

Clinical Considerations When Working with Transgender Populations

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Training Goal

- ◆ To address the psychosocial issues affecting Transgender populations in order to increase visibility, identify resources, and provide culturally competent/ evidence based interventions and skills to those who work with trans populations in San Mateo County.

Objectives

- ◆ a) Increase cultural competence when working with Transgender populations
- ◆ b) Address psychosocial factors affecting Transgender populations
- ◆ c) Identify resources available

Defining relevant terms:

- ◆ Gender: what is it?
- ◆ Stigma: the negative evaluation of a socially devalued attribute
- ◆ Discrimination: to act on the basis of prejudice
- ◆ Transphobia: discrimination against trans people, based on the expression of their gender identity (Wikipedia), often confused with homophobia but is specific to gender (societal or internal).

A working definition of Transgender:

A person whose sex, gender identity or gender expression differs from the one assigned to them at birth.

“Trans” can be shorthand for transgender and transsexual.

What are some Trans identities?

*It's hard to guess who is trans...
so don't try!*



Trans can encompass a variety of identities **not only** Male-to-Female (MTFs) and Female to-Male (FTMs) but also includes: **crossdressers, transsexuals, drag artists (drag kings/drag queens), androgynous, androgyny, gender queer, gender variant, gender outlaws, gender fluid, two-spirited, boychicks, studs, femme queens, butch up in drag, bigender, polygender, boi, grrl, feminine male, masculine female, transwomen, transmen, trannyfags, etc.**

Clarifying Assumptions about Trans People

1) There are many ways to identify as trans. MTF or FTM is not inclusive of all trans identities.

2) Not every trans person, regardless of their identity, decides to take hormone therapy or surgery. Be careful with “op” words.

Pronouns!



- ◆ Don't sweat it. Politely ask!
- ◆ Remember individual trans people:
 - May have a preference of he or she
 - May not have a preference and it's okay to use he or she
 - May prefer you use a gender neutral pronoun such as "ze"
 - May prefer you not use any pronoun at all

Asking Sensitive Questions

- ◆ *First ask yourself...Is my question necessary or am I just asking it for my own curiosity and thus not appropriate?*

- ◆ *Example: Are you going to have surgery?*

- ◆ Some important guidelines to keep in mind so that you ask questions that are appropriate to your work:

- 1) What do I know?

- 2) What do I *need* to know?

- 3) How do I ask in a sensitive way?



What If I Screw Up?



- ◆ Everyone makes mistakes. You are probably not the first.
- ◆ It is important to let your client know you are sorry and trying to be sensitive and still learning. Ask them to correct you if you make a mistake or use a word that is uncomfortable for them. It's more important to a client that you are advocating for them and helping them get the *best health care* above all else.

Transgender women and HIV

- ◆ In California's publicly-funded counseling and testing sites, **transgender female clients have higher rates of HIV diagnosis (6%) than all other risk categories**, including
 - MSM (4%)
 - partners of people living with HIV (5%)
 - African American transgender women have a substantially higher rate of HIV diagnosis (29%) than all other racial or ethnic groups. (California Department of Health Services, 2006)

HIV Prevalence Among Trans People

- ◆ A recent national meta-analysis of 29 studies concludes that:
 - Average prevalence for trans women is **28%** or **1 in 4** (lab-confirmed)
 - **12%** (self report) (Herbst, et. al, 2008)
 - African American transwomen have the highest prevalence (**56%**) (Herbst, et. al, 2008), compared to other racial/ethnic groups (Clements, Marx, Guzman & Katz, 2001; Nemoto, Operario, Keatley, Han, & Soma, 2004).

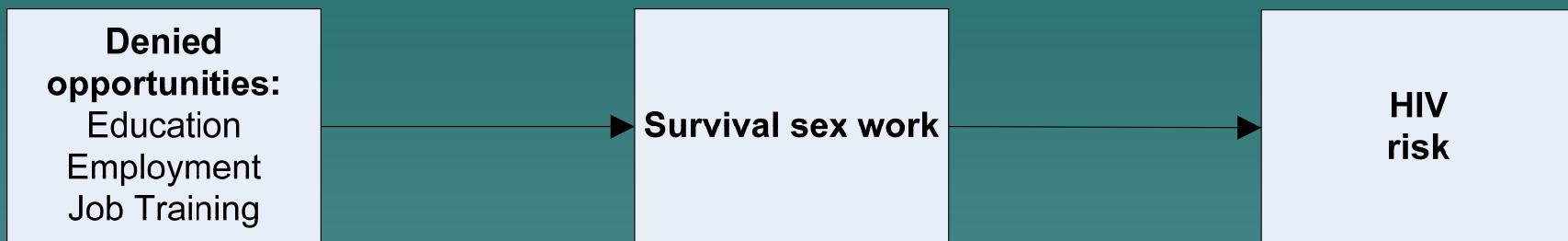
Nicole, San Francisco, CA

- ◆ Living with HIV.
- ◆ Was introduced to sex work around age 17.
- ◆ History of injection drug use.

"Once I knew I was not going to be performing sex work I really didn't have much use for meth any more!"



Sex work / Survival sex



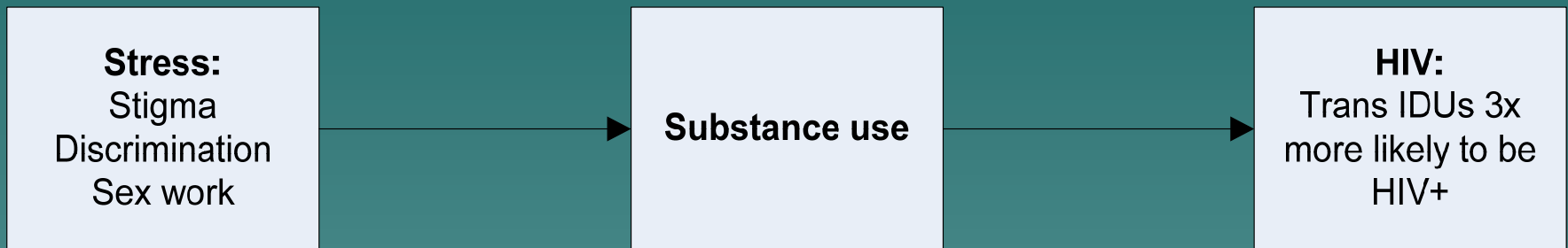
(Sausa et. al, 2007, Kammerer et. al, 2001, Clements, 1999;
Clements-Nolle et. al, 2001)

Sex work

- ◆ A recent *multi-national* meta-analysis of studies found that **28% of transgender female sex workers were HIV-positive.**

(Operario et. al, 2008)

Substance use



(Nemoto et. al, 2004, Sausa et. al, 2007, Clements et. al, 1999;
Clements-Nolle et. al, 2001)

Victoria Arellano (1984-2007)

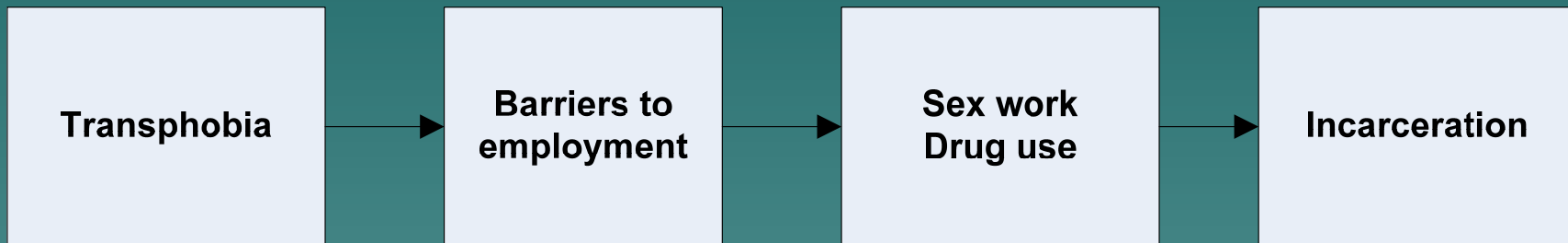
- ◆ Mexican transgender youth who immigrated to the US as a child
- ◆ Died in I.C.E. custody while shackled to a bunk in a men's facility, of AIDS-related complications due to denial of proper treatment



Immigration issues

- ◆ Often flee countries of birth due to violence and or discrimination, legal problems related to immigrant status and documentation of gender identity, employment discrimination, and restricted access to healthcare.

Incarceration issues



◆ Incarceration rates: 37 to 65%

(Clements et. al, 2001; Nemoto et. al, 1999).

(Nemoto et. al, 1999; Risser et. al, 2001; Garofalo et. al, 2006).

Beau, Seattle, WA

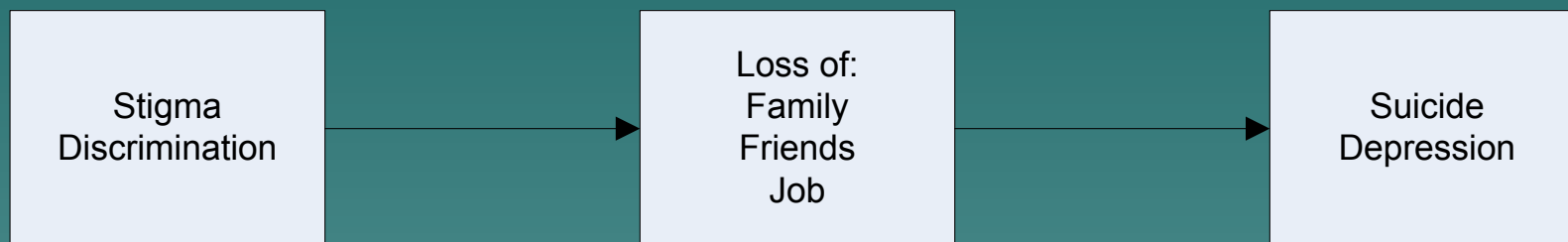
- ◆ Transgender man living with HIV
- ◆ Parent and activist
- ◆ Co-organizer of Gender Odyssey (Seattle, WA), "a national conference focused on the thoughtful exploration of gender".



Transgender men and HIV

- ◆ Very little existing data
- ◆ Some transgender men do engage in high-risk sex, including sex work, with non-trans men. (Sevelius, 2007)
- ◆ **HIV prevalence: 1 - 3%** (Sevelius, 2007; Xavier, 2005)

Social support



(Clements-Nolle et. al, 2006; Garofalo et. al, 2006)

- ◆ In a San Francisco-based sample,
 - 55% of transgender men were depressed,
 - 32% reported having attempted suicide at least once. (Clements-Nolle et. al, 2001)

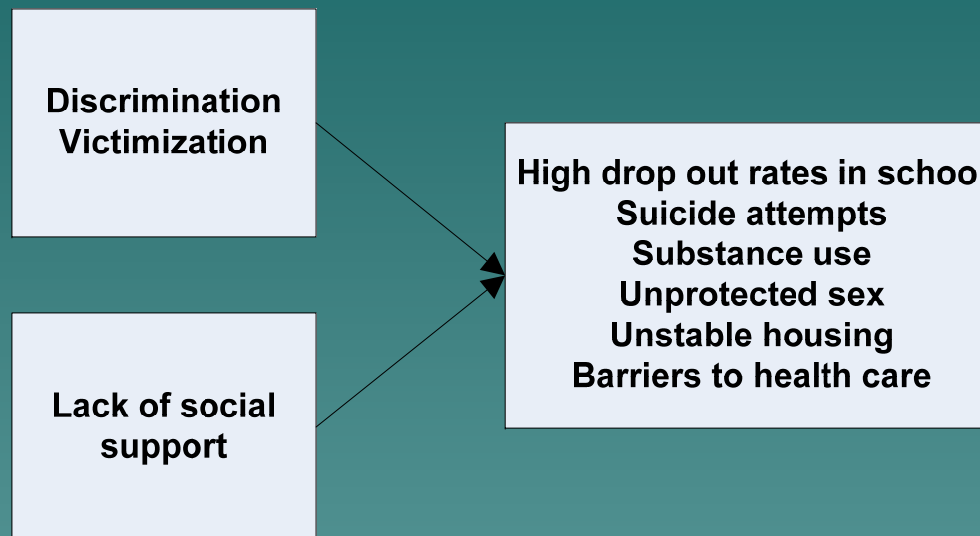
Amiyah, Atlanta, GA



- ◆ 18 year old Amiyah is "baby Beyonce" of the ballroom scene.
- ◆ Transitioned as a sophomore in high school at age 15 and identifies as a femme queen.



Transgender youth



(Garofalo et. al, 2006; Sausa, 2003 & 2005; Lombardi et. al, 2001, Clements-Nolle, et. al, 2006, Sugano et. al, 2006).

◆ In the US, half of all new HIV infections occur in people under age 25; one-fourth in people under the age of 21. (Office of National AIDS Policy, 2000)

HIV prevention

- ◆ No culturally specific, evidence-based HIV prevention interventions for transgender people yet.

Factors Driving HIV Transmission in Transgender Women

- Social Stigma
 - Discrimination, Harassment, Violence
 - Unemployment, Lack of Health Insurance,
 - Poverty, Homelessness
- Gender Identity Validation through Sex
 - Multiple sex partners, unprotected sex
- Survival Sex Work
 - Unprotected Sex, Substance Use
- Lack of Appropriate Medical Care
 - Lack of medical screening, including HIV/STDs, increased morbidity risks

Factors Driving HIV Transmission in Transgender Women *Continued*

- Culturally incompetent prevention methods
- Multiple injection risks (IDU, ISU, IHU)
- Barriers to access to transgender care
→ self-medication through street hormones, ISU
- Reluctance by MSM-serving AIDS service organizations to include trans people

Barriers to Service

- Lack of information on risk for trans people
- Misinformation within trans community
 - Low perception of risk
- Data collection has ignored various trans identities.
 - prevalence drives funding and programs
 - incidence among TMSM not well understood or explored
- Trans women continue to be counted in MSM category for funding and prevention programs

Barriers to Care: *Providers*

- Lack of knowledge and information
- Personal discomfort
- Lack of clinical research, literature
- Lack of agency support
- Not enough people doing the work
- Religious/Moral concerns

Barriers to Care: *Clients*

- Fear of disclosure/exposure
- Social and geographic isolation
- History of bad experiences with care providers
- Intake forms, office environment, alienating process
- Lack of insurance coverage
 - Trans-related care is often explicitly denied in insurance policies.


HIV and Hormones

- ◆ There are no significant drug interactions with drugs used to treat HIV.
- ◆ Several HIV medications change the levels of estrogens.
- ◆ Cross gender hormone therapy is not contraindicated in HIV disease at any stage.
- ◆ Transgender patients need ongoing care, not just access to hormones.

Best Practices for HIV Prevention among Trans People

- ◆ Ground your work in the community.
- ◆ Race and ethnicity; One size does not fit all.
- ◆ Utilize multidisciplinary approaches to HIV prevention.
- ◆ Get the facts: Assess, evaluate, and enhance.

Best Practices for HIV Prevention among Trans People

- ◆ Look in all the right places.
 - ◆ Increase access to health care for trans people.
 - ◆ Invest in developing and supporting your staff.
 - ◆ Advocate for structural and systemic change on behalf of trans people.
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- A decorative graphic at the bottom of the slide consisting of a silhouette of a mountain range in various shades of teal, extending from the right side towards the center.

Who Can Help Us?

Center of Excellence for Transgender HIV Prevention

- ◆ We provide leadership, capacity building, professional training, policy advocacy, research development, and resources to increase access to culturally competent HIV prevention services for transgender people.

Center of Excellence for Transgender HIV Prevention

- ◆ Contact Us for:
 - FREE Technical Assistance & Consultations
 - FREE Advance Tailored Trainings for Health Professionals
 - New Interactive Website coming this Fall with research and education materials, resources, and on-line training.
- ◆ Contact Person: JoAnne Keatley, Director
(415) 597-4960 or joanne.keatley@ucsf.edu

Evaluation Reminder

- ◆ No paper evaluation today!
- ◆ Quick 5 minute online evaluation e-mailed to you tomorrow.
- ◆ PLEASE fill it out.



Thank you!

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