



Queer/Trans Collective for
Research on Equity & Wellness

**TRANS
MARYLAND**

RESEARCH AND POLICY BRIEF

Experiences with Police and Emergency Response Services among Trans People in Maryland

Findings from the 2023 Maryland Trans Survey

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The **Maryland Trans Survey** is a community-based research project conducted by **Trans Maryland** and the **Queer/Trans Collective for Research on Equity and Wellness** examining experiences of trans¹ people in the State of Maryland in areas such as health and healthcare, employment and economic wellbeing, and legal and policy experiences. To date, **it is the largest survey of trans people in the State**, with 750 trans people representing all 23 counties in Maryland and Baltimore City.

Data were collected from June to December 2023 through in-person and online community outreach.² The project was approved by Towson University's Institutional Review Board (Protocol #1897) and used Transgender Research Informed Consent (TRICON) Disclosures³ to provide trans community members with additional transparency on the project, recognizing long histories of harmful practices in trans research from scientific institutions.

Trans individuals face disproportionately higher rates of police violence than cisgender individuals, often reporting mistreatment, misgendering, and physical or sexual assault.⁴ It is important for people to have access to emergency supports. However, due to systematic and institutionalized violence and anti-trans bias, many do not feel safe utilizing these 911 and public services in emergency and/or life-threatening situations. This can result in exacerbated disparities and downstream consequences of emergency and crisis situations.

¹ "Trans" is used in this report as an umbrella term for people with gender diverse experiences or gender identities different from their sex assigned at birth, including but not limited to binary identities (e.g., women, men), nonbinary identities (e.g., nonbinary, genderqueer), and people without gender (e.g., agender).

² It is important to acknowledge that this survey method generally limited participation to people who had access to the internet, could respond to an English survey, and were in some ways connected to people, groups, or organizations who were aware of the survey; as such, trans people who are not represented in our sample may be expected to have worse outcomes than those described in this report due to experiences of further marginalization.

³ Winters, K., D'orsay, A. E., Sirenu, V., & Con, AR (2022). *Transgender Research Informed Consent (TRICON) disclosure policy: 2022 update*. International Transgender Health Forum.

<https://transpolicyreform.wordpress.com/2022/10/08/transgender-research-informed-consent-tricon-disclosure-policy-2022-update/>

⁴ Stenersen, M. R., Thomas, K., & McKee, S. (2022). Police and transgender and gender diverse people in the United States: A brief note on interaction, harassment, and violence. *Journal of Interpersonal Violence*, 37(23–24), NP23527–NP23540. <https://doi.org/10.1177/08862605211072161>

This brief contains information regarding experiences with **police and emergency response systems**⁵ from the project for advocates, policymakers, and community-serving entities to better understand and support the current needs of trans people in Maryland.

COMFORT WITH POLICE: OVERVIEW

Trans people in Maryland overwhelmingly reported being uncomfortable with police and unlikely to call police if they were victims of a crime. In our sample:

- 75.1% reported being very uncomfortable or somewhat uncomfortable with potentially asking for help from police in a medical emergency
- 73.9% feared the police would harass/disrespect them
- 42.3% feared they would arrest them without cause
- 22.5% reported they would not call 911 if they were the victim of a crime
- 67.2% specified that discomfort with police was connected to their trans status/gender identity
- 38.8% had bad experiences with police in the past
- 20% experienced troubling situations with the police or legal systems in the past year

COMFORT WITH THE POLICE: INTERSECTIONAL IDENTITIES

In addition to trans Marylanders generally reporting discomfort with the police, trans Marylanders who were disabled were even more likely to report concerns.

- 78% of trans people who have a disability were somewhat or very uncomfortable with asking the police for help in a medical emergency.
- Trans people who have a disability were significantly less likely to call 911 if they were a victim of a crime compared to trans people who did not report a disability; 28% of those with a disability disagreed or strongly disagreed that they would call 911 compared to 17% for those who did not report a disability.
- There were no differences between racial identity, gender identity, or rurality in terms of comfort with police or likelihood of calling 911 if they were the victim of a crime.
- When considering race, gender identity, and location, we found that trans women of color and trans people who lived in rural locations were the two groups most likely to report having trouble with the police in the past year (compared to white trans people and suburban and urban located trans Marylanders.)

⁵ Note that statistics may not appear to add to 100% due to small percentages of respondents declining to answer. Others may appear to add above 100% in cases where participants were permitted to select more than one.

VIEWS ON CALLING 911

Participants were also invited to elaborate using open-ended responses on their views of policing. The question they were asked was, “*Please elaborate on your views on calling 911 in emergency situations...*”. Of the 750 total survey respondents, 494 (68.5%) provided additional information. Nonbinary people of color were more likely to respond to this qualitative question compared to binary white people (i.e., white trans women and men).

Respondents shared that their concern around calling 911 was largely centered around the police, with many participants stating that they would be comfortable calling 911 if they knew a non-police entity would come instead. These preferences included calling for other emergency services, such as EMTs, paramedics, firefighters, or emergency mental health personnel (e.g., social workers or community counselors).

“I would call because I know I can trust paramedics and firefighters. I have a strong discomfort with cops though.” (19-year-old White nonbinary trans woman)

“I only call 911 when necessary for the EMT or fire emergency but bringing the police in is risky and possibly dangerous.” (25-year-old Latinx nonbinary person)

“I would never call 911 unless it was a medical emergency and felt confident that I could request non-police assistance to show up. Even when people request no police, they show up anyways sometimes. If it was a non-medical emergency, I would never call 911 or ask the police for help because they don't help situations, they typically make things worse.” (20-year-old Multiracial nonbinary person)

Responses ranged from having “no problems calling 911 under any circumstances requiring such a call” (64-year-old White trans woman) to expressing extreme fear for one’s safety due to trans and other marginalized identities and general mistrust due to negative past experiences.

“As a trans person I do not feel entirely safe interacting with police” (47-year-old White trans woman).

“Unfortunately, the medical providers and industry have a long historical and systemic issue of abuse/neglect in care and authority. It's terrible to have to consider being harmed/marginalized by medical providers” (23-year-old Black nonbinary person)

Multiple concerns for safety and trust in the police arose particularly for individuals with intersecting marginalized identities. Respondents stated that not only are they subject to discrimination and potential violence because of their trans or nonbinary identities but experience further danger on account of their intersecting identities (e.g., race, ethnicity, ability).

“I view calling 911 as generally unsafe for LGBTQ+ people, especially for BIPOC people, for Autistic people, for transgender people living with disabilities, etc. If I call, it’s because it is the last resort, and my hope that reporting to them might somehow bring Justice eventually for myself or others outweighs the potential for greater harm caused by police presence or intervention.” (47-year-old White trans woman).

“I think calling the police should be a last resort because often in both LGBTQ+ and Black communities, police are used as a threat of violence against us. They often misunderstand and have their own biases. Not to mention how often they take advantage of trans women sexually. They aren’t here to make us safe.” (23-year-old Black nonbinary person)

Participants also reflected on the complexities of navigating intersecting identities when it comes to being both white and trans. Sentiments around critical consciousness (i.e., the ability to analyze social injustice, understand the relationship between individual experience and broader societal structures, and take action) arose for some as they recounted feeling both “protected” due to their privileged racial identity, while simultaneously needing to act with caution because they were also trans. Others discussed how, even if they were in a situation where calling 911 was necessary, they would seek alternative options or refrain altogether in efforts to protect their BIPOC neighbors or friends who they felt could be put in jeopardy if violence ensued.

“I have immense privilege as a white person to call and not be too afraid, but my transness does make me think twice.” (28-year-old White nonbinary person)

Lastly, many spoke of the downstream impacts of calling the police, such as the financial implications, threats of incarceration, and a lack of access to healthcare. Many respondents mentioned the high cost of an ambulance ride as prohibitive to their wanting to utilize that emergency service. They discussed needing to strike a balance between the immediate crisis level and the longer-term financial consequences of calling 911. There was a consensus of dislike for the current system, but also helplessness at not knowing a better option.

“It feels like a difficult situation. I don’t trust the police at all but possibly getting some form of help in an emergency feels better than nothing. There’s also the issue of cost.” (24-year-old White xenogender person)

“I am scared of ambulance costs. I also live 5 minutes away from a hospital, so I would rather just drive there/have someone drive me there.” (21-year-old White trans man)

“I don’t know the alternatives” (30-year-old White trans man)

POLICY RECOMMENDATIONS

These policy recommendations aim to address the systemic barriers and inequities faced by trans individuals in Maryland. Originating from responses solicited in the survey, the following recommendations aim to refine existing processes in efforts to increase comfortability and safety for trans communities using emergency response systems in times of crisis. They specifically emphasize using alternative emergency response systems, developing culturally competent emergency responder training, increasing community empowerment, and investing financially in upstream preventative factors affecting trans individuals' mental and physical wellbeing.

Expand Alternative Emergency Response Systems

- Establish and fund non-police emergency response teams (inclusive of social workers, mental health professionals, paramedics, crisis responders).
- Create protocols for rapid response social workers and mental health professionals to be dispatched over police.
- Implement program adaptations to 988 Suicide and Crisis Lifeline to enhance transparency of hotline policies and data on use of non-consensual emergency interventions.⁶

Reallocate Funds to Support More Community-Based Crisis Solutions

- Provide funding for state agencies to create community-based crisis solutions.
- Ensure that community-based crisis solutions include trans-competent and trans-specific crisis care.
- Disincentivize and penalize emergency responders and organizations that engage in non-consensual emergency interventions, privacy violation, involuntary hospitalization, forced medication administration (e.g., Elijah McClain), and related harmful practices that violate autonomy.⁷
- Ensure all revisions to policy and procedure are made with direct collaboration with trans and nonbinary community members and organizations.

Mandate LGBTQ+ Culturally Competent and Anti-Bias Training for Police and All Other Crisis Response Personnel

- Require a comprehensive and ongoing curriculum that all police must take that teaches about law enforcement and trans issues, intersectional identities, and de-escalation techniques taught by members of the trans community. This could be developed, implemented, and mandated in partnership with the Police

⁶ Calou, Y., Forster, O., HJ, N., Leigh, J. Latty, L., Sostre, J., Pease, M. V., & Wang, S. (2024, October). *The problem with 988: How America's largest hotline violates consent, compromises safety, and fails the people*. Trans Lifeline. <https://translifeline.org/safe-hotlines/the-problem-with-988-report/>

⁷ Tompkins, L. (2023, October 13). *Here's What You Need to Know About Elijah McClain's Death*. The New York Times. <https://www.nytimes.com/article/who-was-elijah-mcclain.html>

Training and Standards Commission and the Center for Excellence at the Governor's Office of Crime Prevention and Policy.

- Similarly, ensure mandatory training for mental health clinicians and other crisis intervention personnel responding to 911 through education programs and continuing education requirements led by trans community members.
- Require the inclusion of trans and nonbinary community liaisons when administering programming to ensure relevance and accuracy of information.
- Use extra precaution when implementing policy recommendations around training; there is evidence that LGBTQ+ culturally competent training can have adverse unintended consequences if not paired with actual changes to police agency policies and practices that ensure accountability when officers act with anti-trans bias (e.g., placing blame on trans folks for their injuries, refusing to take reports if the victim is trans, neglecting to classify gender-based violence as a hate crime).⁸

Educate and Empower the Trans Community

- Increase awareness about the existing alternatives to calling 911 in crises.
- Increase awareness about opportunities for advocacy surrounding resource allocation and policy change to address the many gaps in the existence of needed alternatives.
- Distribute educational materials in schools, community centers, faith spaces, healthcare institutions that inform trans individuals of their rights and availability to alternative services.
- Partner with trans-led organizations to equip individuals with information about their rights and strategies to have safe interactions with law enforcement and emergency responders.

Address Disproportionate Impacts of the Criminal Legal System

- Repeal laws that disproportionately target and criminalize marginalized communities (e.g., HIV criminalization laws;⁹ 2025 Maryland House Bill 39).¹⁰
- Invest in legal resources that provide accessible, low-cost or pro bono services to support trans people.
- Ensure access to gender-affirming housing facilities and care when they encounter the criminal legal system.
- Require corrections facilities to provide more data on their trans prisoners and use this data to support changes to laws and policies that protect the rights and

⁸ Avalos, S., & Carrillo, A. (2024). 'Took my money, called me a guy, and made me sleep in jail overnight': police procedural failings when interacting with trans folk. *Policing & Society*, 34(6), 489–504. <https://doi.org/10.1080/10439463.2024.2304550>

⁹ Cisneros, N., Tentindo, W., Sears, B., Macklin, M. L., & Bendana, D. (2024, January). *Enforcement of HIV criminalization in Maryland*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/hiv-crim-md/>

¹⁰ <https://mgaleg.maryland.gov/mgawebsite/legislation/details/hb0039?ys=2025rs>

dignity of trans people, including housing people by gender identity in compliance with Prison Rape Elimination Act (PREA).¹¹

Invest in Upstream Factors to Promote Trans Mental and Physical Health

- Expand affordable housing and healthcare (inclusive of mental healthcare) resources for trans individuals.
- Honor and uphold gender-affirming housing placements in temporary living and sheltered settings.
- Enhance job training and employment protection strategies for those living in rural and/or underserved geographic areas.
- Incentivize local governments and key stakeholders including state’s attorney offices, the judiciary and law enforcement agencies to adopt more restorative justice programs, diversion programs, and other alternatives to incarceration.
- Create systems to consistently work in collaboration with trans communities to meet evolving policy and resource priorities.

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ABOUT THE TEAM

The Queer/Trans Collective for Research on Equity & Wellness (QT-CREW) conducts community-based research to ensure that the lived experiences of queer, trans, and QT-BIPOC (Black, Indigenous, People of Color) are reflected in the scientific literature and to create knowledge designed to improve their lives and well-being. qt-crew.org

Trans Maryland is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland’s trans community. By trans folks, for trans folks. transmaryland.org

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¹¹ Conarck, B. (2024, February). *Are Maryland prisons out of bounds with federal requirements for trans prisoners?* The Baltimore Banner. <https://www.thebaltimorebanner.com/community/criminal-justice/maryland-trans-prisoners-compliance-prea-6MFYNZQ3UZFYJMX34TO4QJEQ4E/>