



From Surviving to Thriving: A Quality-of-Life Study with Transgender, Gender Nonconforming, and Intersex (TGI) Adults in the City of Los Angeles

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EXECUTIVE SUMMARY

- QUALITY OF LIFE -

Transgender people in California experience discrimination and harassment in employment, housing, health care, schools, and other public places. More limited research has also documented that intersex people face employment discrimination and have poorer health compared to the general population. This study embraced a quality-of-life framework to gather **first-person accounts from 55 transgender, non-binary, and intersex (TGI) adults to better understand the needs of TGI people who live, work, or receive services in the City of Los Angeles.** Focus group topics included housing, employment, health care, and access to local services and resources. Overall, we found that while the TGI community continues to face many acute challenges, it has also developed expertise, relationships, and resources that will be critical to addressing these challenges in partnership with the City.

In this quality-of-life assessment, most (94.6%) focus group participants were transgender and 16.4% of participants identified as intersex. Nearly all participants were people of color, almost two-thirds were Latinx/Hispanic, and half were not



94.6%

focus group participants were transgender

16.4%

focus group participants identified as intersex

born a U.S. citizen. A quarter of participants attended a focus group that was facilitated solely in Spanish.

Many participants had difficulty obtaining employment and were living with little to no financial resources. Specifically, over half (55.3%) were not employed while the rest worked one or more jobs. Almost a third of participants reported no income and over a third reported earning less than \$15,000 per year. Only about one in ten (10.4%) participants reported a personal income of \$50,000 or greater, even though more than a quarter of participants had a bachelor's degree or more education.

Many participants reported barriers to finding work, including a lack of identity documentation, both for job applications and proof of legal residence, which matched their gender identity and expression. Other barriers included difficulty finding and applying for jobs and lack of English language fluency. For assistance in addressing these challenges, participants reported the most positive experiences with TGI-focused employment programs developed by TGI community-based organizations.

Out of all the dimensions of well-being discussed in the focus groups, housing was the area where participants expressed the most challenges, including: 1) landlord's presumptions about their ability to pay rent because of their gender identity; 2) for transgender women, presumptions about their source of income, and stigma around sex work; 3) lack of safety in homeless shelters; and, 4) scarcity of emergency housing programs. A third of participants had used emergency shelters in Los Angeles, and most reported negative experiences and a lack of

safety, except for those shelters designed for transgender and gender non-conforming people. However, several participants felt that there are too few emergency housing programs for TGI people in Los Angeles, and those that are available are in demand, have wait lists, and can only support short stays.

Participants also had trouble accessing health care due to the scarcity of providers who are knowledgeable about TGI people and their needs. Those who did not speak English fluently faced additional challenges accessing health care. However, participants described positive experiences related to a limited number of health care providers like Saint John's Health Center, Kaiser, AltaMed, and the Los Angeles LGBT Center.

In terms of safety, some participants mentioned recent changes in the social climate, particularly anti-trans legislation that has been filed elsewhere in the country, as making them feel less safe. For some, primarily transgender women, longer-term safety concerns in Los Angeles persist. They reported feeling unsafe when using public transportation or walking around certain neighborhoods. Further, many described interactions with police officers that led to questioning the women about whether they were engaged in sex work.

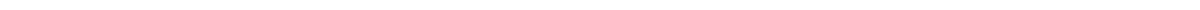
While some transgender-competent resources and services do exist in Los Angeles, the current need appears to exceed availability and some TGI people face additional barriers. Services appeared to be more limited for TGI people who are not fluent in English. Black TGI people described experiences of racism in their efforts to obtain housing or shelter, as well as in relation to the police.

Findings from this focus group study, and the recent Los Angeles County Homeless Count, indicate a clear need to increase access to safe, TGI-competent homeless shelters. Given findings from this study, and published research on housing and employment discrimination, transgender-competent transitional housing programs with employment supports and other resources (e.g., mental health care, English language classes) are recommended. Similarly, given findings from this study, and published research on health care discrimination, efforts to increase the knowledge and skills of the local health care workforce are needed. All services must be linguistically competent and matched to the needs of the diverse population of Los Angeles.

City agencies, particularly those focused on housing, workforce development, health care quality, and public safety should develop performance goals and issue regular public reports on their activities to serve and engage TGI people. Compliance with nondiscrimination protections should also be assessed on an on-going basis—in both public and private spheres—and in relation to housing and employment.

One message came through consistently in this study: while the TGI community in Los Angeles faces significant challenges, the participants in this study demonstrated resilience and made use of resources developed by the local TGI community and other community-based organizations with a demonstrated commitment to serving TGI people. Whenever possible, TGI organizations should be funded directly to meet the needs of the TGI community identified in this report. This approach will be the most efficient, economical, and effective way to deliver

services and overcome barriers. More broadly, all City initiatives to improve the quality and quantity of resources for TGI people should be conducted in partnership with TGI people and TGI-led organizations. Finally, on-going monitoring of the needs of TGI people in relation to housing, employment, health care, and safety is recommended to ensure that Los Angeles' vibrant TGI community is thriving and enjoys the same quality of life as other Angelinos.





SPECIFIC RECOMMENDATIONS

Employment & Resources

- Support TGI community organizations that provide support for employment training, application, and retention.
- Provide TGI community members with support to update their identity documents to state their current gender.
- Assess compliance with employment nondiscrimination protections and ensure adequate enforcement and education related to the TGI community.

Housing

- Increase access to safe, TGI-competent homeless shelters.
- Develop and fund TGI-competent transitional housing programs with employment supports and other resources (e.g., mental health care, English language classes).
- Assess compliance with housing nondiscrimination protections and ensure adequate enforcement and education related to the TGI community.

Health Care

- Increase the knowledge and skills of the local health workforce related to the care of TGI people.
- Partner with TGI-led organization(s) to develop a training curriculum for health care providers. This training curriculum can be utilized in health service centers that are funded by the City of Los Angeles to better meet the health care needs of TGI Angelenos.



SPECIFIC RECOMMENDATIONS

Public Safety

- In partnership with the TGI community, strengthen trainings with law enforcement to protect TGI community members using public transportation or walking on public streets and to address continued assumptions that transgender women are sex workers.
- Closely monitor and respond to harassment of and attacks against TGI community members.

General Recommendations

- Whenever possible, fund TGI organizations directly to meet the needs of the TGI community identified in this report. This approach will be the most efficient, economical, and effective way to deliver services and overcome barriers.
- More broadly, conduct all activities to improve the quality and quantity of resources for TGI people in partnership with TGI people and organizations.
- Develop a continuous TGI Wellness and Equity Fund to provide resources to address the gaps in services for TGI Angelenos.
- Ensure that all services are linguistically competent and matched to the needs of the diverse population of Los Angeles.
- Establish performance goals and monitoring and reporting mechanisms for City agencies focused on housing, workforce development, health care quality, and public safety in relation to the TGI community.
- Conduct on-going external monitoring of the needs and experiences of TGI Angelenos in relation to housing, employment, health care, and safety.



INTRODUCTION

Findings from the California Health Interview Survey—the largest statewide health survey in the U.S.—show that one in five transgender adults lives in poverty (22.1%)¹ and that racial inequalities in poverty are also observed among transgender adults. Specifically, 27.2% of Black, Latinx, or American Indian or Alaska Native transgender adults are living below the federal poverty line as compared to 13.7% of White transgender adults in the state. Consistent with greater exposure to stigma and adversity, more transgender adults who completed the California Health Interview Survey met criteria for distress as compared to cisgender adults (42.5% vs. 11.2%)² in the state.

Studies conducted in Los Angeles County indicate that transgender Latinas experience victimization by the police³ and that transgender people experience hunger⁴ and barriers to accessing mainstream resources.

Beyond Los Angeles, research shows that LGBTQ people, particularly people of color, were disproportionately economically impacted by the COVID-19 pandemic⁵ and may face additional threats to housing stability. In fact, although transgender people are about 0.5% of the adult population in the California,⁶ they were 2% of people experiencing homelessness in the 2022 Greater Los Angeles Point-In-Time Count.⁷ These findings indicate that transgender people are heavily overrepresented among those experiencing homelessness. Moreover, more than 80% of the County’s transgender homeless population were unsheltered.⁸

Less is known about the experiences of intersex people, although available data document the presence of intersex people in the state who are likely to need support. Analyses of Medi-Cal data conducted by the Williams Institute indicate that over

1 15.3% of cisgender adults were living in poverty in the 2015–2021 pooled state California Health Interview Survey (CHIS) data; Source: AskCHIS. <https://ask.chis.ucla.edu/>

2 2015–2021 pooled state CHIS data; Source: AskCHIS. <https://ask.chis.ucla.edu>

3 Galvan, F.H. & Mohsen, B. (2012). Interactions of Latina Transgender Women with Law Enforcement. Williams Institute, UCLA: Los Angeles, CA.

4 Wilson, B.D.M., Badgett, M. V. L., & Gomez, A. G. H. (2020). Experiences with Food Insecurity and Food Programs Among LGBTQ People. The Williams Institute, Los Angeles, CA

5 Sears, B. Conron, K.J., & Flores, A.R. (2021). The Impact of the Fall 2020 COVID-19 Surge on LGBT Adults in the U.S. The Williams Institute, UCLA, Los Angeles, CA.

6 Herman, J.L., Flores, A.R., & O’Neill, K.K. (2022). How Many Adults and Youth Identify as Transgender in the United States? The Williams Institute, UCLA, Los Angeles, CA.

7 Los Angeles Homeless Services Authority. (9/7/2022). 2022 Greater Los Angeles Homeless Count - City of Los Angeles. <https://www.lahsa.org/documents?id=6516-city-of-la-hc22-data-summary>

8 Los Angeles Homeless Services Authority. (9/7/2022).

15,000 genital and reproductive surgeries were performed on California children with intersex diagnoses between 2004 and 2018, largely before the age of two and well before the age of assent.⁹ Intersex children who are subjected to non-consensual, medically unnecessary procedures to “normalize” their bodies are vulnerable to trauma associated with such procedures.¹⁰ Indeed, 40.9% of intersex adults who completed the largest community-based survey of intersex adults in the U.S. reported a PTSD diagnosis, and a third had made a suicide attempt at some point in their lives.¹¹ A 2020 national survey of LGBTQ adults found that those who were intersex were much more likely to avoid seeking help, including medical care, and to limit their activities as a way to avoid discrimination as compared to non-intersex LGBTQ adults.¹² They were also more likely to report employment discrimination and utilization of public benefits like Medicaid compared to non-intersex peers.¹³

and civic engagement. In a recent quality-of-life study of Los Angeles County, residents reported positive experiences in terms of the neighborhoods they live in; relationships with different races, ethnicities, and religions; and health care.¹⁵ They reported neutral experiences in terms of public safety, jobs and the economy, and the environment. And they had negative experiences with traffic, education, and cost of living. However, this study did not report on the quality of life of the city’s transgender, gender non-conforming, or intersex (TGI) residents—despite evidence suggesting that quality of life differs between TGI and non-TGI people.

One framework that has been applied to study population-level well-being around the world is the quality-of-life framework developed by the Organisation for Economic Co-operation and Development (OECD). Since 2011, the OECD has been studying quality of life across countries and over time using 11 indicators of well-being.¹⁴ These include income and wealth, work and job quality, housing, health, knowledge and skills, environment quality, subjective well-being, safety, work-life balance, social connections,

9 Conron, K.J. & Sears, B. (2019, March 29). Written Testimony in Support of CA SB 201, legislation to prohibit a physician and surgeon from performing any treatment or intervention on the sex characteristics of an intersex minor without the informed consent of the intersex minor. Los Angeles, CA: The Williams Institute.

10 Morgan Carpenter, The “Normalization” of Intersex Bodies and “Othering” of Intersex Identities in Australia, 15 J. Bioeth. Inq. 487 (2018); Georgiann Davis, Jodie M. Murphy & Erin L. Murphy, Giving Sex: Deconstructing Intersex and Trans Medicalization Practices, 30 Gender & Soc. 490 (2015). Bonnie Hart and Jean Shakespeare-Finch, Intersex lived experience: trauma and posttraumatic growth in narratives, 13 Psych. & Sexuality 912-930 (2022).

11 Rosenwohl-Mack, A., Tamar-Mattis, S., Baratz, A. B., Dalke, K. B., Ittelson, A., Zieselman, K., & Flatt, J. D. (2020). A national study on the physical and mental health of intersex adults in the U.S. PLoS One, 15(10), e0240088. doi:10.1371/journal.pone.0240088

12 Medina, C. & Mahowald, L. (2021). Key Issues Facing People with Intersex Traits. Center for American Progress (blog). October 26, 2021. <https://www.americanprogress.org/article/key-issues-facing-people-intersex-traits/>.

13 Medina, C. & Mahowald, L. (2021).

14 OECD. 2020. How’s Life? 2020: Measuring Well-Being. How’s Life? OECD. <https://doi.org/10.1787/9870c393-en>

15 Los Angeles Quality of Life Index. 2023. UCLA Lewis Center for Regional Policy Studies (blog). Lewis Center for Regional Policy Studies. <https://www.lewis.ucla.edu/programs/data/qualityoflife/>



METHODS

In May 2023, five focus groups were conducted to gather information from TGI adults who live, work, or obtain services in the City of Los Angeles.

Volunteers (n=55) were recruited through community-based organizations located in four different Los Angeles neighborhoods (Central LA, Boyle Heights, Van Nuys, and West Los Angeles) using recruitment flyers, social media posts, email, and word of mouth. These organizations, including the Unique Woman's Coalition and FLUX at the Connie Norman Transgender Empowerment Center, The TransLatin@ Coalition, Somos Familia Valle, and InnerCity Struggle, were selected because they work directly with TGI communities and reflect the diversity of TGI populations in Los Angeles. People who were interested in volunteering for the study reviewed an on-line consent form and then completed a brief demographic questionnaire.¹

Groups were held in person at community-based organizations located across the city. All groups were led by co-facilitators (QVO, MF) who have extensive experience working

with TGI community members. One group was conducted entirely in Spanish, one was conducted in both Spanish and English, and three were conducted entirely in English. The focus groups lasted about two hours and included a 15-minute break. All participants received a \$100 Target gift card as a thank you for their time. Food and refreshments were provided at the focus groups.

The current study was informed by the OECD quality-of-life framework, and questions were designed to elicit information in five domains of life that stem from 11 available domains in this framework. These topics were chosen based on consultations within the research team about hierarchies of need and to fit within the allocated time frame for each focus group.

Focus groups were recorded, transcribed, and coded using NVivo.² Transcripts were reviewed

¹ Qualtrics Provo. 2020. Qualtrics. <https://www.qualtrics.com>
² NVivo. 2023. Lumivero. www.lumivero.com.

and edited by a member of the study team (MF) and then coded using a coding matrix based on the quality-of-life domains explored in the focus groups, including: housing, employment, health care, safety, and general sense of well-being. Participants were asked about positive and negative experiences in housing, employment, and health care, including interactions with specific agencies and providers, to illicit examples of both supportive and disrespectful or harmful encounters. Transcripts were summarized by focus group question, with attention to experiences that took place in Los Angeles (place), experiences in time, and potential differences among participants by age, gender, and race-ethnicity. Quotes were anonymized to protect participant privacy.





FINDINGS

- PARTICIPANT CHARACTERISTICS -

As shown in Table 1, a diverse group of TGI adults who lived, worked, or received services in the City of Los Angeles were recruited to participate in focus groups. Most (94.6%) participants indicated on the screening survey that they think of themselves as a trans person. More than a third (38.2%) indicated that they identified as more than one gender, no gender, or as genderqueer or non-binary, and 16.4% identified as intersex. In the focus groups, facilitators observed that about three-quarters (76.4%) of participants were women, about 7.3% were men, and the rest were gender non-conforming or identified their gender differently (as reflected in their choice of gender pronouns). About one in five (19.2%) participants lived or slept most often in Hollywood, 11.5% stayed most often in the Wilshire area, another 40.4% lived in other Los Angeles neighborhoods, and 28.9% reported that they stayed elsewhere.

Participants ranged in age from 18 to over 65. Just under half (48.1%) were younger than 35, about a quarter (23.0%) were 35 to 44 years of age, and slightly more than a quar-

63.6%

nearly two-thirds (63.6%)
identifying as Latinx/Hispanic
and almost one in five (18.2%)
identifying as Black, non-Hispanic.

ter (28.9%) were aged 45 and older. Most participants were people of color, with nearly two-thirds (63.6%) identifying as Latinx/Hispanic and almost one in five (18.2%) identifying as Black, non-Hispanic. The remainder indicated that they are biracial or multi-racial (9.1%); non-Hispanic, Asian (5.5%); a racial-ethnic identity not listed (1.8%); or White, non-Hispanic (1.8%). One-quarter (25.5%) of participants opted to read about the study in Spanish and participate in the group that was facilitated in Spanish. Half (50.0%) were U.S.-born citizens, 8.0% were naturalized citizens, 16.0% were permanent residents, 2.0% held visas, 8.0% were refugees, and

16.0% reported another citizenship or immigration status.

Participants also had varying levels of educational attainment. One in five (20.4%) had less than a high school education, about a third (30.6%) had a high school diploma or GED, about a quarter (24.4%) had completed some college or had an associate degree, and a just over one quarter (26.5%) had at least a bachelor's degree.

Many participants had difficulty obtaining employment and were living with little to no financial resources. While 44.7% of participants worked one or more jobs, over half (55.3%) were not employed. Among those who were employed, a quarter (25.0%) reported being engaged in seasonal work or working odd jobs, 15.0% were self-employed, 20.0% worked part-time for an employer, and only 40.0% worked full-time for an employer. None of the participants self-reported engaging in sex work or other work that is currently considered illegal as either a primary or a secondary form of employment. Almost a third of participants reported no income (31.3%) and over a third (35.4%) reported earning less than \$15,000 per year. About one in five (22.9%) participants earned between \$15,000 and \$50,000, while only 10.4% reported a personal income of \$50,000 or more.



QUALITATIVE FINDINGS

- EMPLOYMENT -

Participants reported both positive and negative experiences at work, but primarily discussed obstacles to employment. A common barrier was a lack of identity documentation that matched their gender identity and expression, both for job applications and proof of legal residence. Other barriers included difficulty finding and applying for jobs and lack of English language fluency.

In each focus group, several participants explained that not having an official ID with their current name and gender made it difficult to apply for jobs, including completing background checks. One transgender man in his 30s spoke about the complexity of returning to work following the COVID-19 pandemic and undergoing (gender-affirming) surgery, and not wanting to be “out” as transgender at work:



Employment Testimonial

But it's been a while since the pandemic, having surgery and stuff. It's just been on and off. I was supposed to get back on the field, I was gonna start, but what is stopping me right now is the birth certificate — 'cause it's not changed. I mean, I could provide documentation with a court order, name change, but I don't want myself “out.” ‘Cause I've done that before, and HR knew about it and then HR is... I mean, they could get a lawsuit if they expose your information without your consent. But I don't want to start a dialogue with the company.

Among participants who are migrants—about a quarter of all participants—the lack of govern-

ment documents like a passport or visa made it difficult to obtain employment. A few participants described the precarity of awaiting asylum or other residency application review. A transgender Latina migrant in her 30's said:



Yo apenas llegué hace un año y estoy en proceso de asilo. La verdad me da mucho miedo ir a agarrar un seguro que no sea mío y agarrar un papel que no sea mío. [...] Por el momento es algo que me tengo que agarrar una amiga para pagar el cuarto porque no tengo todavía identificación. [...] No puedo visitar el Consulado porque estoy en proceso de asilo.

Employment
Testimonial

English translation

I got here a year ago and I'm in the process of seeking asylum. Honestly, I'm scared of getting a Social Security number that's not mine and papers that aren't mine. A friend has to help me rent a place because I still don't have an ID, and I can't visit the Consulate to get any documentation, because of the asylum-seeking process.

Some participants indicated that English fluency was a barrier to employment. A transgender Latina migrant explained:



Yo pienso que muchas veces vamos a pedir un trabajo [...] hablamos muy poco inglés y la compañía requiere que hablen los dos idiomas [español e inglés] en ciertos casos. ¿Entienden? [...] ¿Cómo te van a contratar si no hablas inglés? ¿Me entiendes? Ese es uno de los obstáculos que presentamos.

Employment
Testimonial

English translation

I think that a lot of times when we look for jobs... we speak little English, and companies require us to speak both languages (Spanish and English) in a lot of cases. Do you understand? How are they going to hire you if you don't speak English? That's one of the biggest barriers.

Two transgender Latina migrants in their 40s also mentioned a desire to learn English in order to pursue careers in health care. One woman said, “a mí me gustaría aprender inglés y me gustaría aprender inglés para poder cuidar personas mayores, trabajar en eso.” “I would like to learn English so I can work with elderly people, work on that.” (English translation). Another added, “a mí me gustaría aprender más inglés y trabajar en un convalent center.” “I would like to learn English and work in a rehab center.” (English translation).

Many participants discussed difficulties finding and applying for jobs.

Most participants were not aware of or had not accessed employment agencies, including those with programs specifically serving the trans community. Those who had utilized employment agencies were not successful in finding jobs and lacked support completing applications and preparing for interviews. That said, a few participants who had accessed transgender-focused employment programs reported positive experiences, including a non-binary identified young adult who said:



Well, I've used Trans Can Work ... that was really helpful. That's actually how I ended up getting the job in healthcare with the transgender resident program. So, that was good.

**Employment
Testimonial**

Another non-binary person who had recently moved to the state—currently unhoused and unemployed—was in the majority in learning about TGI-specific employment programs during the focus group. They said:



I'm just... this is news to me. I didn't even know that there were these resources. But thank you for letting us know. And, if you could please share your knowledge so we can learn.

**Employment
Testimonial**

Among those participants with employment, most discussed working in sectors like customer service, beauty, and nightlife, and working temporary jobs. Only four participants mentioned

working in science and technology, including an older Latina immigrant who also worked at clubs. She said:



I started working as a LPN [licensed practical nurse], and at nights I would go and give shows at the bars. My best time was in the hospital, where they were more and more accepting of women like me. Afterwards I studied, became a nurse practitioner, and kept working until I retired.

Employment
Testimonial

Another participant described the impact of the COVID-19 pandemic on work opportunities through nightclubs, stating:



I'm a showgirl. I've worked in my clubs for years and decades. After the COVID, it kind of ... we just had to leave. I was in Vegas doing shows, coming back. I worked at clubs here. And now, the clubs are just not doing enough after the COVID.

Employment
Testimonial

One participant, a non-binary young person of color, expressed the importance of work as central to survival. They said:



Just unemployment, employment just affects everything, right? It's your income and your livelihood, it's your access to good health care. You know, like, I've been able to access those two doctors, two of them because the health insurance my employer gives me is decent enough to give me access to that. And, like, I was sharing, I was like, you know, right now, I'm on short-term disability. I don't know if I'm gonna be able to recuperate and actually go back to the office full time. And that's really hard. Because that's your livelihood and everything is contingent on that.

Employment
Testimonial



QUALITATIVE FINDINGS

- HOUSING -

Housing was among the issues where participants expressed the most challenges, encompassing both access to rentals and emergency shelter.

Many participants reported facing questions about their ability to pay rent because they are transgender. Several participants, primarily transgender women, were asked if they were sex workers during the process of applying for housing. A younger transgender Latino man shared his experience:



Housing Testimonial

During the pandemic when I was looking for housing, it was similar situations where [they] didn't necessarily want to rent to me, because, I believe, my trans identity. But, um, I had all the legal documentation that I needed. So, oftentimes they'll be like, "oh but you can't afford it," or "oh, are you sure you have the money to live here?" And it was a space that costs \$1,200 a month, so, "yeah, I can afford it." So, they don't often times believe that you do that. Or they're like, "do you do other 'outside work?'" And they specifically mention there is a trans sex worker [living in the building], so I was like, ok, and... So, that's what I feel is a bad experience when it go to rent or when I'm going to apply.

Participants discussed appearance-based discrimination where those who “passed” as cisgender felt that they had an easier time applying for housing than those who did not. However, regardless of appearance, documents that do not match a person’s gender expression and preferred name

not only “out” transgender people but can create suspicion during the housing application process. A younger transgender Latina said:



**Housing
Testimonial**

Same thing happened to me when I first came to LA this time around. And, same thing, except for me was the background check, and they did the background check, and it appears... so, I had my documents changed, but in the background credit shows your legal name... so, then they were like, “wait, is this fraud?” And I was like, “no, it’s not.” “Are you sure? Because this isn’t what I, I feel you lied to me...” And then I was, like, “I just didn’t need to disclose that.” And then she also brought up, like, “are you a sex worker? ‘Cause we don’t accept sex workers here.” And, I was like, “no.”

Transgender people of color are vulnerable to several forms of bias when seeking housing. As a young Black transgender woman explained:



**Housing
Testimonial**

When I was actually in my housing search process this time last year and applying to some apartments, you know, getting past the application stage and sending everything in and then maybe a couple of placements, I just sent back that deposit and ... “oh we’re not going to be going forward with your application.” They refunded the application fee and provided no follow up or rationale for not moving forward with the application. It can be a mixture of things. It could be me being trans and being black and being a student. It can be a couple of things or all of these together.



More than one-third of all participants (20) mentioned that they had stayed in a homeless shelter in Los Angeles at some point in time.

Most reported negative experiences and feeling unsafe in shelters, except for those designed for transgender and gender non-conforming people. A young Asian transgender person described a recent experience in a private shelter. They said:



Housing Testimonial

I lived in a [NAME] shelter house. There was a lot that went wrong. Our shower had mold. There were multiple complaints about the conditions that we were living in, and they didn't do anything, until I brought up the fact that we had termites, and it was a really big infestation. There's a lot of abuse going on. There were workers there that were having sex with the residents. I was sexually assaulted in that shelter as well. Aside from that, they eventually end[ed] up kicking me out because I kept complaining to [SHELTER LEADERSHIP].

Several participants felt that there are too few emergency housing programs for TGI people in Los Angeles, and those that are available are in demand, have waits, and can only support short stays. A Black transgender woman in her 40s spoke about available programs, all run by community-based organizations:



Housing Testimonial

Like, I know, there's resources, like, they have BIENESTAR with the 7-day hotel project. But that takes time, it is not immediate. I know that TransLatin@ has the HOPE House and it's temporary, if I understand. But there you have to meet certain qualifications. And as far as, like, HAAS and Esencia —they all have like a long waiting list. So, it's really, you know, hard to access, especially for someone in need of immediate housing, and, also, APAIT Casa Zulma, and, also, Auntie Nelly. So, it, it's challenging to help out an individual that's in crisis because there's no immediate openings right away for a person to be able to access some sort of housing.

Participants were asked if they had ever received Section 8 vouchers and whether it was easy to apply for and use these benefits. Most of the participants who received vouchers during the 1980s and 1990s, and are older adults now, explained that it used to be an easy process. Participants who have been trying to access Section 8 vouchers within the last two to three years described extended waiting periods and multi-part processes, as shared by one non-binary individual:



Housing
Testimonial

I haven't started the technical Section 8 process. I'm in the part where you have to get your Medicaid or your Medicare, your Medicare, you have to get your CalFresh benefits. You have to get the food stamps, and the medical first. Now, I'm in the step where you're supposed to be eligible for cash benefits. I think once I did, once they include me for cash benefits the email say that I'll have, I could be without Section 8... but it's like, you know, step by step process. So, I think I'm the next step closer to getting a voucher for housing.



QUALITATIVE FINDINGS

- HEALTH CARE -

Many participants reported difficulties accessing health care due to the scarcity of providers who are knowledgeable about TGI people and their needs.

They reported delays in care due to a large demand for services from a handful of providers who are friendly and prepared to serve TGI people. While a younger, multiracial transgender Latina had found a health care provider that she liked, she explained why she did not want to say the name aloud during the focus group:



**Health Care
Testimonial**

I have my current one, I'm not going to say who they are because I'm not willing to share. I like that it's a small place and I feel like I can only say this in comparison to the others. I've been to the LGBT Center. I've been to St. John, I've been to a couple others, and it's just so much demand and so many clients and the attention is just not there. And so this new one... not gonna share their location, and I'm like, I just don't have, oh, I don't want to compete with, like, the rest of the community for the attention of one doctor. So, I'm happy with that.

A few participants mentioned how living with HIV can become an additional barrier to accessing needed health care. A retired Latina noted:



**Health Care
Testimonial**

Horrible porque cuando yo llegué al principio me preguntaron “te vamos a hacer una evaluación de todo tu sistema y todo y enfermedades,” pero tengo VIH desde el año 80, hace 42 años. Y entonces por decir la verdad, ya de ahí lo que formaron ahí adentro fue un circo. Me rompieron, inclusive que una vez el técnico, el técnico de rayos X, me trató de hacer rellenar un filling. Él fue, las demás no quisieron con 30 guantes y 45 máscaras. Digo, pero estos a donde van, para la NASA, o me van a hacer eso? Preparen todo lo que quieran antes que yo llegue porque me está haciendo sentir mal. Y me destruyeron, me entiendes, parte de los dientes. Y ese hombre me, como no es dentista, me atravesó. Y una doctora me dijo “tú puedes poner una demanda aquí,” pero no tengo tiempo para esto.

English translation

Horrible, because when I arrived initially, they asked me, “We’re going to assess your entire system and everything, including illnesses,” but I’ve had HIV since 1980, for 42 years. So, for telling the truth, they put together a circus. They broke me, even once the X-ray technician tried to fill a filling. He went for it, the others didn’t want to, with 30 gloves and 45 masks. I mean, where are they headed, to NASA, or are they going to do that to me? They should prepare everything they want before I arrive because it’s making me feel unwell. And they destroyed me, you understand, part of my teeth. And that man, since he’s not a dentist, he pierced through me [the gum]. And a doctor told me, “You can file a lawsuit here,” but I don’t have time for this.

Several participants mentioned feeling as though being transgender or intersex was assumed by the provider to be the reason they were presenting for care rather than a general health care concern. A Black transgender woman in her 20s explained:



**Health Care
Testimonial**

And I think that my experience a lot of times with [HMO], especially would be especially when I would access or trying to access things around non-transition related stuff. So, like, you know, like I was experiencing pain or some other thing that caused me to go to the doctor, it was somehow always come back to being trans like, “well, what is your estrogen levels?” And I’m like, “my arm hurts, what does it matter?” You know, it was like, and so that would be something I would consistently be annoying with [HMO] medical providers. Or going to the emergency room...

An intersex Latina in her 40s described a dehumanizing experience at a county health clinic. She said:



**Health Care
Testimonial**

I feel, like, I was like the guinea pig. Like, the doctor came in and then he's like, calling in somebody else, somebody else. "What the hell are you doing?" I mean, for everybody, I'm intersex, you know... I feel like everybody wanted to take a peek [at her genitalia] from outside. Who I'm going to trust? I just left.

When asked specifically about access to mental health care, most participants reported seeking care from a limited group of providers at these local health care organizations: Kaiser, AltaMed, the Los Angeles LGBT Center, and Saint John's Health Center Foundation. People who expressed positive experiences with health care providers generally preferred Saint John's, due to the low costs and the specialized attention. However, participants also recognized the high demand for few staff within their specialized clinic for trans patients. A transgender man in his 20s described what he liked about his care experience:



**Health Care
Testimonial**

... they explained to me in terms, you know, in steps, instead of assuming that I knew stuff, and, assuming that, stereotyping me, instead of ask me like any cis patient that would come in. They would go through the steps, explain to me why they were doing this —the procedure—, they were explaining, "do you want someone to be here with you when you're hearing this doctor?" Instead of maybe, I don't know, or making assumptions...

Participants who obtained mental health care at public hospitals or health centers generally reported negative experiences. One White transgender women described her distress about the center's disregard for her identity in placing her in a men's room in a sex-segregated facility:



**Health Care
Testimonial**

They put me in a men's room, and, I was, like, "I identify as female. You look at me, you could see a female." And then they said, "Well, we don't see that. We see what's in your pants." And I'm, and I thought, "I'm straight up, I'm a female, as is, am I, I'm a female. So put me in a female room. I'll report you guys to your higher ups. If I have to get your directors involved, I will." And I was up all night because they would not put me in a [women's] room at that point.

Participants expressed a desire for mental health care providers who are knowledgeable about transgender people but reported a lack of knowledgeable providers and costs as barriers to care. A non-binary Latinx person explained:



**Health Care
Testimonial**

I think for me it is the same, the insurance, it's just hard to figure out or. Because I've also transitioned with health insurance. So, it's been difficult to find, like, a therapist. I know, I've been wanting to check out other places, so I'm still on the lookout.

A non-binary, younger Asian person explained that they were able to find a knowledgeable provider, with whom they connect on many levels, but whom they must pay out of pocket for the care:



**Health Care
Testimonial**

My therapist is nonbinary, like, a Filipinx, right? Like, it's so like, I don't have to explain the whole trans thing. They automatically get it. And you know, I get to see them all the time. But now, I've got to pay out of pocket and, like, within my insurance company, finding like, like actual trans therapists is, like, basically impossible. Wow.

A lack of specialized language training has likewise led to difficulties in accessing health care.

One young Latina migrant woman expressed the specific need for transgender health services in her native language:



Health Care Testimonial

Yo he tenido buenas experiencias en la [LGBT HEALTH CLINIC] ¿Es la que dicen, la de, la ...? Y también en la [LATINO-FOCUSED HMO]. Sí, también sé que ahí también te ofrecen este programa de reemplazo [de hormonas]. La única diferencia es que el lenguaje a veces es un problema en... en [LGBT HEALTH CLINIC] el lenguaje a veces es un problema. Y yo tengo más o menos nivel inglés, pero a veces en el servicio no nos entendemos. No es suficiente. Y este es el único detalle ahí. Y también estoy teniendo problemas porque yo ya tengo todo lo que se me pide para, para que me, para que me una proveedora de electrólisis me vea y no me hacen la cita. Y ya tengo todo lo que me piden y tengo mucho tiempo esperándola. Y por X Y cosa tengo muchas cosas que hacer y no he sacado eso. Y eso me afecta a mí me afecta. Y aparte en [LATINO-FOCUSED HMO] [LATINO-FOCUSED HMO] lo que tiene es que allí sí como que comprenden un poquito más de gramática del español y a veces no sé, no se les sale decirte “él” o otras, otros pronombres, que se pierden un poquito. En el [LGBT HEALTH CLINIC] nunca me han hecho misgendering, pero en [LATINO-FOCUSED HMO] como que sí, como que tienen esta noción un poquito más de español.

English translation

I have had good experiences at the [LGBT HEALTH CLINIC], is that the one they say, the one, the one...? And also, at [LATINO-FOCUSED HMO]. Yes, I also know that there they also offer you this [hormone] replacement program. The only difference is that the language sometimes is a problem at ... in the [LGBT HEALTH CLINIC] the language sometimes is a problem. And I have a medium English level, but sometimes when accessing services we don't understand each other. It's not enough. And this is the only detail there. And I'm also having problems because I already have everything that I'm asked to collect, to be, to be seen by an electrolysis provider, and they don't make the appointment. And I already have everything they ask for and I've been waiting a long time for it. And for X or Y things I have a lot of things to do and I haven't gotten that out of my schedule. And that affects me. And at [LATINO-FOCUSED HMO] what they have is that they understand a little bit more Spanish grammar and sometimes, I don't know, they, I don't know, they tell you “he” or other pronouns, they get lost a little bit. In [LGBT HEALTH CLINIC] they have never misgendered me, but in [LATINO-FOCUSED HMO] they kind of do, they kind of have some notion of Spanish, only a little bit.

Another set of challenges emerged related to a lack of institutional knowledge and support for transgender-specific procedures by hospitals and insurers. An older Black transgender woman shared an example:



**Health Care
Testimonial**

You know, I had [HMO] for the past 16 years, and I have to say, yes, they're good, but they are bad when it comes to trans services. Like right now I'm trying to get like electrolysis to get, like, touch ups here and there, and I sent them pictures and they said no. And I said, "how dare you?" That's normal, female treatment. ...I said, "how even they dare to tell me no?" I'm like, "I'm paying for my health care. This is not free." So, they now made an appointment to meet up there in person, to talk to the person in, and see them in person. So, I like, he says, "you have to advocate for yourself." And even when I got my FFS [facial feminization surgery] through them and everything, it was a process. It wasn't easy. They make you go through hoops and loops to be able to get anything through their trans services.



QUALITATIVE FINDINGS

- SAFETY AND WELL-BEING -

Both new and persistent safety issues were raised by participants. A few mentioned changes in the social climate as affecting their sense of safety and well-being, particularly the advent of anti-trans legislation proposed and passed elsewhere in the country.

One younger Black transgender person spoke about limiting their activities to stay safe:



Safety & Well-being Testimonial

I haven't had an experience personally, but I feel like now with the anti-trans bills with just trans people, the whole spectrum being under the microscope because of political reasons and religious beliefs. I feel like we are more of a target than we've ever been. So, I, personally, just don't I don't go out into society unless I have to. I go to work, if I have to. I mean, when, I, when I go to work outside of that, like, I literally do everything from home just to just to feel safe and just to not even put myself in a position to be a threat, because of the way that the world is going at this kind of moment.

A young Asian transgender person added this sentiment:



**Safety & Well-being
Testimonial**

I feel like the current status of our place in the world at this moment in history is not good. I mean, we were making so much progress during the pandemic and then, you know, just ignorance tends to shame through, unfortunately. And this year alone, we've had so many laws that have been passed that go against us, so many injustices as far as trans women being murdered all over this country, and yet no one has done a single thing. I mean, it's not safe anymore. Even in L.A. the more gentrified Los Angeles becomes, more, you know, conservative people tend to move here. And, unfortunately, what was once a diverse canvas is now being washed out with haters.

An older transgender Latina put it this way:



**Safety & Well-being
Testimonial**

But you know, back in those days, it was like what she was saying —we could go nowhere because of discrimination. Now I thought about that in the 80s and it was getting a little bit better. Now we've, it looks to me, like we're going back again, with discrimination coming back. Because back in the days, we just kind of simmered it. Now, it's getting spicy again.

For some participants, primarily transgender women, their sense of safety had not changed over recent years. They reported feeling unsafe when using public transportation or walking around certain neighborhoods.

And many described interactions with police officers in which the women were questioned about whether they were engaged in sex work.

A young Black transgender woman described an encounter with the police in the Hollywood area:



Safety & Well-being
Testimonial

I usually don't have any issues with the police if I get pulled over outside the Hollywood area. But I've gotten pulled over in Hollywood. One time I got pulled over and my partner was driving, 'cause I've been drinking, and when they pulled us over they [police] automatically assumed they [partner] picked me up from the street corner. So, they were like, "which corner are you...?" and then they misgendered me, even after seeing my ID... They said, "which corner did you pick her up from?" And then my partner had to clarify, "no, this is my partner," and then they were clowning him around, like, "oh are you gay?" So, yeah, this came from law enforcement.

For a Black transgender man, being perceived as a threat by the police was a new experience:



Safety & Well-being
Testimonial

After I transitioned, I got pulled out of a car by my neck, handcuffed on the ground, searching my car illegally, and I was like, "Whoa!" And I was like, "Sir, sir, sir, I didn't do anything to you at all. I have no idea of what are you talking about." So, it was, I was like, 'Whoa, this is what black man goes through?'

Despite this traumatic experience, the same participant later described his biggest worry as access to unconditional support and love: "I think my biggest worry really is having a complete support group of people who genuinely love and care about me and not have any hidden agendas or motives."



CONCLUSIONS

The findings from this study shed light on challenges that transgender, gender non-conforming, and intersex individuals face in Los Angeles regarding employment, housing, health care, and overall safety. These findings underscore the urgent need for comprehensive change and collective action to improve the quality of life for TGI people.

In employment, the study reveals a range of barriers that impede TGI individuals from accessing job opportunities. Challenges with identity documentation, such as mismatched gender markers and names, alongside administrative and language barriers for TGI immigrants, pose significant hurdles to applying for and securing stable employment. These testimonies underscore the importance of employment programs that include resources for English language learning and facilitate access to job placement services that meet the specific needs of TGI individuals.

Participants also recounted instances of discrimination, mistreatment, and difficulty accessing housing and safe accommodations. These testimonies evidence the importance of focused efforts to ensure that TGI individuals

can secure housing without prejudice or violence. Participants indicated the need for dedicated shelters and transitional housing programs that are TGI-competent.

Many participants highlighted difficulties in finding knowledgeable and respectful health care providers who understand the health needs of TGI people. The findings emphasize the importance of providing TGI-specific training to health care professionals and ensuring that affordable, transgender-competent health care services are available through clinics and insurers.

Finally, findings illuminate concerns about safety and well-being for TGI individuals who inhabit an increasingly hostile social climate. Findings also highlight the need to create safe



environments in public spaces and ensure that law enforcement personnel are adequately trained so that TGI individuals can exist without fear of discrimination, harassment, or violence.

While the recommendations outlined below provide a strong foundation for addressing critical aspects of quality of life discussed in this report, more research is needed on other domains to ensure the TGI community in Los Angeles thrives and enjoys the same quality of life as other Angelinos. These include education, civic engagement, work-life balance, income and other aspects of economic well-being such as financial literacy, community-building, and environment.



APPENDIX

Table 1. Sociodemographic Characteristics of TGI Focus Group Participants (N=55)

		
Gender identity through pronouns used in focus groups		
Woman	42	76.4
Man	4	7.3
Gender non-conforming	9	16.4
Self-identification as transgender, gender non-conforming, or intersex (TGI)		
Trans person	52	94.6
Identify with more than one gender or as no gender (such as genderqueer or non-binary)	21	38.2
Intersex	9	16.4
Self-identification as intersex and transgender		
Intersex and transgender	8	88.9
Intersex and not transgender	1	11.1
Self-identification as intersex and gender non-conforming		
Intersex and gender non-conforming	7	77.8
Intersex and not gender non-conforming	2	22.2
Age		
18 – 24	3	5.8
25 – 34	22	42.3
35 – 44	12	23.0
45 – 54	7	13.5
55 – 64	4	7.7
65+	4	7.7

Race/ethnicity		
Latinx/Hispanic	35	63.6
Black/African American	10	18.2
Biracial/Multiracial	5	9.1
Asian/Asian American	3	5.5
White/European American	1	1.8
A racial/ethnic identity not listed above	1	1.8
Participant's preferred language		
English	41	74.6
Spanish	14	25.5
Current citizenship or immigration status		
Other documented status not mentioned	8	16.0
Permanent resident	8	16.0
	4	8.0
Refugee status		
U.S. citizen, birth	25	50.0
U.S. citizen, naturalized	4	8.0
Visa holder (F-1, H1-B, etc.)	1	2.0
Highest level of education completed		
Less than high school	10	20.4
High school graduate/GED	15	30.6
Completed some college	8	16.3
Associate degree	3	6.1
Bachelor's degree+	13	26.5
Employment status		
Not employed	26	55.3
Employed in one job	2	4.3
Employed in multiple jobs	19	40.4
Main form of employment	5	25.0
Seasonal work/odd jobs	3	15.0
Self-employed	8	40.0
Work full-time for an employer	4	20.0
Work part-time for an employer		
Annual personal income		
No income	15	31.3
\$1 to \$14,999	17	35.4
\$15,000 to \$34,999	6	12.5
\$35,000 to \$49,999	5	10.4
\$50,000 +	5	10.4

Area of Los Angeles in which participant slept most often		
Arleta-Pacoima	1	1.9
Boyle Heights	2	3.9
Central City	1	1.9
Encino	1	1.9
Hollywood	10	19.2
LAX	3	5.8
Mission Hills	1	1.9
North Hollywood	5	9.6
Northeast Los Angeles	2	3.9
Other	15	28.9
San Pedro	2	3.9
South Los Angeles	2	3.9
Westlake	1	1.9
Wilshire	6	11.5

* Column totals may not equal 55 when participants selected more than one response to a question (e.g., TGI identification) or if they skipped a question.

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www.translatinacoalition.org