

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA**

WHITMAN-WALKER CLINIC, INC., *et al.*,

Plaintiffs,

v.

U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES, *et al.*,

Defendants.

Case No. 1:20-cv-1630

**DECLARATION OF BAMBY SALCEDO,
PRESIDENT AND CEO, THE TRANSLATIN@ COALITION**

I, Bamby Salcedo, declare as follows:

1. I am a 50-year-old transgender woman, an immigrant, and a person living with HIV.
2. I was born and raised in Guadalajara, Mexico, where I lived until age 16. Seeking refuge from the discrimination I faced as an LGBTQ person, I immigrated to the United States in 1986, initially settling in central California and later moving to Los Angeles, where I have lived for the last 30 years. English is my second language.
3. I am a founding member and the President and CEO of the TransLatin@ Coalition (“the Coalition”), a 501(c)(3) national membership organization that was founded in 2009 in Los Angeles, California, by transgender and gender nonconforming Latinx immigrant community leaders.
4. I am submitting this Declaration in support of Plaintiffs’ Motion for a Preliminary Injunction to prevent the revised regulation under Section 1557 of the Affordable Care Act (“ACA”), published by the U.S. Department of Health and Human Services (“HHS”) on June 19, 2020 (the “Revised Rule”), from taking effect. The Revised Rule eliminates explicit regulatory

protections for LGBT people in health care that were included in the previous rule implementing Section 1557, which was promulgated in May 2016 (“2016 Final Rule”).

5. The TransLatin@ Coalition was formed to organize and advocate for solutions to the unique challenges and specific needs of transgender, gender nonconforming, and intersex Latinx immigrants residing in the United States. The Coalition seeks to address these challenges in three key ways: one, by building a national network of affiliated transgender-led organizations and groups that provide direct services to transgender and gender nonconforming Latinx people; two, by amplifying educational and other resources that promote the empowerment of transgender and gender nonconforming Latinx individuals and leaders; and three, by working in partnership with local and national organizations across the country to create change that addresses the needs of and issues faced by transgender and gender nonconforming Latinx people through community-led campaigns, policy change, and leadership development. The Coalition’s specific mission is “to advocate for the specific needs of the Trans Latin@ community that resides in the U.S.A. and to plan strategies that improve our quality of life.”

6. The TransLatin@ Coalition’s structure has three components. First, and foremost, the TransLatin@ Coalition is composed of thousands of transgender and gender nonconforming Latinx individual members across the United States, including in states and territories without any state-level protections from discrimination on the basis of sexual orientation, gender identity, or transgender status. These members include transgender Latinx individuals like me; Arianna Lint, a transgender woman and immigrant from Peru, based in Florida; and Elia Chino, a transgender woman and immigrant from Mexico, based in Texas. Second, the Coalition is made up of a network of affiliated organizations and groups across the country including in Tucson, Arizona; South Florida; Atlanta, Georgia; Chicago, Illinois; New York City; Houston, Texas; and

Washington, D.C. Leaders of these affiliated organizations—like Ms. Chino, the Executive Director of the Fundación Latinoamericana de Acción Social (FLAS) in Houston, Texas, and Ms. Lint, the Executive Director of Arianna’s Center in South Florida and Puerto Rico—form part of the Coalition’s leadership. The Coalition’s affiliated organizations, and the individual Coalition members who are part of those organizations, serve thousands of transgender and gender nonconforming individuals across the United States. Lastly, in addition to the work of its network of affiliated organizations, the Coalition provides direct services to transgender, gender nonconforming, and intersex Latinx people through its Center for Violence Prevention and Transgender Wellness (“Transgender Wellness Center”) in Los Angeles, California.

7. Among the services the Coalition and its affiliates provide are: community drop-in spaces; daily food distribution; re-entry services to people recently released from incarceration and immigration detention including rental assistance, transportation and food vouchers; English as a Second Language (“ESL”) classes; immigration-focused legal services; leadership and workforce development education and training programs; emergency and transitional housing; case management; and, most notably, referrals to health care providers and organizations that provide competent and affirming health care services to our members and patrons, including gender affirming care.

8. The TransLatin@ Coalition and its membership are also involved in legislative advocacy in various states and Puerto Rico in order to ensure that government officials hear transgender and gender nonconforming Latinx voices on issues that affect the community’s health and safety.

My Personal Experiences with Discrimination in Health Care

9. As an openly transgender woman living with HIV, I have experienced persistent discrimination from both health care providers and insurers during my life.

10. When I first moved to California as an adolescent, I lived with my father and his wife. However, because they did not accept my LGBTQ identity, I was forced to move and go live with extended family members outside of Sacramento, where I worked in a tortilla factory as a minor. While there, I experienced wage exploitation and was unable to be my authentic self. As such, without familial support or much proficiency in English, I moved to Los Angeles on my own as a teenager.

11. After moving to Los Angeles, I started my gender transition at age nineteen. At that time, there was virtually no one providing LGBTQ-welcoming, let alone gender affirming, health care in the way we know it today. I had to find community and support from other transgender women who, because of pervasive discrimination in housing and employment, were homeless and doing street-based sex work to survive like me. Indeed, I received most of my health care, both gender affirming and otherwise, through informal means, namely, from these other transgender women living on the street.

12. A year after starting my gender transition, I learned I was HIV-positive. This was a very traumatic and terrifying experience for me as many of my friends were dying from AIDS. At the time, there were no known effective treatments for HIV. I recall vividly how many of my friends were dying of AIDS as a result of lack of access to care or because AZT was not working.

13. As a young 20-year-old, transgender Latina immigrant from Mexico with no familial support, I was terrified. I remember telling myself, “I don’t want to die.” And so, even though I

was undocumented at the time and feared the consequences that may stem from my seeking health care, I went to a health clinic to ask for help.

14. At the clinic, however, I was told that they “did not know how to treat HIV,” and that in any event, “they didn’t treat people like me.” I did not know how to advocate for myself at that time, so this was a devastating blow to my self-esteem, mental health, and wellbeing.

15. Because of the pain from my HIV diagnosis and the discrimination I faced from health care providers, as well as in employment and housing, I resorted to self-medication and abused drugs, attempting to stop the pain and the feelings of hurt and rejection I had.

16. The only care that was available for poor, undocumented people then, was through the community-based HIV support groups that were prevalent at the height of the HIV/AIDS epidemic, though these rarely served transgender women like myself. Ironically, the first time that I received consistent health care from any source was when I was incarcerated in 1993 for drug possession. This was around the time that HIV retroviral drugs were developed, and for the first time, I began receiving consistent HIV treatment while incarcerated.

17. After my incarceration, I again had to obtain my health care, both gender affirming and otherwise, through informal means, such as from other transgender women living on the street. I did not know how health insurance worked or whether it might even be available to me.

18. I saw many of my transgender friends experience complications from using street-based hormones, and I worried about the risks I was facing as well. Each time I tried to pursue hormone replacement therapy or other treatments for gender dysphoria through formal channels, however, it was denied to me because I was transgender.

19. Having had these experiences so often over the course of my life has created a persistent apprehension of and mistrust towards health care providers, whom I fear might deny me needed health care because I am transgender and because of my HIV status.

20. I have heard similar stories of discrimination in health care from many members of the Coalition, who share the same fear and apprehension. For example, one Coalition member, who is an undocumented transgender Latinx woman, was turned away from the emergency room when her breast implant burst and became infected. She was in excruciating pain at the time, yet the hospital refused to help her.

21. Even before the Revised Rule, I have long feared discrimination in health care services when I travel at least twice a month to states with no state protections from discrimination based on sexual orientation, gender identity, or transgender status. When I am in Texas, Florida, Georgia, or Arizona for my work, I expend precious time and energy worrying what might happen if I have a medical emergency and whether I would be turned away because I am transgender, as I had been in the past.

22. Even in California, I carry this concern as so many hospitals across this state are religiously affiliated and have discriminated against many of The Coalition's members, with hospital staff alleging that "their faith" means they cannot serve transgender and gender nonconforming people.

23. Knowing that the 2016 Final Rule explicitly states that such discrimination is unlawful does provide me with a level of comfort, even if it does not provide complete assurance that my fears will not be realized. The Revised Rule's elimination of the clear regulatory protections in the 2016 Final Rule eliminates whatever amount of comfort I might have had, and

heightens my fears, as it communicates to health care providers that such discrimination is acceptable.

24. This fear of discrimination in health care settings is even more troubling in the context of the COVID-19 pandemic. I have heard from Coalition members that even if they are experiencing severe symptoms, they will delay seeking care because they are worried they will be turned away, or experience other discrimination because they are transgender. These fears have been heightened by the Revised Rule. And delays in seeking care can be even more deadly for Latinx people, who are more likely to be affected by and die from COVID-19 than non-Latinx people.¹

25. At the Coalition, we have already faced tremendous loss caused by the COVID-19 pandemic and fears of discrimination in health care. In March of this year, we lost a beloved TransLatin@ Coalition member and former board member based in New York for these exact reasons: Lorena Borjas. I spoke to Lorena a few days before she passed, and recall how she told me how she did not want to go to the hospital because of her experiences of discrimination from health care providers, even though she was experiencing symptoms consistent with COVID-19. By the time Lorena finally went to the hospital, she was in such a poor state of health that little could be done. If Lorena had not feared mistreatment at the hospital and been admitted sooner, there is a strong likelihood she would still be alive today.

26. For these reasons, I am even more afraid when I travel for work to states like Arizona, Texas, Georgia, or Florida, none of which has state level antidiscrimination protections for LGBTQ people in health care. I fear that, as a result of the Revised Rule, people like me will

¹ Maria Godoi & Daniel Wood, *What Do Coronavirus Racial Disparities Look Like State By State?*, NPR (May 30, 2020), <https://www.npr.org/sections/health-shots/2020/05/30/865413079/what-do-coronavirus-racial-disparities-look-like-state-by-state>.

experience even more discrimination from health care providers and insurers because of our sex, gender identity, transgender status, national origin, disability, LEP status, or some combination of these characteristics.

27. Without clear federal protections like those being eliminated by the Revised Rule, we will have no recourse to address the discrimination we face. The Revised Rule deprives us of the clear nondiscrimination guidance the 2016 Final Rule provides to health care providers and insurers, and actually fosters discrimination against LGBTQ and LEP people.

The Revised Rule's Negative Effects on Transgender Latinx People

28. Not only do I worry about the personal harm I will experience because of the Revised Rule, I also worry about the significant harm to the transgender and gender nonconforming Latinx people who form part of the Coalition and whom the Coalition and its affiliated organizations serve. Many are immigrants to the United States, live in communities in which English is not the primary language spoken and who therefore speak, read, or write English less than very well, and many are living with HIV/AIDS. The Coalition's members and the individuals whom the Coalition and its affiliates serve already have experienced or fear discrimination from health care providers and insurers based on their sex, gender identity, transgender status, sexual orientation, national origin, LEP, disability or some combination of these characteristics. The Revised Rule now invites health care providers to discriminate against them because of their sex, gender identity, transgender status, sexual orientation, national origin, disability, and/or LEP status.

29. I also worry about the Coalition's ability to carry out its activities on behalf of its members and the individuals whom the Coalition and its affiliates serve, as well as the diversion of our already limited financial resources in order to respond to that harm.

30. The findings of the national “2015 U.S. Transgender Survey: Report on the Experiences of Latino/a Respondents,” which the TransLatin@ Coalition co-published with the National Center for Transgender Equality, and the TransLatin@ Coalition’s 2016 survey and report on health care experiences and outcomes for transgender and gender nonconforming Latinx people living in the California entitled “The State of Trans Health: Trans Latin@s and Their Healthcare Needs,” help explain why the Revised Rule will cause even more harm to the Coalition’s national membership and the individuals whom the Coalition and its affiliates serve throughout the United States. A copy of the “2015 U.S. Transgender Survey: Report on the Experiences of Latino/a Respondents” is attached as **Exhibit A**. A copy of the “The State of Trans Health” report is attached as **Exhibit B**.

31. According to the 2015 U.S. Transgender Survey, nearly one-third (32%) of transgender Latinx respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender. These experiences included being refused treatment, being verbally harassed, being physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care. As a result, more than a quarter (26%) of transgender Latinx respondents did not see a doctor when they needed to because of fear of being mistreated because of their transgender status. This is consistent with the findings of the Coalition’s 2016 study “The State of Trans Health,” where nearly one third of transgender and gender nonconforming Latinx people surveyed felt that their healthcare needs were not being met because they “fear mistreatment for being trans,” and because of “a dislike of trans patients by clinics.” The “State of Trans Health” also found that forty-two percent (42%) of those surveyed strongly agreed that a lack of “trans sensitive healthcare providers,” was a barrier to meeting their healthcare needs.

32. As the findings of the 2015 U.S. Transgender Survey and “The State of Trans Health” demonstrate, the Revised Rule’s invitation to health care providers and insurers to discriminate against The Coalition’s membership and the individuals whom the Coalition and its affiliates serve based on sex, gender identity, transgender status, sexual orientation, national origin, disability, and/or LEP status will worsen the health and wellbeing of transgender and gender nonconforming people.

33. Transgender and gender nonconforming people will likely delay necessary health care and preventative screenings due to fear of discrimination, and will face reduced access to care as result. In addition, they will face barriers to coverage of gender affirming care because of the Revised Rule’s guidance that insurers may exclude such care from coverage.

34. As the Coalition’s members and the individuals whom the Coalition and its affiliates serve avoid necessary, routine, and preventative health care for fear of discrimination, they will face an increase in preventable health problems and consequences, including death, which will severely impede their ability to work, maintain housing, and afford other material necessities.

35. Under the Revised Rule, the Coalition’s members and the individuals whom the Coalition and its affiliates serve will be required to pay considerable out of pocket medical expenses because insurers refuse to provide life-saving and medically necessary care, even though they do not have the financial recourse to do so.

36. Because of the desire to avoid discrimination encouraged by the Revised Rule, the Coalition’s members and the individuals whom the Coalition and its affiliates serve will likely seek informal medical care from unlicensed providers they consider affirming. Not only may these unlicensed providers not be able to help, but they may also cause more harm. Further, transgender and gender nonconforming people who are harmed or unable to be helped by these informal

providers are likely to again avoid seeking licensed medical care for fear of discrimination, which will leave their underlying conditions and new health issues unaddressed. It is easy to see how this cycle could be serious and potentially life threatening.

37. Because many of the Coalition's members and the individuals whom the Coalition and its affiliates serve are immigrants and people who speak, read, or write English less than very well, they face increased harm from the Revised Rule's elimination of a single legal standard. Rather than being able to assert claims under a single legal standard, intersectional discrimination claims will be subject to different standards, enforcement mechanisms, and remedies based on which characteristics are at issue. Discrimination based on sexual orientation, gender identity, transgender status, national origin, disability and LEP status is often intertwined, as threads braided into one rope, and is difficult to separate.

38. The Revised Rule also includes two specific changes that will disproportionately harm the Coalition, its members, and the individuals whom the Coalition and its affiliate serve: the removal of discrimination protections in the Center for Medicaid and Medicare regulations and the removal of language access protections.

39. Without protection from discrimination on the basis of sexual orientation and gender identity in public health insurance programs, transgender and gender nonconforming Latinx people will suffer disproportionately. The Coalition's "State of Trans Health" study found that 49.5% of transgender respondents receive health insurance coverage through Medicare, Medicaid, or Medi-Cal, California's state Medicaid program. Nationwide, as reflected in the 2015 U.S. Trans Survey, 18% of transgender Latinx respondents obtain their insurance through Medicaid or Medicare.

40. Additionally, our members and the thousands of people whom the Coalition and its affiliates serve also will be harmed by the Revised Rule's removal of language access protections.

Coalition members have expressed that seeing notices in health care settings in their first language and receiving communications from insurers they can read and understand increases the likelihood they will continue to seek preventative and necessary medical care when needed.

41. Without these accessible notices of rights, translation services, and information about how to file complaints, many Coalition members and those whom the Coalition and its affiliates serve will avoid seeking care until they feel they are sufficiently proficient in speaking and reading English, which will worsen their underlying and untreated medical conditions.

The Revised Rule's Harms to The TransLatin@ Coalition

42. As a direct result of the Revised Rule, the Coalition and its network of affiliated organizations will see a significant increase in requests for referrals to health care providers who will continue to provide affirming and welcoming health care services. The Coalition and its affiliates will need to divert resources to vet additional health care providers, as the already-known affirming providers will not to meet the demand for their services.

43. This increase in referral requests also will create a substantial backlog in available providers and appointments, resulting in critical delays in treatment for potentially serious health conditions.

44. The delay in seeking treatment, in turn, will result in serious financial difficulties for many individuals because they will have to pay for the expensive treatment required to address worsened health conditions and because of their inability to work while ill. As a result, the TransLatin@ Coalition and its network of affiliated organizations will be forced to divert significant financial resources to emergency support services including daily food distribution, rental assistance, and transportation and grocery vouchers. Emergency community support is one of the Coalition's and its affiliates' fundamental programmatic services. With the Revised Rule,

there will be an increase in demand for these services because of the increased number of transgender people who will be out of work, unable to pay rent, or afford other material necessities as result of delayed treatment of serious or semi-serious health conditions.

45. As more clients experience this ongoing harm precipitated by the Revised Rule, the TransLatin@ Coalition and its affiliated organizations will inevitably run out of resources to provide these emergency support services, completely undermining the Coalition's ability to perform one of its most fundamental programmatic services.

46. Furthermore, the COVID-19 pandemic has already put severe strain on the long-term availability of the TransLatin@ Coalition's fundamental programmatic services like emergency community support. To accommodate the lack of employment and economic stability facing many members and individuals whom the Coalition and its affiliates serve, the Coalition and its affiliates have been forced to shift resources in a way that would make the programmatic impact of the Revised Rule even more detrimental.

47. While providing these services is an important programmatic component of the TransLatin@ Coalition's work, it is only a part of the organization's overall activities. A significant redirection of funds required by the impact of the Revised Rule will impede the Coalition's ability to perform other programmatic activities like economic and workforce development training programs, coordinated human resources and cultural competency trainings, community research and education programs, and local and state advocacy campaigns for laws protecting the Coalition's members.

48. The Revised Rule also will significantly harm the Coalition's ability to conduct its re-entry services program—an important organizational activity that provides support to some of the most vulnerable of the Coalition's members and the individuals returning to their communities.

These transgender and gender nonconforming people will need immediate connections to medical services, which will be delayed by, or in some cases prevented altogether as a proximate fallout from the Revised Rule, due to the limited number of LGBTQ-affirming health care providers who will be (and already are) overwhelmed by demand.

49. The Revised Rule will also prevent the TransLatin@ Coalition from fully performing its programmatic activities that support members and individuals with LEP through ESL classes and other translation services.

50. The removal of language access measures from health care providers' offices and in health insurance communications will make it much more difficult for the TransLatin@ Coalition's members and individuals with LEP to be aware of their rights; which language services are available, if any; how to access such services; and how to handle discrimination and other complaints.

51. As a result of the Revised Rule's reconstruction of the language barrier once again preventing access to health care and insurance benefit communications, the Coalition and its affiliates will experience an unsustainable increase in demand for their ESL classes and translation services. They also will have to narrow their designed programmatic focus of these programs to understanding and navigating health care and related services, rather than the intended holistic language instruction addressing all facets of social interaction.

52. The Coalition will be in a difficult situation, as the demands for ESL classes and translation support focused on navigating health care settings increase exponentially, in concert with the increased demand for emergency financial support. The Coalition will be forced to make an impossible choice between which core programmatic activities to attempt to maintain. For the

Coalition, the only acceptable alternative is to provide severely limited services in both activities, which means the Revised Rule causes lasting injury to these desperately needed programs.

53. In addition to shifting much of the Coalition's and its affiliates' already limited budgets to emergency services and services to support members and individuals with LEP, the impact of the Revised Rule will also require shifting an unexpected amount of limited resources to education programs and community outreach. The efforts will be necessary to support the Coalition's members, and the individuals and communities we collectively serve in finding non-discriminatory health care providers, devising individual solutions for health insurance exclusions for gender confirming care, and securing non-discriminatory mental health treatment for the trauma resulting from widespread discrimination.

54. The Coalition will also attempt to devote a dwindling amount of resources to working with health care providers, insurers and other related organizations to educate and remind them of the importance of providing health care and insurance coverage to all patients in a nondiscriminatory manner. This will be especially difficult in states where the Coalition has a presence but which have no state-level anti-discrimination protections that include sexual orientation, gender identity, or transgender status, such as Texas, Florida, Arizona, and Georgia.

55. The Revised Rule threatens to completely overwhelm the programs and activities that the Coalition, our affiliated organizations, and the Coalition's individual members have been doing for more than a decade to uplift, support, and improve the lives of transgender, gender nonconforming, and intersex Latinx people in the United States. The harm to the TransLatin@ Coalition will be long-lasting and difficult, if not near impossible, to undo.

* * * * *

56. The Revised Rule poses serious and ongoing threats to the health and overall wellbeing of transgender and gender nonconforming people like the TransLatin@ Coalition's

members and the thousands of transgender and gender nonconforming individuals the Coalition and its affiliated organizations collectively serve in communities across the United States. The Revised Rule also threatens the ability of the TransLatin@ Coalition to fulfill its mission and engage in core programmatic activities.

[Signature on next page.]

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated this 6th day of July, 2020.

A handwritten signature in blue ink, appearing to be 'BAMBY SALCEDO', written over a horizontal line.

Bamby Salcedo, M.A.
President/CEO
The TransLatin@ Coalition

EXHIBIT A

*2015 U.S. Transgender Survey: Report on the
Experiences of Latino/a Respondents*

2020

U.S.

TRANSGENDER

SURVEY

Report on the
Experiences of
Latino/a Respondents



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Introduction

The 2015 U.S. Transgender Survey (USTS) is the largest survey examining the experiences of transgender people in the United States, with 27,715 respondents nationwide. The USTS was conducted by the National Center for Transgender Equality in the summer of 2015 and was offered online in English and Spanish. The results provide a detailed look at the experiences of transgender people across a wide range of categories, such as education, employment, family life, health, housing, and interactions with the criminal justice system.

The Report of the 2015 U.S. Transgender Survey documented the experiences of USTS respondents, including differences based on demographic and other characteristics.¹ Among the most important findings was that many respondents were impacted by the compounding effects of multiple forms of discrimination, and

transgender people of color who completed the survey experienced deeper and broader forms of discrimination than white USTS respondents and people in the U.S. population overall.

This report focuses on the unique experiences of the 1,473 USTS respondents who identified as Latino/a or Hispanic,² highlighting disparities between the experiences of Latino/a transgender people, other USTS respondents, and the U.S. population.³ While the findings in this report reflect a range of Latino/a transgender people in the United States, the survey likely did not fully capture the experiences of those who were most affected by factors that may limit access to online surveys, such as factors related to language, education, economic and housing stability, and disabilities. All findings in this report are presented as weighted percentages.⁴

Key Findings

- **21% of Latino/a respondents were unemployed**, three times the rate among Latino/a people in the U.S. population (7%).
- **43% of Latino/a respondents were living in poverty**, compared to 18% of Latino/a people in the U.S. population.
- **31% of Latino/a respondents have experienced homelessness at some point in their lives and 14% experienced homelessness in the past year because of being transgender.**
- **48% of Latino/a respondents have been sexually assaulted at some point in their lifetimes and 12% of Latino/a respondents were sexually assaulted in the past year.**
- **59% of Latino/a respondents said they would feel somewhat or very uncomfortable asking the police for help**, compared to 53% of white respondents in the USTS sample.
- **32% of Latino/a respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender**, such as being refused treatment, being verbally harassed, being physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- **1.6% of Latino/a respondents were living with HIV**, more than five times higher than the rate in the U.S. population (0.3%).
- **45% of Latino/a respondents experienced serious psychological distress in the month before completing the survey** (based on the Kessler 6 Psychological Distress Scale), nine times the rate in the U.S. population (5%).

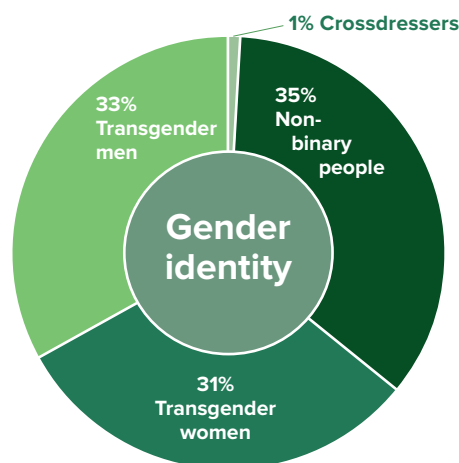
Portrait of Latino/a Respondents

This section outlines aspects of Latino/a respondents' identities and demographic characteristics, such as gender, age, geographic location, and educational attainment, to provide important context for their experiences.

Gender Identity

Thirty-five percent (35%) of Latino/a respondents were non-binary,⁵ 33% were transgender men, 31% were transgender women, and 1% identified as crossdressers⁶ (Figure 1).

Figure 1: Gender identity



Experiences with Transitioning

Sixty-one percent (61%) of Latino/a respondents were currently living full time in a gender that was different from the one on their original birth certificates, referred to in this report as having transitioned. This included 72% of transgender men and women and 42% of non-binary respondents. More than one in five (21%) respondents who had transitioned did so before the age of 18, nearly half (47%) transitioned between the ages of 18 and 24, 22% transitioned between ages 25 and 34, and 11% transitioned at age 35 or older.

Respondents were asked how much time had passed since they began transitioning. Nearly one-third (29%) began their transition within one year of taking the survey, 38% transitioned 2 to 5 years prior, 15% transitioned 6 to 9 years prior, and 18% transitioned 10 or more years prior.

Outness

Respondents were asked whether different groups of people in their lives knew that they were transgender to determine if they were “out” about their transgender identity to family members, friends, supervisors and coworkers, classmates, and health care providers. Specifically, they were asked whether all, most, some, or none of the people in each of those groups knew they were transgender.

Results for outness to any particular group reflect only those respondents who had people from that group in their lives. Overall, 7% reported that they were out to all of the people in their lives, across all groups of people, 44% were out to most, 46% were out to some, and 2% were out to none of the people in their lives.

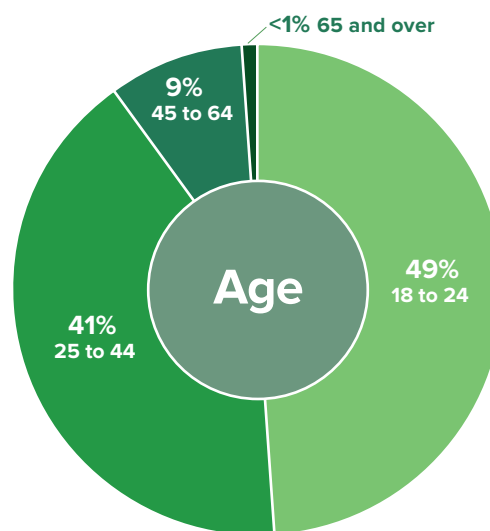
Sixty percent (60%) of respondents were out to all or most of the immediate family that they grew up with, and 36% were out to all or most of their extended family. Respondents were less likely to

be out to at work or school: approximately one-half reported that none of their current supervisors (50%) or coworkers (42%) knew that they were transgender, and 51% reported that none of their classmates at their current school knew they were transgender.

Age

Most respondents were between the ages of 18 and 24 (49%) or 25 and 44 (41%) (Figure 2).

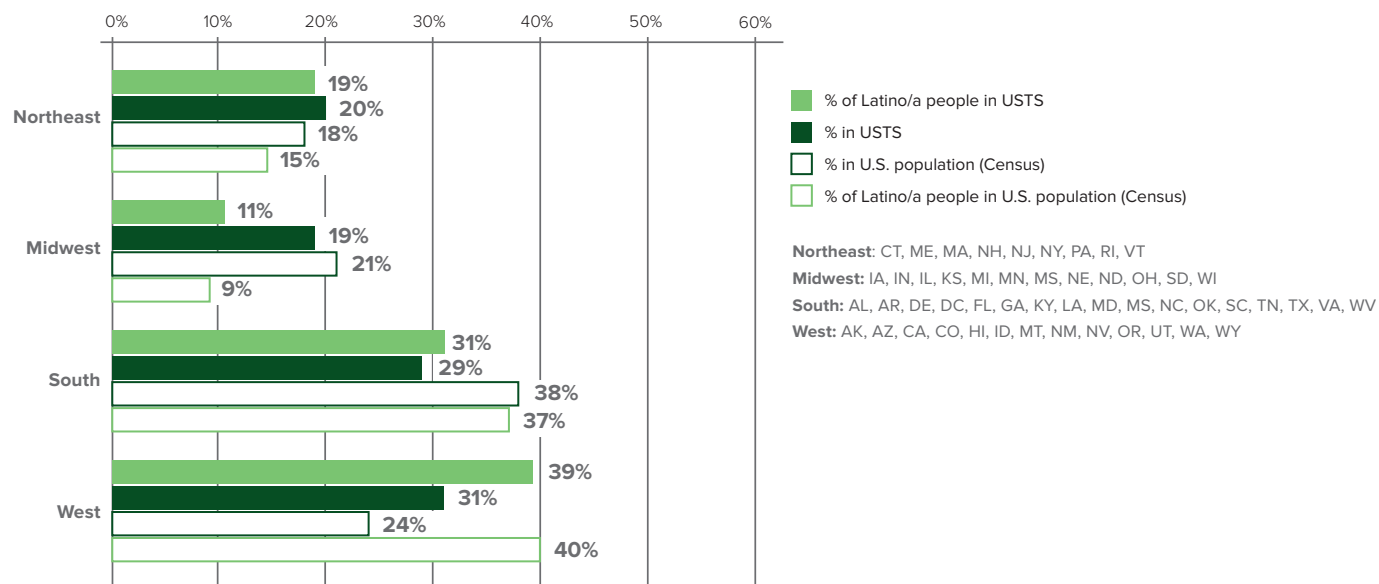
Figure 2: Age



Location

Respondents lived in 48 states, the District of Columbia, and Puerto Rico. The geographical distribution of USTS Latino/a respondents differed from the distribution in the USTS sample overall but was generally similar to the distribution of Latino/a people in the U.S. population. Latino/a respondents were more likely to live in the West (39%) than respondents in the USTS sample overall (31%), similar to the trend in the U.S. population, where Latino/a people were more likely to live in the West (40%) than the U.S. population overall (24%)⁷ (Figure 3).

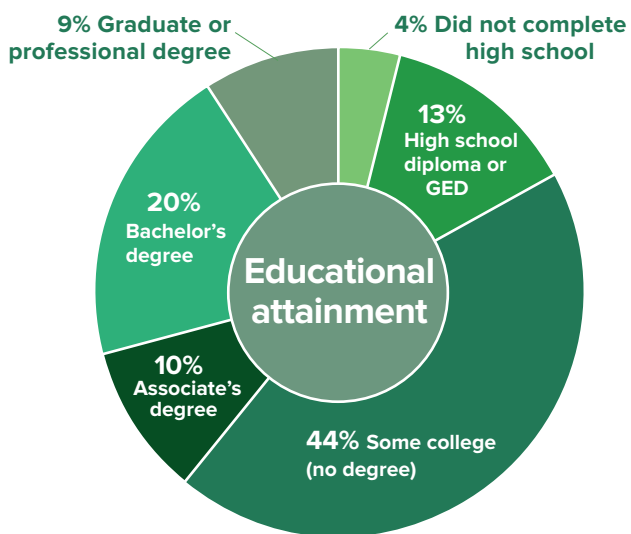
Figure 3: Location by region



Educational Attainment

Respondents were asked about the highest level of education that they had completed. Seventeen percent (17%) had a high school diploma or GED or did not complete high school. Forty-four percent (44%) had completed some college but had not obtained a degree, and 29% had received a bachelor’s degree or a higher degree (Figure 4).

Figure 4: Educational attainment



Disability

Respondents received questions about their disability status based on questions from the American Community Survey (ACS) in order to compare the USTS sample to the U.S. population. Disabilities listed in the ACS included (1) being deaf or having serious difficulty hearing, (2) being blind or having serious difficulty seeing even when wearing glasses, (3) having serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition, (4) having serious difficulty walking or climbing stairs, (5) having difficulty dressing or bathing, and (6) having difficulty doing errands alone, such as visiting a doctor’s office or shopping because of a physical, mental, or emotional condition. Forty percent (40%) of Latino/a respondents indicated that they had one or more disabilities listed in the ACS, similar to the rate in the USTS sample overall (39%). In contrast, only 15% in the U.S. population had a disability listed in the ACS.⁸

Respondents were also asked if they identified as a person with a disability to better capture disabilities that were not included in the ACS. One in four (25%)

Latino/a respondents identified as people with disabilities, compared to 28% in the USTS sample overall. The term “people with disabilities” used in this report refers to respondents who identified as people with disabilities.

Relationship Status

Twenty-seven percent (27%) of respondents were living with a partner, 20% were partnered and living separately, 51% were single, 1% were in a polyamorous relationship, and 1% had a relationship status that was not listed. Respondents were asked about their current legal marital status for the purpose of comparison to the U.S. population. Fourteen percent (14%) of Latino/a respondents were currently married, in contrast to 46% of Latino/a people in the U.S. population.⁹ Eighty-one percent (81%) of respondents had never been married, which is nearly twice the rate among Latino/a people in the U.S. population (42%).

Sexual Orientation

Respondents were asked which terms best described their sexual orientation. Respondents were most likely to identify as queer (21%), straight (19%), or pansexual (19%). They also identified as gay, lesbian, or same-gender-loving (13%), bisexual (13%), and asexual (11%).

Citizenship and Immigration Status

Respondents were asked about their citizenship or immigration status. Ninety-two percent (92%) of Latino/a respondents were citizens, including 7% who were naturalized citizens. Latino/a respondents also reported a range of immigration statuses, including being permanent residents (3%), undocumented residents (2%), Deferred Action for Childhood Arrival (DACA) recipients (1%), and visa holders (1%).

Family Life and Faith Communities

Family Life

Eighty-seven percent (87%) of respondents were out as transgender to a current or former partner. Of those who were out to a current or former partner, 24% had a partner end their relationship solely or partly because they were transgender, including 10% who had a partner end their relationship solely because they were transgender. Nearly two-thirds (62%) of respondents who had children were out to one or more of their children, and 15% of those respondents had a child stop speaking to them or spending time with them after coming out as transgender.

Sixty percent (60%) of respondents who were out to at least some of the immediate family they grew up with reported that their family was generally supportive, 19% had unsupportive families, and 21% had families that were neither supportive nor unsupportive. Nearly one-half (49%) experienced at least one form of family rejection outlined in the survey, such as having a family member who stopped speaking to them for a long time or ended the relationship, experiencing violence by a family member, or being kicked out of the house for being transgender (Table 1).

Table 1: Forms of family rejection

(of those out to immediate family)	% of Latino/a people in USTS	% in USTS
Stopped speaking to them or ended relationship	28%	26%
Did not allow them to wear clothes that matched gender	32%	27%
Sent them to a professional to stop them from being transgender	16%	14%
Were violent towards them	12%	10%
Kicked them out of the house	11%	8%
One or more experiences listed	49%	44%

Transgender women (37%) were more likely to have an immediate family member stop speaking to them for a long time or end a relationship because they were transgender, compared to transgender men (30%) and non-binary people (14%). Transgender women (16%) were more likely to experience violence by a family member because they were transgender than non-binary people (13%) and transgender men (10%). Transgender women (15%) were also more likely to have been kicked out of the house than transgender men (10%) and non-binary people (6%).

Additionally, 12% of those who were out to their immediate family ran away from home because they were transgender, with transgender women (17%) being more likely to have run away than transgender men (10%) and non-binary people (10%).

Although approximately half of those who were out to their immediate family reported at least one experience of rejection from a family member, 81% reported that at least one immediate family member supported them through one or more specific acts, such as using their preferred name or pronouns, giving them money to support their transition, or helping them to change the name or gender on an identity document (Table 2).

Table 2: Supportive family behaviors

(of those out to immediate family)	% of Latino/a people in USTS	% in USTS
Told respondent they respect or support them	66%	65%
Used their preferred name	56%	58%
Used the correct pronouns	54%	55%
Stood up for them with family, friends, or others	38%	36%
Did research to learn how to best support them	29%	33%
Gave money to help with gender transition	19%	18%
Helped them change their name and/or gender on an identity document	11%	10%
Supported them in another way	10%	11%
One or more experiences listed	81%	82%

Faith Communities

Nearly two-thirds (62%) of Latino/a respondents had been part of a spiritual or religious community (“faith community”) at some point in their lives. Of these, more than one in five (21%) left a faith community because they were rejected as a transgender person. That experience was more likely among transgender women (33%) than transgender men (22%) and non-binary people (13%). Thirty-seven percent (37%) of those who had been rejected by a faith community found a new faith community that welcomed them as a transgender person.

More than one-quarter (27%) of respondents who had ever been part of a faith community were part of one in the year prior to taking the survey. These respondents reported a range of experiences within their faith communities. Ninety-seven percent (97%) experienced one or more accepting behaviors from members of their faith community, such as having a community leader or member who accepted them or made them feel welcome as a transgender person or being told that their religion or faith accepts them as a transgender

person. However, 20% had one or more experiences of rejection, such as being asked to stop coming to services or faith community

functions or having a community member tell them that being transgender is a sin or that their religion does not approve of them.¹⁰

Income and Employment

Unemployment

More than one in five (21%) Latino/a respondents were unemployed, compared to 15% in the USTS sample overall. The unemployment rate among Latino/a respondents was more than four times higher than the unemployment rate in the U.S. population overall (5%)¹¹ and three times the rate among Latino/a people in the U.S. population (7%) (Figure 5).¹² The unemployment rate differed by gender, with transgender Latinas (27%) being more likely to be unemployed (Figure 6). Respondents with disabilities (27%) were also more likely to be unemployed.

Figure 5: Unemployment

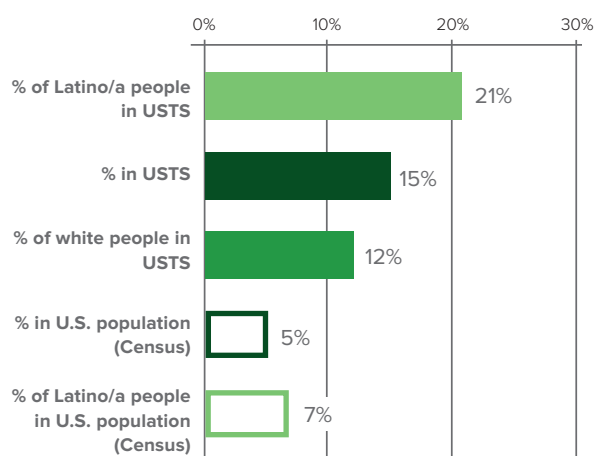
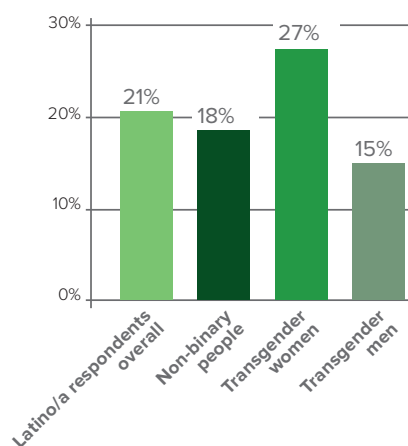


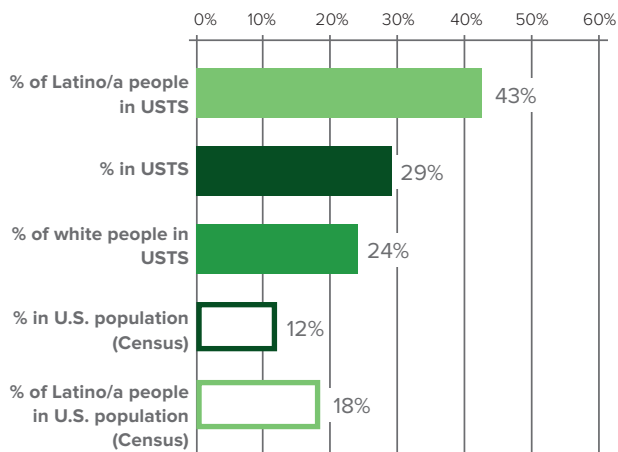
Figure 6: Unemployment (by gender)



Poverty

More than four out of ten (43%) Latino/a respondents were living in poverty,¹³ compared to 29% in the USTS sample overall. This was substantially higher than the poverty rate in the U.S. population overall (12%)¹⁴ and the poverty rate among Latino/a people in the U.S. population (18%) (Figure 7).¹⁵ The poverty rate was higher among transgender women (45%) and non-binary people (43%) than among transgender men (36%).

Figure 7: Living in poverty



Sources of Income

Latino/a respondents' most common source of income was from their own employment or a partner's employment alone (40%), compared to those in the USTS sample overall (36%). More than one-third (35%) of Latino/a respondents reported that they received income from multiple sources, in contrast to 45% in the USTS sample overall. One in ten (10%) Latino/a respondents reported that their sole source of income was Supplemental Security Income (SSI) or disability benefits, compared to 9% in the USTS sample overall (Table 3).

Table 3: Current sources of income

Sources of income	% of Latino/a people in USTS	% in USTS
Employment only (from their own employment, partner's employment, or self-employment)	40%	36%
Supplemental Security Income (SSI) or disability benefits only	10%	9%
Pension or retirement income only	3%	3%
Unemployment benefits or public cash assistance program only	2%	1%
Pay from sex work, drug sales, or other work that is currently criminalized only	2%	1%
Other sources only	6%	3%
No income	2%	2%
Multiple sources	35%	45%

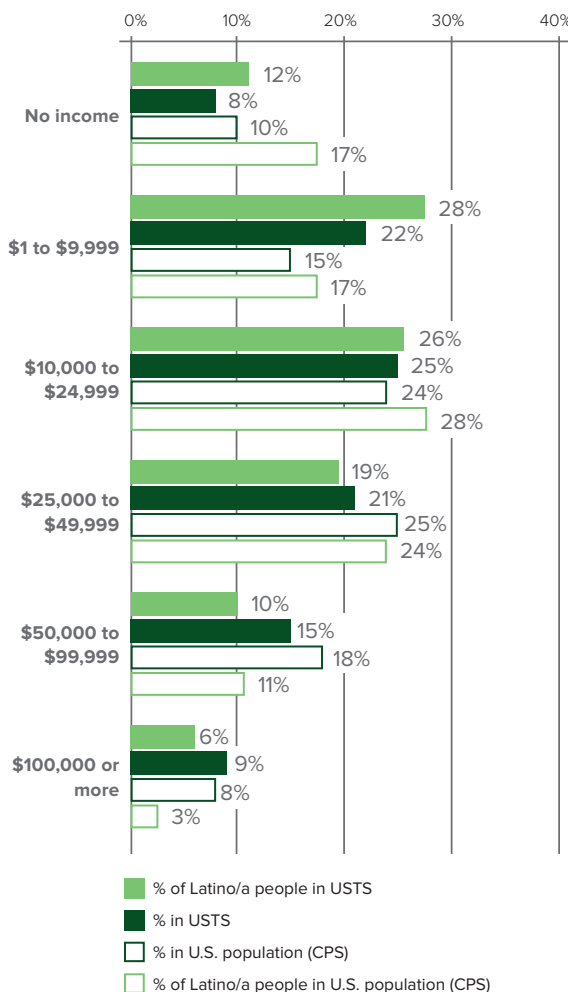
Military Service

Seven percent (7%) of Latino/a respondents have served in the military, including respondents who were currently serving in the military on active duty (<1%) and those who were currently on active duty for training in the Reserves or National Guard (1%). Six percent (6%) of respondents were veterans, similar to the rate in the U.S. population overall (8%), but higher than the rate among Latino/a people in the U.S. population (3%).¹⁶

Individual and Household Income

Respondents reported their annual individual and household income levels from 2014, the last full year prior to completing the survey. More than one-quarter (28%) of Latino/a respondents reported an *individual income* of \$1 to \$9,999, compared to 22% in the USTS sample overall.

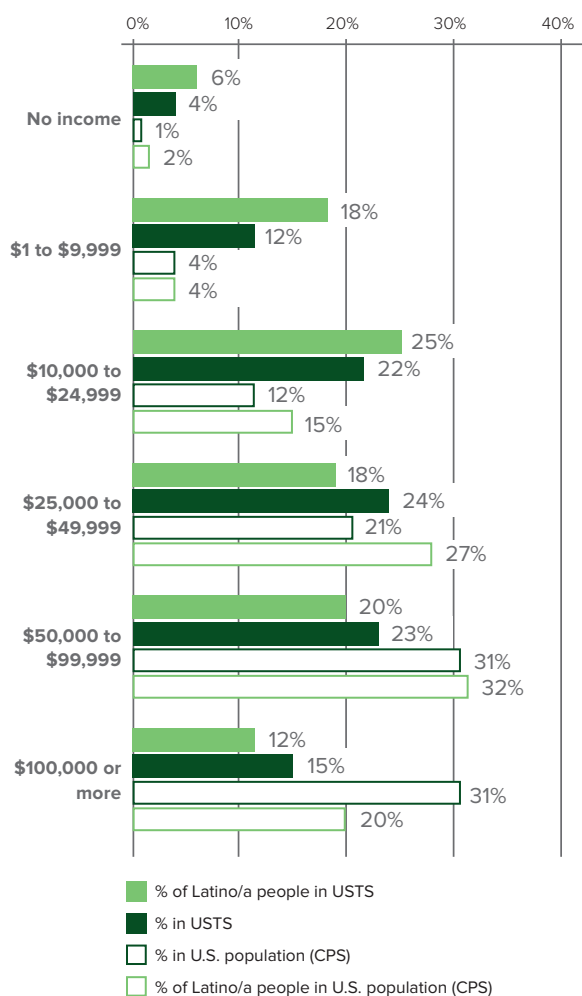
Figure 8: Annual individual income (2014)



Latino/a respondents were also substantially more likely to report this low individual income than Latino/a people in the U.S. population (17%)¹⁷ (Figure 8).

Nearly one in five (18%) Latino/a respondents reported a *household income* of \$1 to \$9,999, compared to 12% in the USTS sample overall, and nearly five times the rate among Latino/a people in the U.S. population (4%) (Figure 9).

Figure 9: Annual household income (2014)



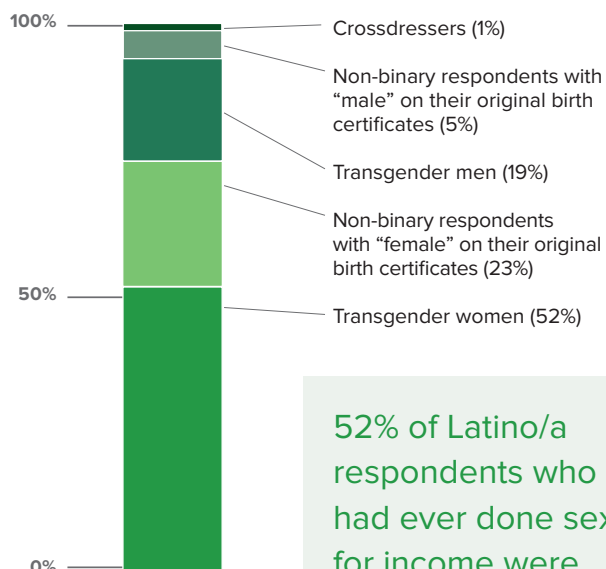
Sex Work and Other Underground Economy Work

Nearly one-quarter (22%) of Latino/a respondents have participated in the underground economy for income at some point in their lives, including in sex

work, drug sales, and other currently criminalized work, similarly to 20% in the USTS sample overall. One in ten (10%) Latino/a respondents participated in the underground economy for income in the past year.

Thirteen percent (13%) of Latino/a respondents participated in sex work for income, compared to 12% in the USTS sample overall and 9% of white respondents. Examining the composition of those who have done sex work, transgender women represent more than one-half (52%) of Latino/a respondents who have done sex work for money in their lifetimes. Although Latinas represent a disproportionately high percentage of those who have done sex work, it is also important to recognize that non-binary people with “female” on their original birth certificates and transgender men account for a large proportion of those who have done sex work. Non-binary people with “female” on their original birth certificates represent nearly one-quarter (23%) of respondents who have done sex work for money in their lifetimes, and transgender men represent 19% (Figure 10).

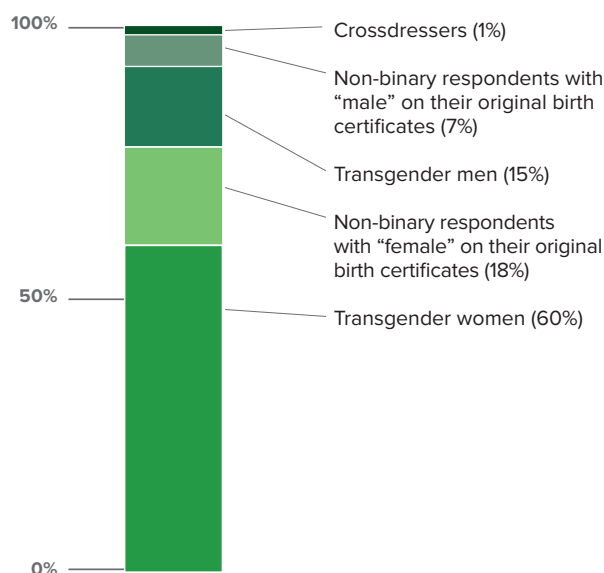
Figure 10: Gender identity of those who have done sex work for income in their lifetimes



52% of Latino/a respondents who had ever done sex for income were transgender women.

Six percent (6%) of Latino/a respondents participated in sex work for income in the past year. Examining the makeup of those who did sex work for income in the past year, transgender women represent more than one-half (60%), 18% were non-binary people with “female” on their original birth certificates, and 15% were transgender men (Figure 11).

Figure 11: Gender identity of those who have done sex work for income in the past year



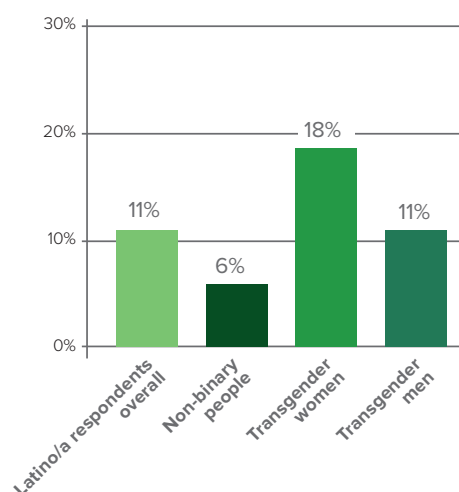
One in five (20%) respondents participated in sex work for money, food, a place to sleep, or other goods or services, compared to 19% in the USTS sample overall and 16% of white respondents.

Survey respondents were asked if they had ever interacted with police either while doing sex work or when police thought they were doing sex work. Of Latino/a respondents who had interacted with the police while doing or thought to be doing sex work, 84% reported some form of police harassment, abuse, or mistreatment, including being verbally harassed, physically attacked, or sexually assaulted by police, compared to 86% in the USTS sample overall and 82% of white respondents.

Experiences in the Workplace

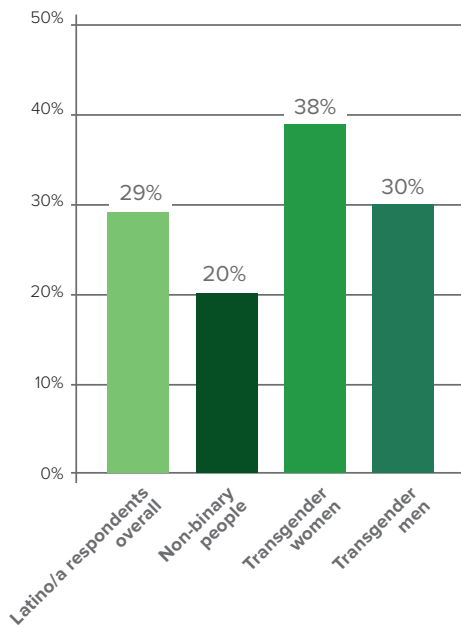
Fifteen percent (15%) of Latino/a respondents who have ever been employed reported losing a job at some point in their lives because of being transgender. This represents 11% of all Latino/a respondents, compared to 13% all respondents in the USTS. Transgender women (18%) were more likely to report being fired because of being transgender (Figure 12).

Figure 12: Ever lost job because of being transgender (by gender)



In the past year, 29% of those who held or applied for a job during that year reported being fired, being denied a promotion, or not being hired for a job they applied for because of being transgender, compared to 27% in the USTS sample overall. Transgender women (38%) were more likely to report this experience than transgender men (30%) and non-binary people (20%) (Figure 13).

Figure 13: Fired, denied promotion, and/or not hired in the past year because of being transgender (by gender)



Many respondents who had a job in the past year reported that they had been verbally harassed (14%), physically attacked (1%), and sexually assaulted (2%) at work during that year because of being transgender. More than one-quarter (27%) of respondents who were employed reported other forms of mistreatment based on their gender identity or expression during the past year, such as being forced to use a restroom that did not match their gender identity, being told to present in the wrong gender in order to keep their job, or having a boss or coworker share information about their transgender status with others without their permission.

Education

Nearly three-quarters (74%) of Latino/a respondents who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) experienced mistreatment, such as being verbally harassed, prohibited from dressing according to their gender identity, disciplined more harshly, or physically or sexually assaulted because people thought they were transgender. More than half (52%) of those

who were out or perceived as transgender in K–12 were verbally harassed, 24% were physically attacked, and 16% were sexually assaulted in K–12 because of being transgender. Sixteen percent (16%) faced such severe mistreatment as a transgender person that they left a K–12 school, and 7% were expelled from school (Table 4).

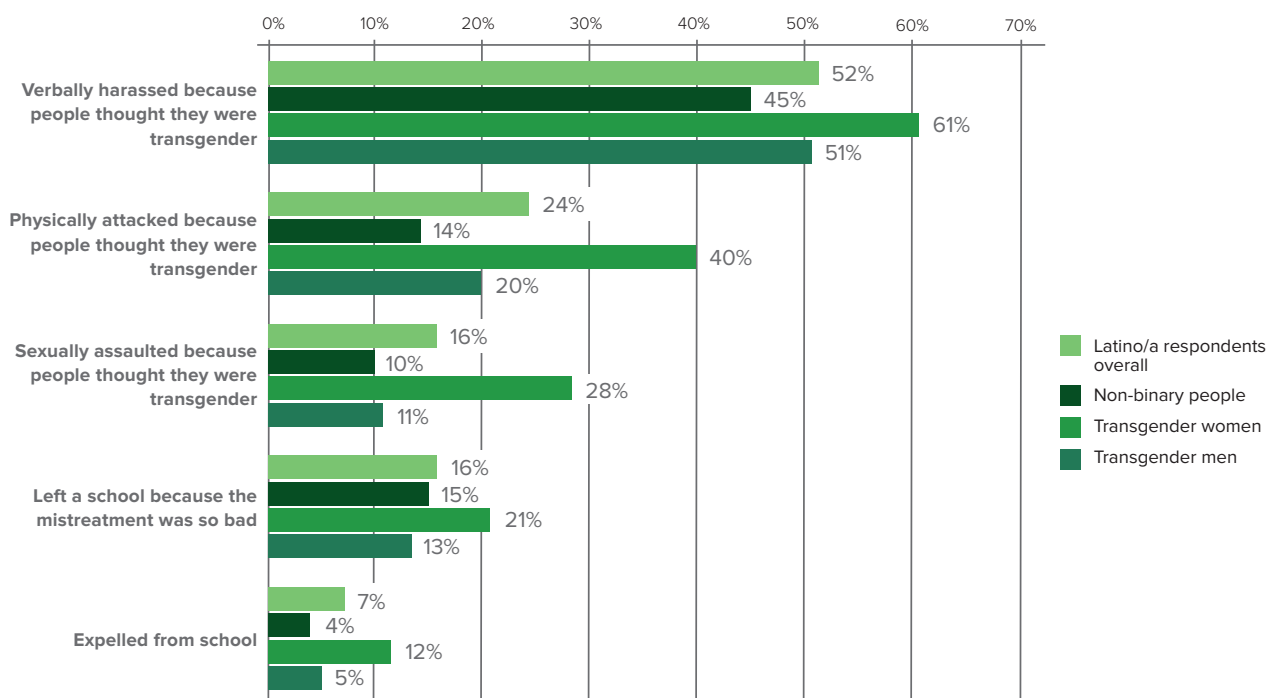
Table 4: Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

Negative experiences in school (out of those who were out or perceived as transgender)	% of Latino/a people in USTS	% in USTS
Not allowed to dress in a way that fit their gender identity or expression	55%	52%
Verbally harassed because people thought they were transgender	52%	54%
Disciplined for fighting back against bullies	35%	36%
Physically attacked because people thought they were transgender	24%	24%
Believe they were disciplined more harshly because teachers or staff thought they were transgender	24%	20%
Left a school because the mistreatment was so bad	16%	17%
Sexually assaulted because people thought they were transgender	16%	13%
Expelled from school	7%	6%
One or more experiences listed	74%	77%

Transgender women were more likely to have been verbally harassed (61%), physically attacked (40%), and sexually assaulted (28%) because people thought they were transgender in K–12. Transgender women were also more likely to have left a school because of mistreatment (21%) and to have been expelled from school (12%) (Figure 14).

Latino/a respondents also reported high levels of mistreatment in post-secondary schools. Nearly one-quarter (23%) of those who were out or perceived as transgender in college or vocational school were verbally, physically, or sexually harassed because of being transgender.

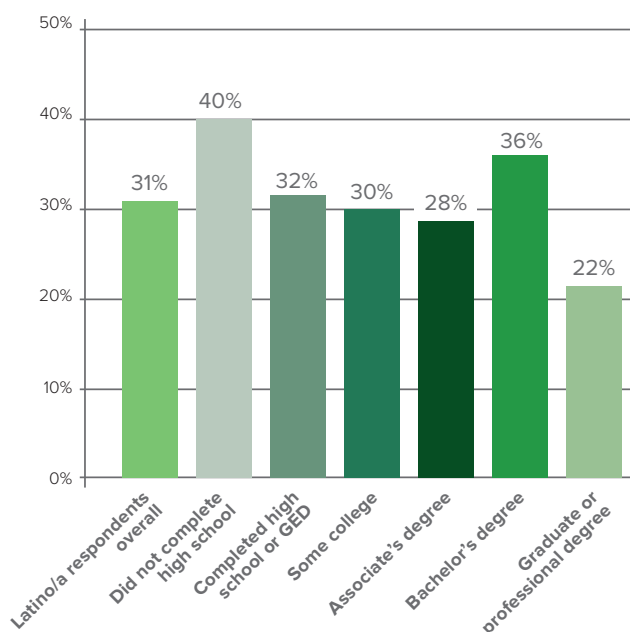
Figure 14: Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender (by gender)



Housing, Homelessness, and Shelter Access

Nearly one-third (31%) of Latino/a respondents have experienced homelessness at some point in their lives. The rate of homelessness differed by educational attainment, with respondents who did not complete high school (40%) being more likely to have experienced homelessness (Figure 15). People with disabilities (39%) were also more likely to have experienced homelessness in their lifetimes.

Figure 15: Lifetime homelessness rate (by educational attainment)



In the past year, one-third (33%) of respondents experienced some form of housing discrimination or instability, such as being evicted from their home or denied a home or apartment because of being transgender.¹⁸ Fourteen percent (14%) experienced homelessness in the past year because of being transgender, 6% were denied a home or apartment, and 6% were evicted because of being transgender (Table 5).

Table 5: Housing situations that occurred in the past year because of being transgender

Housing situation (out of those to whom situation applied)	% of Latino/a people in USTS	% in USTS
Had to move back in with family or friends	23%	20%
Slept in different places for short periods of time	17%	15%
Had to move into a less expensive home or apartment	16%	13%
Experienced homelessness	14%	12%
Denied a home or apartment	6%	6%
Evicted from a home or apartment	6%	5%
One or more experiences listed	33%	30%

More than one in five (22%) respondents who experienced homelessness in the past year avoided staying in a shelter because they feared being mistreated as a transgender person.

Public Accommodations

Respondents reported being denied equal treatment or service, verbally harassed, or physically attacked at many places of public accommodation—places that provide services to the public, like retail stores, hotels, and government offices. In the past year, out of respondents who visited a place of public accommodation where staff or employees thought or knew they were transgender, 30% experienced at least one type of mistreatment. This included 15% who were denied equal treatment or service, 23% who were verbally harassed, and 1% who were physically attacked because of being transgender (Table 6).

Transgender women (21%) were more likely to have been denied equal treatment or service compared to transgender men (11%) and non-

binary people (12%). Transgender women (27%) and non-binary people (26%) were more likely to have experienced verbal harassment than transgender men (17%).

Table 6: Experiences in places of public accommodation in the past year due to being transgender

Experience at a place of public accommodation (out of those who believe staff knew or thought they were transgender)	% of Latino/a people in USTS
Denied equal treatment or service	15%
Verbally harassed	23%
Physically attacked	1%
One or more experiences listed	30%

Harassment and Violence

Overall Experiences of Unequal Treatment, Harassment, and Physical Attack

Nearly one-half (48%) of respondents reported being denied equal treatment, verbally harassed, and/or physically attacked in the past year because of being transgender. Fifteen percent (15%) were denied equal treatment or service in a public place and 45% were verbally harassed in the past year because of being transgender. Nearly one in ten (9%) were physically attacked in the past year because of being transgender (Table 7).

Transgender women (49%) and non-binary people (48%) were more likely to be verbally harassed in

the past year because of being transgender than transgender men (40%). Transgender women (12%) and non-binary people (10%) were also more likely to be physically attacked in the past year because of being transgender, compared to transgender men (7%).

Table 7: Denial of equal treatment or service, verbal harassment, and physical attack in the past year because of being transgender

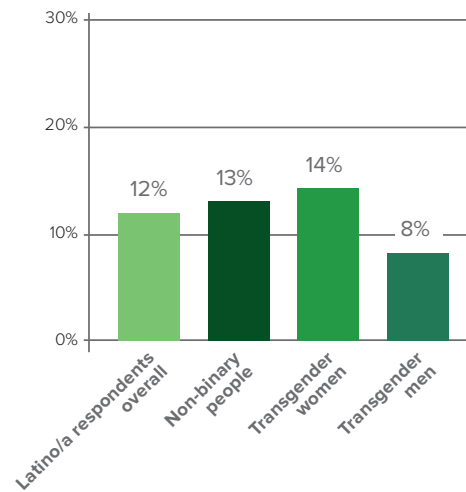
Experience in the past year due to being transgender	% of Latino/a people in USTS
Denied equal treatment or service	15%
Verbally harassed	45%
Physically attacked	9%
One or more experiences listed	48%

Sexual Assault

Nearly half (48%) of Latino/a respondents have been sexually assaulted at some point in their lifetimes, compared to 47% in the USTS sample overall and 45% of white respondents. People with disabilities (60%) reported a substantially higher rate of sexual assault in their lifetimes. Non-binary people with “female” on their original birth certificates (55%) were also more likely to have been sexually assaulted in their lifetimes (Figure 16).

Twelve percent (12%) of Latino/a respondents were sexually assaulted in the past year, compared to 10% in the USTS sample overall and 9% of white respondents. Transgender women (14%) and non-binary people (13%) were nearly twice as likely to have been sexually assaulted in the past year as transgender men (8%) (Figure 17). More than one-quarter (28%) of respondents who worked in the underground economy (such as in sex work, drug sales, and other currently criminalized activities) in the past year were sexually assaulted during that year.

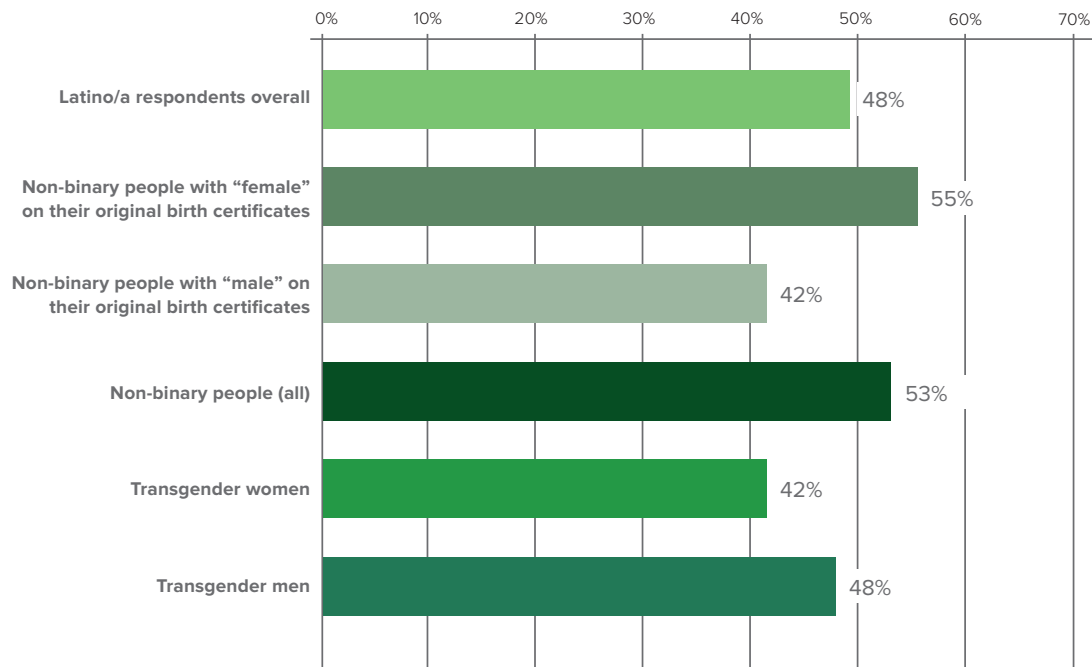
Figure 17: Sexual assault in the past year (by gender)



Intimate Partner Violence

Fifty-four percent (54%) of respondents experienced some form of intimate partner violence, including acts of coercive control¹⁹ and physical violence. Transgender men (58%) were more likely to have experienced some form of

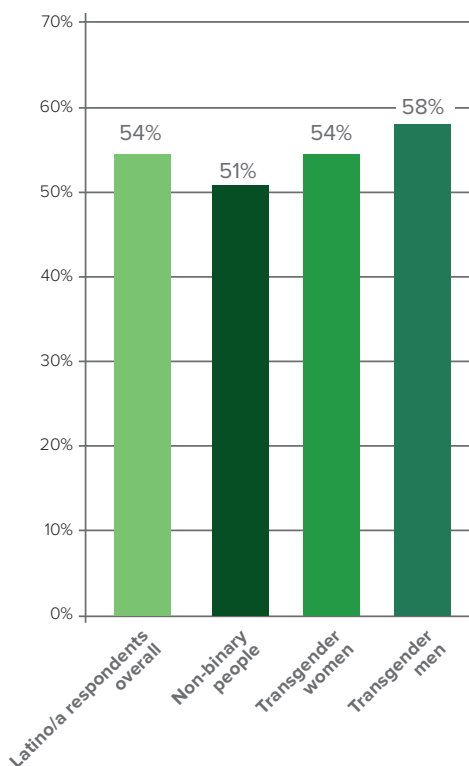
Figure 16: Sexual assault in lifetime (by gender)



intimate partner violence (Figure 18). Nearly three-quarters (74%) of respondents who have worked in the underground economy experienced intimate partner violence, and people with disabilities (62%) were also more likely to have experienced intimate partner violence.

More than one-quarter (27%) of respondents reported acts of coercive control by an intimate partner related to their transgender status, including being told that they were not a “real” woman or man, threatened with being “outed” by having their transgender status revealed to others, or prevented from taking their hormones. Forty-three percent (43%) experienced physical violence by an intimate partner.

Figure 18: Experienced intimate partner violence (by gender)



Police Interactions, Prisons, and Immigration Detention

Latino/a respondents experienced high levels of mistreatment and harassment by police. In the past year, out of respondents who interacted with police or other law enforcement officers who thought or knew they were transgender, 66% experienced some

form of mistreatment, compared to 58% of USTS respondents overall and 55% of white respondents. This included being verbally harassed, repeatedly referred to as the wrong gender, or physically or sexually assaulted (Table 8).

Table 8: Mistreatment by police or other law enforcement officers in past year

Experience of mistreatment in the past year	% of Latino/a people in USTS		% of white people in USTS
	% in USTS	% in USTS	% in USTS
Officers kept using the wrong gender pronouns (such as he/him or she/her) or wrong title (such as Mr. or Ms.)	55%	49%	46%
Verbally harassed by officers	29%	20%	17%
Officers asked questions about gender transition (such as about hormones or surgical status)	26%	19%	16%
Officers assumed they were sex workers	14%	11%	8%
Physically attacked by officers	5%	4%	2%
Sexually assaulted by officers	5%	3%	2%
Forced by officers to engage in sexual activity to avoid arrest	1%	1%	<1%
One or more experiences listed	66%	58%	55%

Fifty-nine percent (59%) of Latino/a respondents said they would feel somewhat or very uncomfortable asking the police for help if they needed it, compared to 57% of respondents in the USTS sample overall and 53% of white USTS respondents (Figure 19). Non-binary people (73%) were more likely to be uncomfortable asking the police for help, in contrast to transgender men (55%) and women (52%) (Figure 20). Nearly three-quarters (73%) of people with disabilities were uncomfortable asking the police for help.

Four percent (4%) of Latino/a respondents were arrested in the past year, compared to 2% in the USTS sample. Two percent (2%) of Latino/a respondents were incarcerated—held in jail, prison, or juvenile detention—in the past year, compared to 0.9% in the U.S. population overall.²⁰

Latino/a respondents who were held in jail, prison, or juvenile detention in the past year faced high rates of physical and sexual assault by facility

Figure 19: Comfort asking the police for help

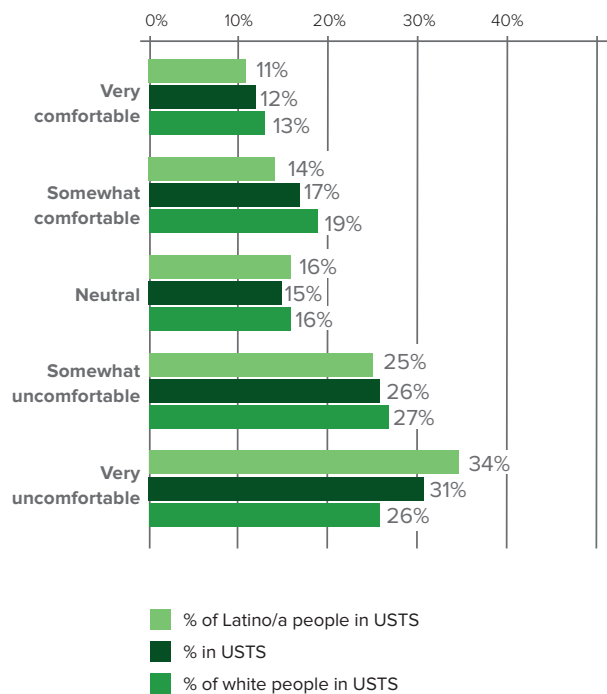
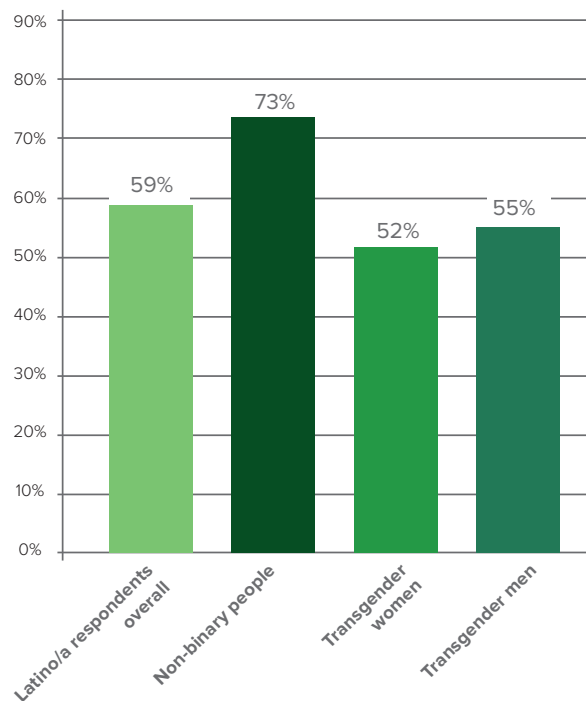


Figure 20: Somewhat or very uncomfortable asking the police for help (by gender)



staff and other inmates. In the past year, 18% were physically assaulted by *staff or other inmates*, compared to 23% in the USTS sample overall. More than one-quarter (27%) were sexually assaulted by *staff or other inmates*, compared to 20% in the USTS sample overall.

Fourteen percent (14%) of Latino/a respondents were sexually assaulted by *facility staff* in the past year during their time in jail, prison, or juvenile detention, compared to the rate in the USTS

sample overall (11%). This was seven times higher than the rate in the incarcerated U.S. population in prisons (2%) and in jails (2%).²¹

Additionally, five percent (5%) of Latino/a respondents who were not U.S. citizens at the time of their birth have been held in immigration detention, such as in an Immigration and Customs Enforcement (ICE) detention center or a local jail just for immigration court proceedings. This represents 1% of all Latino/a respondents.

Health

Insurance

Seventeen percent (17%) of Latino/a respondents did not have health insurance, compared to 14% in the USTS sample overall and 12% of white respondents. This was higher than the rate in U.S. population overall (11%) but lower than the rate among Latino/a people in the U.S. population (25%).²² The most common forms of insurance reported by Latino/a respondents included coverage they or a family member received through an employer (50%), followed by Medicaid (16%) (Table 9).

One-quarter (25%) of respondents experienced a problem in the past year with their insurance related to being transgender, such as being denied coverage for care related to gender transition or being denied coverage for other kinds of health care because they were transgender.

Experiences with Providers

Nearly one-third (32%) of respondents who saw a health care provider in the past year reported having at least one negative experience related to being transgender. This included being refused treatment, being verbally harassed, being

Table 9: Type of health insurance or health coverage plan

Health insurance source	% of Latino/a people in USTS	% in USTS	% in U.S. population (ACS)
Insurance through current or former employer or union (belonging to respondent or a family member)	50%	53%	56%
Medicaid	16%	13%	15%
Insurance they or someone else purchased directly from an insurance company or through a health insurance marketplace (such as healthcare.gov)	14%	14%	16%
Medicare	2%	5%	22%
VA	2%	2%	3%
TRICARE or other military health care	1%	2%	3%
Another type of insurance	6%	6%	---

physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

In the past year, more than a quarter (26%) of respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 37% did not see a doctor when needed because they could not afford it.

HIV Status

Fifty-four percent (54%) of Latino/a respondents had been tested for HIV, a rate similar to the USTS sample overall (55%) but higher than in the U.S. population (34%).²³ Among those who had not been tested, 83% of Latino/a respondents said that it was primarily because they were unlikely to have been exposed to HIV. Latino/a respondents who had not been tested were slightly less likely to cite this reason than USTS respondents overall (86%) and those in the general U.S. population (86%).²⁴

Among Latino/a respondents, 1.6% reported that they were living with HIV, compared to the rate in the USTS sample overall (1.4%) and among white respondents (0.4%). This was more than five times higher than the rate in the U.S. population (0.3%)²⁵ and more than three times higher than the rate among Latino/a people in the U.S. population (0.5%).²⁶ Transgender women (4.4%) were nearly three times more likely than Latino/a USTS respondents overall to be living with HIV (Figure 21) and respondents who did not complete high school (9.3%) were nearly six times more likely to be living with HIV (Figure 22). Additionally, 52% of Latino/a respondents were HIV negative, and 46% had not been tested or did not know the results of their HIV test.

Psychological Distress

Forty-five percent (45%) of Latino/a respondents experienced serious psychological distress in the month before completing the survey (based on

1.6% of Latino/a USTS respondents were living with HIV.

- **4X** higher than the rate among white USTS respondents (0.4%)
- **5X** higher than the rate in the U.S. population overall (0.3%)
- **3X** higher than the rate among Latino/a people in the U.S. population (0.5%)

4.4% of transgender Latinas were living with HIV, 15X the rate in the U.S. population (0.3%).

Figure 21: Living with HIV (by gender)

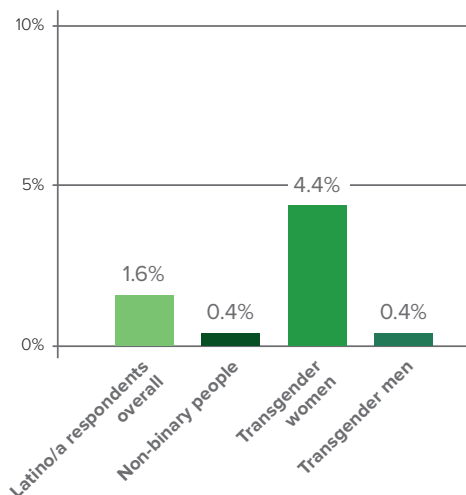
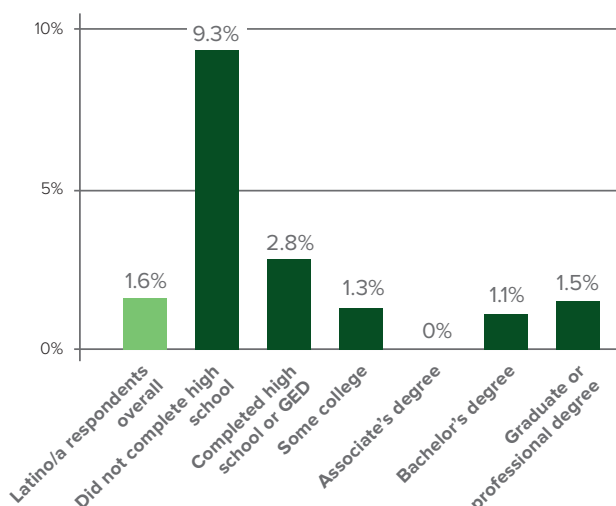


Figure 22: Living with HIV (by educational attainment)



the Kessler 6 Psychological Distress Scale),²⁷ nine times higher than the rate in the U.S. population (5%) and the rate among Latino/a people in the U.S. population (5%).²⁸

Conversion Therapy

One in eight (12%) reported that a professional, such as a psychologist, counselor, or religious advisor, tried to stop them from being transgender.

Suicidal Thoughts and Behaviors

Nearly half (45%) of Latino/a respondents have attempted suicide at some point in their lives, compared to 40% in the USTS sample overall and 37% of white respondents. This rate was nearly ten

times higher than the rate in the U.S. population (4.6%).²⁹ Latino/a respondents with disabilities (60%) were substantially more likely to have attempted suicide in their lifetimes.

Nearly one in ten (9%) Latino/a respondents attempted suicide in the past year, compared to 7% in the USTS sample overall and 6% of white respondents. This rate was fifteen times higher than the rate in the U.S. population (0.6%) and the rate among Latino/a people in the U.S. population (0.6%).³⁰ Latino/a respondents with disabilities (14%) were more likely to have attempted suicide in the past year.

Identity Documents

Only 10% of respondents reported that *all* of their identity documents (IDs) had the name and gender they preferred, while 71% reported that *none* of their IDs had the name and gender they preferred. The cost of changing IDs was one of the main barriers respondents faced, with 42% of those who have not changed their legal name and 38% of those who

have not updated the gender on their IDs reporting that it was because they could not afford it.

More than one-third (35%) of respondents who have shown an ID with a name or gender that did not match their gender presentation were verbally harassed, denied benefits or service, asked to leave, or assaulted.

Experiences of Multiracial Latino/a Respondents

In addition to respondents who identified as Latino/a alone in the USTS, 549 respondents identified as multiracial and Latino/a or “a racial/ethnic identity not listed” and Latino/a. This section provides a brief overview of the experiences of these respondents, referred to here as multiracial Latino/a respondents. Additional research is needed to further examine the experiences of multiracial respondents.

- 21% of multiracial Latino/a respondents were unemployed.
- 50% were living in poverty.
- 23% of multiracial Latino/a respondents who have been employed reported losing a job at some point in their lives because of being transgender.
- In the past year, 34% of those who held or applied for a job during that year reported being fired, being denied a promotion, or not being hired for a job they applied for because of being transgender.
- In the past year, 17% were denied equal treatment or service in a public place and 57% were verbally harassed because of being transgender.
- In the past year, 12% were physically attacked because of being transgender and 15% were sexually assaulted. More than half (59%) have been sexually assaulted at some point in their lives.
- In the past year, out of respondents who interacted with police or other law enforcement officers who thought or knew they were transgender, 78% experienced some form of mistreatment. This included being verbally harassed, repeatedly referred to as the wrong gender, physically assaulted, or sexually assaulted.
- 80% of those who were out or perceived as transgender at some point between Kindergarten and Grade 12 (K–12) experienced some form of mistreatment, such as being verbally harassed (58%), physically attacked (31%), or sexually assaulted (16%) in K–12 because of being transgender.

Experiences of Multiracial Latino/a Respondents (continued)

- 42% of multiracial Latino/a respondents have experienced homelessness at some point in their lives.
- 20% experienced homelessness in the past year because of being transgender.
- In the past year, 29% of multiracial Latino/a respondents did not see a doctor when they needed to because of fear of being mistreated as a transgender person, and 43% did not see a doctor when needed because they could not afford it.
- 34% of those who saw a health care provider in the past year reported having at least one negative experience related to being transgender, such as being refused treatment, being verbally harassed, being physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.

Endnotes

1. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Available at: www.USTransSurvey.org.
2. Throughout this report, respondents who identified as Latino/a or Hispanic are referred to as Latino/a. For additional information about terminology and conventions used throughout the report, see the *Guide to Report and Terminology* chapter in the full USTS report. The findings for Latino/a respondents reflect the experiences of respondents who identified as Latino/a alone and do not include the experiences of those who identified as multiracial and Latino/a. Some findings for respondents who identified as multiracial and Latino/a are included on page 22 of this report.
3. The U.S. Census Bureau defines and asks about race and ethnicity separately, with ethnicity being categorized as “Hispanic or Latino” and “Not Hispanic or Latino.” U.S. Census Bureau surveys, such as the Decennial Census, American Community Survey, and Current Population Survey, first ask whether a respondent is of Hispanic or Latino origin to determine their ethnicity and then ask respondents their race. See e.g., U.S. Census Bureau. (2017). *Race and Ethnicity*. Available at: <https://www.census.gov/mso/www/training/pdf/race-ethnicity-onepager.pdf>. In contrast, USTS respondents received a question about their “racial/ethnic identity” and could select “Latino/a/Hispanic” as a racial/ethnic category. Therefore, comparisons to Latino/a people in the U.S. population presented throughout this report should be interpreted with caution.
4. The number of Latino/a respondents (n=1,473) is an unweighted value. All reported percentages are weighted to allow for comparison to the U.S. population when appropriate. Findings related to income, unemployment, and poverty are weighted differently than other reported percentages. For more information on the weighting procedures used to report 2015 U.S. Transgender Survey data, see the full survey report. Findings from statistical tests are not included in this report.
5. “Non-binary” is a term often used to describe people whose gender is not exclusively male or female, including those who identify with a gender other than male or female, as more than one gender, or as no gender.
6. Due to a low sample size, it was often not possible to include the experiences of crossdressers in gender-based comparisons in this report.
7. U.S. Census Bureau. (2015). *2015 American Community Survey 5-Year Estimates: Sex by Age*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_SPT_B01001&prodType=table.
8. U.S. Census Bureau. (2015). *2015 American Survey 1-Year Estimates: Disability Characteristics*. Available at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S1810&prodType=table. Calculations were completed by the research team.
9. U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Sex by Marital Status by Age for the Population 15 Years and Over (Hispanic or Latino)*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B12002I&prodType=table. These findings include adults who are currently married and living with a spouse and those who are married but separated, based on the ACS definitions. See the full report for more information. The percentage of Latino/a people in the U.S. who are currently married and who have never been married include those who are 15 years of age and older, in contrast to the USTS sample, which includes respondents who are 18 and older. Therefore, the comparison to USTS Latino/a respondents should be interpreted with caution.
10. Latino/a respondents’ experiences of rejection also included being asked to meet with faith leaders or seek medical help to stop them from being transgender.
11. Bureau of Labor Statistics. (2015). *The Employment Situation—August 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_09042015.pdf; Bureau of Labor Statistics. (2015). *The Employment Situation—September 2015*. Available at: http://www.bls.gov/news.release/archives/empsit_10022015.pdf.
12. The unemployment rate by race and ethnicity among adults in the U.S. population was calculated by the research team using CPS data available via the CPS Table Creator (<http://www.census.gov/cps/data/cpstablecreator.html>). CPS Table Creator data utilizes data from the March 2015 Current Population Survey Annual Social and Economic Supplement, in which the overall U.S. unemployment rate was 5.5%. See the full USTS report for more information about unemployment rate calculations and interpretation.
13. “Living in poverty” means living at or near the poverty line. The research team calculated the USTS poverty measure using the official poverty measure, as defined by the U.S. Census Bureau. USTS respondents were designated as living in poverty if their total family income fell under 125% of the official U.S. poverty line. See the full report for more information about this calculation.
14. Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 13). Washington, DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.

15. Proctor, B. D., Semega, J. L., & Kollar, M. A. (2016). *Income and Poverty in the United States: 2015*. (p. 55). Washington, DC: U.S. Census Bureau. Available at: <https://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf>.
16. U.S. Census Bureau. (2015). *American Community Survey 1-Year Estimates: Veteran Status*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_S2101&prodType=table.
17. U.S. Census Bureau (2014). *Current Population Survey Annual Social and Economic Supplement*. Available at: <https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pinc/pinc-01.2014.html>.
18. For each form of housing discrimination or instability listed, respondents could select “does not apply to me” if the housing situation could not have happened to them in the past year. For example, those who did not attempt to rent or buy a home in the past year could not have been denied a home or apartment, and were instructed to select “does not apply to me” for that question. The results for each form of discrimination or instability do not include those who answered “does not apply to me.”
19. Intimate partner violence involving coercive control included acts of intimidation, emotional and financial harm, and physical harm to others who were important to respondents.
20. Kaeble, D. & Glaze, L. (2016). *Correctional Populations in the United States, 2015*. (p. 4). Washington, DC: Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/cpus15.pdf>.
21. Beck, A. J., Berzofsky, M., Caspar, R., & Krebs, C. (2013). *Sexual Victimization in Prisons and Jails Reported by Inmates 2011–12*. DC: Bureau of Justice Statistics. Available at: <https://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>. Rates of physical assault by facility staff was not available. The Bureau of Justice Statistics (BJS) presents data separately for people incarcerated in state and federal prisons and people incarcerated in jails, but they do not present data for those held in juvenile detention facilities. Data from the U.S. incarcerated population in this section is provided as a benchmark for experiences among USTS respondents and should be interpreted with caution. See full report for more information about this comparison.
22. U.S. Census Bureau. (2015). *2015 American Community Survey 1-Year Estimates: Health Insurance Coverage Status by Age (Hispanic or Latino)*. Available at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_1YR_B27001&prodType=table.
23. Centers for Disease Control and Prevention. (2015). *BRFSS Prevalence & Trends Data*. Available at: <http://www.cdc.gov/brfss/brfssprevalence>.
24. Centers for Disease Control and Prevention. (2016). *2015 National Health Interview Survey: Sample Adult File*. Available at: https://www.cdc.gov/nchs/nhis/nhis_2015_data_release.htm.
25. Centers for Disease Control and Prevention. (2015). Diagnoses of HIV infections in the United States and dependent areas, 2015: Table 20b. *HIV Surveillance Report* (vol. 27). Available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>. The HIV Surveillance Report provides data for those who were living with diagnosed HIV infection in the U.S. population in 2014. The U.S. population data includes those who are 15 years of age and older and does not include the rate for adults aged 18 and older alone, so it was not possible to exactly match the USTS sample with the U.S. population data. See the full report for more information on use of the U.S. population figure.
26. Centers for Disease Control and Prevention. (2015). Diagnoses of HIV infections in the United States and dependent areas, 2015: Table 20b. *HIV Surveillance Report* (vol. 27). Available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>. See also note 25.
27. The Kessler Psychological Distress Scale, or K6, uses a series of questions to assess psychological distress based on how often in the past 30 days respondents felt so sad that nothing could cheer them up, nervous, restless or fidgety, hopeless, that everything was an effort, or worthless. See the National Health Interview Survey for additional information about the K6 mental health screening instrument and measure of serious psychological distress in adults (available at: http://www.healthindicators.gov/Indicators/Serious-psychological-distress-adults-percent_50055/Profile).
28. Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.87B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.
29. Kessler, R. C., Borges, G., & Walters, E. E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of General Psychiatry*, 56(7), 617–626.
30. Center for Behavioral Health Statistics and Quality. (2016). *Results from the 2015 National Survey on Drug Use and Health: Detailed Tables*. Table 8.73B. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at: <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>.

2015 U.S. Transgender Survey: Report on the Experiences of Latino/a Respondents

by: Sandy E. James and Bamby Salcedo*

October 2017



The full report and Executive Summary of the 2015 U.S. Transgender Survey are available at www.USTransSurvey.org.

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*Bamby Salcedo is the President & CEO of the TransLatin@ Coalition. Sandy E. James is the Research Director at the National Center for Transgender Equality.

Updated November 2017

EXHIBIT B

*The State of Trans Health: TransLatin@s and Their
Healthcare Needs*



THE STATE OF TRANS HEALTH

**TRANS LATIN@S AND
THEIR HEALTHCARE NEEDS**



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ABOUT THE TRANSLATIN@ COALITION

THE VOICE OF TRANSLATIN@S IN THE USA



MISSION

The mission of TransLatin@ Coalition is to advocate for the specific needs of the Trans Latin@ community that resides in the U.S.A. and to plan strategies that improve our quality of life.

VALUES

- Altruism, respect, and dignity for everyone
- Transparency, integrity, and honesty
- Pluralism and diversity
- Collaboration, inclusivity, and social justice
- Good resource administration

VISION

The vision of TransLatin@ Coalition is to amplify education and resources to promote the empowerment of Trans leaders.



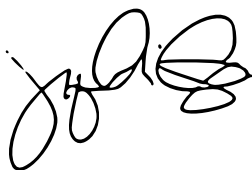
In this study, Trans Latin@ refers to: a person over the age of 18 who was assigned male or female at birth and does not identify with that assigned sex and gender, and uses the term(s) Transgender, Trans, Transwoman, Transman, Transmasculine, or Transfeminine, and who reside in the southern part of the state of California, and identifies as Latin@.

FOREWORD

California leads the country in anti-discrimination laws in employment, housing, and public accommodations; which include medical and health care. While anti-discrimination laws have been in place for over a decade in California, Trans individuals in the state continue to face high levels of unemployment, and discrimination in housing, and receiving health related care due to their gender identity and expression¹. For Trans Latin@s who face transphobia and racism, marginalization is often exacerbated. In order to understand the needs of Trans Latin@s, TransLatin@ Coalition conducted the first ever study to shed light on the needs of Trans Latin@s in Southern California IN 2016.

It is important to survey the Trans community in order to understand the components of their lives that allow them to be physically, socioeconomically, and emotionally healthy individuals. Understanding these components and where they are lacking will allow service providers to help fill in the gaps that are inhibiting the health and well-being of this vulnerable community.

The TransLatin@ Coalition has begun to fill these needs through the creation of the Center for Violence and Transgender Wellness. The TransLatin@ Coalition seeks to improve the health outcomes of Trans people in California. This report will provide evidence of the specific healthcare needs of Trans Latin@s and what makes Trans Latin@s healthy individuals in the southern part of the golden state. California is recognized across the nation as a model state that provides the most comprehensive legislation and protections towards Trans people. However, there is still a lot of work that needs to be done to address the basic social supportive needs of Trans Latin@ people. We hope that this report provides a road map to assess what is it that supports trans Latin@s to fully realize their humanity, health, and happiness here in California.



JACQUELINE CARAVES, M.A.

Co-Principal Investigator
Ph.D. Candidate
Chicana and Chicano Studies
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¹ Hartzell, E., Frazer, M. S., Wertz, K. and Davis, M. (2009). The State of Transgender California: Results from the 2008 California Transgender Economic Health Survey. Transgender Law Center

ACKNOWLEDGMENTS

A THANK YOU TO THOSE WHO HAVE HELPED US



This report became a reality thanks to the support from The California Endowment and the hard work and dedication of the members of the TransLatin@ Coalition.

Because of the members of TransLatin@ Coalition, we gathered 129 surveys with Trans Latin@ individuals in six different critical points in Southern California. We would like to give a special acknowledgment to those individuals and groups who were crucial to the success of this data collection and who organized people to participate in completing the surveys: Erika De La Cruz, Johanna Wallace and Maria Roman from TransLatin@ Coalition in Los Angeles; Madeline Ambrosini and Somos Familia Valle in the San Fernando Valley; Grupo Transgenero 2000 in San Diego, Alexa Castañon from TransLatin@ Coalition in Long Beach, Pastor Carol Jackson from Spiritual Truth Church in Long Beach, The Long Beach LGBT Center, Zulma Velasquez

and Sasha Navarro TransLatin@ Coalition in El Monte, Adriel Rodriguez and Trans Union de OC in Orange County, Paolo Jara-Riveros (videographer), Steve Landaverde (graphic design – cucupan.com), Leisy Abrego, Feliz Quiñones, and Anisha Gandhi.

In addition, the research team would like to thank the anonymous respondents who shared their valuable time with us. Often reliving negative experiences to give voice to the continuous discrimination and marginalization they resist on daily basis in an effort to become healthy individuals. Through the sharing of the intimate details of their everyday lives and their experiences in relation to their mental, physical, and emotional health and well-being as Trans individuals living in Southern California we have been able to put together this very important and timely report. The results of this survey are dedicated to all of you and to the younger generations of Trans Latin@s in Southern California as well as those across the state and the nation.

EXECUTIVE SUMMARY

THROUGHOUT THE COUNTRY, TRANS AND GENDER NON-CONFORMING INDIVIDUALS FACE DISCRIMINATION IN EVERY REALM OF THEIR LIVES.

Transgender and gender non-conforming individuals experience marginalization in employment, housing, health care, and education based on their gender identity and /or gender expression². Transgender people of color in the U.S. experience racism and therefore experience heightened vulnerabilities in comparison to their white counterparts. For example, according to the National Center for Trans Equality, “Latino/a Trans people often live in extreme poverty with 28% reporting a household income of less than \$10,000/year. This is nearly double the rate for Trans people of all races (15%), over five times the general Latino/a community rate (5%), and seven times the general U.S. community rate (4%). The rate for Latino/non-citizen respondents was 43%.³”

Given the urgent nature of these statistics, the TransLatin@ Coalition joined with researcher Jacqueline Caraves to conduct a more in-depth study focusing on the lives of Trans Latin@s who reside in Southern California and the social factors that support their health. Considering the vulnerabilities that Trans Latin@s experience, we identified the key areas that impact one’s overall health, and asked questions related to their access and needs concerning gaps in those areas.

Those areas include: housing, employment, health care, sexual health, mental health, and spiritual services.

The findings presented in this study were compiled from the surveys that were gathered from 129 Trans Latin@s living in different parts of southern California with greater concentration in Los Angeles, Orange County and San Diego Counties. While the survey was open to all Trans Latin@s, 91% of participants were assigned male at birth (transwomen) while 9% of participants were assigned female at birth (transmen). The surveys were anonymous. The surveys were composed of various forms of questions. There were dichotomous questions, Likert scale questions, as well as open-ended questions. This report shares the participants’ views as to how these issues affect their lives as Trans Latin@s in Southern California. We hope that this report will serve as a tool to advance the rights of Trans Latin@s in the United States and informs policies that will improve the health and wellness needs of Trans Latin@s in the nation. We offer this report to the Trans community, the Latin@ community, and social service organizations as well as policy makers, service providers and scholars working toward social justice.

² Hartzell, E., Frazer, M. S., Wertz, K. and Davis, M. (2009). The State of Transgender California: Results from the 2008 California Transgender Economic Health Survey. Transgender Law Center.

³ Harrison-Quintana, J., Perez, D., Grant, J. (2011). Injustice at every turn: A look at Latina/o respondents in the National Transgender Discrimination Survey. National Center for Transgender Equality.

RESEARCH TEAM

JACQUELINE “JACKIE” CARAVES, CO-PRINCIPAL INVESTIGATOR

Jackie is a gender non-conforming queer Latina and a Ph.D. Candidate in the César E. Chávez Department of Chicana and Chicano Studies at the University of California, Los Angeles (UCLA) where she also received her Master of Arts degree in Chicana/o Studies and is in the process of completing her graduate certificate in Gender Studies. Jacqueline holds a Bachelor of Arts degree in Latin American & Latino Studies and Politics from the University of California, Santa Cruz (UCSC). Jackie's dissertation work centers the experiences of Trans and gender non-conforming Latin@s and the role of family and spirituality in serving as spaces of empowerment and resistance. Jackie hopes to lend visibility to the Trans and gender non-conforming community and to show how this community survives and thrives in the most beautiful ways.

**BAMBY SALCEDO,
CO-PRINCIPAL INVESTIGATOR**

Bamby is an internationally recognized leader and educator. Bamby is a proud Trans Latina woman whose commitment to the multiple communities that her life intersects has been the driving force of her success. Bamby is pursuing a master's degree in Latino/a Studies. Bamby is the President and CEO of the TransLatin@ Coalition, a national organization that focuses on addressing the issues of Trans Latin@s in the US. Bamby is currently developing the Center for Violence Prevention & Transgender Wellness, a multipurpose, multi-service space for Trans people in Los Angeles. Her powerful, sobering and inspiring speeches and her warm, down-to-earth presence have provided emotional grounding and perspective for diverse gatherings. She speaks from the heart, as one who has been able to transcend many of her own issues, to truly drop ways of being and coping that no longer served her, issues that have derailed and paralyzed countless lives. Her words and experience evoke both tears and laughter, sobriety and inspiration through the documentary made about her life called TransVisible: Bamby Salcedo's Story. Bamby has been featured in multiple media outlets such as People en Español, Latina Magazine, Cosmopolitan, the Los Angeles Times, Los Angeles Magazine and 2015 OUT 100 and featured in the 2016 Trans List with HBO among many other. Bamby has also been recognized for her outstanding work by multiple national and local organizations.



HOUSING

18.8 %

18.8% of participants are either **homeless or living in temporary housing** and 13.4% of participants rely on someone else to pay for their housing (i.e. spouse or partner, etc).



EMPLOYMENT

20 %

Only 20% of participants have **full-time employment**, while 80% of participants include participants who are self-employed (%), unemployed (26%), on disability (%), or other.

KEY FINDINGS



SPIRITUALITY

54.2% of participants report that having access to **regular spiritual services** is extremely important.

76.3% of participants believe that spirituality is important to their overall health.

HEALTH STATS



MEDICAL HEALTH

49.5 %

49.5% of participants are **covered under Medicare/Medicaid/Medi-Cal.**

While 28.1% of participants have no health insurance coverage.

31.2% of participants go to the Emergency Room when in need of health care.

36% of participants strongly agree that it is because of a lack of personal resources that their medical needs are not being met, while 35% of participants agree that it is because of a lack of Trans sensitive health care providers that their medical needs are not being met.



MENTAL HEALTH

50.5 %

50.5% of participants **currently experience anxiety**, while 26.4% of participants report that they are currently experiencing depression.

46.7% of participants strongly agree that their mental health needs are not being met because of a lack of personal resources while 43.7% of participants strongly agree that their mental health needs are not being met because of a lack of support groups.

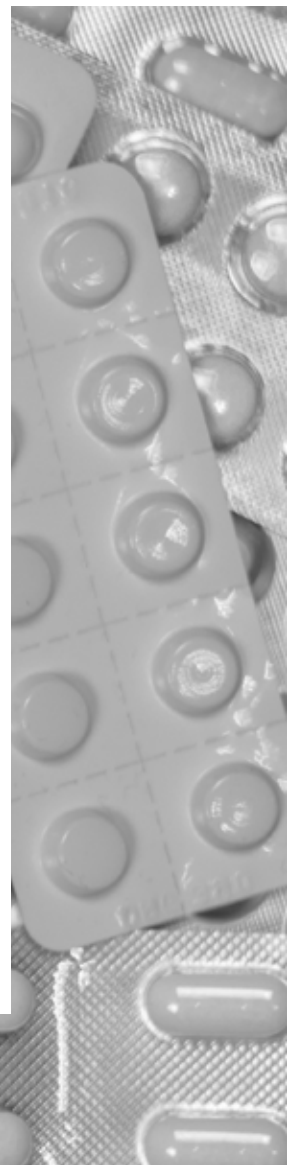


SEXUAL HEALTH

90 %

90% of participants report that they **practice safe sex.**

32.2% of participants reported being HIV positive and 97.4% of HIV positive participants are receiving treatment.



METHODS

**THIS REPORT IS ORGANIZED
AROUND SIX CATEGORIES:**

- 1** Access to Housing
- 2** Access to Employment
- 3** Access to Medical Care
- 4** Access to Sexual Health Care
- 5** Access to Mental Health Care
- 6** Access to Spiritual Services

THE RESEARCH METHOD THAT WAS USED TO CONDUCT THIS RESEARCH PROJECT WAS COMMUNITY-BASED PARTICIPATORY RESEARCH⁴.

After consulting with members of the TransLatin@ Coalition (TLC), the members prioritized assessing the health care needs of Trans Latin@s was paramount. With this concept in mind, Bamby Salcedo approached Jackie Caraves to seek interest in partnering with the TLC to evaluate the needs of the Trans Latin@ community. After several conversations, Jackie agreed and understood the importance of having a community-engaged partnership. Jackie and Bamby formulated the type of questions that were relevant to collect, reviewed survey tools, and conducted pilot interviews with members of the target community.

After receiving feedback from community members about the survey instrument, the research team made modifications. The research team received Internal Review Board

(IRB) approval from the University of California, Los Angeles, (Study #: 15-001883) went on to collect surveys between January 2016 and August 2016. The survey specifically targeted Trans Latin@s over the age of 18, who identify both as Trans and/or Transgender and Latin@. The survey was administered in cities and surrounding communities in El Monte, Long Beach, Los Angeles, San Diego, San Fernando Valley, and Santa Ana. These cities were chosen because of the established presence of Trans support groups that are linked and/or associated to TransLatin@ Coalition. The research team drew upon these six areas of concern to prepare the 70-question survey guiding this study.

8 MONTHS OF RESEARCH

70 SURVEY QUESTIONS

⁴ Community based participatory research is a research approach that involves community members, organizational representatives in all aspects of the research process. All partners contribute their knowledge and expertise in the decision making process, in Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *American journal of public health*, 100(S1), S40-S46.

SOCAL

DEMOGRAPHIC CHARACTERISTICS

THIS SECTION PROVIDES A DESCRIPTION OF THE DEMOGRAPHICS OF INDIVIDUALS WHO PARTICIPATED IN THIS NEEDS ASSESSMENT.

RECRUITMENT

Recruitment took place by members of the Trans Latin@ community throughout Southern California, with a specific focus in the areas where Trans Latin@ individuals thrive and are growing. The research team administered the surveys at each of these locations. The survey was available in both English and Spanish, and ninety-five participants answered the survey in Spanish. Participants took anywhere from half an hour to an hour to complete the survey. This report draws on the responses on 129 of survey participants who met the qualifications of being Trans, Latina@ and over the age of 18. Most participants were recruited during regular programming at local Trans support groups, or places where they frequently gathered. Survey participants who have no affiliation or connection to TransLatin@ Coalition were also recruited. The survey served an additional function as it connected these unaffiliated participants with Trans support groups. The surveys were distributed in private group settings on specific dates and times in each targeted city.

DATA ANALYSIS

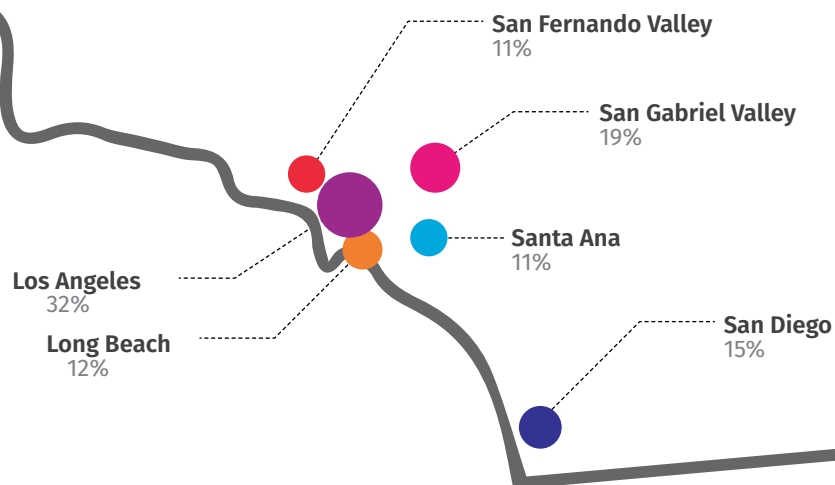
Upon gathering all surveys, the research team used Statistical Software (SPSS) to analyze the data, and worked collaboratively to draft charts/graphs, write, and design this report. This report benefits from the input, revisions, and approval of the TransLatin@ Coalition.

LIMITATIONS

The TransLatin@ Coalition is made of up members that identify as Transwomen, Transfeminine, and Woman. The TLC research team recruited participants from all members of the Trans Latin@ community. Due to the membership base of TransLatin@ Coalition it is important to note that Transmen/Transmasculine make up 9% of the participants in this study. It is important to look at Transmen in future research.

The 129 respondents of this study currently live in various regions throughout Southern California.

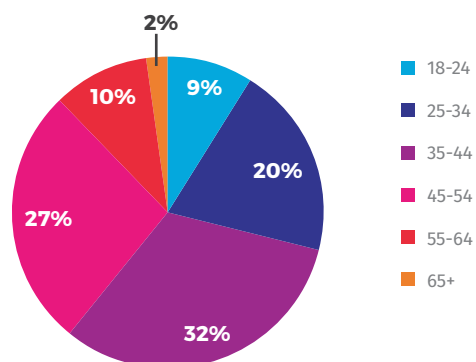
The following graph illustrates where interview participants geographic location based on the zip code or residence that they provided. As shown in the graph below, the largest percentage of Trans Latin@s in this needs assessment were from the city of Los Angeles, which accounted for 32% of the participants.



GENERAL FACTS

AGE

The following graph provides an overview of the age of Trans Latin@s who participated in the needs assessment.

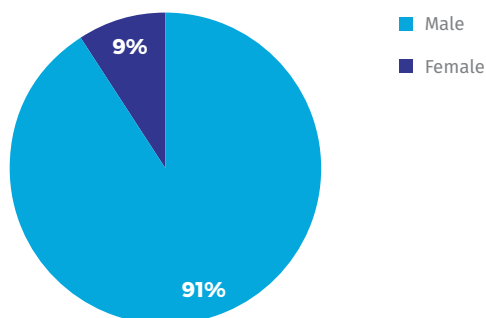


Age Data Analysis

A majority of the participants are between the ages of 35-54.

BIRTH SEX

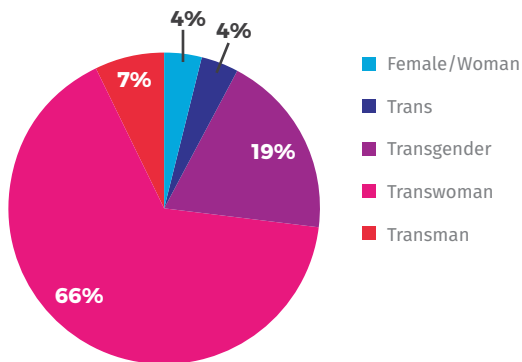
The following graph provides an overview of the sex assigned at birth of Trans Latin@s who participated in this needs assessment.



BACKGROUND

GENDER IDENTITY

The graph below illustrates the gender identity of Trans Latin@s who participated in this needs assessment.

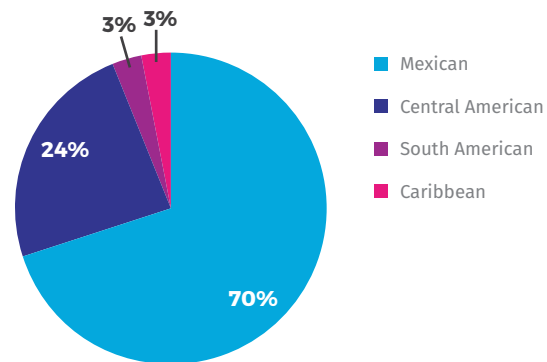


Gender Identity Data Analysis

The largest identity category for participants is Transwoman at 66% while Transman accounted for the smallest identity category at 7%. Twenty-three percent of participants identified as Trans or Transgender.

ETHNIC BACKGROUND

The following graph illustrates the ethnic background of Trans Latin@s who participated in this study.



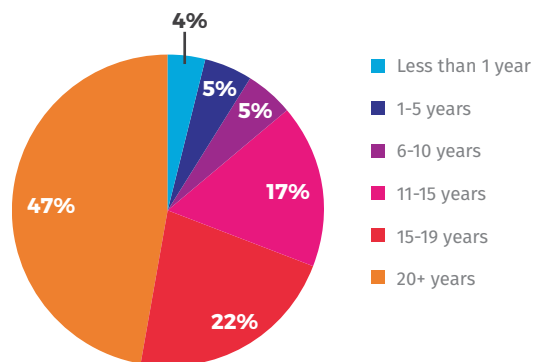
Ethnic Background Data Analysis

While Mexicans make up the majority of participants, Central Americans from El Salvador, Guatemala, and Honduras represent the second largest group.

IN THE USA

YEARS IN THE UNITED STATES

The following graph outlines the length of time that Trans Latin@s have been living in the U.S.

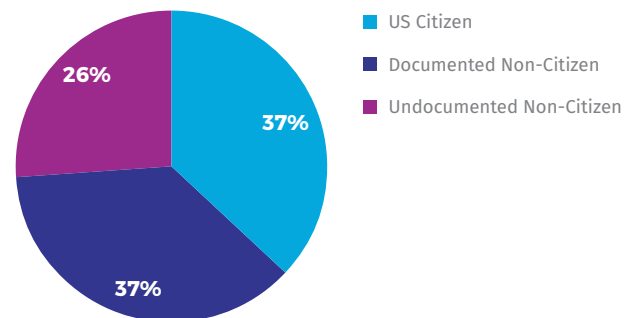


Years in US Data Analysis

A Total of 77% of participants reported having migrated to the U.S., 47% of those migrated reported living in the U.S. for over 20 years, and 4% percent of those living in the U.S. for less than one year.

CITIZENSHIP STATUS

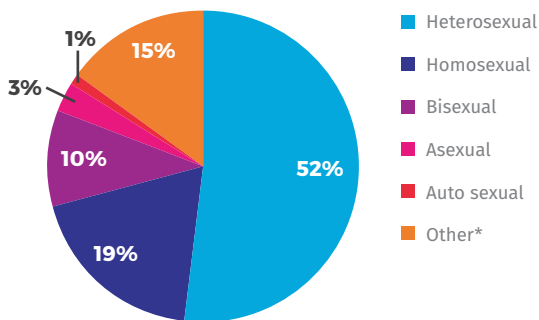
The graph below highlights the citizenship status of Trans Latin@s who participated in this needs assessment.



SEXUALITY & RELATIONSHIPS

SEXUAL ORIENTATION

The following graphs highlight sexual orientation and relationship status from participants.

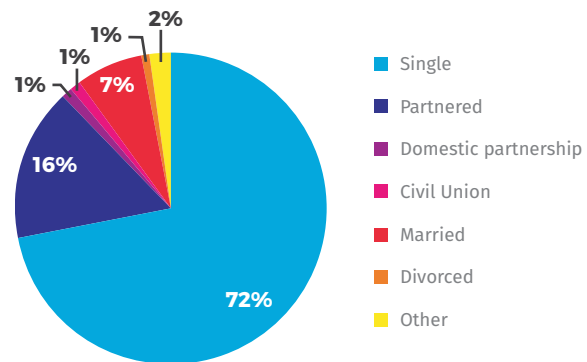


Sexual Orientation Data Analysis

Of those who answered "Other" for their sexuality, queer, pansexual and Transgender were among the most common responses.

RELATIONSHIP STATUS

The following graph highlights the relationship status of participants.

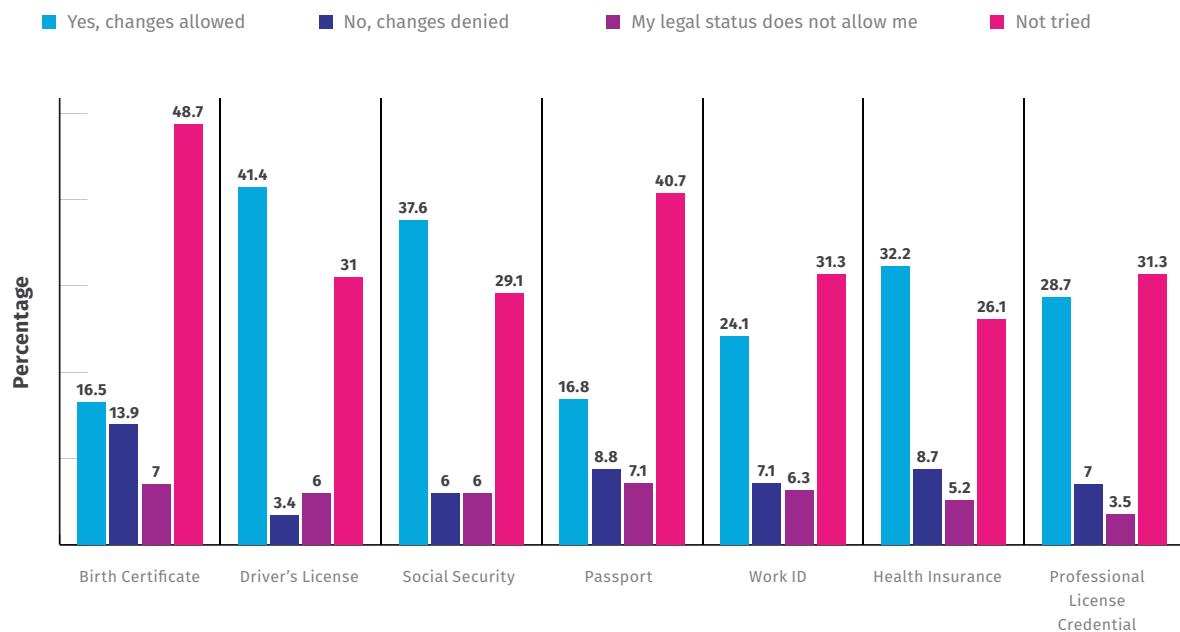


Relationship Status Data Analysis

Data shows a majority of participants who are single (72%), while 24% are either in a domestic partnership, partnered, civil union or married.

DOCUMENTS & RECORDS

HAVE YOU BEEN ABLE TO CHANGE THE DOCUMENTS OR RECORDS TO REFLECT YOUR CURRENT GENDER?



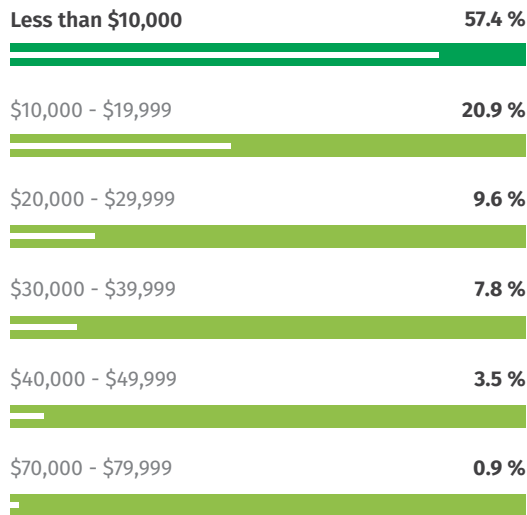
Documents/Records Gender Change Data Analysis

While many participants have been able to change their documents to reflect the gender they identify with, a great deal of Trans Latin@s have not tried at all. This may be due to the fact that there may be a lack of information on how to access these services/needs. There may be also a lack information and/or services in Spanish. It may have to do with lacking the time to access resources in order to begin processes that are time consuming. Because there is no streamlined process to access gender and name changes on all documents at once, it takes much time and money to make those changes.

SOCIOECONOMIC STATUS

INCOME DISTRIBUTION

The following section paints the picture of the social economic status of Trans Latin@s in Southern California.

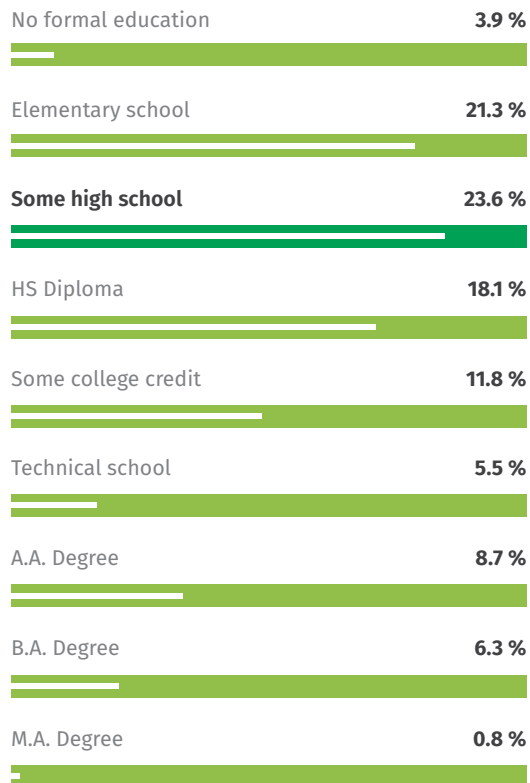


Income Data Analysis

The vast majority of the people who participated in this needs assessment live under the poverty level making less than \$10,000.00 per year.

EDUCATION DISTRIBUTION

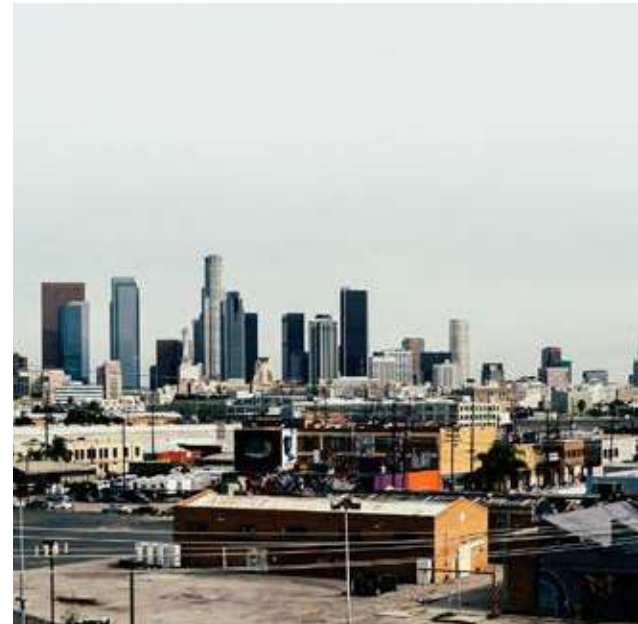
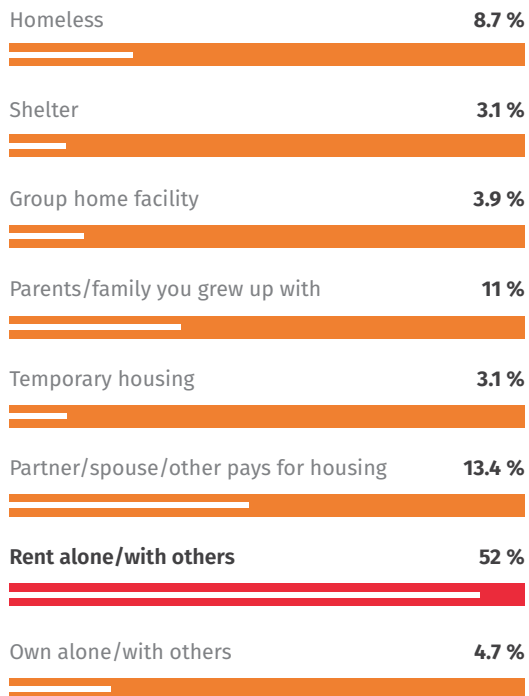
The following graph describes the educational attainment of Trans Latin@s in Southern California.



HOUSING

CURRENT HOUSING

The following section paints the picture of the housing situation of Trans Latin@s in Southern California.



“Because of not having stable housing, I was prostituted, used drugs to deal with my mental health, and have gone through dehydration.”

Housing is one of the basic needs that any individual within our society must have in order to be a stable person.

68%

of participants who do not have stable housing reported that they do not know of a shelter they can go to for help and feel safe as a Trans person.

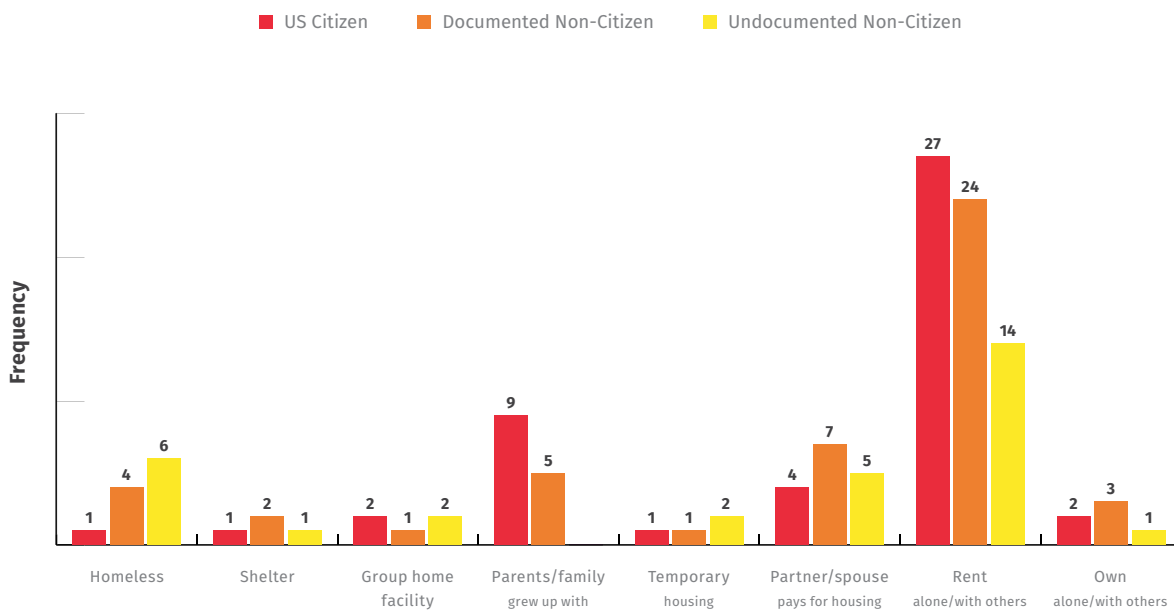
98%

of participants acknowledged that housing is important to their overall health and well-being. The leading cause for participants who do not currently have stable housing is because they are unable to access work because of discrimination based on gender identity and/or their citizenship status.

“THE REASON WHY I AM HOMELESS IS BECAUSE I WAS RECENTLY RELEASED BY ICE (IMMIGRATION) AND THEY DON’T CARE IF I HAVE A PLACE TO LIVE OR FOOD TO EAT.”

HOUSING BY CITIZENSHIP STATUS

The graph below displays how citizenship status shapes housing outcomes for Trans Latin@s.



Housing by Citizenship Status Data Analysis

For all statuses, renting alone or with others is most common among participants. A total of 16 participants, from all statuses, reported being dependent on their partner or spouse for housing. For participants whom are U.S. Citizens or Documented Non-Citizens living with parents or family they grew up was prevalent. For Undocumented Non-Citizens who are vulnerable to being deported, housing especially of concern.

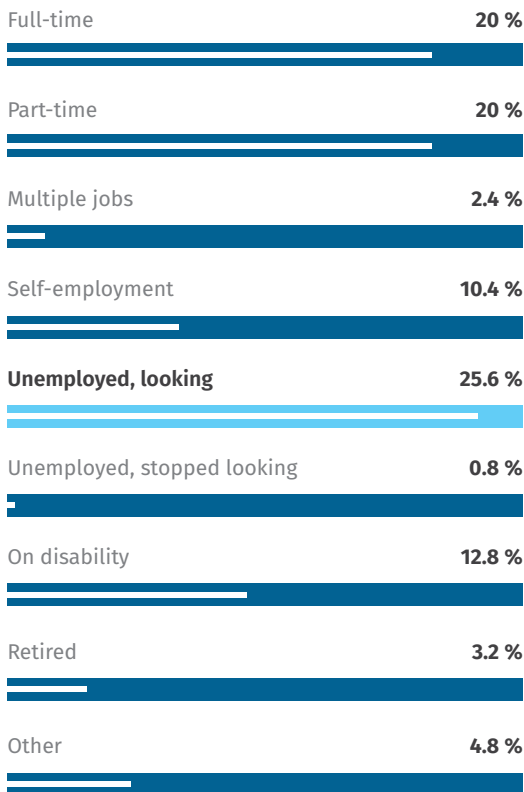
“I have feared and stressed out about my housing in the past due to fear of being accepted for my Trans identity. Stable housing is important because I need safety and a comfort zone after being out in the world, somewhere where I can be free to be myself.”



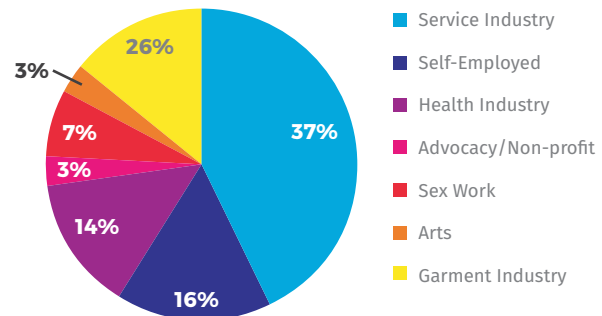
EMPLOYMENT

EMPLOYMENT STATUS

This section focuses on highlighting the employment needs of Trans Latin@s in Southern California.



EMPLOYMENT BY INDUSTRY



Employment Status Data Analysis

Only 20% of the participants reported having a full time job, and 20% have part time jobs. The largest portion of participants reported being “unemployed, but still looking for opportunities.” There is much need of employment opportunities for Trans Latin@s in Southern California who often face discrimination. Additionally, as one participant notes below, other people whether partner, family member or friend are often dependent on Trans Latin@s income. Trans participants who reported “other” are qualify for Medicaid or General Relief (government assistance) due to their low-income status.

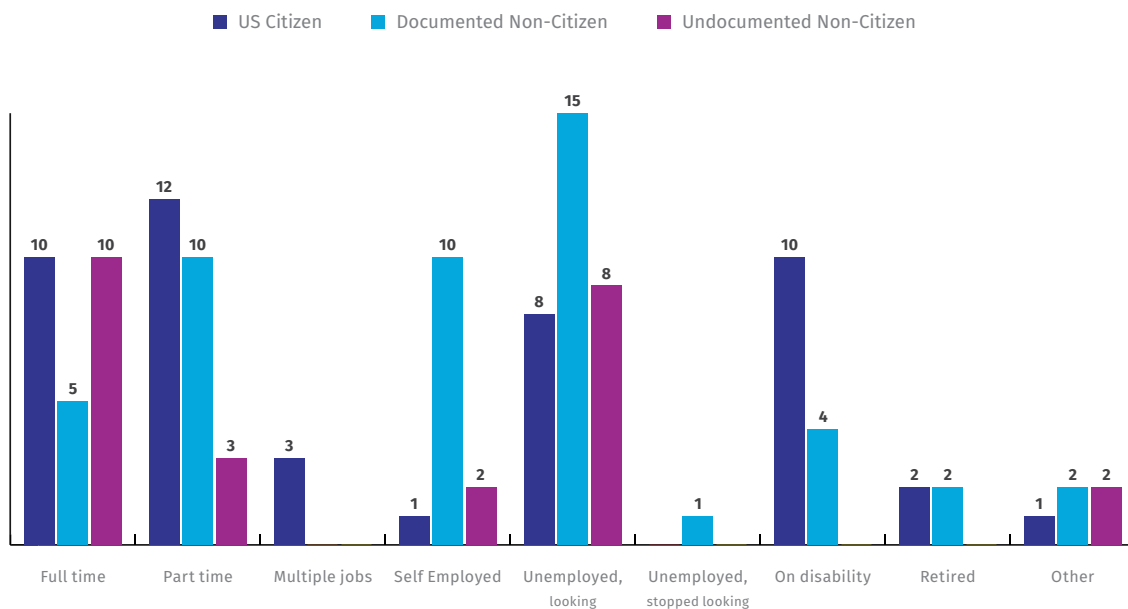
Employment by Industry Data Analysis

A large portion of participants mentioned working in the service industry included anything from being a stylist in a salon, to house keeping, and being cashier. For the 16% those are self-employed jobs varied from consulting to street vending.

“EMPLOYMENT IS IMPORTANT TO MY OVERALL HEALTH BECAUSE IT WOULD HELP STABILIZE ME AND GET ME ON MY FEET [AND] AWAY FROM PROSTITUTION AND DRUGS”

EMPLOYMENT BY CITIZENSHIP STATUS

The following graph below shows employment based on citizenship status.



Housing by Citizenship Status Data Analysis

For all statuses, renting alone or with others is most common among participants. A total of 16 participants, from all statuses, reported being dependent on their partner or spouse for housing. For participants whom are U.S. Citizens or Documented Non-Citizens living with parents or family they grew up was prevalent. For Undocumented Non-Citizens who are vulnerable to being deported, housing especially of concern.

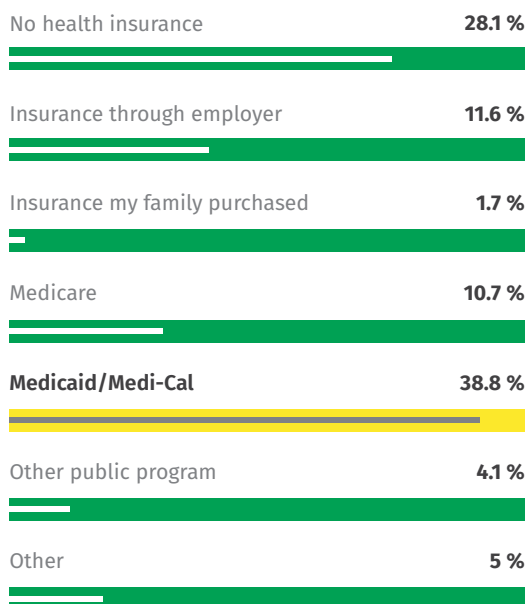
“I support both myself and my partner financially, employment is necessary to be able to have a home, food, other necessities as well as to take care of my partner who is physically disabled and chronically ill.”



MEDICAL CARE

HEALTH INSURANCE COVERAGE

The following section provides an overview of participant's status when it comes to accessing medical care.

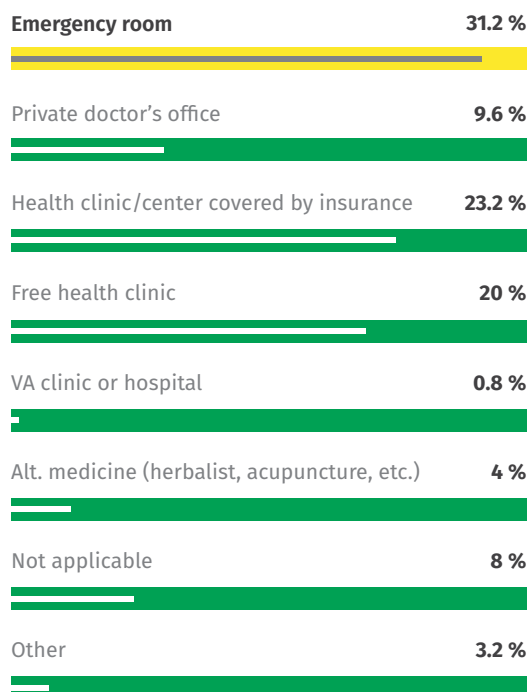


Health Insurance Coverage Data Analysis

28.1 percent of participants have no health insurance coverage whatsoever. On the other hand, 53.6% of participants are covered by Medicare, Medicaid or other public insurance program, most commonly due to their low-income status. For some it is their low-income status along with being HIV positive that gains them access to health insurance.

LOCATION FOR MEDICAL CARE

The largest go to place for all Trans Latin@s is the emergency room.

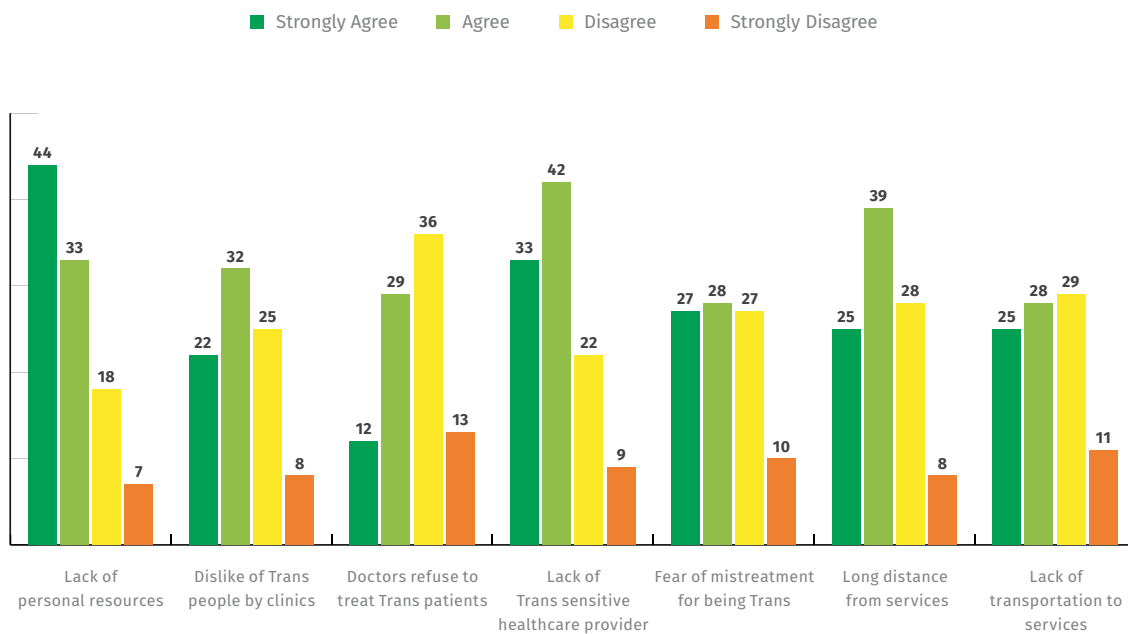


Location for Medical Care Data Analysis

For those who may not have access to insurance, or face discrimination, the emergency room may be the only answer when pain is no longer the option.

REASONS WHY MEDICAL CARE IS NOT BEING MET

Participants were asked about the possible reasons why they were not receiving medical health. For Trans Latin@s lack of personal resources and lack of Trans sensitive health care providers, and long distance to services that are among the strongest reasons for why they may not be getting the health care they need.



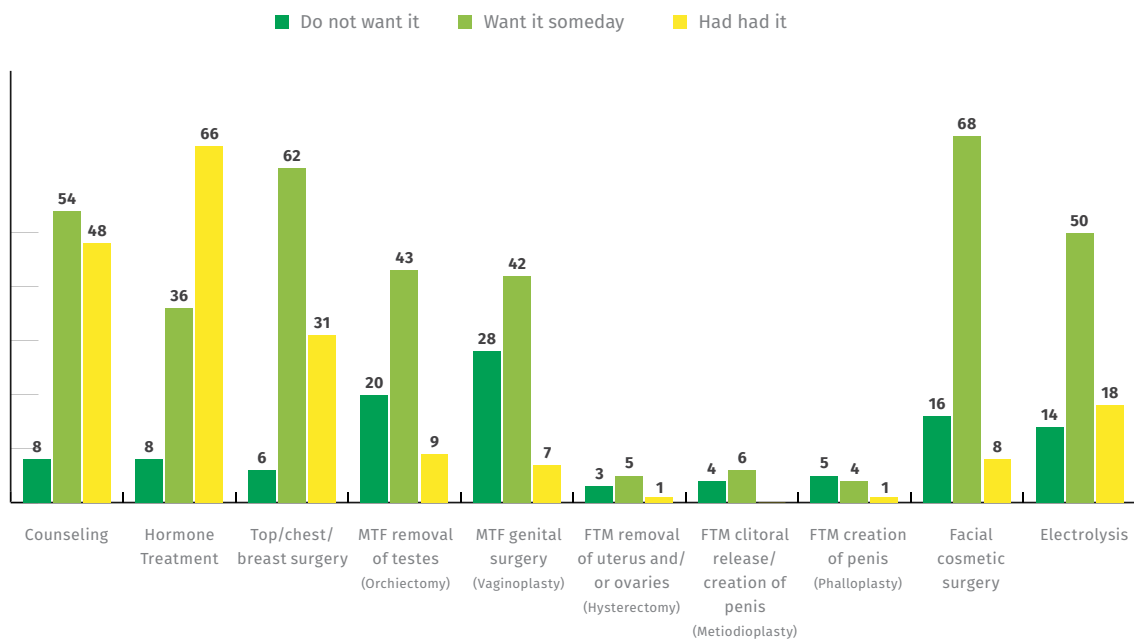
“Being physically and mentally healthy is important because that way I could function better within society.”



MEDICAL CARE (CONTINUED)

TRANS RELATED CARE

The graph below addresses the Trans related care that participants have either had, want to have someday, or do not want at all.



Trans Related Care Data Analysis

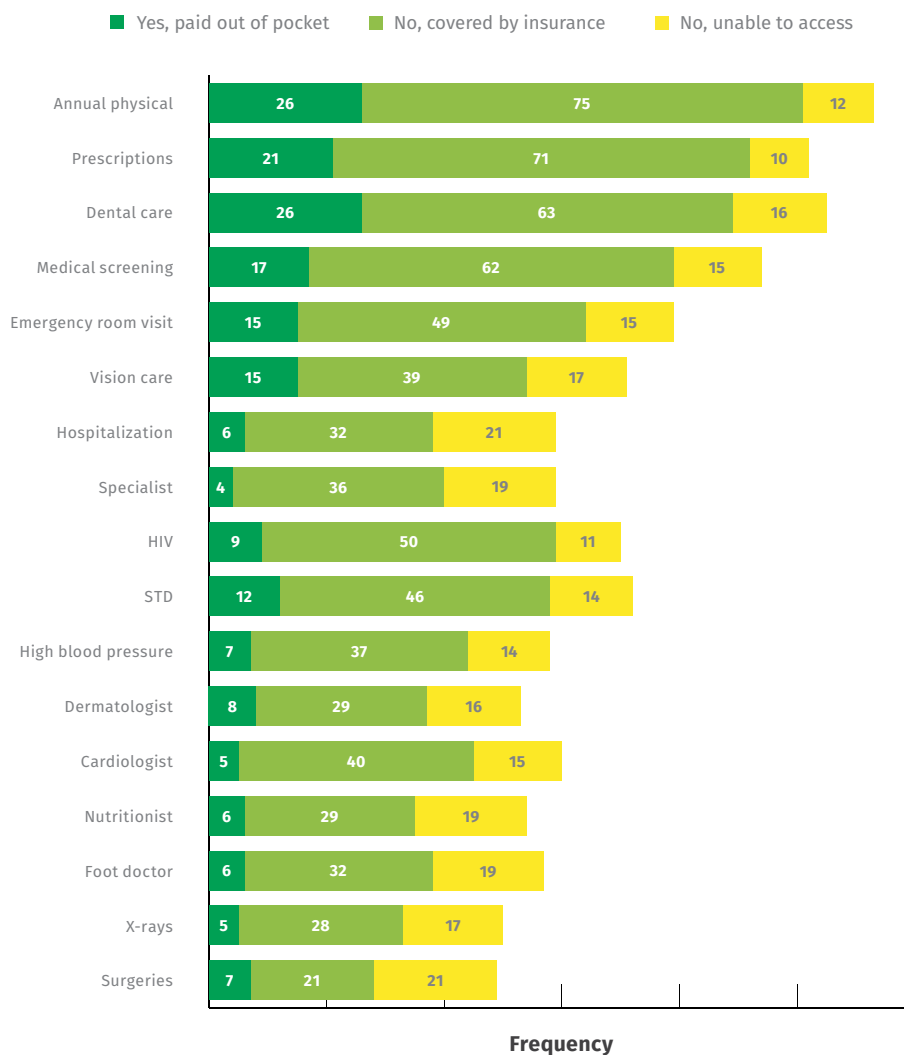
About 15% of participants mentioned having to pay for Trans related care out of pocket. Often times this included hormones and top surgery. For those who paid out of pocket, participants mentioned that the money they used came from their savings, financial help from family or friend or doing sex work. Some participants reported getting hormones from friends who were already on hormones and others discussed crossing the border in Mexico gain access to Trans Related care.



“Feeling aligned with oneself physically has a large impact mentally and socially for us to thrive.”

SERVICES ACCESSED IN THE LAST 12 MONTHS

The graph below shows the services that participants have accessed in the past 12 months.



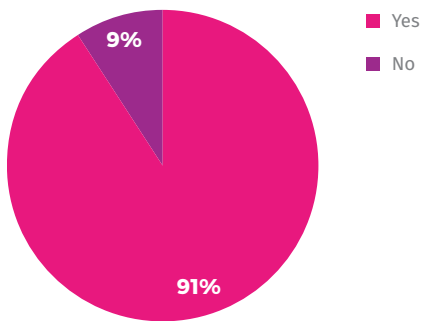
Services Accessed (12 Months) Data Analysis

As mentioned above many participants have access to health care through Medi-Cal or Medicaid. A large amount of other participants have access to other forms of public health programs because of their HIV status. A total of 39 participants reported being HIV positive and receiving health insurance through Medi-Cal or another public program. For participants, who are not HIV positive or are not citizens, it may be very difficult to get the medical care you need.

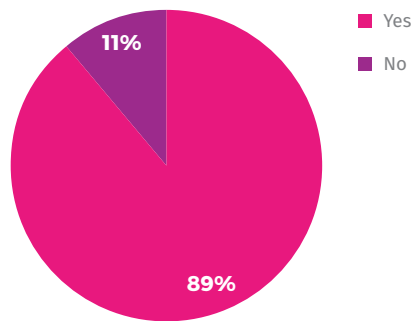
SEXUAL HEALTH

DO YOU USE PROTECTION WHEN ENGAGING IN SEXUAL ACTIVITY?

This section captures a snapshot of the sexual health of Trans Latin@s.



DO YOU KNOW WHERE TO LEARN ABOUT SAFE SEX PRACTICES?



Safe Sex Data Analysis

Participants were asked if they practice safe sex when they engage in sexuality activity, including penetration and oral, and over **90%** of participants reported that they do **use protection**.

92% of participants said that they feel knowledgeable about practicing safe sex.

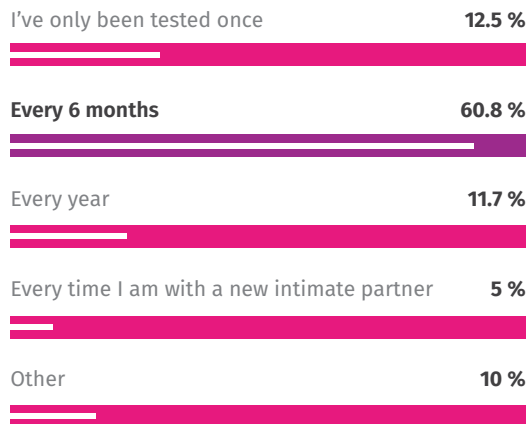
89% of participants know where to learn about safe sex.



“By using protection I am respecting myself and my body.”

HIV & STD TESTING FREQUENCY

Participants were asked how often they get tested for HIV and STDs.



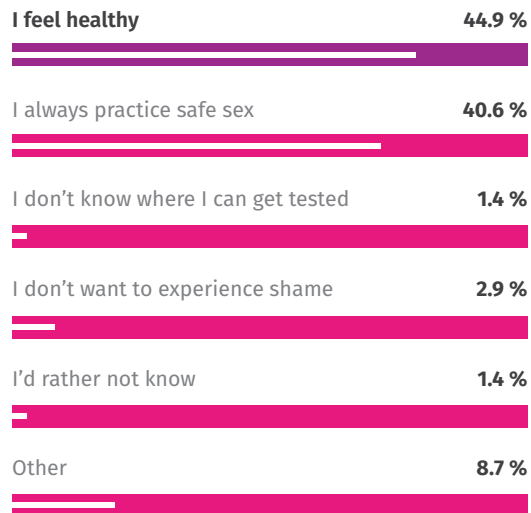
Testing Frequency Data Analysis

A majority of participants reported that they get tested every six months.

For those who reported other, most commonly they were tested every three months.

REASON FOR NOT GETTING TESTED FOR HIV

Participants were asked about possible reasons for why they may not be going to get tested for HIV.



Reason for Not Getting Tested Data Analysis

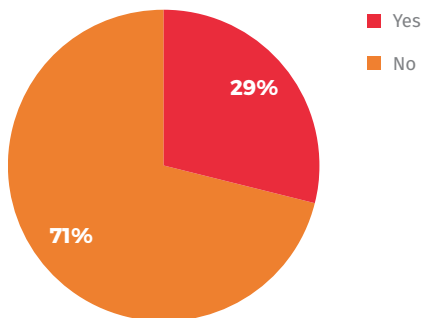
Majority of participants reported that they either felt healthy (44%) or they always practice safe sex (40.6%) so there would be no need to get tested.

A much smaller percentage mentioned not knowing where to get tested (1.4%), feeling shame (2.9%) and not wanting to know (1.4%).

MENTAL HEALTH

GENDER RELATED DIAGNOSIS

The section below is a snapshot of how Trans Latin@s fare when it comes to their mental health.



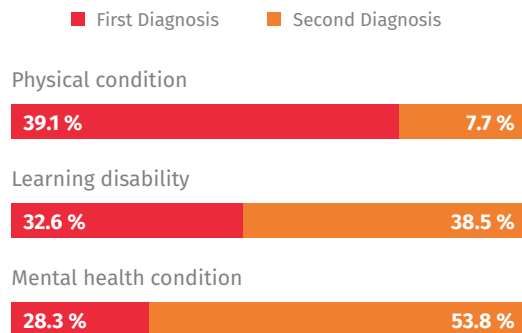
Mental Health Diagnosis Data Analysis

Mental health is important for our emotional, psychological and over all well-being. Getting the mental health care needs that Trans Latin@s need may be challenging to access due to their lack of health insurance, Trans sensitive care providers and groups, and financial resources.

Only 35 participants (28.7%) have been diagnosed with a gender related mental health issue. 87 participants (71.3%) mentioned that they have not been diagnosed with a gender related mental health issue.

MENTAL/PHYSICAL DISABILITY

Participants were asked if they had any non-gender related diagnosis, including mental health condition, physical disability, or learning disability.



Mental/Physical Disability Data Analysis

A total of 31% reported that they did have another diagnoses. Some participants have multiple diagnoses; the graph below shows percentage of first diagnoses, and second diagnoses for participants.

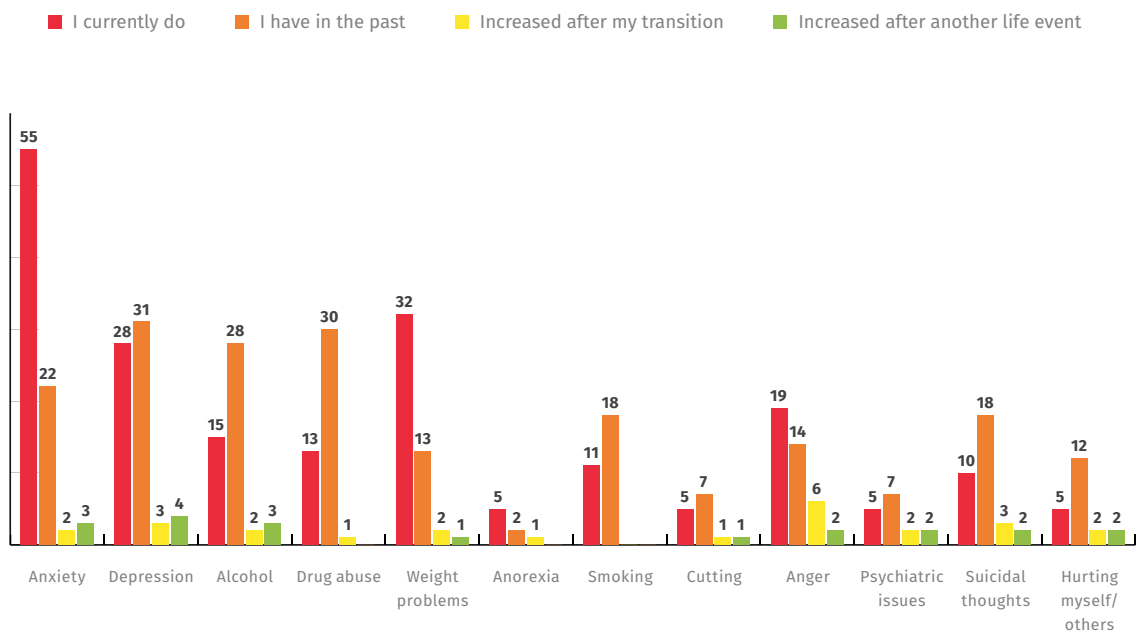


“It’s important for me to have access to mental health, because I have depression, anxiety and many other things. Therapy and medication help me a great deal.”

“HAVING ACCESS TO MENTAL HEALTH HELPS ME TO SEE, UNDERSTAND, AND ACCEPT THE DIFFERENT SITUATIONS AND ADVERSITIES IN MY LIFE. IT HELPS ME TO FIND AND REACH A PLACE OF BALANCE AND PEACE.”

WHAT DO YOU STRUGGLE WITH?

Participants were asked if they were struggling with any of the following.



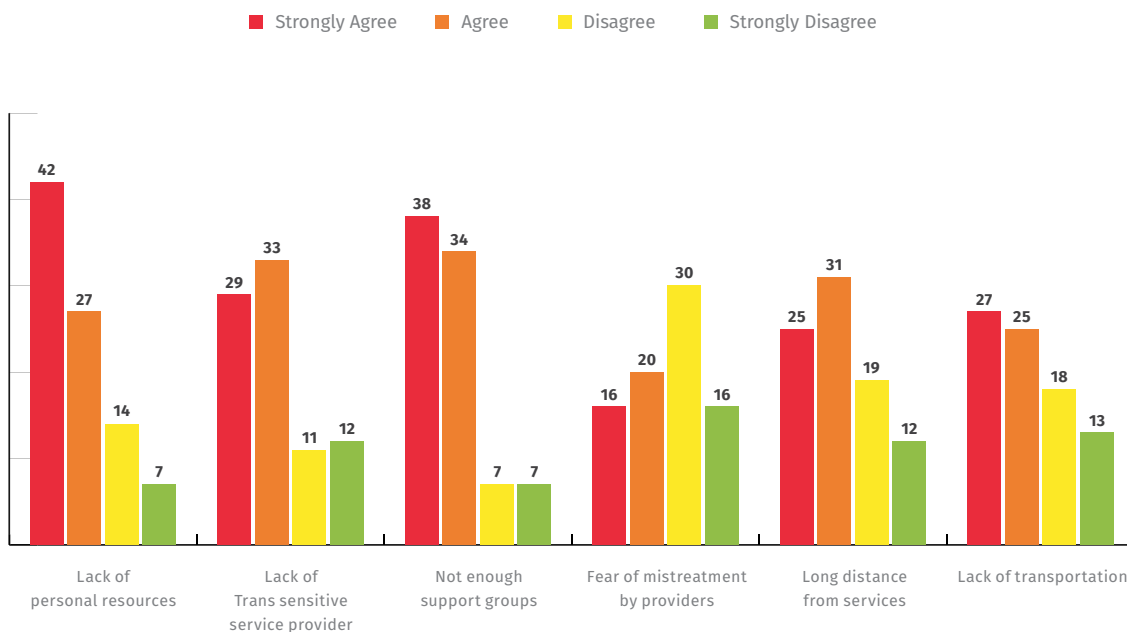
Struggles Data Analysis

A total of 42% participants reported that they currently struggling with anxiety. Overall, 49% of participants are reported receiving assistance for their current struggle listed below, while 51% are not getting the care they need.

MENTAL HEALTH (CONTINUED)

REASONS WHY MENTAL HEALTH NEEDS ARE NOT BEING MET

Participants were asked about reasons for why they may not be getting the mental health care they need.



Mental Health Reasons Data Analysis

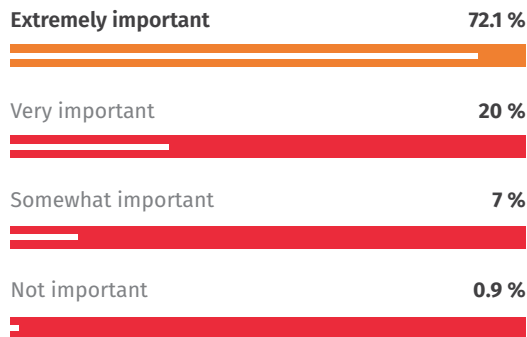
Lack of personal resources, not enough support groups available, and long distances to services stand out as the main reasons for why Trans Latin@s are not receiving the mental health care they need.



“It’s important for me to have access to mental health, because I have depression, anxiety and many other things. Therapy and medication help me a great deal.”

IMPORTANCE OF MENTAL HEALTH

Mental healthcare is either extremely important (72.1%) or very important (20%) the Trans Latin@ community.



DO YOU HAVE A SUPPORT SYSTEM?

We asked participants if they had a social support system, including friends, family, other Trans friends, etc that they could rely on.

■ Yes ■ No

Number of respondents



“ACCESS TO MENTAL HEALTH SERVICES HELPS ME COPE WITH MY STRESS AND ANY DEPRESSION, DYSPHORIA, AND BAD THOUGHTS I MIGHT HAVE.”

Support System Data Analysis

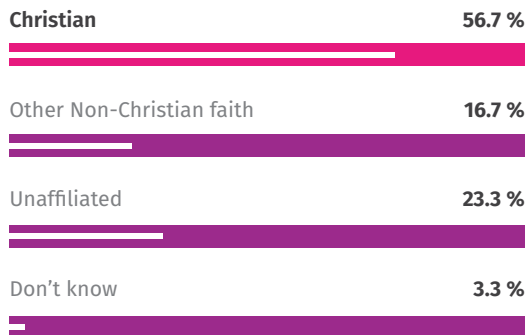
For the 82% of participants that indicated they had someone in their life they felt supported by, most often it was a family member, partner, friends, Trans support group, another Trans friend(s), and/or co-workers.

or many participants reported that having a support system helps with their mental health. Often times support goes beyond emotional mental well-being, and support from friends and family entail providing a place to stay and food to eat.

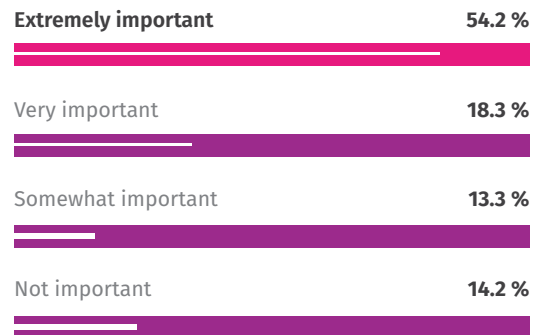
SPIRITUAL SERVICES

SPIRITUAL AFFILIATION

The section addresses the role of spirituality in Trans Latin@s lives.



HOW IMPORTANT ARE SPIRITUAL SERVICES TO YOU?



Spiritual Data Analysis

Spiritual services prove to be something that is very important for the Trans Latin@ community and it is often tied to their overall health and well being.

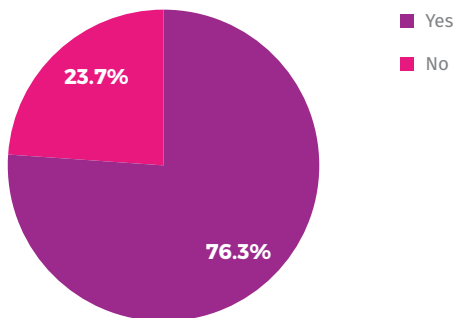
The majority of Trans Latin@s report being affiliated to a Christian faith, while 23.3 are unaffiliated to any religious institution.

A total of 16.7% of participants reported practicing something other than Christianity, including Santeria, Native American practices, Buddhism and Judaism.

Close to 73% of participants reported that spiritual services are either extremely important or very important to them. Accordingly, 66.4% of participants mentioned that they do not need to hide who they are because of their religion.

Lastly, 68.2% participants feel welcome and accepted by their religion.

IS SPIRITUALITY IMPORTANT TO YOUR OVERALL HEALTH?



Importance of Spirituality Data Analysis

When asked if spirituality is important to your overall health, a total of **90 participants** (76.3%) responded that **spirituality** was **important** to their overall health and well being.

“MY BUDDHIST PRACTICE HAS EXTREMELY HELPED ME AND PULLED ME OUT OF MY DEPRESSION AND HAS LESSENERD MY ANXIETY. IT HAS GIVEN ME THE CONFIDENCE AND ABILITY TO LOVE MYSELF.”

“...[My church] gives me hope... I get all the support in this Church. I’m blessed with God and having people that care NOW...just the hugs we get, the conversations that picks me up and keeps me moving...So I’m okay.”

RECOMMENDATIONS



HOUSING

HOUSING IS AN ESSENTIAL NEED FOR ANYONE TO BE ABLE TO HAVE A DECENT LIFE. EMERGENCY HOUSING THAT LEADS TO STABLE PERMANENT HOUSING IS SOMETHING THAT IS VERY MUCH NEEDED FOR TRANS LATIN@S. ACCESS TO STABLE AND PERMANENT HOUSING WILL ALLOW TRANS LATIN@S TO BE HEALTHY INDIVIDUALS, THEREFORE ENSURING A HIGHER QUALITY OF LIFE. THE FOLLOWING ARE OUR RECOMMENDATIONS FOR HOUSING:

- » We recommend that legislators and policy makers fund an emergency shelter in key area(s). An emergency shelter will support Trans Latin@s in Southern California to start a path toward a healthy way of living. Having an emergency shelter will support Trans Latin@s in finding a safe place to deal with whatever they may be going through. Safe and secure housing for Trans Latin@s will reduce stress related to being homeless. It can eliminate other potential health risks such as the involvement in the sex trade for survival, and lessen the incidents of HIV and STDs among Trans Latin@s.
- » Intentionally invest and develop transitional housing programs that will support Trans Latin@s to attain stability. A transitional housing program can provide the opportunity for Trans Latin@s to learn technical skills that will support them to get jobs and long term stability. These transitional housing programs should be of one to two years maximum depending on the needs of the individual. Transitional housing programs are a path for a permanent housing opportunities and programs and must be available for Trans Latin@s in key areas in Southern California.
- » Government and service providing agencies, government elected officials and policy makers, must intentionally invest in permanent and affordable housing opportunities for Trans Latin@s residing in Southern California. Local Latin@, social justice, housing rights, immigrant and Trans organizing groups, must continue to organize and demand permanent housing opportunities to be met for Trans Latin@s in Southern California. In order for housing disparities to be addressed, organizing groups, agencies (both government and service providing) must work together to ensure Trans Latin@s become healthy through permanent housing.



EMPLOYMENT

EMPLOYMENT IS ONE OF THE BASIC NECESSITIES FOR PEOPLE TO HAVE A WAY TO SUSTAIN AND TO THEMSELVES AND ACQUIRE BASIC NEEDS. FOR TRANS LATIN@S, HAVING EMPLOYMENT OPPORTUNITIES IS VERY CHALLENGING BECAUSE OF THE CONTINUOUS DISCRIMINATION THEY FACE AS A COMMUNITY. THESE RECOMMENDATIONS ARE POSSIBLE WAYS TO ADDRESS THE EMPLOYMENT DISPARITIES AMONG TRANS LATIN@S IN SOUTHERN CALIFORNIA:

- » The State of California Workforce Development Board must fund Trans led organizations and programs in Southern California to work with workforce development agencies to provide training and capacity building on Trans culture and inclusivity.
- » The California State Workforce Development Board must mandate all workforce development centers and government agencies that they fund, (city and county) to take a minimum of eight (8) hours of Trans cultural sensitivity trainings to be able to understand issues related to Trans individuals. These trainings must be taken at least once a year and must receive some type of acknowledgment documenting that they had received this training. This should be part of their annual review and agency requirements to be able to obtain funding from the State of California Workforce Development Board.
- » The California Workforce Development Board must allocate funding to work with Trans led groups and organizations to develop the work force and technical abilities in Trans Latin@ communities to gain skills and obtain jobs in different industry sectors.
- » Local Workforce development agencies must obtain training on Trans sensitivity and inclusivity in the workplace. Local Workforce development boards have the ability to fund and contract with local Trans led groups and organizations to be able to do these trainings.
- » Workforce development centers and nonprofit organizations must develop programs that support Trans Latin@s in attaining employment. These agencies must develop relationships with different industries to be able to have an array of employment options for Trans Latin@s in Southern California



MEDICAL
HEALTH

MEDICAL HEALTH PERTAINS TO ONE’S OVERALL PHYSICAL HEALTH. HISTORICALLY, TRANS PEOPLE HAVE BEEN PATHOLOGIZED IN THE MEDICAL ESTABLISHMENT. AS A RESULT, TRANS PEOPLE HAVE OFTEN BEEN DISCRIMINATED AGAINST WHEN TRYING TO ACCESS BASIC MEDICAL NEEDS. THESE ARE OUR RECOMMENDATIONS RELATED TO THE MEDICAL HEALTH FOR TRANS LATIN@S:

- » An individual’s gender may not “align” with the patient’s genitalia, we ask that medical practitioners and staff respect the dignity of each patient, and ask patients to identify their preferred gender identity.
- » Develop and pass legislation that supports Trans Latin@s to cover expenses when accessing emergency rooms, clinics or hospitals.
- » Intentionally allocate funding streams to provide training to doctors and staff on Trans health to be able to provide culturally competent healthcare to Trans Latin@s and their needs. We highly recommend that at least one person who is knowledgeable about Trans health care and is bilingual be scheduled to work at any given shift.
- » Create and develop a statewide standard training curriculum to be used to train in medical schools, emergency rooms, and in hospitals about Trans Latin@s health.
- » Educate and train Trans Latin@s in Southern California about their rights when it comes to medical care so that Trans Latin@s can empower themselves on how to advocate for themselves on their rights in the medical establishment
- » Develop programs related to sexual health for Trans Latin@s that can be integrated into their HIV prevention programs.
- » Create programs in clinics or medical services that provide transportation services to Trans Latin@s in Southern California so that they can have better accessibility to basic medical services.
- » Develop programs that will support Trans Latin@s with dental health care and hygiene.
- » Develop programs and services that could provide medicinal alternatives for Trans Latin@s in Southern California.

**SEXUAL
HEALTH**

SEXUAL HEALTH IS AN IMPORTANT COMPONENT OF A PERSON'S QUALITY OF LIFE. IT IS SHAPED BY MANY FACTORS THAT INCLUDE PHYSICAL, SOCIAL AND MENTAL WELL-BEING. FOR TRANS LATIN@S SEXUAL HEALTH CAN BE PUT AT RISK DUE TO TRYING CIRCUMSTANCES .

- » Sexual health care providers should be trained on cultural competence and non-discrimination. Clinics and sexual health providers should be trained in Trans appropriate care and inclusivity.
- » Providers should create gender inclusive services to Trans individuals.
- » An individual's gender may not "align" with the patient's genitalia, we ask that sexual health care providers and staff respect the dignity of each patient, and ask patients to identify their preferred gender identity.
- » Intentionally allocate funding streams to provide training to sexual health care providers to provide culturally competent healthcare to Trans Latin@s and their sexual health needs. We highly recommend that at least one person who is knowledgeable about Trans sexual health and is bilingual be scheduled to work at any given shift.



MENTAL
HEALTH

MENTAL HEALTH IS ONE OF THE ISSUES THAT AFFECT MANY PEOPLE. THE CALIFORNIA HEALTH CARE FOUNDATION STATES THAT AT LEAST 1 IN 20 INDIVIDUALS IN CALIFORNIA SUFFER FROM MENTAL HEALTH ILLNESS . ALTHOUGH THERE IS NO SPECIFIC INFORMATION ABOUT TRANS INDIVIDUALS IN CALIFORNIA AND ISSUES RELATED TO THEIR MENTAL HEALTH NEEDS, WE ARE PROVIDING RECOMMENDATIONS FOR CONSIDERATION BASED ON THE RESULTS OF THIS REPORT. THESE ARE OUR RECOMMENDATIONS:

- » We recommend that legislators and policy makers intentionally allocate funding to pursue research on the mental health needs and issues related to Trans individuals in the state of California.
- » Anxiety is one of the issues that affect Trans Latin@s in Southern California. We recommend that local mental health departments work with local Trans led groups and organizations to provide mental health services and counseling to Trans Latin@s.
- » Look at alternatives programming that will support Trans Latin@s in lowering their levels of anxiety. Such as art programs like painting, theater, spoken word, etc.
- » Creation of programs around smoking cessation targeting Trans Latin@s in Southern California. Programs should include culturally competent Trans Latin@ counseling sessions and providing strategies for reducing smoking habits.
- » We recommend the creation of support groups that are Trans led by Trans led organizations so that members of the Trans Latin@ community can see themselves reflected. We need to develop Trans Latin@s leaders so that they can lead the proposed support groups. This is crucial because Trans Latin@s stated that having peer support is very important to them.
- » Trans Latin@s need to have mental health services that are easily accessible to get to. Mental health services must be Trans competent and sensitive. Having easy access to mental health services would add to the support network that Trans Latin@s have.

⁵ California Health Care Foundation: <http://www.chcf.org/publications/2013/07/data-viz-mental-health>



SPIRITUAL
HEALTH

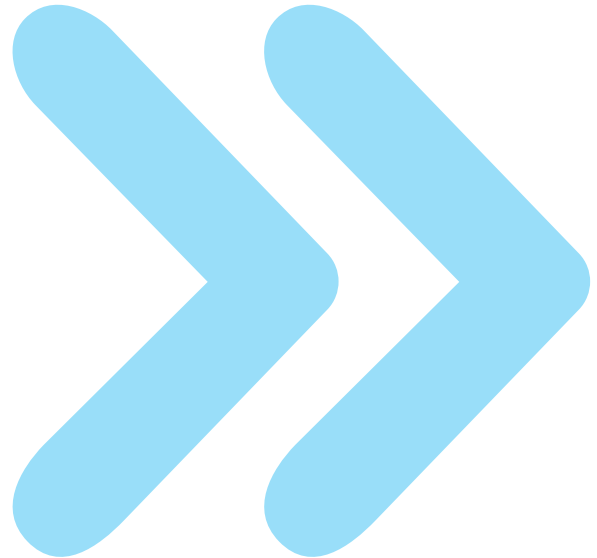
“RELATED TO SPIRITUALITY IS THE POWER OF HOPE AND POSITIVE THINKING.”⁶ IN THIS REPORT, SPIRITUAL SERVICES WERE EXTREMELY IMPORTANT TO TRANS LATIN@S. SPIRITUALITY IS OFTEN ASSOCIATED WITH HEALING AND EMPOWERING INDIVIDUALS WHO EXPERIENCE TRAUMA. THESE ARE SOME OF OUR RECOMMENDATIONS:

- » Create and develop programs that have a spiritual component to them. Integrating spiritual components into social services and health care settings will support Trans Latin@s to see themselves represented in a different way.
- » Trans Latin@s must be well informed about the spiritual services that exist and where they are welcome, such as LGBTQ specific churches, as well as other denominations. While a good percentage of Trans Latin@s feel welcome in their place of worship, many stated that they do not feel welcome.
- » We recommend that service providers work together with LGBTQ spiritual leaders in the Southern California area to bridge their services to Trans Latin@s who feel marginalized or isolated from spirituality.

⁶ Puchalski, Christina M. (2001) “The Role of Spirituality in Health Care.” Proceedings (Baylor University. Medical Center) 14.4: 352–357. Print.

FUTURE RESEARCH

- » We recommend that organizations and institutions of higher learning continue to provide support for additional research projects in order to access a wider range of Trans Latin@ participants. It is important to assess additional needs and perspectives of this diverse community so that service providers and policy makers get a better understanding of the needs of this community. Our hope is that members of the community can access much needed resources in order to improve their quality of life and health.
- » We recommend that scholars conduct further research in areas such as family acceptance, HIV incidence and prevalence, matters that contribute to depression and suicide, the impact of sex work on the lives of TransLatin@s, the role of sexual health and pleasure in the lives of Trans Latin@s, reproductive health, as well as look to experiences of Latin@ transmen.



11. To the best of your ability, please estimate the following ages. If it does not apply to you, or you have no desire to transition, mark "N.A." for not applicable.

Age in
Years

N/A

- a. Age you first recognized you were different in terms of your gender.
- b. Age you began to live part time as a transgender/gender non-conforming person
- c. Age you began to live full time as a transgender/gender non-conforming person.
- d. Age that you first got any kind of transgender-related medical treatment.

12. For each of the following documents, please check whether or not you have been able (allowed) to change the documents or records to reflect your current gender. Mark "N/A" if you have no desire to change the gender on the document list.

	Yes, changes allowed	No, changes denied	My legal status does not allow me	Not tried	N/A
Birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drivers License and/or state issues non-driver ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social security records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Military discharge papers (DD 214 or DD 215)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional licenses or credentials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. What is the highest level of education you have completed (either in the U.S. or country of origin)?

- No formal education
- Elementary School
- Some high school
- High school graduate –HS Diploma or equivalent (GED)
- Some college credit
- Technical school degree (such as cosmetology, computer technician, or mechanic)
- Bachelor’s Degree
- Associate’s Degree (AA, AS)
- Master’s Degree (MA, MS, ME, Med, MSW, MBA)
- Professional Degree (Md, DDS, DVM, JD)
- Doctorate Degree (PhD, EdD)
- Other: _____

14. What is your **individual** income (before taxes)?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- More than \$80,000

15. How many individuals currently rely/depend on your income? (Mark all that apply)

- My child/children, if so how many: _____
- My parent(s), if so, how many: _____
- My sibling(s), if so, how many: _____
- Other relatives under 18, if so how many: _____
- Other relatives over 18, if so how many: _____
- Friend(s), if so how many: _____
- Spouse/Partner

- Other: _____
16. What is your sexual orientation?
- Heterosexual
 Homosexual
 Bisexual
 Asexual
 Auto sexual
 Other: _____
17. What is your relationship status?
- Single
 Partnered
 Domestic Partnership
 Civil Union
 Married
 Separated
 Divorced
 Widowed
 Other: _____
18. What is your current living situation?
- Homeless (This includes if you are sleeping on a friends couch)
 Living in a shelter
 Living in a group home facility
 Living in a nursing/adult care facility
 Living on campus/university
 Living with parents or family you grew up with
 Staying with friends or family temporarily
 Living with a partner, spouse or other person who pays for housing
 Living in house/apartment/condo | RENT alone or with other
 Living in house/apartment/condo | OWN alone or with others
19. If you are currently homeless, do you know where there is a shelter where you feel you will be respected for who you are and will sleep at peace tonight?
- Yes
 No
 If yes, please tell us the name of this place
20. Have you been homeless in the past 12 months? (being homeless means sleeping at a friend's couch, or temporarily staying at someone's house that is not your permanent place of living)
- Yes
 No
21. If you have experienced homelessness in the past 12 months, please briefly tell us what caused you to be homeless: Please explain below
22. If you are or have experienced homelessness, what do you need order to secure stable housing? Please explain below
23. Do you believe that having stable housing is important to your health?
- Yes
 No
 Please explain why **it is** important or why **is not** important.
24. What is your current employment status? (Mark all that apply)
- Full-time
 Part-time
 More than one job
 Self-employed, own your business
 Unemployed but looking
 Unemployed and stopped looking
 On disability
 Retired
 Other, please specify: _____
25. If you are currently employed please describe your work or vocation:
26. If you do not have what is typically called employment, please describe how you sustain yourself.
27. Do you have employment that provides you with health care insurance

- Yes
- No

28. If you do have health insurance through your employer, does your insurance and/or doctor provide trans-related care and coverage?

- Yes
- No

29. If yes, please explain what your insurance covers under trans related care.

30. Do you believe that having permanent employment is important to your overall health?

- Yes
- No

Please explain why you think having employment **is important** to your health or why is **not important** to your health.

31. Please describe what would be the ideal job that you would like to have in the next three years.

32. What type of health insurance do you have? If you have more than one type of coverage, check the one that you usually use to cover doctor and/or hospital bills.

- I have NO health insurance coverage
- Insurance through a current or former employer (employee health plan, COBRA, retiree benefits)
- Insurance through someone else's employer (spouse, partner, parents, etc.)
- Insurance you or someone in your family purchased
- Medicare
- Medicaid/Medi-Cal
- Military health care/Champus/Veterans/Tri-Care
- Student insurance through college or university
- Other public (such as state or county level health plan, etc.)
- Other, please specify: _____

33. Are currently enrolled in health insurance through Covered California?

- Yes,
- No

If no, why not?

34. What kind of place do you go to most often when you are sick or need advice about your health?

- Emergency room
- Private Doctor's office
- Health clinic or health center that my insurance pays for
- Free health clinic
- V.A. (veteran's) clinic or hospital
- Alternative medicine provider (acupuncture, herbalist), specify: _____
- Not applicable, I do not use any health care providers
- Other: _____

35. The following are a list of possible reasons why you may not get the health care you need. Based on your own situation, please rate your agreement or disagreement.

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
a. Lack of personal resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Clinics having fear about Trans people or dislike of Trans people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Lack of health professionals adequately trained to deliver healthcare to Trans people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Long distances to Trans sensitive medical care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Doctors and other healthcare workers who refuse to provide services to Trans people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Fear that if medical personnel find out I'm Trans, they will treat me different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Lack of transportation to get to the services I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Please mark below the overall medical services that you have had access to in the past 12 months.

	Yes, I paid out of pocket	Yes, my insurance covers	No, Was unable to access	Do not know what this is
Annual Physical Exam				
Routine Prescriptions				
Dental Care				
Routine Medical Screening				
Emergency Room Visits				
Vision Care				
Routine Hospitalization				
Specialist Care				
Gynecological Care				
HIV Care				
High blood pressure				
Cardiologist				
STD testing				
Dermatologist				
Nutritionist				
Foot doctor				
X-Rays				
Surgeries (what type: write in below)				
Endocrinologist				
Other (please specify): _____				

37. Please mark below if you received or want to receive health care related to being transgender/ gender non-conforming. If you have no desire to do so, please mark not applicable.

	Do not want it	Want it someday	Have had it	Not applicable
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormone Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Top/chest/breast surgery (chest reduction, enlargement, or reconstruction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male-to-female removal of the testes (orchiectomy,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male-to-female genital surgery (vaginoplasty; removal of penis and creation of a vagina, labia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female-to-male hysterectomy (removal of the uterus and/of ovaries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female-to-male genital surgery (clitoral release/metiodioplasty/creation of testes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female-to-male phalloplasty (creation of penis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facial cosmetic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrolysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. If you have marked had any of the procedures done in Question 37, please tell us how you have/ or are you accessing those services:

39. Do you believe that having access to the procedures listed above (Question 37) are important for your overall wellbeing?

- Yes
- No

a. Please explain why yes **it is important** or why not, is **not important**?

40. Do you believe that having access to a doctor on a regular basis is important to your health?

- Yes

No

a. Please explain why yes **it is important** or why not, is **not important**?

41. How important is it to you to have a regular doctor that supports your health goals?

Extremely Important

Very Important

Somewhat important

Not important at all, I can be healthy even if I don't have a regular doctor

42. Do you use protection when engaging in sexual activity (penetration/oral)?

Yes

No

a. Why or why not

43. Do you feel knowledgeable about practicing safe sex?

Yes

No

44. Do you know where to learn about safe sex practices?

Yes

No

45. Have you ever been tested for HIV and STDs?

Yes

No

46. If yes, how often do you get tested for HIV and STDs?

I've only been tested once

Every six months

Every year

Every time I am with a new intimate partner

Other: _____

a. If yes, where do you go get tested for HIV and STDs?

47. Have you not been tested for HIV because of any of the following reasons (mark all that apply.)

I feel healthy

I always practice safe sex

I don't know where I can get tested

I don't want to experience shame

I'd rather not know my status

Other: _____

48. What is your HIV status?

HIV positive

HIV negative

Don't know

49. If you are HIV positive, are you currently receiving treatment?

Yes

No

50. If you are receiving treatment, is it covered by your insurance?

Yes

No

51. If you don't have insurance, how are you obtaining HIV treatment/prescriptions?

52. Have you ever received a gender-related mental health diagnosis?

No

Yes. My diagnosis is: _____

53. Not including a gender-related mental health diagnosis, do you have a disability (physical, learning, mental health) that substantially affects a major life activity?

Yes

NO

54. If yes, what is your disability? (Mark all that apply.)

Physical condition

Learning disability

Mental health condition

55. Have you ever been a victim of domestic violence or intimate partner violence because of being transgender?

Yes

No

56. Do you struggle with any of the following to cope?

I currently do	I have in the past	This increased after my transition	This increased after another life event (job loss, death, etc)	Not applicable
-------------------	-----------------------	---	---	-------------------

- Anxiety
- Clinical or severe depression
- Alcohol abuse
- Drug abuse
- Weight problems
- Anorexia
- Auto-immune problems
- Smoking
- Cutting
- Anger
- Psychiatric issues
- Thoughts of Suicide
- Hurting myself or others
- Other:

57. For those boxes that you marked and you are currently struggling with, are you getting any assistance/ help?

Yes
 No

58. If not, would you like to get a referral?

Yes
 No

59. The following are a list of possible reasons why you may not get the mental health care you need. Based on your own situation, please rate your agreement or disagreement.

	Strongly agree	Agree	Disagree	Strongly disagree	N/A
a. Lack of personal resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Long distances to Trans sensitive mental health care facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Fear that if mental health professionals find out I'm Trans, they will treat me different	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of psychologists, social workers, and mental health counselors who can help Trans individuals with mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not enough psychological support groups for trans people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Lack of transportation to get to the services I need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Please let us know of any barriers that may keep you from accessing mental health help and support.

61. Do you currently have a social supportive system (including friends, family, other trans friends, etc.)?

Yes
 No

a. If yes, please explain who is your social support system, if not please explain why you do not have a social support system currently

b. How does the social supportive system you have in place impact your overall wellness?

62. Do you believe that having access to Mental Health services on a regular basis is important to your health?

Yes
 No

Please explain why yes, it **is important** or why you think is **not important**

63. How important is to you to have regular Mental Health services that supports you to be a healthy individual

Extremely Important

- Very Important
 Somewhat important
 Not important at all, I can be healthy even if I don't have a regular mental health services

64. I partake in the following spiritual practices:

- prayer
 faith healing
 homeopathy
 magnetic therapy
 numerology
 astrology/horoscopes
 gem-stone/crystals
 Palmistry
 Tarot

65. My religious affiliation is (Mark all that apply)

- Christian
 - Protestant
 - Evangelical
 - Mainline
 - Catholic
 - Orthodox Christian
 - Mormon
 - Jehovah's Witness
 - Other Christian faith, please specify _____
- Other Non-Christian Faiths
 - Santeria
 - Native American religions/practices
 - Buddhist
 - Jewish
 - Hindu
 - Muslim
 - Other non-Christian faith, please specify: _____
- Unaffiliated
 - Atheist
 - Agnostic
 - Nothing in particular (believe in a higher power)
- Don't know

66. Do you feel welcome and accepted by your religion and/ or place of worship?

- Yes
 No

67. Do you feel that you have to hide who you are because of your religion?

- Yes
 No

68. How important is to you to have regular spiritual/religious services?

- Extremely Important
 Very Important
 Somewhat important
 Not important at all, I can be healthy even if I don't have regular spiritual/religious services

69. Do you believe that having access to spiritual/religious services on a regular basis is important to your health?

- Yes
 No

Please explain why yes or why not:

70. Anything else you'd like to tell us about your needs as a Latina/o trans/transgender person?



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