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RESEARCH THAT MATTERS

PARA MI PUNTO DE VISTA / FROM MY POINT OF VIEW

Results of the 2023 LA County Trans & Nonbinary Survey

June 2024

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CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY | 2 |
| INTRODUCTION..... | 10 |
| DEMOGRAPHICS AND IDENTITY DOCUMENTS | 12 |
| HAPPINESS, COMMUNITY, AND PRIORITY ISSUES | 21 |
| ACCESSING SERVICES IN LA COUNTY | 28 |
| ECONOMIC WELL-BEING..... | 35 |
| SOURCES OF INCOME AND EMPLOYMENT EXPERIENCES | 40 |
| HOUSING | 46 |
| TRANSPORTATION | 54 |
| HEALTH AND HEALTH CARE ACCESS | 58 |
| ACCESS TO GENDER-AFFIRMING HEALTH CARE | 68 |
| LAW ENFORCEMENT & INCARCERATION EXPERIENCES..... | 75 |
| IMMIGRANTS AND IMMIGRATION EXPERIENCES..... | 80 |
| WHAT RESPONDENTS WANT LA GOVERNMENT LEADERS TO KNOW | 85 |
| CONCLUSION | 88 |
| METHODS | 89 |
| LISTENING SESSIONS..... | 89 |
| SURVEY RECRUITMENT | 90 |
| DATA CLEANING AND ANALYSIS..... | 91 |
| AUTHORS | 93 |
| ACKNOWLEDGMENTS..... | 93 |
| APPENDIX..... | 95 |
| SUBGROUP ANALYSES | 95 |
| A CLOSER LOOK AT THE ISSUES..... | 96 |

EXECUTIVE SUMMARY

Despite the positive public policy landscape in California, challenges remain for trans and nonbinary residents, including those residing in Los Angeles (LA) County. The LA County Trans & Nonbinary Survey is part of a study that aims to bring light to these challenges, with the goal of providing new information that policymakers, educators, advocates, and service providers can use to better meet the needs of this community and design solutions to problems outlined in this report. The LA County Trans & Nonbinary Survey was conducted by the TransLatin@ Coalition and the Williams Institute in collaboration with the Royal Collection Corporation and the Connie Norman Transgender Empowerment Center (CoNoTEC). In addition to listening sessions with 32 community members and organizational staff, we received survey responses from 322 trans and nonbinary adult residents of LA County. Their voices and experiences are reflected in this report and will serve to inform the ongoing work to make real, positive changes in people's lives in LA County.

KEY FINDINGS

Demographics and identity documents

- Our survey respondents came from many different parts of LA County. They were more likely to be Latino/a/x/e, immigrants, and younger than the population of LA County as a whole. They represented a spectrum of gender identities. Ten percent (10%) identified as intersex.
- Respondents' identities were not always accurately listed on their IDs, based on the name and gender that appear. Twenty-two percent (22%) had no IDs that listed their correct name or gender.

Happiness, community, and priority issues

- Respondents report happiness levels similar to those of the U.S. population and are politically engaged.
- The majority (72%) were connected or somewhat connected to their communities in LA County. A majority (69%) also believed that LA County is a good place for trans or nonbinary people.
- The cost of living was the top issue for respondents, with 59% reporting it's a serious problem.
- Issues regarding housing, financial stability, violence, access to jobs, and mental health care also topped the list of serious problems for our respondents.

Accessing services in LA County

- We asked respondents what makes a public space welcoming for trans and nonbinary people. The most popular response (75%) was having trans and nonbinary staff members present.
- The majority of respondents said they accessed services at LGBT-focused community-based organizations (52%) and trans-focused community-based organizations (45%).
- Forty-six percent (46%) said they had unmet needs, including mental health services designed for LGBTQ+ people of color, disability services, services for nonbinary people, and others.

- Half (50%) of respondents who visited community-based organizations (CBOs) feel less comfortable getting services from government offices than CBOs.
- Many respondents who did access government benefits or services or visited government offices reported negative experiences related to their trans or nonbinary status.

Economic well-being

- Eleven percent (11%) of respondents had at least one child under the age of 18 living in their household, with the same number reporting that they had child dependents.
- Survey participants were more likely to be living at or near the federal poverty line compared to residents of LA County as a whole (52% vs. 14%). Women and transfeminine respondents (66%) and immigrants (73%) were more likely than others to be living at or near poverty.
- One-third (33%) of respondents reported that they sometimes or often did not have enough food of any type to eat. Respondents also cited challenges in obtaining basic household necessities.

Sources of income and employment experiences

- Twenty-eight percent (28%) were unemployed, compared to 5% of LA County overall.
- Seventy percent (70%) reported that they had taken actions at work to avoid discrimination, like staying in a job they'd rather leave (33%). Nearly one-third (29%) reported at least one negative experience at work in the last 12 months, including 5% who were forced to resign.
- While 23% of the sample reported engaging in sex work or working in the sex industry in the last 12 months, 70% of those respondents said they would not continue to do so if they could make the same amount of money doing something else.
- The percentage of those who reported engaging in sex work in the last 12 months was elevated among women and transfeminine respondents (33%) and immigrants (35%).

Housing

- Of those who rent or own, 74% were housing cost-burdened (spending more than 30% of household income on housing). Respondents seeking housing expressed frustration with the high cost of living and extensive hurdles for potential tenants set by landlords.
- Of respondents who have sought housing in the last five years, 21% believed they have been denied housing specifically because of being trans or nonbinary or their gender expression.
- Among respondents who have rented a home in LA County, 11% have ever been evicted for any reason. Six percent (6%) have ever been evicted due to being trans or nonbinary.
- Twenty-five percent (25%) of respondents are currently experiencing homelessness, and an additional 24% previously experienced homelessness in LA County. Of those who have tried to access shelters, 28% believe they have been denied access because they are trans or nonbinary.
- The most common reason respondents didn't seek a shelter when needed was concern for their personal safety (58%).

Transportation

- Forty-eight percent (48%) of respondents said they have regular access to a car they drive, whereas roughly 91% of households in LA County have access to at least one vehicle.
- Respondents who lacked access to a car were likely to be in economically unstable positions, such as living at or near poverty or currently unemployed.
- One-third (33%) of respondents said it is not safe to walk or bike in their area, and 32% said it is not safe to use public transportation in their community.
- Transportation barriers meant respondents sometimes could not get to the places they needed to go. In the last three months, respondents were unable to go to social outings (33%), medical appointments (25%), or even missed work (19%), among other places.

Health and health care access

- We found significant disparities in health and health care access at the intersections of immigrant status, housing instability, and economic hardship.
- Respondents were twice as likely to be in fair or poor health (27%), twice as likely to be uninsured (14%), and twice as likely to go without health care (46%) than all of LA County.
- Of those who delayed getting needed medical care, 49% said that they thought they would be disrespected or mistreated as a trans or nonbinary person.
- Nearly one-third (29%) of respondents reported mistreatment or being misgendered during recent routine health care visits.
- Forty-one percent (41%) of respondents rated their mental health as fair or poor, nearly twice the percentage of adults in the U.S. that rate their mental health as fair or poor (21%).
- Forty-two percent (42%) of respondents reported that they wanted counseling or therapy during the last 12 months but were not able to receive it.

Access to gender-affirming health care

- Half of our sample (50%) said they get most of their information about gender-affirming care from LGBTQ or trans-community-based organizations.
- Eighty-six percent (86%) of respondents wanted to access some type of gender-affirming care in the 12 months prior to the survey. Of those, 44% reported they delayed or did not get the gender-affirming health care services they needed.
- Of those who received gender-affirming care, 69% said that the health center where they receive that care has the services they need, but one-third (32%) did not agree that the distance to the health center and the time it takes to get there were appropriate.
- Thirteen percent (13%) disagreed that health care providers are respectful to them as a trans or nonbinary person, and 20% disagreed that health care providers use their correct name and pronouns.

Law enforcement and incarceration experiences

- Fifty-two percent (52%) reported being uncomfortable asking the police for help, including because they are trans or nonbinary.
- A substantial number of respondents had interactions with police and law enforcement in the last year (38%) and reported negative experiences with officers, including harassment and assault.
- Eleven percent (11%) of all respondents had been held in a jail, prison, or juvenile detention in LA County in the last five years. Of these respondents:
 - 40% said their housing placement was not what they wanted in regard to the gender they were housed with.
 - 34% were physically assaulted or attacked by another inmate, and 14% were physically assaulted or attacked by facility staff.
 - 11% reported that they had been sexually assaulted by another inmate, and 14% had been sexually assaulted by facility staff.

Immigrants and immigration experiences

- Immigrants in our sample had lower educational attainment and lower income. Seventy-three percent (73%) of immigrant respondents reported that they lived at or near the federal poverty level compared to 44% of non-immigrants.
- Immigrants were also twice as likely to have engaged in sex work in the last 12 months compared to non-immigrants (35% vs. 17%). Immigrants were less likely to see any viable alternatives to sex work.
- Nearly one-third of respondents who have been held in immigration detention experienced assault there.

KEY RECOMMENDATIONS

Findings from this survey reaffirm many of the recommendations presented in recent local studies, including from focus groups of trans, nonbinary, and intersex (TGI) residents of the City of Los Angeles and a TGI Community Town Hall, hosted by LA County's Anti-Racism, Diversity, and Inclusion (ARDI) Initiative.¹ We add to these recommendations based on new findings from this study.

Improving service delivery for trans and nonbinary people

- Government officials should bolster services through established community organizations that the community trusts, such as through increased funding for service delivery from trans-

¹ Los Angeles County Board of Supervisors (2024, Jan. 23). Report on Addressing the Inequities Facing Transgender, Gender Non-Conforming, and Intersex People (Item No. 2, Agenda of November 22, 2022). https://file.lacounty.gov/SDSInter/bos/bc/1155033_BoardMemo-ReportonAddressingtheInequitiesFacingTransgenderGenderNon-ConformingandIntersexPeople_002_.pdf; Fuentes, M., Salcedo B., Ortega, Q.V., and Conron, K.J. (Nov. 2023). *A Quality of Life Study with Transgender, Gender Nonconforming, and Intersex (TGI) Adults in the City of Los Angeles*. UCLA, The Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/qol-tgi-los-angeles/>.

led organizations. Within government, hire community liaisons or specialists who can facilitate community partnerships and funding.

- Service providers can make their offices more welcoming by having trans and nonbinary staff members present and all-gender restrooms. Service providers should consider ways to recruit, hire, train, and empower trans and nonbinary employees throughout all areas of their organization. Support for languages other than English is also needed.
- Government officials and benefit and service providers should enact policies that seek to eliminate negative experiences that are impacting benefits and delivery of services to the community. Staff should receive ongoing education and training to work respectfully and positively with the trans and nonbinary community, with accountability for mistreatment and misgendering.
- Government offices and community-based organizations should consider the location of their services in relation to public transportation or the availability of parking for clients with cars and improve accessibility.
- Service providers could also reduce the burden of traveling on participants through “pop-up” or mobile clinics and expanding office locations.
- Opportunities to offset costs related to transportation, such as complimentary transit passes or parking for appointments, would be helpful for community members.

Addressing the high cost of living

- The high cost of living in LA County was a top issue for our respondents. The high cost of living must be addressed in a variety of ways, including through economic well-being and access to safe and affordable housing.
- Government officials should review and improve benefits levels to meet the community’s needs, given the high cost of living.
- Government, in collaboration with community-based organizations, should work to create pathways for trans and nonbinary people to find employment and earn higher wages in more positive and affirming environments.
- Government should work with community-based organizations to provide both personal and small business finance education and training for community members.
- Educational, workforce, and assistance programs could especially benefit trans and nonbinary people who are immigrants if tailored to their needs. Food supports and other economic supports would also be beneficial.
- Government should work with community-based organizations, particularly trans and nonbinary-led organizations, to increase trans- and nonbinary-affirming shelter capacity and transition housing with wrap-around services.

Improving interactions with health care providers, employers, landlords, and law enforcement

- Work to eliminate mistreatment and misgendering that occur during health care services delivery by reviewing and establishing needed policies, training, and systems of accountability.

- Cultural competency training and enforcing non-discriminatory hiring practices are needed, with follow-up to ensure implementation and accountability.
- It is essential to make the process of seeking and retaining housing inclusive and friendly to trans and nonbinary people. Education and training for landlords and realtors are needed, as well as added protections for trans people and nonbinary people in mortgage and lease applications.
- Law enforcement agencies in LA County should ensure that policies affecting trans and nonbinary people are up to date and responsive to community needs. Both the Los Angeles Police Department and the Los Angeles County Sheriff's Department have policies on serving transgender community members.² Continued consultation and collaboration with community leaders would help ensure that these policies are up to date, responsive to community needs, and meet their intended impact.
- The presence of LGBTQ+ or Transgender Liaisons would make some trans and nonbinary residents more comfortable seeking services from law enforcement. The LAPD, for example, has an LGBTQ+ liaison.³ LAPD and LA County should make further investments in LGBTQ+ Liaisons.

Providing better access to health care, including gender-affirming care

- Government officials and other policymakers should work to remove the most common barriers to health care, including improving access to insurance coverage, improving access to services for those who are not currently enrolled in insurance, and access to appointments with health care providers.
- Government officials and policymakers should examine whether any treatments or services commonly needed for transgender communities in LA County are not covered or fully covered under insurance plans. Develop strategies to make these treatments more affordable, through expanded coverage, cost offsets, help with co-pays, or other measures.
- Investigate the availability and capacity of existing gender-affirming care providers, including possible obstacles to provider participation, such as insurance coverage. Invest in strategies to ensure a sufficient network of gender-affirming care providers to fully meet the needs of community members.
- Ensure that existing providers of gender-affirming care, including public, private, and community-based providers, meet cultural competency standards for a respectful and inclusive environment, such as regular high-quality trainings for staff on issues like names and pronouns and inclusive systems and forms. Ensure accountability if providers don't meet those standards.

² Los Angeles Police Department, 1.12 – Police Interactions with Transgender Individuals. (2012). Los Angeles County Sheriff's Department. 5-09/560.00 – Interactions with Transgender and Gender Non-Conforming Persons. <https://parsi.lasd.org/Viewer/Manuals/10008/Content/12509> (accessed 5/20/2024).

³ Los Angeles Police Department. LAPD/LGBTQ Information Section. <https://www.lapdonline.org/lapd-lgbtq-information-section/#:~:text=Feel%20free%20to%20contact%20our,share%20to%20this%20web%20page> (accessed 5/20/2024).

Increasing public safety and community connectedness

- Physical safety in public spaces is a community concern that needs further research to identify best practices to improve public safety for trans and nonbinary people. Future research should consider both interpersonal violence, like physical violence and inability to rely on police, and structural causes of vulnerability to violence, like isolation from family and high rates of homelessness.
- In addition to online resources, physical spaces for community connection are needed, especially for those who have barriers to online participation. Because transportation is often a barrier to reaching all parts of the County, these physical spaces should be located throughout the County. Increase advertisement of existing physical spaces.
- Government should collaborate with community-based organizations to invest in social, recreational, and arts programs for trans and nonbinary people.

Providing support for the unique needs of trans and nonbinary people who are immigrants

- Those who engage in sex work need supports in place to meet the unique needs of immigrant trans and nonbinary sex workers, including other pathways to income sources, if that is a desired path for them. Further research is needed to better understand how to create these pathways.
- More support for asylum seekers is needed, as well as access to care in immigration detention. More research is needed into the conditions of confinement at immigration detention centers, with safety being a priority. Evaluations that have been done of county jails and prisons located in LA County and other parts of California could serve as a model.⁴

Improving access to accurate identity documents (IDs)

- Those who set policy for various forms of ID, like government, student, and employee IDs, should review and revise processes and establish any needed programs to aid trans and nonbinary people in obtaining accurate IDs. Provide options for nonbinary people to obtain a gender marker that is accurate for them. Invest in collaboration with community-based organizations to assist community members with ID changes.

Looking toward the future, this study illustrates the need to build a pipeline for trans and nonbinary people to thrive in LA County. There must be a pathway for community members to become leaders in all aspects of life, including in government, business, education, health care, the arts, and community organizations. Trans and nonbinary people are best suited to envision this pipeline, with the support of trans-led organizations that have already begun this work. Work is

⁴ Robinson, Russell K. (2011, Sep. 9). Masculinity as Prison: Sexual Identity, Race, and Incarceration. *California Law Review* 99, 1309. <https://ssrn.com/abstract=1974678>; *Testimony to the Review Panel on Prison Rape*, U.S. Department of Justice (2013) (testimony of Russell K. Robinson). https://ojp.gov/sites/g/files/xyckuh241/files/media/document/testimony_robinson.pdf; Jenness, Valerie, Maxson, Cheryl L., Matsuda, Kristy N., and Jennifer Macy Sumner. (June 2007). Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault. *The Bulletin* 2(2). <https://cpb-us-e2.wpmucdn.com/sites.uci.edu/dist/0/1149/files/2013/06/BulletinVol2Issue2.pdf>

underway on foundational tasks in this project, such as providing direct services for those most in need, improving health care access, offering educational opportunities, providing job training and placement, developing leadership skills, and generating opportunities for community members. LA County government should allocate resources and work collaboratively with the trans and nonbinary community to bring this pipeline to fruition.

More research is needed to better understand how and where to direct efforts and investments that will be most effective in positively impacting trans and nonbinary communities in LA County. Yet, it is already clear that those investments should include key pieces in building the pipeline, including the development of programs to provide training and experience for trans and nonbinary people on how to work with government entities to better leverage government resources and how to work in roles within the government. To position community members to pursue various career paths, LA County should invest in establishing and improving scholarships for trans and nonbinary people. Finally, LA County should design and implement a program to give credit for those who have been doing work in the community as certification for engaging in equivalent work on behalf of LA County.

Many trans and nonbinary people have faced barriers due to criminalization, incarceration, and the need for survival work. The well-being of all residents of LA County is the responsibility of our elected officials. It is imperative that resources be allocated in an equitable manner to uplift the lives of trans and nonbinary people in LA County, to improve quality of life, and to work toward a better future where trans and nonbinary people don't just survive but thrive.

“We should all be working to make all society not only safe but also welcoming to trans and nonbinary individuals so that no one needs to live a life of lies and hiding in the future. Or as close to that as we can get.”

INTRODUCTION

Los Angeles (LA) County is home to 71,000 trans and nonbinary adults.⁵ Situated in Southern California, LA County is part of a state that receives high marks for its positive public policy environment for trans and nonbinary people.⁶ These policies include California state statutes that prohibit discrimination based on gender identity, anti-bullying laws and policies, a ban on conversion therapy for youth, protections in health care laws for gender-affirming care access through insurance, and laws that support the ability to correct identity documents, like a birth certificate.⁷ These types of policies are important foundations upon which policymakers, service providers, advocates, employers, and others can build so that trans and nonbinary people have access to needed programs and services and can live and thrive free from discrimination and victimization.

As we work toward those goals, trans and nonbinary people continue to face challenges in many areas of life.⁸ These challenges and barriers can create disparities in health, economic well-being, safety, and access. The LA County Trans & Nonbinary Survey is part of a study that aims to bring light to these challenges, with the goal of providing new information that policymakers, educators, advocates, and service providers can use to better meet the needs of this community and design solutions to the problems that are outlined in this report.

The LA County Trans & Nonbinary Survey was conducted by the TransLatin@ Coalition and the Williams Institute in collaboration with The Royal Collection Corporation and the Connie Norman Transgender Empowerment Center (CoNoTEC). The survey was designed based on input from trans and nonbinary community members in LA County and organizations that serve this community. Listening sessions to derive that input took place in five sessions in May and June 2023. Findings from these sessions determined priority topics for inclusion in the survey, including economic well-being, housing, health, transportation, access to services, community connectedness, immigration experiences, and experiences with law enforcement and incarceration. In this report, we provide findings from the survey, which was fielded online from October 24, 2023, through February 5, 2024, in both English and Spanish. We received responses from 322 trans and nonbinary adult residents of LA County.

We sought to understand how certain groups among our respondents differ in their characteristics, experiences, and perspectives. We looked at how respondents compared with others in the survey based on gender, race/ethnicity, age, housing status, immigration status, poverty, engagement in sex work, employment status, and whether they reside in Central LA or outside Central LA. In this report,

⁵ In this report, we use the term “trans and nonbinary” to represent those who identify as transgender, trans, nonbinary, or with another gender that is different from the sex assigned to them at birth. These two terms are meant to serve as “umbrella terms” to describe those who are the focus of the 2023 LA County Trans & Nonbinary Survey; UCLA Center for Health Policy Research. (n.d.). *2022 California Health Interview Survey*. <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>

⁶ Movement Advancement Project. *California's Equality Profile*. https://www.lgbtmap.org/equality_maps/profile_state/CA (accessed 5/14/2024).

⁷ *California's Equality Profile*

⁸ Fuentes, M., Salcedo B., Ortega, Q.V., and Conron, K.J.; National Center for Transgender Equality. *2015 U.S. Transgender Survey: California State Report*. (2017). [https://transequality.org/sites/default/files/docs/usts/USTSCAStateReport\(1017\).pdf](https://transequality.org/sites/default/files/docs/usts/USTSCAStateReport(1017).pdf)

we present significant findings from these analyses.⁹ The Appendix provides further details on the variables used in these analyses. These analyses simply add to the voices and experiences of our respondents, as well as our listening session participants, which are reflected in this report and will serve to inform the work going forward to make real, positive changes in people’s lives in LA County.

⁹ For more information about statistical significance testing, see the Methods section. See the Appendix for tabulations of all variables included in the subgroup analyses.

DEMOGRAPHICS AND IDENTITY DOCUMENTS

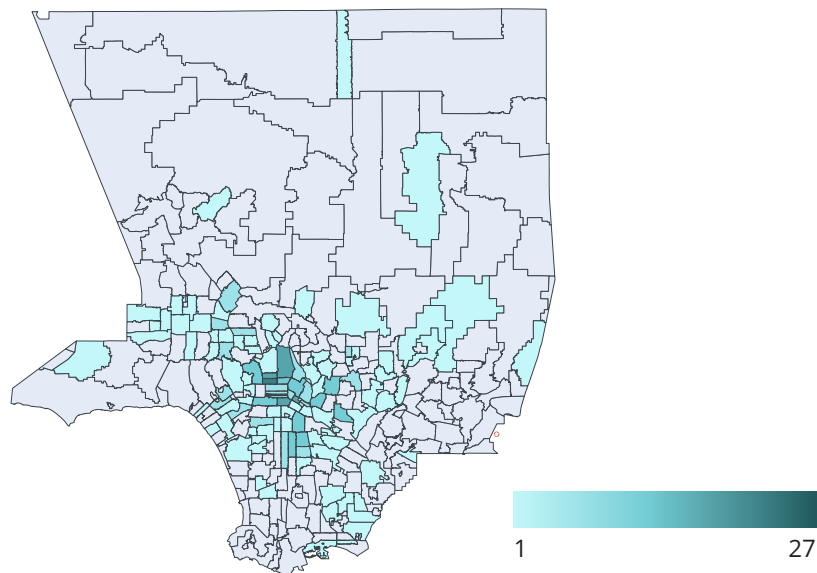
**“There is no one way, shape, or form that we show up.
We are so many different colors, so many different ethnicities
and religions and backgrounds and life experiences.”**

The LA County Trans & Nonbinary Survey collected responses from 322 trans and nonbinary residents of LA County. Respondents came from all major regions in the County and come from various backgrounds. In this section, we describe the demographics of our sample, including aspects of their households, as well as information about the current status of their identity documents, such as driver’s licenses.

WHERE RESPONDENTS LIVE

Our survey respondents represent many regions of LA County. Overall, 44% reside in the Central LA area, and 56% live outside of Central LA.¹⁰ The “heat map” in Figure 1 below shows where our respondents reside in LA County, with darker areas having more respondents than lighter-colored areas. More respondents reside in Central LA and the surrounding areas than in other parts of the County.

Figure 1. Heat map of where survey respondents reside in LA County (n=322)¹¹



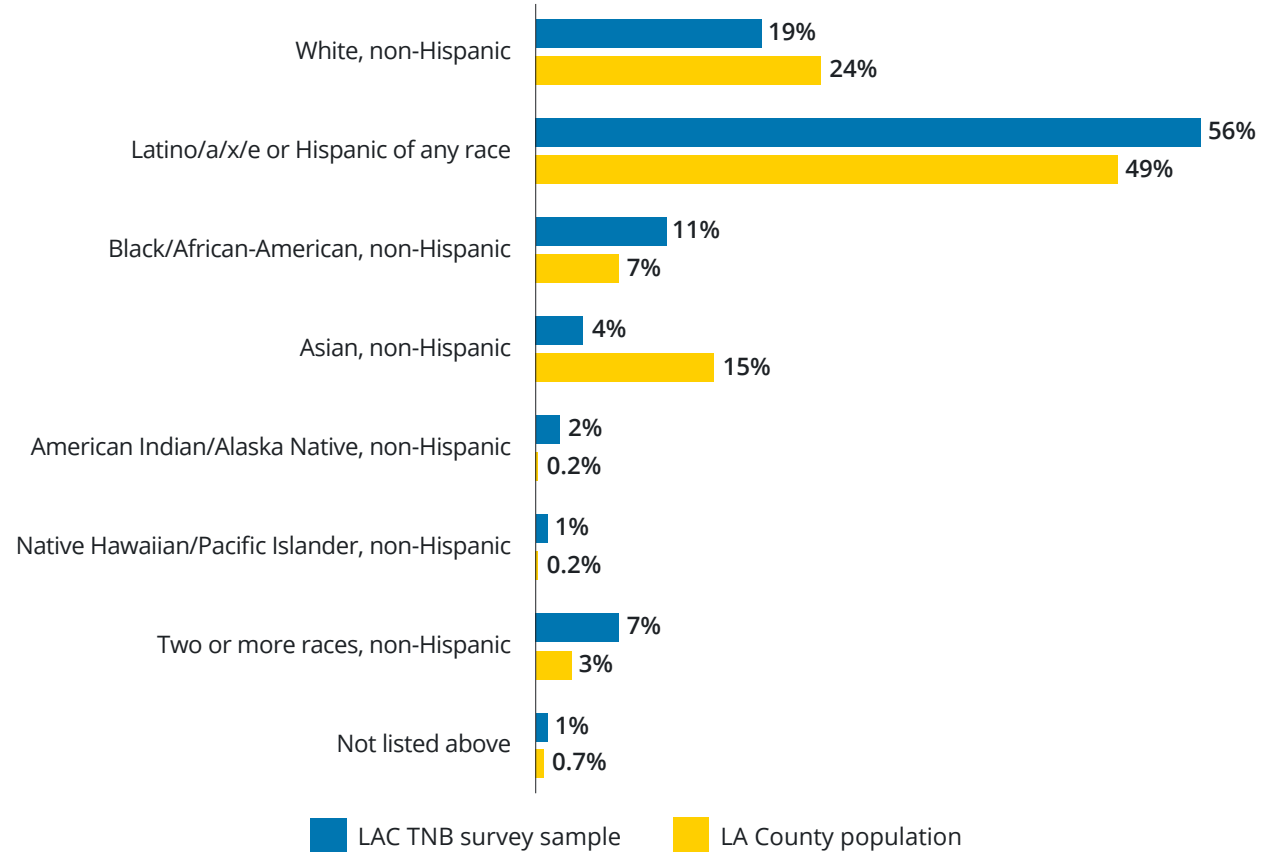
¹⁰ The area constituting “Central LA” was determined using the Los Angeles Times’ LA neighborhood mapping project, which shows the neighborhoods considered to make up Central LA - respondents living in zip codes located entirely within these neighborhoods were counted as living in Central LA; *Central LA*. Los Angeles Times. <https://maps.latimes.com/neighborhoods/region/central-la/> (accessed 5/14/2024).

¹¹ We note the number of individuals in the survey sample that are included in each table, figure, and in some findings in the text, with the notation “n=”.

RACE AND ETHNICITY

The majority of survey respondents were Latino/a/x/e (56%). Nineteen percent (19%) were White, 11% were Black, 4% were Asian, 2% were Alaska Native or American Indian, 1% were Native Hawaiian or Pacific Islander, and 7% reported two or more races. Our survey sample appears to differ from the population of LA County in several ways. Notably, our sample appears less likely to be White or Asian and more likely to be Latino/a/x/e or Hispanic compared to all residents of LA County. Our survey sample also appears to be more likely to report two or more races than LA County as a whole.¹²

Figure 2. Race and ethnicity of LA County Trans & Nonbinary Survey respondents (n=322) and LA County population



Note: Percentages may not add to 100% due to rounding.

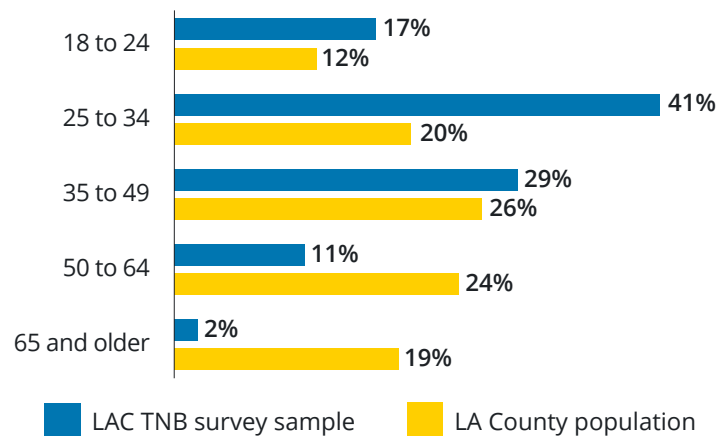
¹² U.S. Census Bureau. (2022). ACS Demographic and Housing Estimates. *American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05*. Retrieved May 16, 2024, from [https://data.census.gov/table/ACSDP1Y2022.DP05?q=population by age&g=050XX00US06037](https://data.census.gov/table/ACSDP1Y2022.DP05?q=population%20by%20age&g=050XX00US06037).

AGE

“I know that back in the time ... transgender women or men were not able to last, a very older age. Now the truth is that we’re having longer lives, and we definitely feel that there should be more focus, just like there is on the youth, also for the elderly.”

Respondents to our survey were younger than LA County as a whole.¹³ Fifty-eight percent (58%) of survey respondents were under age 35, whereas 32% of all LA County residents are under age 35. Two percent (2%) of survey respondents were age 65 or older, while 19% of LA County residents are age 65 or older.

Figure 3. Age of LA County Trans & Nonbinary Survey respondents (n=322) and LA County population



EDUCATION

Educational attainment varies by age. Those ages 18 to 24 have not had the same amount of time to complete educational goals as those age 25 and up.¹⁴ Here, we describe the educational attainment of those age groups separately.

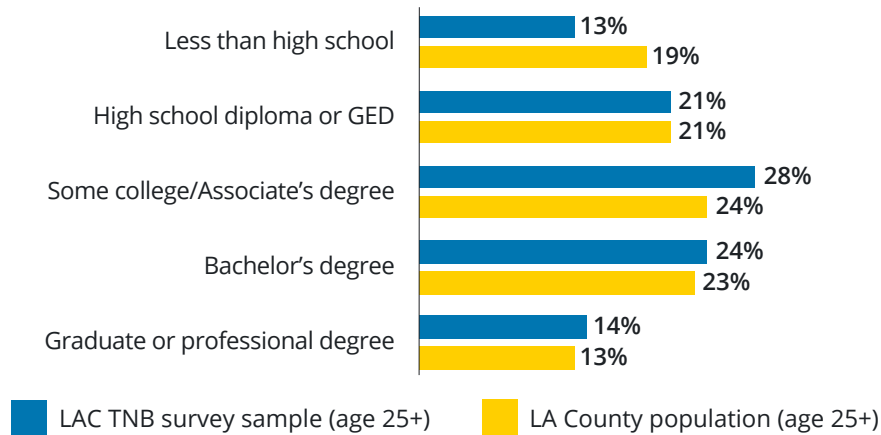
For those ages 18 to 24 in our survey sample, 18% have not received a high school diploma. Sixteen percent (16%) have a high school diploma or equivalent, like a GED. Forty percent (40%) have attended some college or have an associate’s degree. One quarter (25%) have received a bachelor’s degree. None have yet received a graduate or professional degree.

¹³ U.S. Census Bureau. (2022). Age and Sex. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0101. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSST1Y2022.S0101?q=population%20by%20age&g=050XX00US06037>. Calculations for adults by the author.

¹⁴ Educational Attainment By Age. *American Council on Education*. <https://www.equityinhighered.org/indicators/u-s-population-trends-and-educational-attainment/educational-attainment-by-age/> (accessed 5/16/2024).

Educational attainment for those aged 25 and older in the LA County Trans & Nonbinary Survey looks similar to the educational attainment of those age 25 and older in LA County as a whole¹⁵ (see Figure 4). Our respondents aged 25 or older appear less likely than their peers in LA County to have not received a high school diploma (13% vs. 19%) and more likely to have attended some college (28% vs. 24%).

Figure 4. Educational attainment of LA County Trans & Nonbinary Survey respondents (n=322) and LA County population (aged 25 or older)



MARITAL AND RELATIONSHIP STATUS

The vast majority of survey respondents had never been married at the time of the survey. Ten percent (10%) of survey respondents were married. Two percent (2%) were in a civil union or registered domestic partnership. Thirteen percent (13%) were widowed, divorced, or separated. Among those aged 15 or older in LA County, roughly 42% are currently married, while 15% are widowed, divorced, or separated.¹⁶

We asked respondents about their current relationship status. More than half (51%) reported that they were currently in a relationship or felt a special commitment to another person or persons. Of those (n=165), 54% said they were currently living with that person or persons. Forty-nine percent (49%) of respondents were not currently in a relationship.

MILITARY SERVICE

Most survey respondents (96%) had never served on active duty in the U.S. Armed Forces, Reserves, or National Guard. One percent (1%) reported they are currently on active duty or active duty for training in the Reserves or National Guard. Three percent (3%) were veterans, having served on active duty in the past but not currently. This is similar to the LA County population overall, where less than 3% are veterans.¹⁷

¹⁵ U.S. Census Bureau. (2022). Educational Attainment. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1501. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSST1Y2022.S1501?q=population%20by%20age&g=050XX00US06037>. Calculations to collapse categories by the author.

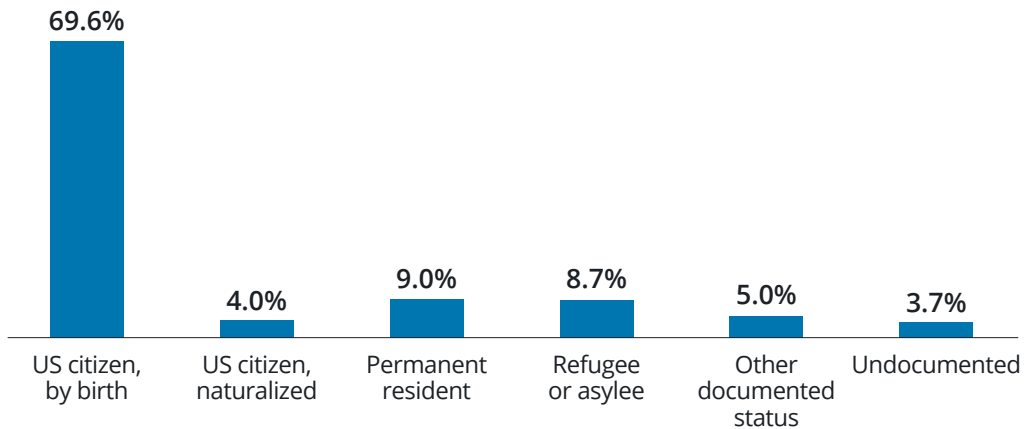
¹⁶ U.S. Census Bureau. (2022). Marital Status. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1201. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSST1Y2022.S1201?q=Marital Status and Marital History&g=050XX00US06037>.

¹⁷ U.S. Census Bureau. (2022). Veteran Status. American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2101.

CITIZENSHIP AND IMMIGRATION STATUS

Seventy-four percent (74%) of our sample were U.S. citizens, with 70% citizens by birth and 4% by naturalization. Twenty-six percent (26%) were not U.S. citizens. The representation of non-U.S. citizens in our survey appears higher than the representation among all LA County adult residents (18%).¹⁸ In this report, we use the term “immigrant” to refer to respondents who were not U.S. citizens by birth, which represents 30% of our sample.

Figure 5. U.S. citizenship and immigration status of LA County Trans & Nonbinary Survey respondents (n=322)



Note: Percentages may not add to 100% due to rounding.

LANGUAGES SPOKEN AT HOME

Half of respondents only speak English at home (50%). This is slightly higher than in LA County, where 44% of all adult residents only speak English at home.¹⁹ Twenty-three percent (23%) of survey respondents speak both English and Spanish at home, and 18% speak only Spanish at home. Six percent (6%) speak English and a language other than Spanish at home. Two percent (2%) speak three or more languages at home.

GENDER IDENTITY, SEX CHARACTERISTICS, AND INTERSEX IDENTITY

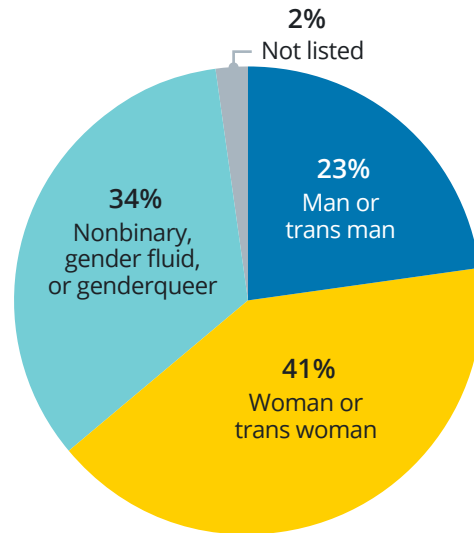
Forty-one percent (41%) of survey respondents identified as women or trans women, which represented the largest gender identity group in the sample. Just over one-third (34%) identified as nonbinary, gender fluid, or gender queer, and 23% identified as men or trans men. Two percent (2%) wrote in an identity that was not listed, including “no gender,” “2 Spirit,” and “intersex.” Respondents also wrote in transmasculine or transfeminine identities alone or in combination with nonbinary or genderfluid.

Retrieved May 15, 2024, from [https://data.census.gov/table/ACSST1Y2022.S2101?q=military service&g=050XX00US06037](https://data.census.gov/table/ACSST1Y2022.S2101?q=military%20service&g=050XX00US06037).

¹⁸ U.S. Census Bureau. (2022). Sex by Age by Nativity and Citizenship Status. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B05003*. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSST1Y2022.B05003?q=citizenship%20by%20age&g=050XX00US06037>. Calculations for adults by the author.

¹⁹ U.S. Census Bureau. (2022). Characteristics of People by Language Spoken at Home. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1603*. Retrieved May 15, 2024, from [https://data.census.gov/table/ACSST1Y2022.S1603?q=language spoken in the home&g=050XX00US06037](https://data.census.gov/table/ACSST1Y2022.S1603?q=language%20spoken%20in%20the%20home&g=050XX00US06037). Calculations for adults by author.

Figure 6. Gender identity of LA County Trans & Nonbinary Survey respondents (n=322)

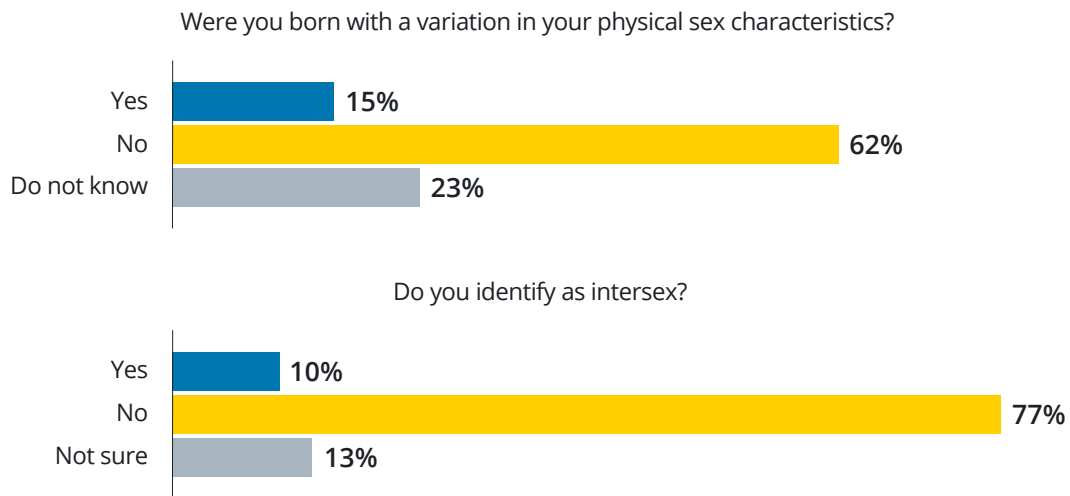


When asked how comfortable respondents are with the term “transgender” being used to describe them, 80% responded they are somewhat or very comfortable. Seven percent (7%) were somewhat or very uncomfortable. Thirteen percent (13%) were neutral regarding “transgender” being used to describe them. Nonbinary respondents were less likely than others to be comfortable with the term “transgender” being used to describe them. Sixty-seven percent (67%) of nonbinary respondents were somewhat or very comfortable with the term, compared to 89% of women and transfeminine respondents and 83% of men and transmasculine respondents.

Our survey asked respondents if they were born with a variation in their physical sex characteristics, commonly referred to as being intersex. “Intersex” is an umbrella term for being born with or developing “variations in sex traits or reproductive anatomy.”²⁰ Fifteen percent (15%) of respondents said they were born with a variation in their sex characteristics. We also asked respondents if they identify as intersex. Ten percent (10%) of respondents identified as intersex.

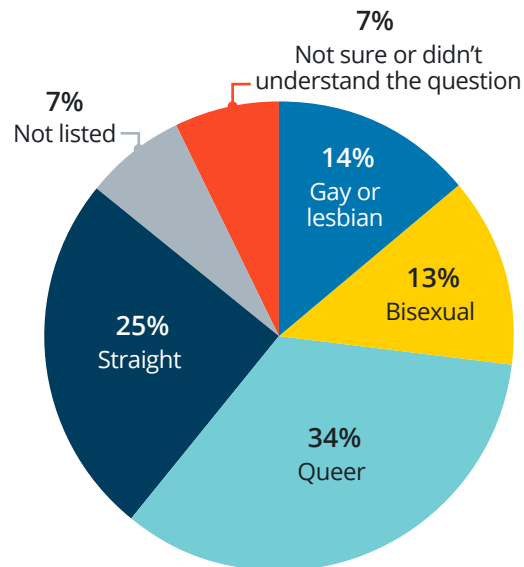
²⁰ *What is intersex?* InterACT. <https://interactadvocates.org/> (accessed 5/16/2024); Full wording of the survey question was as follows: “Were you born with a variation in your physical sex characteristics? This means that your chromosomes, genitals, reproductive organs, or hormone functions were observed to be different from the typical male/female binary, or you have been diagnosed with an intersex variation or Difference of Sex Development.”

Figure 7. Variations in sex characteristics and intersex identity of LA County Trans & Nonbinary Survey respondents (n=322)



Survey respondents selected one option from several sexual orientation identities or could opt to write in their own identity²¹ (see Figure 8). Thirty-four percent (34%) of respondents were queer, and one-quarter (25%) were straight. Just over a quarter of respondents selected gay or lesbian (14%) or bisexual (13%). Seven percent (7%; n=23) wrote in their own identity term. The terms most often entered were "pansexual" (n=8), "trans" or "transgenero" (n=7), and "asexual" or "ace" (n=3).

Figure 8. Sexual orientation identity of LA County Trans & Nonbinary Survey respondents (n=322)



²¹ Sexual orientation pertains to one's identity based on the gender or genders, if any, that one is attracted to in a romantic or sexual way. This differs from gender identity, which is one's internal sense of being male, female, nonbinary, or another gender identity.

IDENTITY DOCUMENTS

“We still need more legal protections and legal affirmations. Did you know if you get married under your dead name there is no legal way to fully remove it and correct it on your marriage certificate in California?”

Identity documents (IDs), like driver’s licenses, birth certificates, or passports, are important documents that one needs for many aspects of life. IDs are often needed when driving, traveling, registering to vote, making applications for housing, loans, or services, and accessing some public or private spaces, like a workplace or a bar. When someone’s name or gender on their ID doesn’t match their identity or gender presentation, it can cause problems for that person during times when IDs must be presented to others. The 2015 U.S. Trans Survey found that nearly one-third of respondents (32%) had been harassed, denied benefits or services, asked to leave, or even assaulted when showing inaccurate IDs.²²

We asked survey respondents whether their IDs listed their correct name or gender. Thirty-six percent (36%) said their name and gender were correct on all their IDs. Forty-three percent (43%) reported that some of their IDs listed their correct name and gender. Twenty-two percent (22%) said none of their IDs listed their correct name or gender. Nonbinary respondents were less likely than others to have all IDs list the correct name and gender (22%), compared to 36% of men and transmasculine respondents and 46% of women and transfeminine respondents. White respondents were less likely than BIPOC respondents to have all their IDs list the correct name and gender (23% vs. 39%).²³

Table 1. Correct name and gender on IDs among LA County Trans & Nonbinary Survey respondents (n=322)

| | ALL IDS | SOME IDS | NO IDS |
|----------------------------------|---------|----------|--------|
| IDs list correct name | 49% | 19% | 32% |
| IDs list correct gender | 38% | 30% | 32% |
| IDs list correct name and gender | 36% | 43% | 22% |

Note: Percentages in some rows may not add to 100% due to rounding.

SUMMARY AND RECOMMENDATIONS

Our survey respondents come from many different parts of LA County. They were more likely to be Latino/a/x/e, immigrants, and younger than the population of LA County as a whole. Women and trans women were the largest group in the survey (41%), followed by nonbinary, gender fluid, or genderqueer people (34%), and men and trans men (23%). Fifteen percent (15%) stated they had variations in sex characteristics, commonly referred to as intersex, and 10% identified as intersex.

²² James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

²³ BIPOC stands for black, indigenous, and other people of color.

Respondents' identities were not always accurately reflected on their IDs, based on the name and gender that appear. Twenty-two percent (22%) had no IDs that listed their correct name or gender.

Study participants discussed the need for better educational opportunities, more resources for those in the 25 to 50 age range, and more research needed for those who are transmasculine or nonbinary. Assistance is needed to get accurate identity documents as well. Sample quotes include the following:

[If] there was some scholarship of sorts to incentivize folks that want to get into these health and human services fields, I would hope that that would mean that there would be more people that would be able, of lived experience to be able to help provide the healthcare that people need.

We have a lot of services for youth and then some services for the elderly. But from the age of about 25 to 50 there is a scarcity of resources ... [If] you're in that age range you just, there is hardly any services, and you just kind of get put in a queue.

There's also like lack of research on, like, transmasc people. That's definitely something that we don't see often. And [there's] not a lot of research available on nonbinary people or people who, like, just don't fit within that transmasc, transfemme categories. Those are often kind of left out.

I have had clients that have gone in to get passports and had absolutely horrible experiences, being misgendered and not respected and certainly not affirmed, but barely tolerated.

Recommendations

- Increase educational and scholarship opportunities for trans and nonbinary people, including to enter fields where they would engage with the trans and nonbinary community.
- Provide funding to fill the services gap for those aged 25 to 50.
- Further research is needed on the characteristics, experiences, and needs of transmasculine and nonbinary individuals.
- Those who set policy for various forms of ID, like government, student, and employee IDs, should review and revise processes and establish any needed programs to aid trans and nonbinary people in obtaining accurate IDs. Provide options for nonbinary people to obtain a gender marker that is accurate for them. Invest in collaboration with community-based organizations to assist community members with ID changes.

HAPPINESS, COMMUNITY, AND PRIORITY ISSUES

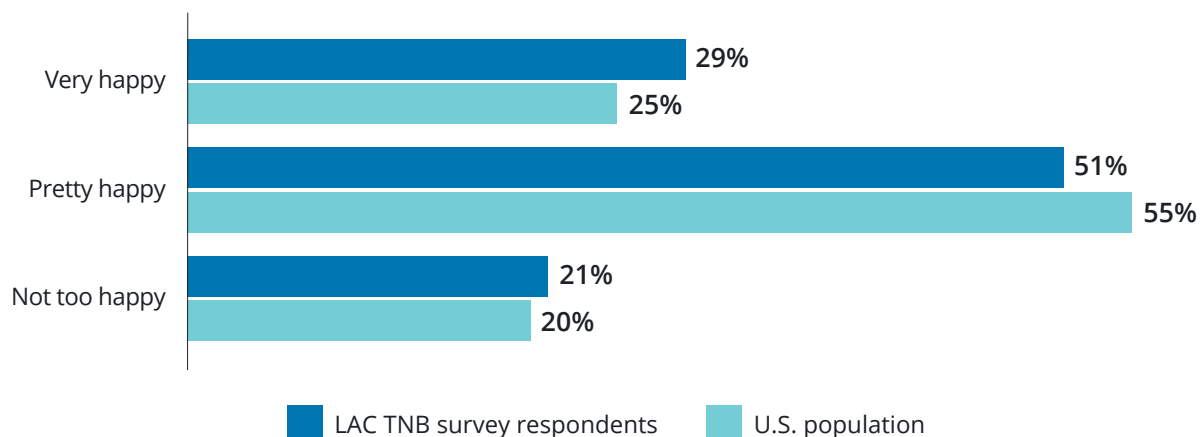
It is important to consider happiness, community connectedness, the social environment, and priority issues when seeking to understand the lives and experiences of trans and nonbinary residents of LA County. The LA County Trans & Nonbinary Survey sought to understand these various aspects of our respondents' lives. In this section, we explore these topics, presenting our respondents' perspectives on their personal experiences and their views on LA County as a whole.

HAPPINESS

Using data from the General Social Survey (GSS), researchers have measured happiness among people in the United States for many years.²⁴ It serves as a benchmark to understand how the population is faring on a key indicator of the nation's mood and optimism. We asked our respondents the same question: "Generally, how would you say things are these days in your life? Would you say that you are very happy, pretty happy, or not too happy?"

Overall, our respondents were happy, with 29% saying they were very happy and 51% saying they were pretty happy. Twenty-one percent (21%) reported they were not too happy. These findings are similar to those of the U.S. population from the 2022 GSS, the most recently available year of data (see Figure 9). A notably high percentage of respondents currently experiencing homelessness reported they are not too happy (36%). Other groups with an elevated percentage of those who are not too happy include immigrants (28%), those who are uninsured (27%), those living at or near poverty (27%), and those currently unemployed (27%).

Figure 9. Happiness of LA County Trans & Nonbinary Survey respondents (n=322) and the US population, 2022 GSS



Note: Percentages may not add to 100% due to rounding.

²⁴ NORC at the University of Chicago. *Trends*. GSS Data Explorer. <https://gssdataexplorer.norc.org/trends?category=Gender%20%26%20Marriage&measure=happy> (accessed 5/14/2024).

POLITICAL ENGAGEMENT AND PARTICIPATION

“I think we definitely need to take some political action and, you know, start holding these people responsible for how they treat us.”

We know that when people influence our political landscape, they can influence the outcomes of lives in their community. We asked survey respondents whether they agree or disagree with the following statement: “Someone like me can’t really influence government decisions.” Forty-four percent (44%) strongly agreed or somewhat agreed that someone like them can’t really influence government decisions. Thirty percent (30%) strongly disagreed or somewhat disagreed with that statement. Twenty-five percent (25%) neither agreed nor disagreed.

Survey respondents reported a variety of political activities in the 12 months prior to the survey. More than half of respondents (53%) had signed a petition. Forty-two percent (42%) commented about politics on a message board or Internet site. Respondents made political positions known by attending a political protest or rally (39%), contacting a government official (37%), or writing letters or calling in to live radio or TV shows (13%). Respondents served on committees for civic, non-profit, or community organizations (30%), while smaller percentages of respondents held a publicly elected office (5%) or ran for office (4%). Overall, 71% of respondents engaged in one or more of these activities in the 12 months prior to the survey.

Table 2. Political activities among LA County Trans & Nonbinary Survey respondents in the last 12 months (n=322)

| ACTIVITY | YES | NO |
|---|-----|-----|
| Signed a petition | 53% | 47% |
| Commented about politics on a message board or Internet site | 42% | 58% |
| Attended a political protest or rally | 39% | 61% |
| Contacted a government official | 37% | 63% |
| Served on a committee for a civic, non-profit, or community organization | 30% | 71% |
| Written a letter or email to a newspaper/magazine or called a live radio or TV show | 13% | 87% |
| Held a publicly elected office (such as in local, state, or federal government) | 5% | 95% |
| Run for a publicly elected office (such as in local, state, or federal government) | 4% | 96% |
| Any activity listed above | 71% | 29% |

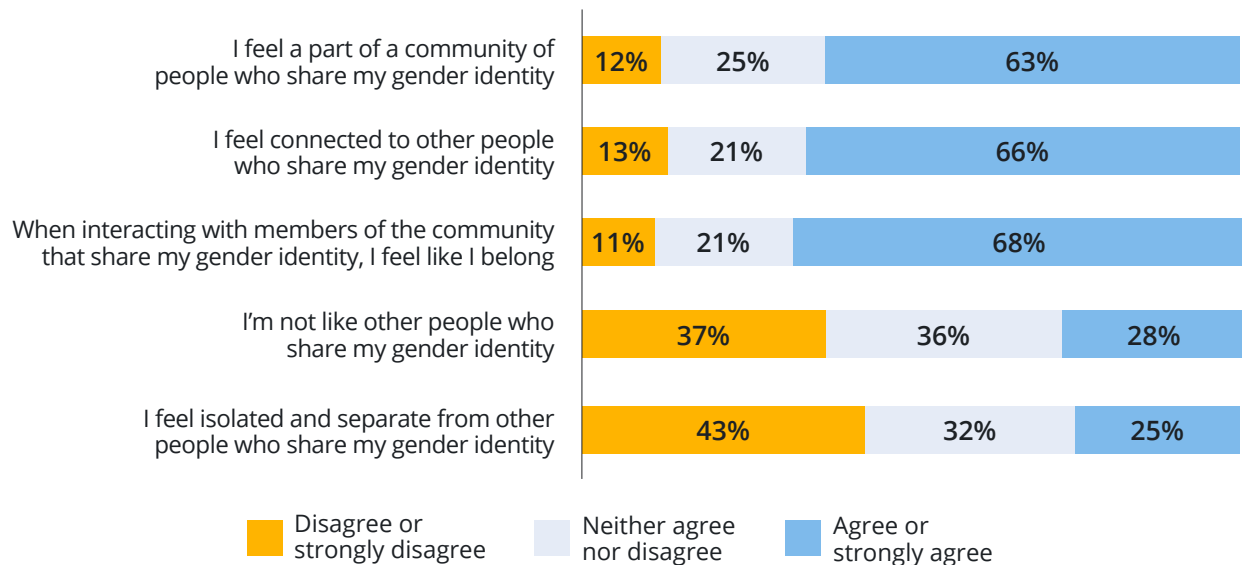
Note: Percentages in some rows may not add to 100% due to rounding.

COMMUNITY CONNECTEDNESS

“Most meetings are too far away or only on Zoom. Even if you make a friend, they’re not going to physically be there for you.”

Nearly all respondents (98%) considered themselves to be members of the lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+) community. When we asked respondents to consider their connections with other people who share their gender identity, the majority of respondents reported feeling connected to their community and a sense of belonging among others in their community. For instance, 68% strongly agreed or agreed that when interacting with members of the community who share their gender identity, they feel like they belong (see Figure 10).

Figure 10. Level of agreement with statements regarding community connectedness among LA County Trans & Nonbinary Survey respondents (n=281)



Note: Percentages in some rows may not add to 100% due to rounding.

The level of agreement with these statements allows us to categorize the overall community connectedness of our survey respondents. We find that the majority of respondents were connected (24%) or somewhat connected (48%) with community. Over one-quarter of respondents (28%) were not connected with community, perhaps due, at least in part, to social or geographic isolation.

Table 3. Overall community connectedness of LA County Trans & Nonbinary Survey respondents (n=279)

| CONNECTEDNESS | % |
|-----------------------------------|-----|
| Not connected with community | 28% |
| Somewhat connected with community | 48% |
| Connected with community | 24% |

We asked respondents about how they interact with other trans or nonbinary people. The vast majority (82%) interact with other trans or nonbinary people in person. Fifty-nine percent (59%) interact through social media or discussion platforms. Respondents also interact through live video (39%) and in political activism (29%). Notably, 4% of respondents do not interact with other trans or nonbinary people at all.

Table 4. Means of interaction with other trans or nonbinary people among LA County Trans & Nonbinary Survey respondents (n=322)

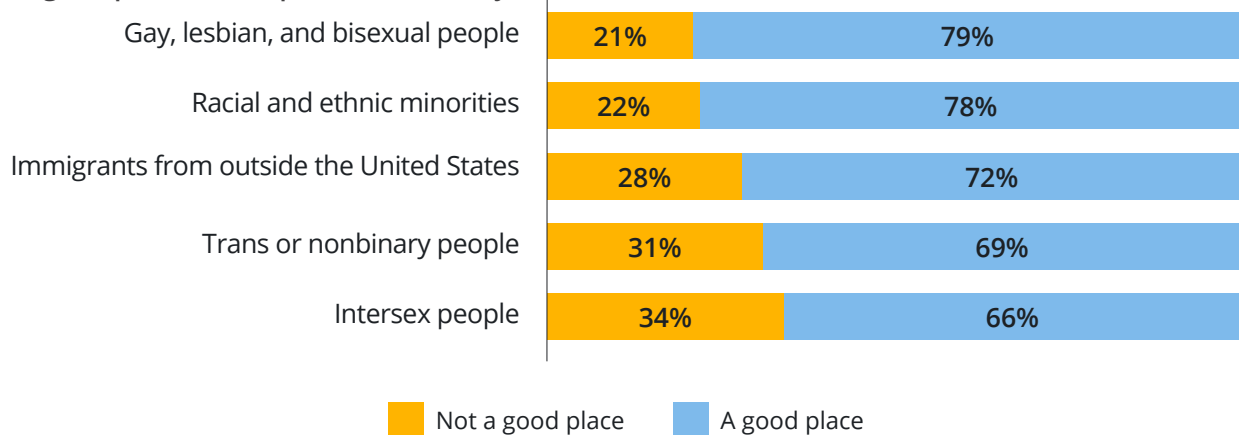
| MEANS OF INTERACTION | % |
|--|-----|
| In-person | 82% |
| Through social media or discussion platforms (such as Facebook, Twitter, Reddit, etc.) | 59% |
| Face-to-face through live video (such as Zoom, Skype, FaceTime, etc.) | 39% |
| In political activism | 29% |
| Not listed above | 3% |
| I do not interact with other trans or nonbinary people | 4% |

LA COUNTY ENVIRONMENT AND PRIORITY ISSUES FOR TRANS AND NONBINARY PEOPLE

“I feel like for me ... passing is much more than just wanting to, you know, look the way that I feel, but it’s a real safety issue for me. So, you know, going out in public and feeling safe is an extreme, uh, challenge. Even in a city like Los Angeles.”

The majority of respondents reported that the area where they live in LA County is a good place for various minority groups, including trans or nonbinary people (see Figure 11). Notably, trans, nonbinary, and intersex people had slightly lower endorsement of LA County as a good place for them compared to other listed groups.

Figure 11. LA County Trans & Nonbinary Survey respondents’ perspectives on whether LA County is a good place or bad place for minority communities (n=321)



We asked respondents to rate a list of issues for them as a trans or nonbinary person in LA County. If a respondent felt that the issue didn't apply to them, such as elderly assistance or child care, they could select "Does not apply to me" as their response. Table 5 presents the percentage of respondents to this question who reported that each issue was a serious problem. Cost of living had the highest percentage of respondents who said this issue was a serious problem. Seven out of the top ten issues considered to be serious problems by respondents were in some way about costs, debts, and finances. Housing had the second highest percentage of respondents who said it is a serious problem (56%). Seven out of the top ten issues considered serious problems by respondents were in some way about costs, debts, and finances. Respondents also said violence and personal safety (38%), availability of jobs (38%), and availability of mental health care (37%) were serious problems in LA County. See the Appendix for a more in-depth analysis of these issues.

Table 5. Percentage of LA County Trans & Nonbinary Survey respondents who rated specific issues as a serious problem for trans and nonbinary people in LA County (n=321)

| ISSUE | % |
|--|-----|
| Cost of living | 59% |
| Housing | 56% |
| Income/Wages | 54% |
| Financial security | 51% |
| Debt | 44% |
| Violence/personal safety | 38% |
| Availability of jobs | 38% |
| Availability of mental health care | 37% |
| Availability of financial services | 37% |
| Availability of financial counseling | 36% |
| Shelter services | 31% |
| Availability of job training opportunities | 31% |
| Availability of health care, not trans-related | 30% |
| Transportation | 28% |
| Availability of gender-affirming health care | 27% |
| Seeking employment with a criminal record | 27% |
| Education | 26% |
| Elderly living assistance (62+) | 25% |
| Child-care services | 25% |
| Obtaining degree/diploma with criminal record | 25% |
| Substance abuse treatment | 25% |
| Domestic violence services | 25% |
| Substance abuse services | 24% |

Note: Percentages will not add to 100% because respondents could select more than one option.

SUMMARY AND RECOMMENDATIONS

Respondents to the LA County Trans & Nonbinary Survey report levels of happiness similar to the U.S. population. While a substantial percentage of respondents (44%) believed they can't really influence government decisions, 71% had engaged in some sort of political activity over the past 12 months. Nearly all respondents (98%) considered themselves a member of the LGBTQ+ community, and the majority (72%) were connected or somewhat connected to their communities in LA County. A majority (69%) also believed that LA County is a good place for trans or nonbinary people to live. Yet, respondents reported that some issues are serious problems for trans and nonbinary people in LA County. The cost of living is considered a serious problem by 59% of respondents and is the top issue on respondents' minds. Issues regarding housing, financial stability, violence, access to jobs, and mental health care also topped the list of serious problems for our respondents.

Respondents described needing more physical spaces to connect with their peers, especially when using Zoom isn't a safe activity at home. While many trans and nonbinary people connect with others online, in-person connections with other trans and nonbinary people are preferred by some, yet those spaces may not be accessible. Respondents discussed the need to build and sustain our community, the need for cultural, arts, and sports programs, and needing assistance to find safety and security. Respondents have offered many ideas for addressing a number of the priority issues, which are described in recommendations elsewhere in this report.

I can say that navigating as a transgender person is hard in general, whether it be employment, housing, medical, just even just living everyday life.

[T]here is always a feeling of danger because of the fact that our existence is fought about by politicians. We need to have visible, present community, not just performative activism.

We just want to live, connect, and contribute like the other members of society. We have no agenda other than keeping our community alive.

Many of us need assistance feeling safe, secure, and wanted in our community in order to heal and function better.

I need a physical place to go to that fits into my schedule as a student. There are no places on campus I can go to ... feel community with LGBTQ+ individuals because I attend a [C]hristian university.

We should all be working to make all society not only safe but also welcoming to trans and nonbinary individuals so that no one needs to live a life of lies and hiding in the future. Or as close to that as we can get.

I still feel alone. There are not enough cultural, sport, or art programs for queer people like me.

Recommendations

- In addition to online resources, physical spaces for community connection are needed, especially for those who have barriers to online participation. Because transportation is often a barrier to reaching all parts of the County, these physical spaces should be located throughout the County. Increase advertisement of existing physical spaces.

- Physical safety in public spaces is a community concern that needs further research to identify best practices to improve public safety for trans and nonbinary people. Future research should consider both interpersonal violence, like physical violence and inability to rely on police, and structural causes of vulnerability to violence, like isolation from family and high rates of homelessness.
- Government should collaborate with community-based organizations to invest in social, recreational, and arts programs for trans and nonbinary people.
- The high cost of living must be addressed in a variety of ways, many of which are described elsewhere in this report, such as in regard to economic well-being and housing.

ACCESSING SERVICES IN LA COUNTY

We sought to understand the need for services and programs among adult trans and nonbinary residents of LA County. We asked questions about what creates welcoming and unwelcoming spaces where they might receive services. We also asked about organizations they engage with and what unmet needs they may have. We wanted to know how comfortable respondents were using community organizations compared to government offices and their experiences applying for services or visiting government offices. This section describes what we found regarding access to services in LA County.

WELCOMING AND UNWELCOMING SPACES

“I think that’s like a trigger ... for a lot of people to go into a space and don’t see people that identify like you providing services to you.”

We asked survey respondents about what makes a public space a welcoming space for them and members of the trans and nonbinary community in LA County. Table 6 below describes these results. The vast majority (75%) said that the presence of a trans or nonbinary staff member makes for a welcoming space. Rounding out the top five things that make for a welcoming space is that trans or nonbinary people say it’s a good place for them (66%), there are all-gender restrooms (66%), there is a familiar staff presence (56%), and the space is close to home (48%). Notably, only one in five (20%) said that the presence of police or security staff makes for a welcoming space for trans and nonbinary people in LA County.

Table 6. LA County Trans & Nonbinary Survey respondents’ perspectives on what makes a welcoming public space for the trans and nonbinary community in LA County (n=322)

| WHAT MAKES A WELCOMING SPACE | % |
|---|-----|
| Trans or nonbinary staff presence | 75% |
| Trans or nonbinary people say it is a good place for them | 66% |
| All-gender restrooms | 66% |
| Familiar staff presence | 56% |
| Close to home | 48% |
| Facility or park cleanliness | 48% |
| Shade from trees | 40% |
| Security cameras/metal detectors | 23% |
| Sightlines (e.g., a wide range of view in a facility or park) | 23% |
| Presence of police/security staff | 20% |
| Controlled facility or park access before and after hours | 20% |
| Mowed grass | 17% |
| Facility membership structure | 10% |
| Not listed above | 4% |
| None of the above | 7% |

Note: Percentages will not add to 100% because respondents could select more than one option.

Conversely, we asked respondents what makes for an unwelcoming public space for them and members of the trans and nonbinary community in LA County. Sixty-one percent (61%) said a space is unwelcoming if trans or nonbinary people say it's not a good place for them. The same percentage (61%) said that the presence of trash and litter makes a space unwelcoming. Also, among the top five things that make a space unwelcoming are no presence of trans or nonbinary staff (57%), poor lighting (55%), and having had a previous bad experience in that space (50%). Forty-two percent (42%) said the presence of police or security staff makes a space unwelcoming for trans and nonbinary people in LA County.

Table 7. LA County Trans & Nonbinary Survey respondents' perspectives on what makes a public space unwelcoming for the trans and nonbinary community in LA County (n=322)

| WHAT MAKES AN UNWELCOMING SPACE | % |
|---|-----|
| Trans or nonbinary people say it is not a good place for them | 61% |
| Presence of trash and litter | 61% |
| No trans or nonbinary staff presence | 57% |
| Poor lighting | 55% |
| Previous bad experience | 50% |
| No staff presence | 49% |
| Crowded facilities | 48% |
| Only gender-specific restrooms | 45% |
| Other users' behavior | 44% |
| Presence of police/security staff | 42% |
| Lack of amenities outside facilities | 31% |
| Poor sightlines due to trees, shrubs, etc. | 18% |
| After hours activities | 16% |
| Drop-in/open activities | 8% |
| Not listed above | 4% |
| None of the above | 8% |

Note: Percentages will not add to 100% because respondents could select more than one option.

UNMET NEEDS FOR SERVICES AND PROGRAMS

**"I require disability services but am not receiving them.
LGBT competent disability services are lacking."**

To better understand if our respondents' needs for services and programs were being met, we asked them where they usually go to access services and programs, whether all their needs were being met at these locations, and what their remaining needs were. The majority of respondents said they accessed services at LGBT-focused community-based organizations (52%) and trans-focused community-based organizations (45%). This may be due to these organizations having more of the types of services that trans and nonbinary people specifically need. Just under one-third (32%) accessed services and programs at public libraries. Respondents also accessed services and programs

at neighborhood parks (29%), LA County-run health clinics (18%), recreation and/or community centers (16%), and other locations listed in Table 8. Fifteen percent (15%) have not accessed services or programs at any listed location.

Respondents who accessed community-based organizations (n= 216) sought a variety of services there, primarily at LGBT- and trans-focused organizations. Respondents reported receiving the following items or services:

- Food and clothing
- Healthcare (including primary, mental health, gender-affirming care, and HIV/STI testing)
- In-person and online peer support groups
- Housing assistance
- Financial assistance
- Job search support
- Legal support for transition needs (for example, name change and contesting affirming care denials by insurance)
- Various community and political activities
- Education/classes (self-defense class, first aid, and others)

Table 8. Locations where LA County Trans & Nonbinary Survey respondents go to access services or participate in programs (n=322)

| LOCATION | % |
|---|-----|
| LGBT-focused community-based organizations | 52% |
| Trans-focused community-based organizations | 45% |
| Public libraries | 32% |
| Neighborhood parks | 29% |
| LA County-run health clinics | 18% |
| Recreation/community centers | 16% |
| Housing assistance programs | 15% |
| Community-based organizations, not LGBT- or trans-focused | 13% |
| Church facilities | 10% |
| Workforce development centers | 10% |
| YMCA (not including shelter services) | 8% |
| Accessed services or participated in programs at a school | 1% |
| Not listed above | 2% |
| None of the above | 15% |

Note: Percentages will not add to 100% because respondents could select more than one option.

Fifty-four percent (54%; n=149) of those who accessed programs and services at these locations said that the organizations they went to met all their needs for services and programs. Forty-six percent (46%; n=126) reported they had remaining needs not met at these locations. Respondents described their remaining needs as follows:

- Access to trauma-informed mental health services
- Mental health and/or other services that are specifically designed for LGBTQ+ people of color

- Services for nonbinary people
- Disability services
- Gender-affirming care services not covered by insurance
- Senior services
- Translation services
- Job and/or financial literacy training
- Trans and nonbinary fitness or movement classes
- Physical locations for those who did not feel safe meeting online at home
- Resource lists that have been vetted for trans and nonbinary people
- Guidance and services in languages other than English
- Locations for washing clothes and taking showers
- Cultural, arts, and sports programming

“Not enough focus on arts, culture, and how to get trans people in the room of bigger places, moving past survival to thriving.”

COMFORT WITH ORGANIZATIONS AND GOVERNMENT OFFICES

In order to better understand what types of organizations respondents felt most comfortable using in LA County, we asked respondents who had accessed services at community-based organizations (n=216) whether they feel more comfortable getting services from government offices or community-based organizations. Half (50%) said they are less comfortable accessing services at government offices than community-based organizations. Thirty-eight percent (38%) reported being equally comfortable with government offices and community-based organizations. Thirteen percent (13%) were more comfortable accessing services at government offices.

Figure 12. Comfort getting services from government offices compared to community-based organizations among LA County Trans & Nonbinary Survey respondents who access services at community-based organizations (n=216)



Note: Percentages may not add to 100% due to rounding.

EXPERIENCES APPLYING FOR SERVICES

In this survey, we sought to assess the experiences our respondents had when applying for any government benefits or services, such as from the California Department of Social Services or any LA County government office. Forty percent (40%) of respondents had applied for these benefits or services in the 12 months prior to the survey.

Fifty-seven percent (57%) of those who had applied for government benefits or services (n=129) reported having one or more problems during the application process or when receiving benefits because they were trans or nonbinary (see Table 9). The most commonly reported problem was avoiding going to a government benefits or services office (42%). Respondents also reported being denied benefits or services for reasons other than eligibility (26%), not completing the application process due to treatment they experienced (22%), and not completing program requirements because of treatment they experienced (20%).

Table 9. Problems applying for government benefits or services among LA County Trans & Nonbinary Survey respondents in the last 12 months (n=129)

| ISSUE | % |
|--|-----|
| Avoided going to a government benefits or services office | 42% |
| Denied benefits or services for reasons other than eligibility | 26% |
| Did not complete the process of applying for government benefits or service due to treatment experienced | 22% |
| Did not complete program requirements, such as work assignments, due to treatment experienced | 20% |
| Any of the experiences listed above | 57% |

Note: Percentages will not add to 100% because respondents could select more than one option.

EXPERIENCES VISITING GOVERNMENT OFFICES

In the 12 months prior to the survey, 33% of respondents had visited a government benefits or services office. We asked these respondents (n=105) about their experiences visiting those offices. Nearly half (48%) reported one or more negative experiences when visiting these offices because they are trans or nonbinary. The most common experience these respondents reported was being misgendered, such as a staff member using the wrong name or pronouns with them (41%). Fifteen percent (15%) reported being harassed by security or police officers, 15% were not allowed to use the bathroom according to their gender identity, and 13% reported they were harassed by staff.

Table 10. Experiences in government benefits or services offices among LA County Trans & Nonbinary Survey respondents in the last 12 months (n=105)

| EXPERIENCE | % |
|--|-----|
| I was misgendered by a staff member at a government benefits or service office (such as using the wrong name or pronouns) | 41% |
| I was harassed by security or police officers at a government benefits or service office | 15% |
| I was not allowed to use the bathroom I should be using based on my gender identity at a government benefits or service office | 15% |
| I was harassed by staff at a government benefits or service office | 13% |
| Any of the experiences listed above | 48% |

Note: Percentages will not add to 100% because respondents could select more than one option.

SUMMARY AND RECOMMENDATIONS

Many respondents had their needs for programs and services met by the organizations they frequent. Yet, many described unmet needs, like trauma-informed mental health services. Respondents who receive services were more comfortable getting those services from community-based organizations rather than government. Many respondents who did access government benefits or services or visited government offices reported negative experiences related to their trans or nonbinary status.

Study participants spoke of the need for more training and education of service providers, not only for working with trans and nonbinary individuals but BIPOC individuals as well. Hiring those of trans and nonbinary experience would improve service delivery to the community, as would increasing capacity for community-based organizations to deliver services. Participants also spoke of the need for vetted resource lists, guidance, and services in languages other than English, services that meet the needs of trans and nonbinary people with disabilities, locations for washing clothes and taking showers, and cultural, arts, and sports programming. Participants also spoke of the need for accountability among service providers when trans and nonbinary people have negative experiences when accessing services.

[W]hatever policies, resources, things they're making, they need to be accessible for folks who are low income, don't speak English, are undocumented, like the TG & C folks, the trans and nonbinary folks who are at the intersection of these other identities and oppressions.

Not enough BIPOC staff or the space not being BIPOC friendly" makes a space unwelcoming.

I think hiring folks with lived experiences is really, really important. Because there is, like, sometimes the automatic connection with clients that happens because of the lived experience.

[It] would be really helpful to have a central, like, resource guide that all the organizations can access ... Having that resource list be able to be vetted as well as if someone is not actually, you know, providing a service or not living up to the expectations that there is a process for review. Something like that would be tremendous, and nothing like that exists.

I think one of the best ways to start to build that trust with the community is to hire a specialist that works with these underserved communities ... I think hiring specialists that are specialized in LGBTQ and TGI populations that are doing that intentional outreach, that are partnering with the organizations, I think that could also be translated at a government level.

[When we have sent clients to County departments,] they came back to us and said they didn't have a Spanish speaker or someone to understand me.

Recommendations

- Government officials should bolster services through established community organizations that the community trusts, such as through increased funding for service delivery from translated organizations. Within government, hire community liaisons or specialists who can facilitate community partnerships and funding.

- Service providers can make their offices more welcoming by having trans and nonbinary staff members present and all-gender restrooms. Service providers should consider ways to recruit, hire, train, and empower trans and nonbinary employees throughout all areas of their organization.
- Government officials and benefit and service providers should enact policies that seek to eliminate negative experiences that are impacting benefits and delivery of services to the community, particularly when it comes to how trans and nonbinary people are being treated during application processes and in direct service delivery. Support for languages other than English is also needed.
- Staff should receive ongoing education and training to work respectfully and positively with the trans and nonbinary community, with accountability for mistreatment and misgendering.

ECONOMIC WELL-BEING

Economic stability impacts all other facets of life, such as access to quality housing, the ability to obtain basic goods and services, and a person’s mental and physical health. Trans and nonbinary individuals face myriad barriers to achieving economic stability and financial success and, as a result, have historically experienced higher levels of food insecurity and poverty.²⁵ In this section, we present findings from a wide range of survey questions regarding income, use of government services, and access to food and other necessities.

INCOME AND POVERTY

“No income right now; I’m burning through a withdraw[al] of safety funds.”

Respondents were asked both about their individual income and their total household income. Twenty-two percent (22%) of survey respondents reported having no individual income, while 20% reported having no household income. While roughly 16% of households in LA County have incomes of less than \$25,000, 54% of survey respondents fell into this category. Women and transfeminine respondents were more likely to have household incomes in this category (70%), as were BIPOC respondents (60%) and respondents who are immigrants (80%). Meanwhile, 17% of households have incomes of \$75,000 or more, compared to 54% of households in LA County.²⁶

Table 11. Individual and household income of LA County Trans & Nonbinary Survey respondents (n=291)

| INCOME BRACKET | HOUSEHOLD INCOME | INDIVIDUAL INCOME |
|----------------------|------------------|-------------------|
| No income | 20% | 22% |
| \$1 to \$24,999 | 34% | 41% |
| \$25,000 to \$49,499 | 15% | 18% |
| \$50,000 to \$74,999 | 14% | 12% |
| \$75,000 or more | 17% | 8% |

Note: Percentages may not add to 100% due to rounding.

We also asked whether children reside in the household and how many adult and child dependents respondents have.²⁷ Eleven percent (11%) of respondents had at least one child under the age of 18

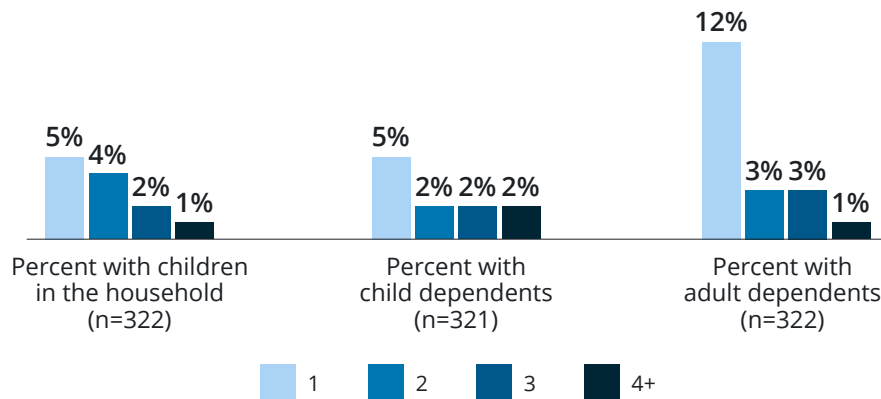
²⁵ Conron, Kerith J. and Kathryn K. O’Neill. (December 2021). *Food Insecurity Among Transgender Adults During the COVID-19 Pandemic*. UCLA, The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Food-Insecurity-Dec-2021.pdf>; Wilson, Bianca, Bouton, Lauren, Badgett, Lee, and Moriah Macklin. (February 2023). *LGBT Poverty in the United States: Trends at the Onset of COVID-19*. UCLA, The Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/>.

²⁶ U.S. Census Bureau. (2022). Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars). *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901*. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSST1Y2022.S1901?q=Income> (Households, Families, Individuals)&g=050XX00US06037. Calculations performed by author.

²⁷ Being a “dependent” means an adult or child that lives with the respondents and relies on the respondent for 50% or more of their financial support, OR an adult or child that does not live with the respondent but are related to them by

living in their household, with the same number reporting that they had child dependents. Twenty percent (20%) of survey respondents reported having an adult dependent, with the majority of these respondents having one adult dependent. Combining these groups, 21% of respondents reported having at least one adult or child dependent.

Figure 13. Children in household and adult and child dependents among LA County Trans & Nonbinary Survey respondents



Note: Percentages may not add to 100% due to rounding.

Using respondents' reported household income and their household size, we estimated the number of respondents who are living near or below the federal poverty line, as established by the U.S. Census Bureau.²⁸ Based on this threshold, 52% of survey respondents were living near or below the federal poverty line, compared to less than 14% of the overall LA County population living below the federal poverty line.²⁹ Women and transfeminine respondents (66%), BIPOC respondents (57%), respondents who are currently experiencing homelessness (80%), and respondents who are immigrants (73%) were more likely than others in our survey to be living at or near poverty.

Table 12. Near or below federal poverty line among LA County Trans & Nonbinary Survey respondents (n=278)

| POVERTY | % |
|-------------------------------------|-----|
| Near/under federal poverty line | 52% |
| Not near/under federal poverty line | 48% |

birth or adoption and rely on them for 50% or more of their financial support.

²⁸ Survey respondents were asked to report their income within specified ranges. Because exact incomes were not known, it was not possible to determine with certainty whether respondents fell below the federal poverty level based on their income. Respondents are therefore reported as "near or below" the federal poverty line if any part their income bracket fell below the federal poverty threshold. The same is true for estimates of those near or below 200% of the federal poverty line; *Poverty Thresholds*. (January 2024). U.S. Census Bureau. <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>.

²⁹ U.S. Census Bureau. *Percent of Population Below the Poverty Level (5-year estimate) in Los Angeles County, CA [S1701ACS006037]*. Retrieved from FRED, Federal Reserve Bank of St. Louis. <https://fred.stlouisfed.org/series/S1701ACS006037> (accessed 5/14/2024).

Many state programs set eligibility requirements for participants at 200% of the federal poverty line.³⁰ Therefore, we also calculated the percentage of respondents that were near or below this poverty level. Two-thirds (67%) of survey respondents were near or below 200% of the federal poverty line, compared to 31% of LA County overall that lives below 200% of the federal poverty line.³¹ Women and transfeminine respondents (76%), respondents who are currently experiencing homelessness (92%), and respondents who are immigrants (84%) were also more likely than others to be living near or below 200% of the federal poverty line.

FOOD AND FINANCIAL INSECURITY

“When you’re talking about food, that program and the amount of funds that are being delivered needs to really be upped.”

We also asked respondents about paying for food and expenses. Forty-nine percent (49%) of respondents reported that it had been somewhat or very difficult in the last three months to pay for usual household expenses such as food, rent or mortgage, car payments, medical expenses, or student loans. This percentage was higher among Latino/a/x/e respondents (53%), among respondents who are currently experiencing homelessness (71%), among respondents who were immigrants (59%), and among respondents living at or near poverty (61%).

Figure 14. Difficulty paying usual household expenses among LA County Trans & Nonbinary Survey respondents in the last three months (n=322)

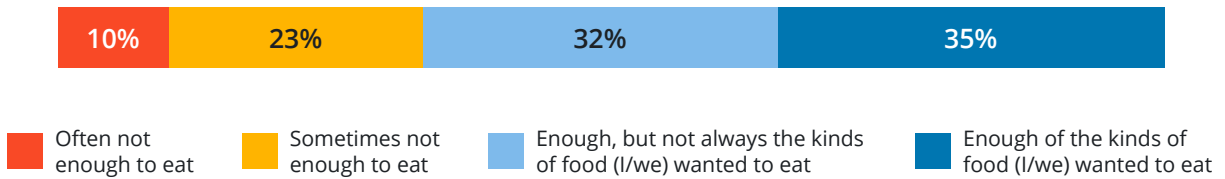


We asked respondents about food insecurity, including whether they had access to sufficient food and food of the types they wanted to eat. One-third (33%) of respondents reported that they sometimes or often did not have enough food of any type to eat. Women and transfeminine respondents (42%), Latino/a/x/e respondents (42%), and respondents who are currently experiencing homelessness (62%) were less likely than others to have enough of the kinds of food they wanted to eat. When asked why they did not have enough to eat, 75% of those who reported difficulty getting food said they could not afford to buy more food, 22% said they were unable to go to the store to buy food, 7% said they could not go to the store due to safety concerns, and 7% said they experienced discrimination when trying to get food.

³⁰ CalFresh Eligibility Criteria. *LA County Department of Public Social Services*. <https://dpss.lacounty.gov/en/food/calfresh/gross-income.html> (accessed 5/16/2024); CSBG Income Eligibility. *California Department of Community Services and Development*. <https://www.csd.ca.gov/Pages/CSBG-Income-Eligibility.aspx> (accessed 5/16/2024); Am I Eligible for Family PACT? *Family PACT*. <https://familypact.org/am-i-eligible/> (accessed 5/16/2024).

³¹ U.S. Census Bureau. (2022). Poverty Status in the Past 12 Months. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1701*. Retrieved May 16, 2024, from <https://data.census.gov/table/ACSST1Y2022.S1701?g=050XX00US06037>. Calculations performed by author.

Figure 15. Food sufficiency among LA County Trans & Nonbinary Survey respondents in the last three months (n=320)



When reporting experiences with several food assistance programs, 39% of respondents reported receiving assistance from CalFresh, EBT, Food Stamps (SNAP), or WIC. This percentage was notably higher among those who are currently experiencing homelessness (55%) and those who are near or below the poverty line (60%). Thirty-six percent (36%) of respondents reported that they or someone in their household had received free groceries from a food pantry, food bank, church, or similar location in the last three months.

In assessing their financial situations over time, 24% of respondents reported that their situation had improved over the last year, while 31% of respondents reported that their situation had worsened, and 39% reported that it had not changed. Women and transfeminine respondents were more likely to report that their situation was consistent (55%), as were those living at or near poverty (47%).

SUMMARY AND RECOMMENDATIONS

Survey respondents experienced more economic hardship than residents of LA County overall. Respondents had substantially lower incomes and were more likely to be living at or near the federal poverty line compared to residents of LA County as a whole. A third of respondents reported that it was “very difficult” to pay for usual household expenses in the last three months, a third said they sometimes or often did not have enough to eat in the last three months, and 39% reported that they were receiving assistance from SNAP or WIC. In all, responses indicated difficulties in maintaining incomes, elevated levels of food insecurity, and challenges to obtaining basic household necessities.

Study participants described the ways in which benefits programs need to be reviewed and revised because they are not adequate in meeting their needs due to rising costs. There has been a notable difference in benefits levels since supplemental funding due to the COVID-19 pandemic has been reduced. Benefits levels need to be increased to better meet people’s needs. Participants also described the need for education on finances and financial supports.

When you’re talking about food, that program and the amount of funds that are being delivered needs to really be upped. I think the max benefit is like \$280, which is not nearly enough. I can spend \$280 in groceries for one week. So, I think really getting those funds raised I think would be really helpful, especially for the trans community.

[Ever] since the COVID-19 extra funding for Cal Fresh was kind of removed, it’s been impacting a lot of our folks. It did make a big difference because now with inflation it did kind of alter people’s intake and like for food.

I think classes ... that show our TGI community leadership, it's important because it shows them how to start financing their stuff ... [A] lot of people didn't even know how to open a bank account or get a credit card or a little more, save money, and [finance] their expenses.

Recommendations

- Government officials should review and improve benefits levels to meet the community's needs, given the high cost of living.
- Government should work with community-based organizations to provide both personal and small business finance education and training for community members.

SOURCES OF INCOME AND EMPLOYMENT EXPERIENCES

Transgender adults face many specific challenges in both finding work and experiencing mistreatment in the workplace. Trans and nonbinary individuals have historically faced persistent gaps in wages and hiring and often experience mistreatment from employers or coworkers.³² In this section, we present results related to sources of income, employment status, and discrimination in the workplace.

SOURCES OF INCOME

“The minimum wage in LA is not sufficient to pay rent, and there are no jobs that will hire more than part-time.”

Respondents selected as many options as applicable from a wide range of potential income sources. Nearly half (49%) reported receiving income from a full-time or part-time job, 20% reported income from self-employment, 10% reported that parents or family paid their expenses, 9% reported income from their partner’s job, and 10% reported receiving income from sex work, selling drugs, or other work currently considered illegal. Other sources of income are listed in Table 13.

Table 13. Sources of income among LA County Trans & Nonbinary Survey respondents (n=321)

| SOURCE OF INCOME | % |
|--|-----|
| Pay from your full-time or part-time job | 49% |
| Self-employment income from your own business, profession, trade, or farm | 20% |
| Pay from sex work, selling drugs, or other work that is currently considered illegal | 10% |
| Parents/family pay for my expenses | 10% |
| Cash assistance from CalWORKs or other public cash assistance welfare program | 9% |
| Pay from your partner’s/spouse’s full-time or part-time job | 9% |
| Regular contributions from people who do not live in the household | 5% |
| Social Security disability benefits | 4% |
| Supplemental security income | 3% |
| Unemployment benefits | 3% |
| Income from dividends, estates or trusts, royalties, or rental income | 2% |
| Interest income | 2% |
| Social Security retirement or railroad retirement income | 2% |
| Private pension or government employee pension | 2% |
| Workers’ comp or other disability | 1% |
| Veteran’s disability benefits and other Veteran’s benefits | 1% |
| Other retirement income | 1% |
| Income not listed above | 5% |
| No income source | 5% |

Note: Percentages will not add to 100% because respondents could select more than one option.

³² James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>

EMPLOYMENT STATUS

“The last few years have been hard on everyone in LA County, and trans and nonbinary people have been the first hurt and will be the last to be hired again.”

Twenty-eight percent (28%) of survey respondents were unemployed, compared to 5% of LA county overall.³³ This number is higher among women and transfeminine respondents (43%), Latino/a/x/e respondents (36%), respondents aged 50 or above (50%), respondents who are currently experiencing homelessness (63%), and respondents who are immigrants (47%). When asked about specific employment status, roughly one in three respondents (32%) reported working full-time for an employer, compared to roughly 50% of individuals in LA County aged 16 to 64.³⁴ Nineteen percent (19%) reported working part-time for an employer. Sixteen percent (16%) of respondents were self-employed, and 10% of respondents were students.

Table 14. Current employment status among LA County Trans & Nonbinary Survey respondents (n=322)

| EMPLOYMENT STATUS | % |
|---|-----|
| Work full-time for an employer | 32% |
| Unemployed but looking for work | 22% |
| Work part-time for an employer | 19% |
| Self-employed in your own business, profession, or trade, or operate a farm (not including work that is currently considered illegal) | 16% |
| Student | 10% |
| Work for pay from sex work, selling drugs, or other work that is currently considered illegal | 7% |
| Not employed due to disability | 7% |
| Unemployed and have stopped looking for work | 4% |
| Retired | 2% |
| Homemaker or full-time parent | 1% |
| Not listed above | 5% |

Note: Percentages will not add to 100% because respondents could select more than one option.

Among all respondents, 13% reported having more than one full-time or part-time job. Among those with full-time or part-time jobs, 40% reported working for a private for-profit company or business, 19% worked for the government or a public employer, 33% reported working at non-profit

³³ Unemployment is defined as the percentage of those who are unemployed but looking for work out of those in the labor force; U.S. Bureau of Labor Statistics. *Unemployment Rate in Los Angeles County, CA [CALOSA7URN]*. Retrieved from FRED, Federal Reserve Bank of St. Louis. <https://fred.stlouisfed.org/series/CALOSA7URN> (accessed 5/1/2024).

³⁴ U.S. Census Bureau. (2022). Work Status in the Past 12 Months. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S2303*. Retrieved May 19, 2024, from <https://data.census.gov/table/ACSST1Y2022.S2303?q=Worked full-time, year-round&g=050XX00US06037>. Calculations performed by author.

organizations, and 10% worked for a private household or individual. Employed respondents worked in a variety of industries. Twenty-one percent (21%) worked in art, design, entertainment, sports, or media, 16% in community or social services, 12% in educational institutions, and 11% worked in food service. Fifteen percent (15%) of all respondents reported participating in CalWORKs or another government program that helps connect people with jobs.

Table 15. Employment among LA County Trans & Nonbinary Survey respondents by industry, of those currently employed in full-time or part-time jobs (n=157)

| INDUSTRY | % |
|---|-----|
| Art, Design, Entertainment, Sports or Media | 21% |
| Community or Social Services | 16% |
| Educational Instruction or Library | 12% |
| Office or Administrative Support | 11% |
| Food Service | 11% |
| Healthcare Support Personnel | 9% |
| Management | 7% |
| Personal Care and Service | 7% |
| Healthcare Practitioners | 6% |
| Business or Finance | 6% |
| Computer or Mathematical | 5% |
| Transportation | 5% |
| Sales | 5% |
| Protective Service | 4% |
| Construction, Mining, Extraction | 3% |
| Legal | 3% |
| Farming, Fishing, and Forestry | 2% |
| Social Science | 1% |
| Building and Grounds Maintenance | 1% |
| Material Moving | 1% |
| None of the above | 12% |

Note: Percentages will not add to 100% because respondents could select more than one option.

We asked participants if they had ever engaged in sex or sexual activity for money (sex work) or worked in the sex industry, such as erotic dancing, webcam work, or porn films.³⁵ Thirty-eight percent (38%) of respondents reported that they had engaged in sex work or worked in the sex industry at some point in their lives, and 23% of respondents reported that they had done so in the last 12 months. The percentage of those who reported engaging in sex work in the last 12 months was significantly higher among women and transfeminine respondents (33%), Latino/a/x/e respondents (31%), respondents who are currently experiencing homelessness (36%), respondents who are immigrants (35%), and respondents who are unemployed (36%). Based on comments made by community members during the listening sessions, we asked those who have engaged in sex work

³⁵ This question differs from prior questions asking if respondents currently receive income from (10%) or are currently engaged in (7%) sex work, selling drugs, or other work considered illegal at the time of the survey.

whether they would continue to do sex work or work in the sex industry if they could make the same amount of money doing something else. Seventy percent (70%) said they would not.

Among those engaged in sex work, selling drugs, or work that is currently considered illegal, 67% said they were actively looking for legal work outside of these areas. When asked about obstacles to finding other types of work outside of these areas, some respondents reported there were no obstacles, but other responses included the following (n=16):

- Not sure what options are available to me
- Other jobs are not trans-affirming
- Issues with my resume
- Criminal record
- Immigration status
- I make more money doing sex work
- I need to pay for gender-related surgeries or treatments
- Other economic reasons
- Fear of violence or retaliation
- Disabilities or chronic illnesses

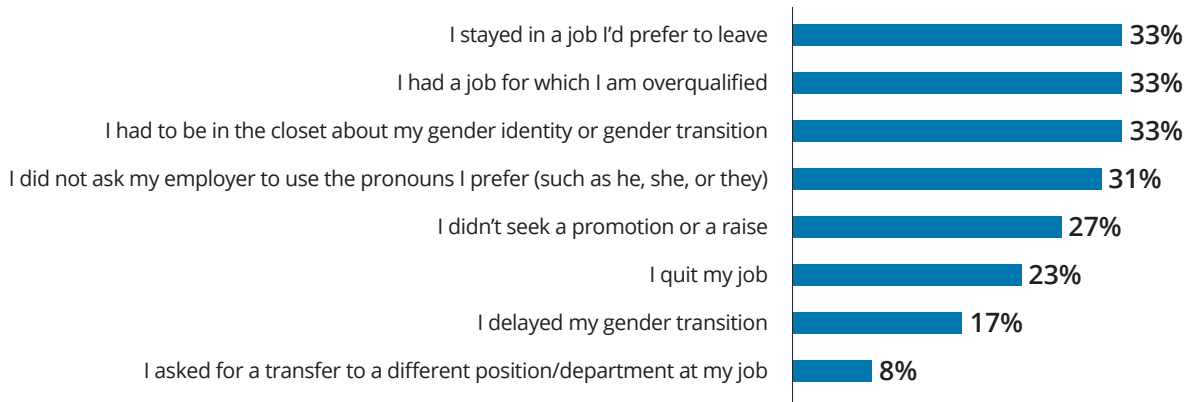
“We need access to jobs that pay a livable wage and [don’t] force us into sex work. Every trans person I know either is in sex work or is trying to get into it in order to afford rent and food in Los Angeles.”

EMPLOYMENT EXPERIENCES

“[T]o know that there’s some companies out there and organizations out there that would be affirming, not just tolerant but affirming when we came in ... I think that would be very helpful.”

Among survey respondents with full-time or part-time jobs, 70% reported that in the last 12 months, they had done things at work to avoid discrimination based on their trans or nonbinary identities, such as asking for transfers, delaying their gender transition, or quitting altogether.

Figure 16. Actions taken in the last 12 months to avoid discrimination at work by LA County Trans & Nonbinary Survey respondents (n=156)



Note: Percentages will not add to 100% because respondents could select more than one option.

When asked about experiences at work, 29% of respondents reported that they had at least one negative experience with an employer or boss in the last 12 months because they were trans or nonbinary, including being forced to resign, being given a negative job review, or not being allowed to use the appropriate bathroom.

Table 16. Experiences at work in the last 12 months due to being trans or nonbinary among LA County Trans & Nonbinary Survey respondents (n=156)

| EXPERIENCE | % |
|--|-----|
| My employer/boss or coworkers shared information about me they should not have | 14% |
| My employer/boss and I could not work out an acceptable bathroom situation | 10% |
| My employer/boss removed me from direct contact with clients, customers, or patients | 8% |
| My employer/boss did not let me use the bathroom I should be using based on my gender identity | 8% |
| My employer/boss forced me to transfer to a different position/department at my job | 8% |
| My employer/boss gave me a negative job review | 8% |
| My employer/boss forced me to resign | 5% |
| My employer/boss told me to present in the wrong gender to keep my job | 3% |

Note: Percentages will not add to 100% because respondents could select more than one option.

Additionally, 26% of respondents reported being verbally harassed, physically attacked, or experiencing unwanted sexual contact at work in the last 12 months because they were trans or nonbinary.

Table 17. Mistreatment at work in the last 12 months due to being trans or nonbinary among LA County Trans & Nonbinary Survey respondents (n=156)

| MISTREATMENT | % |
|---------------------------------------|-----|
| I was verbally harassed | 23% |
| I experienced unwanted sexual contact | 4% |
| I was physically attacked | 3% |
| None of the above | 74% |

Note: Percentages will not add to 100% because respondents could select more than one option.

SUMMARY AND RECOMMENDATIONS

More than one in four survey respondents were unemployed, a rate higher than LA County overall. Nearly one-third work full-time for an employer, a rate lower than LA County overall. More than one in four respondents worked in art, design, entertainment, sports, or media, while many also worked in community and social services, for educational institutions, or in food service. Thirteen percent (13%) of respondents have more than one full-time or part-time job.

In employment contexts, 70% of respondents reported that they had taken actions at work to avoid experiencing discrimination, including quitting a job or delaying their gender transition. Nearly one-third reported that they had at least one negative experience at work in the last 12 months because they were trans or nonbinary, and nearly a quarter reported being verbally harassed at work because they were trans or nonbinary. Notably, while 23% of the sample reported engaging in sex work or working in the sex industry in the last 12 months, 70% of those respondents said they would not continue to do so if they could make the same amount of money doing something else.

“Another barrier that I thought of, it’s for undocumented trans folks, and how that is going to be a problem when it comes to finding a job, especially if they are requiring live scan, which goes in line with what we may see in migration coming from Florida because of certain acts that have just been passed.”

Recommendations

- Government, in collaboration with community-based organizations, should work to create pathways for trans and nonbinary people to find employment and earn higher wages in more positive and affirming environments.
- Cultural competency training and enforcing non-discriminatory hiring practices are needed, with follow-up to ensure implementation and accountability.

HOUSING

Access to quality and affordable housing is essential to financial stability, health, and happiness. However, trans and nonbinary individuals have historically experienced bias and discrimination in these settings that, when compounded by additional economic stressors, hinder their ability to access housing.³⁶ In this section, we present survey results regarding current living arrangements, housing cost burden, exposure to pollutants, experiences searching for and retaining housing, and experiences with homelessness.

CURRENT LIVING ARRANGEMENTS

**“We currently live in a rent-controlled apartment,
and we cannot afford to move out.”**

We asked respondents about their current living arrangements and then reclassified these arrangements into broader housing categories. Nearly half of respondents (47%) currently rent a house or apartment, compared to roughly 55% of all individuals in LA County aged 15 or older.³⁷ Eight percent (8%) of respondents own their home, compared to 45% of individuals in LA County aged 15 or older.³⁸ A quarter of respondents (25%) are currently experiencing homelessness, compared to roughly 0.8% of people of all ages in LA County.³⁹ Twenty-one percent (21%) of respondents have a living arrangement not covered by these categories, including living with parents or family, living in campus or university housing, or living in a nursing home. Respondents aged 50 or older were more likely to be homeowners (17%), while nonbinary respondents were more likely to be renters (62%).

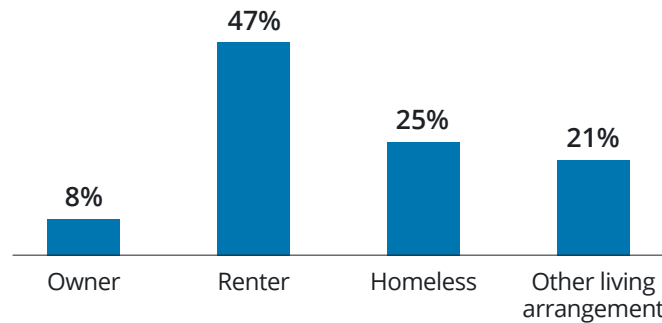
³⁶ Romero, Adam, Goldberg, Shoshana, and Luis Vasquez (2020). *LGBT People and Housing Affordability, Discrimination, and Homelessness*. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/lgbt-housing-instability/>.

³⁷ U.S. Census Bureau. (2022). Tenure. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B25003*. Retrieved May 15, 2024, from [https://data.census.gov/table/ACSDT1Y2022.B25003?q=Owner/Renter\(Tenure\)&g=050XX00US06037](https://data.census.gov/table/ACSDT1Y2022.B25003?q=Owner/Renter(Tenure)&g=050XX00US06037).

³⁸ U.S. Census Bureau. (2022). Tenure.

³⁹ The 2023 Greater Los Angeles Homeless Count estimates that 75,518 people (of all ages) experience homelessness on any given night in Los Angeles County, the population of Los Angeles County is estimated at 9,721,138; U.S. Census Bureau. (2022). ACS Demographic and Housing Estimates. *American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05*. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSDP1Y2022.DP05?q=population&g=050XX00US06037>.; Los Angeles Homeless Services Authority (2023). *LAHSA Releases Results of 2023 Greater Los Angeles Homelessness Count*. <https://www.lahsa.org/news?article=927-lahsa-releases-results-of-2023-greater-los-angeles-homeless-count>

Figure 17. Housing status of LA County Trans & Nonbinary Survey respondents (n=312)



Note: Percentages may not add to 100% due to rounding.

HOUSING COST BURDEN

“The cost of living is too high.”

For those who are renters or owners, we asked about monthly household costs, such as mortgage or rent/utilities payments, real estate taxes, or insurance. Using this information, we assessed the proportion of renters or homeowners who are “housing cost-burdened,” a term that describes those who spend more than 30% of their household income on housing costs.⁴⁰ Using this metric, we determined that 74% of respondents who were renters or homeowners fell into the category of “housing cost burdened,” higher than the proportion in LA County overall (54%).⁴¹

EXPOSURE TO POLLUTANTS

**“We experience a lot of environmental racism.
Almost all of [Southeast LA] soil is contaminated with lead.”**

We asked renters and homeowners about proximity of their housing to highways. Proximity to highways is associated with higher exposure to dangerous pollutants, which can lead to a variety of serious health risks.⁴² Roughly 11% of Southern Californians live within 1,000 feet of a highway.⁴³

⁴⁰ Rental Burdens: Rethinking Affordability Measures. Office of Policy and Development Research, Department of Housing and Urban Development. https://www.huduser.gov/portal/pdredge/pdr_edge_featd_article_092214.html (accessed 5/16/2024).

⁴¹ 2023 LA County Health Survey - Topics & Data. Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm> (accessed 5/2/2024).

⁴² Barboza, Tony and Jon Schleuss (2017, March 2). L.A. keeps building near freeways, even though living there makes people sick. Los Angeles Times. <https://www.latimes.com/projects/la-me-freeway-pollution/>.

⁴³ The Los Angeles Times (Barboza and Schleuss) have used U.S. Census data to estimate that roughly 2.5 million people in Southern California live within 1,000 feet of a highway. According to the 2022 American Community Survey, the population of Southern California is 23,469,364; U.S. Census Bureau. (2022). Total Population. American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B01003. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSDT1Y2022.B01003?q=PopulationTotal&g=050XX00US06025,06029,06037,06059,06065,06071,06073,06079,06083,06111>. Calculations by the author,

Among survey respondents, 37% reported living within 1,000 feet of a highway. This percentage was higher among Latino/a/x/e respondents (44%), respondents who are currently experiencing homelessness (41%), and respondents who are living at or near poverty (40%).

EXPERIENCES SEARCHING FOR AND RETAINING HOUSING

“Could not qualify for any housing. My credit is good, we made enough money, but no one wanted to rent to us.”

We next asked respondents a series of questions about their experiences when searching for housing. Half (50%) of survey respondents reported having tried to rent or purchase a house, apartment, or condo in LA County in the last five years. Of those respondents (n=161), 86% reported that they had successfully rented or purchased a housing unit. Among those who were unsuccessful, we asked respondents to share the main reason why. Answers fell into three major categories (n=22):

- They were unable to qualify for housing (due to credit scores and income requirements)
- They were unable to find an affordable housing option
- They did not have the necessary documentation to apply for housing

We also asked respondents who had looked for housing in the last five years to share what would be most helpful during a housing search. The most popular response option was more affordable homes/apartments (78%), while many also reported that trans- and nonbinary-affirming landlords or realtors would help in their searches (61%).

Table 18. Strategies to support housing searches endorsed by LA County Trans & Nonbinary Survey respondents (n=161)

| STRATEGY | % |
|--|-----|
| Having more affordable homes/apartments | 78% |
| Finding trans- and nonbinary-affirming landlords or realtors | 61% |
| Housing assistance to afford rent or payments | 59% |
| Having more homes/apartments to choose from | 52% |
| Homes/apartments available near where I work or go to school | 43% |
| Help with identifying homes/apartments that meet my needs | 41% |
| Supports for mental or physical health | 35% |
| Help with paperwork to apply for homes/apartments | 32% |
| Supports for finding stable employment | 32% |
| More homes/apartments that are accessible for people with disabilities | 21% |
| Not listed above | 59% |

Note: Percentages will not add to 100% because respondents could select more than one option.

Among write-in answers, respondents emphasized that it was difficult to meet the high eligibility thresholds on housing applications, with one saying it would be most helpful to “[n]ot require 3x amount rent and a credit score of 750.”

Emphasizing the difficulties described above, 40% of respondents who tried to rent or purchase housing in the last five years reported being denied housing, a number that was notably higher among respondents who are currently experiencing homelessness (55%) and respondents who are immigrants (58%). Among those who tried to rent or purchase housing in the last five years, 21% who were denied housing believe it was specifically due to being trans or nonbinary or due to their gender expression or appearance. Respondents who are currently experiencing homelessness (32%) and those who are immigrants (38%) were more likely to report denial of housing for these reasons.

Eleven percent (11%) of respondents reported that they have at some point been evicted from a house, apartment, or condo in LA County. Women and transfeminine respondents (23%), Latino/a/x/e respondents (16%), respondents who are currently experiencing homelessness (18%), respondents aged 50 or older (29%), and respondents who are immigrants (22%) were more likely than other to have been evicted. Among respondents who have rented a house, apartment, or condo in LA county, 6% have been evicted and believe it was specifically due to being trans or nonbinary or due to their gender expression or appearance. This experience was also more commonly reported among women and transfeminine respondents (10%), Latino/a/x/e respondents (8%), and respondents who are immigrants (13%).

EXPERIENCES WITH HOMELESSNESS AND SHELTERS

“The rate of homelessness is growing and all the shelters are full. I’ve been on waiting lists for multiple shelters and still waiting after weeks. There are just minimal options to get the homeless off the street.”

As reported above, 25% of survey respondents are currently experiencing homelessness.⁴⁴ In LA County overall, roughly 0.8% of people—both youth and adults—are estimated to be experiencing homelessness at any given time.⁴⁵ Women and transfeminine respondents were more likely to be

⁴⁴ Those who were currently experiencing homelessness were identified by combining respondents’ answers regarding current living arrangements with respondents’ answers on experiences of homelessness. If a respondent reported living temporarily with friends or family because they could not afford housing, living in a homeless shelter, or living in a place that is not a house, apartment, shelter, or other housing, they were classified as currently experiencing homelessness. Further, if respondents reported living in a hotel or motel with an emergency shelter voucher, living in transitional housing/a halfway house, living in a domestic violence shelter, or living in any other kind of shelter and additionally reported that they are currently experiencing homelessness, they were classified as currently experiencing homelessness.

⁴⁵ The 2023 Greater Los Angeles Homeless Count estimates that 75,518 people (of all ages) experience homelessness on any given night in Los Angeles County, the population of Los Angeles County is estimated at 9,721,138; U.S. Census Bureau. (2022). ACS Demographic and Housing Estimates. *American Community Survey, ACS 1-Year Estimates Data Profiles, Table DP05*. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSDP1Y2022.DP05?q=population&g=050XX00US06037>.; Los Angeles Homeless Services Authority (2023). *LAHSA Releases Results of*

currently experiencing homelessness (33%), as were Latino/a/x/e respondents (30%), respondents who are immigrants (39%), respondents who are living at or near poverty (37%), and respondents who are currently engaged in sex work (41%). An additional 24% of survey respondents report having experienced homelessness in LA County in the past. Among current or previously homeless respondents who reported being evicted, 87% said that they experienced homelessness because of their eviction in LA County.

Among all survey respondents, 26% reported experiencing homelessness at some point in their lives that they believed was either partly or solely because they are trans or nonbinary. This percentage was higher among Latino/a/x/e respondents (34%), respondents who are immigrants (40%), respondents who are currently engaged in sex work (44%), and respondents living at or near poverty (35%).

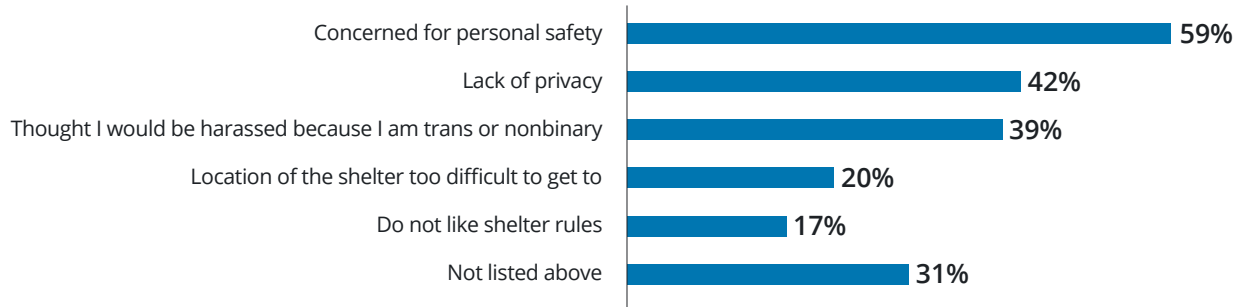
We asked both currently and previously homeless respondents about their experiences accessing shelters. Fifty-three percent (53%) of this group report having tried to access a homeless shelter, domestic violence shelter, or other type of shelter program in LA County. Among those who have tried to access a shelter, 39% reported that they have at some point been denied access to a shelter, and 28% reported both that they were denied access and that they believe it is because they are trans or nonbinary. Of this same group, 76% reported that they have, at some point, successfully stayed at a shelter.

There was an additional set of questions dedicated to experiences within shelters. Sixty-four percent (64%) of respondents report that the most recent shelter they stayed in made them feel safe as a trans or nonbinary person. When asked about specific changes shelters could make to help trans and nonbinary people feel welcome there, common response themes included (n=51):

- Gendered spaces that are more welcoming to trans and nonbinary individuals (either ensuring access to the appropriate gendered facilities or providing specified transgender facilities)
- Additional staff and security
- Additional training for staff members on how to interact with and care for trans and nonbinary people (asking for pronouns, conflict management to protect trans people)

Among respondents who have not tried to access a shelter when experiencing homelessness, we asked why they did not try to access a shelter. The most commonly reported reason was concern for their personal safety (58%), and many (39%) also thought they would be harassed because they were trans or nonbinary.

Figure 18. Reasons for not accessing a homeless shelter when experiencing homelessness among LA County Trans & Nonbinary Survey respondents (n=59)



Note: Percentages will not add to 100% because respondents could select more than one option.

For those who wrote in answers, responses generally fell into two categories (n=18):

- Respondent had an alternative to shelter available (i.e., staying with friends or family)
- Respondent did not know about shelters when they were experiencing homelessness

Respondents who have previously experienced homelessness were asked where they slept at night; 44% reported that they stayed with friends, while 39% reported sleeping on the street, and 32% reported sleeping in their car. Among this same group, 76% reported that they sometimes (40%) or never (36%) felt safe where they slept at night when experiencing homelessness.

Table 19. Places where LA County Trans & Nonbinary Survey respondents slept when they experienced homelessness (n=90)

| SLEEPING PLACE | % |
|--------------------------|-----|
| With friends temporarily | 44% |
| On the street | 39% |
| In my car | 32% |
| With family temporarily | 26% |
| At a shelter | 21% |
| Not listed above | 6% |

Note: Percentages will not add to 100% because respondents could select more than one option.

This same group was asked about the most important resource or experience that helped them find more stable housing. Common responses included (n=90):

- Having family or friends who provided assistance
- Finding employment
- Help from a clinic, community center, church, or LGBT organization
- Government assistance (such as Section 8 housing or vouchers)

Respondents who are currently experiencing homelessness were asked if they feel safe in the places where they spend time during the day, and 74% reported that they did not feel safe some of the time (61%) or all of the time (12%). These respondents were asked what they believed to be the most

important thing LA County and organizations could do to help them find more stable housing. Some popular themes were (n=59):

- More affordable housing units and a lower cost of living
- Building more micro-housing units
- Improved access to low-income housing programs, such as Section 8
- More job opportunities and training programs
- Improved access to and quality of shelters

SUMMARY AND RECOMMENDATIONS

Survey respondents face many unique difficulties in securing stable housing. While roughly half of respondents are currently renters, which is comparable to LA County overall, only 8% of respondents are homeowners, a rate substantially lower than in LA County overall. Of those who rent or own, 74% were housing cost-burdened. Respondents seeking housing expressed frustration with the high cost of living and extensive hurdles for potential tenants set by landlords.

Fourteen percent (14%) of respondents reported seeking housing in LA County in the last five years but were unable to secure any. These respondents expressed frustration with high costs of living and extensive hurdles for potential tenants set by landlords. Of respondents who have sought housing in the last five years, 21% believe they have been denied housing specifically because of being trans or nonbinary or their gender expression or appearance. Seventy-eight percent (78%) of these respondents reported a desire for more affordable homes, and 61% expressed the wish for more trans- and nonbinary-affirming landlords or realtors.

Further, a quarter (25%) of respondents are currently experiencing homelessness, about 25 times higher than all residents of LA County. A quarter of respondents who have experienced homelessness in their lives report that it was partly or solely because they are trans or nonbinary. Among those who have tried to access shelters, a quarter have been denied access and believe it was because they are trans or nonbinary. More than a third of respondents reported that they did not feel safe as a trans or nonbinary person at the most recent shelter they stayed in. Thirty-nine percent (39%) of respondents who said they did not seek out a shelter when experiencing homelessness said it was due to fears of being harassed because they are trans or nonbinary.

Study participants often mentioned housing as a top issue for them. Participants wanted specific funding for housing programs for trans and nonbinary people in LA County. Participants also discussed the need to increase capacity in trans- and nonbinary-affirming shelters and transitional housing with wrap-around services. Housing options are also needed for people with mental health conditions and for those who have support animals. Shelters need to provide better access to gendered spaces, more security, and more training for staff on how to engage with trans and nonbinary people.

We fortunately have, I think, one shelter that's specifically for trans people ... and it's just one house, and it's 20 beds, and it's not enough.

I think if we were to have a choice to have housing specifically for TGI folks, and specific funds directly to the TGI community, can definitely improve, you know, the quality of life.

Because we all know if our community doesn't have housing where they can take a shower, take a nap, they're not able to have a stable job or be able to go to work.

[O]ne thing that I've always thought that would be great for our community is to have what I would say, kind of transitional housing. And this would be a housing run by peer mentors that would bring in individuals that you would have per se, like a set or kind of contracted date of maybe like two years, to help individuals transition. Kind of a system like with their medical care, at the same time, you can work on a lot of these things like education, employment, just really helping them get through that transition phase, because I think that's the most difficult.

I wanted to say [we need] housing for folks who are dealing with mental health specifically because they're not able to go to shelters, they're not able to be like sometimes around other folks, so then they're not able to access services for really long periods of time.

Recommendations

- Creating more safe and affordable housing should be a top priority for LA County government.
- In addition to the need for increased affordable housing, it is essential to make the process of seeking and retaining housing inclusive and friendly to trans and nonbinary people. Education and training for landlords and realtors are needed, as well as added protections for trans people and nonbinary people in mortgage and lease applications.
- Government should work with community-based organizations, particularly trans and nonbinary-led organizations, to increase trans- and nonbinary-affirming shelter capacity and transition housing with wrap-around services.

TRANSPORTATION

“I know for a fact that these folks in San Fernando Valley and the east area of LA County have just a difficult time finding clinics and healthcare agencies that are welcoming and affirming to transgender populations.”

Los Angeles County is one of the largest counties in the United States and spans over four thousand square miles.⁴⁶ As a result, residents of LA County require various modes of transportation to attend school or go to work, access services, or participate in activities that interest them. In our listening sessions, community members frequently mentioned the burden of public transportation as a barrier to receiving services at community-based organizations or government offices. This section aims to explore the experiences of trans and nonbinary people’s access to transportation in LA County.

ACCESS TO A CAR

“When I get offers for gig work that isn’t accessible by public transit, I have to turn it down.”

Survey respondents were asked a series of questions relating to their experiences using various forms of transportation around LA County. Forty-eight percent (48%) of respondents said they have regular access to a car they drive, whereas roughly 91% of households in LA County have access to at least one vehicle.⁴⁷ Respondents who did not have access to a car (52%) were more likely to be Latino/a/e/x (61%), immigrants (66%), living at or near poverty (76%), currently experiencing homelessness (79%), unemployed (76%), or currently engaging in sex work (73%).

Fifty-four percent (54%) of all respondents reported that they do not have access to a reliable car. People who are unemployed (79%), currently experiencing homelessness (82%), immigrants (70%), and those living at or near poverty (78%) were more likely to report that they do not have access to a reliable car.

ACCESS TO PUBLIC TRANSPORTATION AND COMMUTING TIME

“I can’t afford to pay [for] public transportation on most days.”

When asked what mode of transportation respondents used the most, the most common answers were driving alone (35%) or taking public transportation (35%). In LA County overall, 64% of workers aged 16 and older commuted alone in a car, truck, or van, while roughly 4% commuted using public

⁴⁶ Los Angeles County, California. U.S. Census Bureau. https://data.census.gov/profile/Los_Angeles_County,_California?q=050XX00US06037 (accessed 5/14/2024).

⁴⁷ U.S. Census Bureau. (2022). Household Size by Vehicles Available. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B08201*. Retrieved May 19, 2024, from <https://data.census.gov/table/ACSDT1Y2022.B08201?q=vehicle&g=050XX00US06037>. Calculations conducted by author.

transportation.⁴⁸ Eighty-nine percent (89%) of respondents reported living within a 15-minute walk of a public transit station or stop. When asked if it is safe to use public transportation in their community, 32% of respondents said no, with 33% saying it is not safe to walk or bike in their area. This appeared consistent across all demographics and other subgroups within the survey sample.

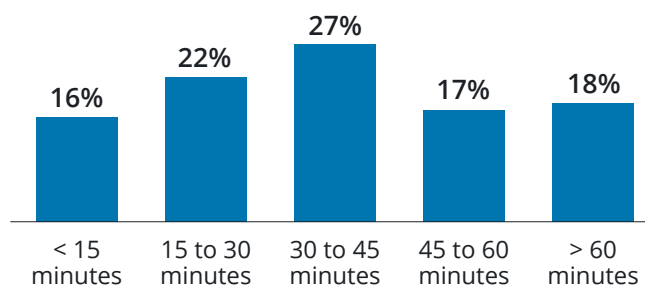
Table 20. Mode of transportation used by LA County Trans & Nonbinary Survey respondents when commuting to work or school (n=322)

| MODE OF TRANSPORTATION | % |
|---|-----|
| Drive alone in a car, truck, or van | 35% |
| Public transportation | 35% |
| Walk | 8% |
| Carpool with others in a car, truck, or van | 5% |
| Bike or scooter | 2% |
| Not listed above | 3% |
| I do not currently work or go to school | 9% |
| I work or attend school from home | 4% |

Note: Percentages may not add to 100% due to rounding.

On a typical day, just over a quarter of respondents (27%) reported that it took 30-45 minutes to travel to work or school, while 22% reported that it took them 15-30 minutes. Eighteen percent (18%) of respondents commuted over an hour. For workers with commutes in LA County in 2022, the average work commute time was 30 minutes, and 12% had commutes of one hour or longer.⁴⁹

Figure 19. Typical commuting time to work or school among LA County Trans & Nonbinary Survey respondents (n=281)



⁴⁸ U.S. Census Bureau. (2022). Commuting Characteristics by Sex. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0801*. Retrieved May 19, 2024, from <https://data.census.gov/table/ACSST1Y2022.S0801?q=Commute&g=050XX00US06037>.

⁴⁹ U.S. Census Bureau. (2022). Commuting Characteristics by Sex. *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S0801*. Retrieved May 20, 2024, from <https://data.census.gov/table/ACSST1Y2022.S0801?q=Commute&g=050XX00US06037>.

DIFFICULTIES ASSOCIATED WITH TRANSPORTATION

“Often, specific doctors are far away, and so I have to Uber, which is very expensive for a round trip.”

Almost a fifth (18%) of respondents reported that somewhere they need to travel is inaccessible due to a lack of transportation options. One-third (33%) reported avoiding or delaying going to places because of how long it takes to get there. When asked about travel over the last three months, respondents shared that, due to a lack of accessible transportation, they were unable to go to social outings (33%), medical appointments (25%), or even missed work (19%), among other places (see Table 21).

Table 21. Places LA County Trans & Nonbinary Survey respondents could not get to due to lack of transportation access during the last three months (n= 318)

| PLACE | % |
|-------------------------------|-----|
| Social Outings | 33% |
| Medical/Dental Appointments | 25% |
| Work | 19% |
| Community-based organizations | 19% |
| Shopping/Grocery/Bank | 18% |
| Government benefits offices | 10% |
| Religious Services | 8% |
| School | 6% |
| Not listed above | 12% |

Note: Percentages will not add to 100% because respondents could select more than one option.

SUMMARY AND RECOMMENDATIONS

Our respondents were less likely to have access to a car and more likely to use public transportation than residents of LA County generally. Respondents who lacked access to a car were likely to be in economically unstable positions, such as living at or near poverty or currently unemployed. Latino/a/x/e respondents were more likely than white respondents to lack access to a car. Approximately one-third of respondents reported that it is not safe to walk, bike, or take public transportation in their community. Lack of transportation options, affordability of transportation, and the length of time it takes to travel were barriers to reaching all the places respondents needed to go, including for medical appointments and work.

Respondents described problems with transportation that impact many areas of life, whether that be in one's ability to visit family, accessing health care or services, getting to work or school, or engaging in social life. The substantial amount of time it takes to travel within LA County and the costs involved are a barrier.

I have a friend in Pomona who talked about the communities over there, the trans folks who are wanting to access gender-affirming care having to travel all the way to downtown LA to receive those services. So, you start to face transportation barriers and different things.

There is access to bus cards but no gas cards. I live in my van, and it's very difficult to get to all of the areas I'm expected or needed to go.

Recommendations

- Government offices and community-based organizations should consider the location of their services in relation to public transportation or the availability of parking for clients with cars and improve accessibility.
- Opportunities to offset costs related to transportation, such as complimentary transit passes or parking for appointments, would be helpful for community members.
- Service providers could also reduce the burden of traveling on participants through 'pop-up' or mobile clinics and expanding office locations.

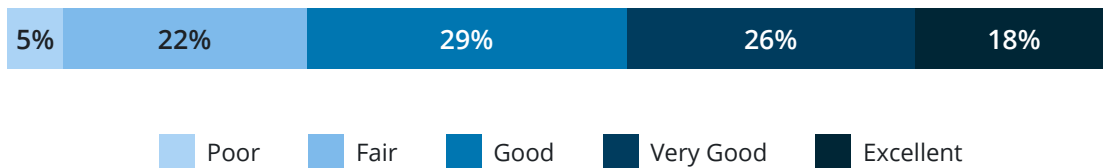
HEALTH AND HEALTH CARE ACCESS

Mental and physical health are key indicators of a person's overall well-being and are related to other experiences in life. Experiences of stigma and discrimination are stressors that can cause negative impacts on health.⁵⁰ Additionally, trans and nonbinary people may experience barriers to accessing health care that hinder their ability to receive the care they need. Experiences in health care settings and with health care providers can also affect the quality of care received and can be sites of mistreatment. In this section, we present information about respondents' mental and physical health, access to health care, and experiences in health care settings and with providers. In the next section, we will describe respondents' experiences accessing gender-affirming care.

SELF-RATED HEALTH AND CHRONIC CONDITIONS

Twenty-seven percent (27%) of respondents rated their health as fair or poor. This contrasts with LA County, where roughly 14% of adults report being in fair or poor health.⁵¹ Respondents who were experiencing homelessness (37%), immigrants (36%), living at or near poverty (36%), and those currently unemployed (33%) were more likely than other respondents to rate their health as fair or poor.

Figure 20. Self-rated health among LA County Trans & Nonbinary Survey respondents (n=322)



Not including gender-affirming care needs, 38% of respondents have one or more chronic medical conditions, such as diabetes, asthma, or a heart condition. This is equivalent to the 38% of Californians broadly who have one or more chronic medical conditions.⁵² Of those respondents, 88% require regular medical management, such as prescription medication or frequent doctor visits.

⁵⁰ Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>; 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*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK64806/>; Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., and Walter Bockting. (2015). Individual- and Structural-Level Risk Factors for Suicide Attempts Among Transgender Adults. *Behavioral Medicine* 41(3), 164–171. <https://doi.org/10.1080/08964289.2015.1028322>; Bloisnich, J. R., Marsiglio, M. C., Gao, S., Gordon, A. J., Shipherd, J. C., Kauth, M., Brown, G. R., and M. J. Fine. (2016). Mental Health of Transgender Veterans in US States With and Without Discrimination and Hate Crime Legal Protection. *American Journal of Public Health* 106(3), 534–540. <https://doi.org/10.2105/AJPH.2015.302981>

⁵¹ 2023 LA County Health Survey - Topics & Data. Los Angeles County Department of Public Health. <http://publichealth.lacounty.gov/ha/LACHSDataTopics2023.htm> (accessed 5/2/2024).

⁵² *Chronic Disease in California: Facts and Figures* (2006). California Healthcare Foundation. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-ChronicDiseaseFactsFigures06.pdf>

HEALTH INSURANCE

“When I moved and got new insurance, I had a very difficult time finding an LGBTQIA+ doctor and therapist, and I ended up not going since no one covered my insurance, advertised themselves for queer people, or was in my city.”

Fourteen percent (14%) of respondents were uninsured at the time of the survey. This compares to 7% of LA County adults.⁵³ Respondents who are immigrants (30%), those currently experiencing homelessness (21%), those who currently engage in sex work (23%), and those who are unemployed (19%) are more likely to be uninsured compared to other respondents.

Of those who had health insurance coverage (n=277), more than half of respondents were currently covered by Medi-Cal (53%). Just over one quarter (27%) were covered through their current or former employer or union. Nine percent (9%) were covered by Medicare, and 8% were covered through a Covered California plan. The remaining respondents had other types of coverage (see Table 22).

Table 22. Type of health insurance plan among insured LA County Trans & Nonbinary Survey respondents (n=277)

| TYPE OF HEALTH INSURANCE PLAN | % |
|--|-----|
| Medi-Cal | 53% |
| Through current or former employer/union | 27% |
| Medicare | 9% |
| Covered California | 8% |
| Purchased directly from a health plan | 4% |
| Other private health plan | 4% |
| Other public health plan | 4% |
| Through school, professional association, trade group, or other organization | 3% |
| Indian health service, tribal health program, or urban Indian clinic | 2% |
| CHAMPUS/CHAMP-VA, TRICARE, VA, or other military health care | 1% |

Note: Percentages will not add to 100% because respondents could select more than one option.

⁵³ 2023 LA County Health Survey - Topics & Data

ACCESSING ROUTINE MEDICAL CARE (NON-EMERGENCY CARE)

“People can’t be taking buses for 1.5-2 hours just to get a pap smear. You know how many trans men I know who just refuse to do it? How many trans people’s cancers are going undetected for so many reasons?”

We asked respondents what type of place they go to most often for medical care. Over one-third of respondents (34%) most often go to a doctor’s office in a private medical system, such as Kaiser or UCLA Health. Sixteen percent (16%) most often go to a doctor’s office in a public medical system, such as County services. Nearly a quarter of respondents (23%) most often go to community health clinics or centers, with either services you pay for (12%) or for free services (11%). Ten percent (10%) most often go to the emergency room, and 10% stated they do not go anywhere for medical care. This compares to 58% of all LA County adults who report that their usual source of care is a doctor’s office, an HMO, or Kaiser, 16% who report that their usual source of care is a community clinic, government clinic, or community hospital, and roughly 1% who report that their usual source of care is an emergency room or urgent care.⁵⁴

Table 23. Health care setting most often used by LA County Trans & Nonbinary Survey respondents (n=322)

| HEALTH CARE SETTING | % |
|---|-----|
| Doctor’s office in a private medical system (Kaiser, UCLA Health, etc.) | 34% |
| Doctor’s office in a public medical system (County services) | 16% |
| Community health clinic or health center (where you pay for services) | 12% |
| Community free health clinic or health center (free services) | 11% |
| Emergency room | 10% |
| Alternative medicine provider | 2% |
| LGBT Health Center | 2% |
| Urgent care | 1% |
| V.A. (veteran’s clinic or hospital) | 1% |
| Not listed above | 2% |
| I do not go anywhere for medical care | 10% |

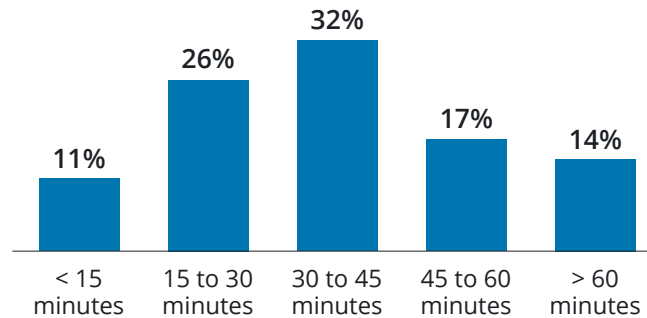
Note: Percentages may not add to 100% due to rounding.

There is a significant relationship between where respondents access care and their demographics, housing status, economic well-being, and where they live. Those who are women or transfeminine, Latino/a/x/e, currently experiencing homelessness, are immigrants, living at or near the poverty line, currently engaged in sex work, are unemployed, or live in the LA City center are less likely than others to most often go for medical care in a private medical system and are more likely than others to go for medical care in a public medical system or a community health clinic. Those who are uninsured are over seven times more likely to not go anywhere for medical care (36%) compared to those who are insured (5%).

⁵⁴ UCLA Center for Health Policy Research. (n.d.). 2022 California Health Interview Survey. <https://healthpolicy.ucla.edu/our-work/california-health-interview-survey-chis>

Of those who receive routine medical care, most respondents (58%) travel between 15 and 45 minutes to receive such care on a normal day. Fourteen percent (14%) of respondents travel over an hour to receive routine medical care. Those currently experiencing homelessness (28%), living at or near the poverty line (18%), currently unemployed (21%), and those living outside the LA City center (18%) were more likely than others to travel more than 60 minutes for routine medical care.

Figure 21. Typical travel time to access routine medical care among LA County Trans & Nonbinary Survey respondents (n=286)



Accessing transportation to medical appointments can be a barrier to accessing care. Twenty-two percent (22%) of respondents said it was difficult or very difficult to arrange or obtain transportation to get to their medical appointments. Forty-eight percent (48%) reported it was easy or very easy to get transportation, while 30% reported it was neither easy nor difficult.

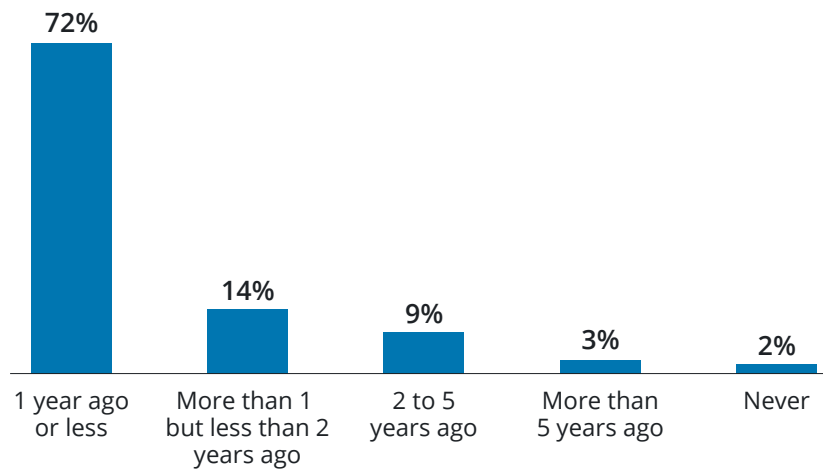
DELAYS IN RECEIVING MEDICAL CARE OR PRESCRIPTIONS

“But initially, it was a little hard for me to disclose [that I am trans] to my doctor. You know, I would avoid physical exams at one point, I would avoid getting my samples. So, I think, like, the education of doctors and nurses ... and particularly surgery care staff, is important.”

We asked respondents how recently they saw a doctor or medical provider for a routine check-up, whether they’ve experienced delays getting needed medical care or prescribed medication, and the reasons for any delays. Most respondents (72%) reported they had last seen a doctor or medical provider for a routine check-up in the last year. This compares to 69% of LA County adults.⁵⁵ Fourteen percent (14%) had a routine check-up between one and two years ago. Two percent (2%) had never had a routine check-up. Those who are uninsured are less likely to have had a routine check-up in the last year (56%) compared to those who are insured (75%).

⁵⁵ 2022 California Health Interview Survey

Figure 22. Time since received a routine health check-up among LA County Trans & Nonbinary Survey respondents (n=322)



Forty-six percent of respondents (46%) reported that they delayed or did not get other needed medical care, such as seeing a doctor, a specialist, or another health professional during the past 12 months. This compares to less than 19% among all LA County adults.⁵⁶ Sixty-one percent (61%) of those who delayed getting care in the past 12 months did eventually get care. Nonbinary respondents were more likely than others to experience delays in getting care or to not get needed medical care (56%).

Of those who delayed or did not get needed medical care in the past 12 months (n=148), 57% said that cost or a lack of insurance was a reason for the delay, and 49% said that they thought they would be disrespected or mistreated as a trans or nonbinary person. The survey asked all those who delayed or did not get medical care they needed in the past 12 months what the “one main reason” was for the delay. The top two responses included it being too expensive (16%) and insurance not covering it (15%) (see Table 24).

Table 24. One main reason for delayed or non-receipt of needed medical care among LA County Trans & Nonbinary Survey respondents (n=148)

| REASON | % |
|---|-----|
| Too expensive | 16% |
| My insurance did not cover it | 15% |
| Fear of stigma or discrimination from health care providers | 13% |
| I could not get an appointment | 12% |
| Transportation problems | 11% |
| I have no insurance | 7% |
| I did not have time to go | 7% |
| My insurance was not accepted | 6% |
| Hours were not convenient | 4% |
| I forgot or lost referral | 3% |
| There was no child care for children at home | 1% |

⁵⁶ 2022 California Health Interview Survey

| REASON | % |
|---------------------------------|----|
| Language understanding problems | 1% |
| Not listed above | 5% |

Note: Percentages may not add to 100% due to rounding.

In addition to delays in needed medical care, we asked respondents about not getting or delays in getting prescription medications. Thirty-nine percent of respondents (39%) reported that they delayed or did not get a medicine that a doctor prescribed for them in the past 12 months. Of those who delayed or did not get a prescription medicine, 54% reported that cost or lack of insurance was a reason for that. Those who were currently unemployed were more likely than others to experience delays or not get the needed prescription medication (50%).

MISTREATMENT WHEN GETTING ROUTINE MEDICAL CARE

“I felt that the care that I was given was extremely inadequate to the extent that I actually filed a formal complaint, with [my health care provider] about the endocrinologist that I had because she was so dismissive of me and some health concerns that came from using Spiro.”

We asked respondents about their experiences with mistreatment when seeing a health care provider for routine health care. Of those who have seen a routine health care provider (n=316), 11% reported they were disrespected or mistreated as a trans or nonbinary person during their most recent visit, and 27% experienced a provider using the wrong name or pronouns for them. Nine percent (9%) reported experiencing both problems during their most recent visit. Nonbinary respondents were more likely than others to experience a provider using the wrong name or pronouns with them (43%).

Table 25. Mistreatment and misgendering during most recent routine medical care visit among LA County Trans & Nonbinary Survey respondents (n=316)

| MISTREATMENT | % |
|---|-----|
| Disrespected or mistreated as a trans or nonbinary person | 11% |
| Provider used wrong name or pronouns | 27% |
| Experienced one or both of above | 29% |
| Experienced both of above | 9% |

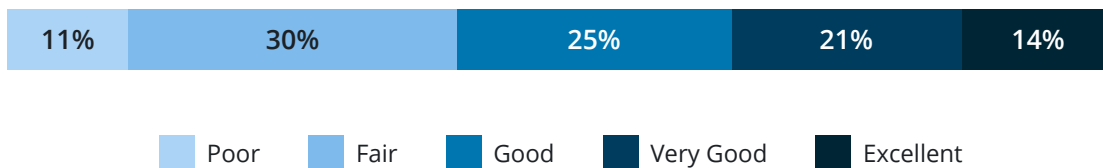
Note: Percentages will not add to 100% because respondents could select more than one option.

SELF-REPORTED MENTAL HEALTH, DEPRESSION, AND ANXIETY

“You know, the clients that I’m seeing are really suffering because of what is going on today. They see it every single day. It’s coming up in their news feeds. They’re seeing it every day in their discord and ... in their conversations online.”

Forty-one percent (41%) of respondents rated their mental health as fair or poor. This compares to 21% of adults in the U.S. who rate their mental health as fair or poor.⁵⁷ Nonbinary respondents were more likely than others to report fair or poor mental health (56%).

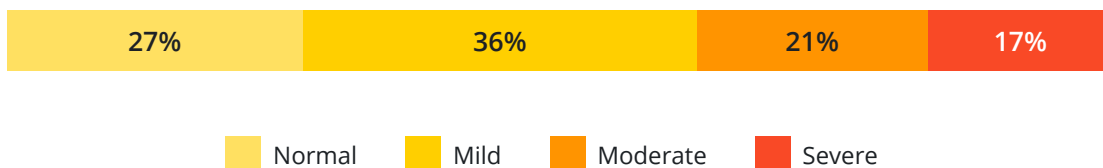
Figure 23. Self-rated mental health of LA County Trans & Nonbinary Survey respondents (n=321)



Note: Percentages may not add to 100% due to rounding.

We assessed whether respondents had indicators of anxiety and depression using a four-item scale from the Patient Health Questionnaire.⁵⁸ Seventeen percent (17%) of respondents were indicated as having severe levels of anxiety and/or depression. Thirty-seven percent (37%) reported symptoms of anxiety, and the same percentage (37%) reported symptoms of depression. This compares to 15% of adult Californians with anxiety symptoms and 12% of adult Californians with depression symptoms.⁵⁹

Figure 24. Anxiety and/or depression among LA County Trans & Nonbinary Survey respondents (n=320)



Note: Percentages may not add to 100% due to rounding.

⁵⁷ Lopes, Luna, Kirzinger, Ashley, Sparks, Grace, Stokes, Mellisha, and Mollyann Brodie (2022, Oct. 5). *KFF/CNN Mental Health In America Survey*. Kaiser Family Foundation. <https://www.kff.org/mental-health/report/kff-cnn-mental-health-in-america-survey/>.

⁵⁸ Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, 16(9), 606–613. <https://doi.org/10.1046/j.1525-1497.2001.016009606.x>

⁵⁹ Centers for Disease Control and Prevention. *Anxiety and Depression: Household Pulse Survey*. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm> (accessed 5/14/2024).

ACCESS TO MENTAL HEALTH CARE

During the last 12 months, 56% of respondents received counseling or therapy from a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. Of those who received counseling (n=181), 41% had their appointments in person, 39% had their appointments online, and 20% had their appointments over the phone.

We asked respondents how much their mental health care provider knows about providing mental health care for trans or nonbinary people. Forty-six percent (46%) reported that their provider knew a lot about providing care for trans or nonbinary people.

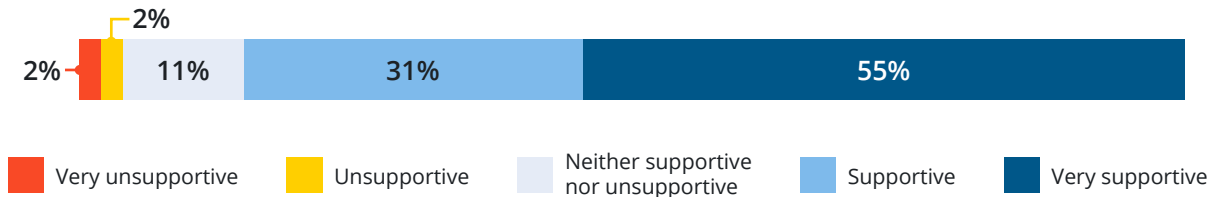
Table 26. Mental health care provider knowledge about mental health care for trans or nonbinary people reported by LA County Trans & Nonbinary Survey respondents with mental health care providers (n=179)

| KNOWLEDGE | % |
|--------------|-----|
| A lot | 46% |
| Some | 24% |
| A little | 17% |
| Nothing | 5% |
| I don't know | 7% |

Note: Percentages may not add to 100% due to rounding.

Eighty-six percent (86%) of those with a mental health care provider said their provider was supportive or very supportive of their needs as a trans or nonbinary person. Three percent (3%) reported their provider was unsupportive or very unsupportive.

Figure 25. Support from mental health professional of needs as a trans or nonbinary person reported by LA County Trans & Nonbinary Survey respondents with mental health care providers (n=181)



Note: Percentages may not add to 100% due to rounding.

Forty-two percent (42%) of respondents reported that they wanted counseling or therapy during the last 12 months but were not able to receive it. Out of all adult Californians, 13% reported needing counseling or therapy during the last four weeks but were not able to get it.⁶⁰ Those currently experiencing homelessness were more likely than others to not get counseling or therapy they wanted in the last 12 months (55%).

⁶⁰ Centers for Disease Control and Prevention. *Mental Health Care: Household Pulse Survey*. <https://www.cdc.gov/nchs/covid19/pulse/mental-health-care.htm> (accessed 5/14/2024).

Of those who did not get the counseling or therapy they needed (n=136), 58% reported that cost or lack of insurance was a reason for this. Thirty-seven percent (37%) did not get care because they thought they would be disrespected or mistreated as a trans person. The survey asked all those who were not able to get the counseling or therapy they wanted in the past 12 months the “one main reason” for not getting care. The top reason was not being able to get an appointment (26%). Respondents also cited it being too expensive (13%) and fear of stigma or discrimination from providers (11%). Ten percent (10%) wrote in a reason not listed. Some of those reasons included other problems with insurers, not being able to find the right provider, and prior negative experiences (see Table 27).

Table 27. One main reason for not getting counseling or therapy among LA County Trans & Nonbinary Survey respondents (n=136)

| REASON | % |
|---|-----|
| I could not get an appointment | 26% |
| Too expensive | 13% |
| Fear of stigma or discrimination from health care providers | 11% |
| My insurance did not cover it | 8% |
| I have no insurance | 7% |
| Transportation problems | 6% |
| My insurance was not accepted | 5% |
| Hours were not convenient | 4% |
| I did not have time to go | 4% |
| I forgot or lost referral | 2% |
| Language understanding problems | 1% |
| There was no child care for children at home | 1% |
| Not listed above | 10% |

Note: Percentages will not add to 100% because respondents could select more than one option.

SUMMARY AND RECOMMENDATIONS

Respondents have experienced challenges regarding health disparities and health care access barriers. We found significant disparities within our survey sample in health and health care access at the intersections of immigrant status, housing instability, and economic hardship. Respondents were more likely to be in fair or poor health, uninsured, and go without health care compared to the LA County population as a whole. Fear of stigma and discrimination when receiving care was a barrier to getting needed medical care for some. Nearly one-third (29%) of respondents reported mistreatment or being misgendered during recent routine health care visits.

Study participants talked about the need to reduce barriers to health care for trans and nonbinary people who also have disabilities, are neurodivergent, experience fatphobia, and are impacted by intersecting systems of oppression. Participants described ways to improve access to health care through better insurance coverage, help with copays and coinsurance payments, and better availability of providers and access to providers who may be out of network. Participants also discussed the need for additional training and education for providers and staff and accountability for mistreatment.

I would say that a good 70% of my clients are also neurodivergent along with identifying as TGI, and that also is going to impact their access to being able to receive healthcare and, like, you know, completing forms and all of this sort of stuff.

I think, like, the education of doctors and nurses, you know, and particularly surgery care staff, is important.

I had to teach my primary doctor about hormones. When I first started hormones, he had no knowledge about servicing a trans patient through health care. So, I had to educate myself and then educate him.

Recommendations

- Government officials and other policymakers should work to remove the most common barriers to health care, including improving access to insurance coverage, improving access to services for those who are not currently enrolled in insurance, and access to appointments with health care providers.
- Work to eliminate mistreatment and misgendering that occur during health care services delivery by reviewing and establishing needed policies, training, and systems of accountability.

ACCESS TO GENDER-AFFIRMING HEALTH CARE

“[We still need] gender-affirming services like laser hair removal that aren’t usually covered by insurance [and] access to trans-affirming mental health experts without incredibly long wait time.”

Gender-affirming care commonly refers to health services that support a person to live in alignment with their gender identity when their gender identity differs from their sex assigned at birth.⁶¹ This care may include counseling, the use of hormones to promote the development of secondary sex characteristics that are consistent with their gender identity, speech therapy, electrolysis, cryogenic preservation of reproductive material, and a wide array of surgical treatments. We included questions in our survey to learn more about trans and nonbinary respondents’ experiences seeking and accessing such care in LA County.

INFORMATION ABOUT GENDER-AFFIRMING CARE

We asked where respondents get most of their information about gender-affirming health care services. Half of our sample (50%) said they get most of their information from LGBTQ or trans community-based organizations. Around one-third of respondents reported they get information about gender-affirming care from word of mouth (34%), transgender support groups (33%), their doctor (32%), or online resources (30%). Eleven percent (11%) of respondents said they have not looked for information about gender-affirming health care services (see Table 28).

Table 28. Source of information about gender-affirming health care reported by LA County Trans & Nonbinary Survey respondents (n=321)

| INFORMATION SOURCE | % |
|---|-----|
| LGBTQ or trans-community-based organizations | 50% |
| Word of mouth | 34% |
| Transgender support groups | 33% |
| My doctor | 32% |
| Online resources | 30% |
| Health clinic | 14% |
| Counselor/psychotherapist | 12% |
| Not listed above | 1% |
| I have not looked for information about gender-affirming health care services | 11% |

Note: Percentages will not add to 100% because respondents could select more than one option.

⁶¹ See generally, E. Coleman, et al., Standards of Care for the Health of Transgender and Gender Diverse People, Version 8, 23 INT. J. TRANSGEND. HEALTH S1 (2022) (also known as the “World Professional Association for Transgender Health Standards of Care”).

DELAYS IN ACCESSING GENDER-AFFIRMING CARE

“So, speaking about electrolysis, which is, you know, required for ... safety when we talk about the removal of facial hair ... [it’s] an extremely long and painful process, you know, requiring months, if not years, to complete. And so that is an out-of-pocket expense. Insurance companies do not reimburse.”

Eighty-six percent (86%) of respondents wanted to access some type of gender-affirming care in the 12 months prior to the survey. Of those (n=275), 44% reported that they delayed or did not get the gender-affirming health care services they needed. For those who delayed or did not get the gender-affirming care they needed (n=120), the top reasons for not getting or delays in getting care in the last 12 months include not being able to get an appointment (15%) and insurance not covering it (15%). Respondents also reported it being too expensive (13%), transportation problems (12%), and not having insurance (10%). Ten percent (10%) wrote in a reason not listed. Some of those reasons included other problems with insurers, fear of stigma and discrimination from society, other health problems, and work conflicts (see Table 29).

Table 29. Reasons for delaying or not getting needed gender-affirming care in the last 12 months among LA County Trans & Nonbinary Survey respondents (n=120)

| REASON | % |
|---|-----|
| I could not get an appointment | 15% |
| My insurance did not cover it | 15% |
| Too expensive | 13% |
| Transportation problems | 12% |
| I have no insurance | 10% |
| I did not have time to go | 8% |
| Fear of stigma or discrimination from health care providers | 8% |
| My insurance was not accepted | 6% |
| Hours were not convenient | 3% |
| Language understanding problems | 1% |
| I forgot or lost referral | 1% |
| Not listed above | 10% |

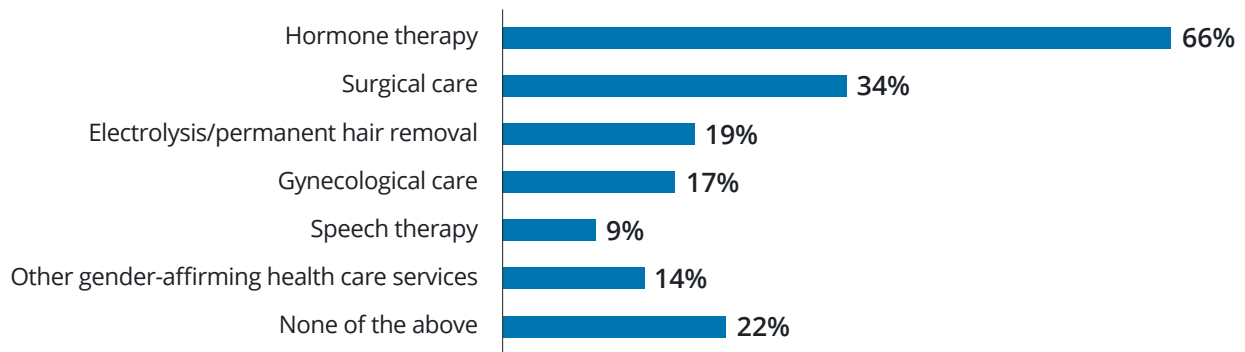
Note: Percentages will not add to 100% because respondents could select more than one option.

RECEIVING GENDER-AFFIRMING CARE

“I think one of the biggest things that my community stresses out about and has a lot of anxiety about is if I go with the surgeon, am I rolling the dice? [I] don’t know if they’re going to be good, good or not, but they have a six-month wait period vs. another surgeon who has a two-year waiting period.”

Seventy-eight percent (78%) of respondents had received some type of gender-affirming health care. Most respondents (66%) reported having received hormone therapy. Thirty-four percent (34%) had received gender-affirming surgical care. Other types of care respondents received included electrolysis or permanent hair removal (19%), gynecological care (17%), and speech therapy (9%) (see Figure 26).

Figure 26. Type of gender-affirming health care services received by LA County Trans & Nonbinary Survey respondents (n=321)



Note: Percentages will not add to 100% because respondents could select more than one option.

Of those who have accessed some sort of gender-affirming care (n=251), nearly one-third (32%) usually go to a doctor’s office in a private medical system, such as Kaiser or UCLA Health. Seventeen percent (17%) receive care at a doctor’s office in a public medical system. Fourteen percent (14%) receive care at a community health clinic or health center, with services they pay for, and the same percentage (14%) go to a community free health clinic or health center with free services. Smaller percentages access care at an LGBT health organization (4%), the Veteran’s Health Administration (2%), or an alternative medicine provider (1%). Six percent (6%) said they do not receive these services in LA County (see Table 30).

Table 30. Usual source of gender-affirming health care among LA County Trans & Nonbinary Survey respondents (n=251)

| SOURCE OF CARE | % |
|---|-----|
| Doctor’s office in a private medical system (Kaiser, UCLA Health, etc.) | 32% |
| Doctor’s office in a public medical system (County services) | 17% |
| Community health clinic or health center (where you pay for services) | 14% |
| Community free health clinic or health center (free services) | 14% |

| SOURCE OF CARE | % |
|---|----|
| LGBT Health Organization | 4% |
| V.A. (veterans clinic or hospital) | 2% |
| Alternative medicine provider | 1% |
| Not listed above | 2% |
| I do not receive gender-affirming health care services in LA County | 6% |
| I do not go anywhere for gender-affirming health care services | 9% |

Note: Percentages may not add to 100% due to rounding.

Of those who have accessed some sort of gender-affirming care (n=251), 20% had not received any gender-affirming care in the last 12 months, whereas 75% had received care in the last 12 months in LA County and 5% had received care in the last 12 months outside of LA County. Those who currently have a gender-affirming care provider (n=207) report seeing their providers most often in person (87%) but also attending appointments online (31%) and over the phone (26%).

ACCESSIBILITY, AVAILABILITY, AND ACCEPTABILITY OF GENDER-AFFIRMING HEALTH CARE CENTERS

To learn more about the accessibility, availability, and acceptability of the health care services provided by gender-affirming health care providers, we asked a series of questions about the health care center respondents go to most often for in-person gender-affirming health care services (see Table 31). In regard to accessibility, most respondents agreed that the services they need are provided at their health center (69%). Yet, nearly one-third (32%) did not agree that the distance to the health center and the time it takes to get there were appropriate. Thirty percent (30%) did not agree that getting to and from the health center was easy for them. On measures of availability, most respondents agreed that their health care center's facilities meet the needs of its clients (63%) and that health care staff are tailored to the number of clients and their needs (53%).

We asked about several aspects of acceptability of the respondents' health care centers. The majority of respondents agreed with all measures of acceptability. Notably, 69% agreed that the quality of the services provided at the health care center is acceptable. In regard to treatment as a trans or nonbinary person, 67% agreed that health care providers are respectful to them as a trans or nonbinary person, and 66% agreed that health care providers use their correct name and pronouns. Conversely, 13% disagreed that health care providers are respectful to them as a trans or nonbinary person, and 20% disagreed that health care providers always use their correct name and pronouns.

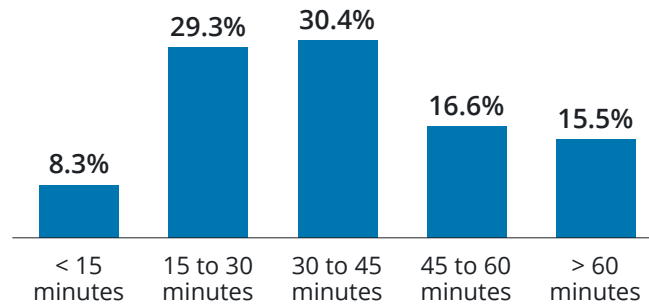
Table 31. Accessibility, availability, and acceptability of health care centers where LA County Trans & Nonbinary Survey respondents most often go for gender-affirming health care (n=180)

| | ABSOLUTELY DISAGREE OR DISAGREE | NEUTRAL | ABSOLUTELY AGREE OR AGREE |
|--|--|----------------|----------------------------------|
| ACCESSIBILITY | | | |
| The services I need are provided at the health care center | 14% | 16% | 69% |
| Getting to and from the health care center is easy for me | 30% | 20% | 50% |
| The distance from the health care center to my house is appropriate | 32% | 21% | 47% |
| The time required to reach the health care center is appropriate | 32% | 24% | 43% |
| AVAILABILITY | | | |
| The facilities of the health care center meet the needs of its clients | 13% | 23% | 63% |
| Health care staff are tailored to the number of clients and their needs | 19% | 28% | 53% |
| ACCEPTABILITY | | | |
| The quality of the services provided at the health care center is acceptable | 11% | 20% | 69% |
| Health care providers at the health care center are respectful to me as a trans or nonbinary person | 13% | 20% | 67% |
| Health care providers listen carefully to what I have to say | 13% | 21% | 66% |
| Health care providers at the health care center always use my correct name and pronouns | 20% | 15% | 66% |
| I trust the statements of the health care providers about my health care | 13% | 21% | 65% |
| Health care providers give me enough time | 18% | 22% | 60% |
| The health care center staff meets the needs of their clients in various ways, such as being introduced to community resources | 19% | 24% | 57% |

Note: Percentages may not add to 100% due to rounding.

For those respondents who see a gender-affirming health care provider in person (n=180), we asked how long they have to travel to see them on a normal day. Most (60%) said they have to travel between 15 and 45 minutes to see their provider. Fifteen percent (15%) reported traveling over one hour (see Figure 27).

Figure 27. Typical travel time to see a gender-affirming health care provider among LA County Trans & Nonbinary Survey respondents (n=181)



Note: Percentages may not add to 100% due to rounding.

SUMMARY AND RECOMMENDATIONS

Most respondents to our survey wanted some form of gender-affirming health care. The most common types of care that respondents had received were hormone therapy followed by surgical care. However, approximately half of those who wanted gender-affirming care either delayed receiving it or did not get it at all. The top reasons people delayed or did not receive care were that they could not get an appointment or that the procedure was not covered by insurance. Some respondents discussed specific treatments they needed that were not covered or fully covered, such as electrolysis or cryopreservation of reproductive material.

Respondents reported that they most often learned about gender-affirming care options from LGBTQ or trans-community-based organizations, word of mouth, or transgender support groups. Many respondents received gender-affirming care at a private health care system, such as Kaiser or UCLA. However, others received care in a public medical system or at a community health center. More than two-thirds of respondents agreed that the quality of services they received from their gender-affirming care provider was acceptable. However, one-fifth of respondents did not agree that their providers used the correct name and pronouns, and some disagreed that their provider was respectful to them as a trans or nonbinary person.

[M]aking sure that these services are available for our community, especially for our low-income community, is vital.

[[t's] too difficult to find a provider in my insurance's network. Would be too expensive otherwise.

I did not have medical insurance at that time, and I couldn't get my hormone[s] for a month.

Recommendations

- Government officials and policymakers should examine whether any treatments or services commonly needed for transgender communities in LA County are not covered or fully covered under insurance plans. Develop strategies to make these treatments more affordable through expanded coverage, cost offsets, help with co-pays, or other measures.

- Investigate the availability and capacity of existing gender-affirming care providers, including possible obstacles to provider participation, such as insurance coverage. Invest in strategies to ensure a sufficient network of gender-affirming care providers to fully meet the needs of community members.
- Ensure that existing providers of gender-affirming care, including public, private, and community-based providers, meet cultural competency standards for a respectful and inclusive environment, such as regular high-quality trainings for staff on issues like names and pronouns and inclusive systems and forms. Ensure accountability if providers don't meet those standards.

LAW ENFORCEMENT & INCARCERATION EXPERIENCES

“Police do not protect us. TGNC people have to take care of ourselves.”

Prior research has shown that trans people have a long history of conflict with law enforcement, including policing of survival activities, harassment, and discriminatory arrest.⁶² In this survey, we asked respondents about their comfort in asking police for help, interactions with police or other law enforcement, and experiences with arrest and incarceration. This section reviews the results of these questions.

COMFORT ASKING POLICE FOR HELP

Approximately half of our sample (52%) reported that they would feel somewhat or very uncomfortable asking the police in LA County for help. Of respondents who would feel somewhat or very uncomfortable asking for help (n=168), 76% reported that they think the police might disrespect or harass them, 64% reported that they would feel uncomfortable due to a previous bad experience, 60% thought that the police might arrest them without cause, and 54% percent thought the police might assault them. Additionally, 86% of those who would be uncomfortable seeking help from police said that their trans or nonbinary status was a reason.

Table 32. Reasons LA County Trans & Nonbinary Survey respondents would feel uncomfortable asking police for help in LA County (n=168)

| REASON | % |
|--|-----|
| Might disrespect or harass me | 76% |
| Had a previous bad experience with police | 64% |
| Might arrest me without cause | 60% |
| Might assault me | 54% |
| Might arrest me or loved one for another reason | 46% |
| Might arrest me or loved one because of immigration status | 23% |
| None of the above | 3% |

Note: Percentages will not add to 100% because respondents could select more than one option.

We asked respondents who felt neutral or uncomfortable asking the police for help (n=220) what might make them feel more comfortable asking the police for help. Seventy percent (70%) of those respondents reported that they would or might feel more comfortable if the police had an LGBTQ liaison, and 60% reported that they would or might feel more comfortable if they knew that police had received training on how to treat trans and nonbinary people respectfully.

⁶² See e.g. Christy Mallory, Amira Hasenbush and Brad Sears, Williams Institute, *Discrimination and Harassment by Law Enforcement Officers in the LGBT Community* (2015), <https://williamsinstitute.law.ucla.edu/publications/lgbt-discrim-law-enforcement/>; Frank H. Galvan and Mohsen Bazargan, *Interactions of Latina Transgender Women with Law Enforcement* (2012), <https://williamsinstitute.law.ucla.edu/publications/latina-trans-women-law-enforcement/>; See Also *Policing & the LGBT Community*, <https://docs.house.gov/meetings/JU/JU00/20190919/109952/HHRG-116-JU00-20190919-SD042.pdf>.

INTERACTIONS WITH POLICE OR OTHER LAW ENFORCEMENT

“[Police] patted [me] down, forced [me] to show prosthetic (packer), asked inappropriate questions, forced [me] to come out.”

We asked respondents about interactions they had with police or other law enforcement officers in the 12 months prior to the survey. Twenty-two percent (22%) of all respondents reported a law enforcement interaction in the last twelve months that was initiated by law enforcement. Thirty-eight percent (38%) of respondents reported an interaction of any kind with law enforcement in the last 12 months.

Respondents described a range of experiences while interacting with law enforcement in the 12 months prior to the survey. During these interactions, 30% of respondents reported that they were treated with respect by all officers. Twenty-three percent (23%) reported that none of the officers involved treated them with respect, and 48% reported that some (but not all) officers treated them with respect.

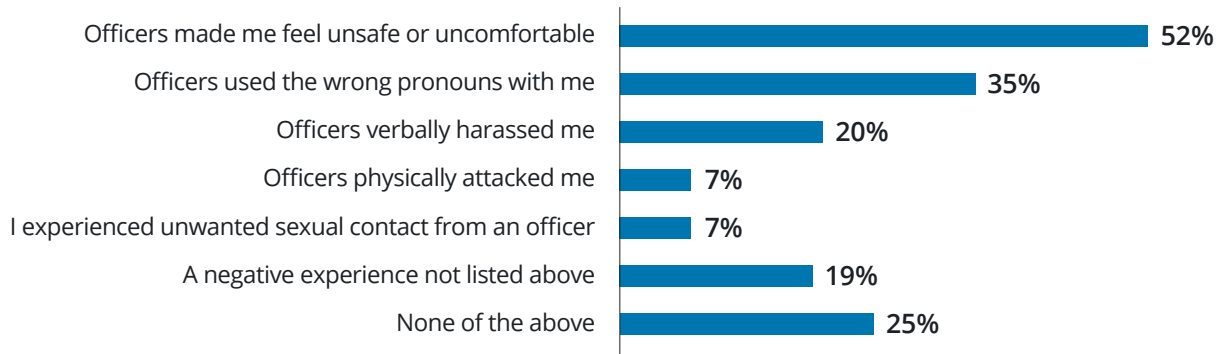
Figure 28. Treatment with respect by law enforcement officers reported by LA County Trans & Nonbinary Survey respondents (n=122)



Note: Percentages may not add to 100% due to rounding.

We asked respondents about experiences they may have had when interacting with police. Of those who interacted with police (n=122), 52% reported that officers made them feel unsafe or uncomfortable, 35% reported that officers did not use the right pronouns with them, and 20% reported verbal harassment. Seven percent (7%) reported being physically attacked, and the same percentage (7%) reported experiencing unwanted sexual contact from an officer. Nineteen percent (19%) reported a negative experience not listed above. Experiences described by respondents included aggressive behavior by officers, officers ignoring or being dismissive of them, and lack of timely response.

Figure 29. Experiences with police in the last 12 months in LA County among LA County Trans & Nonbinary Survey respondents (n=122)



Note: Percentages will not add to 100% because respondents could select more than one option.

EXPERIENCES WITH ARREST AND INCARCERATION

Twelve percent (12%) of respondents in our sample had been arrested in the last five years (n=37). While we do not have comparable data over a five-year time frame for LA County, we estimate that roughly 2% of the LA County population is arrested in a single year.⁶³ Respondents currently experiencing homelessness (21%), engaged in sex work (21%), immigrants (18%), those living at or near poverty (16%), women and transfeminine respondents (14%), BIPOC respondents (14%), and Latino/a/x/e respondents (14%) reported the highest rates of arrest in the last five years.

Of those who were arrested (n=37), we asked if, during the most recent arrest, officers explained why they were being arrested and why the respondent believed they were being arrested. Fifty-one percent (51%) reported that officers did explain to them why they were being arrested. However, some respondents reported that they believed it was a wrongful arrest in some way (n=12), and five respondents stated that being trans or nonbinary was somehow involved in their arrest.

Seven percent (7%) of all respondents had been held in a jail in LA County in the last five years. Four percent (4%) had been held in a prison, and 1% had been held in juvenile detention. We asked respondents who had been held in jail, prison, or juvenile detention (n=35) if they had been housed with men, women, or somewhere else. Fifty-one percent (51%) were housed with men, 17% were housed with women, and 31% were housed somewhere else. Those housed somewhere else explained that they had been housed alone (n=4), with other trans or LGBT people (n=3), or in another housing situation (n=4).

⁶³ In 2022, there were 163,679 adults arrested in LA County. There are 7,552,649 people aged 18 and older living in LA County; Department of Justice. *Arrests*. Open Justice. <https://openjustice.doj.ca.gov/exploration/crime-statistics/arrests> (accessed 5/14/2024); U.S. Census Bureau. (2022). *Living Arrangements of Adults 18 Years and Over by Age*. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B09021*. Retrieved May 15, 2024, from <https://data.census.gov/table/ACS1Y2022.B09021?q=population%20adults&g=050XX00US06037>. Calculations by the author.

Of those who had been held in jail, prison, or juvenile detention in LA County in the last five years, 47% were housed based on their assigned sex at birth. Thirty-seven percent (37%) said their housing placement was what they wanted, 40% said it was not what they wanted, and 23% reported that they did not care either way about their housing placement.⁶⁴

While being held in jail, prison, or juvenile detention in LA County in the last five years, 34% of respondents who had been incarcerated were physically assaulted or attacked by another inmate, and 14% were physically assaulted or attacked by facility staff. Eleven percent (11%) reported that they had been sexually assaulted by another inmate, and 14% had been sexually assaulted by facility staff.

We asked respondents whether their past arrest had been a barrier to receiving services they needed in LA County. Twenty-three percent (23%) said that it had been. Respondents explained that “[t]he criminal record keeps [them] down” and “ruins [their] reputation.”

“We are constantly fearing for our safety due to the lack of confidence we have in the law enforcement. We should be able to trust our police officers if something was to happen. There is a lot of work to be done, and it has to start somewhere.”

SUMMARY AND RECOMMENDATIONS

Many respondents do not feel comfortable calling the police for help, including because they are trans or nonbinary. A substantial number of respondents had interactions with police and law enforcement in the last year and reported negative experiences with officers, including harassment and assault. Respondents also reported having been arrested in the last five years, including several who reported being arrested because they are trans. Experiences while being held in jail, prison, or juvenile detention suggest that more needs to be done to protect trans and nonbinary people in these spaces.

Study participants described ways in which interactions with police had been negative for them and sometimes were exacerbated by language barriers, misunderstandings, and bias. Participants also described ways in which advocates, like social workers and legal assistants, could be helpful in law enforcement interactions.

No me atendieron por hablar español.

[Translation: *They didn't help me because I spoke Spanish.*]

[Officers] didn't realize I was going through shock.

Officers were accusatory and demanding, and I was lucky to have a social worker with me to help.

⁶⁴ Insufficient data was available to evaluate satisfaction with placement based on whether or not respondents were placed consistent with their gender identity.

Recommendations

Law enforcement agencies in LA County should ensure that policies affecting trans and nonbinary people are up to date and responsive to community needs. Both the Los Angeles Police Department and the Los Angeles County Sheriff's Department have policies on serving transgender community members.⁶⁵ Continued consultation and collaboration with community leaders would help ensure that these policies are up to date, responsive to community needs, and meet their intended impact.

The presence of LGBTQ+ or Transgender Liaisons would make some trans and nonbinary residents more comfortable seeking services from law enforcement. The LAPD, for example, has an LGBTQ+ liaison.⁶⁶ LAPD and LA County should make further investments in LGBTQ+ Liaisons.

Train police and law enforcement on how to treat transgender and nonbinary people respectfully. The LAPD does provide trainings on LGBTQ+ issues; however, more can be done to make sure the content of trainings is put into practice in law enforcement interactions with trans and nonbinary people.⁶⁷

⁶⁵ Los Angeles Police Department, 1.12 – Police Interactions with Transgender Individuals. (2012). Los Angeles County Sheriff's Department. 5-09/560.00 – Interactions with Transgender and Gender Non-Conforming Persons. <https://pars.lasd.org/Viewer/Manuals/10008/Content/12509#> (accessed 5/20/2024).

⁶⁶ Los Angeles Police Department. LAPD/LGBTQ Information Section. <https://www.lapdonline.org/lapd-lgbtq-information-section/#:~:text=Feel%20free%20to%20contact%20our,share%20to%20this%20web%20page> (accessed 5/20/2024).

⁶⁷ Los Angeles Police Department. (2022, Feb. 4). Los Angeles Police Department Cultural Diversity Training (LGBTQ Cultural Competency), Expanded Course Outline. https://lapdonlinestrgeacc.blob.core.usgovcloudapi.net/lapdonlinemedia/2022/02/Cultural_Diversity_23270.pdf

IMMIGRANTS AND IMMIGRATION EXPERIENCES

“I think when we take into account culture and race/ethnicity, we don’t often take into account migration ... I think there are ways that you can ... survey ... migration experiences or experiences with incarceration or detention centers. The detention centers and asylees are often populations that also don’t get surveyed very much.”

California is home to approximately 41,000 transgender immigrants, many of whom live in Los Angeles County.⁶⁸ Thirty percent (30%) of respondents in our study indicated that they were immigrants. This appears a bit lower than the population of immigrant adults in LA County overall (40%).⁶⁹ In this section, we highlight the characteristics and experiences of immigrants in the LA County Trans & Nonbinary Survey.

IMMIGRATION STATUS

Immigration status refers to the type of authorization a person has from the United States government to be present in the country or the lack of such authorization.⁷⁰ Thirty percent (30%) of immigrant respondents reported that they had Lawful Permanent Resident status, and an additional 30% reported that they had refugee or asylum status in the U.S. Other statuses reported by survey respondents include other visa status, naturalized U.S. citizen, and undocumented status.

Table 33. Immigration status of LA County Trans & Nonbinary Survey respondents

| IMMIGRATION STATUS | PERCENT OF IMMIGRANTS (N=98) | PERCENT OF SAMPLE (N=322) |
|---------------------------------|------------------------------|---------------------------|
| U.S. citizen, birth | - | 70% |
| U.S. citizen, naturalized | 13% | 4% |
| Permanent resident | 30% | 9% |
| Refugee or asylum status | 29% | 9% |
| Other visa or documented status | 16% | 5% |
| Undocumented | 12% | 4% |

Note: Percentages may not add to 100% due to rounding.

⁶⁸ Redfield, E., Guardado, R., and Conron, K.J (Jan 2024). *Transgender Immigrants in California*. UCLA, The Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Immigrants-CA-Jan-2024.pdf>; We use the term “immigrant” here to refer to respondents who were not U.S. citizens by birth.

⁶⁹ U.S. Census Bureau. (2022). Sex by Age by Nativity and Citizenship Status. *American Community Survey, ACS 1-Year Estimates Detailed Tables, Table B05003*. Retrieved May 15, 2024, from <https://data.census.gov/table/ACSDT1Y2022.B05003?q=citizenship> by age&g=050XX00US06037. Calculations made by author.

⁷⁰ For more information, see e.g. Office of Homeland Security Statistics (2023, Nov 20). *Immigrant Classes of Admission*. U.S. Department of Homeland Security. <https://www.dhs.gov/ohss/topics/immigration/lpr/classes-of-admission>.

A PORTRAIT OF TRANS AND NONBINARY IMMIGRANTS

We found that trans and nonbinary immigrants in our study had many distinct characteristics and experiences that set them apart from non-immigrant respondents. Here, we describe some notable differences between these two groups.

- **Age.** Immigrant respondents tended to be older, with 57% of immigrant respondents over the age of 35, compared to only 35% of non-immigrant respondents over the age of 35.
- **Educational attainment.** Immigrant respondents were more than three times as likely as non-immigrant respondents to have less than a high school or GED level of education (30% vs. 8%) and had lower levels of educational attainment in all post-secondary categories (see Table 34).

Table 34. Educational attainment of LA County Trans & Nonbinary Survey respondents by immigration status, aged 18 and older

| EDUCATION | IMMIGRANT (N=98) | NON-IMMIGRANT (N=224) |
|---------------------------------|---------------------|--------------------------|
| Less than high school | 30% | 8% |
| High school or GED | 35% | 14% |
| Some college/Associate's degree | 21% | 34% |
| Bachelor's degree | 11% | 30% |
| Graduate or professional degree | 3% | 15% |

Note: Percentages may not add to 100% due to rounding.

- **Gender identity.** Immigrant respondents were more than twice as likely as non-immigrants to identify as women or transfeminine (67% vs. 30%) and far less likely to identify as nonbinary, gender fluid, or genderqueer (16% vs. 42%) or as men or transmasculine (16% vs. 25%).
- **Sexual orientation.** Immigrant respondents were nearly three times more likely than non-immigrants to report their sexual orientation as straight (44% vs. 17%) and far less likely than non-immigrants to report their sexual orientation as queer (12% vs. 43%). However, despite variations in sexual orientation and gender, nearly all (98%) of immigrant respondents reported that they see themselves as members of the LGBTQ community.
- **Economic well-being.** Immigrants in our sample experienced substantial economic hardship. For example, 73% of immigrant respondents reported that they lived at or near the federal poverty level, compared to 44% of non-immigrants. Eighty-two percent (82%) of immigrant respondents reported that they had difficulty paying usual household expenses in the last three months, compared with 74% of non-immigrants. Additionally, 29% of immigrant respondents reported that they currently receive assistance from food support programs like CalFresh, EBT, or Food Stamps (SNAP), compared with 43% of non-immigrants. Just over half of immigrant respondents reported that they were currently employed (53%), compared to 78% of non-immigrants.
- **Sex Work.** One particularly striking difference is regarding sex work participation. More than half of immigrants in our sample (54%) reported that they had engaged in sex work at some point in their lives, compared to 31% of non-immigrants. Immigrants were also twice as likely to have engaged in sex work in the last 12 months, compared to non-immigrants (35% vs. 17%).

However, immigrant respondents were significantly less likely than non-immigrants to report that they would stop doing sex work if they could make the same amount of money doing something else (15% vs. 44%).

POLITICAL ASYLUM AND REFUGEE STATUS

Political asylum is a distinct form of status and protection for immigrants and refugees fleeing persecution in their home country.⁷¹ Sixty-three percent (63%) of immigrant respondents in our sample had applied for political asylum status (n=53). Of those who applied for asylum, 87% reported that they had applied for asylum only because they were trans, nonbinary, intersex, or LGB. Nine percent (9%) of respondents reported that they had applied for asylum for another reason only, and an additional 4% applied both because they were trans, nonbinary, intersex, or LGB and for another reason.

Of respondents who had applied for asylum for any reason (n=53), approximately half (49%) were approved. Other respondents were not approved for asylum but received protection under the Convention Against Torture (11%) or Withholding of Removal (19%), which are other forms of status sometimes available to those seeking asylum.⁷² In total, 79% of respondents who applied for asylum received some form of status, and 21% were denied any form of status. We also asked respondents who did not apply for asylum why they did not apply (n=31). The most common reason was that they did not know how (42%). Nineteen percent (19%) reported that they had access to other statuses, 16% reported being afraid to apply, and 10% reported they did not want to apply. Eighty-three percent (83%) of all asylum applicants had help from attorneys.

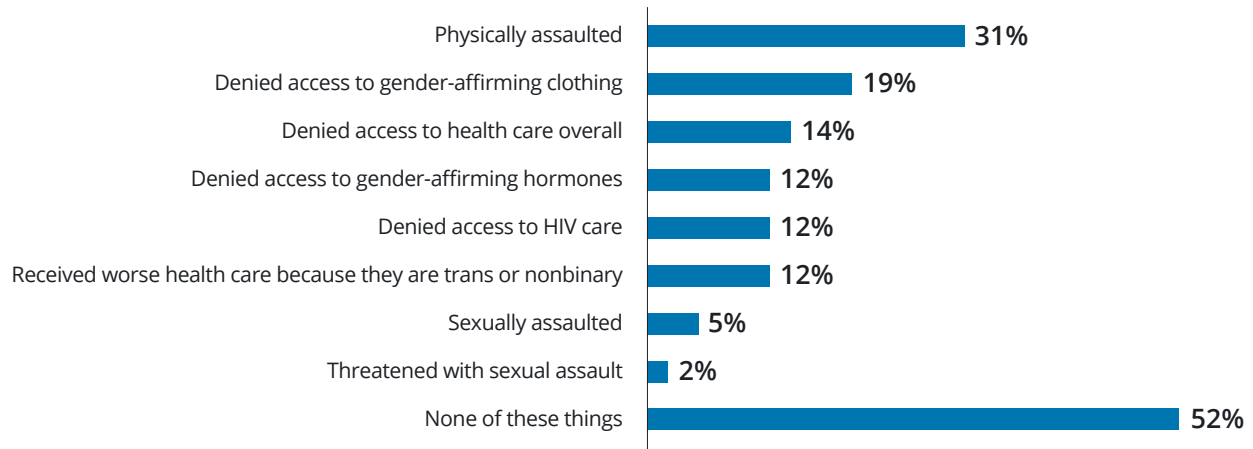
EXPERIENCES WITH IMMIGRATION DETENTION

Half of all immigrant respondents (50%)—13% of the full sample—were held in immigrant detention at some point in their lives. Of the respondents who had been in immigration detention, 31% reported being physically assaulted, and 19% were denied access to gender-affirming clothing. In terms of access to health care, 12% were denied access to gender-affirming hormone treatments, 12% were denied access to HIV treatments, and 14% reported not getting the health care that they needed overall. Of those who were denied care while in immigration detention, 12% believed that the reason they were denied care was because they were trans or nonbinary (see Figure 30).

⁷¹ *Asylum* (2024, Feb 12). U.S. Citizenship and Immigration Services. <https://www.uscis.gov/humanitarian/refugees-and-asylum/asylum>

⁷² *Asylum Manual*. Immigration Equality. <https://immigrationequality.org/asylum/immigration-basics/> (accessed 5/15/2024).

Figure 30. Experiences of LA County Trans & Nonbinary Survey respondents in immigration detention (n=42)



Note: Percentages do not add to 100% because respondents could select multiple options.

We asked respondents who had been detained whether they had assistance with clothing, food, and housing upon release. Forty-three percent (43%) reported that they had support for only some of those things, and nearly half (45%) reported that they had support for none of those things. Many respondents did some form of work to support themselves: 38% of respondents got a job from an employer after leaving detention, and approximately one-quarter (24%) reported that they supported themselves by doing sex work. Others found support from social networks. For example, 19% received support from friends or family, 19% reported receiving cash assistance from a charity or program, and 14% received support from a community organization.

“I am Columbian. I’m an immigrant. I was cast out from my country just because I’m a trans woman ... If it wasn’t for ... this organization ... I would probably be homeless. I didn’t have any other option.”

SUMMARY AND RECOMMENDATIONS

Immigrants in our sample had lower educational attainment and lower income. Immigrants are more likely to use public health care options. Immigrants were less likely to see any viable alternatives to sex work for income. Nearly one-third experienced assault while held in immigration detention.

Study participants described the importance of support from community organizations, including for those who have just left immigration detention. There is also a need for resources that are accessible for immigrants who do not speak English.

So that’s just one of the barriers that I feel, like, is that there are just not a lot of resources out there for specifically Spanish speaking ... transgender immigrant populations.

Recommendations

- Educational, workforce, and assistance programs could especially benefit trans and nonbinary people who are immigrants if tailored to their needs. Food supports and other economic supports would also be beneficial.
- Those who engage in sex work need supports in place for the unique needs of immigrant trans and nonbinary sex workers, including other pathways to income sources, if that is a desired path for them. Further research is needed to better understand how to create these pathways.
- More support for asylum seekers is needed, as well as access to care in immigration detention. More research is needed into the conditions of confinement at immigration detention centers, with safety being a priority. Evaluations that have been done of county jails and prisons located in LA County and other parts of California could serve as a model.⁷³

⁷³ Robinson, Russell K. (2011, Sep. 9). Masculinity as Prison: Sexual Identity, Race, and Incarceration. *California Law Review* 99, 1309. <https://ssrn.com/abstract=1974678>; Testimony to the Review Panel on Prison Rape, U.S. Department of Justice (2013) (testimony of Russell K. Robinson). https://ojp.gov/sites/g/files/xyckuh241/files/media/document/testimony_robinson.pdf; Jenness, Valerie, Maxson, Cheryl L., Matsuda, Kristy N., and Jennifer Macy Sumner. (June 2007). Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault. *The Bulletin* 2(2). <https://cpb-us-e2.wpmucdn.com/sites.uci.edu/dist/0/1149/files/2013/06/BulletinVol2Issue2.pdf>

WHAT RESPONDENTS WANT LA GOVERNMENT LEADERS TO KNOW

“The violence against trans people of color is very real and palpable, especially in DTLA, East LA, and South LA. All we are asking for is stable housing, city-wide protections, and equal access to living a full life.”

The last survey question was an open-ended response question that asked, “What do you believe is the most important thing that government leaders of LA County should know about trans and nonbinary people’s experiences in LA County?” Of the 322 survey respondents, 319 people wrote in some form of response to the question. Major themes that emerged from the responses are as follows:

- The financial hardships when living in LA County, including lack of access to affordable housing and viable job opportunities
- The need for better training on how to support trans and nonbinary community members
- Trans and nonbinary people deserve respect both as people and as a community
- Negative feelings regarding previous interactions with many types of government workers

“We are highly represented in the arts and media that sustains the economy in LA County, but we are unable to afford housing, transportation, and food.”

There is a serious lack of knowledge in the DHS and DMH systems. There are very few TGI knowledgeable providers and getting appointments with them is impossible. TGI employees who work for the County are misgendered DAILY in their own workplaces. It is exhausting.

Para mi punto de vista [deberían] de [impartir] talleres de [sensibilización] en los temas de identidad de [género] en las unidades de salud. [C]uerpos policiales y [población] general. [Translation: From my point of view, they should teach awareness workshops on gender identity issues in healthcare units, police forces and the general population.]

Remember, it’s the clerk at the desk, the parking/security attendant, the library customer service, probate court, DMV, discrimination and poor treatment takes place at all levels of personnel in LA County and not just the Police and Medical Providers.

Some respondents acknowledged that while additional training and education around issues faced by the trans and nonbinary community is a good first step, attempts to support the community need to go further.

We [don’t] always feel safe or welcome, and cultural humility training [doesn’t] automatically solve that issue. We also deserve to have better employment opportunities that welcome our LGBT+ identities.

Respondents described their desire to be seen and respected as people and community members when interacting with government or other service providers.

Seeing trans & nonbinary folks in positions of leadership is an important part of being fairly and accurately represented in our community and in our government. As important as allyship is, [it's] often not enough to just support with words.

We have to find and create our community, shelter, aid, and love. I have yet to be in a place that is really, really welcoming for the gender expansive community that was not run by gender expansive ppl.

Que nosotros tenemos los mismos derechos que cualquier persona y somos seres humanos como cualquier otra persona.

[Translation: *That we have the same rights as anyone else, and we are human beings like anyone else.*]

There was also a request to specifically support trans and nonbinary people economically through funding trans-led businesses or by providing subsidized housing. Multiple respondents remarked that trans people lack family support systems that could help offset financial burdens.

Support trans-led businesses of all [kinds] to improve access to jobs and housing. [It] is not right that many of us still struggle with basic needs like food, housing, transportation, and education, sometimes despite our education and experience. Many of us [don't] have the same social and family support to lean on, and many of us lost that support early in our teens or young adulthood and have been struggling to catch up.

Se necesita apoyar al crecimiento y desarrollo a mujeres trans independiente general capacitaciones a personales de empresas grandes para brindarles oportunidades cuando estás busquen trabajo.

[Translation: *It is necessary to support the growth and development of independent trans women, general training for personnel from large companies to provide them with opportunities when they are looking for work.*]

Respondents repeatedly brought up the need for comprehensive and affordable health care, including but not limited to gender-affirming care.

We need access to non-discriminatory birth sex-related Healthcare (mammogram for example), preferably in an LGBT-centered building. [It's] an absolute nightmare currently.

Getting more gender-affirming healthcare would be amazing. I currently have to go outside of my insurance because the wait times were too long for me.

Respondents shared that trans and nonbinary people are part of a larger community, so an intersectional approach to addressing the needs of the community was necessary.

While California, and especially LA County, may be very far ahead in terms of trans rights—it remains a place that is not accessible to lower income people, disabled people, etc. ... In order for my mental health to be taken care of, I need to put my physical health in danger.

Provide housing and income assistance for trans and nonbinary people, especially trans and nonbinary people of color who are most vulnerable to violence, incarceration, homelessness, and sex work. People need help.

We are all multi-faceted people who are often at the intersection of multiple marginalized identities. Access to housing, healthcare, food, income, community spaces are all trans and non-binary issues.

The need for more services for trans adults, specifically for nonbinary people and adult trans men, was mentioned in multiple responses.

Trans-males/Non-Binary should be appointed permanent housing opportunities and other resources, more trans-male and Non-Binary programs to help them.

I just think there needs to be a lot more services for adult trans people, but especially trans men.

Respondents also shared that the political climate makes it feel unsafe to disclose gender identity on formal documents or surveys. They also discussed how trans and nonbinary program participants may already feel vulnerable due to previous traumatic experiences.

There are far more of us than any of these surveys indicate. So many of us choose to keep ourselves hidden or locked to traditional or birth identities for a vast number of reasons.

They should approach and attempt to understand folx with a trauma-informed mindset since most TGI individuals have unfortunately faced more trauma than their cisgender counterparts.

SUMMARY AND RECOMMENDATIONS

Nearly all respondents responded to the question, “What do you believe is the most important thing that government leaders of LA County should know about trans and nonbinary people’s experiences in LA County?” Overall, respondents want to feel like they are being treated with dignity and respect, including when accessing services in LA County. Respondents spoke of fears in the community that negative policies from other states, like gender-affirming care bans, will impact LA County. Respondents put forth many ideas on what the government could do to improve life for trans and nonbinary people in LA County, and those ideas are presented throughout this report in our recommendations.

[W]hat I would really want the policymakers to understand is there is so much fear in our community, especially among my younger clients, there is just so much fear that what’s happening [in] other states is going to happen in California. I feel like they just need some reassurances that we’re going to continue to have access to [gender-affirming] care in California.

If there was anything that I wanted them to know, it’s just that our clients are people who, no matter the trauma they have been through, they still have hopes, dreams, and aspirations just like any of us do, and they’re just looking to exist in a world where there’s safety and that they’re accounted for and not erased or silenced.

So, I want to call it the triple A, right? So, we need accessibility, we need affirmation, and we need advancement.

CONCLUSION

Looking toward the future, this study illustrates the need to build a pipeline for trans and nonbinary people to thrive in LA County. There must be a pathway for community members to become leaders in all aspects of life, including in government, business, education, health care, the arts, and community organizations. Trans and nonbinary people are best suited to envision this pipeline, with the support of trans-led organizations that have already begun this work. Work is underway on foundational tasks in this project, such as providing direct services for those most in need, improving health care access, offering educational opportunities, providing job training and placement, developing leadership skills, and generating opportunities for community members. LA County government should allocate resources and work collaboratively with the trans and nonbinary community to bring this pipeline to fruition.

Study participants described their preference that the work should be done by trans people, for trans people, with the support of government. Below are just a few of the voices of our study participants outlining this vision:

I personally feel that the Government should really, really, really invest [in] agencies that are already doing this type of work.

Services to support trans people need to be staffed by trans people. So there needs to be more economic empowerment, you know, given to the trans community for education and so that we can run our own organizations and lift ourselves up.

I feel like anyone who wants to write a grant for Trans Services, the policy should include that a Trans lived person is working in that program, that grant, and also is included in management. We can't just be line staff anymore. We have to be at the executive level where we're in the conversation that impact[s] change for programs, that impact[s] the trajectory of the organization.

Like, it's really wild to me that we don't get to choose what our taxes go into because if the money actually went into community services, we would have so much more equity and, like, people thriving instead of just barely surviving.

More research is needed to better understand how and where to direct efforts and investments that will be most effective in positively impacting trans and nonbinary communities in LA County. Yet, it is already clear that those investments should include key pieces in building the pipeline, including development of programs to provide training and experience for trans and nonbinary people on how to work with government entities to better leverage government resources and on how to work in roles within the government. To position community members to pursue various career paths, LA County should invest in establishing and improving scholarships for trans and nonbinary people. Finally, LA County should design and implement a program to give credit for those who have been doing work in the community as certification for engaging in equivalent work on behalf of LA County.

Many trans and nonbinary people have faced barriers due to criminalization, incarceration, and the need for survival work. The well-being of all residents of LA County is the responsibility of our elected officials. It is imperative that resources be allocated in an equitable matter to uplift the lives of trans and nonbinary people in LA County, to improve quality of life, and to work toward a better future where trans and nonbinary people don't just survive but thrive.

METHODS

This study was conducted in partnership between the Williams Institute at the UCLA School of Law and The Translatin@ Coalition, along with collaborators from The Royal Collection Corporation and the Connie Norman Transgender Empowerment Center (CoNoTEC). Study design and all study materials were submitted to and approved by the UCLA North General Institutional Review Board (UCLA IRB) (IRB #23-000588). Bamby Salcedo, Jody Herman, and Kerith Conron served as Co-Principal Investigators. Grant funding for this study was largely provided by LA County Supervisors Solis, Mitchell, Horvath, and Hahn, with additional support from the California Endowment and Jack Corwin.

The study was designed as a community-based project to identify needs, barriers to services, and recommendations to better serve the trans and nonbinary community of LA County. We engaged community members and staff members of organizations that serve the trans and nonbinary community to set priorities for topics to pursue on a community-wide survey. This engagement consisted of multiple listening sessions and culminated in a survey of trans and nonbinary adult residents of LA County. All listening sessions occurred in May or June of 2023. The survey was distributed over a period of four months, from October 2023 to February 2024, in both English and Spanish. The online survey was hosted by RTI International.

LISTENING SESSIONS

The study team conducted outreach efforts to local community-based organizations (CBOs) that serve trans and nonbinary people to identify individuals interested in providing information on current needs or gaps in services. These listening sessions were one hour in duration and were conducted online via Zoom. These sessions focused on understanding participants' perspectives based on their experiences as service providers for trans and nonbinary people in LA County. Recruitment for the CBO listening sessions involved IRB-approved communications, including email blasts and phone calls, made by individuals on the study team to organizations located in LA County. The criteria to participate in a CBO listening session required that individuals are staff members or local advocates who currently work at and/or with CBOs in LA County that provide services to the trans and nonbinary community. No compensation was provided for CBO listening session participants since these sessions were conducted during business hours and as part of their work capacity. One session included a live Spanish translation for monolingual Spanish-speaking participants. There were 13 representatives from 10 different community organizations from areas such as Long Beach, San Fernando Valley, West LA, Central LA, and the South Bay.

The study team asked participating community-based organizations to share information about individual community member listening sessions with their staff, volunteers, members, or other eligible and interested parties. Eligibility criteria for individual community member listening sessions included being an adult trans or nonbinary resident of LA County. Outreach for individual listening sessions included word of mouth by CBO listening session participants, IRB-approved email blasts from CBO listening session participants, and IRB-approved email blasts by research team members. Individual listening sessions were by invitation only to ensure that eligible trans and nonbinary people were represented. Anyone interested in attending also completed a short screener survey to ensure diversity among participants for each session.

Listening sessions conducted with local trans and non-binary community members were held both in person and concurrently online via Zoom for one-hour sessions. Community members were provided a physical \$50 Visa gift card that they received onsite if attending in person, were mailed via FedEx (with their permission) if attending online, or were left for pick up at The TransLatin@ Coalition office (with their permission) if attending online. Any individual listening session participants who attended in person were also provided with a \$25 cash stipend to compensate for parking or other transportation costs. Participants who wished to attend in person could pick their location of choice, with one session occurring at The TransLatin@ Coalition's office near Koreatown or at the Connie Norman Transgender Empowerment Center in West Hollywood. A total of 19 trans and nonbinary community members attended the community listening sessions.

All participants were asked a series of predetermined questions in a group forum around their experiences providing services for the trans and nonbinary community or receiving services in LA County. Participants were not required to participate on camera and could utilize the chat function to share their feedback via writing if preferred. Participants were limited to one listening session but could attend both an organizational listening session and a community member listening session if they were eligible for both. All sessions were capped at around 10 participants to ensure all participants had time to share their thoughts.

Both types of listening sessions, for community members or community-based organizations, were recorded with permission from all participants. These sessions were transcribed by Acolad and then de-identified by members of the study team. The listening sessions were used to identify topics of interest for a survey of trans and nonbinary adults in LA County. This included subjects mentioned most often by participants across sessions, such as access to transportation, housing, community interactions with police or immigration services, and engagement in sex work, among others. The final topics for the survey and their results are described in this report.

The survey was developed to explore these topics and to create benchmarks for our sample to roughly compare with the general population. For instance, survey questions were added that are also asked of people in California and LA County so we could see how our sample differs from known population indicators. The questionnaire consisted of 168 questions, with respondents receiving questions pertinent to them based on their responses (e.g., use of "skip logic"). The median completion time was 38 minutes. The questionnaire for this study is available from the authors upon request.

SURVEY RECRUITMENT

To recruit eligible participants for the survey, we engaged in direct recruitment by the study team and engaged a team of survey recruiters to help with outreach. The survey was launched at the Williams Institute's 2023 Unity Event on October 24, 2023, with placement of outreach materials and posters at the venue and direct recruitment from the survey team. Community members were hired to serve as survey recruiters at local community events, through their personal networks, or by otherwise connecting with individual community members. Recruiters were trained online via Zoom on ethical survey recruitment best practices and how to share the survey link with eligible community members. Recruiters were provided with IRB-approved printed materials, such as flyers and postcards, to recruit

individuals who may be eligible to take the survey. Recruiters were also provided digital materials, such as IRB-approved emails and images to post on social media. All recruitment materials were made available in both English and Spanish.

Interested survey participants could use information from the printed outreach materials to either text a specified phone number (one number for English and a different number for Spanish) to receive a link to the survey or scan a QR code that would pre-populate a text message for them to send. The text message stated, "I want to take the survey." Interested participants also had the option to go in person to The Translatin@ Coalition or the Connie Norman Transgender Empowerment Center if they needed access to computers/tablets or internet access.

Participants who were eligible to take the survey were compensated for their time with a \$30 digital gift card if they took the survey online or a \$30 physical Target gift card if taken in person at an approved survey center. Since this survey was a paid opportunity, fraud protections were put in place by RTI International for the survey administration. Furthermore, reviews for eligibility were completed by RTI International and the Williams Institute research team before payments were completed. Once potential participants texted RTI to receive the survey link, a fraud check took place before a survey link would be sent. The fraud check included review to make sure the phone number was not a known fraudulent number, that it was a cell phone number and not a landline number, and that the phone carrier was not unusual or known for use in conducting fraud. If a phone number passed the fraud check, the text sender was sent a unique survey link to enter the survey. If the phone number failed the fraud check, that number would not be sent a survey link and would receive a message that they are not eligible for the survey.

RTI monitored survey link requests to identify patterns of suspicious behavior and could pause the system if substantial suspected fraud was taking place. During administration of this survey, the survey was shut down from November 10, 2023, to November 20, 2023, after a sudden increase in fraudulent activity. Fraud protocols were adjusted to include assessment of duplicate IP addresses outside of known survey center locations, IP addresses outside of California, and other metadata, such as browser language. The survey reopened with substantially reduced fraudulent activity after these adjustments.

DATA CLEANING AND ANALYSIS

Initial cleaning of the dataset was conducted by RTI based on the fraud protocols described above, then further cleaning was conducted by the Williams Institute. The dataset delivered to the Williams Institute from RTI included 335 respondents. A total of 13 respondents were removed during our cleaning process, leaving a final sample of 322 respondents. Cleaning conducted by the Williams Institute included the following steps:

1. Establishing minimal completion requirements. Response rates throughout the survey were generally very high; questions asked of all respondents each had a response rate of 97% or higher. Respondents who did not answer 25 or more questions that were asked of all respondents were removed from the survey.
2. Deleting duplicate responses. Two separate diagnostic tests were used to identify and delete duplicate responses (i.e., responders who may have filled out the survey multiple times).

3. Eliminating “speeder” responders. Two separate checks were used to identify respondents who may have moved through survey questions too quickly without reading/meaningfully responding.
4. Ineligible responders. Respondents who reported an age below 18 were removed, as this is a survey of trans and nonbinary adults (aged 18 and over), and all others are ineligible.
5. Qualitative response review for removing mischievous responders. Write-in responses for each question were checked for potentially mischievous responders. Any respondent whose write-in answers contained profanity, hate speech, or otherwise disqualifying material (e.g., gibberish) were removed.
6. Review to identify respondents not taking the survey in earnest. This review seeks to understand if a respondent’s survey responses are contradictory. For instance, if a respondent reported that they are currently homeless and also reported that they currently live in a home they own. We considered 10 potential combinations of responses that would be considered contradictory. Respondents who had four or more instances of contradictory responses were removed from the sample.

The listening sessions and survey created both qualitative and quantitative data. For quantitative analyses, variable recoding and univariate and bivariate analyses were conducted using R and Stata software. Bivariate analyses were run using chi-square tests of independence to assess the statistical significance of the relationship between selected variables in the dataset, including original recodes, and the following variables of interest for subgroup analyses: gender, race/ethnicity, age, housing status, immigration status, insurance status, poverty, engagement in sex work, employment status, and residence inside or outside of Central LA. Only those variables of interest that were significantly related ($p < 0.05$) to the selected variable in the dataset are described in this report. Detailed tables are available upon request from the authors.

Qualitative data from the listening sessions and the survey write-in responses were coded into topics based on the topics covered in the survey and for policy recommendations. This was a fully deductive approach to bring in listening session participants’ and survey respondents’ voices into the final report. Selected quotes are presented throughout the report to bring depth, context, and better understanding of the quantitative findings. Qualitative data also informed the development of the Discussion and Recommendations section, bringing participants’ perspectives to bear on the recommendations we listed. Future research could utilize a more inductive approach to analyses of the qualitative data to answer research questions appropriate for this dataset.

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ABOUT THE WILLIAMS INSTITUTE

The Williams Institute is dedicated to conducting rigorous, independent research on sexual orientation and gender identity law and public policy. A think tank at UCLA Law, the Williams Institute produces high-quality research with real-world relevance and disseminates it to judges, legislators, policymakers, media, and the public. These studies can be accessed at the Williams Institute website.

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RESEARCH THAT MATTERS



APPENDIX

SUBGROUP ANALYSES

We sought to understand how certain groups among our respondents differ in their characteristics, experiences, and perspectives. We looked at how respondents compared with others in the survey based on gender, race/ethnicity, age, housing status, immigration status, poverty, engagement in sex work, employment status, and whether they reside in Central LA or outside Central LA. Here, we provide a description of the variables used in these subgroup analyses.

Table A1. Characteristics of LA County Trans & Nonbinary Survey respondents used in subgroup analyses

| | FREQUENCY | PERCENTAGE |
|--|-----------|------------|
| GENDER (N=321) | | |
| Man/Transmasculine | 78 | 24% |
| Woman/Transfeminine | 134 | 42% |
| Nonbinary+ | 109 | 34% |
| RACE/ETHNICITY (3-LEVEL) (N=322) | | |
| White | 62 | 19% |
| Latino/a/x/e | 179 | 56% |
| BIPOC, non-Hispanic | 81 | 25% |
| RACE/ETHNICITY (2-LEVEL) (N=322) | | |
| White | 62 | 19% |
| All BIPOC | 260 | 81% |
| AGE (N=322) | | |
| 18-24 | 55 | 17% |
| 25-49 | 226 | 70% |
| 50+ | 41 | 13% |
| HOUSING STATUS (N=312) | | |
| Currently experiencing homelessness | 78 | 25% |
| Experienced homelessness previously | 75 | 24% |
| Never experienced homelessness | 159 | 51% |
| IMMIGRATION STATUS (N=322) | | |
| U.S. citizen by birth | 224 | 70% |
| Not a U.S. citizen by birth | 98 | 30% |
| INSURANCE STATUS (N=322) | | |
| Insured | 277 | 86% |
| Uninsured | 45 | 14% |
| POVERTY (N=278) | | |
| Near/under federal poverty line | 144 | 52% |
| Not near/under federal poverty line | 134 | 48% |
| 200% FEDERAL POVERTY LINE (N=278) | | |
| Near/under 200% federal poverty line | 186 | 67% |

| | FREQUENCY | PERCENTAGE |
|--|-----------|------------|
| Not near/under 200% federal poverty line | 92 | 33% |
| ENGAGEMENT IN SEX WORK (N=322) | | |
| Never | 199 | 62% |
| Previously | 50 | 16% |
| Currently | 73 | 23% |
| UNEMPLOYMENT (N=246) | | |
| Employed | 176 | 72% |
| Unemployed | 70 | 28 |
| CENTRAL LOS ANGELES (N=322) | | |
| Do not reside in Central LA | 181 | 56% |
| Reside in Central LA | 141 | 44% |

Note: Percentages may not add to 100% due to rounding.

A CLOSER LOOK AT THE ISSUES

Table A2 includes the full slate of answer options for Table 5, presented earlier in the report. Of particular note is the column that shows the percentage of respondents who stated that the listed issue does not apply to them. Below, we describe how removing those respondents from these rows influences the calculations and meaning of the findings.

Table A2. LA County Trans & Nonbinary Survey respondents' rating of specific issues as trans and nonbinary people in LA County (n=321)

| ISSUE | SERIOUS PROBLEM | MODERATE PROBLEM | NOT A PROBLEM | DOES NOT APPLY TO ME |
|--|-----------------|------------------|---------------|----------------------|
| Cost of living | 59% | 25% | 10% | 6% |
| Housing | 56% | 23% | 14% | 7% |
| Income/Wages | 54% | 30% | 11% | 6% |
| Financial security | 51% | 28% | 12% | 9% |
| Debt | 44% | 25% | 14% | 17% |
| Violence/personal safety | 38% | 36% | 17% | 9% |
| Availability of jobs | 38% | 34% | 16% | 12% |
| Availability of mental health care | 37% | 31% | 26% | 6% |
| Availability of financial services | 37% | 33% | 18% | 13% |
| Availability of financial counseling | 36% | 31% | 18% | 15% |
| Shelter services | 31% | 17% | 12% | 40% |
| Availability of job training opportunities | 31% | 34% | 17% | 18% |
| Availability of health care, not trans-related | 30% | 29% | 33% | 8% |
| Transportation | 28% | 31% | 31% | 10% |
| Availability of gender-affirming health care | 27% | 36% | 29% | 8% |
| Seeking employment with a criminal record | 27% | 20% | 9% | 45% |

| ISSUE | SERIOUS PROBLEM | MODERATE PROBLEM | NOT A PROBLEM | DOES NOT APPLY TO ME |
|---|-----------------|------------------|---------------|----------------------|
| Education | 26% | 29% | 28% | 18% |
| Elderly living assistance (62+) | 25% | 17% | 11% | 48% |
| Child-care services | 25% | 15% | 15% | 45% |
| Obtaining degree/diploma with criminal record | 25% | 18% | 10% | 47% |
| Substance abuse treatment | 25% | 17% | 16% | 42% |
| Domestic violence services | 25% | 18% | 14% | 43% |
| Substance abuse services | 24% | 19% | 16% | 41% |

Note: Percentages may not add to 100% due to rounding.

A substantial number of respondents reported that certain issues didn't apply to them. For instance, 48% said that elderly living assistance wasn't an issue that applied to them. Forty-seven percent (47%) stated that obtaining a degree or diploma with a criminal record wasn't an issue that applied to them. Forty-five percent (45%) stated that child care services weren't an issue that applied to them. When only considering those for whom these issues apply, the percentage of respondents who believe the issue is a serious problem increases. For instance, out of all respondents, child care was considered a serious problem by 25% of respondents. However, when considering only those for whom child care is an issue (n=176), 45% say it is a serious problem.⁷⁴ Of those who responded that elderly living assistance is an issue for them, 48% said it was a serious problem, compared to 25% of all respondents.

Further research can illuminate the unique needs of those who have specific issues that do not apply to a substantial number of other trans and nonbinary people. Table A3 below shows the list ordered in descending order of percent reporting the issue is a serious problem. Notably, the percentages are altered in a way that reflects a list of issues where only those who thought that issue pertained to them are included. For instance, child care services now appear in the top 10 issues. The top five issues remain the same.

Table A3. LA County Trans & Nonbinary Survey respondents' rating of specific issues as trans and nonbinary people in LA County, among those who reported the issue applied to them

| ISSUE | SERIOUS PROBLEM | MODERATE PROBLEM | NOT A PROBLEM |
|---|-----------------|------------------|---------------|
| Cost of living (n=301) | 63% | 27% | 10% |
| Housing (n=298) | 60% | 24% | 15% |
| Income/Wages (n=301) | 57% | 32% | 11% |
| Financial security (n=293) | 56% | 31% | 13% |
| Debt (n=261) | 53% | 9% | 17% |
| Shelter services (n=192) | 52% | 28% | 20% |
| Elderly living assistance (62+) (n=168) | 48% | 32% | 20% |

⁷⁴ We re-calculate the percentage of respondents who believe the issue is a serious problem only for those that respond that the issue applies to them by removing those who selected "Does not apply to me" from the denominator.

| ISSUE | SERIOUS PROBLEM | MODERATE PROBLEM | NOT A PROBLEM |
|---|-----------------|------------------|---------------|
| Seeking employment with a criminal record (n=174) | 48% | 36% | 16% |
| Obtaining a degree/diploma with a criminal record (n=168) | 47% | 33% | 20% |
| Child-care services (n=176) | 45% | 27% | 27% |
| Availability of jobs (n=281) | 43% | 38% | 19% |
| Availability of financial services (n=279) | 43% | 37% | 20% |
| Availability of financial counseling (n=272) | 43% | 36% | 21% |
| Substance abuse treatment (n=184) | 43% | 30% | 27% |
| Domestic violence services (n=180) | 43% | 32% | 24% |
| Violence/personal safety (n=291) | 42% | 39% | 19% |
| Availability of mental health care (n=298) | 40% | 33% | 28% |
| Substance abuse services (n=187) | 40% | 32% | 28% |
| Availability of job training opportunities (n=262) | 38% | 42% | 20% |
| Availability of health care, not trans-related (n=295) | 33% | 31% | 36% |
| Education (n=263) | 31% | 35% | 33% |
| Transportation (n=287) | 31% | 35% | 34% |
| Availability of gender-affirming health care (n=295) | 30% | 39% | 31% |

Note: Percentages may not add to 100% due to rounding.