

## Health Disparities at the Intersection of Disability and Gender Identity: A Framework and Literature Review\*

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### I. Introduction and Framing

Both people with disabilities and transgender people experience disproportionately poor health outcomes.<sup>1</sup> For example, research indicates that disabled adults are four times more likely to report “fair” or “poor” health (40.3% v. 9.9% of adults without disabilities),<sup>2</sup> and they have increased risk for obesity (58% v. 38%), diabetes (1.91% v. 0.68%), and cardiovascular disease (12.0% v. 3.4%).<sup>3</sup> Likewise, research shows that transgender people experience disproportionately high rates of “fair” or “poor” health (22%), and they are nearly eight times more likely to experience serious psychological distress (39% v. 5% of the U.S. population).<sup>4</sup>

While poignant and compelling data, a vast majority of the research in this area has focused on people with disabilities and transgender people as separate and distinct demographic groups, or it has viewed disability as a singular “health outcome” that a transgender person may experience (as opposed to a demographic characteristic tied to biases and discrimination). Rarely have researchers considered how, for people who identify as *both* disabled and transgender, socioeconomic barriers can compound and exacerbate disparities in health. Known as *intersectionality*, studying the complex barriers faced by people who have multiple, historically marginalized identities is critical to fully understanding and addressing inequities in health outcomes and access to care.

This paper examines the known research on health disparities at the intersection of disability and gender identity. It begins with a demographic analysis of transgender people with disabilities, which summarizes the available data on the prevalence and types of disabilities among transgender people. It then examines the limited research on disparities in health outcomes among this intersectional group, and it presents data on some of the known determinants of these disparities, including health care access barriers and socioeconomic factors. To conclude, this paper makes recommendations on areas of future research.

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## II. Demographic Analysis of Transgender People with Disabilities

A limited number of national, population-based studies provide data on the demographics of transgender individuals. Even fewer document the prevalence, extent, and types of disability among this population. The largest and most comprehensive survey to examine this topic was conducted in 2015 by the National Center for Transgender Equality (“NCTE”), with 27,715 transgender respondents nationwide.<sup>5</sup> Prior to 2015, there was exceedingly little research in the field of disability and transgender intersectionality. In 2011, NCTE, in partnership with the National LGBTQ Task Force (“the Task Force”), conducted a more limited national transgender discrimination survey, which briefly touched upon the prevalence of disability.<sup>6</sup> That same year, a few studies examined disability status within the broader LGBT community,<sup>7</sup> with some reports isolating the data related to transgender older adults.<sup>8</sup> This Part summarizes the available data on the prevalence of disability among transgender individuals and the types of disability most common within this population.

### A. Disability Prevalence in The Transgender Population

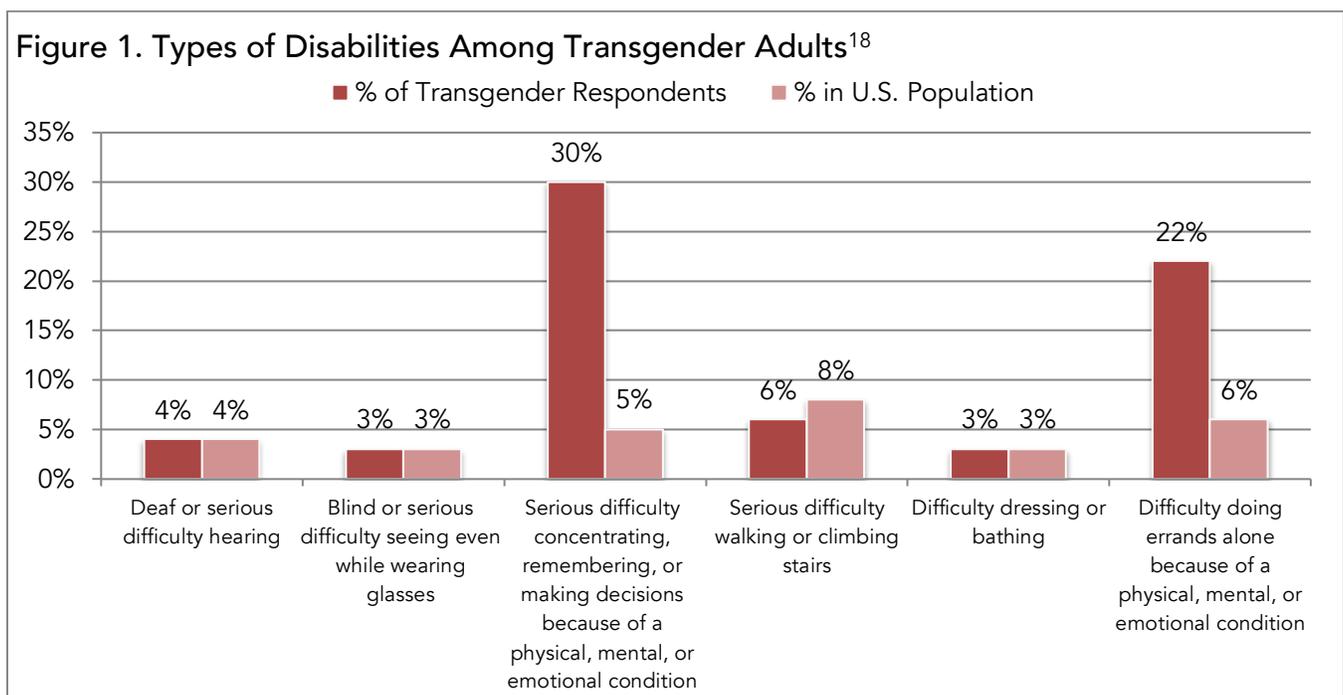
Research has consistently shown the high prevalence of disability among transgender people. NCTE’s 2015 U.S. Transgender Survey reported that 39% of the nearly 28,000 transgender respondents had one or multiple disabilities, as compared with 15% of the general population.<sup>9</sup> “Disability” for purposes of this study was defined in relation to the respondent’s functional abilities; specifically, individuals were asked whether they experienced “serious difficulty” in performing major life activities such as hearing, seeing, or walking.<sup>10</sup> Additionally, the 2015 survey found that 28% of respondents self-identified as “a person with a disability.”<sup>11</sup> NCTE and the Task Force’s 2011 survey of 6,450 transgender and gender non-conforming individuals had similar results, with 30% of respondents reporting a physical disability or mental health condition.<sup>12</sup> Likewise, an Institute of Medicine (“IOM”)-reported survey of 272 transgender individuals found that 36% had a physical or mental disability.<sup>13</sup>

Research indicates that disabilities among transgender individuals vary with age. A 2011 study funded by the National Institute of Health and the National Institute on Aging found that 62% of transgender adults aged 50 and older have a physical, mental, or emotional disability.<sup>14</sup> In comparison, a survey of nearly 81,000 adolescents in Minnesota found that only 25.2% of transgender youth have “long-term physical disabilities or health problems,” but 59.3% have “long-term mental health problems.”<sup>15</sup> The correlation between disability and age is not unique to transgender people; among the entire U.S. population, rates of physical disabilities are known to increase with age (age 18–44: 16.7%, age 45–64: 34.7%, age 65+: 60.7%)<sup>16</sup> and

rates of mental disabilities are most common among young adults (age 18–25: 20.1%, age 26–49: 20.4%, age 50+: 15.4%).<sup>17</sup>

## B. Types of Disabilities Among Transgender People

The 2015 U.S. Transgender Survey is the first report to provide detailed data on the types of disabilities that transgender adults (age 18+) experience (Figure 1).<sup>18</sup> The survey found that rates of hearing (4%) and vision impairments (3%) are consistent with their prevalence in the U.S. population.<sup>19</sup> However, transgender individuals were *six times* more likely to have “serious difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition” (30% v. 5% in the U.S. population) and nearly *four times* more likely to have “difficulty doing errands alone, such as visiting a doctor’s office or shopping, because of a physical, mental, or emotional condition” (22% v. 6%).<sup>20</sup>



Mental health disabilities are particularly prevalent among transgender individuals of all ages. For example, transgender adolescents report high rates of “long-term mental health problems” (59.3%), as compared with cisgender adolescents (17.4%).<sup>21</sup> Likewise, older transgender adults (age 50+) report high rates of clinical depression (48%) and anxiety (39%).<sup>22</sup>

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### III. Disparities in Health Outcomes

As a group of people with at least two demographic characteristics tied to historical marginalization, transgender people with disabilities experience poor health. NCTE's 2015 survey is the first report to provide an in-depth examination of the intersection of these dual identities and publish data on the substantial health disparities that impact this population.<sup>23</sup> Prior to 2015, most transgender research characterized disability as a "health outcome" and not a demographic characteristic, and thus there has been little research on the actual "health" of this intersectional group. This Part summarizes the limited data.

The 2015 U.S. Transgender Survey found that transgender people with disabilities experience disproportionately poor mental health outcomes.<sup>24</sup> Transgender respondents with disabilities (59%) were nearly *twice* as likely to "currently experience psychological distress," as compared to transgender respondents without disabilities (31%).<sup>25</sup> Psychological distress was measured by a widely accepted mental health screening, the Kessler Psychological Distress Scale.<sup>26</sup> Increased incidence of psychological distress among all respondents was correlated with unsupportive family networks, employment discrimination, physical violence, and sexual assault.<sup>27</sup>

Transgender people with disabilities are also substantially more likely to experience suicidal thoughts and behaviors.<sup>28</sup> Twelve percent (12%) of disabled respondents reported attempting suicide in the past year, as compared with 7% of all transgender respondents and 4% of the U.S. population.<sup>29</sup> Additionally, 54% of disabled respondents reported attempting suicide in their lifetime, as compared with 40% of all transgender respondents and 4.6% of the U.S. population.<sup>30</sup>

The physical health outcomes of transgender people with disabilities remain largely unstudied. While the 2015 survey collected data on the physical health of respondents, this data has yet to be analyzed and publicly reported in the context of disability-transgender intersectionality.<sup>31</sup>

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## IV. Determinants of Health

Socioeconomic factors can have a tangible impact on an individual's health.<sup>32</sup> The linkages between negative health outcomes and health-specific barriers, such as lack of access to health insurance or a health care provider's implicit biases or overt discrimination, are clear. Additionally, social determinants of health, such as economic stability, employment, housing, education, and social environment, while perhaps less intuitive, have been well established through previous research.<sup>33</sup> This Part examines the available data on the heightened socioeconomic and health-specific barriers that affect the health of transgender people with disabilities.

### A. Health-Specific Barriers

Research has identified at least three health-specific barriers that transgender people with disabilities disproportionately face. First, transgender people with disabilities are more likely to have negative experiences with health care providers. According to the 2015 U.S. Transgender Survey, 42% of disabled respondents reported a negative experience when seeing a health care provider in the past year, as compared to 30% of transgender respondents without disabilities.<sup>34</sup> The most common negative experiences among all respondents were: needing to teach a provider about their identity before receiving appropriate care (24%), the provider asking unnecessary or invasive questions that were unrelated to the visit (15%), the provider refusing to give transition-related care (8%), and verbal harassment (6%).<sup>35</sup> Negative experiences with health care providers can discourage individuals from seeking necessary care and support, which in turn impacts physical and mental health.

Second, transgender people with disabilities are more likely to experience discrimination in the health care and social service setting. According to a secondary analysis of the 2011 U.S. Transgender Survey, disabled transgender individuals are significantly more likely to face discrimination when attempting to access mental health centers (17.3% v. 6.2% of transgender people without disabilities), drug treatment programs (4.7% v. 2.0%), rape crisis centers (7.8% v. 3.3%), and domestic violence shelters (9.9% v. 3.5%).<sup>36</sup> People with learning disabilities and/or multiple physical, learning, or socio-emotional disabilities were most likely to experience discrimination in these settings.<sup>37</sup> Discrimination in health care and social services can impact the quality of care that an individual receives, and it can discourage individuals from seeking care or support services in the future, both of which have large impacts on health and safety.

Finally, transgender people with disabilities are more likely to experience cost-of-care barriers. The 2015 U.S. Transgender Survey found that 42% of disabled respondents did not see a doctor or health care provider when they needed to in the past year because of cost, as compared to 33% of all transgender respondents.<sup>38</sup> Financial access barriers, including lack of access to health insurance and the inability to pay for services out-of-pocket, have a well-established effects on health care utilization, which in turn impacts physical and mental health outcomes.

## B. Social Determinants of Health

The 2015 U.S. Transgender Survey is the first and only study to report on the social determinants of health among transgender people with disabilities. The relevant data can be organized into four major socioeconomic factors: economic stability and employment, housing, education, and social environment—each of which can impact and perpetuate health disparities.

First, transgender people with disabilities experience heightened rates of economic instability. According to the 2015 survey, 45% of disabled respondents live in poverty, as compared to 29% of all transgender respondents and 12% of the U.S. population.<sup>39</sup> Disabled respondents were also nearly twice as likely to have incomes under \$10,000 per year (21% v. 12% of all respondents) and to rely on public food assistance programs (29% v. 15%).<sup>40</sup> Moreover, disabled respondents were significantly more likely to be unemployed (24% v. 15%), to have lost a job at some point in their lives (59% v. 53%), to have had an adverse employment decision such as firing, failure to hire, or failure to promote in the past year (75% v. 67%), and to have quit a job in the past year to avoid workplace discrimination (21% v. 15%).<sup>41</sup> Economic instability, unemployment, and low-wage employment affect health by inhibiting access to health insurance and health care, exposing an individual to medical debt, and making unavailable settings where healthy behaviors and activities are promoted (e.g., safe neighborhoods and stable housing).<sup>42</sup>

Second, transgender people with disabilities experience disproportionate rates of housing instability. The 2015 survey found that disabled respondents (8%) were more likely to have been evicted from housing because of anti-transgender biases, as compared to respondents without disabilities (5%).<sup>43</sup> Housing instability affects health because it determines the physical environment where a person dwells, which can have clear impacts on the safety, health, and economic stability of the individual.<sup>44</sup>

Third, transgender people with disabilities are more likely to have negative educational experiences. NCTE's 2015 survey found that 82% of disabled respondents have had a negative experience in primary school (K–12), as compared to 77% of all respondents.<sup>45</sup> The most common negative experiences among all respondents included: verbal harassment (54%), not being allowed to wear clothing associated with their gender identity (52%), being disciplined for fighting back against bullies (36%), and physical violence (24%).<sup>46</sup> Negative experiences in school impact health because they discourage educational attainment; and educational attainment can impact health knowledge and behaviors, employment opportunities and income, healthy social environments, and psychological wellbeing.<sup>47</sup>

Finally, transgender people with disabilities are more likely to have a poor social environment and experience negative community interactions and violence. According to the 2015 survey, disabled respondents were more likely to report unequal treatment, verbal harassment, and/or physical attack in the past year (69% v. 58% of all transgender respondents).<sup>48</sup> Specifically, disabled respondents were more likely to have these negative experiences in places of public accommodations (39% v. 31%), public assistance or government benefits offices (21% v. 17%), social security offices (16% v. 11%), and courts (19% v. 13%).<sup>49</sup> Additionally, disabled respondents were more likely to have experienced sexual assault (61% v. 47%), domestic violence (61% v. 54%), and police mistreatment (68% v. 58%).<sup>50</sup> The nature of one's social environment, especially when it involves incidences of violence in the community or home, affects health because it determines physical safety, psychological and emotional health, and the availability of family and/or community support mechanisms.<sup>51</sup>

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## V. Conclusion and Future Research Recommendations

The limited research on health disparities for transgender people with disabilities reveals a clear trend: people with intersecting disabled and transgender identities generally face heightened socioeconomic and health-specific barriers and experience poorer health outcomes than people with only one of these identities. Disabled transgender people face significantly higher rates of poverty, discrimination, mistreatment by health care providers, psychological distress, and suicide.<sup>52</sup> These disturbing patterns are instructive; however, a considerable amount of work is still needed to fully understand these correlations and the reasons behind them.

Overall, there has been very little research on disability and gender identity intersectionality. Whether it is because of lack of funding, limitations on research priorities, or the historical (and still ongoing) characterization of disability as a “health outcome” rather than a demographic trait,<sup>53</sup> there is a dearth of data and research on this significantly overlapping group of individuals (39% of transgender people have a disability<sup>54</sup>).

Future research is essential to understanding and taking steps to eliminate health inequities experienced by transgender people with disabilities. To that end, we strongly encourage all relevant demographic and population surveys (e.g., all U.S. Census Bureau, federally-funded, and state-funded surveys) to include both transgender and disability status as a data element. This expanded collection of data will enable secondary research, which will facilitate targeted advocacy to reduce and eliminate health disparities for this heavily marginalized group.

For purposes of future research, we recommend the following particularly critical and understudied areas:

### 1. Health Outcomes of Transgender People with Disabilities

- The prevalence of physical health outcomes believed to be preventable, such as obesity, diabetes, and cardiovascular disease, and how compounding socioeconomic and health-specific barriers cause or impact these preventable outcomes.
- The prevalence of physical health outcomes that can be mitigated or cured with early intervention and treatment, such as breast or cervical cancer, and how compounded socioeconomic and health-specific barriers impact these outcomes.
- The prevalence and types of mental health outcomes among transgender adults and transgender youth and how compounded socioeconomic and health-specific barriers cause or impact these outcomes.

- The physical and mental health outcomes of (and differences in socioeconomic and health-specific barriers faced by) people with *additional* intersecting characteristics, such as race, ethnicity, and sexual orientation.

## 2. Health Care Access Barriers Faced by Transgender People with Disabilities

- How health care providers' discrimination, implicit biases, and/or misguided assumptions about gender identity and disability impact quality of care and health care utilization rates.
- How health-specific barriers to care are multiplied and compounded for people with dual transgender and disabled identities.
- How compounding health-specific barriers create underutilization of preventative and early intervention health care and, in turn, impact health outcomes.
- The availability or lack thereof of appropriate caregivers, particularly for individuals who face rejection from family and community members (who may otherwise provide care).

## 3. The Social Determinants of the Health of Transgender People with Disabilities

- The prevalence and health impact of lack of access to family and community supports and social isolation, particularly for individuals who face rejection from family and community members because of their transgender and/or disabled identities, and how different social and cultural norms (which may differ depending on family background, ethnicity, and religion) affect the likelihood of this occurrence.
- The prevalence and health impact of family rejection of transgender youth who, because of a disability, may have particular dependence on their parents.
- The prevalence of disparate educational attainment, and how and what types of early intervention and support in the education or special education systems can improve the physical and mental health and safety of transgender youth.
- The prevalence and health impact of housing instability and homelessness, particularly for transgender people who have mental health disabilities and face rejection from their communities.
- The prevalence and health impact of mistreatment in prison or jail, particularly for transgender inmates who need disability accommodations and whose gender identity is inappropriately and illegally not taken into account in housing placement.

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**Endnotes**

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<sup>1</sup> See, e.g., NAT'L ACADS. SCI., ENG'G, & MED., COMMUNITIES IN ACTION: PATHWAYS TO HEALTH EQUITY 73–76 (Nat'l Acads. Press 2017), available at <http://nap.edu/24624> (documenting health disparities of both groups); Silvia Yee, et al., *Compounded Disparities: Health Equity at the Intersection of Disability, Race, and Ethnicity*, NAT'L ACADS. SCI., ENG'G, & MED., at 31–32 (2017), <http://nationalacademies.org/hmd/Activities/SelectPops/HealthDisparities/Commissioned-Papers/Compounded-Disparities> (documenting health disparities of people with disabilities); S.E. James, et al., *The Report of the 2015 U.S. Transgender Survey*, NAT'L CTR. FOR TRANSGENDER EQUALITY 103–07 (2016), <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf> (documenting health disparities of transgender people).

<sup>2</sup> NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 75.

<sup>3</sup> Yee, *supra* note 1, at 75.

<sup>4</sup> James, et al., *supra* note 1, at 103.

<sup>5</sup> See James, et al., *supra* note 1, at 4.

<sup>6</sup> See Jaime M. Grant, et al., *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, NAT'L CTR. FOR TRANSGENDER EQUALITY & NAT'L GAY & LESBIAN TASK FORCE (2011), [http://www.thetaskforce.org/static\\_html/downloads/reports/reports/ntds\\_full.pdf](http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf).

<sup>7</sup> INST. OF MED., COMM. ON LESBIAN, GAY, BISEXUAL, & TRANSGENDER HEALTH ISSUES & RESEARCH GAPS & OPPORTUNITIES, *THE HEALTH OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER PEOPLE: BUILDING A FOUNDATION FOR BETTER UNDERSTANDING* 266–67 (Nat'l Acads. Press 2011), available at <https://www.nap.edu/catalog/13128/the-health-of-lesbian-gay-bisexual-and-transgender-people-building>.

<sup>8</sup> See, e.g., Karen Fredriksen-Goldsen, et al., *Physical and Mental Health of Transgender Older Adults: An At-Risk and Underserved Population*, 54 THE GERONTOLOGIST 488 (2013); Karen I. Fredriksen-Goldsen, et al., *The Aging and Health Report: Disparities and Resilience Among Lesbian, Gay, Bisexual, and Transgender Older Adults*, INST. FOR MULTIGENERATIONAL HEALTH (2011), <http://depts.washington.edu/agepride/wordpress/wp-content/uploads/2012/10/Full-report10-25-12.pdf>.

<sup>9</sup> James et al., *supra* note 1, at 57–58.

<sup>10</sup> *Id.* at 247. For all major life activities referenced in this survey, see *infra* Figure 1.

<sup>11</sup> *Id.* at 58, 247.

<sup>12</sup> Grant, et al., *supra* note 6, at 23. “Disability” for purposes of this study is defined as “a physical disability or mental health condition that substantially affects a major life activity.” *Id.*

<sup>13</sup> INST. OF MED., *supra* note 7, at 267 (citing Lorree Cook-Daniels & Michael Munson, *Sexual Violence, Elder Abuse, and Sexuality of Transgender Adults, Age 50+: Results of Three Surveys*, 6 J. GLBT FAM. STUD. 142 (2010)).

<sup>14</sup> Fredriksen-Goldsen, et al., *Physical and Mental Health of Transgender Older Adults*, *supra* note 8, at 494. “Disability” for purposes of this study is defined as “being limited in any activities due to physical, mental, or emotional problems, or having any health problem that requires the use of special equipment (e.g. cane, special telephone), based on the definition recommended by Healthy People 2010.” *Id.* at 61.

<sup>15</sup> G. Nicole Rider, et al., *Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study*, 141 PEDIATRICS, no. 3, Mar. 2018, at 1, 4.

<sup>16</sup> Barbara M. Altman & Amy B. Bernstein, *Disability and Health in the United States, 2001–2005*, U.S. DEP’T OF HEALTH & HUMAN SERVS., CTRS. FOR DISEASE CONTROL & PREVENTION, NAT’L CTR. FOR HEALTH STATISTICS 61 (2008), available at <https://www.cdc.gov/nchs/data/misc/disability2001-2005.pdf> (measured by “basic actions difficulty,” or rather, “noninstitutionalized adults with respondent-reported difficulties in movement or sensory, emotional, or cognitive functioning that is associated with some health problem.”); see also Yee, *supra* note 1, at 11.

<sup>17</sup> Yee, *supra* note 1, at 17 (citing National Institute of Mental Health, *Statistics* (Aug. 31, 2016), <https://www.nimh.nih.gov/health/statistics/index.shtml>).

<sup>18</sup> James et al., *supra* note 1, at 57.

<sup>19</sup> *Id.*

<sup>20</sup> *Id.*

<sup>21</sup> Rider, et al., *supra* note 15, at 4.

<sup>22</sup> Fredriksen-Goldsen, et al., *The Aging and Health Report*, *supra* note 8, at 26–27.

<sup>23</sup> See James et al., *supra* note 1.

<sup>24</sup> *Id.* at 103–14.

<sup>25</sup> *Id.* at 107.

<sup>26</sup> *Id.* at 105.

<sup>27</sup> *Id.*

<sup>28</sup> *Id.* at 112, 114.

<sup>29</sup> *Id.*

<sup>30</sup> *Id.*

<sup>31</sup> NCTE has invited applications for secondary data analyses of the 2015 U.S. Transgender Survey.

<sup>32</sup> See, e.g., NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 99–164 (“The Root Causes of Health Inequity”); Yee, *supra* note 1, at 22–36.

<sup>33</sup> See, e.g., NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 99–164; Yee, *supra* note 1, at 22–36.

<sup>34</sup> James et al., *supra* note 1, at 97.

<sup>35</sup> *Id.*

<sup>36</sup> Shanna K. Kattari, et al., *Differences in Experiences of Discrimination in Accessing Social Services Among Transgender/ Gender Nonconforming Individuals by (Dis)Ability*, 16 J. SOC. WORK IN DISABILITY & REHABILITATION 116, 125–26 (2017).

<sup>37</sup> *Id.*

<sup>38</sup> James et al., *supra* note 1, at 98.

<sup>39</sup> *Id.* at 144.

<sup>40</sup> *Id.* at 141–42.

<sup>41</sup> *Id.* at 141, 149–51, 154.

<sup>42</sup> NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 118.

<sup>43</sup> James et al., *supra* note 1, at 180.

<sup>44</sup> NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 119.

<sup>45</sup> James et al., *supra* note 1, at 132.

<sup>46</sup> *Id.*

<sup>47</sup> NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 118.

<sup>48</sup> James et al., *supra* note 1, at 198.

<sup>49</sup> *Id.* at 215–20.

<sup>50</sup> *Id.* at 205–06.

<sup>51</sup> NAT'L ACADS. SCI., ENG'G, & MED., *supra* note 1, at 119.

<sup>52</sup> James et al., *supra* note 1, at 6.

<sup>53</sup> See Yee, *supra* note 1, at 140 (positing that these factors also attribute to the lack of research on health disparities at the intersection of disability, race, and ethnicity).

<sup>54</sup> *Id.* at 57–58.