

BREAKOUT REPORT
2019 Southern LGBTQ Health Survey

THE HEALTH EXPERIENCES OF BLACK TRANSGENDER SOUTHERNERS

**A PROJECT OF THE SOUTHERN
LGBTQ HEALTH INITIATIVE**

**CAMPAIGN FOR
SOUTHERN
EQUALITY**



Western North Carolina
Community Health Services

INTRODUCTION

The Southern LGBTQ Health Survey is a project of the Southern LGBTQ Health Initiative, led by the Campaign for Southern Equality and Western NC Community Health Services. The survey, which included responses from 5,617 LGBTQ people across the South, is the largest sample ever of LGBTQ Southerners talking specifically about their health and health care.

The US South is home to more than 507,000 transgender adults, comprising more than 36% of the total U.S. transgender population.¹

As previous research and community generated archives have shown, fatal anti-transgender violence disproportionately affects transgender women, people of color, young people and people in the South. At least 127 victims of documented anti-transgender fatal violence since 2013 were transgender women of color (81%), with 71% of those victims being Black transgender women. Further, 58% of the documented fatal violence against transgender and gender non-conforming people has taken place in the South.²

This report features the experiences and voices of the 131 Black trans Southerners who took part in the Southern LGBTQ Health Survey. As we outlined in the full Survey report, transgender respondents reported significantly more negative

experiences with their health and healthcare than the overall sample of LGBTQ Southerners. Significant disparities arise when we look at the intersection of race and gender identity. In this community spotlight, we focus on this intersection, highlighting the experiences of Black trans and nonbinary Southerners.

The Southern LGBTQ Health Survey is about understanding these challenges and then informing tailored strategies to address them and thus ensure that Black trans Southerners – and all LGBTQ people throughout the region – can access the care they need and deserve to live full and healthy lives in their local communities.

Quality health care is a basic human right, one that every LGBTQ Southerner deserves and should be able to access within their hometowns. Health care matters because our health matters – it's a foundational part of all of our lives. It's about how we care for our physical, mental, emotional, and spiritual well-being. It's about who we are and who we love.

And it's central to the ultimate vision that drives our work with the Southern LGBTQ Health Initiative: A South where all people have an equal opportunity to thrive.

“ We know that there are people living in the South with lots of intersecting identities; for example, there are people who are black, trans, living in a small rural town, living with HIV, suffering from mental illness, and also dealing with a socioeconomic status. That person's experience is going to be very different from someone without those distinctions. And often, those people are not as heard. We were super intentional about making sure that we reached communities that have all of those different identities.”

– **Kayla Gore, Lead Survey Ambassador**



¹ Flores A.R., J.L. Herman, Gates G.J., & T. Brown. 2016. *How Many Adults Identify As Transgender In The United States?* The Williams Institute, UCLA School of Law. Retrieved October 16, 2019 from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/HowMany-Adults-Identify-as-Transgender-in-the-United-States.pdf>
² Human Rights Campaign. 2019. *A National Epidemic: Fatal Anti-Transgender Violence in the United States in 2019*. Retrieved September 25, 2020 from https://assets2.hrc.org/files/assets/resources/Anti-TransViolenceReport2019.pdf?_ga=2.219291353.1711154850.1601033311-132204910.1601033311

KEY FINDINGS

While many of the specific data points from our Black trans respondents were consistent with responses from the overall survey data, several findings were uniquely important and specific to this segment of respondents.

1 Compared to our overall sample, Black trans respondents consistently reported less positive **MENTAL HEALTH**. Page 5

2 While our overall survey sample reported generally positive experiences with health care, Black trans respondents reported significantly lower **QUALITY OF CARE**, particularly as a result of their LGBTQ identity. Page 6

3 **FEAR OF AND EXPERIENCE WITH VIOLENCE** were pervasive among Black trans respondents, with higher-than-average rates of Black trans respondents saying that they were *always* afraid of, or have experienced, physical or emotional violence because of their identity. Page 7

4 Black trans respondents reported higher rates of **LIVING WITH HIV** when compared to the general population and the overall survey sample. Page 8

Also Inside This Report:

- Demographics of Black Trans Respondents.....
- In Their Own Words: Responses from Black Trans Respondents.....
- Recommendations to Increase Health Equity for Black Trans Southerners.....
- Rest in Power.....
- About the Southern LGBTQ Health Survey.....

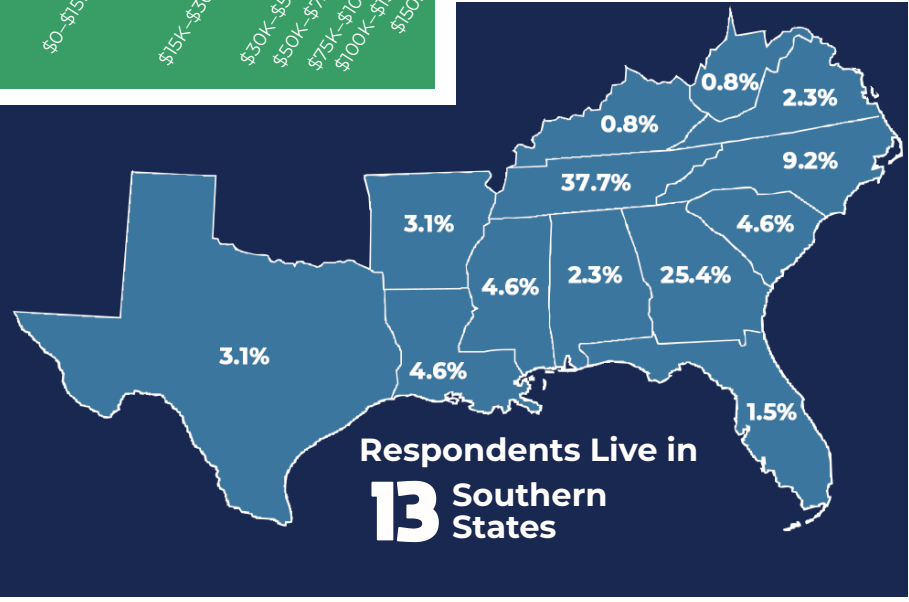
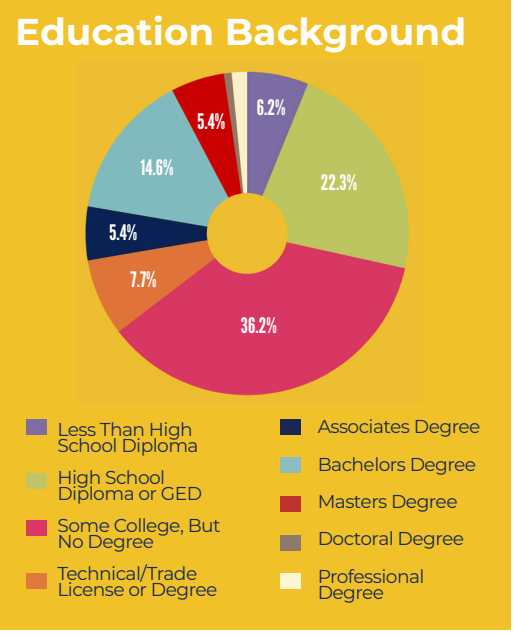
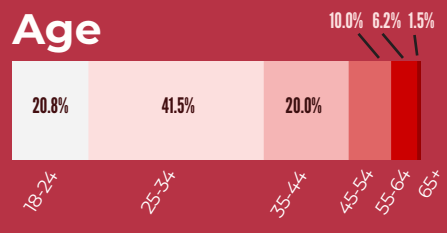
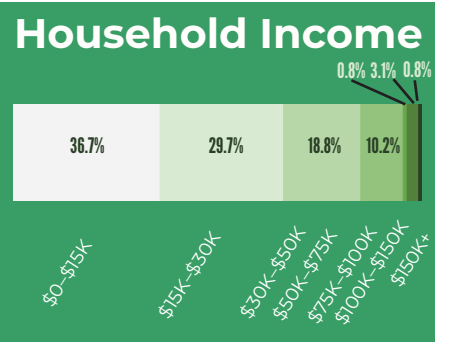
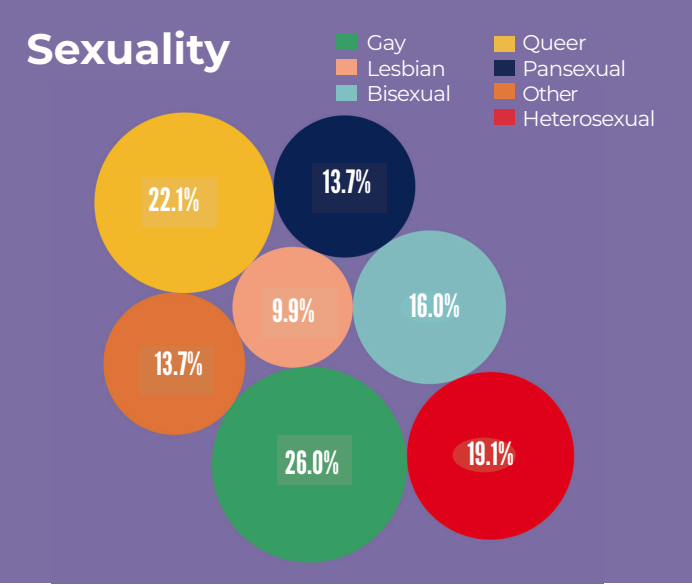
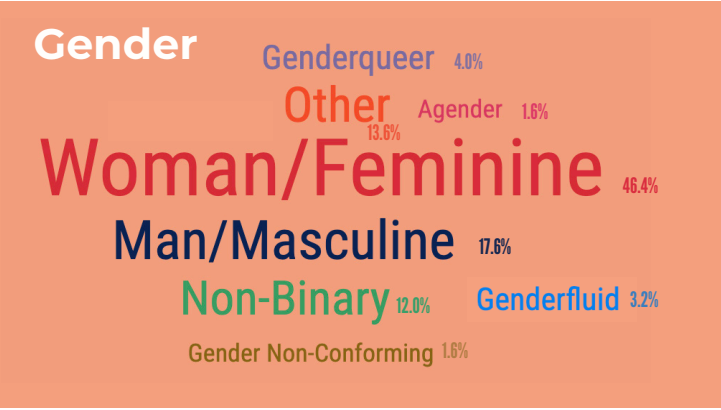
Don't Miss the Full Survey Report

A complete analysis is available in the full 150+ page report, available here:

www.southernequality.org/Survey

DEMOGRAPHICS OF BLACK TRANS RESPONDENTS

131 Black Trans Respondents



1 Black trans respondents consistently reported less positive MENTAL HEALTH.

Black trans respondents reported generally positive experiences about their physical health, with 69.5% of respondents reporting their physical health to be either *excellent* (21.4%) or *good* (48.1%); these findings are comparable to those for all survey respondents, who reported 15.2% and 54.7% respectively in these areas.

However, disparities emerge in Black trans respondents' experience with mental health. Over half of Black trans respondents rated their mental health as *fair* (40.5%) or *poor* (16.0%) compared to 34.1% and 16.0% of the overall sample. Among Black trans respondents, non-binary (89.2% *fair* or *poor*) and trans men or masculine (63.6%) respondents reported less positive mental health than trans women or feminine respondents (46.6%).

Compared to the overall survey sample, Black trans respondents reported higher rates of:

- ◆ Depression (68.7% - Black Trans respondents (BTR); 54.4% - Overall Survey Respondents (OSR))
- ◆ Anxiety (48.1%, BTR; 46.1%, OSR)
- ◆ Alcohol and drug abuse (16.8% and 17.6% BTR, respectively; 10.5% and 7.6% OSR)
- ◆ Self-harming behaviors (26.7% BTR; 20.2% OSR)
- ◆ Suicidal ideation (38.2% BTR; 26.3% OSR)

Black non-binary respondents reported higher rates of mental health diagnoses than Black trans men and women on every measure, including 100% of respondents having been diagnosed with depression, 75% with anxiety, 25% with alcohol abuse, 32.1% drug abuse, 53.6% self-harming behaviors, and 71.4% suicidal ideation.

These rates are much higher than national rates, which show that 13.5% of Americans reported suicidal thoughts and 5% of American adults reported engaging in self-harming behaviors. According to the 2018 National Survey on Drug Use and Health (NSDUH), 6.9% of the general population have experienced a depressive episode, while 18.1% have experienced anxiety.

Fig. BT1: Reported mental health, among Black trans respondents and in the total sample

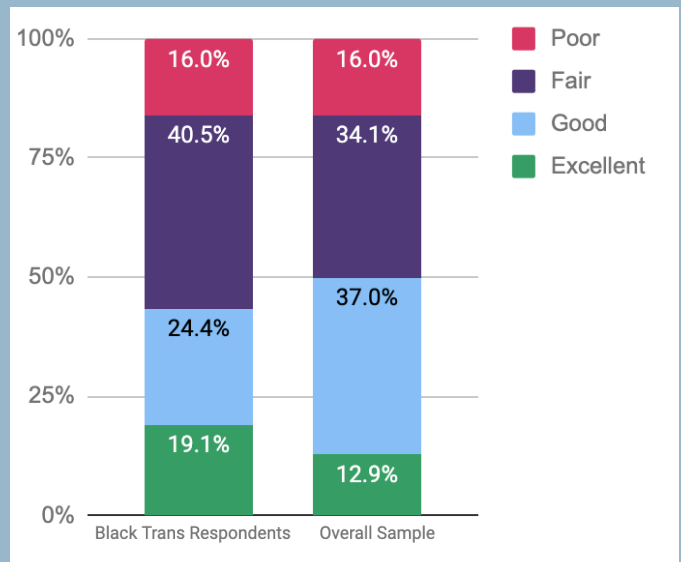
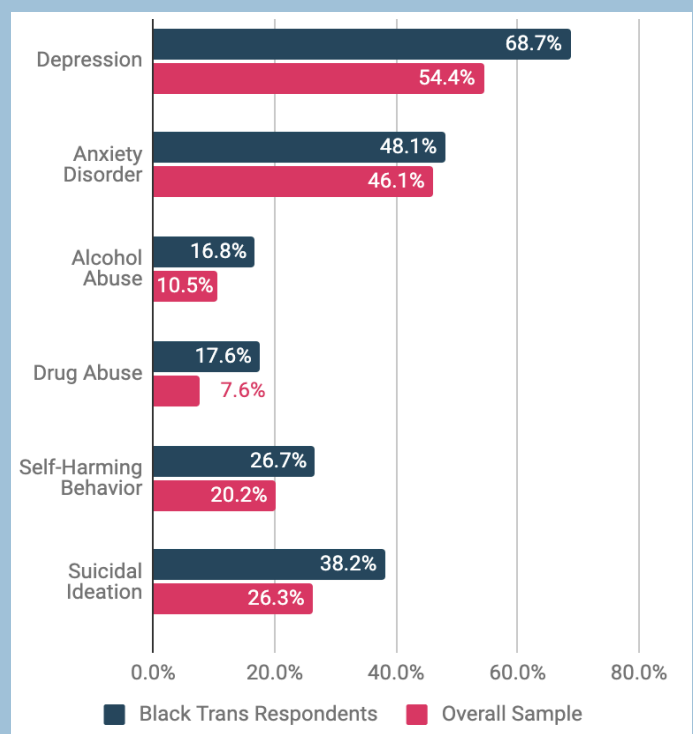


Fig. BT2: Respondents who have been diagnosed with or have experienced the following, among Black trans respondents and in the total sample



2 Black trans respondents reported significantly lower QUALITY OF CARE.

Key Findings

Research has shown that for LGBTQ populations, negative health can result from or be exacerbated by negative health care experiences, which can then impact care-seeking practices among LGBTQ populations.³

A majority of our survey respondents (68.2%) said that, overall, they generally have experienced *good* (49.4%) or *excellent* (18.8%) quality of care and feel that their health care needs are being met (47.3% *yes*, 39.9% *somewhat*, 12.8% *no*). Meanwhile, Black trans respondents were eight points less likely to rate their quality of care positively (60.8%). Forty percent of Black trans respondents indicated that they feel that their health care needs were not being met.

Less than half of Black trans respondents indicated that they *always* or *often* had positive experiences with physical (49.7%) or mental health (42.3%) care providers compared to the overall sample (64.3% physical health, 47.0% mental health). Nearly 15% of Black trans respondents *always* (5.4%) or *often* (10.0%) delay seeking medical care due to their LGBTQ identity, while only 10.8% of our overall sample always or often delay seeking medical care due to their identity.

Experiences also vary depending on Black trans respondents' gender presentation and identity. Black trans women and feminine respondents were more likely to rate their quality of health care as *excellent* or *good* (69.0%) nearly fifteen points more than trans men and masculine respondents (54.4%) and thirty points more than non-binary respondents (40.7%). Similarly, non-binary respondents (32.2%) were more likely to deal with mistreatment due to their identity in order to get medical care than trans men (4.5%) or women (17.3%).

These findings highlight a need to improve quality of care specifically for non-binary patients.

³ Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press.

Fig. BT3: "My experience with mental health providers has been positive," among Black trans respondents and in total sample

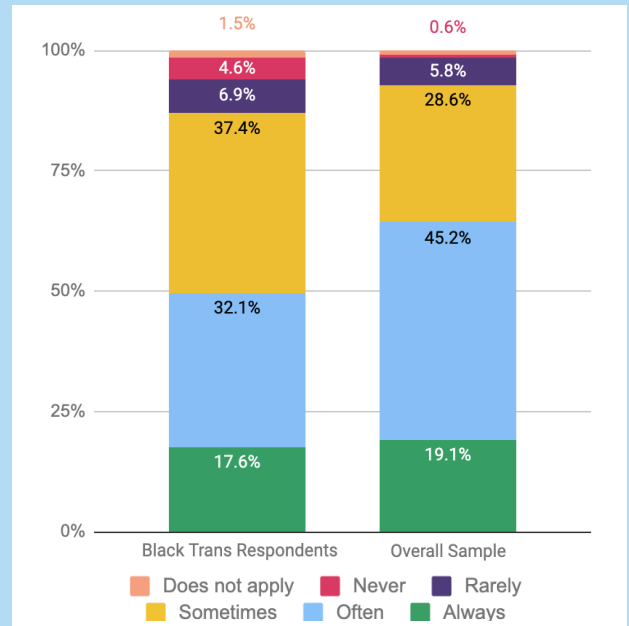
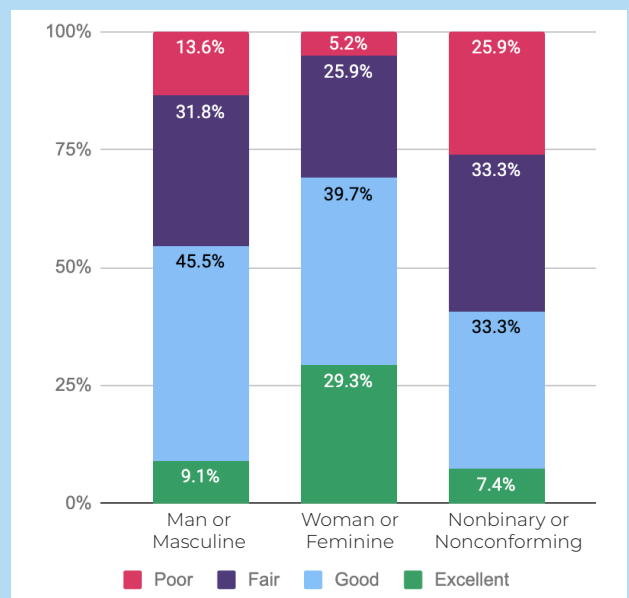


Fig. BT4: "My experience with physical health providers has been positive," among Black trans respondents, segmented by gender presentation



3 FEAR OF AND EXPERIENCE WITH VIOLENCE were pervasive among Black trans respondents

We asked respondents about their direct experiences with physical and emotional violence, and harassment and abuse due to their LGBTQ identity, as well as their fear of such experiences.

Black trans respondents were twice as likely to experience physical violence or abuse due to their LGBTQ identity than the overall sample of the survey (52.7% compared to 23.4%), and reported similar rates – albeit alarmingly high – of emotional abuse or harassment (76.2% compared to 71.1%). Nearly a third of Black trans respondents were *always* afraid of experiencing physical (30.0%) or emotional (32.8%) violence compared to 11.9% (physical) and 18.9% (emotional) of our overall sample.

Among Black trans respondents, Black trans women were most likely to experience physical violence or abuse (70.7%) and emotional abuse or harassment (79.3%), whereas Black non-binary respondents were most likely to be afraid of experiencing physical abuse (50.0%) and emotional abuse (64.3%).

Fig. BT5: “Have You Ever Experienced Violence or Abuse due to your LGBTQ Identity?” among Black trans respondents, segmented by gender presentation, and in the total sample

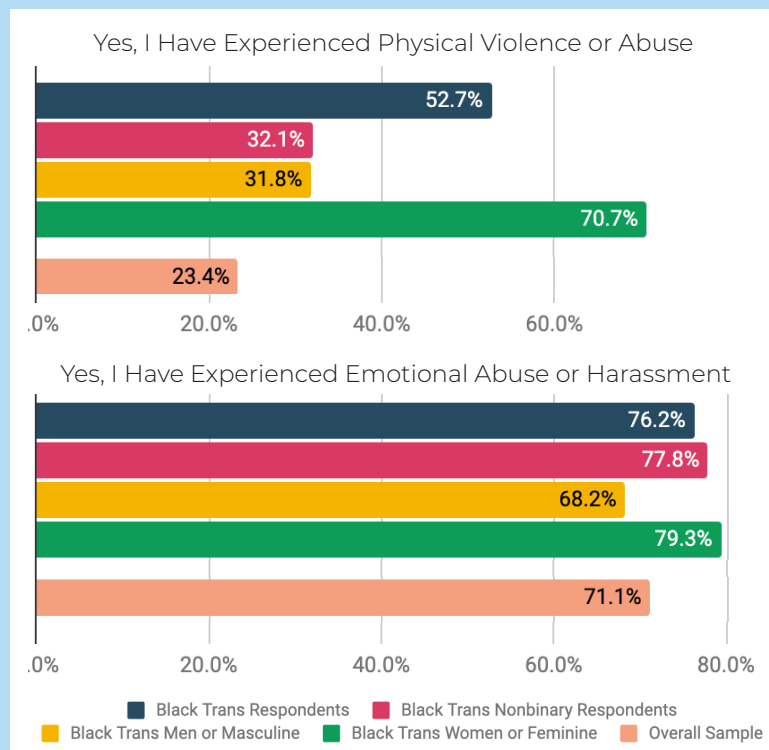
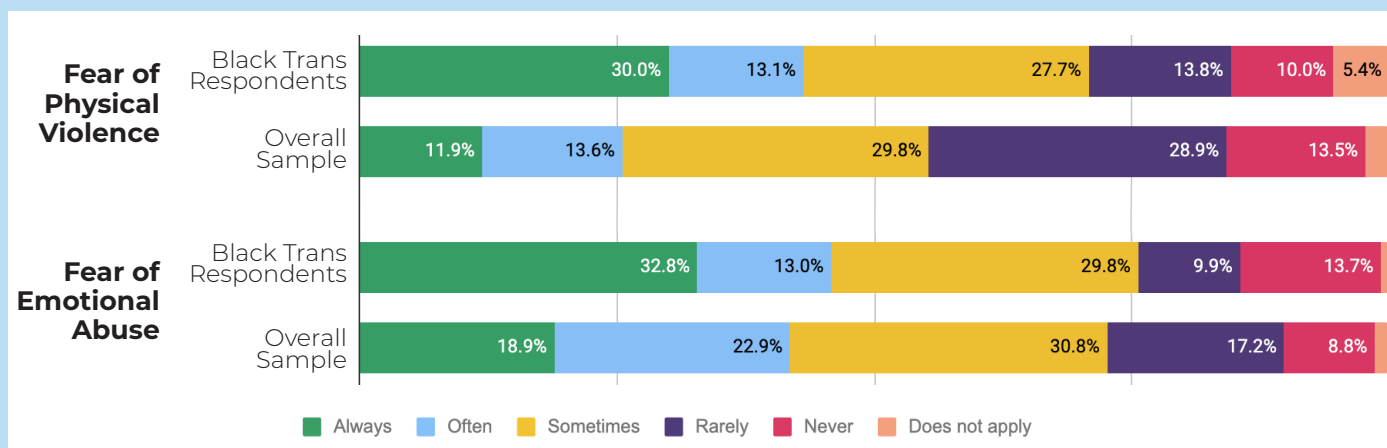


Fig. BT6: Fear of experiencing physical violence or emotional abuse due to LGBTQ identity, among Black trans respondents and in the total sample



4 Black trans respondents reported higher rates of **LIVING WITH HIV** when compared to the general population and the survey sample.

The South is the modern-day epicenter of the HIV crisis in the United States. According to 2016-2017 CDC data, one-half of all HIV diagnoses occur in the South, 47% of HIV related deaths happened in the South, and 46% of people living with HIV live in the South.⁴ The South also accounts for the majority of new HIV diagnoses among Black residents (63% in 2017) and Black people living with an HIV diagnosis at the end of 2016 (58%), according to a 2019 report from the Kaiser Family Foundation.⁵ Approximately half of all trans people who received an HIV diagnosis from 2009 to 2014 lived in the South, and half of all trans people who were diagnosed with HIV were Black.⁶

Among all survey respondents, 5% reported living with HIV, while 27.5% of Black trans respondents did. Zero Black transgender men reported living with HIV in our survey sample.

We also asked all respondents, regardless of HIV status, a series of questions about their knowledge and comfort about safe-sex practices and testing. Black trans respondents reported more knowledge (94.6%) and comfort (64.1%) related to HIV prevention and testing than our overall survey sample (83.7% and 55.4%, respectively). Additionally, Black trans respondents were tested for HIV more frequently, with 67.1% getting tested at least yearly compared to 38.9% of the overall sample.

However, among all Black trans respondents, those who are nonbinary were significantly less likely to get tested for HIV at least yearly (42.9%) than trans men and women. Additionally, Black nonbinary respondents were less likely to always or often be able to easily access (44.4%), or know where to access (50.0%), HIV testing in their communities.

⁴ Centers for Disease Control and Prevention. (2019). HIV in the United States by Region. Retrieved on October 16, 2019 from <https://www.cdc.gov/hiv/statistics/overview/geo-graphicdistribution.html>.
⁵ The Henry J. Kaiser Family Foundation. (2019). Black Americans and HIV/AIDS: The basics. Retrieved on October 29, 2019 from: <https://www.kff.org/hiv/aids/factsheet/black-americans-and-hiv-aids-the-basics/>
⁶ Centers for Disease Control and Prevention. (2019). HIV and Transgender People. Retrieved on October 16, 2019 from [cdc-hiv-transgender-factsheet.pdf](https://www.cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender-factsheet.pdf).

Fig. BT7: HIV status, among Black trans respondents and in the total sample

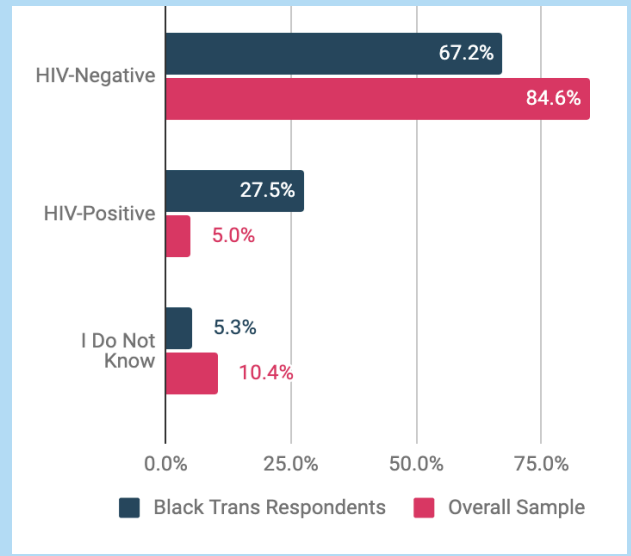
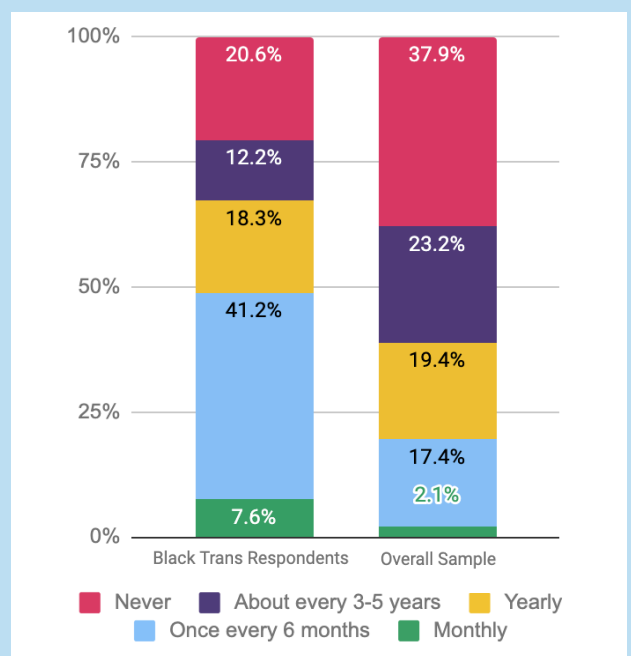


Fig. BT8: “How often do you get tested for HIV?” among Black trans respondents and in the total sample



Qualitative Responses from
**BLACK TRANS
RESPONDENTS**

To help gain a better understanding of the health and healthcare experiences of survey respondents, it is important to hear about their experiences in their own words. The following quotes are from individuals describing health care experiences in which they did not receive the care that they deserved.

“It’s difficult to seek adequate mental health and reproductive care, given that there are still prejudices towards queer, Black patients like me. 2018 was the year that I realized I had to be a stronger advocate for myself, especially with health concerns that are stigmatized or considered taboo. There are still parts of my body that are ignored because assumptions were made about my lifestyle, and I was made to leave feeling ashamed of myself instead of understanding what was wrong.”

“When I disclose that I am transgender to healthcare professionals and staff at a majority of clinics and offices, the level of respect and care that I receive suddenly takes a steep drop.”

“I have tried not to go to a health care provider for the fact that being a person of color doesn’t always get you the help that you deserve as a human being first and foremost.”

“Not only am I concern[ed] about my LGBTQ identity, but my identity as a POC also means that I face discrimination for both identities.”

“Being a gay Black transgender man is extremely difficult at times, and calling around for medical services at times is very emotionally draining, especially when they misgender me or refuse to deal with me because of the fact that I’m gay. They say things like, ‘This is a family-only patient center, sorry, we cannot help you with that’ [and then] hang up the phone.”

Qualitative Responses from
**BLACK TRANS
RESPONDENTS**

Respondents also shared experiences where they felt supported or affirmed by their provider. Often, these experiences included being addressed with empathy, having their health taken seriously, and being an active participant in their healthcare decisions.

“My current OB-GYN is an [institution] provider, and she listens to my concerns and respects my non-binary identity. Often when dealing with gynecological providers, I have to deal with misogynoir-ist or transphobic microaggressions, from misogynistic infantilization to cissexist comments.”

“...[My endocrinologist] always uses the appropriate pronouns as she’s devoted much of her practice to the trans community. We both tailor my hormone treatment to my preferences when possible without compromising my health.”

“The doctor was empathetic and spoke to me with compassion as we had a conversation about me as a person and how that related to my visit and general well-being.”

“My current doctor is great and very accessible. She includes me in my care and takes my suggestions seriously.”

“At first, I thought that my therapist was going to ‘resist’ calling me by the name I wanted to go by, but as time went on, I began to feel more comfortable because they consistently called me by my chosen name and pronouns. I think that worked out best because the place that they were at had already done a sensitivity training session with all the people in the workplace, and that was very soothing to know that walking in.”

For more qualitative responses from respondents, read the full report at
www.southernequality.org/Survey

RECOMMENDATIONS

In closing, we offer recommendations for best practices for achieving health equity for LGBTQ Southerners, with a particular emphasis on key recommendations to address specific experiences for Black trans people. We can *all* do something to ensure that all LGBTQ people can access quality, affirming health care and experience positive health outcomes.

- ✔ Everyone can advocate for local, state, and federal policies that guarantee access to LGBTQ-affirming health care and that protect LGBTQ people from discrimination in public accommodations, employment, housing, and healthcare/health care settings.
- ✔ Everyone can get tested for HIV and encourage friends, family members, and community members to get tested regularly.
- ✔ HIV screening, testing, and treatment (including offering PrEP and PEP) should be integrated into primary care settings.
- ✔ We should all talk about mental health issues and help reduce the stigma around seeking support and help around mental health needs.
- ✔ Providers should seek out trainings and resources to become educated about trans experiences and identities, as well as the community's unique and intersectional needs, including primary care and transition-related care.
- ✔ Institutions and providers can create inclusive clinical environments signaling support for LGBTQ patients, including issues such as signage and posters, language and questions on forms, pronoun pins, and screening protocols related to sexual health and transgender health. When displaying such support, ensure that providers and staff are adequately trained to provide affirming care.
- ✔ Everyone can advocate for local, state, and federal policies that promote racial justice and racial equity, including in health care settings.
- ✔ Providers should be educated on how traumatizing experiences with racism can negatively impact Black people's physical and emotional health and bring this understanding into their patient care.
- ✔ Providers should seek out trainings and resources related to anti-racism practices in health care, as well as the intersectional needs of Black transgender people, including primary care and transition-related care.

GET MORE RECOMMENDATIONS IN THE FULL REPORT

The full report includes recommendations that can be led by different community groups, including:

- ◆ Health Care Facilities and Institutions
- ◆ Health Care Providers and Administrative Staff
- ◆ Medical Training Institutions
- ◆ Mental Health Providers
- ◆ LGBTQ Advocacy Organizations and Funders
- ◆ Researchers
- ◆ Government Officials
- ◆ Businesses

REST IN POWER

As we work each day to build a South where LGBTQ people survive and thrive, we also honor those we have lost. In the past two years, our community has mourned the deaths of twenty Black transgender people who were murdered in the South:

Bree Black	Tony McDade
Muhlayshia Booker	Merci Mack
Brooklyn Deshuna	Shaki Peters
Monika Diamond	Kee Sam
Pebbles Ladime "Dime" Doe	Chanel Scurlock
Kiki Fantroy	Tracy Single
Queasha D. Hardy	Bee Love Slater
Felycya Harris	Brayla Stone
Chynal Lindsey	Denali Berries Stuckey
Itali Marlowe	Bubba Walker
Dana Martin	Jazzaline Ware

The community also mourns the passing of BiPOC transgender Southerners and LGBTQ Southerners, including youth, who have completed suicide.

ABOUT THE SURVEY REPORT

Recommended Citation

Nanney, M., C. Harless, A.H. Johnson, A. Polaski, and J. Beach-Ferrara. 2020. "The Report of the 2019 Southern LGBTQ Health Survey: Black Trans Respondents Spotlight" Campaign for Southern Equality: Asheville, NC.

Campaign for Southern Equality

The Campaign for Southern Equality (CSE) is based in Asheville, North Carolina, and works across the South to promote full LGBTQ equality – both legal and lived. Our work is rooted in commitments to empathy and to equity in race, class, and gender.

Western North Carolina Community Health Services

Western North Carolina Community Health Services, Inc. (WNCCHS) is a federally-qualified health center that provides primary healthcare, HIV/AIDS care, and transgender healthcare to residents of Western North Carolina.

Southern LGBTQ Health Initiative

The Southern LGBTQ Health Initiative is a collaboration between CSE and WNCCHS that works to achieve health equity for LGBTQ Southerners by increasing access to LGBTQ-friendly primary care, HIV prevention and treatment, transgender health care and support services. Learn about the initiative at: www.southernlgbtqhealthinitiative.org.

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