medical providers, service providers, and law enforcement personnel, are engaged in the work to eliminate barriers for transgender people living with HIV in Detroit.

"I LIKE THE FACT THAT SCIENCE IS THERE FOR U=U, BUT IT PUTS ALL OF THE RESPONSIBILITY ON THOSE WHO ARE **ALREADY MARGINALIZED**."

RECOMMENDATIONS

The findings from the needs assessment and focus group data offer several insights into the needs and concerns of TGNC people living with HIV in Detroit.

These recommendations are not intended to be an exhaustive list, because the barriers that TGNC people living with HIV face each day are multifaceted. They are intended to highlight the needs and concerns expressed by the participants as a priority in their community.

Consider adopting these recommendations to help strengthen and enhance the lives of TGNC people living with HIV in Detroit.

- Provide transgender people living with HIV with guidance and training on addressing their legal rights, including dealing with employment discrimination and criminalization
- Provide sensitivity trainings to build the cultural competency for medical providers, healthcare staff, law enforcement personnel, advocates, allies and other stakeholders to help prevent the ongoing discrimination and violence experienced by TGNC people living with HIV in Detroit
- Support opportunities for advocacy and leadership training for TGNC people living with HIV in Detroit
- Ensure that TGNC people living with HIV have access to behavioral health services with gender-affirming providers who are trauma informed and who are familiar with issues such as interpersonal violence and family rejection
- Mobilize and organize TGNC individuals, particularly TGNC people of color living with HIV, to dismantle all forms of barriers and make positive changes in their community
- Increase access to affirming transition-related treatments and surgery options.
- Develop plans to help reduce the number of uninsured among TGNC people

ADDITIONAL REPORTS

In addition to this report on respondents from Detroit, needs assessments were completed in two other locations: South Florida (Miami and Fort Lauderdale) and New Orleans, Louisiana. Reports for South Florida and New Orleans are available, as well as a comprehensive report of all three sites that identifies key findings and priorities and combined results of the three different locations.

For more information visit: www.transgenderlawcenter.org

ACKNOWLEDGMENTS

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CECILIA CHUNG • Senior Director of Strategic Initiatives and Evaluations, Transgender Law Center

Cecilia Chung is nationally recognized as an advocate for human rights, social justice, health equity, and LGBT equality. She was the former chair of the San Francisco Human Rights Commission and currently serves on the San Francisco Health Commission. Cecilia has worked tirelessly on local, national, and international levels to improve access to treatment for transgender people and people living with HIV, and to erase stigma and discrimination through education, policy, advocacy, and visibility.

SOPHIA KASS • Positively Trans Program Coordinator, Transgender Law Center

Sophia Kass is a transgender woman of color, originally from Lebanon in the Middle East. Sophia joined the Transgender Law Center's team because she believes in such initiatives as Positively Trans to empower trans and gender nonconforming individuals to challenge and change injustices and inequities, stigma, and discrimination. She hopes one day to replicate these approaches and experiences in Lebanon, where the transgender community is still under much pain and suffering.

The Transgender Law Center also wants to acknowledge the Positively Trans National Advisory Board, both present and previous members, and the data collection and dissemination team, who made this report possible.

DATA COLLECTION AND DISSEMINATION TEAMS

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IN ADDITION

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ENDNOTES

[i] Baral, S.D., Poteat, T., Strömdahl, D., Wirtz, A.L., Guadamuz, T.E., and Beyrer, C. 2013. Worldwide burden of HIV in transgender women; a systematic review and meta-analysis. *Lancet Infectious Diseases*, 13(3), pp. 214-222.

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