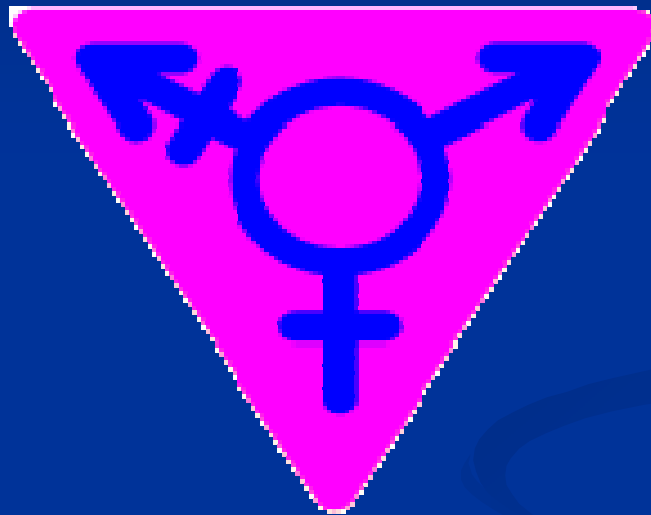


# HIV/AIDS & Transgender Health



Needs Assessment  
Committee

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# Presenter Information

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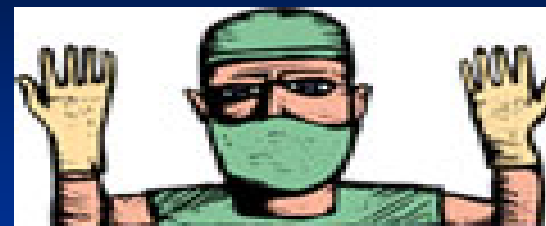
# Callen-Lorde Community Health Care Center

New York City's only primary health care center dedicated to meeting the health care needs of the lesbian, gay, bisexual and transgender (LGBT) communities and people living with HIV/AIDS—regardless of any patient's ability to pay. We are welcoming to all, regardless of sexual orientation, gender identity and expression, or insurance coverage.

# Why is this important?

- Many transgender people are in need of social services, medical care and basic access to employment and housing. Trans people face many barriers to adequate service and health care, including discrimination, ignorance, poverty, prejudice, and fear.
- Many transgender people avoid care for preventive and urgent/life-threatening conditions
- There are **very** few health providers, HIV clinics, and hospitals in the country that have supportive and sensitive health services for trans people.

# Barriers to Health Care for Trans people



- Denied Health and Mental Health Care
- Use of hostile or intimidating behavior
- Lack of medical and mental health professionals who understand transgender bodies, identities, and health care needs
- Lack of informed care, research, and data
- Lack of health care coverage
- Sex segregated services: Denied access to restroom or housing facilities that correspond to gender identity
- Inappropriate name or pronoun use
- Invasive questions about genitalia or transgender status
- Use of hostile or intimidating behavior
- Forced to revert to gender assigned at birth to access health care

# Social Issues Faced/Lack of Access

- Transgender individuals often face a combination of social issues at one time:

**Harassment**

**Hate Crimes**

**Poverty**

**Policy Brutality**

**Domestic Violence**

**Homelessness**

**Sexual Assault**

**Discrimination**

**Wrongful Incarceration**

- Current NYC and NYS Anti-Discrimination Laws are not well known and not uniformly implemented. The result is that trans folks become victims of institutionalized discrimination.

**Housing**

**Social Services**

**Education**

**Citizenship**

**Healthcare**

**Jobs**

**Asylum**

**Bathrooms**

# Transphobia – an irrational fear of gender-different people; the hatred, discrimination, intolerance, and prejudice that this fear brings



**Tyra Hunter (1970–1995)**  
Died in Washington DC after paramedics withdrew treatment at scene of car accident.



**Robert Eads (1945–1999)**  
Care for ovarian cancer delayed for one year because more than two dozen doctors refused to treat him.



**Brandon Teena (1972–1993)**  
Raped and murdered by John Lotter and Marvin Nissen after they discovered he was anatomically female.



# What does it lead to?

- Medical marginalization and lack of insurance can lead to unsafe injection use of hormones and silicone
- Lack of knowledge on the affects of hormones
- Lack of knowledge on breast/chest health
- Lack of knowledge on HIV risks
- Lack of access to regular health care increases the risks of health concerns not being diagnosed or treated
  - HIV/STI testing
  - GYN care
  - Prostate screenings

## Transphobia: Impact on HIV & Health Care

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Department of Family and Community Medicine



**HIV prevalence among transwomen is higher than estimates from studies with gay men, as well as injection drug users of the same age in San Francisco.<sup>1</sup>**

- For transwomen is estimated about 1 in 4, mostly transwomen of color. African-American (35-47%) and Latina (23-28%) transwomen have the highest prevalence in San Francisco, compared to other racial/ethnic groups.
- For transmen is estimated 1 in 50, mostly transMSM and transmen who engage in sex work and/or injection drug use.

### Reference:

- <sup>1</sup>Clements, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health, 91*(6), 915-921.

# Risk Factors Driving HIV Transmission in Transgender Populations

- Social Stigma →  
Discrimination, Harassment, Violence →  
Unemployment,  
Lack of Health Insurance,  
Poverty,  
Homelessness,  
Economic Vulnerability



## Transphobia Impact on the Patient/Client:

- Lower self esteem
- Higher rates of depression, suicidality, self-mutilation
- Lower adherence to HIV medication
- Higher rates of violence, drug use, HIV risk behaviors
- Avoiding care for preventive and urgent/life-threatening conditions

# Risk Factors Driving HIV Transmission in Trans Populations

- Due to extreme economic vulnerability, mostly survival sex work
  - Lack of Negotiation for Safer Sex
  - Financial inducement for unprotected sex
  - Mostly transwomen, some FTMs
- Substance abuse primarily as coping mechanism
- Exposure to violence including by police
- Gender Identity Validation through Sex → Multiple sex partners, Unprotected sex
- Individual level (mental health, misconceptions of risk), interpersonal (physical and sexual abuse, violence), and structural (discrimination in institutions, trans health needs, incarceration) potentially related to increased risk
- Culturally Incompetent Prevention Methods →  
Low Perception/Misperceptions of Risk  
Less HIV/STD testing



# Risk Factors Driving HIV Transmission in Trans Populations

On the Medical Margins: Approaches to HIV Treatment of Transgender People Ryan White All-Titles Conference 2006 Presented by Ben Singer & Jessica Xavier

- Barriers to Access to Transgender Care →
  - Lack of Regular Contact with Medical Providers
  - Lack of Medical Screening, including HIV/STDs
  - Self-medication through Street Hormones, ISU
  - Multiple Injection Risks: IDU, ISU, & IHU through needle sharing
- Systemic Risks
  - Traditional reluctance by MSM-serving orgs to view transgender people as part of their service community
  - Lack of trans-specific prevention materials, little or no funding for targeted programs, lack of information that trans people's health and safety matters

# FTM Needs Assessments

- **Published Data:**

Comprehensive search of U.S. HIV behavioral literature identified only 5 of 29 studies reporting separate data for FTMs. (Herbst et, al. 2007)

- **Prevalence:**

Self-reported HIV serostatus ranged from 0%-3%.

Only one study conducted HIV tests with a reported prevalence rate of 2%. (Clements-Nolle, 2001)

- **Limitations:**

No surveillance data exists. HIV incidence rates for FTMs have not been reported in the literature.

# FTM Behavioral Risk Findings

## ■ Unprotected Sex

- Two studies reported 90% engaged in at least one high-risk sex behavior in past three months. (Conare et. al., 1997; Kenagy, 2002)
- Specific unprotected “genital-genital contact” reported at 22%. (Xavier et. al., 2005)

## ■ Sex Work

- In a study of 123 FTMs 31% reported engaging in sex work. (Clements-Nolle et. al. 2001)

## ■ Injection Drug Use

- Three studies reported non-hormonal injection rates from 4 to 21%. (Clements-Nolle et. al. 2001; Conare et. al. 1991; Kenagy and Bostwick, 2005)

# The General Theory of Risk Reduction in Transgender Populations

- In other populations, low self-esteem has been identified as a trigger for risky sexual behaviors and substance abuse;
- Among many transgender people, improvement of self-esteem is often a function of achieving congruence between physical status and gender identity through successful access to Transgender Care – principally Trans Hormonal Therapy;
- The General Theory is based upon affording access to Transgender Care services:

**If transgender people can safely change their bodies to become who they truly are, they will protect those bodies because people who are happier in their bodies tend to take better care of them.**

# The Hormone Bridge



- A study of HIV+ transgender women seen in a New York Clinic found combining hormone therapy with HIV care:
  - Stopped their self-medication of hormones
  - Stopped their sharing of needles to inject hormones
  - Increased their adherence with their HIV meds
  - Increased their condom use
  - Decreased their reliance on sex work to pay for hormones

Grimaldi J. & Jacobs J. (1998) The HIV hormone bridge: connecting impoverished HIV+ transsexual sex workers to HIV medical care. *AIDSLine*, ICA12/98406957. Available online at: <http://www.aegis.com/aidsline/1998/dec/m98c1575.html>

# Criticisms of MSM HIV Prevention Methodologies Used in Transgender Populations

- “Existing prevention education is not inclusive of transgender people and often times makes assumptions about sex and gender that are not applicable to their (anatomical) situation.”

- Bockting, Robinson & Rosser, 1998

- “MTFs can’t identify with messages and images that do not fit their body or self-image.”

- Clements, Wilkinson, Kitano & Marx, 1999

- “MSM does not accurately describe male-to-female transgender who, genetically male, experience a female gender identity.”

- Kammerer, Mason, Connors & Durkee, in Bockting & Kirk, 2001

# Differences between Transgender People & MSMs

- ▶ Higher per capita rates of employment, housing & educational discrimination
- ▶ Greater avoidance of medical providers from fears of identity disclosure (provider hostility & insensitivity)
- ▶ Different health care priorities (access to transgender care)
- ▶ High numbers of transgender women working in the sex industry
- ▶ The unconsidered impact of transgender psychology and changing physiology on HIV/STD/ prevention & risk reduction
- ▶ Self-identification by gender identity, not anatomical status

■ On the Medical Margins: Approaches to HIV Treatment of Transgender People Ryan White All-Topics Conference 2006 Presented by Ben Singer & Jessica Xavier

# Service Delivery

## ■ Intake/Assessment

- Provide welcome: Explicitly extend services to transgender populations
- Provide options: gender should be “check all that apply”; better data is collected and client has more options to disclose on their own terms.
- Provide space: create section for self-identified name; creates options for those who have not (or are unable to) change their name/gender legally.

# Outreach and HIV Testing

- **Assessing partner types:**

Include questions relating to partners of trans populations in general sexual health and testing contexts.

- **Learn hormone basics:**

All direct staff should have basic familiarity with injection techniques and assess whether a client has access to medical care and clean needles. If using old syringes, be aware differences with hormone needles:

- Standard bleach and water cleaning for injection drugs do not work well because hormones are in an oil base- use detergent and water mix, can bleach afterwards

- **Provide Competent Referrals:**

Understand specific concerns based on stage of transition, legal gender identity and other needs.

# Program Language Recommendations

- Program language....
  - Men's program inclusion language may read "...and transgender men who are gay or bi"
  - "Identify as" may connote to some "not really \_\_\_\_".
  - Clients should feel respected, not humored
  - Look at all of your gendered language and make sure you specify who it includes

# Agency Competency

- **Training:**

Entire staff - especially front desk. Incorporate into all staff rotation and ensure plan for facility issues.

- **Professional development:**

Strategically plan for active voice of transgender individuals at all level of agency involvement.

- **Recognize policy implications:**

Insurance exclusions and current state and federal legislation directly effect transgender clients and staff.

# Transgender HIV/AIDS Health Services Best Practices Guidelines

- Awareness of specific transgender health issues and needs
  - Hormones (including street hormones), surgery, silicone injections, gender identity disclosure, mental health, medication adherence, substance use issues, disclosure of HIV status, categories of sexual partners (primary, casual, sex work), prevention of HIV and other STIs, domestic violence and street violence, sex work, discrimination and stigma, self esteem, homelessness, immigration issues, HIV medication interactions with hormones, gender identification does not determine sexual orientation,

# Trans-health Information Project Model

## Individual Level Intervention/Prevention Case Management

Focused on changing an individuals' specific behavior (such as using condoms or using clean needles) while dealing with a trans person's needs holistically

## Environmental Approach

Addresses the context of behavior change,  
whereby survival based need supersedes behavior change

## Group Level Interventions:

### **“Hormones and Safer Injecting Series”**

Session 1 - Hormones

Session 2 - Healthcare access

Session 3 - HIV and safer injecting

### **“Safety Series”**

Session 1 - Anti-violence and legal rights

Session 2 - Self-defense

Session 3 - Safer sex

# Strategies

- Trans people may have had traumatic past experiences with clinicians. Be aware that it may take extra time and sensitivity to build rapport and trust.
- When talking to trans people, ask questions that are necessary, but avoid unrelated probing. Explain why you need particular information. Use trans sensitive and aware language : asking preferred name, pronoun, including transgender, etc.
- More research:
  - Risk behaviors and social networks of sex partners of trans populations, HIV rates and risk factors, interventions needed at different stages, structural and organizational policy barriers (binary gender), social support
- Prevention programs promote routine HIV testing to this population. Develop transgender specific prevention interventions that address the risk factors and contextual factors
- Expansion of outreach and condom/dental dam distribution
- Educational programs for transgender people on transgender health
- Trainings for counselors/providers. Taking a trans affirmative, informed, and respectful sexual history

# Sources

- Bockting, W. and Coleman E. (1993). Homosexual and Bisexual Identity in Sex-reassigned Female-to Male Transsexuals. *Archives of Sexual Behavior*. Volume 22, Number 1.
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- n Kenagy, G.P., & Hsieh, C.M. (2005). The Risk Less Known: Female-to- Male Transgender Persons' Vulnerability to HIV infection. *AIDS Care*. Volume, 17, 195-207.
- Wilkinson, W. & Gomez. P. (2004) Assessing the Needs of Female-to-Male Transgendered People of Color and their Partners. [ftmi.org/poc/ftmpoc.pdf](http://ftmi.org/poc/ftmpoc.pdf).
- On the Medical Margins: Approaches to HIV Treatment of Transgender People Ryan White All-Titles Conference 2006 Presented by Ben Singer & Jessica Xavier
- Transgender HIV/AIDS Health Services Best Practices Guidelines <http://careacttarget.org/library/tgguidelines.pdf>
- Primed: The Pocket Guide for Transmen & the Men Who Dig Them [www.queertransmen.org/images/primed.pdf](http://www.queertransmen.org/images/primed.pdf)