

Risk Factors for Violence in the Latinx Transgender Community of Chicago

Culminating Experience – Northwestern University Master of Public Health

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In Collaboration with the Puerto Rican Cultural Center of Chicago

Culminating Experience Mentors: Dr. Jesus Hernandez-Burgos and Dr. Amy Eisenstein

Competency (MPH General)	Description
4. Interpret results of data analysis for public health research, policy or practice	I interpreted the results of the focus group that I conducted to make policy and practice recommendations for the Puerto Rican Cultural Center (PRCC), the City of Chicago Police Department, and other stakeholders. I included ideas for future programs at the PRCC, as well as policy and education recommendations at the local, city, and national level.
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels	Through my literature review and in reporting out the results of the focus group, I describe the structural factors, social inequities, and racism that undermine the health of the transgender Latinx community. I also address the factors that create difficulties in achieving health equity for this population.
Competency (CHR Concentration)	Description
1. Describe behavioral, social, and cultural factors that contribute to the health and well-being of communities	I described the behavioral, social, and cultural factors that contribute to the health and well-being of the transgender and gender non-conforming community both in the introduction of my paper, as well as when reporting out the results of the focus group about violence risk factors.
4. Use relevant theories, methods, and research principles for designing and conducting community health research.	I utilized the theories and methods I learned in my Qualitative Research Methods course to write a detailed focus group guide, lead an effective focus group with 7 participants, and code and organize the data for effective dissemination.
5. Translate and disseminate research findings in collaboration with diverse stakeholders.	I translated the focus group findings for two diverse groups, the Puerto Rican Cultural Center and the Northwestern Public Health academic community, through my oral presentation and written product.

My Culminating Experience was a qualitative research project where I explored the issue of risk factors for violence in the Latinx transgender and gender non-conforming community in collaboration with the Puerto Rican Cultural Center (PRCC) in Chicago. I was first introduced to this organization through a project I completed in PH411: Assessment, Planning, and Evaluation with Amy Eisenstein. Our class worked to interpret the results of a focus group and turn them into a quantitative survey the PRCC could distribute to the community members who use their services. This final project is also how I was introduced to my Apex preceptors, Jesus Hernandez-Burgos and Nathalie Tirado. I was interested in continuing to work with them after our class project had concluded and excited by their research, so I worked with Amy to facilitate an MOU between the PRCC and Northwestern so I would be able to complete my Apex and CE with them. I was the first Northwestern MPH student to do so.

My Apex experience was a deep dive into the risk factors for violence in the transgender community that could be found in the literature, as well as outreach activities at the Mexican Consulate providing information about the PRCC's services, conducting rapid HIV/Hepatitis C and COVID-19 testing, and handing out safe sex materials. My CE project was created because the PRCC wanted to assess how well their current programming was addressing those risk factors, as well as gain feedback and insight on risk factors for violence from PRCC staff and community members alike. We determined that a semi-structured focus group was the best method of data collection, and I used my knowledge and experiences from my PH439: Qualitative Research Methods course to write a focus group guide based off of the literature, recruit for and execute an hour and a half long focus group, and code, analyze, and report out the results in an effective way. Dr. Hernandez-Burgos helped me to decide what issues to focus

on in the focus group from what I had identified in the literature, and how to tailor questions on sensitive topics such as HIV status and relationship with law enforcement so they were both culturally competent and respectful. While the original plan was to conduct two focus groups, due to COVID-19 and organizational and participant availability, we chose to conduct one longer focus group rather than trying to coordinate two different ones. We were ultimately able to complete a 1.5 hour focus group with 7 participants over Zoom.

ABSTRACT

This project was designed to expand on the peer-reviewed literature to understand risk factors for violence in the transgender Latinx community in Chicago, in collaboration with the Puerto Rican Cultural Center (PRCC) in Humboldt Park. The PRCC also wanted to understand how well their programming was addressing these risk factors. A 90-minute semi-structured focus group was conducted in English with 7 participants over Zoom. Participants ranged from 20-62 years of age and all self-identified as Latinx transgender Chicago residents. The focus group transcript was coded using Dedoose software for qualitative analysis and results were reported out to PRCC staff. Participants shared about difficult relationships with law enforcement, their abilities to access health services, their experience with sex work, and other important issues. Participants also stated the importance of transgender individuals advocating for progressive policies and laws, as well as the need for improved training for police and health care professionals. Recommendations for the PRCC included having their own on-site health clinic and increasing the number of group therapy and support groups for specific identities. There are a number of changes that could be made to improve the Latinx transgender experience in Chicago including legalizing sex work, taking a gender-affirming and trauma-informed approach to health care, providing more resources for public health research with the transgender community, and new training initiatives for employers and law enforcement.

APPENDIX A: RECRUITMENT FLYER

APPENDIX B: FOCUS GROUP GUIDE

INTRODUCTION

The transgender community experiences a higher rate of violence than the general population, and additional inequities in both mental and physical health. According to a 2014 survey of over a hundred thousand households across the United States, transgender individuals made up 0.53% of the population and were more likely to be non-White, unemployed, and below the poverty line than the rest of the country (Crissman et al. 2017). Transgender individuals can be generally defined as people whose gender expression and gender identity do not align with cultural expectations and gender norms associated with their

sex at birth. I will also address the lack of research available that explores the experience of this community. This project was designed to expand on the existing peer-reviewed literature to understand risk factors for violence in the transgender Latinx community in Chicago, in collaboration with the Puerto Rican Cultural Center (PRCC) in Humboldt Park.

It is clear that violence against the transgender population is a multifaceted and complex issue. It begins with anti-transgender stigma at a political and interpersonal level, which results in denial of opportunities in many spheres including education, employment, the criminal justice system, and the health care system. These inequities lead to increased risk factors for violence and worsening mental and physical health outcomes (Human Rights Campaign Foundation, 2019). Transgender people are much more likely to be verbally, physically, or sexually assaulted than the general population. They experience much poorer mental health outcomes, have a higher poverty rate, and are less willing or able to seek out health care services (US Transgender Survey 2015). These are clearly important issues to address in such a vulnerable population.

There is a strong relationship between workplace discrimination, sex work, and violence committed by law enforcement in the transgender community. Ninety percent of the trans community report some form of harassment, mistreatment and discrimination in the workplace. Another survey found that for homeless shelters, only 30% were open to housing transgender women (Rooney et al. 2016). Not only does discrimination lead to poverty and unemployment, but it also makes it more difficult to access community health and support services. Structural barriers such as identification documents with different names and gender

markers can also make accessing benefits and services even harder. As a result, LGBTQ-identified individuals have often relied on sex work as a means of survival and income.

The most recent Transgender Discrimination Survey found that 11% of respondents report having done sex work. Homeless LGBTQ-identified youth are seven times more likely than heterosexual-identified peers to trade sex for a stable place to stay (US Transgender Survey 2015). These statistics paint a picture of discrimination at every level leading to poverty, housing insecurity, food insecurity, and even inequitable access to community services. Because transgender people face discrimination on systemic, institutional, and interpersonal levels, previous literature has supported that many transgender and LGBTQ+ individuals view the sex work industry as their only viable career option and pathway to relative financial stability. Sex work in general exposes individuals to a multitude of harms including violence, sexually transmitted diseases, drug use, and incarceration (Nadal et al. 2014). Furthermore, because sex work is illegal in almost all of the United States, there are pervasive negative societal attitudes toward sex workers.

In addition, there is a particularly strong correlation between participating in sex work and being a victim of police violence. Trans women in particular were more likely than other LGBTQ and HIV-affected individuals to experience police violence, discrimination, threats, and intimidation (NCAP 2013). Half of transgender people reported they are uncomfortable seeking police assistance, more than one-fifth of transgender people who had interacted with police reported police harassment, and 6% of transgender individuals reported that they experienced

bias-motivated assault by officers. Black transgender people also reported much higher rates of biased harassment and assault than their counterparts.

One possible explanation for this is the fact that sex work is still largely illegal in the United States, and victims of violence or abuse often don't feel comfortable coming forward for fear of being arrested or discriminated against. According to data from the National Transgender Discrimination Survey, 22% of trans persons reported biased police harassment (Grant et al. 2011). It is clear that transphobia is a common issue in law enforcement, which creates a culture where transgender people do their best to avoid interacting with the police and are therefore more vulnerable to other abuses. Another issue is the lack of training police officers receive in terms of how to properly respect and interact with the LGBTQ+ community, how to actively combat bias, or the specific inequities and challenges this population faces. There are no nationwide requirements for this kind of diversity training, and no national standards for the training that officers do receive in this area of knowledge. California was the first state to pass a law requiring officers to undergo training on gender identity and sexual orientation in 2019. The training was required to include the difference between sexual orientation and gender identity, how to use the correct identify-affirming terminology, how to create an inclusive workspace within law enforcement, the history of the LGBTQ+ community in the United States, and how to respond to domestic violence and hate crime cases (State of California 2018). While this is a positive step forward, it illustrates how far we still need to go in educating our country's law enforcement.

While transphobia and discrimination are discussed in tandem with various other risk factors for violence, it is harmful and pervasive enough to warrant diving deeper. Even among the LGBTQ+ community, compared to a population of hate crime survivors, transgender women were almost twice as likely to have experienced physical, sexual, or public hate violence (Convery et al. 2018). Transgender people often experience violence due to a combination of racism, sexism, homophobia, biphobia, or transphobia (Human Rights Campaign, 2019). In that same report, transgender women of color were described as making up four out of five anti-transgender homicides in the US. In 2019, there were at least 27 murders reported due to violence committed by partners, strangers, or acquaintances against a transgender individual, and the vast majority of victims were people of color. Racism and violence risk are unfortunately closely intertwined.

Another risk factor for violence in the transgender community is discrimination related to HIV status. Transgender women and men are disproportionately affected by HIV, and there is a clear inequity in this area. In 2019, HIV prevalence was 14.1% for transgender women, 3.2% for transgender men, and 9.2% for transgender people overall. In comparison, estimated HIV prevalence for cisgender U.S. adults was less than 0.5% (CDC 2019). This analysis also showed that transgender women of color are at particularly high risk. HIV prevalence was almost half of African American transgender women and a quarter of Latinx transgender women, compared to only five percent among white transgender women (CDC 2019).

Qualitative research findings have showed that transgender women living with HIV experience specific kinds of violence due to the intersection of stigma based on gender identity, gender expression, and HIV status which makes them particularly vulnerable. Violence and

bullying experienced in childhood increased transgender women's likelihood of being exposed to a violent context in adulthood perpetuated by the police, interpersonal relationships, or their community at large. Once diagnosed with HIV, transgender women were subjected to discrimination from healthcare providers and peers. These multiple forms of violence have serious consequences for HIV positive transgender women and their ongoing social, mental, and physical well-being. (Lacombe-Duncan et al. 2020).

METHODS

Recruitment

Recruitment for the focus group was conducted utilizing existing strategies for other LGBTQ+ focus groups, support groups, and group therapy sessions offered at the PRCC. PRCC employees were invited to participate through a flyer in the office hung up in common spaces and distributed over email. Advertising for community members was done primarily over social media (Instagram and Facebook) with a goal to recruit 5-7 participants. Interested people were also encouraged to talk to friends and colleagues in a snowball recruitment approach.

Study Participants

A total of 7 participants who signed up for the focus group, and all 7 ended up taking part in the entire 90 minutes of the focus group. The participants ranged from 20-62 years of age, and all self-identified as transgender Chicago residents. Since the focus group functioned as part of an evaluation of the PRCC programming designed to serve the transgender community, it was important to the organization that the group include transgender community members who

were PRCC employees as well as some transgender community members who utilized their programming. We had 4 community members and 3 TRANS Chicago staff participate.

Project Design

This project was designed to be an evaluation of risk factors consisted of a semi-structured focus group conducted over 90 minutes in one session on Zoom. In collaboration with our community partners, we determined a virtual discussion was best for this population so that participants did not need to travel or factor in additional time to travel. It was also the safest option for prolonged close contact during the COVID-19 crisis. The focus group guide was created with a community engaged approach. As a starting point, I completed a qualitative and quantitative literature review relating to the main risk factors for violence in the transgender community in order to become familiar with the body of knowledge available. I discussed my findings to my preceptors at the PRCC and we had a series of meetings addressing which issues they thought were most important to gather data on in relation to their programming, as well as the importance of the experience of Latinx transgender people in Chicago. They also provided valuable insight on how to discuss difficult and personal issues such as interactions with law enforcement and health care providers, and gave input and final approval on focus group guide content.

Analysis

Qualitative analysis and coding of the focus group transcript was conducted using the program Dedoose. Permission was obtained by the PRCC from all participants to record the audio of the focus group, allowing for analysis of the full transcript. Coding was completed using both deductive and inductive methods. More general parent codes were initially created based off the categories and topics of focus group questions while novel themes, more detailed codes, and relationships between categories were identified and developed throughout the analytical process. A particular focus was put on ideas and themes that either contradicted or elaborated on what was widely available in the literature, as well as recommendations specific to the BIPOC or Chicago-based transgender community for the PRCC to evaluate and improve their own programming.

RESULTS AND RECOMMENDATIONS

Access to Services

One common theme that emerged in the comments of several different participants was the lack of access to gender-affirming services, and the poor geographic distribution of these resources across the city of Chicago. Participants described most of the resources as located in the Northeast side of Chicago, specifically in the Lakeview neighborhood. Another issue was that while there were some organizations supporting them on the South and West sides like the Puerto Rican Cultural Center, transgender individuals weren't hearing about them unless they encountered them on social media or heard about them in person. Information isn't

making it to the mainstream news and is primarily shared by word of mouth, which is an issue especially for people cut off from the rest of the transgender community or who have recently become a member of the community.

“A lot of the time, some of us don't even know what resources are available to us, like I live on the far south side of Chicago and I feel like, in terms of resources for LGBTQ people and those types of services we are segregated from the rest of the city.” (Community member)

“I didn't know about it [TRANS Chicago] until I saw it on social media. And I think if those type of clinics or establishments were shown on the news, because I have yet to see anything posted on the news like ABC seven or anything, it would be more exposed and people would know about it. It's more like a word of mouth type of thing. And if you don't know the right people, you're not going to find out, you know. Especially if you've just come out or you are cut off from other trans people” (PRCC Staff)

“As a Southside resident, we simply do not have a lot of options or resources. Many do not know of HIV testing clinics, or LGBTQ+ Mutual Aid clinics like VOICES Project + PRCC + Howard Brown + 63rd Halsted. Compared to Boys Town, I feel like some places are trying to segregate “people like me” and Black + Brown LGBTQ+ Lower Income people are not welcome even though we need the most help” (Zoom chat, community member)

Employment and Finances

When it came to employment and finances, many participants discussed having difficulties finding jobs and making enough money to pay for health care and other necessities. These difficulties were also compounded by COVID-19. People talked about being discriminated against in job interviews, as well as difficulties being hired when their name or gender presentation did not match their legal identification. A few participants mentioned that legally changing their name gender markers had led to better success. Many transgender people are struggling to make ends meet, and this can lead to survival sex work. Employment and financial stability led to self-efficacy and stability in other areas of life.

“Well I think like for a lot of people, it definitely is hard when things aren't adding up. For example, like right after high school, I moved to Rockford and then I came back to the city, and I was unemployed for like almost a year and a half, just because a lot of employers would be like, I feel like you'll be amazing but you know like, I see this and then your ID still says male and it still has a male name and like that's going to be confusing to us in the workers and our clients, and it wasn't until after I got my name change that I was able to get the same job at Walmart” (Community member)

“Supporting us by supporting us financially is a huge important thing over all of these issues that have to do with, like, insurance and being able to afford even medical care or like, even having the resources for gender affirming practices or just even to be able to take care of ourselves and survive.” (PRCC Staff)

Sex Work

As was consistent with the literature, participants agreed that sex workers were disproportionately represented by the transgender community and that sex work needed to be legalized to improve the safety and quality of life of those involved. Legalization would allow sex workers to hold others accountable for abuse or mistreatment without fear of being thrown in jail, as well as improve their health, safety, and acceptance in society.

“My thoughts are very complicated when the topic of sex works comes, I think it's a very big thing in our community, it's very much so part of our culture as well. You know when I was kicked out of my house I did have to do sex work and I was like 16. So I was very young. I definitely think that it's important for us to legalize sex work and make sure that you know the folks that are doing it currently are feeling safe just because like, you know, If someone does something wrong. I mean, we should always have the opportunity to run and tell someone without, you know, us being treated like criminals.” (Community member)

One novel idea was that job trainings for companies are necessary not just to teach employers about the transgender experience, gender-affirming work environments, and hiring trans employees, but because many people may be trying to enter the workforce without the necessary skills or experience to succeed even if they were hired. Participants also wanted to

emphasize the importance of moving beyond just legalizing sex work, and actively uplifting and hiring transgender people working in all fields.

“But I think, you know, I think we should definitely be talking to other local nonprofits and even other big corporations like Walmart and Amazon and just having trainings or just having these discussions of the importance of hiring trans people trans women of color, specifically, and giving the girls the resources on how to be able to work in these types of settings, just because like, oftentimes like sex work is so different from working at Walmart, at the cash register. So, we definitely need like job trainings.” (Community member)

“I just don't want my community to be in this cycle of like, oh now like sex work is legalized now let's just all do it and that's just a quick fix, because like, there's so much potential that trans people bring, there's so many artists, there's so many powerful people that could be amazing construction workers or good teachers or people working in the medical field, but we don't have these resources. And so, I want to make sure that like we are giving the girls the resources to be in those fields.” (PRCC Staff)

Covid-19

While we did not specifically ask any questions about COVID-19 in the focus group transcript, it did come up in the context of questions about sex work in the transgender community.

Multiple participants reported that the pandemic had increased the number of people they were aware of participating in sex work, whether it was because of reduced job hiring opportunities or losing positions in the service and retail industry.

“I definitely feel like, you know this past pandemic year it's been a lot more common to find sex workers, because you know it's very hard to find a job. And you know it's still like that so I definitely see more people advertising for sex work, on like, the dating apps or on social media or word of mouth. And a lot of it, unfortunately is like people like us, you know, LGBTQ people.” (Community member)

Health Care

It is well documented that navigating health care for transgender individuals can be a stressful, complicated, frustrating, and even traumatic process. The discussion group responses largely reflected this, and participants talked about all the challenges involved with accessing gender-affirming health care personally or in the workplace. They also discussed additional concerns about talking to their doctor about sexual health, particularly worries that physicians would assume they were involved with sex work and turn them into the police.

“I think oftentimes, I'm scared to go to a regular doctor's office, just to get like an annual checkup, even it's not even for sexual health reasons just to make sure that my health is okay. Just because I don't know if it is going to be a safe space or if the doctor or nurse will be understanding. I used to work at Lurie Children's Hospital, and they made us, like, get vaccinated before we were hired and I was explaining to the doctor that I was trans, and they were like you still have to take like a pregnancy test, and then I was just like, what's going on like I don't understand why I have to do all of that so I think there's also a lack of understanding”(Community member).

HIV Status

There were several participants that noted the importance of having access to affordable and gender-affirming health care as well as STD testing, and this idea is well documented in the literature. However, participants also noted the importance of groups where they were able to be authentically themselves and address their mental health as well as physical health by spending time with people who share multiple identities with them. In addition, there was a call for the PRCC to have their own health clinic rather than having to refer out to other organizations for care. Participants also wanted the PRCC to expand their group therapy and virtual support group options, particularly in light of COVID-19 challenges.

"I had HIV before I came out as trans, and being HIV positive and transgender it's a whole package. But it's programming groups like those [Twist, PRCC group therapy for HIV positive transgender individuals] that I believe need to be expanded on. It definitely helped me understand myself and appreciate myself and be able to love myself even more and meet people like me" (Community member)

"We need a clinic in this part of the city for the transgender community. What we do most of the time is referrals by MOU with other trainings like Erie and CORE Center. I think it's about time the PRCC start working on getting the clinic within the PRCC building. So, all these ladies that are from other sides of Chicago, they can reach us" (Community member)

Law Enforcement

Participants had a variety of opinions and insight related to their relationship with law enforcement in the community. One prevailing theme was a complete lack of confidence in existing training related to the transgender experience. The respondents felt that the benefits of bias trainings or gender affirming services were not translating to interactions with real people in everyday scenarios and did not have a lot of optimism that disconnect would change soon. One recommendation was to have transgender individuals conducting these bias and sensitivity trainings. People also felt that the issues with police relations were a microcosm of the general issues related to education and acceptance for the transgender community.

"As someone who has heard about police trainings for all of their organizing career, I feel like the CPD claims to say that they're doing all these, like restorative justice and racial bias trainings and all that stuff and it's just I feel like at the end of the day there's no changes being made or seen and I think we are way past needing trainings. Although I do personally think there needs

to be maybe trainings that are held by our own community members like people like us should be talking to the CPD about our own experience” (PRCC staff)

“When it comes to talking about trans people and policing, or interactions with police, it's a very complex situation just because we all know that transgender is an umbrella term. And we know that every trans person looks and think and talks very differently. And so like, there's no right or wrong way on how to be trans... I think that's one of the hardest things for a lot of people in general, just to get that concept. So I think for police officers to understand not to make trans women feel less than just because they're not up to par to your standards of what trans women should look like, or how women in general should look like. I think that's one of the biggest things.” (Community Member)

Pronouns and Identification

A particular insight that emerged from our discussion on relationships with law enforcement was issues surrounding transgender community members with differing appearances, names, or gender markers from their legal identification. Changing name and gender markers is a sometimes expensive and time-intensive process, as well as a personal choice. Participants described experiences where law enforcement would ask to view their identification and the interaction became hostile or offensive. These interactions were further complicated by gender presentation, since participants whose gender presentation more closely matched their legal marker were less likely to experience harassment or a lack of respect. Some participants described being referred to by their dead name as a traumatic experience, and mentioned that police often chose to identify them by their legal name regardless of what their chosen name or pronouns were. This specific problem is not well documented or described in the literature and offers a novel insight into the transgender experience.

“The police were like really into the investigation and then they asked for my friend's ID and he hadn't legally changed his name or anything. They were calling him by the name and pronouns he gave, but the second they saw his ID, they started dead naming him. And it's like, this whole time he told you who he was and I think it's a lack of respect. Just because it says it on there doesn't mean that it's okay for you to say that name when I'm telling you that that's not my name.” (Community Member)

“So I think it's just literally the bare minimum of like, respecting people and if I tell you this is my name, these are my pronouns, then that's it there's no discussion. You shouldn't have to traumatize somebody like that by using their dead name to do good policing” (Community member)

“Even when I've found myself in situations where I need assistance from officers, I worry when they find out who I am or see my ID, even though my IDs legally changed with my name and marker, they'll turn on me. I like to be straightforward and head it off and tell them that, although it says female, I'm a transgender female but things still change, like suddenly everything is fine if you pass as a woman until they find out. And this is an ongoing situation and needs to be addressed.” (PRCC Staff)

One participant also brought up the unique point that even if they aren't worried about being misgendered or harassed for their identity, they still avoid involving law enforcement even for self-protection because of the paperwork and ensuing procedures that could lead to uncomfortable situations. The stress of going through the process of reaching out to and interacting with police was a large enough deterrent to seeking help that participants saw it as a last resort.

“I think for me, it's just more of a headache like even if I were in an instance where I had to call a police officer for my safety, I think my mind would really look at all the logistical things that go into it as well. Just because the police officer might be like okay yeah you know you weren't in the wrong but let me take you to the police station and then, because my gender markers and name change I'm in the male cell. It just adds more worries and more complications to involve them” (Community Member)

Racism and Intersectionality

Participants talked about how many of them had multiple different labels that are discriminated against in our society like immigrant, person of color, transgender, or HIV positive. The intersectionality of these groups contributed to them feeling more vulnerable or unsafe around law enforcement in their community, often affecting their behaviors and thought processes around police. Immigration status was a particularly salient identity that multiple participants agreed was a risk factor.

“Every single time I walk by a cop car I memorize the plates and then memorize where I am and other details, like especially on top of being Latinx there's so much intersectionality that comes with being trans and Latinx and I think it's that fear of like not being respected and not being safe.” (PRCC Staff)

“I constantly fear the police officers when I'm driving or when I'm walking like or when I just see them. But I think that was instilled in me, long before I came out as trans... I remember when my undocumented stepfather would be driving us and he would see a police officer and tell me to close my eyes and pretend like I'm sleeping so like, it has been embedded in me and for a lot of trans people of color, honestly for the right reasons. It helps protect us.” (Community member)

Diversity of Experiences

One participant also chose to emphasize the difference in experience that a white transgender person has compared to a person of color. Non-white members of the LGBTQ+ community experience employment discrimination related to their gender identity as well as racism. The North side of Chicago experience does not necessarily reflect the Chicago experience.

“Last year when we did the march in front of the police station by Boystown, supposedly there was one trans person that works there. But one white trans is not what the black and brown folks go through. There’s trans women that want to work but because they’re minorities we aren’t treated like a trans white woman would be.” (Community member)

Policy

Multiple respondents talked about the importance of holding lawmakers accountable for funding, policies, and programs that specifically support the transgender community. They also acknowledged that while these things may be happening behind the scenes, there is a real need for transparency in how money is spent at every level. A number of participants also discussed the importance of changing the role, funding, and presence of police in Chicago to avoid further violence. Transgender people also need to be involved in developing and advocating for their own policies so that they have a role in uplifting their own community. Placing transgender individuals in roles with decision-making power is a necessary step to ensuring their voices are heard in legislation and allocation of funds across the city.

“I just want to mention like to that like we need to start holding accountable the people that are quote unquote running the city because, we have been talking about how the law enforcement needs to be trained, but they may be receiving order from the higher ups, And these has to be accountability action, like, how are the mayors addressing this, how is the aldermen who are assigned or addressing this crime to happen within their communities. We don't care about the plan that they have we need actions at this point.” (PRCC Staff)

“So I just really want to see, like, trans people trans women of color, queer people down in Springfield, advocating for legislation that supports us but not only that but also like making our own legislations making our own bills that are going to help us in the long run because I think that's definitely important and needed.” (PRCC Staff)

Public Safety

Public safety is another well-documented risk factor for violence in the transgender community. The participants mentioned that being in public and traveling from location to location came with inherent stressors and risks. They were nervous about being harassed for their race or gender presentation and were very concerned about access to methods of self-defense and staying safe if someone were to approach them. The stress increased with travelling on public transportation within the Chicago CTA system. Multiple participants discussed strategies they used to travel safely, including carrying pepper spray and wearing baggy gender-neutral clothing.

“Public safety is a huge risk factor, like just thinking about navigating in public spaces, and as someone who has been commuting to and from my job like for a while now. I think that there's certain things that I am not prepared for. Especially when there have been instances where I am being approached, insulted or like, even threatened by certain people” (Community member)

Housing

Participants reported that housing has always been a challenge, and this was reflected in the literature as well. It is well documented that transgender individuals have higher rates of homelessness and domestic violence related to family members or partners not being accepting of their identity. Without housing, it is difficult to find stability and have consistent employment or access to health care.

“I choose housing [as a main risk factor] because some of the girls who are trans individuals, especially the youth. They're not welcome in their home because of their sexual preference and or orientation, and they have to come up with that money to have to make a living, or to eat. And when they don't have a place to stay. There is an instability and a very big threat” (PRCC Staff)

DISCUSSION

Limitations

One limitation of this project was the logistics and additional stress placed on the Puerto Rican Cultural Center due to COVID-19. We were originally hoping to complete more than one focus group in order to hear as many diverse perspectives as possible, but ran into challenges related to remote recruitment, scheduling, and staff members out of office due to illness.

Another challenge was that we conducted the focus groups in English, so participants who were not comfortable speaking English were not included. There is a large Spanish-speaking cohort who utilize the PRCC's services. In addition, we were unable to conduct a formal member check to hear feedback about how well the findings represented the participant viewpoints. The PRCC plans to do this outside the scope of the CE project. However, each participant did have the opportunity to finish out the focus group by introducing or reiterating what they felt was the single most important takeaway from our discussion. I also provided my email address for participants to share further thoughts. Finally, the remote focus group over Zoom, while much easier to schedule, may have affected flow of conversation, interpersonal relationships, and trust building between the participants and focus group leader. Participants had the ability to turn their camera off or mute themselves, talk over each other, have side conversations, or leave comments in the chat. Zoom presents a unique dynamic for focus groups that is worth examining further for future projects.

CONCLUSIONS

Both the literature and the focus group concur that the best way to protect and uplift transgender people who do sex work is to legalize it here in the United States, and this is true for multiple reasons. The first is that violence or abuse by law enforcement or clients often goes unreported in this community because sex workers fear legal retribution. With decriminalization, this fear is no longer able to be used as a weapon and sex workers could receive justice when they are mistreated. Similarly, sex workers do not have access to employer-based health care services and often avoid seeking medical care because they fear poor treatment from providers or that discovery of their occupation will lead to arrest. Decriminalization would lead to an improvement in health care access for this community. In addition, a law passed in 2018 banned many online platforms, client background check services, and forums for sex workers which made them even more vulnerable to violence from clients and forced them to conduct more business offline without safeguards (American Civil Liberties Union, 2020). By legitimizing sex work as a career, additional protections and visibility would be provided that would reduce the risk of violence. Participants also discussed the importance of going beyond legalization to integrate current and former sex workers into society with job trainings.

There is also a demonstrated need for culturally competent, gender affirming, private, and affordable mental health services for transgender people across the country. Focus group participants talked about how important they found the PRCC's services that connected them with gender-affirming care and HIV testing and counseling. However, the most important recommendation for health care services was for the PRCC to have their own health care clinic

in the Humboldt park area rather than having to rely on referrals and MOUs with outside organizations. Participants also talked about how most supportive resources for health care were concentrated on the North side of the city, and existing services were not receiving coverage the mainstream media. The PRCC can do their part to advertise their services in Chicago, but it also requires partnerships with other community organizations. There are several ways to address this lack of services on a large scale, including reforming health care provider training, Medicare for all, private insurance reform, and other large systemic changes. However, one reasonably inexpensive and less labor-intensive solution is to train mental health and primary care professionals to take a trauma-informed and gender-affirming approach to care. This is a methodology that can be taught to providers, medical staff, and even educational staff to improve health outcomes.

With regards to the transgender community and their relationship to law enforcement, the results of the focus group indicate that trainings or tools put together by the PRCC that target the issues of legal identification, gender presentation, and preferred pronouns would have the largest impact on day-to-day interactions. Knowing that police officers have a legal duty to examine IDs and run background checks, adding specific training or procedures for preferred pronouns and name changes could help avoid misunderstandings and uncomfortable situations if there are differences between the legal document and the individual's identity. Having transgender individuals run these trainings may also help. Of note, larger systemic changes in Chicago Police Department funding, presence, and job responsibilities were also discussed by participants. While the PRCC staff had expressed interest in using focus group

results to develop a targeted training tool for the CPD, it is important to mention that some participants did not feel additional training would be beneficial or effective.

One important way to reduce the health inequities that the transgender community face is to implement education and awareness campaigns at the local, state, and country level. Being surrounded by people who validate and affirm their experience has a large impact on the mental and physical health of transgender people. According to the Trevor Project's 2020 survey, transgender and nonbinary people who reported having pronouns respected by all or most people in their lives attempted suicide at half the rate of those who did not have their pronouns or identity respected. Using the correct pronouns, or even just asking someone what pronouns they prefer, can go a long way in creating a welcoming environment. The same survey also showed that 30% of LGBTQ+ youth had experienced homelessness, been kicked out of their home, or run away due to an unaccepting or even dangerous home environment. Participants were clear that homelessness and financial difficulties led to problems down the road in other areas of life including health care and employment.

Another potential solution is investing in additional funding for programs and community-based research that address the transgender experience, as it is vastly underrepresented in the body of public health research. In 2011, the Institute of Medicine described data on the proportion of people in the United States who identify as transgender as gravely lacking and called for additional funding for qualitative and quantitative research. Until 2014, estimates of the proportion of individuals who identify as transgender had previously been calculated from data based on disclosure of transgender status to a medical provider and localized community surveys. The first US Transgender Survey was conducted in 2011 as well.

Essentially, it is only in the last decade that researchers have been able to work with larger data sets of this population and began to address the inequities they face on a larger scale (Crissman et al. 2014). There is more work to do in representing the transgender Latinx experience in public health data.

Research shows that both enacted and perceived stigma are strongly correlated with psychological distress in the transgender community. However, family support, peer support, and identity pride were all protective factors for mental and physical health. Together, these results support the value of transgender individuals having a supportive community and interpersonal network that includes people who have similar lived experiences. In other words, exposure to other transgender individuals or people intimately familiar with the transgender experience can have a large positive impact. This goes along with the strong positive reaction expressed by focus group participants when it came to group therapy and resources that connected them with other transgender individuals through the PRCC. One way to improve this is to increase transgender representation in positions of power and influence, in academic institutions, in schools, in community organizations, and in the health care field throughout the City of Chicago.

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APPENDIX A: FOCUS GROUP RECRUITMENT FLYER





Real Talk Conversation!

Focus Group for
Transgender Community

Participants will be
incentivized a \$25
visa gift card

 **May 29th**  **3pm-4:30pm** via **zoom**

Contact us nathaliel@prcc-chgo.org

APPENDIX B: FOCUS GROUP GUIDE

Focus Group Guide

Discussion Leader: Cailin Whisler

Puerto Rican Cultural Center of Chicago

For use on: Monday April 5th 12pm-1:30pm

Hello, everyone! My name is Cailin and I'm a Master of Public Health student at Northwestern University specializing in Community Health Research. Welcome to our focus group on risk factors for violence against the transgender community. I will be leading this group discussion today, and Nathalie Tirado, the Associate Director of Public Health Initiatives for the Puerto Rican Cultural Center will be helping me out today. This discussion is scheduled to last from about 12pm-1:30pm. A few of you may recognize me from our previous discussion group. Last year, I took a community health class that introduced me to the PRCC and their work, and I've been working with Dr. Jesus Hernandez-Burgos and Nathalie Tirado on the topics of transgender health and risk factors for violence this past year. I am hoping that this focus group will further my knowledge as well as the PRCC's, and improve available resources here in Chicago. We have some PRCC employees with us, as well as community members. Thank you all for being here. We know that this is a sensitive topic and would like to foster a safe space where people share as much or as little as they are comfortable with.

I just wanted to share some general guidelines. We are taking notes for the purpose of analysis of themes as a starting place for future programs and ideas for improvement. All notes will not be linked to your name, and no information from tonight's discussion will be linked to you personally. We also ask that everyone speak openly. There are no correct opinions or answers to the questions we will ask, and we appreciate you taking the time to come participate.

I will ask open-ended questions designed to spark conversation, and I hope you'll feel comfortable talking amongst one another. Please feel free to comment, remark, agree or respectfully disagree with the other participants. At times, although the conversation may not be finished on a particular question, we may interject to introduce a new question in order to ensure we cover a wide variety of topics related to these risk factors. If you have an additional comment or tech issues, please feel free to use the chat function, which I will be monitoring at all times. Any and all feedback is helpful for us! I know the Zoom format can be a little awkward, so we can adjust as we go in terms of muting and timing. Finally, you will receive a \$25 Visa gift card via email for your participation. If you would prefer that to be sent to a different email than the one that we sent the Zoom link to, please let me know. And with that, we're ready to begin. Does anyone have any additional questions or concerns before we start? Great!

Icebreaker:

Let's start with a brief icebreaker. Why don't we all go around the room and share our names, preferred pronouns, how we are related to the PRCC, and a fun fact about ourselves? I can begin.

And now we are going to move into our main topic. As we are discussing these questions, I'd like you to think about the transgender and gender non-conforming individuals in your community.

Violence Risk Factors

What have been this community's greatest threats to safety and well-being?

Follow-up: In the research that I've done, some factors I've found in available research have been domestic violence, HIV status, and sex work or employment discrimination. Are there other things that I'm missing?

Do you think these areas accurately capture the risks?

So, you mentioned HIV status.

What have you seen in the community that helps people overcome this barrier? What gaps are there in services/what is needed to improve HIV stigma?

Sex Work and Job Discrimination

One of the risk factors that was mentioned was sex work and job discrimination. From the research we know that transgender people are often discriminated against in the workplace, which can lead to unstable housing or sex work as a way to survive.

Do you see this happening in your community? What might be some reasons for this, and are there things you've seen that make it more difficult for this community to find a job?

Have you seen local organizations help in this area, and what contributes to success in finding a job?

Who can help?

What resources or agencies, if any, have been particularly helpful in providing community members with safety or comfort if these issues arise? As a reminder, we are talking about the transgender community.

If none or not many resources or agencies: What resources would be most beneficial to community members struggling with these issues? What can the PRCC do to improve their services?

Besides community organizations like the PRCC, where else can people go for help and support? (family, friends, peers)

Law Enforcement

What is the perception of law enforcement in the community?

What factors contribute to willingness to trust or seek help from the police in the community?

How would you describe the relationship between the transgender and gender non-conforming community and the police here in Chicago? One of the reasons we are doing this work is because we are interested in improving the relationship with police in the community. Some things we have looked into are better training for police officers and improved education on the transgender experience.

Follow-up: What do you think would be useful for law enforcement to know to best support you and be an effective partner in your health and well-being?

Finishing Up

Round Robin: I'd like to go around and give everyone a chance to share what they think is the most important takeaway for us from this discussion today. It can be something that has been already mentioned, or something new you would like to make sure is brought to our attention.

I want to thank you for spending some time with me today and allowing me to join you in these conversations. I'm honored and humbled by your stories and we are going to do our best to use this information to make meaningful change in the community. I encourage you to reach out to me or Nathalie if there are things you felt you weren't able to share within our time limit today. I will put our email addresses in the chat. All feedback is welcome, and goes towards developing future resources and programming. Thank you so much for your time!