

Access **DENIED:**

Washington, DC Trans Needs Assessment Report

November 2015



"Every breath a trans person takes is an act of revolution."

-Lourdes Ashley Hunter, MPA



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Survey Instrument

A copy of the survey instrument used is available for download at www.dctranscoalition.org.

Partner Organizations and Roundtable Hosts

Casa Ruby

DC Area Trans masculine Society (DCATS)

Helping Individual Prostitutes Survive (HIPS)

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Dedication

This report is dedicated to the memory of Roberta Heather Gills, affectionately known to her friends as Bobbie, a tireless organizer with the DC Trans Coalition who was instrumental in this project from its inception. In addition to her work on this needs assessment, Bobbie was a strong advocate in the movement that led to the successful passage of the Deoni Jones Birth Certificate Amendment Act of 2013, served as co-chair of Capital Trans Pride for two years, and was president of the Northern Virginia Community College Gay-Straight Alliance. She passed away on June 7, 2014, at the age of 63. Our collective fight for justice is stronger because of her leadership.

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Introduction

Trans Needs Assessment Survey

Washington, DC. has many of the most progressive and trans inclusive non-discrimination laws in the nation, yet transgender, transsexual, trans-spectrum (henceforth ‘trans’) and gender-non conforming residents continue to experience devastatingly high rates of poverty, under- and unemployment, employment discrimination, and health disparities. As a means to address these issues, members of the community, academics, activists, and volunteers worked together to develop a needs assessment survey that could directly document the issues facing trans and gender non-conforming residents of Washington, DC. Now completed, this survey, the “Trans Needs Assessment Survey,” is, to date, the largest city-based, trans-specific needs assessment in US history, with over 500 participants. In addition to documenting a significant portion of the Washington, DC population (roughly 602,000 in 2013), the process of developing and implementing this survey integrated redistributive justice models of social action and applied academic work, providing fiscal and professional growth opportunities to members of the trans and gender non-conforming community—in particular trans women of color— in Washington, DC. All funds raised in assistance of this project were funneled directly to those trained to collect surveys, while those with academic and professional affiliations donated labor and expertise. We, the coalition of activists, academics, and community members that came together to do this work, directly attribute the success of this survey to these public and redistributive justice models and implore those making use of this data to employ these same models in their own work.

The following section serves as a summary of the findings of the Trans Needs Assessment Survey. This summary outlines the documented needs and priorities of trans communities working, living or utilizing resources in Washington, DC. We have grouped some of these issues and themes into separate chapters that follow. At the closing of each chapter, we also feature community response and recommendations to these issues. We strongly encourage those referencing this document, and any data within, to view these responses as both professionally informed suggestions and functional guidelines to addressing affiliated issues.

Summary of Findings

I: Education

As compared to the non-trans population of Washington, DC, fewer trans persons have an associate degree or higher.

- 42% of trans people over 25 in this survey had an associate degree or higher compared to 55% of people in Washington, D.C. older than 25.

White trans people are substantially more likely to achieve an associate degree or higher as compared to black and Hispanic trans people.

- 66% of white trans people have finished an associate degree or higher compared to 14% of black and 15% of Hispanic trans people.

Trans people lacking an associate degree or higher are three times more likely to be unemployed than trans people with a degree.

- 16% of trans people with an associate degree are unemployed compared to 47% of trans people who do not have a degree.

As compared to non-trans Washington, DC residents with a bachelor's degree, trans people with a bachelor's degree are five times more likely to be unemployed.

- 14% of trans people older than 25 in this survey said they were unemployed compared to 3% of people in Washington, DC older than 25.
- Trans masculine persons are 3 times more likely to have achieved a degree beyond high school as compared to trans feminine persons. Seventy-one percent (71%) of trans masculine persons report attaining a higher education degree as compared to only 29% of trans feminine individuals.

One hundred eleven (111) participants of taking this survey report having attended a Washington, DC school while identifying or presenting as a trans person. Out of the respondents who attended high school while in Washington, DC 49% of those who were harassed ultimately dropped out of school.

II: Economics and Income

Significantly, nearly half of all trans persons living in Washington, DC earn below \$10,000 a year, with trans communities of color experiencing even greater levels of poverty.

- *Over 46% of our respondents made below \$10,000, compared to only 11% of Washington, DC residents. Trans persons of color, particularly trans women of color, face the greatest economic hardships of those we surveyed, with 57% making below \$10,000.*

The trans population in Washington, DC faces extremely high rates of unemployment, with 36% reporting unemployment compared to just 9% of Washington, DC residents.

- Black trans persons had the highest rate of unemployment at 55%.
- Even among those with an associate degree or higher, the unemployment rate was still higher (16%) than Washington, DC's overall rate of 7.5%.

Roughly half of trans persons who report being unemployed currently earn income through underground or grey economy work.

- Over 51% of unemployed transgender persons work at least one job in the underground/grey economy
- Those working in the informal economy are significantly more likely to be victims of violence, with over 49% having been physically assaulted due to being perceived as transgender vs. the already high 42% for trans respondents overall.

Hiring discrimination is an additional barrier for trans persons seeking employment. *Over 40% of our respondents had been denied at least one job due to being perceived as trans.*

- Importantly, significantly more trans persons of color were denied a job (49%) than whites (30%).

For trans persons who have been employed, half report experiencing workplace harassment.

- Types of harassment included being asked inappropriate questions about surgical status (44%), denied access to appropriate bathrooms (28%), and force to present as wrong gender (27%).

Thirteen (13%) of our respondents report physical assault in the work place.

- Persons of color were significantly more likely to have been sexually or physically assaulted (21%), compared to Whites (6%).
- Those who had an associate degree or higher were less likely to have been assaulted (6%) compared to those who had some college or less (19%).

III: Housing and Homelessness

Trans persons living in Washington, DC face immense barriers in achieving stable housing, with 20% of those taking the survey reporting that they are currently experiencing homelessness. White and Hispanic trans feminine and trans masculine individuals were equally likely to have experienced hardship. Those currently experiencing homelessness are significantly more likely to be HIV positive (43%) than those with homes (16%).

- Black trans feminine individuals were significantly more likely to have experienced hardship (74%) than black trans masculine individuals (29%). Those currently homeless were significantly more likely to be trans feminine (28%) than trans masculine (6%).
- Half of those currently experiencing homelessness report relying on informal and grey economic work for income (such as sex work). Over a quarter of those that reported experiencing homelessness also report having had sex with people in order to live with them (27%). Seventy (70%) of those who report having experienced homelessness also report having been denied a lease in the past.
- Half of those who identified themselves as undocumented also report currently experiencing homelessness.
- Of those who were homeless, 24% had been physically or sexually assaulted by police.
- Of those that reported living in a shelter, 41% had either been physically or sexually assaulted by shelter inmates or staff.

Roughly 1 out of 4 of survey respondents reported being denied a lease due to being perceived as transgender.

- Trans feminine individuals (28%) were twice as likely to have been denied as trans masculine individuals (13%).
- Black (30%) and Hispanic (33%) trans individuals were three-times more likely than white (9%) trans individuals to have been denied a lease.

Those who were undocumented (58%) were more likely to have been denied than documented individuals (19%). Having been assaulted in a shelter was significantly associated with a history of suicide attempt.

IV: Citizenship

Of those that responded, 376 participants identified as US citizens, 41 identified as a documented non-citizen, and 37 as undocumented non-citizens.

V: Civic Profile: Voting and Identity Documents

Of those that responded, only 43% report being registered to vote. While overall, 66% of those who took this survey report being registered to vote, this rate is significantly lower among those identifying as Hispanic, with only 38% reporting they are registered to vote. White identifying persons had the highest rate of reporting they were registered to vote at 77%, with black identifying persons at 65%. Additionally, slightly more trans masculine identifying persons report being registered to vote than trans feminine identifying persons (71% versus 62%).

Of those who did not have a form of ID that reflects their gender, only 38% report being register to vote.

Of those that took this survey, *only half* report that they have *ANY* form of identification that reflects their gender identity. This includes a passport, a driver's license, a social security card and/or a birth certificate. Importantly, this rate (slightly above or slightly below 50%) was consistent across racial groups and gender identity.

For those that had documents that reflected their gender identity:

- 42% have a driver's license that reflects their gender identity
- 25% have a social security record that reflects their gender identity
- but only 19% have a passport that reflects their gender identity
- 15% have a birth certificate that reflects their gender identity

VI: Sexual Orientation and LGBT Service Experiences

The sexual orientations of those who took this survey varied across a wide spectrum of identities. Importantly, this survey allowed individuals to 'check all' identities that applied to them. The most common identities were 'queer,' with 25% of participants including this among the terms describing their sexual identity, and 'straight/heterosexual,' with 20% of participants including this term. Importantly, individuals who may identify as both 'queer' and 'straight/heterosexual.' 'Gay,' 'bisexual' and 'same-gender attracted/loving' were included among 19%, 18% and 11% of terms of identification, respectively.

As sexual orientation is inherently gendered (such as 'gay' being used to identify a man who is attracted to other men), how one identifies their sexual orientation is complicated if one's gender identity, or the identity of those they partner with, is fluid. Additionally, sexual orientation may also represent the communities one identifies with, regardless of sexual desire. Thus, this survey exemplifies the complexity of sexual orientation and identity and how it is both independent of gender identity, as well as implicitly tied to it.

Importantly, half, or 50%, of all of those who reported interacting with an LGBT specific organization report having had a *negative experience*. Twice as many trans feminine persons reported interacting with LGBT organizations as did trans masculine persons. Forty percent (40%) of those with negative experiences reported an LGBT organization or group to be unwelcome to trans persons or to address trans issues. Forty-five percent (45%) of those reporting experiences *both positive and negative* with LGBT organizations also reported the *need to educate the organization on trans issues or needs*. Only 32% of those reporting experiences with LGBT organizations also reported that an LGBT organization was both welcoming and prepared to address trans specific issues or needs.

VII: History of Sex Work

Over a third (35.7%) of respondents report having engaged in sex work, or the exchange of sexual acts for money, housing and/or drugs, either currently or in the past.

Trans feminine persons (assigned male at birth) and trans persons of color were significantly more likely to have engaged in sex work. Half of trans feminine persons (assigned male at birth) report having engaged in sex work while. Only 10% of trans masculine (those assigned female at birth) report having done so. Over half of black and Hispanic trans persons also had a history of sex work, compared to 12% of white trans persons.

Individuals experiencing economic challenges were significantly more likely to have a history of sex work. Those who were currently unemployed, undocumented, homeless, or fired due to discrimination were significantly more likely to have been a sex worker than those who were not in those situations.

Significantly, those who had a history of sex work were also more likely to be HIV positive (73%) compared to those with no history (27%).

VII: HIV Status and Health

Seventy-three percent (73%) of those taking the survey report being HIV negative, with 20% reporting being HIV positive, and 7 % reporting not knowing their status. With an HIV prevalence of 3%, Washington, DC ranks 5th among all American cities in number of new HIV infections and has the largest per capita number of adults diagnosed with HIV in the United States.¹ Even in the context of the high burden of HIV in the general population in Washington, trans adults face a self-reported HIV prevalence seven times that of the rest of the District. It is essential that DC increase its efforts both to address HIV among trans people and to ensure that trans people living with HIV have access to appropriate, gender-affirming HIV care.

Consistent with national and international data on HIV among transgender persons², 20% of trans respondents reported being HIV-positive. This is nearly seven times the general population estimate of 3% for Washington, DC.³ Nearly one-third of all trans feminine respondents reported living with HIV, and an astounding 75% of those reporting living with HIV were persons of color. This incredibly high HIV prevalence is three times the 25% prevalence found in 2001 during a needs assessment conducted among trans women of color in Washington, DC.⁴

While 90% of the HIV burden was among trans feminine respondents, it's important to note that 5% of the trans masculine respondents reported being HIV-positive. Therefore, interventions to prevent and manage HIV must also address the needs of trans masculine individuals.

While Blacks make up 49% of Washington, DC residents, they make up 75% of people living with HIV. Disparities are even greater by sex with 92% of females with HIV in DC being Black and 62% of males with HIV being Black.⁵ Racial/Ethnic disparities are also seen among transgender people in this survey with 95% of all people who reported having HIV being either Black or Hispanic. These numbers highlight how the intersection of oppression related to gender and race have a devastating impact on trans people of color in Washington, DC.

General Health

- More than 84% of survey respondents identified themselves as having 'good to excellent health.' Compared to those with 'good to excellent health,' those identifying themselves as having 'poor to fair' (16%) were significantly more likely to be:
 - Uninsured (17% vs. 42%).
 - HIV positive (17% vs. 39%).
- A majority of respondents had procedures or treatment for the purpose of transitioning, and many received care from unlicensed practitioners/sources.
 - 65% had undergone procedures/treatment, and another 23% plan to do so in the future.
 - 30% had used some form of unlicensed care/source.

Health Insurance and Healthcare Discrimination

- Roughly 60% of trans individuals were uninsured or insured through public or family-contingent insurance.
 - 20% of all respondents and 14% of those who lived in Washington, DC were uninsured.
- Health care professionals have denied many trans individuals medical care based on their perceived gender.
 - 19% had been denied medical care at least once due to being perceived as transgender.

¹<http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>

² Baral SD, Poteat T, Stromdahl S, et al. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis*. 2013 Mar;13(3):214-22.

³ <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8335.pdf>

⁴ Xavier JM, Bobbin M, Singer B, et al. Needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*. 2005;8(2):31-47.

⁵ <http://doh.dc.gov>

- Many respondents obtain syringes from informal sources (other than doctor's office, pharmacy, or syringe exchange).
 - 39% of those surveyed used syringes for hormones, silicone, or drugs.
 - Among those individuals, 26% got some or all of their syringes from informal sources.

HIV

- Many respondents were HIV positive, of whom 75% were persons of color
 - 21% of all respondents, 43% of black and 33% of Hispanic respondents reported living with HIV.
 - Among those who knew themselves to be HIV positive, 45% of the uninsured were not taking HIV medication, compared to 11% of those with insurance.

Self-Harm and Drug Use

- Suicidal thoughts and actions were extremely common among those surveyed
 - 60% had seriously considered suicide, 34% had attempted suicide, and 10% had attempted suicide in the past 12 months.
 - Those who had been assaulted were likely to have attempted suicide at some point in their life.
- Among those who had attempted suicide, 61% had been physically assaulted and 54% had been sexually assaulted.
- Of those surveyed, 42% reported using drugs like heroin, cocaine, PCP, or methamphetamines either currently or in the past.

IX: Assault and Violence

Those that took this survey report having experienced disturbingly high rates of assault and harassment. Additionally, of those who report having been to prison or jail, 116 report incarcerated or detained while identifying or presenting as trans. Of those who have interacted with police, 53% interacted with police as trans person with 47% having not interacted with police as a trans person.

Of those that took this survey, 74% had been verbally assaulted, 42% physically assaulted, and 35% sexually assaulted.

- Trans feminine individuals are more likely than trans masculine individuals to have been assaulted.
 - 57% of trans feminine individuals had been assaulted compared to 17% of trans masculine individuals.
 - 47% of trans feminine individuals had been sexually assaulted compared to 14% of trans masculine individuals.
- Experiences of assault are more common among trans persons of color compared to white trans persons.
 - 54% of black and 60% of Hispanic trans persons had been physically assaulted compared to 21% of whites.
- Sexual Assault is extremely high.
 - 47% of black and 56% of Hispanic trans persons had been sexually assaulted compared to 14% of whites.
- Experiences of assault are most common among trans feminine individuals of color.
- Among Black trans persons, 62% of trans feminine individuals had been physically assaulted compared to 14% of Black trans masculine individuals.
- Among Hispanic trans persons, 70% of trans feminine individuals had been physically assaulted compared to 27% of trans masculine Hispanics.

Section I: Methodology

In early 2010, trans community members, activists, advocates and academics began what would become a 3-stage process to produce the nation's largest, city-based, trans-specific community-produced trans needs assessment project. During the 1st stage of the project, we held a series of community roundtables, facilitated by members of the community. At these round tables we asked participants to map Washington, DC through the lens of a trans person⁶. We followed this activity with a discussion about these maps, focusing on issues trans folks raised. We closed each roundtable collecting questions community members wished to see asked on the survey. At the close of this phase, lasting between 2010 and 2011, we reached a total of 109 trans community members. We based the language of this survey on issues raised during the roundtables, as well as those used in nationally-used LGBT-specific surveys, such as the joint 2011 survey produced by the National Center for Transgender Equality and the National Gay and Lesbian Task Force, federal census questions, and community-produced surveys used in local needs assessment projects, such as 2007 the Virginia Transgender Health Initiative⁷ Study and the 2000 Washington Transgender Needs Assessment Survey.⁸ Jody Herman, PhD of the Williams Institute collaborated with us in survey design and background research. Finally, in collaboration between academic researchers and at-large community members, members of the DC Trans Coalition Needs Assessment Working Group provided input and evaluation of the quality and potential of questions used in the survey. IRB approval was secured for this project by Principle Investigator Elijah Adiv Edelman, PhD through American University in Washington, DC. Veteran community activist and founder of Casa Ruby, Ruby Corado, served as our Co-investigator and Survey Collection Manager. Coding and analysis was completed by Elena Lumby, Doctoral Candidate at George Washington University.

After two rounds of internal testing, in both English and Spanish, the survey was released in both electronic and paper form in May 2012 and was closed in May 2013. The final survey consisted of 81 questions and was available in paper format and online. The survey was available in English and Spanish in both formats. Those with literacy problems and those who requested help were supported by hired community members trained to give surveys. As a component of our community based approach, we trained and hired trans survey givers with a large amount of contact with trans communities to distribute and collect surveys from populations with limited computer access. Survey givers were provided \$20 per survey collected with those completing the survey in person receiving a \$20 grocery store gift card. A link to the online-survey was emailed to roughly 200 community contacts and posted on Washington, DC-based organization websites. Funding for distribution of the surveys came through two grants from The Diverse City Fund, as well as numerous individual donors.

Upon closing in May 2013, 624 surveys were completed with a total of 521 surveys qualifying for inclusion in the data analysis. Four hundred and four of the surveys identified as residents of the District of Columbia and 117 as living within the Washington DC metropolitan area. Due to the extremely high relative cost of living in the District and the limited resources of many trans persons who took this survey, we found it imperative to include surveys taken by those living in the immediate vicinity who also reported utilizing health, medical or employment within the District.

⁶ 2011 Edelman, Elijah Adiv. This Area has Been Declared a Prostitution Free Zone: Discursive

Formations of Space, the State, and Trans 'Sex Worker' Bodies. *Journal of Homosexuality* 68(6-7): 848-864.

⁷ 'THE HEALTH, HEALTH--RELATED NEEDS, AND LIFECOURSE EXPERIENCES OF TRANSGENDER

VIRGINIANS', available at <http://www.vdh.virginia.gov/epidemiology/diseaseprevention/documents/pdf/THISFINALREPORTVol1.pdf>

⁸ 2005 A Needs Assessment of Transgendered People of Color Living in Washington, DC, Jessica M. Xavier, Marilyn Bobbin, Ben Singer & Earline Budd. *International Journal of Transgenderism*

Volume 8, Issue 2-3.

Requirements for taking the survey

The requirements for participation in this survey included:

1. Identifying as trans or gender non-conforming
2. Being at or over the age of 18
3. Living in Washington, DC or in the immediate metropolitan and receive/access services within Washington, DC

‘Cleaning the Data’

Prior to analysis, survey data was ‘cleaned,’ or edited to eliminate questions from respondents who did not meet the study criteria of being over 18, identifying as gender non-conforming, or living in Washington, DC or the Metro Area.

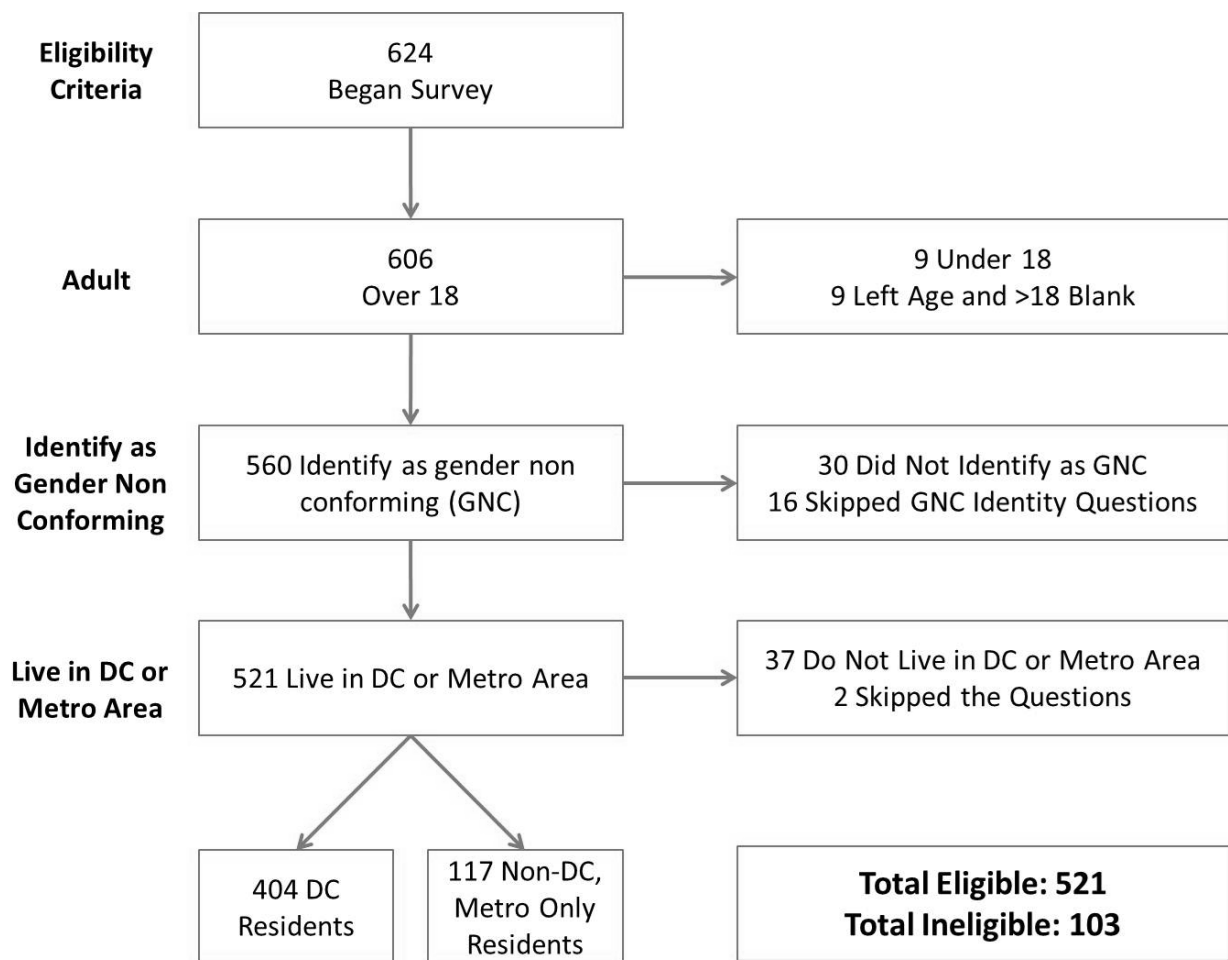
First, we sought to include only those who were adults. Individuals who responded to the question “Are you 18 years of age or older?” as “yes” were included. If an individual responded “no,” or left the question blank, we checked their response for the question “What is your age?” where they entered a numeric value. If this question was left blank, or the indicated age was under 18, the questionnaire was removed from the sample group.

Next, we addressed trans identity and/or gender non-conformity. Individuals who responded to the question “Do you now, or have you ever considered yourself to be transgender, transsexual, trans, or gender non-conforming in any way?” as “Yes” were included. If the individual said “No” or left the question blank we checked their response to “What is your primary gender identity today?” Individuals who selected, or wrote in, an identity on the trans spectrum were included. If an individual selected only a binary identity, “man” or “woman,” we then looked at their answer for “Were you assigned male or were you assigned female at birth?” If their gender identity was the same as their sex assigned at birth, or skipped all of the gender identity questions, their survey were dropped from the sample.

Finally, we sought to include only those who lived in Washington, DC, or in the Metro Area. First, we identified residents of Washington, DC. If an individual responded “yes” to the question “Do you currently live in Washington, DC” they were included. If this question was left blank, we looked at the question “What is the 5-digit zip code where you currently live or stay?” If the listed zip code was within Washington, DC, the individual was included. If the individual reported they did not live in Washington DC, we went to the question “Do you currently live in Washington DC metro area, such as Northern Virginia, or Maryland?” If they responded “yes” they were included in the survey.

Through application of the study criteria, we began with 624 surveys, and 103 were removed from the sample. The final number of surveys to be used for the report was 521. See Figure 1.0 for an illustration of how questionnaires were kept or removed from the final sample.

Figure 1.0: Determining Eligible Responses



Data Analysis and Presentation of Findings

After the data was cleaned, it was ready for analysis. Data analysis was conducted using Stata statistical software version 13 (Stata Corporation, College Station, TX). The analysis method for this report was informed by those followed in the National Transgender Needs Assessment. Each question of the survey was tabulated and included in the final report.

In cases where an individual skipped a question, they were coded as “missing” for that specific question, and not included in the denominator. There were also several cases in the survey where a question did not apply to the individual. For example, in questions about experiences in jail, if the individual reported they had never been to jail, they were excluded from analysis of experiences in jail. Therefore, the denominator for questions related to jail experiences includes only those who had been to jail.

The results for many questions were placed in tables, and tabulated by various characteristics to explore differences. Two tabulations, sex assigned at birth and race/ethnicity, were included in every table. The variable for sex assigned at birth was an individual’s answer to whether they were assigned male or female at birth. Tabulations for race/ethnicity were conducted for individuals who only selected one race/ethnicity. Tables also included comparisons to other characteristics that were relevant to the question of interest. For example in the HIV section, in addition to

sex assigned at birth and race/ethnicity, we compared HIV status to history of sex work, homelessness, and being uninsured.

It is important to note that statistical testing was conducted in order to determine whether differences between groups were significant. Only bivariate analyses were conducted for this report. No multivariate models were run. The majority of the tests run were Chi Square. In cases where there were fewer than five respondents for a category a Fisher's Exact Test was run. For example, in the tables that tabulated differences by race/ethnicity, Fisher's Exact Test was selected because there were only four American Indian/Alaska Native respondents. The term "significant" is used in this report in cases where a statistical test was run, and the p value was less than 0.05.

It is also important to note that bivariate analysis is only a preliminary means of testing for an association between variables. More complex analysis is required in order to understand the relationships between such factors as race, class, gender, and sexual orientation. This report seeks to highlight associations between variables, but this does not imply causation. For example, we found that there was a significant association between experiences of assault, and attempted suicide. However, since we did not collect data as to whether the suicide attempt occurred before or after the assault, we cannot conclude that the individual attempted suicide due to their victimization. Again, this report explores associations, not causation.

Reading the Tables

Tables were created so readers could compare multiple tabulations at once. Figure 1.1 below provides guidance for interpreting the tables. Each table has a header with the topic of interest. The columns are the responses we compared. In this example, it is those who are HIV positive, and HIV negative. For each characteristic we say the percent of people who responded, followed by the number, which is in parentheses. In this example, 29% of trans feminine individuals reported being HIV positive (See Box 1). This means that 74 trans feminine individuals said they were HIV positive, out of a total of 253 trans feminine individuals who provided their HIV status on the survey.

P values for the Chi Square and Fisher's Exact Test that were run are provided for each characteristic we want to compare. The more stars, the lower the p value, and the less likely the association occurred by chance. A p value of <.05 is designated with one star (*), < 0.01 two stars (**), and < 0.001 three stars (***). We can see there is a strong association between HIV status, and gender identity, since the p value is marked with three stars, (See Box 2).

In addition to overall prevalence, and prevalence by gender identity and race/ethnicity, analysis has been run for other characteristics. Among those who have ever engaged in sex work, 72% are HIV positive and 25% are HIV negative (See Box 3). Occasionally we have presented the findings in a slightly different way. For experiences/factors marked with the † symbol, the denominator is the column (86 people for HIV+ and 321 for HIV-). We are comparing within HIV positive and negative groups. In this example 39% of HIV positive individuals reported being homeless when they took the survey. Among those who were HIV negative, 14% said they were experiencing homelessness (See Box 4). Some findings were presented in this manner because it provides a more informative comparison of experiences between two groups. We can also see that significantly more HIV positive people are uninsured (29%) than HIV negative people (17%).

Figure 1.1: Guide to Reading Data Tables

Self-reported HIV status			
Category	HIV + % (n)	HIV - % (n)	p
Reported HIV Status	21% (86)	79% (321)	-
Reported HIV Status by Gender Identity			
Trans Feminine Male Assigned at Birth	29% (74)	71% (179)	***
Trans Masculine Female Assigned at Birth	5% (8)	95% (141)	
Reported HIV Status by Race/Ethnicity			
White	2% (3)	98% (165)	***
Black	43% (49)	57% (64)	
Hispanic	33% (27)	67% (54)	
American Indian/Alaska Native	25% (1)	75% (3)	
Asian	0% (0)	100% (5)	
Other important factors by experiences and characteristics			
Ever Engaged in Sex Work	72% (59)	25% (79)	***
Uninsured [†]	29% (23)	17% (51)	*
Currently Homeless [†]	39% (33)	14% (43)	***

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant [†] Percent of HIV+/- who have had this experience

1. Percent of those who answered the survey who said they were HIV positive or negative. The (n) means the number of people responded. Read as: "Among respondents, 21% reported being HIV positive"

2. A p value tells us if something happened just by chance. The more stars (1-3) there are in this column, the less likely something happened just by chance. This tells us there is a relationship between HIV and gender identity. Read as: "There was a significant association between gender identity, and HIV status"

3. These are other items we had in the survey that might be related to the question. Read as "We looked to see whether there was a relationship between sex work, insurance, and homelessness and being HIV positive"

4. Factors with the [†] are different from the other rows. We are looking at the percent within the column that had this experience. Here we compared experiences of HIV+ and HIV- people. Read as "Significantly more HIV+ people are homeless (39%) than those who are HIV- (14%)"

Community Response and Recommendations Sections

At the end of each section we have included a community response and recommendations subsection, which includes responses and methods community groups are current utilizing to attend to issues addressed in this section. These subsections were developed through direct interviews with community leaders, community organizations and groups, as well as members of the community. We would like to emphasize the critical importance of these sections as they provide practical and useful guidelines for practitioners, government agencies, organizations and individuals in addressing these issues.

We would also like to stress the importance of employing redistributive justice and community-based models when utilizing this data for program development, grant proposal writing, and academic production. This needs assessment project reflects an immense social, political and economic divide among trans communities and other community groups with which they are traditionally aligned (such as gay, lesbian, and bisexual communities). While we commend and value the important work non-trans-specific organizations are engaged in, we also request that the hardships experienced by trans community members not be used to exemplify all trans experience or be grouped into LGB experiences. We wish to remind readers that in an effort to be inclusive, the 'T' is often 'silent' within 'LGBT' efforts, which result in real failures to address actual trans needs or experiences. Specifically, we request that if this data is cited in conjunction or as part of a report or grant proposal that is not directly tied to a trans-based organization or project, that all budgets include funding for hired trans persons or for funds distributed to trans specific organizations.

Finally, while we also believe in and value open source materials and data that are not tied to individuals or institutions, we also recognize the potential impact this report has for social scientific study. We are happy to share electronic copies of this report at no cost, paper copies at a limited cost, as well as copies of our survey instruments at limited cost. We are also happy to share data files to trans-specific community organizations at no cost and on a sliding scale to non-trans-specific community organizations, researchers, and government agencies

Demographics: Summary Discussion

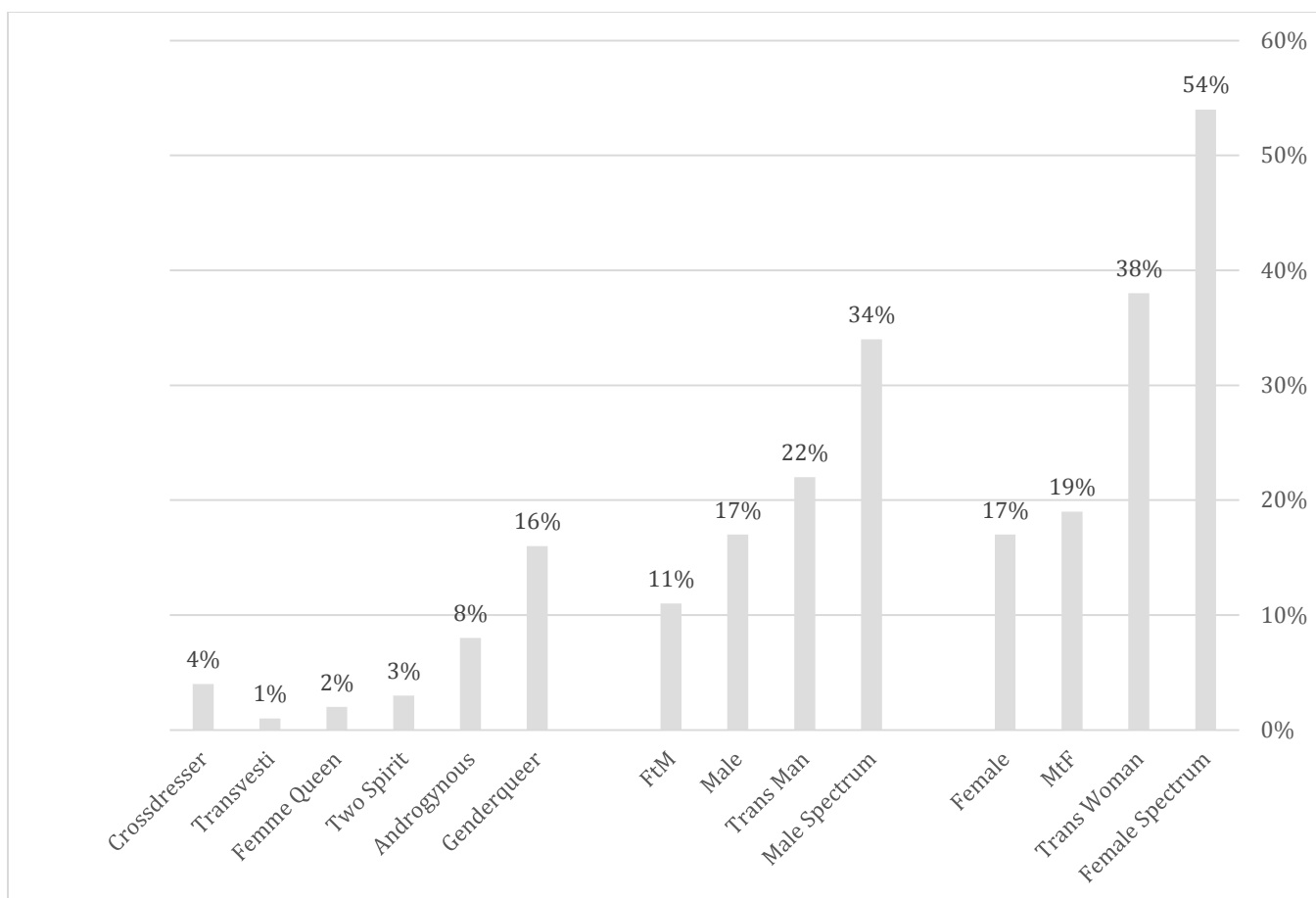
I: General Demographics

Six hundred twenty-four (624) surveys were completed with a total of 521 surveys qualifying for inclusion in the data analysis. Four hundred and four (404) of the surveys identified as residents of Washington and 117 as living within the Washington DC metropolitan area. It is important to note that general demographic details collected allowed for complex identity and experiences, and thus, 'totals,' where noted, may reflect frequency, rather than number of participants. As context, as of 2010, Washington, DC's population was 601,723.⁹

II: Gender Identity and Expression

Approximately 63% of survey respondents identified as trans or gender non-conforming and were assigned male at birth and approximately 37% identified as trans or gender non-conforming and assigned female at birth.

Figure 1.2: Gender Identity and Expression of Respondents



⁹ DISTRICT OF COLUMBIA COMMUNITY HEALTH NEEDS ASSESSMENT, Volume 1. Prepared by District of Columbia Department of Health. 2014. Available at: http://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20DOH%20CHNA%20%28Final%29%2004%2030%202014%20-%20Vol%201.pdf

III: Racial Demographics

The racial demographic breakdown for the survey was approximately 59% respondents of color and 41% white respondents.

- 41% White
- 30% Black
- 21% Hispanic
- 4% American Indian or Alaskan Native
- 2.5% Asian/Asian American Pacific Islander
- 1.5% Unknown

As context, Washington, DC's racial demographics (as of 2010) were¹⁰:

- 38.5% White
- 50.7% Black
- 9.1% Hispanic
- .3% American Indian and Alaskan Native
- 3.5% Asian
- .1% Native Hawaiian/Pacific Islander
- 3.5% Other

IV: Relationship Status

Fifty-two percent (52%) of those who participated in this survey reported being single, 23% reported being partnered but not legally recognized, with only 12% reporting being in a legally recognized domestic partnership, civil union, (1%), or married (10%). Three percent (3%) reported being currently separated with 2% legally divorced¹¹.

¹⁰ DISTRICT OF COLUMBIA COMMUNITY HEALTH NEEDS ASSESSMENT, Volume 1. Prepared by District of Columbia Department of Health. 2014. Available at: http://doh.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20DOH%20CHNA%20%28Final%29%2004%2030%202014%20-%20Vol%201.pdf

¹¹ The data discussed here refers to everyone over the age of 18. For the purposes of data comparison with that collected for all Washington, DC residents, in the Education chapter we limit the data to those over the age of 25.

Demographic Composition of the Sample

Question	Response	#	%
Primary gender identity today (Check all that apply)	Man	91	17
	Woman	91	17
	Trans man/ transgender man/ transsexual man	114	22
	Trans woman/ transgender woman/ transsexual woman	199	38
	MTF / M2F (male to female) / MAAB (male assigned at birth)	97	19
	FTM / F2M (female to male) / FAAB (female assigned at birth)	59	11
	Transvesti / Vestid@	5	1
	Genderqueer	85	16
	Femme Queen / Butch Queen	8	2
	Two Spirit	13	3
	Androgynous	40	8
	Crossdresser / Part-time	22	4
	Other	19	4
	Total	843	~
Gender assignment at birth	Male	307	63
	Woman	182	37
	Total	489	100
Live in gender different than the one assigned at birth	Full-time	328	67
	Not full-time, but want to	115	23
	No, and do not want to live full-time	49	10
	Total	492	100
Race/Ethnicity (Check all that apply)	White	212	41
	Black or African American	156	30
	Hispanic or Latino/a	109	21
	American Indian or Alaska Native	19	4
	Asian	10	2
	Native Hawaiian or Pacific Islander	2	1
	Not Listed	10	2
	Total	518	~

~ Respondents could check all responses that applied to them. Percentages will not add to 100%.

Demographic Composition of the Sample Continued

Question	Response	#	%
Relationship Status (Check all that apply)	Single	273	52
	Partnered (NOT legally recognized)	120	23
	Registered Domestic Partnership (legally recognized)	4	1
	Civil Unions (legally-recognized)	6	1
	Married (legally-recognized)	53	10
	Separated	14	3
	Divorced	8	2
	Widowed	0	0
	Total	478	~
Highest degree or level of school completed	Elementary (grades 1 through 8)	31	7
	Some High Schools (no diploma)	44	10
	High School Graduate (or equivalent)	91	20
	Technical School Degree	26	6
	Some College (no degree)	95	21
	Associate Degree	24	5
	Bachelor's Degree	96	21
	Master's Degree	30	6
	Professional Degree	15	3
	Doctorate Degree	10	2
	Not Completed Any Formal Education	1	1
	Not Listed		
	Total	463	100
Individual total combined income in 2011	No income	111	24
	\$1 to \$4,999	64	14
	\$5,000 to \$9,999	37	8
	\$10,000 to \$14,999	39	8
	\$15,000 to \$19,999	32	7
	\$20,000 to \$29,999	31	7
	\$30,000 to \$39,999	37	8
	\$40,000 to \$49,999	36	8
	\$50,000 to \$74,999	22	5
	\$75,000 to \$99,999	22	5
	\$100,000 to \$149,999	24	5
	\$150,000 to \$199,999	4	1
	More than \$200,000	4	1
	Total	463	100

~ Respondents could check all responses that applied to them. Percentages will not add to 100%.

Demographics of the Sample Continued

Question	Response	#	%
Household total combined income in 2011	No income	85	18
	\$1 to \$4,999	39	8
	\$5,000 to \$9,999	34	7
	\$10,000 to \$14,999	28	6
	\$15,000 to \$19,999	28	6
	\$20,000 to \$29,999	28	6
	\$30,000 to \$39,999	33	7
	\$40,000 to \$49,999	29	6
	\$50,000 to \$74,999	36	8
	\$75,000 to \$99,999	35	8
	\$100,000 to \$149,999	59	13
	\$150,000 to \$199,999	12	3
	More than \$200,000	14	3
	Total	460	100
Homeless	Yes	92	80
	No	359	20
	Total	451	100
Citizenship	U.S. Citizen	376	83
	Documented non-Citizen	41	9
	Undocumented non-Citizen	37	8
	Total	454	100
Sexual Orientation (Check all that apply)	Gay	99	19
	Lesbian	45	9
	Same-Gender Attracted/Loving	55	11
	Bisexual	95	18
	Queer	132	25
	Straight/Heterosexual	106	20
	Questioning	27	5
	Asexual	20	4
	Pansexual	38	7
	Polysexual	19	4
	Other	42	8
	Total	678	~
History of Sex Work	Yes, currently	94	21
	Yes, in the past	63	14
	No	282	64
	Total	439	100
HIV Status	Negative	321	73
	Positive	86	20
	Don't Know	31	7
	Total	438	100
Attended a Washington, DC School as a Trans Person	Yes	111	56
	No	86	44
	Total	197	100
Been to Jail or Prison as a Trans Person	Yes	116	89
	No	15	11
	Total	131	100
Interacted with Police as a Trans Person	Yes	242	53
	No	211	47
	Total	453	100

~ Respondents could check all responses that applied to them. Percentages will not add to 100%.

Section II: Economic Profile of Trans Communities in Washington, DC

Income, employment, grey and underground economy, employment discrimination, and workplace harassment

Summary

The Trans Needs Assessment survey reveals devastating rates of unemployment and poverty among trans persons living in Washington, DC. Confounding factors towards acquiring and maintaining stable employment included being denied work due to being perceived as gender non-conforming and high rates of harassment and assault in the workplace. The findings discussed in this section outline the profound economic barriers faced by trans communities in Washington, DC, as well as the urgent need for solutions to remedy these issues.

Key Findings

- *Nearly half of all trans persons living in Washington, DC earn below \$10,000 a year, with trans communities of color experiencing even greater levels of poverty.*
 - *Over 46% of our respondents made below \$10,000, compared to only 11% of Washington, DC residents. Trans persons of color, particularly trans women of color, face the greatest economic hardships of those we surveyed, with 57% making below \$10,000.*
 - *The trans population in Washington, DC faces extremely high rates of unemployment, with 36% reporting unemployment compared to just 9% of Washington, DC residents.¹²*
 - *Black trans persons had the highest rate of unemployment at 55%.*
 - *Even among those with an associate degree or higher, the unemployment rate was still higher (16%) than Washington, DC's overall rate of 9%.*
- *Roughly half of trans persons who report being unemployed currently earn income through grey or underground economy work.*
 - *Over 51% of unemployed transgender persons work at least one job in the grey or underground economy.*
 - *Those working in the informal economy are significantly more likely to be victims of violence, with over 49% having been physically assaulted due to being perceived as transgender versus the already high 42% for trans respondents overall.*
- *Hiring discrimination is an additional barrier for trans persons seeking employment. Over 40% of our respondents had been denied at least one job due to being perceived as trans.*
 - *Importantly, significantly more trans persons of color were denied a job (49%) than Whites (30%).*
- *For trans persons who have been employed, half report experiencing workplace harassment.*
 - *Types of harassment included being asked inappropriate questions about surgical status (44%), denied access to appropriate bathrooms (28%), and forced to present as wrong gender (27%).*

¹² 2013 Some DC Groups of DC Residents, Unemployment Remains High in the Wake of the Recession. DC Fiscal Policy Institute available at: <http://www.dcfpi.org/for-some-dc-groups-of-dc-residents-unemployment-remains-high-in-the-wake-of-the-recession>.

- 13% of those surveyed reported physical assault in the work place.
 - Trans persons of color were significantly more likely to have been sexually or physically assaulted (21%), compared to Whites (6%).
 - Those who had an associate degree or higher were less likely to have been assaulted (6%), compared to those who had some college or less (19%).

Figure 2.0: Annual Individual Income

Annual Individual Income	National Transgender Survey n=6,258	Washington, DC Residents n=601,723	Transgender Needs Assessment n=521
Less than \$10,000	15%	11%	46%
\$10,000 to \$99,999	72%	58%	48%
\$100,000 to \$149,999	9%	14%	5%
\$150,000 to \$199,999	3%	8%	1%
More than \$200,000	1%	11%	1%
National Trans Survey: Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., Keisling, M. 2011. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011) Available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf DC Residents: 2012 Selected Economic Characteristics of Washington, DC from the 2008-2012 American Community Survey 5-Year Estimates. U.S. Census Bureau available at: www.factfinder.census.gov			

Figure 2.1: Population Surveyed

	National Transgender Survey	Washington, DC Residents	DC Transgender Needs Assessment
Currently unemployed	14%	9%	36%
National Trans Survey: Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., Keisling, M. 2011. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011) Available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf DC Residents: 2013 Some DC Groups of DC Residents, Unemployment Remains High in the Wake of the Recession. DC Fiscal Policy Institute available at: http://www.dcfpi.org/for-some-dc-groups-of-dc-residents-unemployment-remains-high-in-the-wake-of-the-recession .			

Income

Table 2.1: Income

Gross annual individual income below \$10,000			
Category	Below \$10,000 % (n)	Above \$10,000 % (n)	p
Have a gross annual individual income below \$10,000	46% (212)	54%(251)	-
Percent of each gender identity who make below \$10,000			
<i>Trans Feminine Male Assigned at Birth</i>	51% (150)	49% (142)	**
<i>Trans Masculine Female Assigned at Birth</i>	37% (61)	63% (103)	
Percent of each Race/Ethnicity who make below \$10,000			
<i>White</i>	28% (52)	72% (133)	***
<i>Black</i>	61% (82)	39% (52)	
<i>Hispanic</i>	54% (50)	46% (43)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	50% (3)	50% (3)	
Outcomes among those who make below \$10,000			
<i>Have engaged in sex work</i>	60% (94)	40% (63)	***
<i>Currently work in grey or underground economy</i>	55% (84)	45% (70)	**
<i>Less than an associate degree</i>	60% (172)	40% (114)	***
<i>Undocumented</i>	65% (24)	35% (13)	*
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

Trans communities participating in this survey reported substantial income disparities as compared to both the national Transgender Needs Assessment and the general Washington, DC population. Over 46% of those in our sample had an individual gross annual income below \$10,000, compared to 15% in the national survey of trans individuals and 11% of Washington, DC residents.

Variations in reported levels of income reflect racial, gender and immigration status disparities among trans communities in Washington, DC. Trans feminine persons (assigned male at birth) were significantly more likely to make below \$10,000 compared to trans masculine persons assigned female at birth. Persons of color were significantly more likely to live in poverty than Whites. Over 61% of Black and 54% of Hispanic individuals in our sample made below \$10,000, as compared to 28% of Whites. Among trans persons who did not have legal citizenship documents were significantly more likely to live in poverty.

Of undocumented respondents, 65% made below \$10,000, compared to 44% of those who were citizens or held a visa. Even among immigrants who held a visa, poverty rates were still high, at 55% of this population. For those who reported being undocumented, obtaining legal status did not appear to impact rates of poverty.

Reported maximum levels of education were also associated with relative levels of income. Those with less than a college education were significantly more likely to be low income (60%). However, those with a college education also reported earning very low incomes, at rates lower than their cisgender/non trans Washington, DC resident counterparts.

Figure 2.3: Annual Individual Gross Income

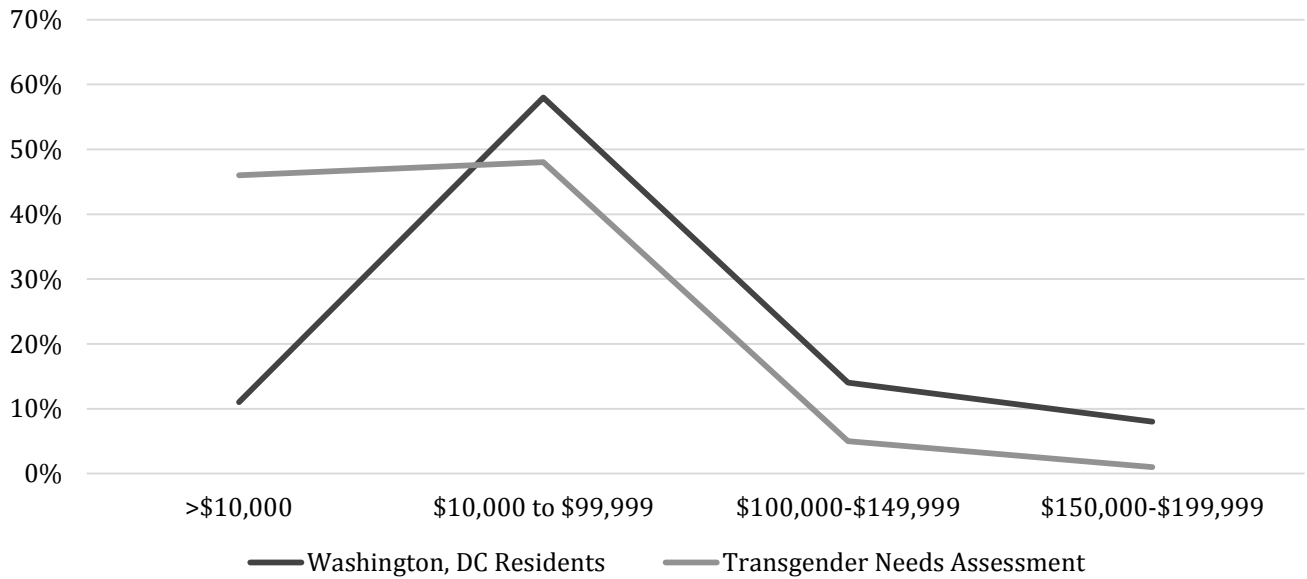


Figure 2.4: Annual Individual Income by Race

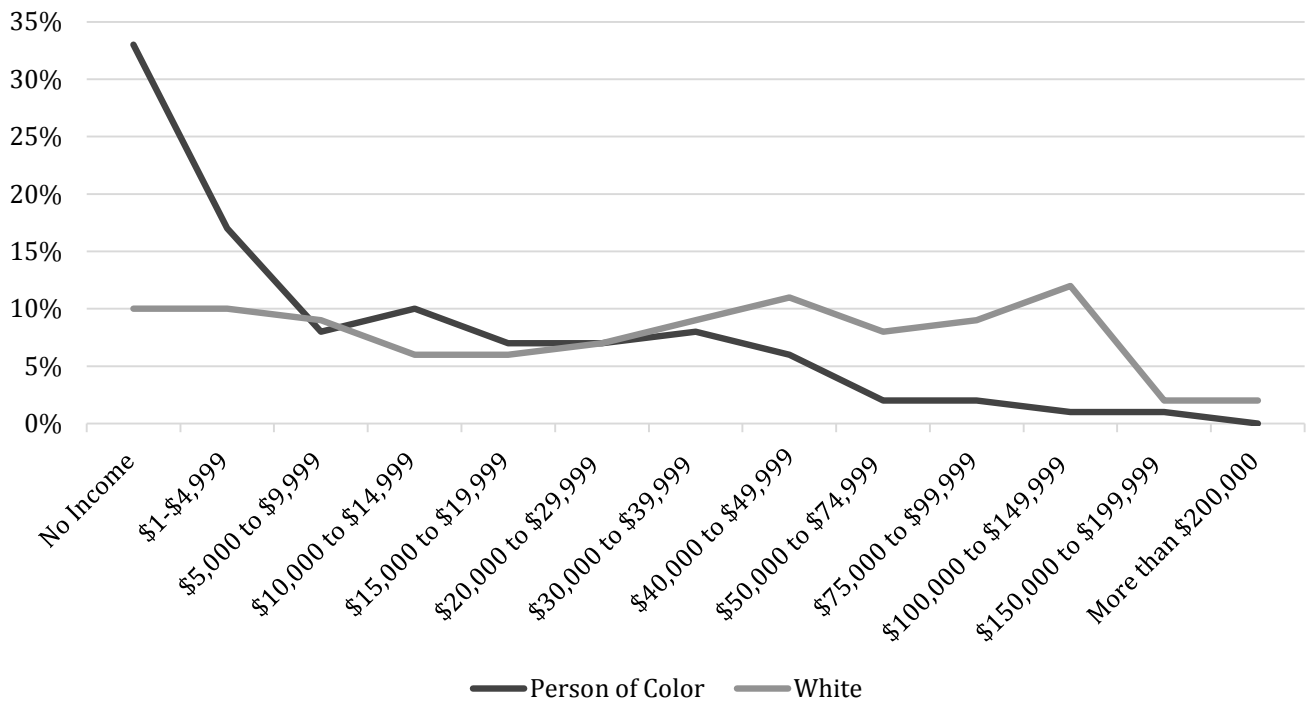


Table 2.2: Income Continued

Percent of each gender identity who is unemployed			
Category	Percent Unemployed % (n)	Percent Employed % (n)	p
Percent of each gender identity who are unemployed	36% (145)	64% (258)	
<i>Trans Feminine Male Assigned at Birth</i>	44% (112)	56% (144)	***
<i>Trans Masculine Female Assigned at Birth</i>	22% (33)	78% (114)	
Percent of each race/ethnicity who are unemployed			
<i>White</i>	15% (24)	85% (135)	***
<i>Black</i>	55% (70)	45% (57)	
<i>Hispanic</i>	35% (29)	65% (53)	
<i>American Indian/Alaska Native</i>	0% (0)	100% (2)	
<i>Asian</i>	0% (0)	100% (4)	
Other characteristics of the unemployed			
<i>Less than an associate degree</i>	47% (117)	53% (134)	***
<i>Pass never to sometimes</i>	33% (89)	67% (179)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

Trans persons living in Washington, DC experience rates of unemployment 4 times that of the general Washington, DC population.¹³ Thirty six percent of trans persons who participated in this survey report they are currently unemployed as compared to 14% of those in the national sample and 9% of Washington, DC residents.

Trans feminine persons (assigned male at birth) were significantly more likely to be unemployed than trans masculine persons (those assigned female at birth).

Trans persons of color disproportionately experience high rates of unemployment with 55% of Black and 35% of Hispanic persons reporting current unemployment.

While communities of color in Washington, DC experience greater rates of unemployment then their White counterparts, trans persons of color reported significantly higher rates. The Washington, DC Fiscal Policy Institute 2013 study of the Washington, DC general population found an 18% unemployment rate among Blacks, compared to 55% among Black trans persons and 7% among Hispanic persons, compared to 35% of Hispanic trans persons.

¹³ 2013 Some DC Groups of DC Residents, Unemployment Remains High in the Wake of the Recession. DC Fiscal Policy Institute available at: <http://www.dcfpi.org/for-some-dc-groups-of-dc-residents-unemployment-remains-high-in-the-wake-of-the-recession>.

Grey and Underground Economy

Table 2.3: Grey and Underground Economy

Currently work in the grey and underground economy			
Category	Current Underground Work % (n)	No Underground Work % (n)	p
Currently work in the grey or underground economy	30% (154)	70% (367)	-
Percent of each gender identity who currently work in the grey or underground economy			
<i>Trans Feminine Male Assigned at Birth</i>	41% (126)	59% (181)	***
<i>Trans Masculine Female Assigned at Birth</i>	13% (24)	87% (158)	***
Percent of each race/ethnicity who currently work in the grey or underground economy			
<i>White</i>	15% (28)	85% (161)	***
<i>Black</i>	47% (63)	53% (72)	
<i>Hispanic</i>	47% (44)	53% (49)	
<i>American Indian/Alaska Native</i>	0% (0)	100% (4)	
<i>Asian</i>	0% (0)	100% (7)	
Other characteristics of those who currently work in the grey or underground economy			
<i>Less than an associate degree</i>	44% (128)	56% (160)	***
<i>Hiring discrimination</i>	40% (47)	60% (72)	**
<i>Ever physically assaulted</i>	49% (89)	51% (93)	***
<i>Ever sexually assaulted</i>	53% (81)	47% (71)	***
<i>Individual income <\$10,000</i>	40% (84)	60% (128)	**
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

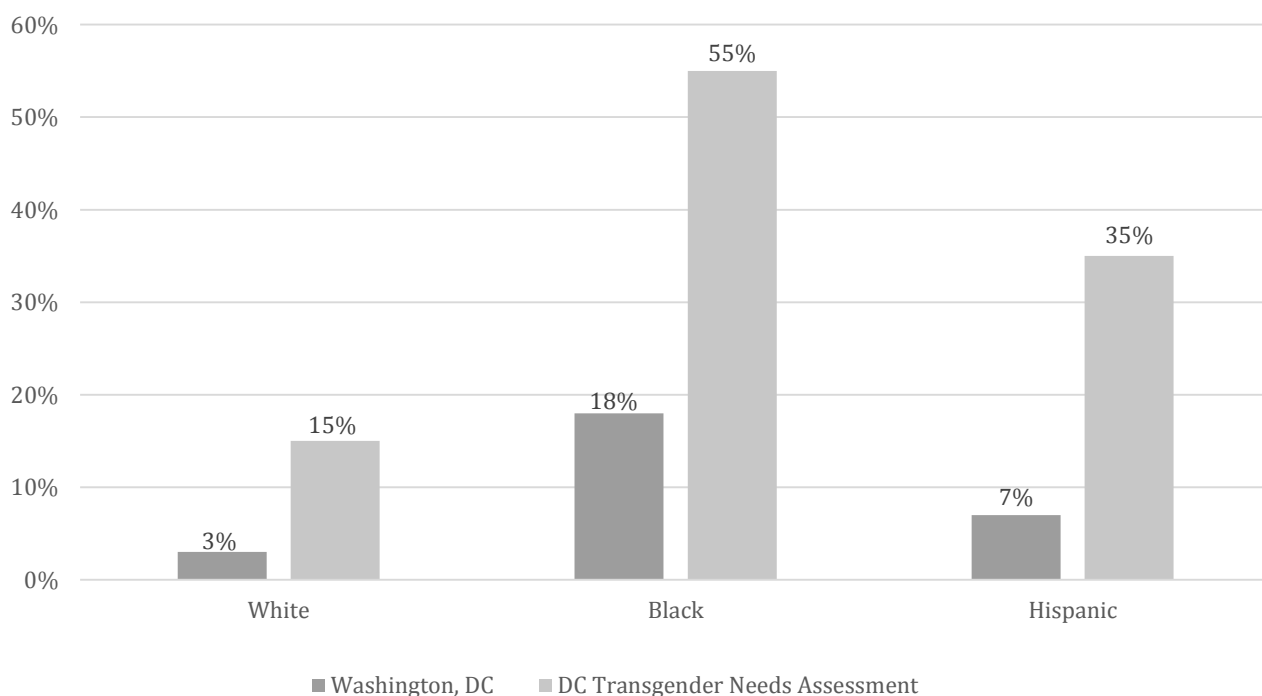
Over a third of our respondents currently work in the grey or underground economy. This includes work done in the absence of official income reporting guidelines. Within our survey we categorized the following activities as grey economy: babysitting, sex industry, busking, unlicensed beauty services, drug sales, selling silicone or hosting pumping parties, day or contract non-labor, or other. One third of all respondents reporting currently participating in at least one informal job, with the sex industry and babysitting being the most common. Trans feminine persons and trans persons of color were more likely to work in the underground economy.

Employment status and education level were significantly associated with this informal work. Almost half of those unemployed were engaging in some form of underground activity, compared to 25% of those employed. Those with

less than an associate degree were much more likely to participate in the grey and underground economy than those who had a college degree (44% vs. 14%).

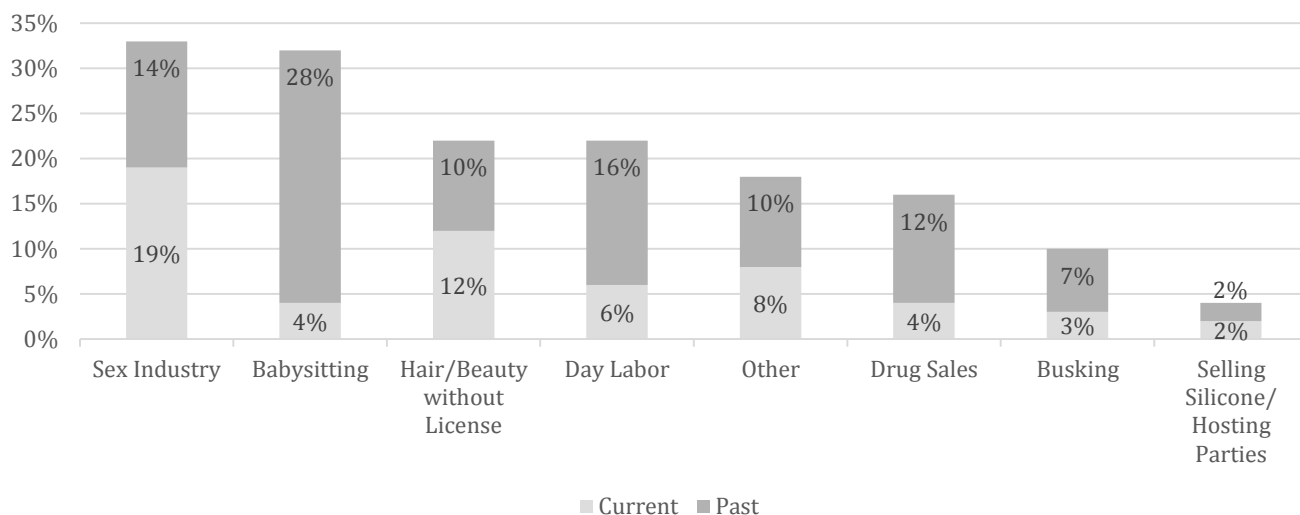
Other factors associated with working in the underground economy included a history of sexual assault, an individual gross income below \$10,000, and having been denied a job due to being perceived as transgender.

Figure 2.5: Percentage Unemployed by Race/Ethnicity



2013 Some DC Groups of DC Residents, Unemployment Remains High in the Wake of the Recession. DC Fiscal Policy Institute available at: <http://www.dcfpi.org/for-some-dc-groups-of-dc-residents-unemployment-remains-high-in-the-wake-of-the-recession>.

Figure 2.6: Current or Past Work in Underground/Grey Economy



Hiring Discrimination

Table 2.4: Hiring Discrimination

Denied a job because of being perceived as trans			
Category	Denied Job % (n)	Not Denied Job % (n)	p
Have been denied a job because of being perceived as transgender	40% (119)	60% (181)	-
Percent of each gender identity who have been denied a job because of being perceived as transgender			
<i>Trans Feminine Male Assigned at Birth</i>	43% (73)	57% (96)	~
<i>Trans Masculine Female Assigned at Birth</i>	34% (43)	66% (84)	
Percent of each race/ethnicity who have been denied a job because of being perceived as transgender			
<i>White</i>	30% (43)	70% (99)	-
<i>Black</i>	45% (33)	55% (41)	
<i>Hispanic</i>	46% (23)	54% (27)	
<i>American Indian/Alaska Native</i>	33% (1)	67% (2)	
<i>Asian</i>	0% (0)	100% (3)	
Other characteristics of those who have been denied a job because of being perceived as transgender			
<i>Currently unemployed</i>	49% (33)	51% (35)	*
<i>Pass never to sometimes</i>	37% (77)	63% (132)	~
<i>Less than an associate degree</i>	45% (76)	55% (92)	*
<i>No identification that matches gender identification</i>	39% (49)	61% (78)	~
<i>Undergone physical transitioning</i>	44% (89)	56% (113)	~
<i>Less than an associate degree</i>	45% (76)	55% (92)	*
<i>No identification that matches gender identification</i>	39% (49)	61% (78)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

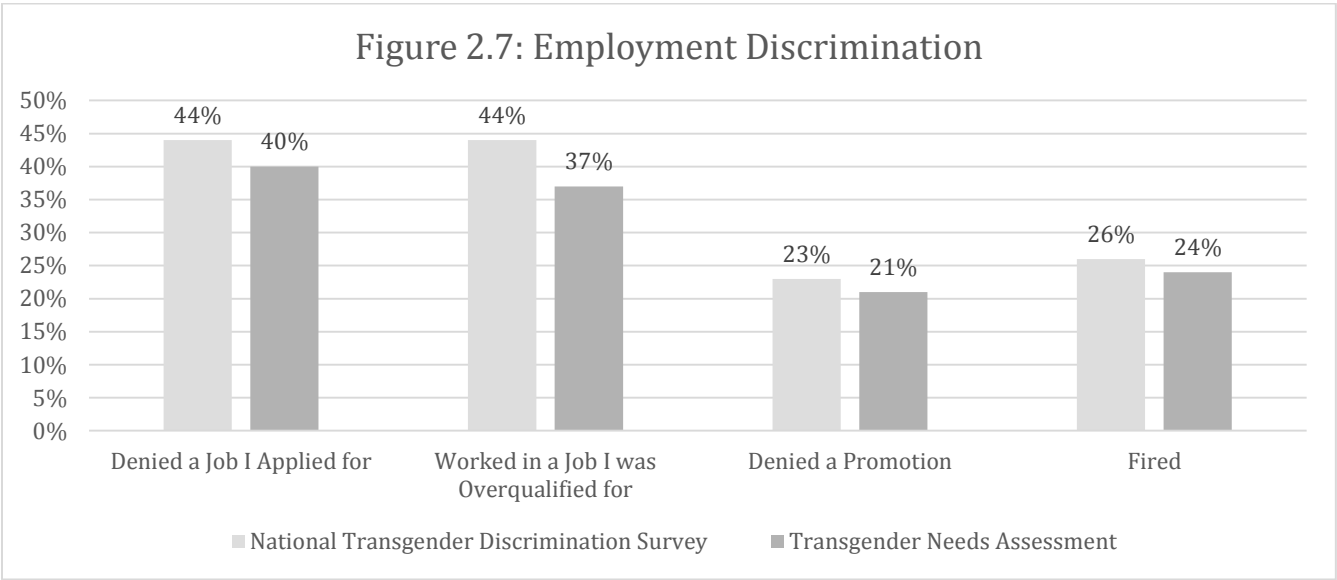
Slightly less than half (40%) of all trans persons participating in this survey reported being denied a job due to being perceived as transgender.

Hiring discrimination appears to be pervasive and similar across all trans communities. Educational level was the only significant factor associated with hiring discrimination. Those who had completed a degree were less likely to have

been denied a job due to being perceived as transgender. Among those with a higher education diploma, 33% have been denied a job compared to 45% of those with some college education or less.

Importantly, our survey reflects a lack of hiring discrimination among races, suggesting that discrimination based on being transgender was not due only in part to racism. In addition, those who were perceived as being cisgender are more likely to have been denied a job. Further exploration is needed to determine these differences.

It is possible that being a gender non-conforming individual trumps other aspects of a person identified in this study (race, holding legal identification that matches current identity, or undergoing physical transitioning procedures, among others).



Workplace Harassment

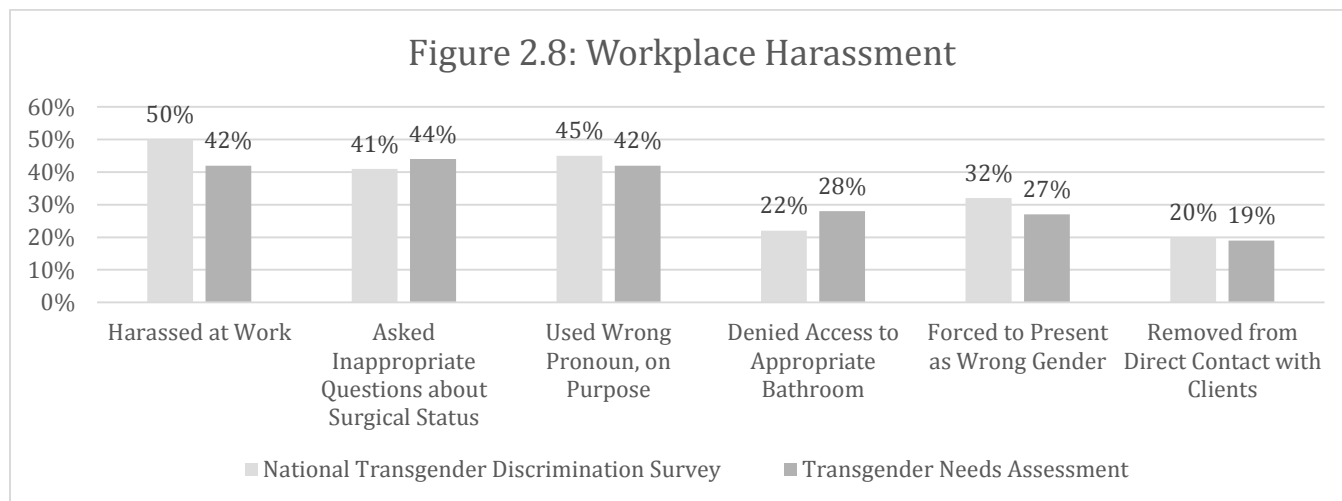
Table 2.5: Workplace Harassment

Harassed at work due to being perceived as transgender			
Category	Harassed at Work % (n)	Not Harassed at Work % (n)	p
Have been harassed at work due to being perceived as transgender	42% (127)	58% (174)	-
Percent of each gender identity who have been harassed at work due to being perceived as transgender			
<i>Trans Feminine Male Assigned at Birth</i>	41% (70)	59% (99)	~
<i>Trans Masculine Female Assigned at Birth</i>	42% (54)	58% (74)	
Percent of each race/ethnicity who have been harassed at work due to being perceived as transgender			
<i>White</i>	41% (60)	59% (86)	~
<i>Black</i>	37% (27)	63% (46)	
<i>Hispanic</i>	46% (22)	54% (26)	
<i>American Indian/Alaska Native</i>	67% (2)	33% (1)	
<i>Asian</i>	33% (1)	67% (2)	
Other characteristics of those who have been harassed at work due to being perceived as transgender			
<i>Out to all work colleagues</i>	47% (41)	53% (46)	~
<i>Pass never to sometimes</i>	39% (84)	61% (130)	~
<i>Less than an associate degree</i>	44% (73)	56% (93)	~
<i>Undergone physical transitioning</i>	43% (87)	57% (115)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

Slightly less than half (42%) of trans persons participating in this survey reported experiencing harassment in the workplace. The most common forms of workplace harassment included being asked inappropriate questions about surgical status (e.g., breast implants/removal, genital surgery, etc.) and purposely using the wrong pronoun when addressing the individual.

In addition to more aggressive forms of harassment, trans persons also face additional challenges with safety in the workplace. Twenty seven percent of trans persons participating in this survey report being forced to present as the wrong gender or removed from direct contact with clients (19%). More than a quarter (28%) have been denied access to the appropriate bathroom.

Other surveys of transgender individuals have found that denial to appropriate bathrooms often forces transgender persons to avoid its use altogether, which can result in painful urinary tract infections.¹⁴



¹⁴2013 "Gendered Restrooms and Minority Stress: The Public Regulation of Gender and its Impact on Transgender People's Lives. Jody L. Herman, available at: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Herman-Gendered-Restrooms-and-Minority-Stress-June-2013.pdf>

Workplace Assault

Table 2.6: Workplace Assault

Physically or sexually assaulted at work due to being perceived as transgender			
Category	Assaulted at Work % (n)	Not Assaulted at Work % (n)	p
Have been assaulted at work due to being perceived as transgender	13% (40)	87% (260)	-
Percent of each gender identity who have been assaulted at work due to being perceived as transgender			
<i>Trans Feminine Male Assigned at Birth</i>	19% (32)	81% (135)	***
<i>Trans Masculine Female Assigned at Birth</i>	5% (6)	95% (123)	
Percent of each race/ethnicity who have been assaulted at work due to being perceived as transgender			
<i>White</i>	6% (8)	94% (137)	**
<i>Black</i>	18% (13)	82% (60)	
<i>Hispanic</i>	25% (12)	75% (36)	
<i>American Indian/Alaska Native</i>	33% (1)	67% (2)	
<i>Asian</i>	0% (0)	100% (3)	
Other characteristics of those who have been assaulted at work due to being perceived as transgender			
<i>Out to all work colleagues</i>	20% (17)	80% (70)	~
<i>Pass never to sometimes</i>	11% (24)	89% (188)	~
<i>Less than an associate degree</i>	19% (32)	81% (134)	**
<i>Undergone physical transitioning</i>	13% (27)	87% (175)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

In addition to verbal harassment, trans persons also experience physical assault in the workplace. Thirteen percent of respondents reported either being physically or sexually assaulted while at work. Physical and sexual assault were similarly common, with 10% reporting experiences of physical assault, and 9% reporting experiences of sexual assault.

Some groups were more likely to have been assaulted than others. Trans feminine persons (assigned male at birth) were significantly more likely to have been assaulted than trans masculine persons (those assigned female) (19% vs. 5%). Persons of color were more likely to have been assaulted than Whites. Among Hispanics, 25% reported being assaulted while at work.

Other characteristics, such as all work colleagues knowing of the person's gender non-conformity, passing often to always, and having underwent some form of physical transitioning did not affect a person's risk of being assaulted.

The only factor that appears to mitigate rates of assault is the completion of an associate degree or higher, suggesting the type of workplace may impact what kind of assault one might experience.

It is important to note that despite Washington, DC having some of the most progressive laws in the country protecting the rights of transgender individuals, assault was *more* common than in the national survey. Further research is needed to understand why workplace assault persists in Washington, DC.

Sex Work

Table 2.8: Sex Work

Have engaged in sex work either currently, or in the past			
Category	Engaged in Sex Work % (n)	No Sex Work % (n)	p
Have engaged in sex work currently or in the past	36% (157)	64% (282)	-
Percent of each gender identity who have engaged in sex work currently or in the past			
<i>Trans Feminine Male Assigned at Birth</i>	50% (138)	50% (136)	***
<i>Trans Masculine Female Assigned at Birth</i>	10% (16)	90% (142)	
Percent of each race/ethnicity who have engaged in sex work currently or in the past			
<i>White</i>	12% (21)	88% (153)	***
<i>Black</i>	57% (72)	43% (54)	
<i>Hispanic</i>	52% (45)	48% (42)	
<i>American Indian/Alaska Native</i>	0% (0)	100% (4)	
<i>Asian</i>	0% (0)	100% (6)	
Other characteristics of those who have engaged in sex work currently or in the past			
<i>Unemployed</i> [†]	54% (77)	25% (61)	***
<i>HIV+</i> [†]	43% (59)	8% (22)	***
<i>Currently homeless</i> [†]	37% (57)	11% (31)	***

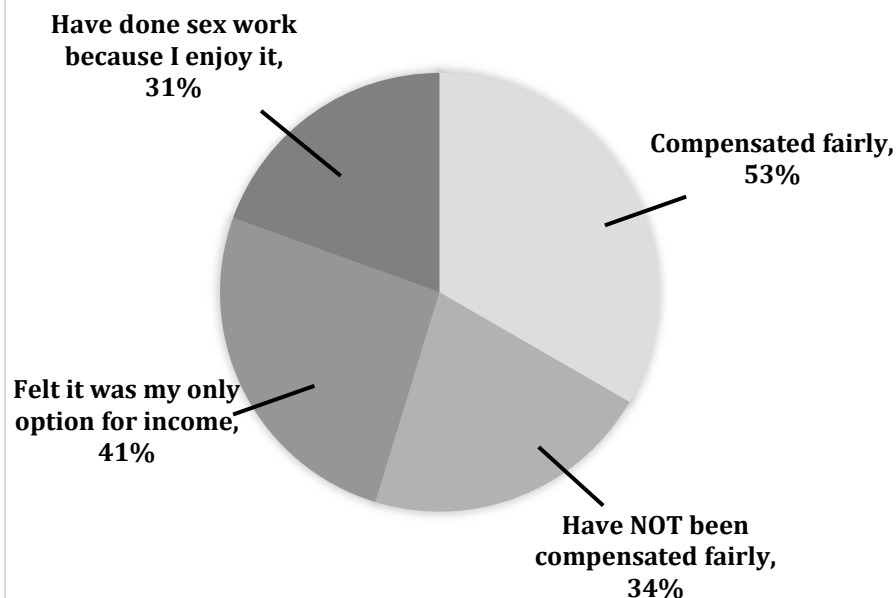
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant. † Percent of who have/have not engaged in sex work with this characteristic

Over a third (36%) of respondents report having engaged in sex work, or the exchange of sexual acts for money, housing and/or drugs, either currently or in the past.

Trans feminine persons (assigned male at birth) and trans person of color were significantly more likely to have engaged in sex work. Half of trans feminine persons (assigned male at birth) report having engaged in sex work while. Only 10% of trans masculine (those assigned female at birth) report having done so. Over half of Black and Hispanic trans persons also had a history of sex work, compared to 12% of White trans persons.

Individuals experiencing economic challenges were significantly more likely to have a history of sex work. Those who were currently unemployed, undocumented, homeless, or fired due to discrimination were significantly more likely to have been a sex worker, than those who were not in those situations. Significantly, those who had a history of sex work were also more likely to be HIV positive (43%) compared to those with no history (8%).

Figure 2.9: Experiences with Sex Work



Poverty is associated with numerous negative outcomes including poor health^{15,16,17,18} poor mental health^{19,20,21,22}, and reduced access to healthcare services.²³ Interventions to reduce poverty among the transgender population in Washington, DC are critical and must be made a priority issue.

There was also a significant association between level of education and unemployment. Those with some college education or less were significantly more likely to be unemployed than those with an associate degree or higher. However, the 16% unemployment rate among those with an associate degree still exceeded the overall unemployment rate in Washington, DC of 9%. See Section III for more information on education and unemployment.

¹⁵ Kaplan, G., Pamuk, E., Lynch, J., Cohen, R., & Balfour, J. (1996). Inequality in income and mortality in the United States: Analysis of mortality and potential pathways. *Bmj*, 999-1003.

¹⁶ Kim, J., & Chan, M. (2013). Poverty, Health, and Societies of the Future. *JAMA*, 901-901

¹⁷ Marmot, M., Kogevinas, M., & Elston, M. (1987). Social/Economic Status and Disease. *Annu. Rev. Public. Health. Annual Review of Public Health*, 111-135.

¹⁸ Chandola, T. (2012). Spatial and social determinants of urban health in low-, middle- and high-income countries. *Public Health*, 259-261.

¹⁹ Bentley, R., Baker, E., & Mason, K. (2011). Cumulative exposure to poor housing affordability and its association with mental health in men and women. *Journal of Epidemiology & Community Health*, 761-766.

²⁰ Wilton, R. (1999). Qualitative Health Research: Negotiating Life with HIV/AIDS. *The Professional Geographer*, 254-264.

²¹ Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, 24-31

²² Yoshikawa, H., Aber, J., & Beardslee, W. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *American Psychologist*, 272-284.

²³ Butler, D., Petterson, S., Phillips, R., & Bazemore, A. (2012). Measures of Social Deprivation That Predict Health Care Access and Need within a Rational Area of Primary Care Service Delivery. *Health Serv Res Health Services Research*, 539-559

Community Response and Next Steps

A lack of access to education, to the formal economy and the impacts of structural racism, sexism and transphobia all work to produce immense economic inequality and poverty for trans communities in Washington, DC. Issues of harassment in the workplace and schools, as well as a lack of access to higher education, impact one's ability to access formal employment that also, importantly, pays a living wage. Hiring discrimination and workplace harassment are additional barriers for trans persons seeking employment. The following recommendations provide guidelines for overcoming and addressing these barriers.

- Eliminate economic barriers to education services and opportunities.
 - Establish an LGBT specific GED completion program where classes are conducted in safe and accessible locations.
 - Establish scholarships for trans persons seeking to enter higher education, vocational school or other certification programs.
- Establish a holistic employment training program.
 - Address issues that prevent individuals from maintaining employment, such as housing instability, mental/physical health issues, and transition related barriers.
 - Work with employers to provide entry-level positions and training.
 - Employ empowerment models where trans-specific organizations and trans-identifying persons lead the training programs.
- Address harassment in schools through District of Columbia Public School (DCPS) training programs.
 - Establish training for DCPS teachers on how to address gender non-conforming students, transphobia, and homophobia in the classroom.
- Establish accountability from the Washington, DC Office of Human Rights and Washington, DC government.
 - Call for a proactive accounting of trans discrimination in the work place.
 - Ensure reports of employment discrimination reach the Washington, DC Office of Human Rights.
 - Greater clarification is needed on what constitutes as discrimination in the workplace or as a hostile work environment, such as the use of wrong pronouns, preferred names, and so forth.
- Introduce legislation that prevents survival and non-violent crime related offenses from being considered in employment applications.
 - Specifically, offenses that relate to sex work and drug use and possession.
- Washington, DC should have a trans-specific job training and development program.
 - Washington, DC's programs to support individuals with multiple barriers to employment access and maintain employment do not address the needs of transgender individuals. The "Project Empowerment" program supports individuals who meet three of the following six characteristics:
 - Basic skills deficiency (determined by CASAS testing score).
 - Lack of a secondary education credential (no high school diploma or GED).
 - A documented history of substance abuse.
 - Homelessness.
 - A history of job cycling (not maintaining steady employment).
 - A conviction of a felony or previously incarcerated.

Section III: Education and Discrimination in Washington, DC Schools

Level of education, education and employment, discrimination in Washington, DC schools

Summary

Along with other factors, the level of education one has achieved has been strongly correlated to general health, access to stable housing, access to employment and other forms of socio-economic mobility. Discrimination and hardship experienced in schools, whether it comes from bullying by other students, harassment from faculty or staff, or financial insecurity, creates a profound roadblock for trans individuals to obtain high school diplomas, higher education degrees, or other certifications. We see the effects of these hardships in both the educational levels of trans Washington, DC citizens and the resulting employment and other life outcomes.

As compared to trans persons who have obtained higher education degrees, trans persons lacking a higher education degree were 5 times more likely to earn less than \$10,000 a year, 4 times more likely to engage in sex work and were 40% less likely to be currently employed. Disturbingly, 100% of trans persons who report having achieved no form of higher education also report that they were currently unemployed.

The impacts of institutional sexism must also be considered when addressing barriers trans persons face in schools. Trans men and other trans masculine persons (assigned female assigned at birth) were over twice as likely to have achieved a higher education degree than trans women and other trans feminine persons (assigned male at birth). Importantly, trans women and other trans feminine persons assigned male at birth were also twice as likely to experience harassment in schools than trans men and other trans masculine persons assigned female assigned at birth.

Racism provides yet another barrier for educational achievements, with White trans persons 6 times more likely to have secured a higher education degree than trans persons of color. Sixteen percent of Whites reported experiencing financial hardship in higher education, while 25% of Black, and 70% of Hispanic trans students reported similar hardships.

Key Findings

- As compared to the cisgender population of Washington, DC, fewer trans persons have an associate degree or higher.
 - 42% of trans persons over 25 in this survey had an associate degree or higher compared to 55% of people in Washington, DC older than 25.
- White trans persons are substantially more likely to achieve an associate degree or higher as compared to trans persons of color.
 - 66% of White trans persons have finished an associate degree or higher compared to 14% of Black and 15% of Hispanic trans persons.
- Trans persons lacking an associate degree or higher are three times more likely to be unemployed than trans persons with a degree.
 - 16% of trans persons with an associate degree are unemployed compared to 47% of trans persons who do not have a degree.

- As compared to non-trans Washington, DC residents with a bachelor's degree, trans persons with a bachelor's degree are five times more likely to be unemployed.
 - 14% of trans persons older than 25 in this survey said they were unemployed compared to 3% of Washington, DC residents older than 25.
- Trans masculine persons are 3 times more likely to have achieved a degree beyond high school as compared to trans feminine persons.
 - 71% of trans masculine persons report attaining a higher education degree as compared to only 29% of trans feminine individuals.
- Out of the respondents who attended high school while in Washington, DC, 49% of those who were harassed ultimately dropped out of school.

Table 3.0: Highest Degree Attained

Category	National Trans Survey	Washington, DC Residents*	DC Trans Needs Assessment*
	n=6,417	n=417,432	n=411
Less than 9 th Grade	1%	5%	9%
Some high school	3%	8%	9%
High school graduate or equivalent	8%	20%	16%
Technical school degree	5%	~	6%
Some college	20%	14%	17%
Associate degree	8%	3%	6%
Bachelor's degree	27%	22%	21%
Graduate or professional degree	20%	28%	15%

*For those >25 years

National Trans Survey: Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., Keisling, M. 2011. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011) Available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf
 2012 Selected Economic Characteristics of Washington, DC from the 2008-2012 American Community Survey 5-Year Estimates. U.S. Census Bureau available at: www.factfinder.census.gov

Education

Table 3.1 Education

Have attained an associate, bachelor's, master's, professional, or doctoral degree among those 25 years of age or older			
Category	Degree % (n)	No Degree % (n)	p
Have completed a higher education degree	42% (150)	58% (204)	-
Percent of each gender identity completed a higher education degree			
<i>Trans Feminine Male Assigned at Birth</i>	29% (69)	71% (169)	***
<i>Trans Masculine Female Assigned at Birth</i>	71% (78)	29% (32)	
Percent of each race/ethnicity who completed a higher education degree			
<i>White</i>	75% (110)	25% (37)	***
<i>Black</i>	17% (16)	83% (78)	
<i>Hispanic</i>	11% (9)	89% (71)	
<i>American Indian/Alaska Native</i>	75% (3)	25% (1)	
<i>Asian</i>	67% (2)	33% (1)	
Other important factors by experiences and characteristics			
<i>Currently employed</i> [†]	89% (117)	57% (101)	***
<i>Income <\$10,000</i> [†]	6% (7)	32% (32)	***
<i>Currently engage in sex work</i> [†]	8% (11)	34% (65)	***
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant. † Percent of who do/do not have a degree with this characteristic.			

Among those surveyed 25 years of age and above, 42% had attained a higher education degree. This was defined as obtaining an associate, bachelor's, master's, professional, or doctoral degree.

There was a significant association between one's gender identity and the completion of higher education. Seventy one percent of individuals on the trans masculine spectrum attained a higher education degree compared to 29% of trans feminine individuals.

This survey also reflects racial disparities among trans persons completing higher education. Significantly more Whites (75%) had completed a degree as compared to Blacks (17%) and Hispanics (11%).

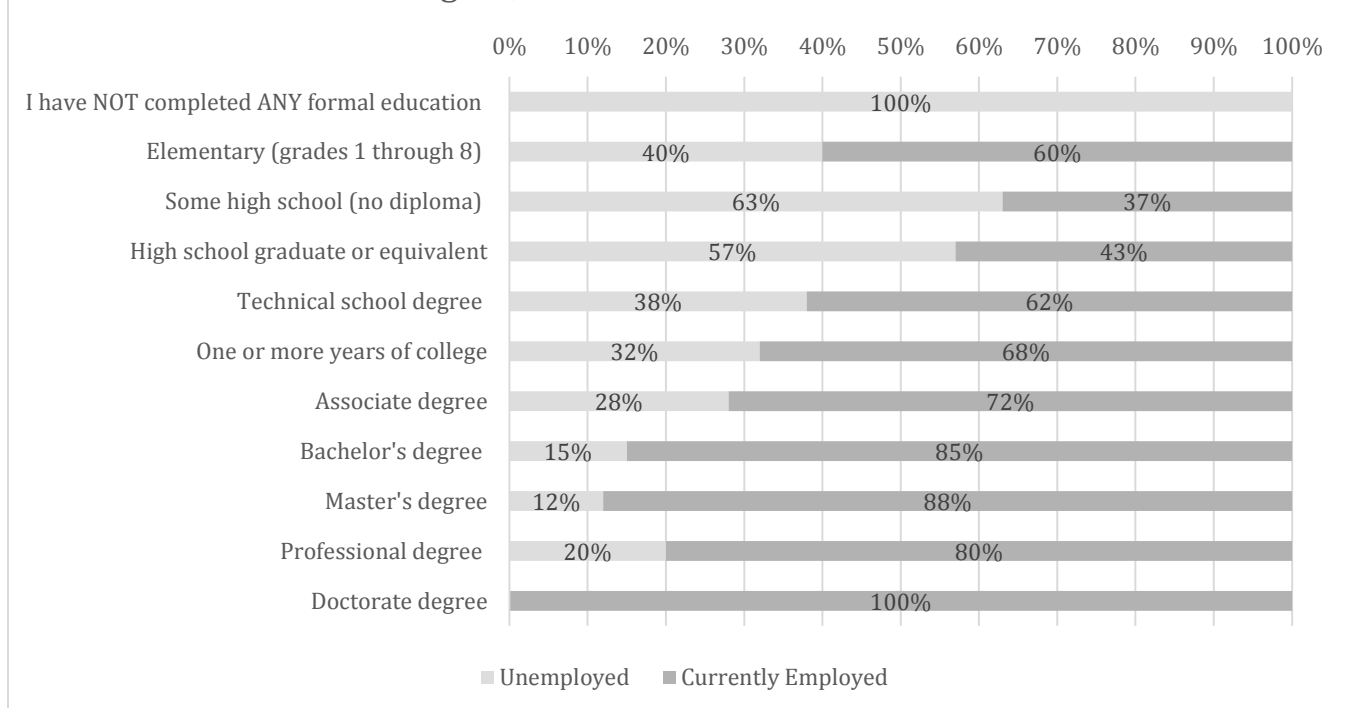
Not completing a degree was significantly associated with all three negative outcomes. Those who did not complete a degree were significantly more likely to be unemployed (57%), make below \$10,000 if they were employed (32%), and currently engage in sex work (34%).

Education, Unemployment, and Income

High unemployment rates among trans individuals persist across all levels of education. Although the prevalence of unemployment is higher among those with less than a high school education, unemployment continues among those with higher education at higher rates than the general Washington, DC population. Education levels and unemployment are strongly correlated, with labor force participants with less than an associate's degree at higher unemployment rates than the national average.²⁴

It important to note that the high levels of unemployment among those surveyed is not due to an overrepresentation of those with less than a high school education as Washington, DC trans individuals were more likely to be unemployed than the general population regardless of education level.

Figure 3.0: Unemployment by Level of Education by Washington, DC Trans Residents



Despite comparable levels of higher education among Washington, DC trans individuals compared to the general Washington, DC population (67% vs. 65%, respectively), trans individuals report higher levels of unemployment. While holding an associate degree or higher does not guarantee employment, it is associated with higher rates of general employment.²⁵ Among those who responded, 88% of White trans persons who had an associate degree were employed compared to 82% of Blacks and 60% of Hispanics. However, it is important to note that few persons of color reported holding an associate degree or higher, thus caution should be used when interpreting these findings. Importantly, trans persons of color who reported having earned associate degree were still more likely to be unemployed than White trans persons who lacked such a degree.

²⁴ Earnings and unemployment rates by educational attainment. (2014, March 24). U.S. Bureau of Labor Statistics. Available at: http://www.bls.gov/emp/ep_chart_001.htm

²⁵ Earnings and unemployment rates by educational attainment. (2014, March 24). U.S. Bureau of Labor Statistics. Available at: http://www.bls.gov/emp/ep_chart_001.htm

Figure 3.1: Unemployment and Education

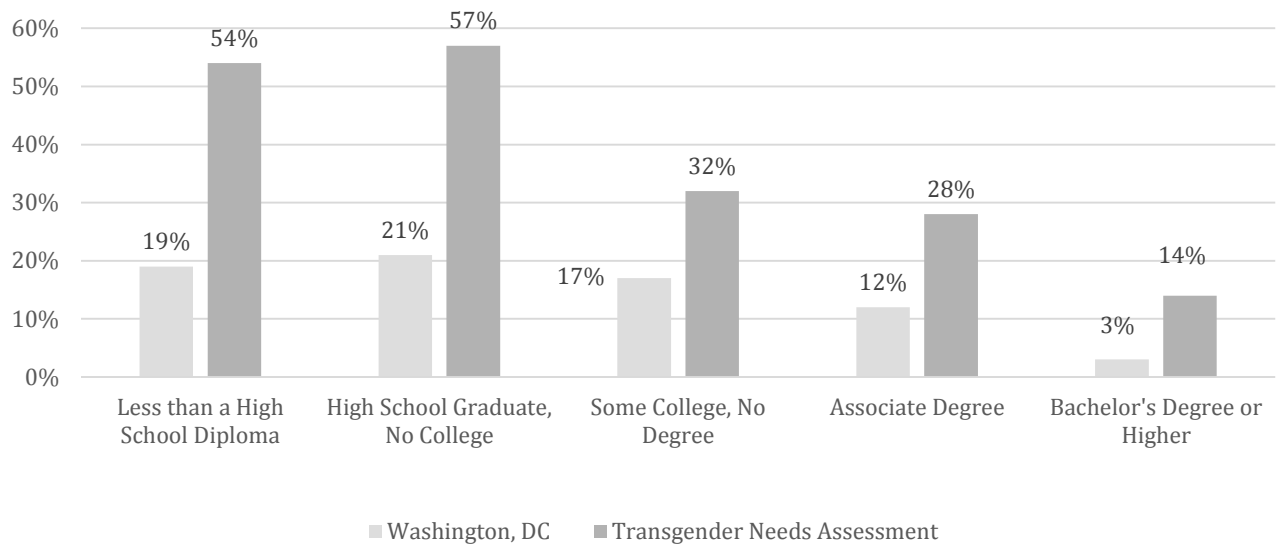
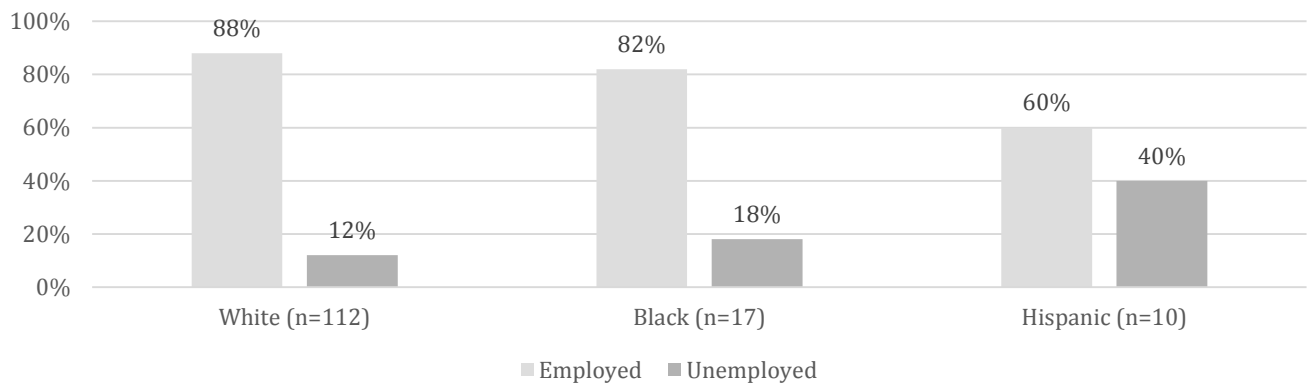


Figure 3.2: Unemployment Among Those with an Associate Degree or Higher by Race/Ethnicity



Experiences in Washington, DC Schools: Harassment in K-12 and Higher Education Institutions

Table 3.2: School Harassment

Experiences harassment by students or staff because of being perceived as trans while attending a Washington, DC school			
Category	Harassed % (n)	Not Harassed % (n)	p
Attended Washington, DC schools, including higher education, while perceived as trans	43% (46)	57% (62)	-
Percent of each gender identity who experienced harassment			
<i>Trans Feminine Male Assigned at Birth</i>	50% (34)	50% (34)	*
<i>Trans Masculine Female Assigned at Birth</i>	28% (10)	72% (26)	
Percent of each race/ethnicity who experienced harassment			
<i>White</i>	38% (9)	62% (15)	~
<i>Black</i>	38% (18)	62% (30)	
<i>Hispanic</i>	62% (18)	38% (11)	
<i>American Indian/Alaska Native</i>	0% (0)	0% (0)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Had to drop out[†]</i>	49% (22)	3% (2)	***
<i>Less than an associate degree[†]</i>	80% (36)	68% (40)	~
<i>Did not attended college in Washington, DC[†]</i>	44% (20)	19% (12)	**

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant. † Percent of harassed/not harassed with this characteristic

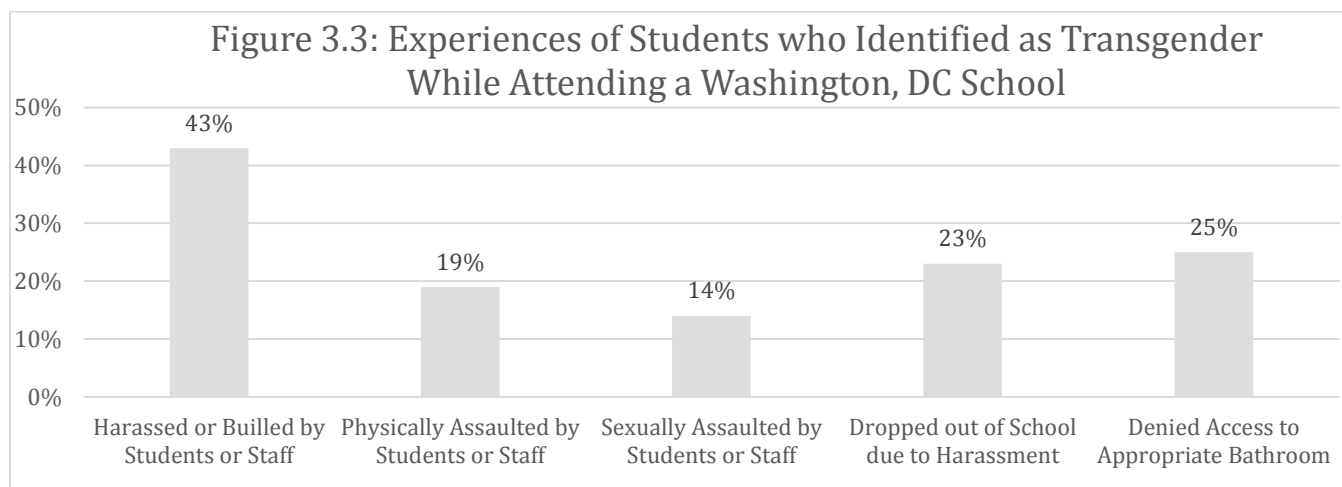
Among those surveyed, 108 respondents report attending a school (including beyond high school) in Washington, DC and considered themselves trans or were perceived to be trans at the time. Among those 108 individuals, 43% had been bullied or harassed by staff or teachers due to being perceived as trans.

Experiences of harassment were strongly impacted by the gender identity of the individual. Among trans feminine individuals at 50% had been harassed as compared to 28% of trans masculine individuals.

Differences by race/ethnicity were not significant, although a greater percentage of Hispanic students had experienced harassment than White and Black trans students.

There was a significant association between experiences of harassment and dropping out of school. While 3% of students who had not been harassed dropped out of school, 49% of those were harassed did.

Importantly, there was also a significant association between experiences of harassment and attending college in Washington, DC. Among those who did not attend college in Washington, DC 44% had been harassed versus 19% of those who had not. However, the association between attaining an associate degree or higher was not significant.



Experiences in Washington, DC Schools

Table 3.3: Hardship in Schools

Experiences in Washington, DC Schools due to being perceived as trans experienced hardship			
Category	Hardship % (n)	No Hardship % (n)	<i>p</i>
Experiences of hardship in higher education	33% (25)	67% (51)	-
Experiences of hardship in higher education by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	20% (6)	80% (24)	*
<i>Trans Masculine Female Assigned at Birth</i>	42% (18)	58% (25)	
Experiences of hardship in higher education by race/ethnicity			
<i>White</i>	16% (3)	84% (16)	***
<i>Black</i>	25% (8)	75% (24)	
<i>Hispanic</i>	70% (14)	30% (6)	
<i>American Indian/Alaska Native</i>	0% (0)	0% (0)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Currently unemployed</i> [†]	48% (11)	31% (14)	~
<i>Current income < \$10,000</i> [†]	75% (9)	77% (24)	~
<i>Did not complete higher education</i> [†]	53% (8)	39% (16)	~

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ – Does not apply ~ non-significant. † Percent of who have/have not experienced hardship with this characteristic

Of the 108 who reported attending a Washington, DC school (including beyond high school), 76 reported attending a school beyond the high school level.

Of the 108, 33% reported facing some form of hardship while attending a higher education institution. Hardship was defined having to leave school due to financial reasons related to their transition, lost or could not get financial aid or scholarships, not allowed to have any housing on campus, or not allowed gender appropriate housing on campus.

There was a significant difference by gender identity, but should be considered carefully with regards to number of individuals reporting. Among trans masculine individuals 42% (18) had experienced hardship in higher education institution compared to 20% (6) of trans feminine individuals.

Differences by race/ethnicity were significant as well. While 16% of Whites experienced hardship, with 25% of Black, and 70% of Hispanic trans students had at least one experience.

There was not a significant association between being currently employed, making less than \$10,000, not attaining a higher education degree and experiences of hardship.

Community Response and Next Steps

- Eliminate economic barriers to education services and opportunities.
 - Establish an LGBT-specific GED completion program where classes are conducted in safe and accessible locations.
 - Establish scholarships for trans persons seeking to enter higher education, vocational school, or other certification programs.
- Address harassment in schools through Office of the State Superintendent of Education training programs.
 - Establish training for DC Public Schools and DC Public Charter Schools teachers on how to address gender non-conforming students, transphobia, and homophobia in the classroom.

Section IV: General Harassment and Violence Profile of Trans Persons in Washington, DC

Harassment, physical and sexual assault

Summary

The impacts of violence, whether physical, verbal or structural, should not be underestimated as they impact general and specific mental and physical health, access to housing to overall wellbeing. Importantly, trans communities bear a large brunt of violence directed at LGBT community groups, reflected in the extremely high rates of assault experienced by trans persons. It is important to note that this violence can be both interpersonal as well as structural in nature, particularly with regard to laws that fail to protect trans persons as well as inhumane treatment of trans persons by members of the police and within Washington, DC hospitals, jails, and other public accommodations. Extreme acts of violence against trans women of color are disturbingly common in Washington, DC, with robbery, sexual assault, stabbings, and murder as a persistent problem for trans women in Washington, DC.

Key Findings

- Trans persons experience disturbingly high rates of assault and harassment.
 - 74% had been verbally assaulted, 42% physically assaulted, and 35% sexually assaulted.
 - Trans feminine individuals are more likely than trans masculine individuals to have been assaulted.
- 57% of trans feminine individuals had been assaulted compared to 17% of trans masculine individuals.
 - 47% of trans feminine individuals had been sexually assaulted compared to 14% of trans masculine individuals.
- Experiences of assault are more common among trans persons of color compared to White trans persons.
 - 54% of Black and 60% of Hispanic trans persons had been physically assaulted compared to 21% of Whites.
- Sexual assault is extremely high.
 - 47% of Black and 56% of Hispanic trans persons had been sexually assaulted compared to 14% of Whites.
- Experiences of assault are most common among trans feminine individuals of color.
 - Among Black trans persons, 62% of trans feminine individuals had been physically assaulted compared to 14% of Black trans masculine individuals.
 - Among Hispanic trans persons, 70% of trans feminine individuals had been physically assaulted compared to 27% of trans masculine Hispanics.

Physical Assault

Table 4.0: Physical Assault

Have been physically assaulted because of being perceived as trans			
Category	Assaulted % (n)	Not Assaulted % (n)	p
Ever physically assaulted	42% (182)	58% (255)	-
Percent of each gender identity who has been physically assaulted			
<i>Trans Feminine Male Assigned at Birth</i>	56% (152)	44% (121)	***
<i>Trans Masculine Female Assigned at Birth</i>	17%(26)	83% (131)	
Percent of each race/ethnicity who have been physically assaulted			
<i>White</i>	21% (36)	79% (137)	***
<i>Black</i>	54% (68)	46% (58)	
<i>Hispanic</i>	60% (52)	40% (34)	
<i>American Indian/Alaska Native</i>	50% (2)	50% (2)	
<i>Asian</i>	0% (0)	100% (6)	
Other important factors by experiences and characteristics			
<i>Ever considered suicide</i> [†]	71% (129)	54% (137)	***
<i>Ever used hard drugs</i> [†]	63% (106)	27% (65)	***
<i>HIV positive</i> [†]	35% (57)	11% (26)	***

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant. † Percent of who have/have not been harassed with this characteristic

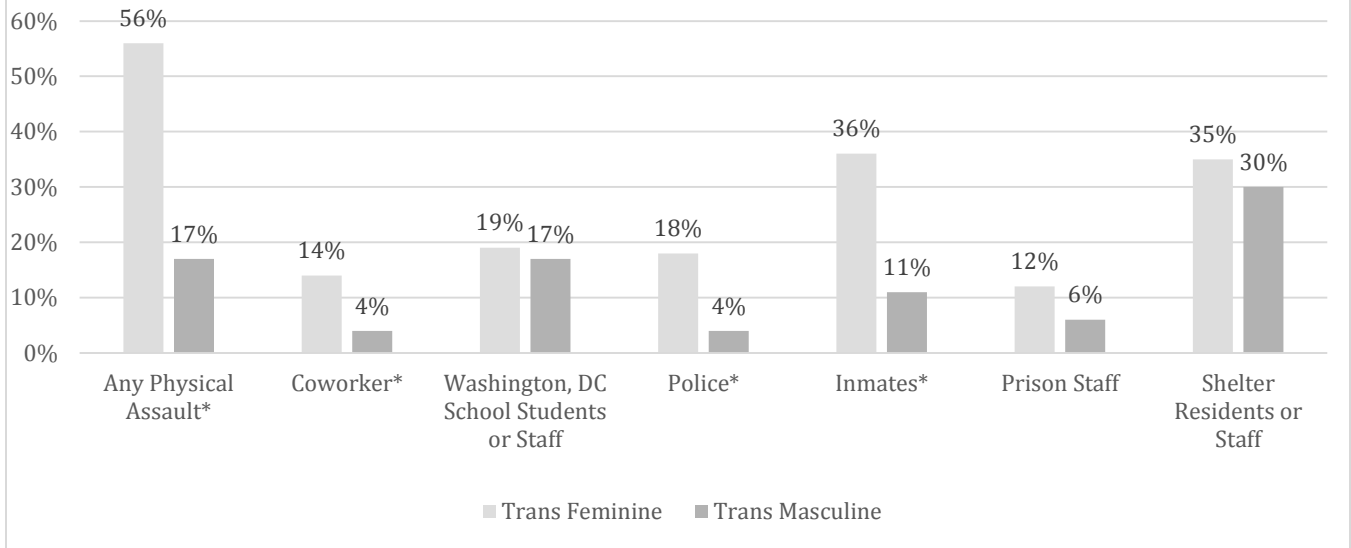
Among those surveyed, 42% had been physically assaulted or attacked due to being perceived as trans.

Those that reported experiences of assault varied based on gender identity. Trans feminine individuals were significantly more likely to have been assaulted (56%) than those on the trans masculine spectrum (17%).

There were also significant differences by race/ethnicity. Persons of color (54% of Blacks, and 60% of Hispanics) were more likely to have been physically assaulted than Whites (21%).

Importantly, assault appears to have impacts on one's health beyond the assault itself. Those who had been assaulted were more likely to have seriously considered suicide (71%) compared to those who had not been assaulted (54%). Use of hard drugs (cocaine, methamphetamines, PCP [phencyclidine], or heroin) was also associated with experiences of assault (63%), and living with HIV (35%).

Figure 4.0: Victim Gender Identity and Perpetrators of Physical Assault



*Among applicable individuals, e.g. prevalence of assault among those who were employed, had attended a Washington, DC school, interacted with police, was incarcerated, or lived in a shelter while considering themselves transgender.

*Significance difference between gender identities of $p < 0.5$

Sexual Assault

Table 4.2: Sexual Assault

Have been sexually assaulted because of being perceived as trans			
Category	Assaulted % (n)	Not Assaulted % (n)	p
Ever sexually assaulted	34% (152)	65% (284)	-
Percent of each gender identity who has been sexually assaulted			
<i>Trans Feminine Male Assigned at Birth</i>	47% (127)	53% (145)	***
<i>Trans Masculine Female Assigned at Birth</i>	14% (22)	86% (135)	
Percent of each race/ethnicity who have been sexually assaulted			
<i>White</i>	14% (24)	86% (149)	***
<i>Black</i>	47% (59)	53% (67)	
<i>Hispanic</i>	56% (48)	44% (37)	
<i>American Indian/Alaska Native</i>	50% (2)	50% (2)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Ever considered suicide</i> [†]	72% (109)	55% (157)	**
<i>Ever used hard drugs</i> [†]	69% (98)	27% (72)	***
<i>HIV positive</i> [†]	38% (51)	12% (31)	***

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant. † Percent of who have/have not been assaulted with this characteristic

Experiences of sexual assault due to being perceived as trans were common (34%).

Experiences of sexual assault differed significantly by gender identity. More trans feminine individuals had been sexually assaulted (47%) compared to trans masculine individuals (14%).

There were also significant differences by race/ethnicity. Trans person of color were more likely to have been sexually assaulted. Far fewer Whites had been sexually assaulted (14%) versus Black (57%) and Hispanic (56%) individuals.

Sexual assault was also strongly associated with other highly significant experiences. Seriously considering suicide was more common among those who had been sexually assaulted (72%) versus those who had not been assaulted (55%). Use of hard drugs (cocaine, methamphetamines, PCP [phencyclidine], or heroin) was also significantly associated, with more of those who had been assaulted (69%) than not (27%). Finally, those who had been sexually assaulted were more likely to be living with HIV (38%) than those who had not been assaulted (12%).

Figure 4.1: Victim Gender Identity and Perpetrators of Sexual Assault

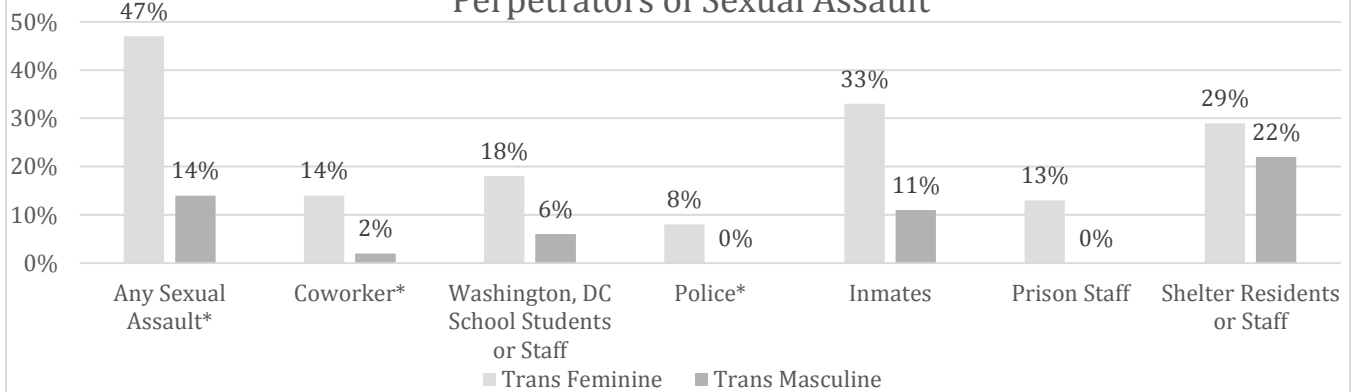


Figure 4.2: Experiences of Physical Assault by Race/Ethnicity and Gender Identity



Community Response and Next Steps

- Establish Redistribute and Transformative justice models for addressing violence rather than just relying on arresting perpetrators of violence.
- Require any publically-funded programs providing assistance to victims and survivors of physical and sexual assault include trans-aware and sensitive support.
 - Definitions and discussions of sexual assault must reflect a range of gender identities.
 - Gender-specific support, such as women's support, should be supportive of trans feminine identities as well as sensitive to the possibility of trans masculine survivors.
- Establish and require trans-specific trainings for members of the police department, and members of public services that may come into contact with survivors and victims of violent crime.
 - Establish regularly conducted external reviews of the efficacy of these trainings to ensure they are being conducted and are successful.
 - Establish clear and transparent ways for trans identifying persons to file complaints or reports of mistreatment by police.

Section V: Health Profile of Trans Communities in Washington, DC

Summary

Consistent with national data, this survey found that access to basic physical and mental health resources is a significant challenge for trans persons.²⁶ Barriers range from discrimination by providers to lack of health insurance or inadequate income. Importantly, during the time of the survey, publicly subsidized healthcare plans, as well as many private health care plans, did not cover medications or procedures for the purposes of gender transition. Trans persons without appropriate coverage or access to trans affirming care may rely upon personal finances to subsidize gender-affirming treatment or may access these treatments through informal economies and non-official routes. As Section II of this document reflects, many trans persons living in Washington, DC experience overwhelming poverty, which presents a huge barrier to meeting their basic health care needs. Poverty, discrimination, and a lack of adequate health care coverage have profoundly negative consequences for the health of trans persons in Washington, DC.

This survey found a number of disturbing health trends. While 8% of the general population of Washington, DC was uninsured in 2012,²⁷ twice as many trans persons were uninsured, and more than one out of every four with insurance relied on public sources, such as Medicare and Medicaid. Although many respondents reported ‘good to excellent’ general health, reporting ‘poor to fair’ health was associated with high rates of poverty and past discrimination.

HIV/AIDS

With an HIV prevalence of 2.4%, Washington, DC ranks 5th among all American cities in number of new HIV infections and has the largest per capita number of adults diagnosed with HIV in the United States.²⁸ Even in the context of the high burden of HIV in the general population in Washington, DC, trans adults face a self-reported HIV prevalence seven times that of the rest of the Washington, DC. It is essential that Washington, DC increase its efforts both to address HIV among trans persons and to ensure that trans persons living with HIV have access to appropriate, gender-affirming HIV care.

Consistent with national and international data on HIV among trans persons²⁹, 21% of trans respondents reported being HIV-positive. This is seven times the general population estimate of 2.4% for Washington, DC.³⁰ Nearly one-third of all trans feminine respondents reported living with HIV, and an astounding 75% of those reporting living with HIV were persons of color. This incredibly high HIV prevalence is three times the 25% prevalence found in 2001 during a needs assessment conducted among trans women of color in Washington, DC.³¹

²⁶ Grant JM, Mottet LA, Tanis J, et al. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

²⁷ Kaiser Family Foundation (2013) Health insurance coverage of the total population. Available at: <http://kff.org/other/state-indicator/total-population/>

²⁸ 2011 Annual Epidemiology and Surveillance Report. District of Columbia Department of Health HIV/AIDS, Hepatitis, STD and TB Administration. Available at: <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>.

²⁹ Baral SD, Poteat T, Stromdahl S, et al. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *Lancet Infect Dis*. 2013 Mar;13(3):214-22.

³⁰ Kaiser Family Foundation. 2012. HIV/AIDS in Washington DC. Available at: <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/8335.pdf>

³¹ Xavier JM, Bobbin M, Singer B, et al. Needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*. 2005;8(2):31-47.

While 90% of the HIV burden was among trans feminine respondents, it's important to note that 5% of the trans masculine respondents reported being HIV-positive. Therefore, interventions to prevent and manage HIV must also address the needs of trans masculine individuals.

While Blacks make up 49% of Washington, DC residents, they make up 75% of people living with HIV. Disparities are even greater by sex with 92% of females with HIV in Washington, DC being Black and 62% of males with HIV being Black.³² Racial/ethnic disparities are also seen among transgender persons in this survey with 95% of all people who reported having HIV being either Black or Hispanic. These numbers highlight how the intersection of oppression related to gender and race have a devastating impact on trans persons of color in Washington, DC.

Intersecting with racial disparities, participants who were uninsured, homeless, or who had engaged in sex work were more vulnerable to HIV. Uninsured respondents were less likely to have had an HIV test; and uninsured respondents with HIV were less likely to be taking HIV medication. Overall, trans persons with HIV were more likely to report of substance use and more likely to have used informal or unlicensed sources of syringes.

In summary, this survey demonstrates the importance of addressing HIV in the context of trans women's lives. Racism, homelessness, and poverty make trans women of color particularly vulnerable to HIV; therefore these factors must be addressed. Access to safer working conditions for sex workers, harm reduction, drug treatment for substance users, adequate housing, and access to appropriate health care are essential components of an effective HIV response for trans persons.

Key Findings

General Health

- More than 84% of survey respondents identified themselves as having 'good to excellent health.' Compared to those with 'good to excellent health,' those identifying themselves as having 'poor to fair' (16%) were significantly more likely to be:
 - Uninsured (17% vs. 42%).
 - HIV positive (17% vs. 39%).
- Majority of respondents had procedures or treatment for the purpose of transitioning, and many received care from unlicensed practitioners or sources.
 - 65% had undergone procedures or treatment, and another 23% plan to do so in the future.
 - 30% had used some form of unlicensed care or source.

Health Insurance and Healthcare Discrimination

- Roughly 60% of trans individuals were uninsured or insured through public or family-contingent insurance.
 - 20% of all respondents and 14% of those who lived in Washington, DC were uninsured.
- Health care professionals have denied many trans individuals medical care based on their perceived gender.
 - 19% had been denied medical care at least once due to being perceived as transgender.
- Many respondents obtain syringes from informal sources (other than doctor's office, pharmacy, or syringe exchange).
 - 39% of those surveyed used syringes for hormones, silicone, or drugs.
 - Among those individuals, 26% got some or all of their syringes from informal sources.

³² 2011 Annual Epidemiology and Surveillance Report. District of Columbia Department of Health HIV/AIDS, Hepatitis, STD and TB Administration. Available at: <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>.

HIV

- Many respondents were HIV positive, of whom 75% were persons of color.
 - 21% of all respondents, 43% of Black and 33% of Hispanic respondents reported living with HIV.
 - Among those who knew themselves to be HIV positive, 45% of the uninsured were not taking HIV medication, compared to 11% of those with insurance.

Self-Harm and Drug Use

- Suicidal thoughts and actions were extremely common among those surveyed.
 - 60% had seriously considered suicide, 34% had attempted suicide, and 10% had attempted suicide in the past 12 months.
- Those who had been assaulted were likely to have attempted suicide at some point in their life.
 - Among those who had attempted suicide, 61% had been physically assaulted and 54% had been sexually assaulted.
- Of those surveyed, 42% reported using drugs like (cocaine, methamphetamines, PCP [phencyclidine], or heroin) either currently or in the past.

Health Insurance

Table 5.0: Health Insurance

Health Insurance Coverage			
Category	Uninsured % (n)	Insured % (n)	<i>p</i>
Health insurance status	20% (88)	80% (350)	-
Insurance coverage by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	25% (68)	75% (202)	***
<i>Trans Masculine Female Assigned at Birth</i>	11% (11)	88% (143)	
Insurance coverage by race/ethnicity			
<i>White</i>	10% (19)	89% (164)	***
<i>Black</i>	17% (21)	83% (105)	
<i>Hispanic</i>	46% (37)	54% (43)	
<i>American Indian/Alaska Native</i>	33% (1)	67% (2)	
<i>Asian</i>	0% (0)	100% (6)	
Other important factors by experiences and characteristics			
<i>Poor to fair health</i> †	31% (27)	11% (37)	***
<i>Do not see medical providers</i> †	26% (22)	4% (14)	***
<i>Do not know HIV status</i> †	14% (12)	5% (17)	**
<i>HIV+ and not taking HIV medication</i> †	45% (11)	11% (6)	***

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ – Does not apply ~
† Percent of Insured/Uninsured with this characteristic

While Washington, DC boasts one of the highest rates of insured persons in the US, over 20% of respondents of this survey reported as having no form of health insurance.

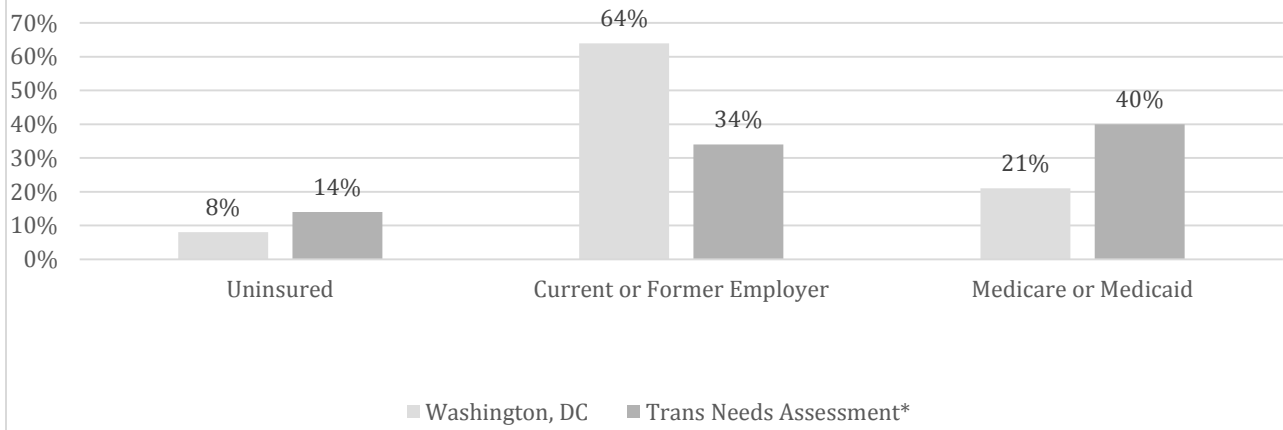
There was a significant association between lack of health insurance and gender identity. Trans feminine individuals were more likely to be uninsured than trans masculine individuals (25% vs. 11%).

There were also racial/ethnic disparities among the uninsured. Hispanics were the most likely to be uninsured (46%), followed by Black (17%) and White (10%) trans individuals.

Significant associations were also present between lack of insurance and other health characteristics. Those who did not have insurance were more likely to describe their health as poor to fair, not to see a medical provider when sick, and not to be unaware of their HIV status compared to those who were insured.

Among those who knew themselves to be HIV positive, 45% of the uninsured were not taking HIV medication, compared to 11% of those with insurance.

Figure 5.0: Current Health Insurance Provider
Among Adults 19 or Older



*Estimates for Washington, DC from Health Insurance Coverage in the Washington, DC Estimates from the 2009 Washington, DC Health Insurance Survey. The Urban Institute. Available at: http://www.urban.org/research/publication/health-insurance-coverage-district-columbia-estimates-2009-dc-health-insurance-survey/view/full_report

Figure 5.1: Current Form of Health Insurance

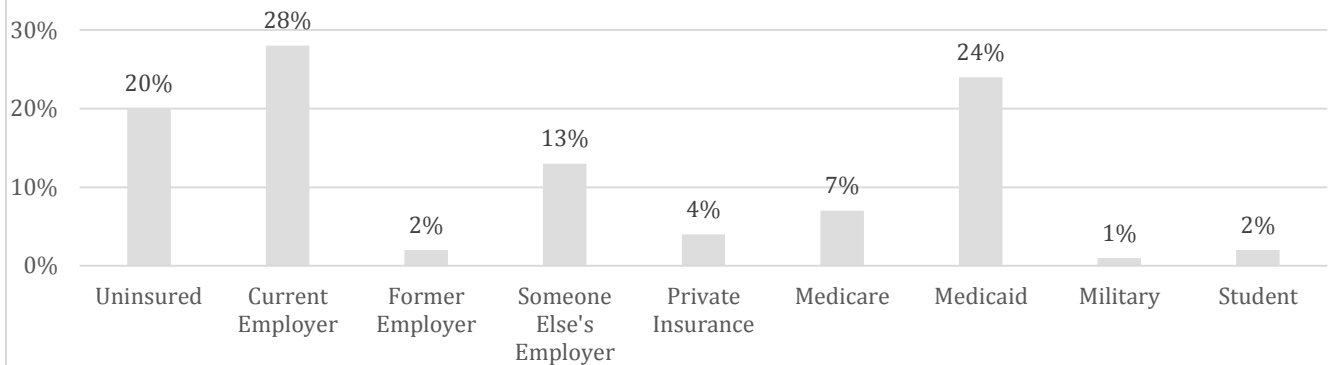
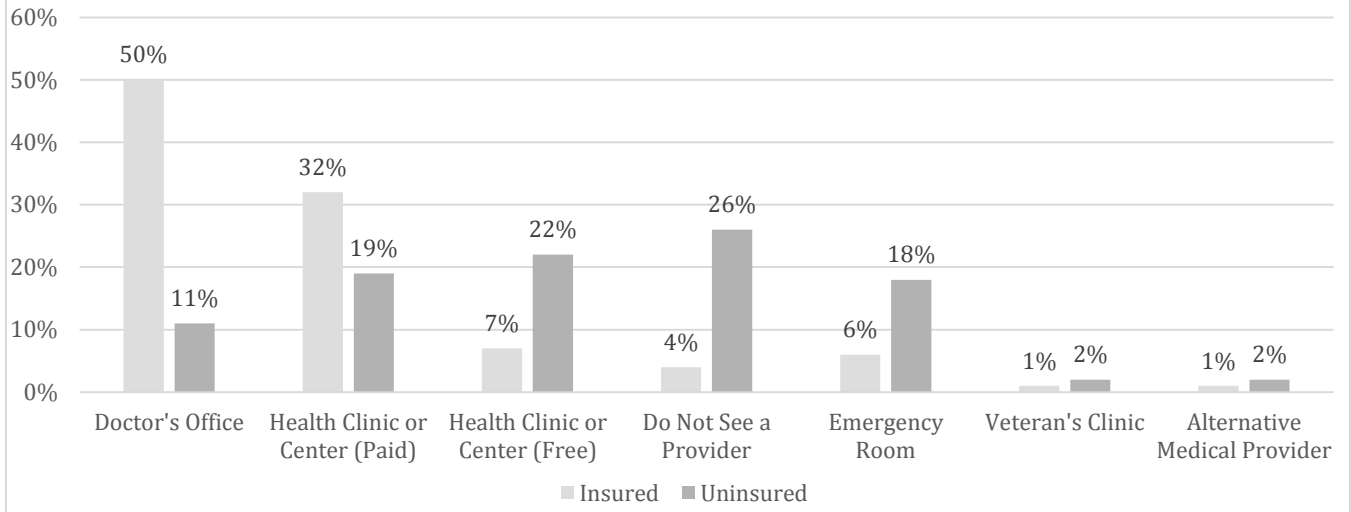


Figure 5.2: Location Typically Used for Medical Care



Medical Care

Table 5.1: Medical Care

Denied medical care due to being perceived as trans			
Category	Denied % (n)	Treated % (n)	<i>p</i>
Experiences in medical care when seeing a doctor	19% (80)	78% (338)	-
Medical care discrimination by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	19% (48)	81% (207)	-
<i>Trans Masculine Female Assigned at Birth</i>	19% (29)	81% (127)	
Medical care discrimination by race/ethnicity			
<i>White</i>	16% (28)	84% (144)	~
<i>Black</i>	19% (24)	81% (103)	
<i>Hispanic</i>	25% (17)	75% (52)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	17% (1)	83% (5)	
Other important factors by experiences and characteristics			
<i>Poor to fair health</i> [†]	24% (19)	13% (42)	*
<i>Pass never to sometimes</i> [†]	66% (53)	68% (230)	~
<i>Public insurance</i> [†]	50% (21)	53% (91)	~

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001 – Does not apply
~not significant † Percent of denied/treated who have this characteristic

As the primary modality for trans persons to get trans specific medical care, discrimination from providers is a particularly important. Among those who had seen a doctor, 19% had been denied medical care at least once due to being perceived as transgender.

Unlike many other categories of experience, there were no statistically significant differences in denial of medical care based on gender identity or race/ethnicity. Each gender identity reported similar rates of discrimination.

However, a significant association was found between medical discrimination and perceived quality of health. Among those who had been discriminated against, 24% rated their health as poor to fair, compared to 13% of those who had not been discriminated against.

Passing and holding public insurance (such as Medicare or Medicaid) were not associated with experiences of medical discrimination.

Perceived Health

Table 5.2: Perceived Health

Reported perceived quality of health			
Category	Poor to Fair % (n)	Good to Excellent % (n)	<i>p</i>
Reported quality of health	16% (70)	84% (372)	-
Reported quality of health by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	16% (44)	84% (232)	~
<i>Trans Masculine Female Assigned at Birth</i>	16% (25)	84% (134)	
Reported quality of health by race/ethnicity			
<i>White</i>	13% (23)	87% (153)	~
<i>Black</i>	14% (18)	86% (110)	
<i>Hispanic</i>	22% (19)	78% (67)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	0% (0)	100% (6)	
Other important factors by experiences and characteristics			
<i>Uninsured[†]</i>	42% (27)	17% (60)	***
<i>Ever denied medical care[†]</i>	31% (19)	17% (61)	~
<i>HIV positive[†]</i>	39% (25)	18% (60)	***
<i>Income < \$10,000[†]</i>	48% (22)	30% (75)	~

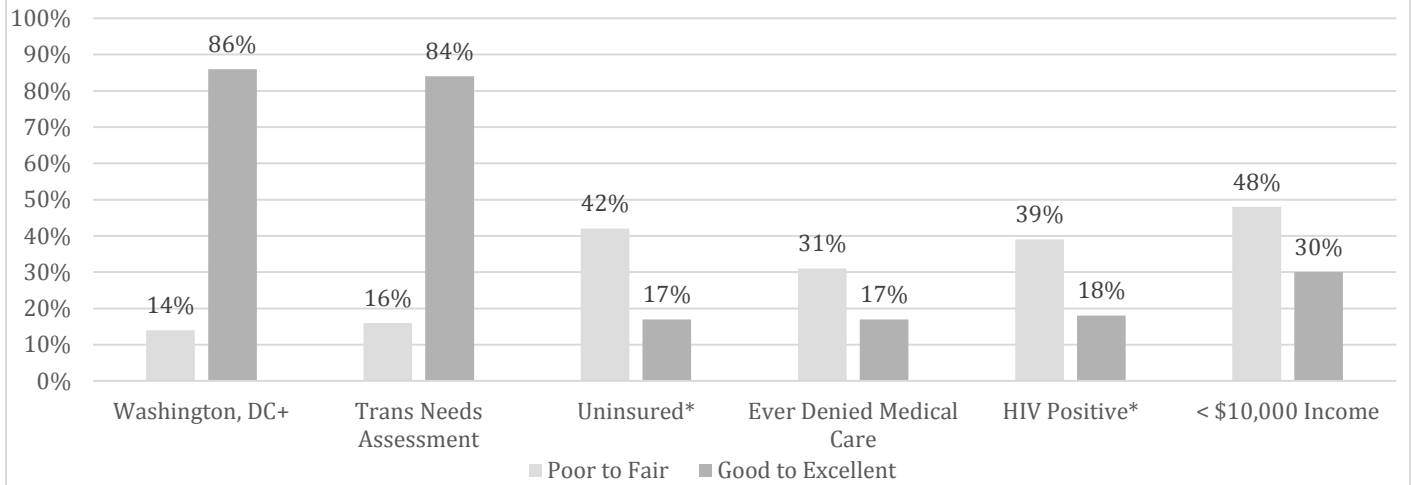
The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001 – Does not apply ~ non-significant † Percent of poor-fair/good-excellent health who have this characteristic

Overall, the vast majority of respondents rated their health as good or excellent while 16% rated their health as poor or fair.

There was no association between gender identity and perceived quality of health. There was also no significant difference in perceived quality of health by race/ethnicity.

However, respondents who were uninsured or were HIV positive were more likely to rate their perceived quality of health to be poor to fair. No significant association was found between having been denied medical care, or having an income below \$10,000.

Figure 5.3: Characteristics of Perceived Quality of Health



+Estimates for Washington, DC from Health Insurance Coverage in the Washington, DC Estimates from the 2009 Washington, DC Health Insurance Survey. The Urban Institute. Available at: http://www.urban.org/research/publication/health-insurance-coverage-district-columbia-estimates-2009-dc-health-insurance-survey/view/full_report

*Significant difference ($p < 0.05$) between uninsured/insured, never denied/denied medical care, HIV+/-, and income above and below \$10,000

HIV Status

Table 5.3: HIV Status

Self-reported HIV Status			
Category	HIV + % (n)	HIV - % (n)	p
Reported HIV status	21% (86)	79% (321)	-
Reported HIV status by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	29% (74)	71% (179)	***
<i>Trans Masculine Female Assigned at Birth</i>	5% (8)	95% (141)	
Reported HIV status by race/ethnicity			
<i>White</i>	2% (3)	98% (165)	***
<i>Black</i>	43% (49)	57% (64)	
<i>Hispanic</i>	33% (27)	67% (54)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	0% (0)	100% (5)	
Other important factors by experiences and characteristics			
<i>Ever engaged in sex work[†]</i>	72% (59)	25% (79)	***
<i>Uninsured[†]</i>	29% (23)	17% (51)	*
<i>Currently homeless[†]</i>	39% (33)	14% (43)	***
<i>Unemployed[†]</i>	54% (42)	29% (81)	***

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant † Percent of HIV+/HIV- who have this characteristic

Residents of Washington, DC experience the highest rates of HIV seroprevalence in the United States, at 2.4% of the general population.³³ Nearly 7 times as many trans individuals reported testing positive for HIV at 21%.

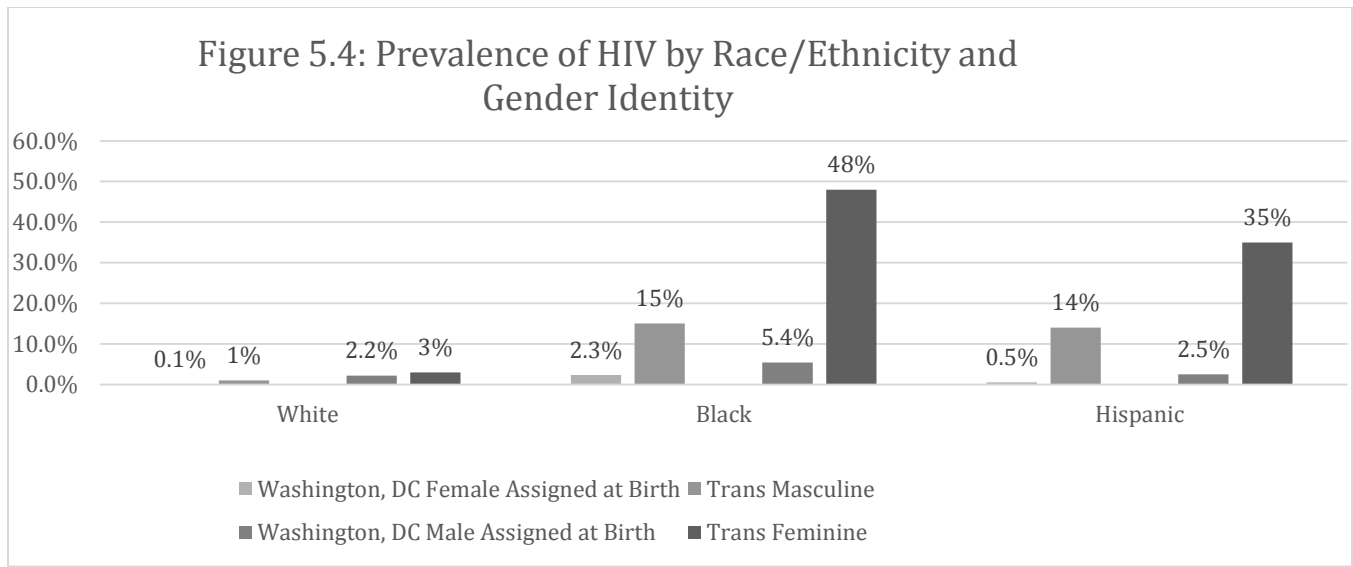
Consistent with the published literature³⁴, trans feminine individuals were more likely to be HIV positive than trans masculine individuals (29% vs. 5%). However, this HIV prevalence is among the highest reported in the published literature among trans masculine persons.

Black trans persons were more likely to be HIV positive than Whites (43% vs 2%). Prevalence was also higher among Hispanics (33%) compared to Whites.

There were significant associations with other factors as well. Of those who reported being HIV positive, 72% had engaged in sex work currently or in the past, 29% were uninsured, and 39% were homeless at the time of survey.

³³2011 Annual Epidemiology and Surveillance Report. District of Columbia Department of Health HIV/AIDS, Hepatitis, STD and TB Administration. Available at: <http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>.

³⁴ Herbst, J.H., Jacobs, E.D., Finlayson, T.J., McKleroy, V.S., Neumann, M.S., Crepaz, N., HIV/Prevention Research Synthesis Team. 2008. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. AIDS Behavior. 12(1): 1-17.



Each bar represents the prevalence of HIV within each gender identity. E.g. 48% of Black trans feminine individuals reported being HIV positive.

Washington, DC Prevalence from: Annual Epidemiology and Surveillance Report 2011. District of Columbia Department of Health HIV/AIDS, Hepatitis, STD and TB Administration. Available at:

<http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2012AESRFINAL.pdf>.

Transition and Transition Care

Table 5.4: Transition and Transition Care

Source of Transition Related Care			
Category	Some Unlicensed % (n)	Only Licensed % (n)	<i>p</i>
Form of transition related care	30% (82)	70% (190)	-
Use of unlicensed care by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	40% (71)	60% (107)	***
<i>Trans Masculine Female Assigned at Birth</i>	10% (9)	90% (80)	
Use of unlicensed care by race/ethnicity			
<i>White</i>	14% (15)	86% (90)	***
<i>Black</i>	33% (27)	67% (54)	
<i>Hispanic</i>	49% (28)	51% (29)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	100% (2)	0% (0)	
Other important factors by experiences and characteristics			
<i>Uninsured</i> [†]	35% (26)	12% (22)	***
<i>Ever engaged in sex work</i> [†]	62% (48)	32% (60)	***
<i>Public health insurance</i> [†]	72% (23)	57% (58)	~
<i>Income <\$10,000</i> [†]	46% (38)	42% (79)	~

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001 – Does not apply ~ non-significant † Percent of Some Licensed/Only Licensed who have had this characteristic

Importantly, of those surveyed, 65% have undergone hormone treatment or body enhancement for the purpose of transitioning. Another 23% have not yet had a procedure, but want to, and 12% do not wish to have any procedures. As such, given many of the barriers to accessing treatment through licensed providers, the use of unlicensed, and potentially dangerous, care is particularly important when considering trans health needs.

Among those who have undergone treatment, 30% reported getting procedures from an unlicensed practitioner, or source (e.g. internet).

Use of unlicensed sources differed significantly by gender identity and race/ethnicity. Trans feminine individuals and persons of color were more likely to use at least one unlicensed source or provider compared to trans masculine individuals and Whites.

Other characteristics significantly associated with unlicensed sources of transition care were being uninsured, and having ever engaged in sex work.

No significant differences were found between those who had public insurance versus private, or an income below versus above \$10,000, and unlicensed care.

Figure 5.5: Type of Provider or Source for Transitioning Procedures/Treatment

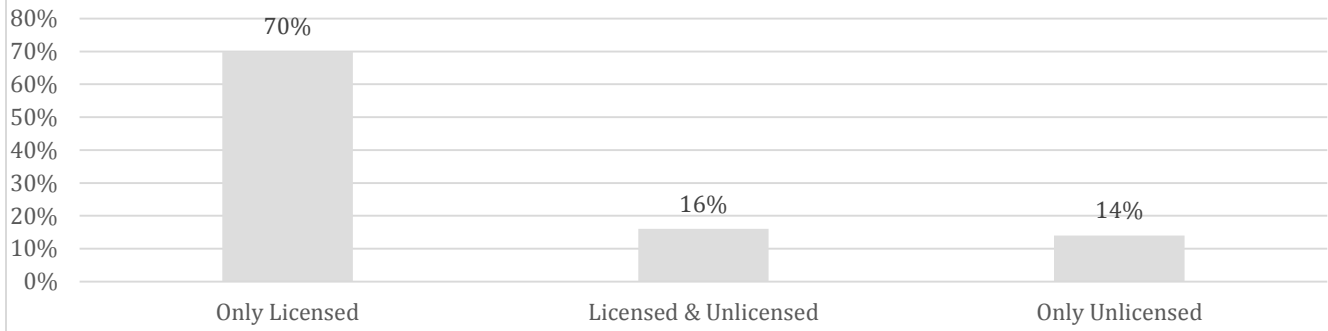
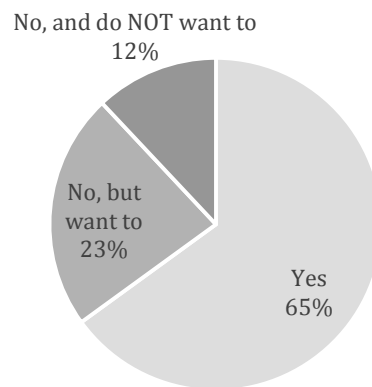


Figure 5.6: Had Hormone Treatment, Body Enhancement, or Surgical Procedures for the Purpose of Transitioning



Mental Health and Suicide

Table 5.5: Suicide

Suicide Attempts			
Category	Attempted % (n)	Not Attempted % (n)	<i>p</i>
Reported suicide attempts (ever)	34% (148)	66% (292)	~
Suicide attempts by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	36% (99)	64% (175)	-
<i>Trans Masculine Female Assigned at Birth</i>	31% (49)	69% (110)	
Suicide attempts by race/ethnicity			
<i>White</i>	31% (54)	69% (121)	*
<i>Black</i>	28% (35)	72% (92)	
<i>Hispanic</i>	48% (41)	52% (44)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	29% (2)	71% (5)	
Other important factors by experiences and characteristics			
<i>Ever physically assaulted</i> †	61% (90)	31% (90)	***
<i>Ever sexually assaulted</i> †	54% (79)	25% (71)	***
<i>Hiring discrimination</i> †	53% (52)	34% (65)	**
<i>Use of hard drugs</i>	47% (66)	39% (106)	~

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ – Does not apply ~ non-significant † Percent of Attempted Suicide/Never Attempted Suicide who have this characteristic

In addition to physical health, the mental health of trans populations is often ignored beyond official DSM diagnostic concerns. Suicide remains the 10th most common cause of death in the United States with roughly 3.7% of the general population reporting suicidal ideation in the past year, with 0.6% having made an actual suicide attempt.³⁵

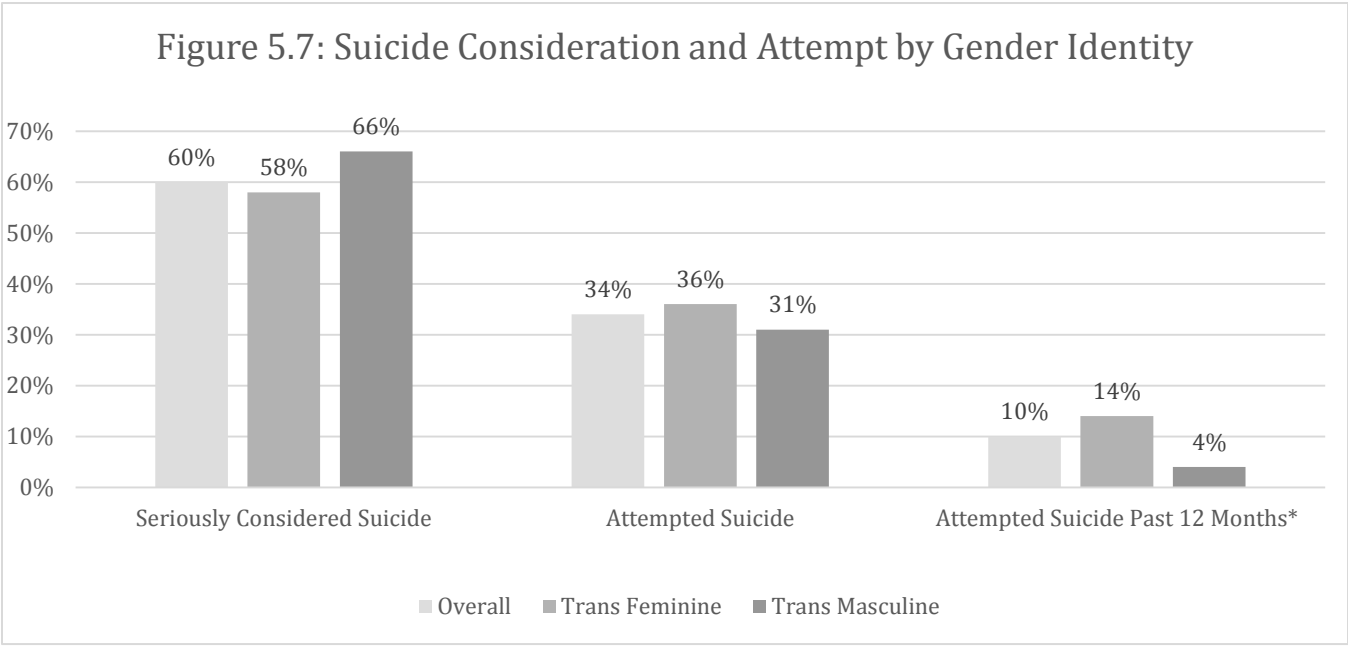
Disturbingly, 60% of surveyed individuals report having seriously considered suicide at least one point in their lives. 34% had attempted suicide in the past with 10% having attempted within the twelve months prior to the survey, 20 times that of the general population.

There was no significant difference in attempted suicide by gender identity. However, there were significant differences in attempted suicide by race/ethnicity. Hispanics were the most likely to have attempted suicide (48%), followed by Whites (31%) and Blacks (28%).

³⁵ 2015 Suicide, Facts at a Glance. Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/violenceprevention/pdf/Suicide_DataSheet-a.pdf

Assault was significantly associated with attempted suicide. Among those who had attempted suicide 61% had been physically assaulted, compared to 31% who had not attempted suicide. Sexual assault was also higher (54%) among those who had attempted suicide compared to those who had not (25%).

An experience of hiring discrimination (denied a job due to being perceived as transgender) was also significantly associated with attempted suicide. Over half of those who had attempted suicide experienced hiring discrimination.



*Significance difference between gender identities of $p < 0.5$
Each bar represents the prevalence of suicidal thoughts or actions within each gender identity. E.g. 14% of trans feminine individuals have attempted suicide in the past 12 months.

Substance Abuse

Table 5.6: Substance Abuse

Hard Drug Use (cocaine, methamphetamines, PCP [phencyclidine], or heroin)			
Category	Hard Drug % (n)	No Hard Drug % (n)	<i>p</i>
Reported hard drug use	42% (173)	59% (244)	-
Reported hard drug use by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	54% (139)	46% (118)	***
<i>Trans Masculine Female Assigned at Birth</i>	19% (30)	81% (124)	
Reported hard drug use by race/ethnicity			
<i>White</i>	27% (44)	73% (122)	***
<i>Black</i>	57% (71)	43% (53)	
<i>Hispanic</i>	48% (37)	52% (40)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	0% (0)	100% (6)	
Other important factors by experiences and characteristics			
<i>Unemployed</i> [†]	47% (72)	29% (62)	***
<i>HIV positive</i> [†]	38% (58)	9% (20)	***
<i>Physically assaulted</i> [†]	62% (106)	26% (62)	***
<i>Sexually assaulted</i> [†]	58% (98)	19% (45)	***
<i>Ever engaged in sex work</i> [†]	62% (105)	17% (40)	***

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001 – Does not apply ~ non-significant [†] Percent of Hard Drug/No Hard Drug who have this experience

Strongly correlated to a number of negatively impacting health factors, the use of hard drugs is a top issue for trans populations. Significantly, 42% of all respondents report a current or past use of hard drugs, (cocaine, methamphetamines, PCP [phencyclidine], or heroin).

There was a significant association between gender identity and use of hard drugs. Trans feminine individuals were more likely to have used hard drugs than trans masculine individuals (54% vs 19%).

There was also a significant association between race/ethnicity and hard drug use. Trans persons of color (57% among Black, 48% among Hispanics) were more likely to have used hard drugs than Whites (27%).

Other significant associations were also found. Comparing those who had used hard drugs vs. not, significantly more were unemployed (47% vs. 29%), HIV+ (38% vs. 9%), and had engaged in sex work (62% vs. 17%).

Experiences of assault were also associated with hard drug use. Of those who have used hard drugs, 62% had been physically assaulted, compared to 26% who had not used hard drugs. Of those who use hard drugs, 58% had been sexually assaulted, compared to 19% who had not used these substances.

Figure 5.8: Current and Past Substance Use

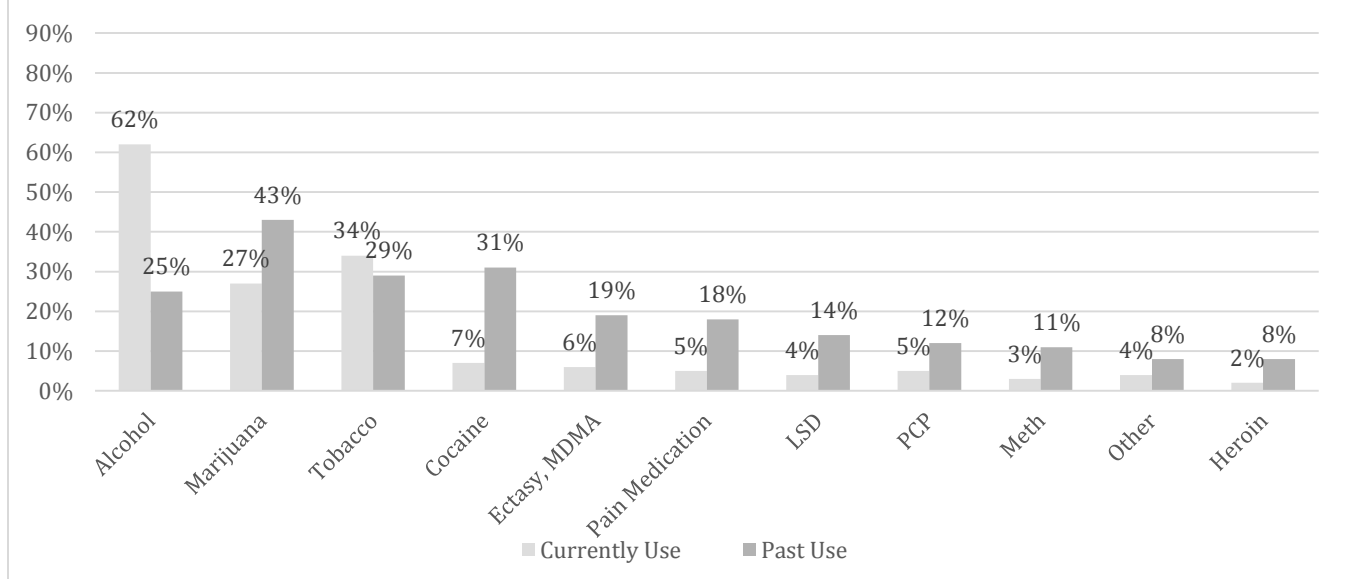
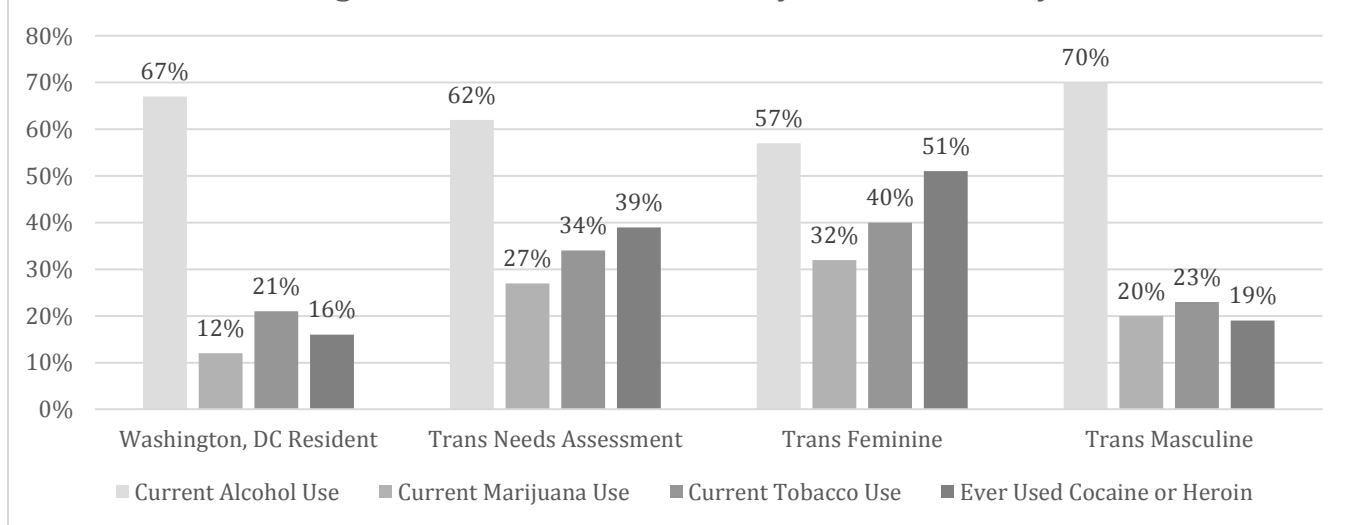


Figure 5.9: Substance Abuse by Gender Identity



National Trans Survey: Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., Keisling, M. 2011. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011) Available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

Washington, DC Residents: 2011 Annual Health Report from Behavioral Risk Factor Surveillance System. District of Columbia Department of Health. Available at:

<http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/2011%20BRFSS%20Annual%20Report%20Final%20Version%20.pdf>

Syringe and Needle Access and Use

Table 5.7: Syringe and Needle Access and Use

Formal and Informal Syringe Access (not from a pharmacy, doctor's office, or syringe exchange)			
Category	Some Informal % (n)	No Informal % (n)	p
Reported formal or informal syringe access	26% (41)	75% (120)	-
Reported formal or informal syringe access by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	34% (31)	66% (61)	**
<i>Trans Masculine Female Assigned at Birth</i>	13% (9)	87% (58)	
Reported formal or informal syringe access by race/ethnicity			
<i>White</i>	13% (7)	87% (47)	*
<i>Black</i>	30% (16)	70% (38)	
<i>Hispanic</i>	36% (16)	64% (28)	
<i>American Indian/Alaska Native</i>	0% (0)	100% (1)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Ever engaged in sex work†</i>	70% (28)	43% (51)	**
<i>Used hard drugs</i>	76% (28)	43% (49)	**
<i>HIV positive†</i>	53% (19)	20% (22)	***
<i>Uninsured†</i>	36% (14)	17% (19)	*

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001 – Does not apply ~ non-significant † Percent of Some Informal/No Informal who have this characteristic

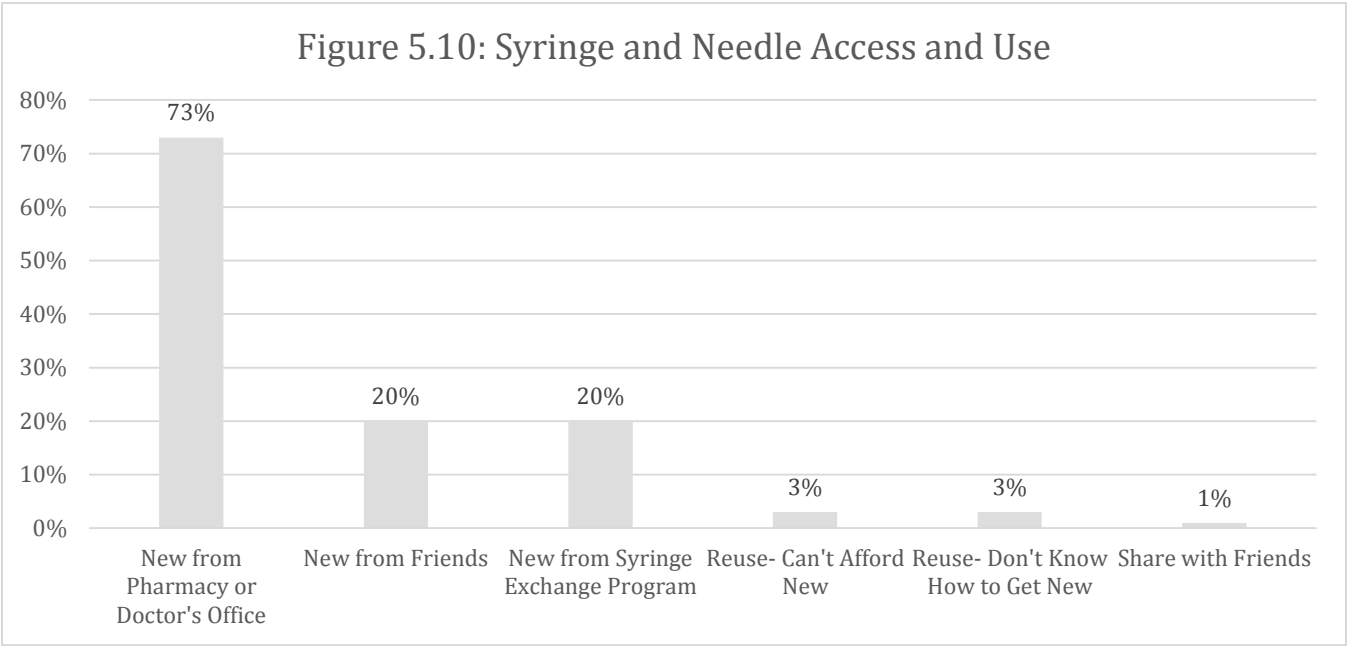
Importantly, one of the primary conduits for hormone therapy treatment is through the use of injectable forms of the medication. Additionally, a popular body feminizing procedure of injecting silicone into one's lips, hips, buttocks, breasts, and thighs requires the use of needles and syringes. Since syringes and needles are not openly sold over the counter, how trans communities gain access to syringes and needles is a key element when discussing trans health needs.

Thirty nine percent of trans individuals reported using syringes for hormones, silicone, or drugs. Among those, 26% get some or all of their syringes from informal sources. Informal sources are those other than a pharmacy, doctor's office, or syringe exchange. Informally purchased syringes are more likely to be used, and place the individual at a higher risk for HIV and Hepatitis C infection.

There was a significant association between gender identity and informal sources for syringes. More trans feminine individuals (34%) got syringes from informal sources compared to trans masculine individuals (13%).

There was also a significant association found between race/ethnicity and source of syringes. Hispanic (36%) and Black (30%) trans individuals were more likely than Whites to use informal sources for syringes.

Aside from demographics, other characteristics were also significantly associated with using syringes from informal sources. Compared to those who only get their syringes from formal sources, those who got their syringes from informal sources were more likely to have engaged in sex work, used hard drugs, be HIV positive, or uninsured.



Community Response and Next Steps

- Trans specific health care spans from basic health care concerns to issues of hormones, surgeries and body-specific preventative care (such as breast and prostate exams).
 - Establish HIV prevention programs that are trans-specific.
 - The campaign could include trans individuals who are well known in the community, along with listings of agencies and providers.
 - Featuring “familiar faces” can result in individuals speaking to the spokesperson themselves. Individuals could also contact the listed agencies and resources on their own.
 - It is important that campaign materials and photographs reflect the lived experiences, struggles, and strength of trans individuals.
- Establish demonstration studies and programs that support trans-specific PrEP use.
- Clarify existing coverage of trans-specific healthcare by Washington, DC and federally subsidized Medicaid and Medicare program.
 - Providers and clients should be made aware of the expansion of trans specific healthcare.
 - As of January 2015, Washington, DC Medicaid and its affiliated programs cannot deny trans specific healthcare coverage
 - A clear and transparent process must be established for denied services and medications to be followed up on.
 - Doctors cannot bar individual from hormone use based on non-medical factors.
- Preferred names and pronouns must be used on all documentation and by all.
- Care must be taken in ‘gender-specific’ care, such as obstetrics and gynecology, that the gender of the patient not be assumed.
 - More representation from the community among provider staff and board.
 - Increased coordination between providers for transition surgery. Currently legal providers coordinate these services, despite much of it being within the health care realm. Transition coordination should be shifted to an affirming and knowledgeable person, e.g. case manager, social worker, etc.
- Consider a program that mimic’s Washington, DC’s “Red Carpet program” that provides immediate and coordinated care for those who wish to transition. This service would provide a team of knowledgeable legal, mental health, medical, and support staff who would coordinate.
 - Educate physicians about the needs of transgender individuals. Physicians must understand that barring of hormones or transition surgery is barring an individual from expressing their true selves. Obstructing this is extremely demeaning and can be damaging to the patient.
 - Doctors should be proactive about providing trans specific care by making the patient aware that they can provide assistance, resources, and documentation/letters of recommendation for procedures if they would like them. Trans patients should not be fearful about bringing up their gender identity to their physician.
 - Educate physicians about their liability associated with transition related complications. Many physicians are reticent about hormone therapy since they are concerned about potential complications.
 - Insurance companies must be educated about transition services and coverage requirements.
 - Have a directory of affirming providers including those outside of the traditionally used LGBT health centers.

- A transgender health care center:
 - This center would provide services that are specific to the trans community.
 - The staff should be very diverse, with the leadership and staff being largely transgender.
 - While some clinics in Washington, DC serve trans individuals, they are not necessarily a *trans affirming* environment.
 - The center would provide wrap around services, including transition related care, primary care, mental health services, HIV prevention/treatment/adherence, harm reduction (e.g. syringe exchange), linkage to housing, employment counseling, and substance use treatment.
 - The center would take a “harm reduction” approach. To use this approach is to “meet the consumer where they are.” This means that services are offered to consumers, providing them with the choice of what they feel they need, not what the provider deems to be the priority. Consumers would not be pressured or baited into services. For example, the clinic would not withhold hormone therapy if the consumer is currently using drugs.
 - Transportation assistance would be provided (i.e. metro tokens).
 - Ideally the health care center would also have housing available in the same building. E.g. Single Resident Occupancy rooms.

Section VI: Criminal (in)Justice Profile of the Trans Communities in Washington, DC

Police and Jails

Summary

As previous sections had made note of, trans communities are often at greater risk of harassment and violence than the general population.³⁶ Thus, trans experiences with police as first responders to victims of violence is a significant concern when considering trans community needs. However, as existing reports on trans community interactions with police make note^{37,38,39} certain segments of the trans community are not only at a much higher risk of violence but are also at a significantly higher risk of violence at the hands of the police and other agents of the state. Trans feminine persons, particularly trans feminine persons of color, were substantially more likely to report having been assaulted by the police as compared to trans masculine persons. Importantly, trans persons of color were ten times more likely (roughly 40%) to be assaulted by the police than White trans persons (4%). Additionally, over a third of respondents who had interacted with the Metropolitan Police Department (MPD) as a trans person reported experiencing disrespect. Significantly more trans persons of color faced disrespect than White trans persons. MPD were also more likely to use the wrong name or pronouns for trans persons of color than Whites.

However, among all respondents, and not exclusively those who had interacted with MPD as a trans person, the majority (56%) reported not feeling comfortable approaching the police. This reinforces findings by the National Transgender Discrimination Survey and the MPD-commissioned Hate Crimes Assessment Task Force.

Jails, like other gender-segregated state-managed spaces, are sites of extreme violence for many trans persons. Current policy at the Washington, DC Department of Corrections (DOC) stipulates that trans persons in DOC custody may be housed in the population that best matches their gender identity or express *or* the population where the detainee believes they will be most safe. There is a multitude of ways trans persons are harassed and discriminated against while incarcerated. This survey assessed the prevalence of six specific experiences. Among them, being housed with the wrong gender was the most common experience (55%). The next most common was experiences related to restricting an individual's ability to present as their gender identity. Refused access to gender appropriate clothes (34%), denied access to hormones (32%), and forced modification of hair or facial hair (30%) were experienced by over a third of respondents. All of these experiences are in violation of DOC's policy on housing trans persons.

Additionally, one of the primary responsibilities of guards and staff within a jail is to protect and maintain the safety of those in their custody. Among those who had reported being in jail while identifying as trans nearly half were physically or sexually assaulted by guards or staff, reflecting a disturbing trend of systemic abuse in Washington, DC jails by those in positions of power.

³⁶ Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2013 Report. (2013) National Coalition of Anti-Violence Programs. Available at: http://www.avp.org/storage/documents/2013_ncavp_hvreport_final.pdf

³⁷ Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2013 Report. (2013) National Coalition of Anti-Violence Programs. Available at: http://www.avp.org/storage/documents/2013_ncavp_hvreport_final.pdf

³⁸ Move Along: Policing and Sex Work in Washington D.C. (2008) Alliance for a Safe & Diverse D.C. Available at: <https://dctranscoalition.files.wordpress.com/2010/05/movealongreport.pdf>

³⁹ Hate Crimes Assessment Report. 2014. Hate Crimes Assessment Task Force. Available at: <https://dctranscoalition.files.wordpress.com/2014/03/hcatf-report.pdf>

Key Findings

- While many trans individuals interact with the police without incident, 15% of those who took this survey reported having been physically assaulted by the police, with 5% having been sexually assaulted.
- Experiences of assault by MPD are more common among trans feminine individuals than trans masculine individuals.
 - 19% of trans feminine individuals have been physically or sexually assaulted by a police officer compared to 4% of trans masculine individuals.
- Experiences of assault while in jail or prison by inmates or staff are large concern for trans individuals.
 - 42% of those who had been in jail or prison while identifying as trans had been assaulted by inmates.

Police

Table 6.0: Police

Have been physically or sexually assaulted by police because of being perceived as transgender			
Category	Assaulted % (n)	Not Assaulted % (n)	p
Ever assaulted by MPD	15% (36)	85% (206)	-
Ever assaulted by MPD by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	19% (32)	81% (138)	**
<i>Trans Masculine Female Assigned at Birth</i>	4% (3)	96% (65)	
Ever assaulted by MPD by race/ethnicity			
<i>White</i>	4% (3)	96% (77)	**
<i>Black</i>	23% (21)	77% (69)	
<i>Hispanic</i>	16% (6)	84% (32)	
<i>American Indian/Alaska Native</i>	0% (0)	100% (3)	
<i>Asian</i>	0% (0)	100% (1)	
Other important factors by experiences and characteristics			
<i>Ever engaged in sex work</i>	20% (22)	80% (86)	*
<i>Pass never to sometimes</i>	16% (12)	84% (62)	~
<i>Ever attempted suicide†</i>	53% (18)	35% (70)	*
<i>Age 24 or younger</i>	15% (30)	85% (170)	~

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant † Percent of Assaulted/Not Assaulted who have this characteristic

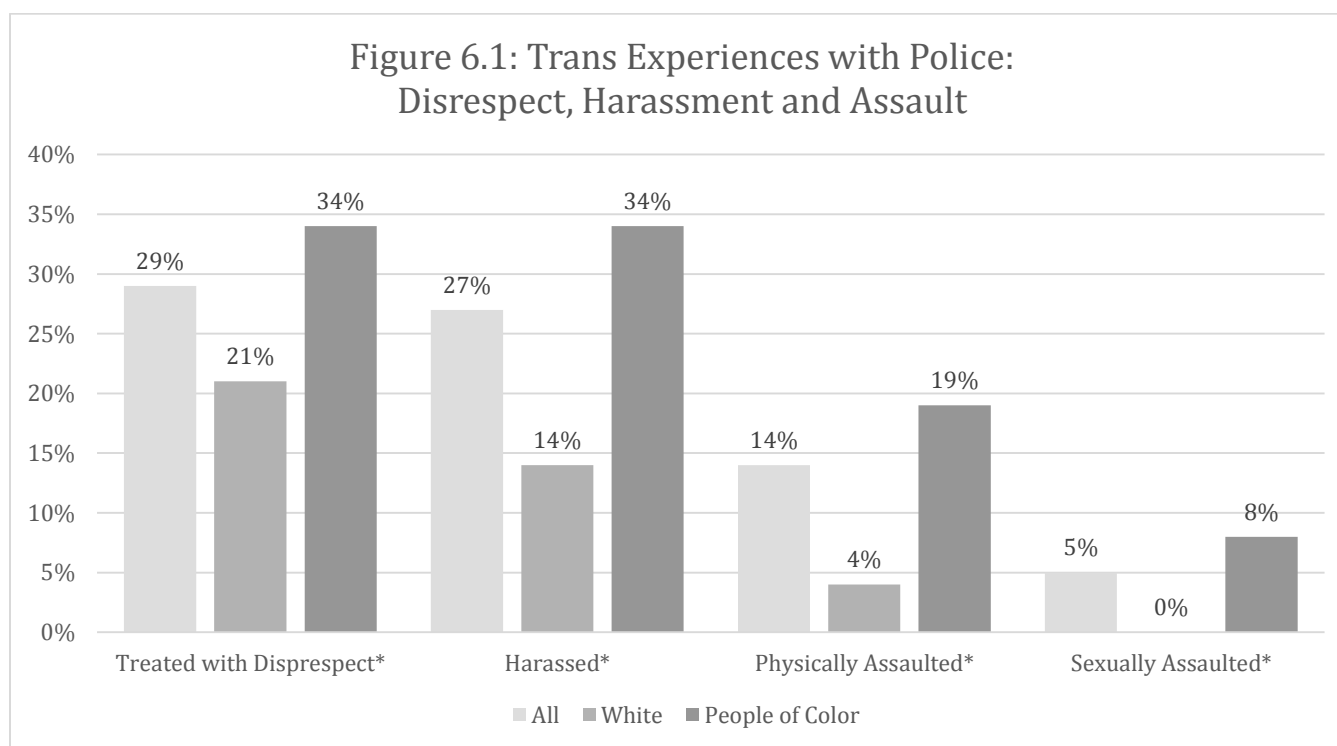
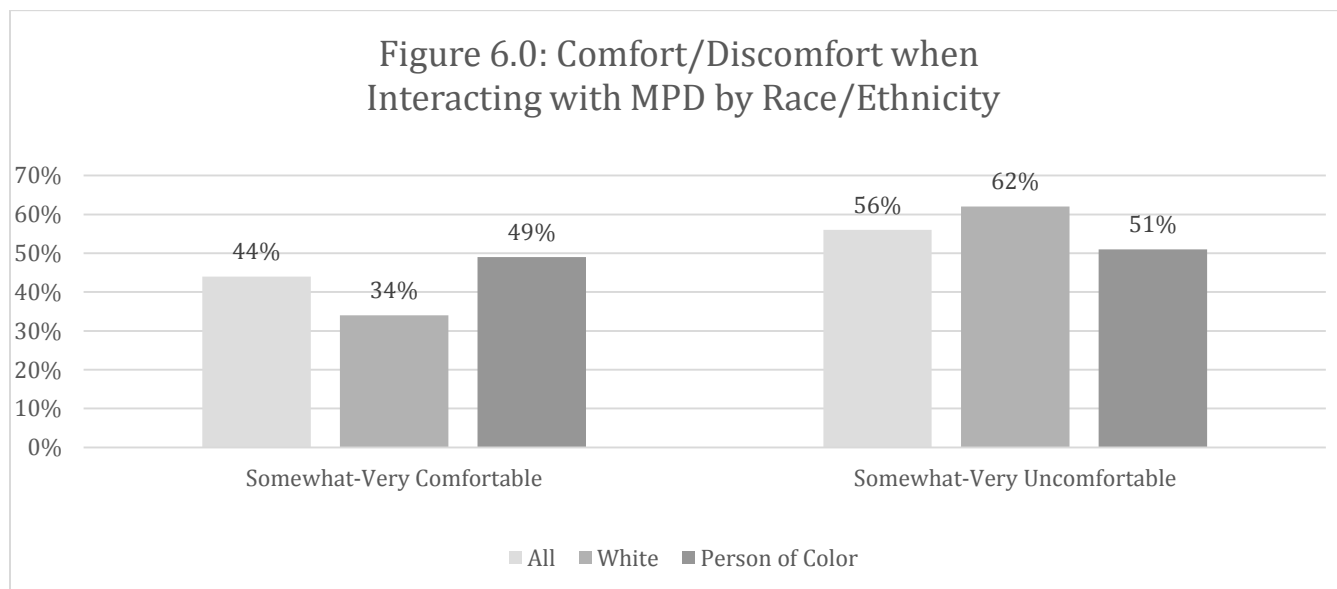
Among those surveyed, 242 had interacted with the MPD while being perceived as a trans person. Within that group, 15% reported that an officer had physically or sexually assaulted them.

There were significant differences in experiences of assault by gender identity. Trans feminine individuals were more likely (19%) to have been assaulted compared to trans masculine individuals (4%).

Experiences of physical and sexual violence also differed by race/ethnicity. Black trans persons were more likely to have been assaulted (23%) compared to Hispanic (16%) and White trans persons (4%).

Importantly, other factors that may impact one's relationship to police highlights how the impacts and relationships of police assault reflect larger structural concerns. Those who have engaged in sex work either in the past or currently were more likely to have been assaulted. Those who had been assaulted were also more likely to have attempted

suicide (53% vs. 35%). The survey did not clarify if the assault occurred before or after the suicide attempt, so we cannot conclude that assaults were related to suicide attempts.



*There were significant differences ($p < 0.05$) between Whites and persons of color in experiences of disrespect, harassment, and assault. Trans persons of color are significantly more likely to have had these experiences than White trans persons.

Jails

Table 6.1: Jails

Experiences of physical or sexual assault in a jail by inmates or staff because of being perceived as transgender			
Category	Assaulted % (n)	Not Assaulted % (n)	p
Experiences of assault in jail	42% (49)	53% (67)	-
Experiences of assault in jail by gender identity			
<i>Trans Feminine</i>	47% (44)	53% (50)	*
<i>Male Assigned at Birth</i>			
<i>Trans Masculine</i>	17% (3)	83% (15)	
<i>Female Assigned at Birth</i>			
Experiences of assault in jail by race/ethnicity			
<i>White</i>	12% (2)	88% (15)	*
<i>Black</i>	47% (25)	53% (28)	
<i>Hispanic</i>	43% (12)	57% (16)	
<i>American Indian/Alaska Native</i>	100% (1)	0% (0)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Ever engaged in sex work</i>	49% (38)	51% (40)	*
<i>Pass never to sometimes</i>	45% (34)	55% (42)	~
<i>Ever attempted suicide</i>	54% (26)	45% (29)	~
<i>Age 18 to 24</i>	41% (42)	59% (60)	~

The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant

One hundred sixteen (116) respondents reported being held in jail or prison and considering themselves transgender at that time. Among those individuals, 42% were physically or sexually assaulted by inmates or staff.

There were significant differences in experiences of assault by gender identity. Trans feminine individuals were more likely (47%) to have been assaulted compared to trans masculine persons (17%).

Significant differences by race/ethnicity were also found. Persons of color were more likely to have been assaulted (47% of Black and 43% of Hispanic) than Whites (12%).

Those who engage in sex work either in the past or currently are also more likely to have been assaulted in jail or prison (49%). Those who passed never to sometimes, had attempted suicide, and were between the ages of 18-24 were no more likely to have experienced assault in jail or prison.

Figure 6.2: Experiences of Harassment and Assault in Jails

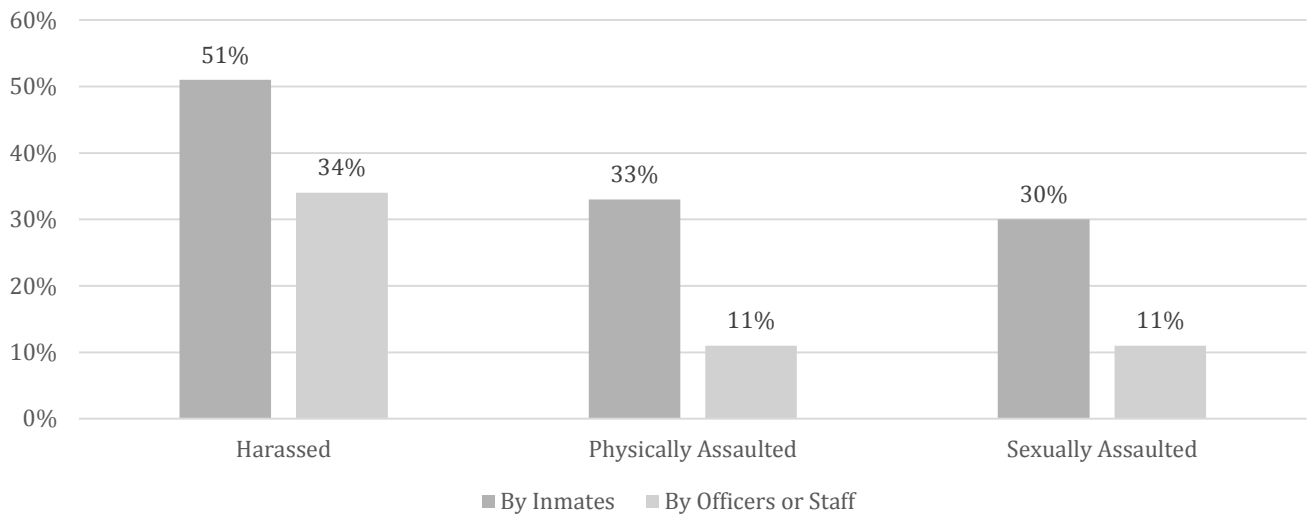
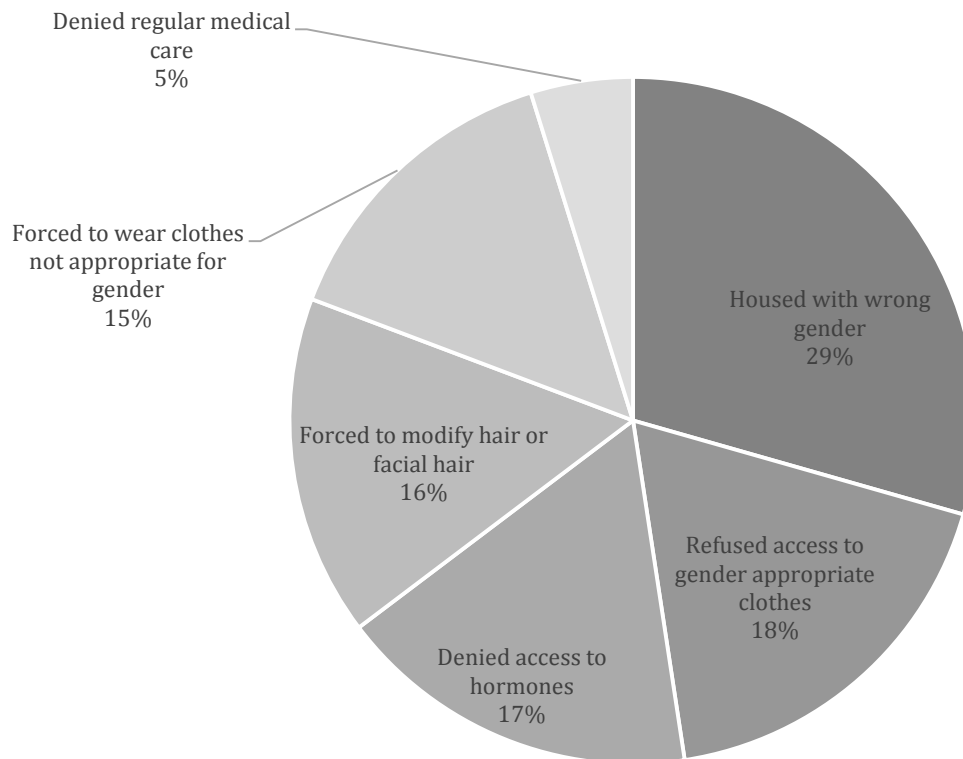


Figure 6.3: Abuses in Jail or Prison



Community Response and Recommendations

Washington, DC has made significant strides in establishing policies that protect the rights of trans persons interacting with the criminal legal system, including policies at the MPD (adopted in 2007) and the Washington, DC Department of Corrections (adopted in 2009) that have been used as models for similar advances in other jurisdictions. Both policies are aimed at enshrining the protections provided by the Washington, DC Human Rights Act into law enforcement practice.

- The MPD policy, studied by the MPD-commissioned Hate Crimes Assessment Task Force, found a major disconnect between policy and practice, and noted that the lack of trust between MPD and trans communities is the root of overall LGBTQ mistrust of MPD. While MPD was the first police department in the nation to adopt a trans interactions policy in 2007, lack of training and inconsistent implementation of this policy has continued to undermine trans experiences with police. Though there has been no systemic review of how the DOC policy is working in practice, our data here, reinforced by the experience of both incarcerated trans persons and client advocates who work with them, demonstrate that the DOC policy is often ignored.
- Existing policies at MPD and DOC must be followed and enforced. A police officer's refusal to correctly address a trans person, or a Washington, DC jail's refusal to start hormone therapy for trans individuals who request it while incarcerated, are both violations of Washington, DC's Human Rights Act.
- Personnel training by itself is an insufficient remedy. Agency leadership, mid-level management, and ordinary police and corrections officers all have a role to play in ensuring that trans persons are treated with the respect accorded to them under law.
- There must be active community accountability for law enforcement agencies. MPD has recently worked to revitalize its LGBTQ Violence Prevention and Response Team. DOC maintains a Transgender Advisory Committee. Both bodies need open access to agency leadership and should be allowed to offer ample oversight to agency interactions with trans persons. The DC Council should also annually review agency interactions with trans persons through hearings.
- MPD must be proactive in combatting the frequent profiling of trans women as sex workers. Even officers who have been through trans-related training have been reported to be making unfounded assumptions about the women they encounter.
- DOC must provide safe and affirming spaces in jails and other detention facilities. Trans individuals, even when housed with the opposite gender, must be able to maintain their appearance. A safe space to do this should be provided.
- The DC Council should consider and approve legislation to decriminalize sex work. As noted in the Community Response to the Hate Crime Assessment Task Force, "Many of our community members turn to sex work as a means to earn income in the face of employment discrimination and other human rights violations. Adding arrests and convictions onto circumstances that are already stacked against them only makes it more difficult for sex workers to access housing, healthcare, education, and other forms of employment."
- Washington, DC needs alternative responses to violence outside the legal system. Community organizations should be more active in both educating trans persons about their rights with law enforcement, as well as mobilizing trans persons to work together in grassroots community to advance their own safety. Models for community organizing against ongoing criminalization and violence exist in organizations like the Safe Outside the System Collective of the Audre Lorde Project (New York), Streetwise and Safe (New York), BreakOUT (New Orleans), Community United Against Violence (San Francisco), and the Survivors Organizing for Liberation (Colorado).

Section VII: Civic Profile of Trans Communities in Washington, DC

Civic Profile

Summary

Legal Documents

Legal documents, such as an identification card, a passport, a birth certificate or a driver's license, are central to the basic day-to-day function of most individual's lives. They are required documents to secure employment, housing, open a bank account, travel, enter education or gain access to health care. As such, it is crucial that the kinds of information on a person's legal documents correctly reflect an individual's identity and name. For trans persons, who often must consider how both their gender and name is reflected in these documents, not having these kinds of documents can create immense barriers to securing a job, renting an apartment or even driving a car.

Importantly, when a resident of Washington, DC secures a driver's license or ID card under DC law, if they were not born in DC, laws pertaining to how one changes gender identification or name on a birth certificate depend on the state within one was born. These laws greatly vary depending on the state, resulting in situations where a Washington, DC resident may have a driver's license that reflects their legal name and their gender identity but have a birth certificate that does not match this information. Additionally, in order for one to hold a passport one must generally produce a birth certificate. As such, it is important to consider the limitations DC laws have on ensuring consistent information across all forms of identification.

Voting Enfranchisement

While, overall, 66% of those who took this survey report being registered to vote, this rate is significantly lower among those identifying as Hispanic, with only 38% reporting they are registered to vote. However, among those eligible to vote (citizens or naturalized citizens) voter registration was higher among Hispanics at 80%, and the lowest among Black identifying persons at 65%.

Additionally, slightly more trans masculine identifying persons report being registered to vote than trans feminine identifying persons (71% versus 62%).

Of those who did not have a form of identification that reflects their gender, only 38% report being registered to vote.

Key Findings

Of those that took this survey, *only half* report that they have *any* form of identification that reflects their gender identity

- This includes a passport, a driver's license, a social security card and/or a birth certificate.
 - This rate (slightly above or slightly below 50%) was consistent across racial groups and gender identity.

For those that had documents that reflected their gender identity:

- 42% have a driver's license that reflects their gender identity.
- 25% have a social security record that reflects their gender identity, but only 19% have a passport that reflects their gender identity.
- 15% have a birth certificate that reflects their gender identity.

Of those that do not have any form of government issued identification, trans feminine identifying persons of color make of the majority of those lacking these key documents. The exception in this case are those that identify as White, where trans masculine identifying persons make up 66% of this group lacking any government issued forms of identification.

Of those that are eligible to vote, 77% of White identifying individuals are registered to vote, 80% of Hispanic individuals are registered to vote while only 68% of those who identify as Black are registered to vote.

Identification

Table 7.0: Government Issued Identification

Passport, driver's license, Social Security card, and/or birth certificate reflects Gender Identity (GID)				
Category	Reflects GID % (n)	Does Not Reflect GID % (n)	Do Not Have % (n)	<i>p</i>
Passport, driver's license, Social Security card and/or birth certificate...	53% (259)	37% (181)	9% (46)	-
Identification that reflects gender identity				
<i>Trans Feminine Male Assigned at Birth</i>	57% (170)	30% (89)	13% (40)	***
<i>Trans Masculine Female Assigned at Birth</i>	46% (81)	51% (91)	3% (6)	
Identification that reflects gender identity by race/ethnicity				
<i>White</i>	52% (97)	47% (87)	2% (3)	***
<i>Black</i>	58% (77)	26% (34)	16% (21)	
<i>Hispanic</i>	49% (44)	34% (30)	17% (15)	
<i>American Indian/Alaska Native</i>	50% (2)	50% (2)	0	
<i>Asian</i>	43% (3)	57% (4)	0	
Identification that reflects gender identity by experiences and characteristics				
<i>Currently homeless</i> [†]	22% (51)	12% (20)	41% (18)	***
<i>Unemployed</i> [†]	33% (71)	31% (44)	65% (26)	***
<i>Grey and underground economy</i> [†]	29% (75)	29% (52)	52% (24)	**

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * *p* < 0.05, ** *p* < 0.01, *** *p* < 0.001 – Does not apply ~ non-significant. † Percent of ID that Reflects/Does Not reflect Gender ID or does not have ID that has this characteristic

Figure 7.0: Government Issued Documents that Reflect Gender Identity

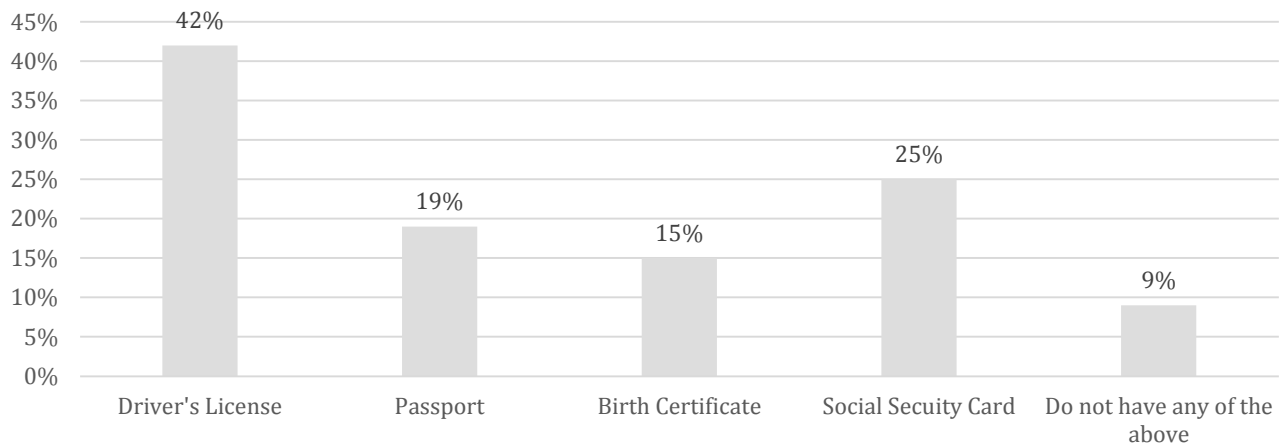
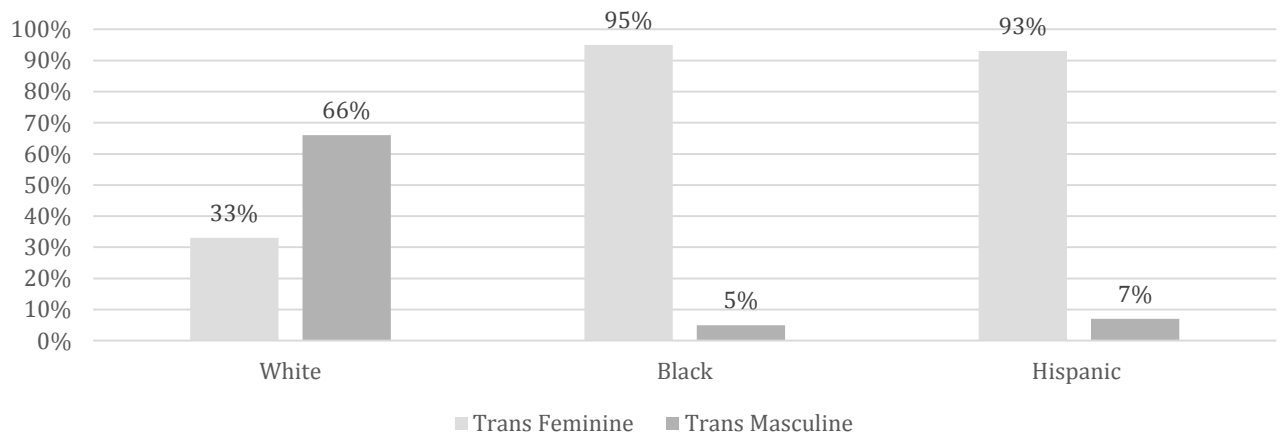


Figure 7.1: Do Not Have Government Issued Identification Documents



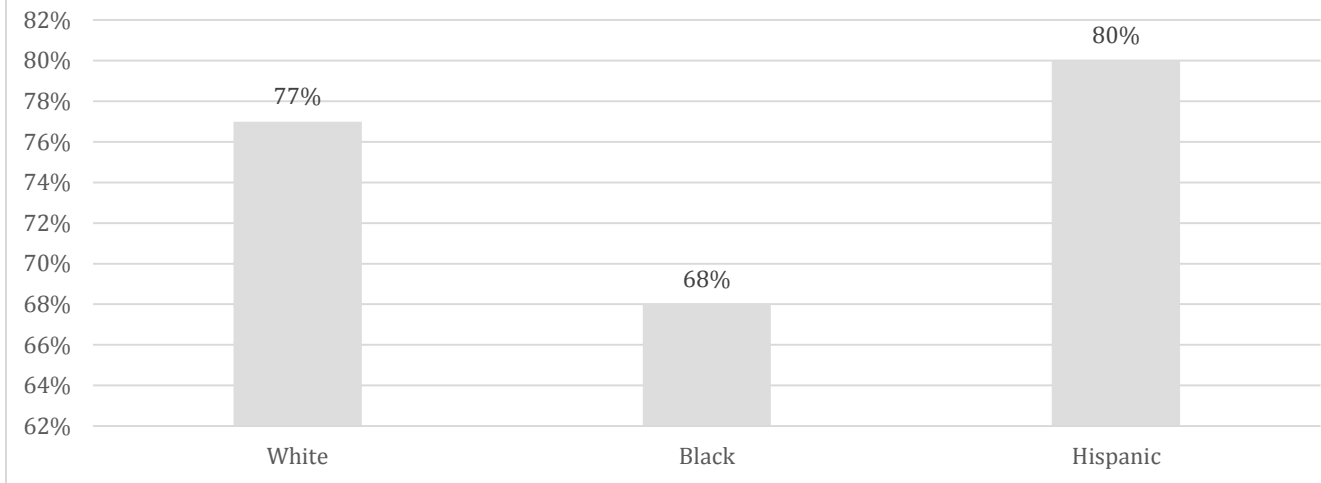
Voting

Table 7.1: Voter Registration

Registered to vote			
Category	Registered % (n)	Not Registered % (n)	<i>p</i>
Registered to vote	66% (264)	34% (138)	-
Voter registration by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	62% (150)	38% (93)	-
<i>Trans Masculine Female Assigned at Birth</i>	71% (109)	29% (44)	
Voter registration by race/ethnicity			
<i>White</i>	77% (133)	23% (40)	***
<i>Black</i>	65% (75)	35% (40)	
<i>Hispanic</i>	38% (25)	62% (41)	
<i>American Indian/Alaska Native</i>	75% (3)	25% (1)	
<i>Asian</i>	83% (5)	17% (1)	
Voter registration by experiences and characteristics			
<i>Identification does not match gender identification†</i>	39% (101)	55% (73)	**

The *p* value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ – Does not apply ~ non-significant † Percent Registered/Not Registered with this characteristic

Figure 7.2: Voter Registration Among Eligible Voters



Community Response and Recommendations

Identification and Name Change

Individuals should be granted self-determination in how they identify their gender.

- Changing gender markers on identification documents should not require a signature by a medical provider.

Financial, legal and socio-political barriers to changing one's name and/or gender marker should be removed.

- Financial hardship should be considered in waiving fees required for updating name and identification documents.

Staff at identification/name change agencies must be educated about the needs of trans individuals, and affirm their choices.

- Remove notification requirement. Other states do not have this requirement, and it should be eliminated in Washington, DC.
- Discrepancies on identification documents (e.g. Female on Social Security forms, Male on birth certificate) should not be flagged for additional review.

Section VIII: Housing Profile of Trans Communities in Washington, DC

Housing, homelessness and shelters

Summary

The DC Trans Needs Assessment survey reveals that access to stable housing is a profound issue for trans communities living in Washington, DC. Importantly, being denied a lease is not the only way to experience housing hardship. Due to trans-related discrimination, individuals were forced to move into less expensive place, became homeless, were evicted, denied a lease, forced to live with family or friends, or engage in transactional sex. This survey also reflects major disparities across racial, ethnic, and gender identities in housing access.

Homelessness is another significant issue for trans communities, whether this takes the form of living on the streets or living in a temporary housing situation. Challenges are compounded when individuals are denied access to shelters or assaulted while in them. To mitigate or avoid living on the street, many trans persons turn to sleeping in places for short periods of time (such as on a friend's couch) or move in with family/friends. Homelessness places already vulnerable populations into situations of greater risk, and those reporting that they are currently homeless had higher levels of assault, unemployment, discrimination, and HIV-positive status.

A 2011 national study of transgender discrimination found that 19% of their respondents were denied a home or an apartment and 11% were evicted because they were transgender or gender non-conforming.⁴⁰ Furthermore, the study found that 19% became homeless at some point because they were transgender or gender non-conforming, and 1.7% reported currently being homeless. Out of the transgender or gender non-conforming individuals who attempted to access homeless shelters, 29% were turned away altogether, while 42% were forced to stay in facilities designated for the wrong gender. In addition, 55% reported being harassed, 25% were physically assaulted, and 22% were sexually assaulted while in shelters. Clearly, housing hardships and discrimination have a profound impact on trans communities in Washington, DC and across the nation.

Key Findings

- Many had experienced a form of housing hardship:
 - White and Hispanic trans feminine and trans masculine individuals were equally likely to have experienced hardship.
 - Black trans feminine individuals were significantly more likely to have experienced hardship (74%) than Black trans masculine individuals (29%).
- Roughly 1 out of 4 of survey respondents reported being denied a lease due to being perceived as transgender.
 - Trans feminine individuals (28%) were twice as likely to have been denied as trans masculine individuals (13%).
 - Black (30%) and Hispanic (33%) trans individuals were three-times more likely than White (9%) trans individuals to have been denied a lease.
 - Those who were undocumented (58%) were more likely to have been denied than documented individuals (19%).

⁴⁰ Grant, J.M., Mottet, L.A., Tanis, J., Harrison, J., Herman, J.L., Keisling, M. 2011. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey (2011) Available at: http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

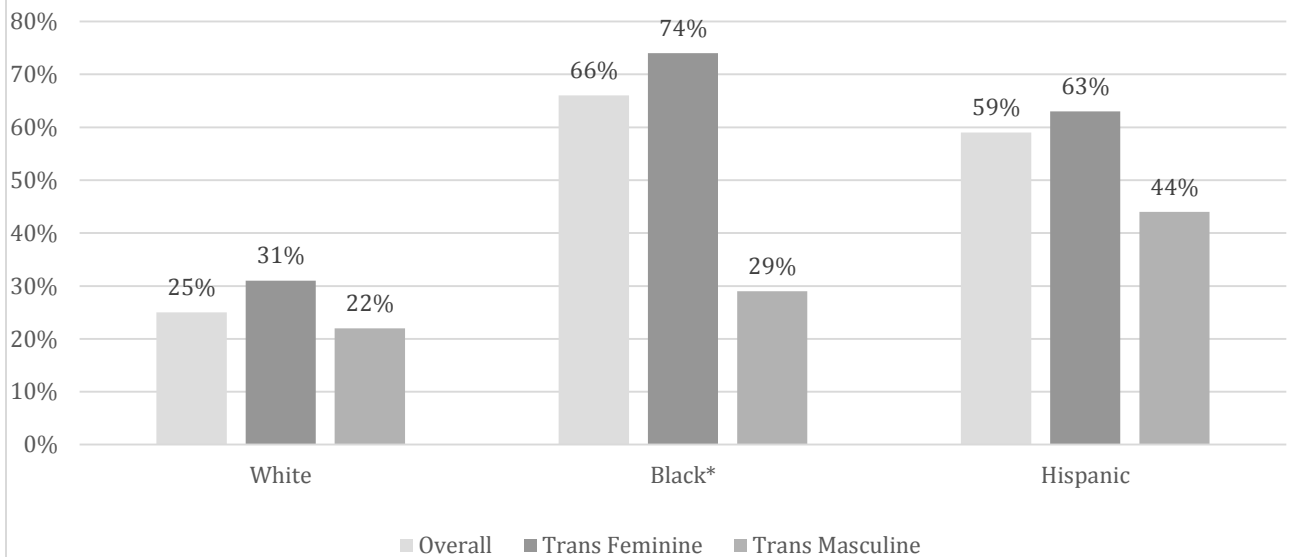
- Of those taking the survey, one-fifth (20%) report they are currently experiencing homelessness.
 - Those currently homeless were significantly more likely to be trans feminine (28%) than trans masculine (6%).
 - Half of those currently experiencing homelessness report relying on grey and underground economic work for income (such as sex work).
 - Half of those who identified themselves as undocumented also report currently experiencing homelessness.
 - Those who are homeless are significantly more likely to be HIV positive (43%) than those with homes (16%).
 - Over a quarter of those that reported experiencing homelessness also report having had sex with people in order to live with them (27%).
 - Of those who report having experienced homelessness, 70% also report having been denied a lease in the past.
 - Of those who were homeless, 24% had been physically or sexually assaulted by MPD.
- Of those that reported living in a shelter, 41% had either been physically or sexually assaulted by shelter inmates or staff.
 - Having been assaulted in a shelter was significantly associated with a history of suicide attempt.

Housing

Table 8.0: Housing Discrimination

Experiences with housing discrimination because of being perceived as transgender			
Category	Denied % (n)	Not Denied % (n)	p
Ever denied lease because of being perceived as transgender	22% (71)	78% (251)	-
Experiences of lease denial by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	28% (56)	72% (147)	**
<i>Trans Masculine Female Assigned at Birth</i>	13% (15)	87% (98)	
Experiences of lease denial by race/ethnicity			
<i>White</i>	9% (12)	91% (127)	***
<i>Black</i>	30% (25)	70% (59)	
<i>Hispanic</i>	33% (23)	67% (46)	
<i>American Indian/Alaska Native</i>	100% (1)	0% (0)	
<i>Asian</i>	0% (0)	100% (2)	
Other important factors by experiences and characteristics			
<i>Pass never to sometimes</i>	20% (44)	80% (172)	~
<i>Undocumented</i>	58% (14)	42% (10)	***
<i>Became homeless[†]</i>	70% (47)	14% (34)	***
<i>No identification matches gender identity[†]</i>	52% (36)	42% (104)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant [†] Percent Denied /Not denied who have this characteristic			

Figure 8.0: Experiences of Housing Hardship by Race/Ethnicity and Gender Identity⁺



⁺Defined as having to move into a less expensive home/apartment, became homeless, evicted, denied a lease, had to move in with family members or friends, had to find different places to sleep for short periods of time, had to have sex with people to sleep in their bed/at their homes or to pay rent.

* Statistically significant difference between gender identity groups.

Each bar represents the prevalence of self-reported housing hardship within each group. (e.g. 74% of Black trans feminine individuals report having experienced at least one form of housing hardship.)

Table 8.1: Homelessness

Experiences with homelessness			
Category	Homeless % (n)	Not Homeless % (n)	p
Currently experiencing homelessness	20% (92)	80% (359)	-
Experiences of homelessness by gender identity			
<i>Trans Feminine</i>	28% (81)	72% (204)	***
<i>Male Assigned at Birth</i>			
<i>Trans Masculine</i>	6% (10)	94% (150)	
<i>Female Assigned at Birth</i>			
Experiences of homelessness by race/ethnicity			
<i>White</i>	2% (3)	98% (179)	***
<i>Black</i>	39% (50)	61% (79)	
<i>Hispanic</i>	27% (24)	73% (65)	
<i>American Indian/Alaska Native</i>	25% (1)	75% (3)	
<i>Asian</i>	0% (0)	100% (6)	
Other important factors by experiences and characteristics			
<i>Unemployed</i>	43% (61)	56% (80)	***
<i>Undocumented</i>	50% (18)	50% (18)	***
<i>Currently engage in sex work[†]</i>	49% (43)	14% (48)	***
<i>Physically or sexually assaulted by MPD[†]</i>	24% (17)	11% (18)	*
<i>HIV positive[†]</i>	43% (33)	16% (51)	***
<i>Experienced housing hardship[†]</i>	77% (71)	40% (142)	***
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant † Percent Homeless/Not homeless who have this characteristic			

Of those surveyed, 20% reported they were currently experiencing homelessness. Those currently homeless were significantly more likely to be trans feminine (28%) than trans masculine (6%).

There were also disparities by race/ethnicity. Only 3% of Whites reported being homeless, compared to 39% of Black and 27% of Hispanic transgender respondents.

There were numerous characteristics significantly associated with homelessness. Among those who were unemployed, 43% were without homes. Many who were homeless sought employment through the grey and underground economy as sex workers (49%), compared to 14% who were not homeless.

Documentation was also associated with homelessness, with half of undocumented individuals not having homes.

Those who were homeless were also more likely to have been faced with hardship. Of those who were homeless, 24% had been physically or sexually assaulted by MPD. Many (77%) had experienced a form of housing hardship (see Housing Discrimination). Those who were homeless were also significantly more likely to be HIV positive (43%) than those with homes (16%).

Table 8.1: Shelters

Denied access to a shelter due to being perceived as transgender			
Category	Denied % (n)	Not Denied % (n)	p
Denied access a shelter due to being perceived as transgender	27% (22)	73% (60)	-
Denied access a shelter by gender identity			
<i>Trans Feminine Male Assigned at Birth</i>	27% (19)	73% (52)	~
<i>Trans Masculine Female Assigned at Birth</i>	33% (3)	67% (6)	
Denied access a shelter by race/ethnicity			
<i>White</i>	29% (2)	72% (5)	~
<i>Black</i>	30% (13)	70% (31)	
<i>Hispanic</i>	26% (5)	74% (14)	
<i>American Indian/Alaska Native</i>	100% (1)	0% (0)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Pass never to sometimes</i>	26% (12)	74% (34)	~
<i>No identification matches gender identity</i>	31% (16)	69% (36)	~
<i>Undocumented</i>	25% (3)	75% (9)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

Among those surveyed 18% had gone to a shelter while considering themselves to be transgender. Of that group, 27% had been denied access to the shelter because of being perceived as transgender.

Unlike with many other indicators, trans feminine and trans masculine individuals were similarly likely to have been denied access to a shelter (27% vs. 33%).

No racial disparities were found for denied access either. White (29%), Black (30%), and Hispanic (26%) individuals were similarly likely to be denied access to a shelter.

Among other experiences and characteristics analyzed, none were found to be significantly associated with denied access to a shelter. Those who passed never to sometimes were no more likely to be denied compared to those who passed often to always (26% vs. 28%). Those who had government identification that matched their gender identity compared to those who did not were also just as likely to be denied (31% vs. 23%). The lack of association persisted for those who were undocumented (25%) versus documented (27%).

Table 8.3: Shelters, Assault

Experiences of physical or sexual assault in a shelter, by residents or staff			
Category	Assaulted % (n)	Not Assaulted % (n)	p
Ever physically or sexually assaulted by shelter residents or staff being perceived as transgender	41% (33)	59% (48)	-
Experiences of assault in shelters by gender identity			
<i>Trans Feminine</i> <i>Male Assigned at Birth</i>	43% (3)	57% (40)	~
<i>Trans Masculine</i> <i>Female Assigned at Birth</i>	33% (3)	67% (6)	
Experiences of assault in shelters by race/ethnicity			
<i>White</i>	38% (3)	63% (5)	~
<i>Black</i>	34% (14)	66% (27)	
<i>Hispanic</i>	55% (11)	45% (9)	
<i>American Indian/Alaska Native</i>	100% (1)	0% (0)	
<i>Asian</i>	0% (0)	0% (0)	
Other important factors by experiences and characteristics			
<i>Pass never to sometimes</i>	41% (19)	59% (27)	~
<i>Ever attempted suicide</i>	31% (22)	69% (18)	**
<i>Age 18 to 24</i>	44% (29)	56% (37)	~
The p value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * p < 0.05, ** p < 0.01, *** p < 0.001 – Does not apply ~ non-significant			

Among those surveyed 18% had gone to a shelter while identifying as transgender. Of that group, 41% had either been physically or sexually assaulted by shelter inmates or staff. Trans feminine and trans masculine individuals were similarly likely to have been assaulted in the shelter (43% vs. 33%).

No statistically significant racial disparities were found for assault either. White (38%), Black (34%), and Hispanic (55%) individuals were equally likely to be assaulted by shelter residents or staff.

Among other experiences and characteristics analyzed, passing and being between the ages of 18 to 24 were not associated with experiences of assault.

Those who had been assaulted were more likely to have attempted suicide at some point in their lives (69%) compared to those who had not been assaulted (31%). However, it is important to note that it is unknown whether the attempt happened before or after the assault, and therefore we cannot conclude that the assault increased the risk of suicide attempt.

Community Response and Next Steps

While the issues of homelessness and housing insecurity is not unique to transgender and gender-non conforming communities, these communities face additional difficulties when faced with homelessness.

Shelters should allow individuals to be housed according to how they identify. Assessments must be conducted on current shelters and their treatment or denial of shelter to trans and gender non-conforming persons.

A housing program should be introduced specific to transgender and gender non conforming persons.

- Funding should be provided to organizations to open a housing program.
- Housing should be provided for 6 months to one year.
- The housing should be part of wrap-around services including mental health, substance use treatment, and health. Ideally these services would be provided in the same location as the housing.
- Housing must be open to those returning from incarceration.

Housing opportunities should prioritize trans persons who are disabled- physically and mentally. There should be housing opportunities for those who are trying to rehabilitate themselves from substance abuse, and have a mental health and mentorship component. Additionally, housing opportunities should be prioritized for people with long criminal background, and are re-entering.

- The creation and maintenance of 'crisis beds' for those in need of immediate shelter. No crisis bed leads to mortality.

Section IX: Experiences at Lesbian, Gay, Bisexual, and Transgender (LGBT) Organizations

Summary: Experiences at LGBT Organizations

As this report has explored, the issues facing transgender and gender non-conforming communities may be different than those facing sexual minority groups, such as lesbian, gay, bisexual, and other queer communities. Reflecting a social shift in the mid-1990's towards inclusivity, many organizations that may primarily focus on addressing the needs of sexual minority groups have adopted the inclusive acronym 'LGBT' to identify the communities they provide support or services to. However, many organizations or community groups that cater to or provide support for 'LGBT' communities are often ill equipped to address trans-specific issues or needs. It is also important to note that trans persons may identify as heterosexual or straight.

In situations where an organization is not equipped to deal with or hostile to trans specific issues or needs, a trans person may then bear the burden of either educating the group on trans issues, risk exclusion, or choose to make their trans identity, experience or history unknown. As a part of this survey, participants could identify different ways in which their experience was negative. Participants could also identify whether the organization or group was ultimately unwelcoming or was receptive to trans-specific issues. As such, the experiences trans community members have in LGBT organizations, such as social justice organizations, support groups, and health care providers or other groups that may receive private or public funding, is particularly significant when considering how to address the needs of trans communities.

Key Findings

Half, or 50%, of all of those who reported interacting with an LGBT specific organization report having had a *negative experience*.

- Twice as many trans feminine persons (male assigned at birth) reported interacting with LGBT organizations as did trans masculine person (female assigned at birth).
- Forty percent of those with negative experiences reported an LGBT organization or group to be unwelcome to trans persons or to address trans issues.

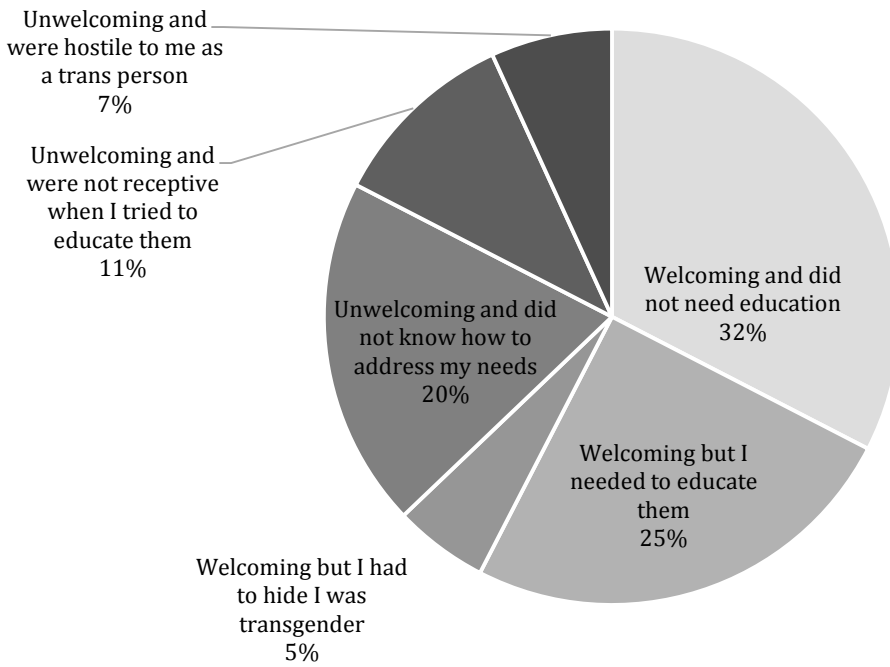
Forty five percent of those reporting experiences, both positive and negative, with LGBT organization also reported the need to educate the organization on trans issues or needs.

Only 32% of those reporting experiences with LGBT organizations also reported that an LGBT organization was both welcoming and prepared to address trans specific issues or needs.

Table 9.0: Negative Experiences at Washington, DC LGB Organizations

When seeking services from an LGB group in Washington, DC they did not know how to address my needs as a trans person, were not receptive when I tried to educate them, or were hostile to me			
Category	Negative Treatment % (n)	No Negative Treatment % (n)	<i>p</i>
Experience at a Washington, DC LGB organization	50% (146)	50% (144)	-
Experience at a Washington, DC LGB organization by gender identity			
<i>Trans Feminine</i>	48% (93)	52% (100)	~
<i>Male Assigned at Birth</i>			
<i>Trans Masculine</i>	55% (51)	45% (41)	
<i>Female Assigned at Birth</i>			
Experience at a Washington, DC LGB organization by race/ethnicity			
<i>White</i>	50% (47)	50% (46)	~
<i>Black</i>	48% (47)	52% (51)	
<i>Hispanic</i>	46% (33)	54% (38)	
<i>American Indian/Alaska Native</i>	50% (2)	50% (2)	
<i>Asian</i>	0% (0)	100% (1)	
Experience at a Washington, DC LGB organization by experiences and characteristics			
<i>Ever engaged in sex work</i>	50% (63)	50% (62)	~
<i>Unemployed</i>	43% (45)	57% (60)	~
The <i>p</i> value indicates if there is a statistically significant difference between groups. Stars indicate a significant difference between categories. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ – Does not apply ~ non-significant			

Figure 9.0: Experiences at Lesbian, Gay, Bisexual and Transgender (LGBT) Organizations



Community Response and Next Steps

While the type of work an LGB organization and service provider engages in impacts how they can better address trans specific issues, the following recommendations are broadly applicable. It is imperative for greater accountability of direct service providers and organizations that receive funding to engage issues that disproportionately impact trans communities, such as HIV/AIDs, homelessness and unemployment concerns.

Organizations should earmark funds to support trans-specific issues and community-led projects.

- Organizations should conduct internal evaluations to determine trans awareness and competency. Trainings, utilizing trans community members as trainers, should be conducted to increase trans awareness and competency.

Financial and material resources need to be directed towards transgender specific organizations.

- Trans community members are both already knowledgeable in trans issues but also through direct support, can engage in empowerment and peer-to-peer support.

The establishing of a 'Peer to Peer Community Support Worker (CSW) program.

- The program would employ trans individuals who reflect the diverse experiences including current and former sex workers, drug users, survivors of violence, and HIV positive individuals.
- CSWs would be trained in health, harm reduction, basic counseling (such as mental health first aid), basic adherence counseling, and how to access agencies and resources for services such as housing and employment.
- CSWs would be patient individuals who have the understanding that for some at risk individuals, change takes a lot of time, multiple visits, and is accomplished in small steps.
- CSWs would visit with consumers in their preferred location instead of forcing them to come to an agency.
- Giving consumers a feeling of hope is one of the most effective means of helping them through their struggles toward a healthier and happier life.

An increase in trans-competent providers is imperative.

- The Medicaid fee schedule needs to be increased so that trans-competent health care providers will join and provide care to Medicaid recipients.
- Insurance companies need to adhere to the non-discrimination policy for trans-specific health care.
- Clinics and private providers need to educate their staff on preferred name and pronoun use.

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*This report, the survey instrument, and other documents related to this study are available online at
www.dctranscoalition.org*