Effects of Transphobia on Transgender Communities:

What’s Really Going On and What Do We Do About It?

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Media and Music

Music by Simone, Billy Tipton

Media (images downloaded) from the following public sources:

SF Chronicle
Oprah.com
MySpace
Yahoo News
Wikipedia
BBC
Entertainment Weekly
UCSF
Overview

◆ Getting on the Same Page:
  - Establishing a Common Language

◆ What Are the Facts?
  - What is the HIV Prevalence among Trans People in the US?
  - Effects of Stigma & Discrimination on Trans Communities
  - What are the Barriers and Challenges?

◆ What Are We Going To Do?
  - Addressing Transphobia
  - Action Steps & Recommendations
  - Where do we go for help?

◆ Questions & Answers
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.
Defining other relevant terms:

- **Stigma**: the negative evaluation of a socially devalued attribute

- **Discrimination**: To act on the basis of prejudice (Webster’s, 1986)

- **Transphobia**: Refers to discrimination against trans people, based on the expression of their gender identity (Wikipedia), often confused with homophobia but is specific to gender.
What are some Trans identities?
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
HIV prevalence in the general population

An estimated 1 in 250 people are living with HIV/AIDS in the United States (Centers for Disease Control and Prevention, 2006; Glynn & Rhodes, 2005).
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!"
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)
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

- Stress: Stigma, Discrimination, Sex work
- Substance use
- HIV: Trans IDUs 3x more likely to be HIV+

Victoria Arellano
(1984-2007)

- Mexican transgender woman who immigrated to the US as a child
- Died in custody of the Dept. of Immigration and Customs Enforcement, while handcuffed to a bunk in a men’s facility, of AIDS-related complications due to denial of proper treatment
Immigration issues

- Legal problems related to 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”.

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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

- Discrimination Victimization
- Lack of social support
- High drop out rates in school
  - Suicide attempts
  - Substance use
  - Unprotected sex
  - Unstable housing
  - Barriers to health care


- 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.
What Are We Going to Do?
Pair & Share Question:

What is one thing you (or your organization) can do to help address transphobia?
Recommendations from the Center of Excellence for Transgender HIV Prevention
Health Literacy

Keep educating yourself and stay current on trans HIV prevention and health issues
Educate Your Programs, Staff, and Colleagues

Help them improve their capacity to provide funding, services and resources for trans people.
Be a Link to Trans Resources

Familiarize yourself with the variety of national, state, and local trans organizations (legal, health, policy, advocacy, research, etc)
Advocate for Trans People to be Counted

We have no national data on trans people. Use methodology that includes trans people in national data collection, surveys, and evaluations.
HIV is not just about Individual Behaviors

Help develop interventions by and for trans people that address the real structural and systemic issues that impact HIV, such as transphobia, legalized discrimination, violence, lack of housing, employment, health insurance, provider education.
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 in California.
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
The Transitions Project: Enhancing HIV Prevention in Transgender Communities

- Provides capacity building assistance (CBA) and technical assistance to community based organizations (CBOs) and health departments **throughout the US** to promote knowledgeable, sensitive, and effective HIV/AIDS prevention for transgender communities of color and HIV+ transgender people.
The Transitions Project:
Enhancing HIV Prevention in Transgender Communities

- All services are FREE and include:
  - Skills building workshops
  - Tailored one-on-one consultations
  - Assistance with needs assessments
  - Assistance with adaptation, tailoring and implementation of effective behavioral interventions
  - Culturally appropriate informational materials

- Contact Person: Paul Cotten, Project Director
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