AMAAD Institute
(Arming Minorities Against Addiction & Disease)
Black Men Rising (formerly known as Panthera Project):
Black Transmasculine Initiative
Los Angeles County Department of Mental Health
Underserved Cultural Communities (UsCC) Unit
Mental Health Services Act

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Introduction

The AMAAD (Arming Minorities Against Addiction and Disease) Institute was founded as a grassroots nonprofit Recovery Community Organization (RCO) intended to be culturally relevant to Black lesbian gay, bisexual, transgender, questioning/queer (LGBTQ+), non-binary, and gender nonconforming individuals that are disproportionately impacted as the result of systemic inequities. AMAAD was selected to facilitate the community engagement activities described in the Scope of Work Bid Solicitation issued by the Los Angeles County Department of Mental Health, Office of the Deputy Directors Strategic Communications Underserved Cultural Communities (UsCC) Unit. In accordance with the Mental Health Services Act (MHSA), UsCC created the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Two-Spirit (LGBTQIA2-S) subcommittee with the goal of reducing disparities and increasing mental health access for the LGBTQI2-S community in the County of Los Angeles. UsCC's selection of the AMAAD Institute to facilitate the Panthera Project was directly in alignment with the UsCC LGBTQI2-S subcommittee which is intended to work closely with community partners and consumers to increase the capacity of the public mental health system to develop culturally relevant recovery-oriented services, specific to the LGBTQI2-S community.

The AMAAD Institute has facilitated a number of UsCC projects including the Black LGBTQ+ Action Coalition (BLAC) and the Black Family Unity Project (BFUP). Across AMAAD initiatives, the organization set out with a purposeful effort to identify the needs of Black LGBTQ+ individuals, while educating and empowering the community about the importance of mental health care and other support needs to build awareness and connection. This project aim was to explore specific needs of Black transmasculine community members, to highlight the diversity of the population, and the need for culturally sensitive resources and providers.

Background

The AMAAD Institute's philosophy, mission, and background uniquely positions and qualifies the organization to facilitate community engagement activities of the Panthera Project now known as Black Men Rising (BMR). As a grassroots foundation, AMAAD began as a Recovery Community Organization (RCO) offering resources and referrals, including specialized strength-based recovery management and navigation support services in a manner that is culturally relevant to Black LGBTQ+ communities across Los Angeles.

With an emphasis on LGBTQ+ individuals, youth and young adults, and other underserved communities, AMAAD's official mission is "to facilitate personalized individual access to programs and services that foster safe and supportive healthy environments for people to live, learn, and develop to their fullest potential," which is perfectly aligned in partnership with the UsCC LGBTQI2-S subcommittee. AMAAD has had uninterrupted experience mobilizing and coordinating local residents, stakeholders and cohort groups prioritizing young adults (18-29 years old), Black/African American, transgender persons, and gay and bisexual men, and persons who use substances since the organization was founded. AMAAD also has a specific priority among people experiencing homelessness, people experiencing mental health support needs, and people experiencing poverty. Today, AMAAD operates from five independently controlled sites

strategically located in the surrounding LAC community: 1) AMAAD Headquarters-Watts Office is located in the Watts Civic Center, which is considered ground zero of the 1965 Watts Rebellion, 2) AMAAD Resiliency House, a transitional residential living facility is nestled in the historic King Estates Neighborhood, 3) AMAAD Gibson House, a permanent supportive housing facility that is convenient to the Historic South Central area, 4) AMAAD House of Dignity, a housing development designed specifically for and operated by Black transgender women, and 5) AMAAD House of Abundance, a housing property prioritizing housing from recently released and others experiencing housing insecurity.

AMAAD is also co-located at two distinct Employment Training and Readiness sites as part of a multi-agency collaborative partnership effort, with one site at Los Angeles Trade and Technical College (LATTC) near Downtown Los Angeles and the other at Watts Labor Community Action Coalition (WLCAC). AMAAD's mainstay activities are centered around peer-based engagement and support services while having a solidly connected community footing. In the earlier formative years of the AMAAD Institute, organizers primarily facilitated informal community engagement and support with no dedicated financial resources. In 2015, the AMAAD Institute has become firmly positioned as a specialized premier organization and has advocated for community-based health and wellness services that also address intersectional social determinants of health. AMAAD's work is especially coordinated in a manner that is purposeful and culturally relevant to Black / African American youth and young adults who identify as LGBTQ+.

Program Overview

(Updates to project: Originally Panthera, reimagined to Black Men Rising)

The project underwent several changes. The original project was entitled the Panthera Project, with the purpose to "provide an actionable and supportive environment for Black transmasculine community members navigating their mental health within the employment landscape." This Project set to provide insight and guidance on how strategy, education, and self-advocacy can be used to improve mental health outcomes for Black transmasculine community members.

Originally, AMAAD contracted a consultant to facilitate the Panthera Project. AMAAD committed to contract a consultant with specific expertise and experience serving and representing the Black transmasculine community. The consultant was tasked with developing flyers and other promotional materials to recruit 25 Black transmasculine community members to participate in cohort meetings. The consultant was also responsible for developing pre- and post- tests to be administered to cohort members with the goal of gathering information on the level of knowledge gained and overall experience. The consultant was also responsible for the development of a community survey to be administered to a minimum of 100 Black transmasculine community members across Los Angeles County as well as a 1–2-page resource guide specific for Black transmasculine community members regarding housing, employment assistance, food, and mental health resources. The consultant was also responsible for coordinating cohort logistics and meeting details. Cohorts were expected to meet a minimum of ten times.

Gabriel Uhuru brings property management experience with experience in finance and asset management, community organizing, and leveraging resources to ignite community engagement and streamline management processes within the property management industry.

Midway through the project, AMAAD had to identify a different facilitator consultant due to personal challenges. The organization identified Project Q, a non-profit organization specifically focused on LGBTQIA+ youth and social justice.

While the original strategy for the Panthera Project was to engage a consultant with historical experience of serving the Black transmasculine community, due to the challenges, AMAAD shifted the project to be led internally by Naim Rasul, Training Coordinator. AMAAD also identified a consultant who is Black transmasculine identified to work closely with Naim.

==(About Naim)==

Along with the renaming, Black Men Rising (BMR) further centered access and safety for participants and shifted to a blend of in-person, online, and hybrid.

Methods

According to the American Public Health Association, transgender people are a diverse population of individuals who cross or transcend culturally defined categories of gender. Transgender people face systematic oppression and devaluation as a result of social stigma attached to their gender nonconformity (Bockting, et al., 2013).

The minority stress model is a theory that explains how social stress faced by oppressed or stigmatized groups leads to health disparities. The model suggests that minority stress is unique, chronic, and socially-based, and that it accumulates over time, resulting in long-term health deficits. Minority stress can be caused by prejudice, discrimination, microaggressions, or simply the expectation of such behaviors. The model has been applied to various minority groups, such as sexual, racial, gender, or disability minorities (*Minority Stress,* 2024).

The author also goes on:

> *The minority stress model suggests that the stress associated with stigma, prejudice, and discrimination will increase rates of psychological distress in the transgender population. According to this model, minority stress is unique (additive to general stressors experienced by all people); it is also socially based and chronic, stemming from relatively stable social structures and norms beyond the individual. Minority stress processes can be both external—consisting of actual experiences of rejection and discrimination (enacted stigma)—and, as a product of these, internal, such as perceived rejection and expectations of being stereotyped or discriminated against (felt stigma) and hiding minority status and identity for fear of harm (concealment).*

Considering many of the disproportionate impacts of stress and disparities at the intersections of identities, AMAAD recognizes the importance of peer-led, strength-based programs and aimed to prioritize this principle with Black Men Rising by centering Black transmasculine identified individuals as a part of the implementation.

AMAAD utilizes the Community Based Participatory Research (CBPR) framework to identify and recruit Black LGBTQ+ community members and constituents throughout Los Angeles County with the intention to bring fresh perspectives, creative thinking, and solutions specific to this priority population.

AMAAD typically utilizes CBPR as a partnership approach because it calls for a process to equitably involve community members, organizational representatives, and other community stakeholders in all aspects of the process and in which all partners contribute expertise and share decision making and ownership. The below are core methods of CBPR that AMAAD adopted in facilitation of this effort:

1. Promote collaborative and equitable partnerships in all phases and involve an empowering and power-sharing process.

2. Recognize community as a unity of identity.

3. Build on strengths and resources within the community.

4. Facilitate co-learning and capacity building among all partners.

5. Focus on problems of relevance to the local community using an ecological approach that attends to multiple determinates of health and disease.

6. Balance information collection and action for the mutual benefit of all partners.

7. Disseminate findings and knowledge gained to the broader community and involve all partners in the dissemination process.

8. Promote a long-term process and commitment to sustainability.

As a part of the implementation strategy for the project, AMAAD sought to host regular meetings via Zoom, recognizing the need for accessible and equitable meetings. The topics planned for discussion included:

- Understanding gender identity and expression
- Navigating discrimination and stigma
- Accessing healthcare and mental health services
- Building healthy relationships and community support networks
- Legal rights and protections
- Advocacy and activism
- Self-care and wellness
- Disability
- Citizen status
- Sexual trauma of trans masculine-identified individuals
- Misogynoir
- Trans masc* erasure
- The Double-Edged Sword of Visibility

Other areas of interest and concern include:

1. Terminology: Exploring a broader inclusion of key terms related to gender identity and expression, such as *transgender, genderqueer, nonbinary,* and *gender nonconforming.*

2. Biology vs. Identity: Clarifying the difference between biological sex and gender identity and explaining how a person's gender identity may not match their assigned sex at birth.

3. Social and Cultural Factors: Discussing the ways in which social and cultural factors can shape a person's gender identity and expression, including family, community, media, and societal norms.

4. Discrimination and Stigma: Examining the impact of discrimination and stigma on transgender individuals, including the ways in which they may face discrimination in employment, housing, healthcare, and other areas of life.

5. Intersectionality: Recognizing the intersection of race, gender, and other identities and how they may impact a transgender individual's experience.

6. Support and Advocacy: Discussing ways that individuals and communities can support transgender individuals, including through advocacy, education, and allyship.

7. Resources: Providing information about resources that are available to transgender individuals, such as healthcare providers, support groups, and legal resources.

Learnings:

Challenges:

Throughout, the project experienced several challenges:

1. **Low engagement.** Because Black transmasculine communities have been historically underrepresented and underserved, the Panthera Project/ Black Men Rising needed a much more robust and intentional engagement strategy of how to connect with and retain Black trans* and transmasculine individuals.
2. **Unrealistic engagement goals**. The original goal of engaging 100 Black transmasculine men in Los Angeles County does not align with any current data that supports such a broad reach and sample. The project recognizes the need for specific and intentional data for the intersectional needs and social determinants of health at the intersection of Black transmasculine identities.
3. **Low retention.** The project experienced high turnover and low retention of participants. Some of the feedback spoke to participant and facilitator personal challenges, low morale, and apathy when looking at this very specific subcommunity.
4. **Facilitator challenges and turnover.** Both identified subcontractors were experiencing personal challenges and life events that heavily impacted the success of the Panthera Project. AMAAD worked closely and consistently with DMH to communicate, innovate,

and pivot as needed in response to the needs of the facilitators, the community, and the project as a whole.

With Black Men Rising, challenges include:

1. **Reengagement challenges**. Because the original project had gone silent for several months and saw heavy turnover, being able to reestablish trust and relationship with community required authentic engagement and time.
2. **Underrepresented subcommunity**. Black transmasculine representation and population has historically been underrepresented, particularly in Los Angeles County. Aiming to have a healthy sample size, the project explored expanding to broader demographics, such as Black transwomen, but captured a broader geography, i.e. neighboring counties to Los Angeles, recognizing that many Black transmasculine individuals receive services, socialize, and worship in Los Angeles and the need for data specific to Black transmen.

Successes:

While BMR did experience challenges over the project, there were still several successes. With the reimagining of Black Men Rising, AMAAD implemented a number of adjustments:

Successes include:

1. **Effective partnerships**. AMAAD was able to build and strengthen partnerships of organizations serving or aiming to better serve Black transmasculine-identified individuals and communities.
2. **Ensuring safety and confidentiality.** The community shared having historically having to navigate safety, both physically and mentally. BMR was able to provide a space that was led by and prioritized the experiences of Black transmen.

Below are findings from the Black Men Rising:

3. **Mental Health.**
   a. The need for more Black Queer/trans Therapists. More therapist with competencies and specialties that fit the needs of Black trans and nonbinary folx. Participants noted being tired of educating and teaching the professionals about the unique complexities of their identity and bodies.
   b. The need for more therapists who also are in network and take insurance or have sliding scale rates with needed competencies and specialties
   c. There are many barriers to accessing mental health services that make it challenging to access mental health services which include financial insecurity, housing insecurity, food insecurity, lack of insurance, transportation issues when in person
   d. Passing/Stealth. Many individuals talked about the fact that they are stealth or "pass" in various situations or circumstances which can cause fear, danger, paranoia of gender identity being discovered. Some spoke of being stealth at work and working for corporate America and the impact it has on the ability to be free,

meet people, or open about their lives and who they are as people. This also leads to missed opportunities of garnering necessary support or resources

    e. Many individuals spoke about complex emotions and perspectives around life and death and suicidality. Choosing life is hard sometimes but every effort is being made to choose life and live the lives they seek.

4. **Community.**
   a. Some express that they are learning who their communities entail as they transition and evolve over time.
   b. Some are learning and building connections with cis men and Black cis men. While acknowledging the differences in socialization, there is a need to connect with other men.
   c. Learning what accountability means as a Black masculine individual as they negotiate the privilege of being male.
   d. Learning what reciprocity is regarding the give and take of what it means to be in community and the evolution that occurs when in community.
   e. Express that it is challenging to cultivate and retain community due transition at times. That it is complex and difficult to navigate certain spaces due to identity and body.
   f. Learning that they value softness and beauty within community spaces and seeking to build bridges where there is opportunity.
   g. The need to work through conflict resolution skills within community. That nothing is perfect and that within community conflict arises and that we must know how to find resolution when it happens to sustain community involvement and peace.
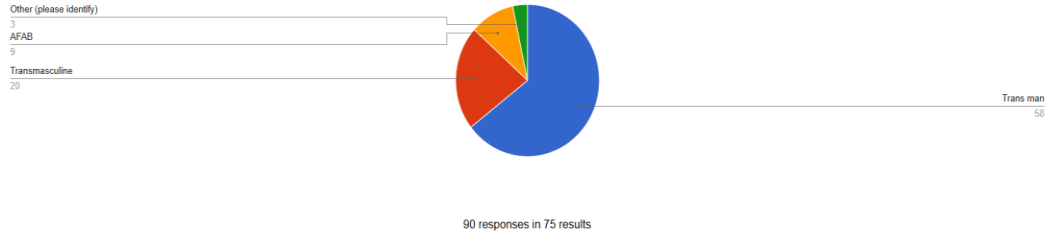
5. **Resources**
   a. Looking for resources specific to trans masculine folx and nonbinary folx
   b. Looking for trans specific ob/gyn for services related to family planning, prevention, and sexual health. Challenging going to spaces that are not inclusive of identity or specialize in the needs to trans masculine or nonbinary individuals
   c. Looking for dedicated spaces and services overall for trans guys and nonbinary folx
   d. Looking for party/play resources related to sexual exploration and freedom specific to trans guys and nonbinary folx
   e. Family planning is important and need resources to understand options and ways to explore family creation and development
   f. Overall sexual health resources
   g. Resources around trans dating
   h. Resources around parenting as a trans individual that is unique to the needs of trans and nonbinary individuals.
   i. Looking for empowerment, not pity

6. **Joy--** The individuals in group spoke about the need for more things that bring them joy. Some examples include the gym, movement, music, dance, clothing/dress, and overall pleasurable things.
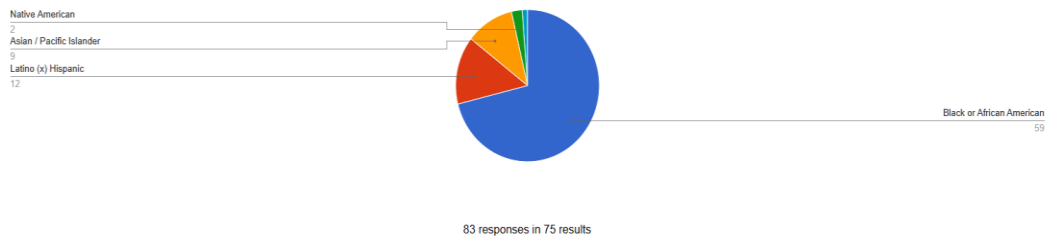
Data:

1. Identity

1. Please choose the identity that best describes your gender identity (please choose all that apply):

Other (please identify) 3
AFAB 9
Transmasculine 20
Trans man 58

90 responses in 75 results

2. Please choose the identity that best describes your racial identity:

Native American 2
Asian / Pacific Islander 9
Latino (x) Hispanic 12
Black or African American 59

83 responses in 75 results

The survey captured feedback from **75** individuals who identify as transmen, transmasculine, and or assigned female at birth.

Nearly 80% (n=59) of respondents identified as Black or African American. (Note: while the project was designed for Black-identified individuals, responses from other transmen of color are valued.)
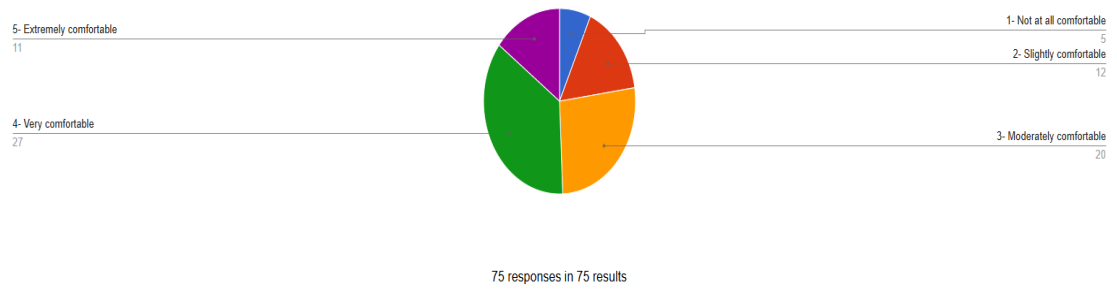
2. Age

3. Age

45-54 3
35-44 15
25-34 33
Under 21 1
21-24 23

75 responses in 75 results
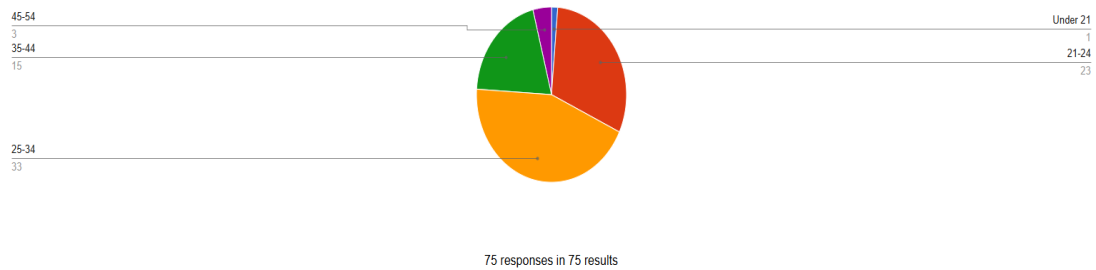
97% of respondents selected yes when asked do you have a healthcare provider (n=73) with varying responses regarding comfort discussing trans identity with provider.

6. On a scale from 1-5, how comfortable do you feel discussing your trans identity with your healthcare provider?


5- Extremely comfortable	1- Not at all comfortable
11	5
	2- Slightly comfortable
	12
4- Very comfortable	
27	3- Moderately comfortable
	20

75 responses in 75 results

3. Experiences

BMR sought to look at specific experiences of Black transmen and how they impacted them specifically. When asked, "how much do you feel your trans identity affects your mental health?"
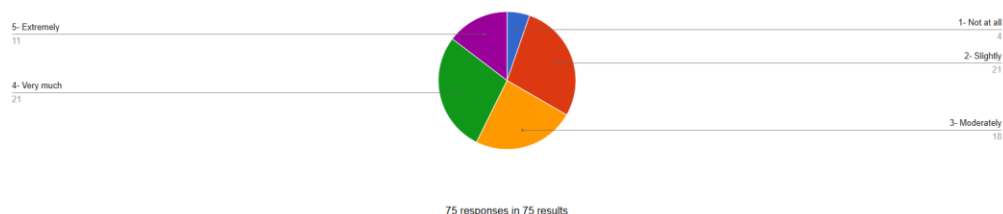
- 13.3% extremely
- 20% very much
- 30.7% moderately
- 28% slightly
- 8% not all

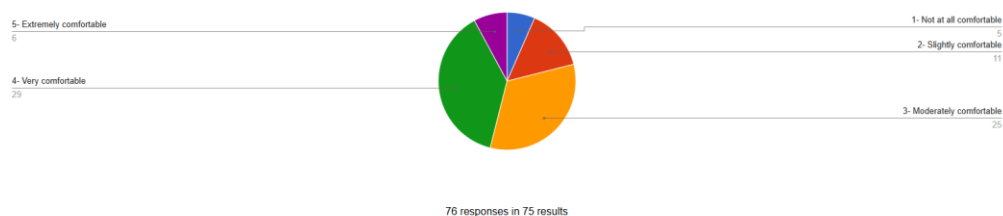7. On a scale of 1-5, how much do you feel your trans identity affects your mental health?

5-Extremely	1- Not at all
10	6
4 Very much	2- Slightly
15	21
3- Moderately	
23	

75 responses in 75 results
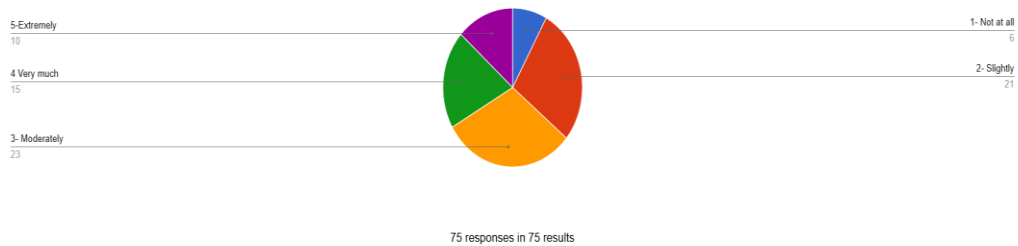
The impacts of race as a part of the specific intersectional experience.

8. On a scale of 1-5, how much do you feel your race and ethnicity affect your experiences?

5- Extremely
11

4- Very much
21

1- Not at all
4

2- Slightly
21

3- Moderately
18

75 responses in 75 results

9. On a scale of 1-5, how comfortable are you discussing your race and ethnicity with your healthcare provider?

5- Extremely comfortable
6

4- Very comfortable
29

1- Not at all comfortable
5

2- Slightly comfortable
11

3- Moderately comfortable
25

76 responses in 75 results

Additional data (included) looks at healthcare experiences and experiences within and among community.

Recommendations to support Black transmasculine leaders and individuals

What can DMH and other agencies do?

While the original iteration of the Panthera Project saw its share of challenges, a number of opportunities presented themselves as well:

1. **Continue to further invest and resource Black transmasculine initiatives.** With increased insight, there is now a stronger understanding of how to adapt the project to be of better service and response to Black transmasculine needs and efforts.
2. **Prioritize data for Black transmen.** Data for transmen have been sparse and more specifically for Black transmen, almost nonexistent. There should be more initiatives that look to particularly collect data for Black transmen more broadly to serve and support more specific efforts.
3. **Invest in Black transmasculine leadership and skills development.** Oftentimes individuals who represent certain communities are left with the burden to solely represent and move forward initiatives exclusively because of their identities. Institutions should invest in the skills and capacity building of Black transmen to be better equipped to sustain, retain, and grow the work.
4. **Build transmasculine competency among allies.** Many allies are often well-intended, but because of the unique and underrepresented experiences of Black transmasculine individuals, there is a need for increased capacity and competency of how to be of better service and support.

Recommendations on strategies of advocacy and activism for Black transmasculine communities:

1. **Support Policy Change**: Advocate for policies that protect the rights of Black transmasculine individuals, such as anti-discrimination laws, hate crime laws, and protections for access to healthcare, especially those where transmasculine issues and reproductive justice issues intersect. These activities can include lobbying elected officials, participating in public hearings, and supporting grassroots campaigns.
2. **Educate and Raise Awareness**: Work to raise awareness about the challenges faced by Black transmasculine individuals and the importance of supporting their rights; examples include organizing public events and using social media to share information and resources.
3. **Build Coalitions and Networks:** Build coalitions and networks with other advocacy organizations and community groups that share a commitment to promoting social justice and equality. This can help amplify the voices of Black transgender communities as a whole and build broader support for their rights.
4. **Provide Resources and Support:** These include legal aid, financial assistance, and mental health resources.
5. **Center the Voices of Black Transmasculine Individuals:** Ensuring that Black transmasculine perspectives and experiences are represented and valued.

Considerations:

Many thoughtful and intentional considerations were centered across the development of all materials and experiences. These considerations include:

1. Inclusivity: Ensuring that the materials are inclusive of the diversity of the Black transgender experience, regardless of gender identity or expression, sexual orientation, age, socioeconomic status, or other demographic factors.

2. Intersectionality: Recognizing and addressing the unique challenges faced by Black transgender men at the intersections of race, gender expression, and other identities.

3. Cultural sensitivity: Incorporating cultural sensitivity and awareness into the curriculum and other materials, and consider the ways in which Black transgender men may experience discrimination or stigma within their own communities.

4. Empowerment: Focusing on empowering Black transgender men by providing them with the knowledge and tools needed to navigate their lives with greater confidence and resilience.

5. Community-building: Facilitating opportunities for Black transgender men to connect with each other, build a sense of community, and develop supportive relationships.

6. Multi-disciplinary approach: Drawing upon the expertise of professionals from a variety of fields, including healthcare, mental health, legal, and social services, to provide a comprehensive and holistic approach.

Conclusion

Black Men Rising (formerly known as Panthera) was specifically designed to provide an actionable and supportive environment for Black transmasculine community members navigating their mental health within the employment landscape, providing insight and guidance on how strategy, education, and self-advocacy can be used to improve mental health outcomes for Black transmasculine community members.

The project showed the need for more ongoing initiatives that support the decades of erasure and underresourcing of Black transmasculine communities. Because intersectionality plays such a major part in the Black transmasculine community, having projects that look specifically at particular social determinants of health and inequity are critical (i.e. looking at mental health concerns, employment, and stigma separately).

The Panthera Project also highlighted the need to invest further in Black transmasculine leadership and skills development, recognizing the very unique and increasing needs of a historically underrepresented community. Also, because the Black transmasculine community has had to navigate safety, privilege, invisibility, and passability in a unique way, there must be very mindful and intentional strategies of engagement, retention, and support.

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