

# OUR KNOWLEDGE IS OUR POWER

Report of key findings from a 2018 needs assessment of transgender and gender nonconforming people living with HIV in South Florida (Miami and Fort Lauderdale areas).





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# ABOUT TRANSGENDER LAW CENTER

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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

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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

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In 2015, Transgender Law Center launched Positively Trans 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, experience disproportionate economic marginalization,<sup>i</sup> homelessness, stigma, discrimination in health care access and provision,<sup>ii</sup> harassment and violence at school,<sup>iii</sup> police abuse,<sup>iv</sup> and physical and sexual violence.<sup>v</sup> 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 on 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 own and use in order to advocate for their own needs by connecting data with personal stories, and by highlighting disparities and injustices. 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 South Florida (Miami and Fort Lauderdale areas) 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 for respondents. A partner from the Positively Trans National Advisory Board, Arianna Lint of Arianna's Center and her staff, assisted with recruitment and logistics. Recruitment was limited to people living with HIV in the Miami and Fort Lauderdale areas 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 the gift cards were sent to the recruitment partner to distribute to the winning participants.

Key questions in the needs assessment focused on barriers to health and well-being for transgender people living with HIV and 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; 86% of respondents are currently getting medical care for HIV. As a result, the responses may underrepresent 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 South Florida. 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

Fifty-one people participated in the needs assessment, with 63% of them identifying as Latinx. The majority of survey respondents were TGNC people of color (89%), identified as trans women (84%), and 68% were age 44 or younger. Fifty-nine percent of respondents were U.S. citizens. More than half of the respondents were unemployed and did not have health insurance. Fifty-nine percent of the respondents had experienced incarceration in their lifetime. 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 South Florida.



Figure 1.  
**RACE & ETHNICITY, N=51**

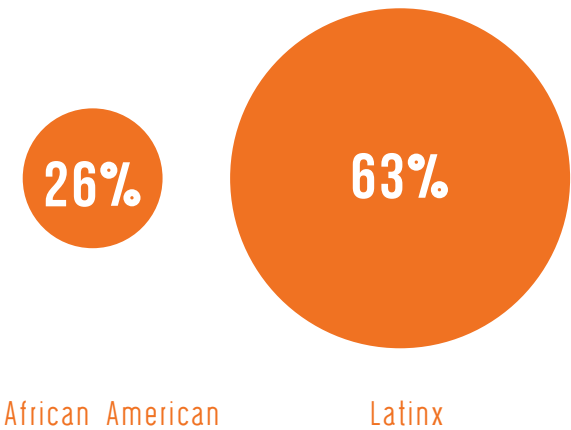




Table 1. Summary of Respondent Demographics (N = 51)

Demographic Item	Total % (N = 51)	Latinx % (n = 27)	African American % (n = 11)
<b>Gender Identity*</b>			
Female/male-to-female	84.1% (37)	77.8% (21)	100% (11)
Male/female-to-male	13.6% (6)	22.2% (6)	--
Genderqueer	2.3% (1)	--	--
<b>Sex at Birth</b>			
Male	93.2% (41)	92.6% (25)	100% (11)
Female	6.8% (3)	7.4% (2)	--
<b>Race and Ethnicity*</b>			
Latinx**	62.8% (27)	100% (27)	--
African American**	25.6% (11)	--	100% (11)
White	2.3% (1)	--	--
Other races	9.3% (4)	--	--
<b>Citizenship</b>			
U.S.	59.1% (26)	51.9% (14)	90.9% (10)
Non-U.S.: Here legally†	22.7% (10)	29.6% (8)	--
Non-U.S.: Not here legally	9.1% (4)	11.1% (3)	--
<b>Region and Urbanicity</b>			
Other states	11.6% (5)	15.4% (4)	--
MSA (large urban area)	78% (32)	72% (18)	90.9% (10)
<b>Education</b>			
Less than high school	18.6% (8)	19.2% (5)	--
Some high school	16.3% (7)	11.5% (3)	36.4% (4)
High school or GED	25.6% (11)	26.9% (7)	27.3% (3)
Some college	16.3% (7)	19.2 (5)	9.1% (1)
Bachelor's or higher degree	23.3% (10)	23.1% (6)	27.3% (3)
<b>Incarceration History</b>			
Ever in jail or prison	59.1% (26)	66.7% (18)	54.5% (6)
<b>Employment Status</b>			
Full-time	16.3% (7)	23.1% (6)	--
Part-time	23.3% (10)	34.6% (9)	9.1% (1)
Self-employed	9.3% (4)	11.5% (3)	9.1% (1)
Not working	27.9% (12)	23.1% (6)	27.3% (3)
Looking for work	23.3% (10)	7.7% (2)	54.5% (6)
<b>Health Insurance Status</b>			
Have insurance	45.7% (16)	42.9% (9)	50% (4)
Ryan White Drug Assistance	12.5% (2)	11.1% (1)	--
<b>Age</b>			
24 and under	11.4% (5)	7.4% (2)	18.2% (2)
25-34	27.3% (12)	25.9% (7)	18.2% (2)
35-44	29.5% (13)	22.2% (6)	63.6% (7)
45-54	22.7% (10)	29.6% (8)	--
55 or older	9.1% (4)	14.8% (4)	--

\*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 South Florida (Miami and Fort Lauderdale areas). Key findings are highlighted to illuminate the needs and share the experiences of this community.

## DISCRIMINATION AND LEGAL RIGHTS

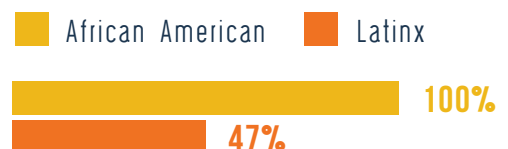
### HIGH RATES OF DISCRIMINATION

While many respondents declined to answer these questions, among those who did answer, many (83%) felt discrimination at work due to being transgender or gender nonconforming (TGNC), and 59% reported ever being treated unfairly at work due to their HIV status. African American TGNC respondents reported higher frequency of employment-related discrimination than Latinx respondents (Figure 2). While few TGNC people in South Florida reported more extreme outcomes of discrimination—there were such occurrences. Thirty-two percent of respondents reported eviction or being refused opportunities to rent or purchase housing due to their HIV status, and about 11% 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 South Florida, especially for African American TGNC people.

Figure 2.

#### EXPERIENCE OF DISCRIMINATION

Ever treated unfairly at work due to HIV status



Turned away from a homeless shelter due to HIV status



Evicted from your housing or refused the opportunity to rent or purchase housing due to HIV status

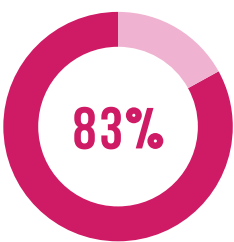


Treated unfairly at work due to being transgender



# LEGAL NEEDS RELATED TO DISCRIMINATION

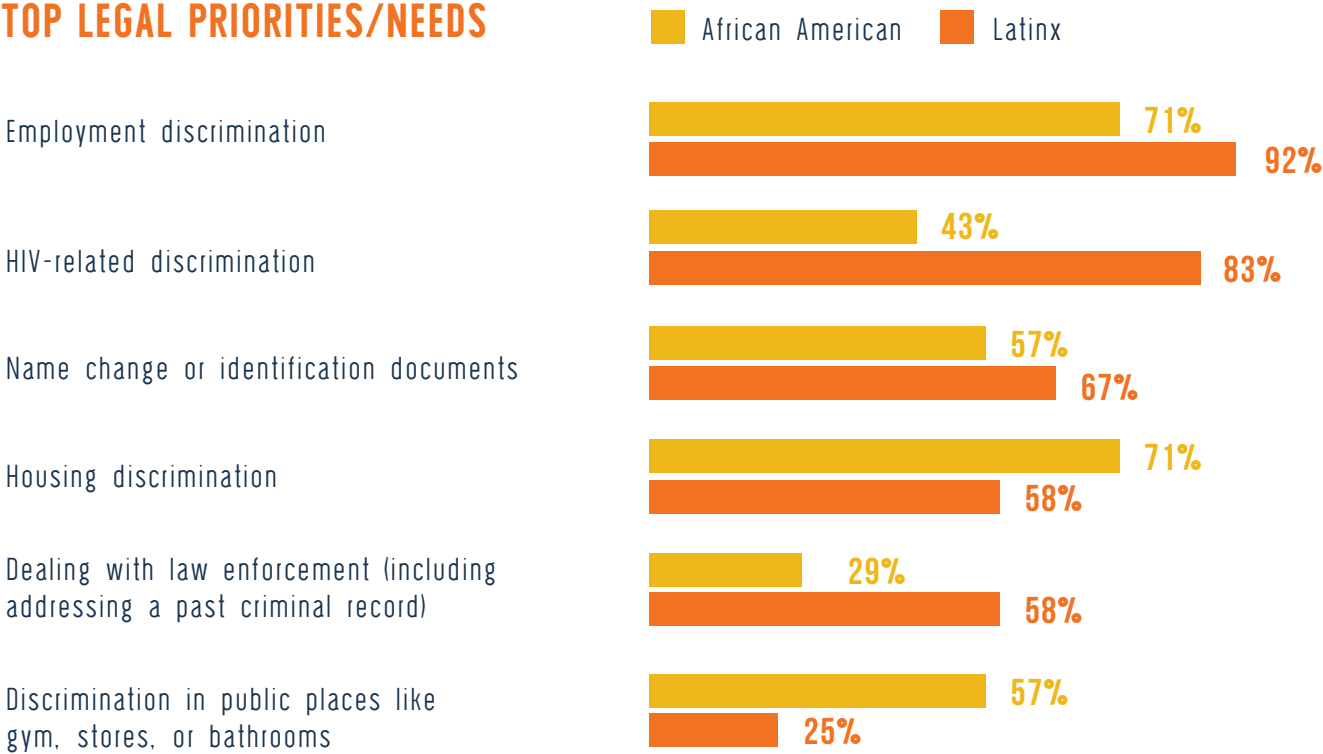
The greatest legal need reported was related to employment discrimination (86%), closely followed by HIV-related discrimination and name change or identification document-related discrimination (both 68%). However, Latinx TGNC respondents reported higher frequency of HIV-related discrimination legal needs (83%) compared to African American TGNC respondents (43%) (Figure 3). Legal needs associated with housing discrimination were also quite prevalent (59%) and more so for African American TGNC respondents. Employment and housing discrimination were endorsed as common legal need areas for the majority of participants. This is particularly concerning because gainful employment is a critical need to obtain housing and vice versa. Over half of the survey respondents reported they did not have a job or were currently looking for a job (51%), suggesting high rates of unemployment of TGNC people living with HIV in South Florida. One reason may be that nearly all TGNC people living with HIV reported legal needs associated with employment discrimination. Many TGNC people also cited legal needs associated with discrimination in public places and dealings with law enforcement (both 41%).



**FELT DISCRIMINATION  
AT WORK DUE TO BEING  
TRANSGENDER OR GENDER  
NONCONFORMING**

Figure 3.

## TOP LEGAL PRIORITIES/NEEDS



Without access to employment opportunities and fair housing practices, many TGNC people living with HIV cannot meet their basic needs—discrimination related to HIV also appears all too common for TGNC people and may impact employment and housing as well. This reality, coupled with significant legal needs related to dealing with law enforcement in their community (41% noted this as a top need), suggests TGNC people living with HIV have significant barriers addressing the discrimination that they often experience in South Florida.

Despite reports of broad, multi-sector discrimination, TGNC people in South Florida reported somewhat high confidence in their knowledge of their rights (63%–72%) so they can combat discrimination in their daily lives. Still, 35% of the sample were not confident that they know their rights as a transgender person and 36% were not confident that they know their rights as a person living with HIV. Additionally, 28% were not confident that they know their rights as a person of color—although African American TGNC respondents were slightly more confident in this area (Figure 4). These findings suggest that some South Floridian TGNC people living with HIV may benefit from rights-based education and training specifically designed for transgender people of color living with HIV.

Figure 4.

## COMPLETELY OR MOSTLY CONFIDENT THAT YOU KNOW YOUR RIGHTS



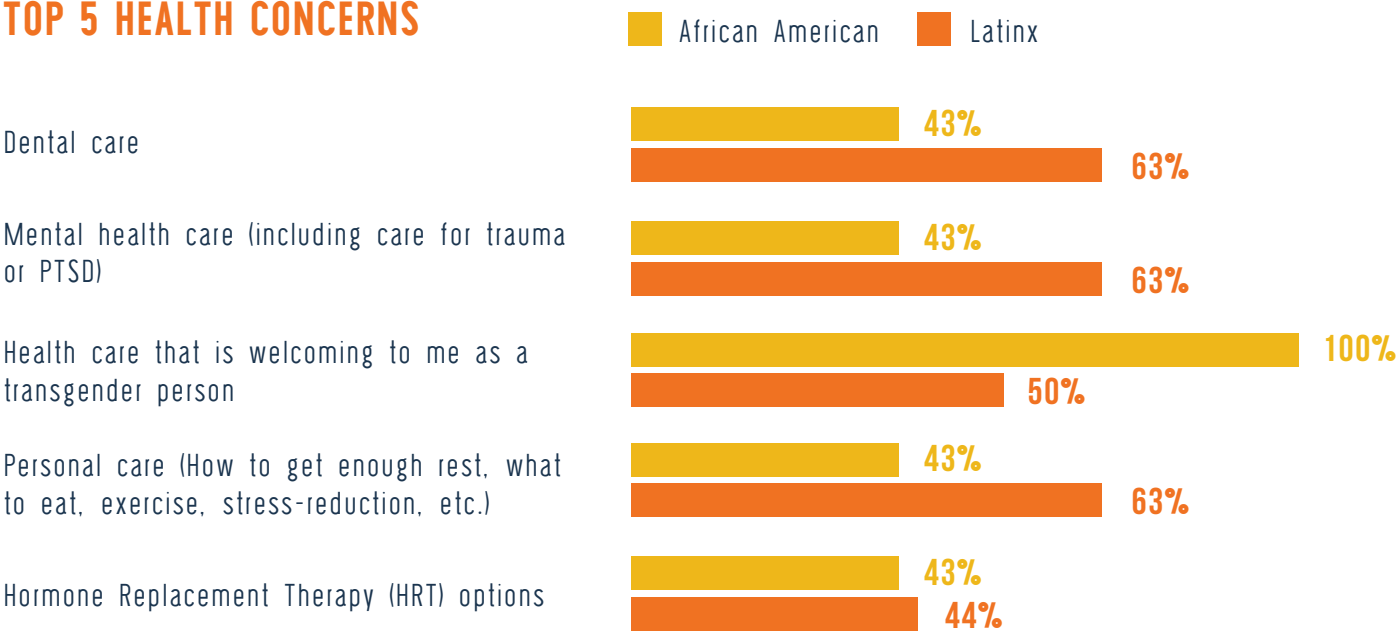
# HEALTH CARE

## HEALTH CARE NEEDS

TGNC people living with HIV in South Florida face considerable challenges related to their health care. Although some respondents did not answer this question, among those that did, the top health concerns reported included trans-affirming health care (65%), dental care (54%), mental health care (54%), personal care (42%), and hormone replacement therapy (HRT) (39%). Notably, African American TGNC respondents reported greater health concerns related to trans-affirming care and HRT options than their Latinx counterparts (Figure 5). These data suggest that 2 of every 3 TGNC people in South Florida have trans-affirming health care concerns—which affects TGNC people’s ability to receive routine and quality health care, including for HIV. Similar to findings in other communities, those who are TGNC in South Florida also experience concerns with oral health care, access to which is critical to overall health and well-being.

Figure 5.

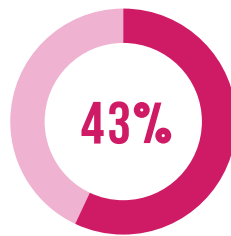
### TOP 5 HEALTH CONCERNS





## HIV CARE

Most respondents (86%) said they were currently getting care for HIV, and 89% had been seen within the last year. However, 43% of the sample reported ever having gone more than 6 months without care for their HIV—this was more prevalent among Latinx respondents than African American respondents. 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

Among those who responded, the need for mental health and counseling services was common (64%) among South Florida TGNC respondents. Additionally, about 63% of the sample reported sometimes or often using drugs or alcohol in unhealthy ways, and about 9% reported often using alcohol in unhealthy ways. These data suggest there is a considerable need for alcohol and substance use prevention, counseling, and possibly treatment among the TGNC community, but more specific data could confirm specific areas for intervention (Table 2).

Table 2. Mental Health Needs

Demographic Item	Total % (N = 51)	Latinx % (n = 27)	African American % (n = 11)
Can benefit from mental health or counseling sessions	63.6% (21)	57.9% (11)	75% (6)
Use drugs or alcohol in unhealthy ways,* Never	37.5% (12)	44.4% (8)	12.5% (1)
Use drugs or alcohol in unhealthy ways,* Sometimes/rarely	53.1% (17)	55.6% (10)	62.5% (5)
Use drugs or alcohol in unhealthy ways,* Often	9.4% (3)	--	25% (2)

\*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.



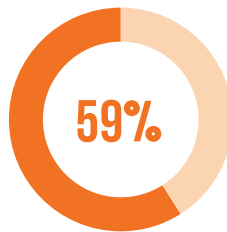
**NEARLY 1 IN 2 TGNC PEOPLE LIVING WITH HIV REPORTED BEING ATTACKED ON THE STREETS IN THE LAST YEAR**

Among the respondents, 69% said they were harassed or threatened on the street in the last year alone, and 48% reported being attacked on the street in the last year. This data suggest high rates of violence currently experienced by TGNC people in South Florida. About 44% of respondents also reported ever being forced to have sex in their lifetime. These rates are too high and demonstrate the incredible safety concerns for this population.

## FAMILY REJECTION

Family acceptance and support is a critical need for everyone, and having a supportive family and others to depend on in times of need is an especially important support for those who are TGNC.

However, family rejection is a reality for many TGNC people living with HIV in South Florida. Family rejection and disconnection were experienced by many



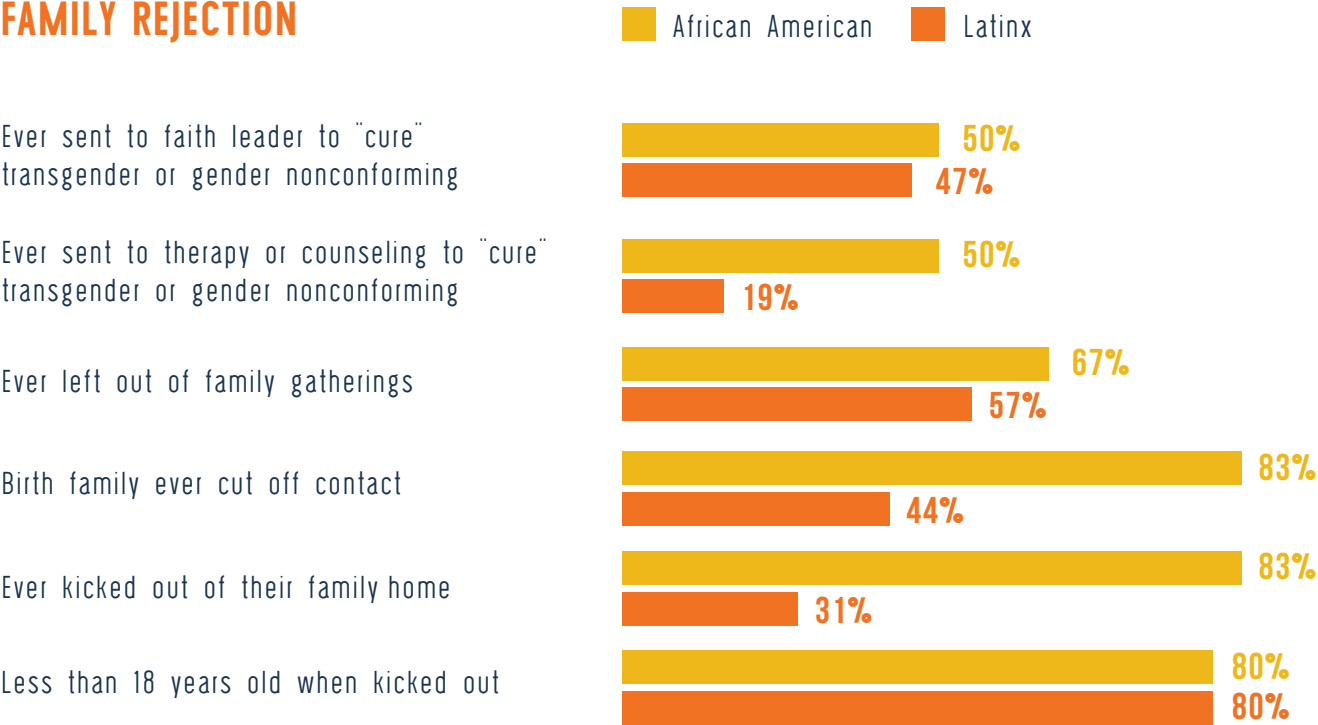
**REPORTED THAT THEIR BIRTH FAMILY HAD EVER CUT OFF CONTACT WITH THEM**

respondents. Over one-half of respondents (59%) reported that their birth family had ever cut off contact with them. About 48% of respondents said they were kicked out of their family home; about 85% of these respondents said they were kicked out before age 18.

As evidenced throughout this report, TGNC people experience social rejection, discrimination in many sectors of life, high levels of community violence, and also 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 counselor or faith leader to “cure” them of their gender identity or nonconformity. In this sample, 30%–46% of TGNC respondents reported ever experiencing such efforts to “cure” them of their gender identity. Across these measures of family rejection, African American respondents reported higher rates of rejection than Latinx respondents (Figure 6).

Figure 6.

**FAMILY REJECTION**





## TGNC VOICES OF SOUTH FLORIDA

In 2018, six transgender and gender nonconforming people living with HIV in South Florida participated in a focus group. The discussion focused on experiences and opinions of the transgender community regarding access to services and health care, employment, housing, social support and social networks, and other quality of life concerns. We conducted thematic analysis of the focus group data, which is presented below.

Focus group participants identified housing and jobs—as well as education on how to access services, access benefits, and self-care—as helping them achieve a maximum quality of life. Participants also shared that for transgender women over 35, quality of life issues focused on being able to get jobs and on being affirmed despite being unable to achieve a completely feminine look. The group explained that if older transgender women cannot achieve “full feminization,” they may be more likely to be discriminated against when they are interviewing for jobs.

“ALL PROVIDERS NEED TO BE TAUGHT THAT YOU DON’T HAVE TO BE SUPER-FEMININE IF YOU ARE TRANS. IT’S WHO YOU ARE INSIDE. IT’S NOT ONLY AN APPEARANCE. SO IF I AM A WOMAN THEN TREAT ME LIKE ONE, NO MATTER WHAT I LOOK LIKE.”

Participants reported that while HIV care and transgender health services are accessible, most often they have to go to two different places to get both types of care. This can present a burden due to transportation issues and other barriers. The group specified transportation as a barrier to accessing all types of care, sharing that it is not always safe for transgender women to use public transportation. One participant stated that HIV doctors are often not knowledgeable about transgender health care, stating that her doctor said they would “have to do some research.” The majority of the group felt that although they have not experienced outright discrimination or harassment in local clinics, there is still a need for more training of clinic staff, including front desk staff, medical assistants, and medical providers, on how to interact with and care for transgender people. They also mentioned that clinic paperwork does not include more than binary genders.

Focus group participants shared that they would like to see policies about insurance coverage for injectable hormones and gender-affirming surgeries, as well as more mandates for mental health and substance abuse treatment specifically for transgender women.

South Florida focus group participants felt that their health and quality of life would be enhanced by improving access to health care, providing employment services assistance, and educating clinic personnel and the general public overall about transgender people, emphasizing that transgender people are normal, have rights, and should be respected.



# RECOMMENDATIONS

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The findings from the needs assessment and focus group offer several insights reflecting the needs and concerns of TGNC people living with HIV in South Florida.

These recommendations are not intended to be an exhaustive list, because the barriers that TGNC people living with HIV face each day are multi-faceted. They are intended to highlight the needs and concerns expressed by the needs assessment and focus group 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 South Florida.

- Provide sensitivity and cultural competency training for all health care providers, including staff in clinics and emergency rooms, with an accountability system and consequences for employees.
- Provide transgender people living with HIV with guidance and training on addressing their legal rights, including on dealing with employment discrimination and criminalization.
- Increase access to affirming transition-related treatments and surgery options.
- Ensure that TGNC people living with HIV have access to behavioral health services including substance abuse treatment, with gender-affirming providers who are trauma-informed and who are familiar with issues such as interpersonal violence and family rejection.
- Increase access to dental care for TGNC people living with HIV in South Florida.
- Address barriers to transportation, including financial and safety concerns for TGNC people, especially transgender women.

# ADDITIONAL REPORTS

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In addition to this report on respondents from South Florida (Miami and Fort Lauderdale), needs assessments were completed in two additional locations; New Orleans, Louisiana, and Detroit, Michigan. Reports for New Orleans and Detroit 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](http://www.transgenderlawcenter.org)





# TRANSGENDER LAW CENTER STAFF

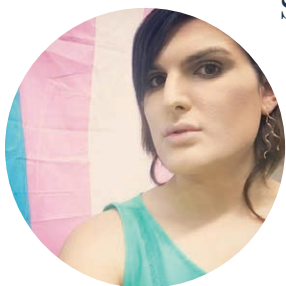
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## **CECILIA CHUNG** • Senior Strategist, Transgender Law Center



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

### SOUTH FLORIDA TEAM

Arianna Lint • Arianna's Center Team • Natalie Pabon

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## IN ADDITION

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We would like to express our thanks, in no particular order, for the generous support of ViiV Positive Action for Women, Gilead, the Elton John AIDS Foundation, the Levi Strauss Foundation, and the Ford Foundation.

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# ENDNOTES

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<sup>i</sup> 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.

<sup>ii</sup> Operario, D., Yang, M.F., Reisner, S.L., Iwamoto, M., and Nemoto, T. 2014. Stigma and the syndemic of HIV-related health risk behaviors in a diverse sample of transgender women. *Journal of Community Psychology*, 42(5), pp. 544-557.

<sup>iii</sup> Russell, S.T., Everett, B.G., Rosario, M., and Birkett, M. 2014. Indicators of victimization and sexual orientation among adolescents; analyses from Youth Risk Behavior Surveys. *American Journal of Public Health*, 104(2), pp. 255-261.

<sup>iv</sup> Stotzer, R.L. 2014. Law enforcement and criminal justice personnel interactions with transgender people in the United States; A literature review. *Aggression and Violent Behavior*, 19(3), pp.263-277.

<sup>v</sup> Bradford, J., Reisner, S.L., Honnold, J.A., and Xavier, J. 2013. Experiences of transgender-related discrimination and implications for health; results from the Virginia Transgender Health Initiative Study. *American Journal of Public Health*, 103(10), pp. 1820-1829.

