

Transgender Persons: HIV Prevention Needs

A summary of literature citations
prepared by

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Introduction

A growing body of evidence indicates that the rate of HIV infection among transgender individuals is high (Elifson et al., 1993; Gattari et al., 1991; Kok et al, 1990; Modan et al., 1992; Nemoto et al., 1999; Pang et al., 1994; Sykes, 1999) and that the risk of infection may even surpass that for bisexual and homosexual men (Nemoto et al., 1992; Sykes, 1999). By summarizing a review of the available literature, this report (1) offers a definition of transgender; (2) identifies categories within the transgender population; (3) presents an overview of the epidemiological trends in HIV prevalence among transgender persons; (4) discusses factors that may be associated with HIV/STD risk behavior among transgender persons; (5) describes the strengths and resources of transgender persons and their allies; (6) existing approaches and strategies, and (7) offers recommendations for HIV prevention approaches among transgender persons.

Population Definition

Transgender is an umbrella term used to describe persons who cannot or choose not to conform to societal gender norms associated with their physical sex (Gender Education and Advocacy, 2001). Such individuals have gender identities, expressions or behaviors not traditionally associated with their birth sex (Keatley & Clements-Nolle, 2001).

Population Categories

Some transgender individuals experience gender identity as incompatible with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones, or undergo other cosmetic procedures. Others may pursue gender expression through external self-presentation and behavior (The Leadership Campaign on AIDS, 2001). Transgender persons live their lives to varying degrees as their chosen gender and may self-identify as female, male, trans-women or -men, non-operative transsexuals, pre-operative transsexuals, transsexuals who have completed surgical sex reassignment, transvestites or cross-dressers, among others (Keatley & Clements-Nolle, 2001).

General Epidemiology

- According to the Leadership Campaign on AIDS (2001), there are no reliable data on the number of transgender individuals in the US.
- Outside the US, the incidence of transgenderism is estimated at 1 per 20,000 to 50,000 (Weitze & Osburg, 1996). Others outside the US estimate that there is 1 male-to-female (MtF) transsexual per 11,900 persons and 1 female-to-male (FtM) transsexual per 30,400 persons. People with other transgender identities, such as bi-gender persons, and drag kings and queens, appear to collectively outnumber transsexuals (Feldman and Bockting, 2003).
- CDC does not specifically distinguish transgender individuals within the current HIV/AIDS epidemiological tracking system. For example, MtF transgender individuals have been classified by CDC as either MSM or heterosexual women.
- Estimated HIV infection rates among specific transgender populations range from 11-68% across several transgender HIV/AIDS needs assessments and sexual risk behavior studies (Elifson et al., 1993; Galli et al., 1991; McGowan, 1999; Modan et al., 1992; Nemoto et al., 1999; Reback & Lombardi, 1999; Spizzichino et al., 1998).

- High HIV prevalence has been found in small published studies of MtF transgender sex workers recruited from street locations in Atlanta, Georgia (68%; Elifson et al., 1993) and Tel Aviv, Israel (11%; Modan et al., 1992); a drug treatment center in Rome, Italy (46%; Spizzichino et al., 1998); and a clinic in Italy (57%; Galli et al., 1991).
- Higher HIV infection rates have been found among transgender individuals than among non-transgender groups, including IV drug users (Gattari et al., 1991), female prostitutes (Modan et al., 1992) and male sex workers (Clements et al., 1998).
- Studies have shown that among sex workers, transgender individuals had higher rates of HIV infection than their nontransgender sex worker counterparts in the same neighborhoods (Boles & Elifson, 1994; Modan et al., 1992).
- MtF transgender individuals have been shown to have higher rates of HIV than FtM transgender persons (Clements-Nolle, Marx et al., 2001) with the highest prevalence perhaps among MtF transgender sex workers (Clements-Nolle, Marx et al., 2001; Inciardi & Surratt, 1997; Varella et al., 1996).
- HIV prevalence was found to be lower among MtF transgender persons not currently involved in sex work than among MtF sex workers. Participants in these studies were recruited from clinics, communities, and prison systems (Moriarty et al., 1998; Nemoto et al., 1999; Stephens et al., 1999; Sykes, 1999; Valenta et al., 1992).
- Several studies have found higher rates of HIV infection among African American transgender individuals than among other racial/ethnic groups (Clements-Nolle, Marx et al., 2001; Elifson et al., 1993; Kellogg et al., 2001; Simon et al., 2000).
- Infection rates among MtFs continue to rise, with an estimated rate of new infections of 3-8% per year (Kellogg et al., 2001; Simon et al., 2000).

HIV/STD Risk Behaviors

As with any human, individuals belonging to this community may become at-risk for HIV transmission if they participate in the following risk behaviors: by having sexual intercourse (anal, vaginal, or oral sex) with an HIV-infected person or by sharing needles or injection equipment with an injection drug user who is infected with HIV. Below is a summary of factors that may be associated with risk behaviors.

Sexual Contact

- A high number of STDs have been reported among transgender individuals (Clements et al., 1998; Kok et al., 1990) along with a lack or inconsistent use of protection (Gattari et al., 1991; Kok et al., 1990) and a high number of sexual partners (Nemoto et al., 1999).
- In one study, MtF individuals were more likely to take sexual risks in terms of the number of sex partners in a given 30-day period and in the last 6 months, than either homosexual or bisexual males, anyone in commercial sex activities, or anyone having a steady partner who injected drugs (Nemoto et al., 1999).
- MtFs primarily have sex with men and are likely to engage in receptive anal sex, which puts them at increased risk (Clements-Nolle, Marx et al., 2001; Simon et al., 2000).
- Although one study found that some MtF sex workers are willing to not use condoms with their paying partners if they are offered more money (Nemoto et al., 1999), other studies show that most unprotected sex occurs with primary partners, not paying partners (Simon et al., 2000).

- Transgender persons can be more susceptible to HIV transmission during sexual contact through chafing and bleeding caused by body shaving and the practice of tucking their penises out of sight in order to appear more feminine (Dotinga, 2002).
- Transgender individuals will take risks - financial and health-related - to accumulate the money required for the various cosmetic, hormonal and surgical sex reassignment procedures (Israel & Tarver, 1997).

IDU/Substance use

- High rates of substance abuse among transgender samples were found in several studies (Elifson et al., 1993; Mason et al., 1995; McGowan, 1999; Reback & Lombardi, 1999).
- IV drug use among transgender individuals ranges from 6-73% (Clements et al., 1998; Gattari et al., 1991; Nemoto et al., 1999).
- For transgender individuals, unsafe injection practices include illegal substances as well as hormones and silicone and/or oil injections to alter their appearance (Lombardi & van Servellen, 2000).
- In a San Francisco study, 18% of the transgender respondents reported non-hormonal injection drug use in the past six months with half of this group having shared syringes (Clements-Nolle, Marx et al., 2001).
- HIV risk through hormone injection varies regionally, with New York reporting more risk than in San Francisco, due to differences in availability of hormones and hormone syringes (Clements-Nolle, Marx et al., 2001; McGowan, 1999).
- Among MtFs participating in a harm reduction program, sex workers were more likely to have used alcohol and other drugs, including injection drugs, within the previous 30 days than the non-sex workers (Reback & Lombardi, 1999).

Access to Care

- Many transgender persons do not access HIV prevention or health services due to insensitivity and mistreatment by service providers and health care staff (Clements-Nolle, Wilkinson et al., 2001; Feinberg, 2001; McGowan, 1999) or fear of being revealed as transgender (McGowan, 1999; Xavier, 2000).
- Focus groups in San Francisco and Minneapolis reported discrimination against transgender men and women within HIV/AIDS programs (Bockting et al., 1998; Clements-Nolle, Wilkinson et al., 2001).
- For many MtFs, securing employment and housing are more pressing issues than HIV and must be addressed before HIV prevention efforts can be effective (Xavier, 2000).
- Some HIV prevention programs for MtFs face challenges renting space due to transphobia (Keatley & Clements-Nolle, 2001).
- The following five issues were identified with respect to FtMs and HIV: (1) lack of informational and educational materials about FtM bodies and sexualities; (2) low perceived susceptibility; (3) poor access to intramuscular needles used to inject hormones; (4) low self esteem preventing adoption of safe behavior with regards to drug use and sexual activity; and (5) the administrative practices of social service agencies to exclude FtMs (Namaste, 1999).

Psychosocial Factors

- Poverty, low self-esteem, depression, feelings of isolation, rejection and powerlessness are barriers to sexual and drug risk reduction among transgender individuals. For example, many MtFs state that they engage in unprotected sex because it validates their female gender identity and boosts their self-esteem (Boles & Elifson, 1994; Clements-Nolle, Wilkinson et al., 2001).
- In a sample of 392 San Francisco MtF transgender persons, 62% were depressed, one-third had tried to commit suicide and one-fifth had been hospitalized for mental health problems (Clements-Nolle et al., 2001).
- Similar to lesbians, gay men, and bisexuals, transgender individuals face stigma, discrimination, rejection, and violence (Meyer, 2001).
- In one study, 60% of the transgender respondents experienced some form of harassment and/or violence sometime within their lives and 37% experienced some form of economic discrimination (Lombardi et al., in press).
- Transphobia is the social stigmatization of MtFs resulting in their social marginalization and further resulting in the denial of educational, employment and housing opportunities (Nemoto et al., 1999).
- Transphobia lowers MtFs self esteem, increases the likelihood of survival sex work and lessens the likelihood of safer sex practices (Bockting et al., 1998) - all of which lead to high rates of HIV, STDs, drug use and attempted suicide (Keatley & Clements-Nolle, 2001).
- Transgender individuals have lower levels of AIDS knowledge than other non-transgender groups (Kok et al., 1990; Nemoto et al., 1999) with FtMs having less AIDS knowledge compared to MtFs (Kenagy, 2002).

Youth

- Transgender youth may be at exceptionally high risk for substance abuse due to social and psychological problems. Verbal and physical abuse may influence substance use, prostitution, and suicide in gay, lesbian, and bisexual youth. Facing similar obstacles, transgender youth may also succumb to these practices and as such, may be at high risk of HIV infection (Kreiss & Patterson, 1997).
- Transgender youth often have limited resources available (Kreiss & Patterson, 1997).
- Many times transgender teens run away or are evicted from their homes and families thereby experiencing the problems of homeless/runaway youth in addition to being transgender within a discriminatory and hostile society (Lombardi & van Servellen, 2000).
- A national survey of BGLT youth found that 69% experienced some form of harassment or violence and 74% of the transgender youth reported hearing homophobic remarks “sometimes” or “frequently” (1999 National School Climate Survey).

Incarcerated Persons

- Incarcerated transgender individuals face additional challenges, including safety and discrimination, that must be acknowledged and addressed by corrections staff (Fry, 2003).

Resources and Strengths

- Transgender activism and advocacy have helped advance the cause of transgender persons. For example, some cities and states have enacted transgender anti-discrimination laws in housing and employment (Keatley & Clements-Nolle, 2001).
- Advocacy for increased access to health care and cultural relevancy within research, policy work and education have been cited as ways to improve transgender health (Lombardi, 2001).
- Another strength of and for transgender persons is the assistance of allies, particularly those agencies and organizations that influence and even establish health priorities. A number of governmental documents and programs have begun to include LGBT individuals. For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) is committed to addressing the unique needs of special population and as such, has worked with the LGBT communities to identify and meet substance abuse and mental health service needs. In January 2001, SAMHSA created *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*. This document was published and disseminated to nearly 20,000 treatment providers and other constituents (Craft & Mulvey, 2001). Also, the Center for Substance Abuse Treatment's Treatment Improvement Protocol *Substance Abuse Treatment for Persons With HIV/AIDS*, recently expanded and revised, has a detailed section on issues of importance to the LGBT communities. Its Targeted Capacity Expansion/HIV and Recovery Community Support demonstration programs are also now serving LGBT communities (Craft & Mulvey, 2001). In addition to SAMHSA, the American Public Health Association passed a resolution stating the need for health care providers and researchers of all types to provide transgender individuals with culturally relevant and sensitive treatment and resources (APHA policy statement 9933, 2000).

Existing Approaches and Strategies to Reducing HIV Risk Behaviors

- In the US, HIV prevention initiatives targeting the transgender community have primarily consisted of street outreach, peer education and support (Bocking, Robinson, & Rosser, 1998).
- In San Francisco, needle exchange programs offer hormone syringes and a number of public health clinics offer free or low-cost hormone therapy (Keatley & Clements-Nolle, 2001).
- The Transgender Resources and Neighborhood Space (TRANS) Project, at the Center for AIDS Prevention Studies (CAPS) in San Francisco, CA, provides workshops addressing substance abuse, HIV, commercial sex work, self care and general life skills. It also hosts an informal drop-in center where clients can relax, shower and socialize. MtF outreach workers facilitate all activities (Reback & Lombardi, 1999). The Project collaborates with Walden House Transgender Recovery Program, a residential substance use treatment program for MtF transgender women receiving substance use treatment and mental health services. This program provides expanded therapy, counseling, mentorship programs and life training skills that address the unique needs of MtFs (Oggins & Eichenbaum, 2002).
- The Program in Human Sexuality (PHS) at the University of Minnesota developed and evaluated a community-based program for MtFs based on the health belief model and eroticizing safer sex. Although the program was well received, feedback from

participants stressed the need for a comprehensive health-based approach because clients' concerns around gender overrode their HIV concerns. PHS now offers All Gender Health seminars based on a sexual health model that address HIV risk in the context of participants' lives and cover topics such as stigmatization, dating, sexual functioning, substance abuse and violence. They combine education with entertainment, featuring MtF celebrities and MtF health professionals (Bockting et al., 2000).

- The Transgender Harm Reduction Program in West Hollywood, CA, conducts outreach to MtFs at risk - both those living on the streets and in the suburbs. The program consists of outreach, community skills building workshops, mentoring and job training. Workshop topics include grooming and hygiene, legalization and documentation, health care and hormone therapy, as well as explicit HIV risk reduction. Implicit in the program is the importance of increasing self-esteem in order to adopt safer behavior (Reback & Lombardi, 1999).
- Gender Identity Support Services for Transgenders (GISST) in Boston, MA, has been serving HIV- and HIV+ individuals since 1993. GISST provides AIDS education, HIV testing, alcohol and drug rehabilitation, counseling, job training, social skills, social acceptance and gender identity counseling. They host luncheons on topics such as surgery and hormones, featuring speakers, video and clients sharing experiences (Mason et al., 1995).

Recommendations for Intervention Approaches

There are few interventions that are specifically designed to target transgender individuals. Of those programs that have been described in publications, few have included process evaluation components with none including significant results of a systematic evaluation of program effectiveness in terms of quantifiable risk reduction. Therefore, the recommendations listed below are based on broader populations and current intervention approaches targeting transgender individuals. Also included below is a list of guidelines for health care approaches to transgender populations.

- Culturally sensitive prevention and treatment services are imperative for transgender individuals. Model programs exist in San Francisco and in New York (Lombardi & van Servellen, 2000) and attempt to blend the perspectives of health care and service providers and transgender clients. Specific educational materials and outreach programs for sex workers, particularly using peer educators, are extremely useful. The successes of these model programs suggest that such strategies should extend beyond the prevention and early intervention level to treatment and tertiary care programs. For example, one study reported that by making hormones easily available for transgender women, there was increased participation by and engagement of these women within their HIV program.
- The Transgender Recovery Program (Oggins & Eichenbaum, 2002) identified the following five program components that seem to make it effective: 1) transgender staff, 2) acceptance of transgender clients as women and individuals, 3) sensitivity training for clients and staff, 4) development of peer support, and 5) development of community ties.
- Quantitative and qualitative evaluations of an HIV prevention workshop targeting transgender individuals in the Minneapolis-St. Paul metropolitan area showed an increase in AIDS knowledge and an initial increase in positive attitudes toward

AIDS, safer sex, sex and condoms that diminished over time. Peer support increased significantly following the workshop with high participant satisfaction with the workshop (Bockting, Robinson, & Rosser, 1998). Due to the small sample size (n=59) and limited frequency of risk behavior, a significant decrease in unsafe sexual or needle practices could not be demonstrated. However, findings suggested an increase in safer sexual behaviors such as (mutual) masturbation (Bockting, Rosser, & Scheltema, 1999).

Guidelines for Health Care Approaches to Transgender Populations

(Lombardi & van Servellen, 2000)

- Acknowledge that transgender individuals can vary across many different social categories including sexual orientation.
- Allow transgender individuals to define their own gender rather than impose an identity upon them.
- Acknowledge that the current social climate places transgender individuals at risk for discrimination and violence within many public and private social contexts.
- State the need for sensitivity training for all agencies (governmental and other).
- Add transgender/gender identity to anti-discrimination laws and policies.
- Protect transgender individuals by not forcing them to disclose their transgender status.
- Do not impose arbitrary dress codes where they are not necessary. Where there is a reasonable requirement for a dress code, then reasonable accommodations should be made so that transgender individuals' dignity and privacy are preserved along with the concerns of others.
- Do not restrict transgender individuals' access to public restroom facilities that are appropriate to a person's gender identity.
- Substance use treatment and related programs must address the following issues:
 - Self-esteem issues related to how they look and how they feel about themselves,
 - Dealing with one's family and one's own level of self-acceptance,
 - Changing one's gender on the job, finding and changing jobs,
 - Experiencing discrimination and/or violence against them,
 - Safe and supportive medical care including safe access to hormones, and sex reassignment surgery if they so desire,
 - That transgender individuals be housed in a manner consistent with the guidelines of each individual program based upon their gender self-identity, or some other reasonable accommodation. They should be asked what kind of accommodations would make them feel safe.
 - That HIV/AIDS programs address the realities of transgender bodies as well as the issues related to transgender men and women's participation within sex work.
- Transgender youth programs need to be developed so that:
 - Issues relating to identity and sexuality can be discussed in a manner that incorporates transgender issues. Issues relating to one's body should be included.
 - They have help in going through the legal and medical procedures that are required in establishing one's social gender.
 - There is educational support to prevent youth from dropping out of school. Peer groups and role models are needed to help support transgender youth.

- Furthermore, it is important for researchers to categorize male-to-female and female-to-male transgender individuals as such and not conflate them with gay men or lesbians (unless as appropriate to an individual's sexual orientation in his or her preferred gender) as well as to acknowledge the variation that exists between transgender individuals, to be sensitive to the lives of transgender individuals, and treat them with dignity and respect. This includes referring to them as the gender with which they identify.

Linkages and Services

- **Epidemiological data** of transgender-specific categories needs to be collected. Traditionally, MtFs have been classified by the CDC as either MSM or heterosexual women. Transgender-specific categories need to be included on all federal and local data collection forms.
- **Interventions** to make hormone therapy more accessible may be a good way to encourage MtFs to use health services where they could obtain HIV prevention information. Such interventions will be most effective if they are coupled with housing, education and employment efforts. Prevention efforts need to include partners and friends of MtFs (Keatley & Clements-Nolle, 2001).
- **Interventions for incarcerated transgender individuals** need to be specifically designed to meet the needs of this population. Also, training and education is needed for correctional staff in working with transgender individuals and maintaining their safety within the correctional setting. Such training may include providing a safe environment, assigning classification and housing placement, and providing appropriate medical care including hormonal therapy (Fry, 2003).
- **Skill-building opportunities providing transgender sensitivity training for public service providers** including health care workers, law enforcement and emergency service workers need to be conducted (Keatley & Clements-Nolle, 2001).
- **Peer-based** prevention efforts for MtFs should be developed and evaluated including: late night/early morning outreach for sex workers; needle exchange programs that offer hormone syringes; and individuals and group interventions that focus on the psychosocial barriers to HIV risk reduction. Hiring and training MtFs for prevention programs would provide much-needed employment opportunities to this community as well as facilitate culturally appropriate HIV prevention efforts (Feinberg, 2001).
- **Education and prevention efforts** must be tailored to meet the specific needs of transgender individuals. For example, gender does not necessarily equal genitalia for transgender individuals and as such, terminology for genitalia may be changed in order to be congruent with the chosen gender identity. Therefore, genitalia-specific reduction methods are likely to be less effective with transgender individuals. Also, transgender individuals who are changing their sexual anatomy over time may need varied prevention messages and skills based on their stage of physical change.
- **Prevention Case Management (PCM)** is based on taking care of the whole person's needs because these must be addressed before the client can begin to think about protecting himself or herself from HIV. The purpose is to assist individuals in identifying and overcoming barriers to reduce their risk for HIV infection and/or transmission. Services performed for clients under PCM may include escort and transportation to primary care and dental clinics, the welfare office, and free legal aid. This intervention is an intensive peer-to-peer approach that involves multiple sessions

in which staff members work with clients to address safety, health, and survival issues with the goal of preventing HIV infection (Odo & Hawelu, 2001).

Resources

International Foundation for Gender Education website: www.ifge.org

The International Foundation for Gender Education (IFGE), founded in 1987, is a leading advocate and educational organization for promoting the self-definition and free expression of individual gender identity. IFGE is not a support group, it is an information provider and clearinghouse for referrals about all things which are transgressive of established social gender norms. IFGE maintains the most complete bookstore on the subject of transgenderism available anywhere. It also publishes the leading magazine providing reasoned discussion of issues of gender expression and identity, including cross-dressing, transsexualism, FtM and MtF issues spanning health, family, medical, legal, workplace issues and more.

Transgender ASIA website: <http://web.hku.hk/~sjwinter/TransgenderASIA/index.htm>

The Transgender ASIA Research Centre seeks to bring together psychologists, sociologists, anthropologists, as well as medical and legal experts who share a desire to better understand the phenomenon of transgender, as well as the circumstances in which transgenders live, in Asia. This website aims to promote and disseminate research and understanding of, as well as contributing toward efforts to effect social change in regard to, transgender in Asia. TransgenderASIA is entering its second year online.

Harry Benjamin International Gender Dysphoria Association website: www.hbigda.org

International Journal of Transgenderism website: www.symposion.com/ijt/

Gender Education and Advocacy website: www.gender.org

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