



Transgender HIV Prevention

HIV Prevention Concern

HIV prevention for transgender individuals must be a public health priority. Though there is no national HIV/AIDS surveillance data for the transgender population, local data suggest disproportionately high rates of HIV with estimated infection rates among specific transgender populations ranging from 14 percent to 69 percent.^{i,ii}

An analysis of 29 U.S. studies focusing primarily on male-to-female (MTF) transgender women and conducted mostly in urban settings found that 27.7% of MTFs tested positive for HIV infection in four studies and 11.8% self-reported being HIV seropositive in 18 studies. A large percentage of MTFs, also referred to as trans women, reported engaging in behaviors that put them at risk for HIV and, among those who tested positive, rates of infection in African Americans were more than three times the rates of whites and Hispanics.ⁱⁱⁱ A health study of Native Americans in six cities found an HIV infection rate of 30% among MTF and female-to-male (FTM) transgenders.^{iv} MTFs at greatest risk of HIV infection are more likely to be poor, homeless, young, people of color, and sex workers.^v

There has been little research on HIV risk among FTM transgender men and there is no conclusive data on the actual rates of infection.^{vi} The few published studies report HIV prevalence rates of 0-3% among FTMs but data were based on self-reporting with small, non-representative samples.^{vii} Risk among FTMs varies widely and there is evidence of a significant subgroup of trans men that have unprotected sex with non-trans men, including some who engage in sex work.^{viii} In a study of FTMs who have sex with non-trans men, a majority reported inconsistent condom use during receptive front (vaginal) and anal sex with risk factors including barriers to sexual negotiation such as unequal power dynamics, low self-esteem, and need for greater gender-identity affirmation.^{ix}

Unsafe injection of recreational drugs or substances to alter appearance also increase risk of HIV infection among trans women and trans men.

Stigma Fuels HIV Risk

Transgender persons face discrimination in a wide range of public and private settings, including employment, housing, health care, and access to social services. Stigma and discrimination against transgender persons exacerbates their HIV risk, increasing the likelihood for substance abuse and survival sex and decreasing the likelihood of safer sex practices.^x Among the factors that may place transgender persons at increased risk for HIV are mental health concerns, physical abuse, social isolation, economic marginalization, incarceration, and unmet transgender-specific health care needs—all of which are heightened by stigma.^{ii,xi}

About UCHAPS

The Urban Coalition for HIV/AIDS Prevention Services [UCHAPS] is a partnership of community members and health department representatives from eight urban jurisdictions in the U. S. funded by the Centers for Disease Control and Prevention [CDC] to conduct HIV prevention services. UCHAPS member jurisdictions include Chicago, Fort Lauderdale, Houston, Los Angeles County, Miami-Dade County, New York City, Philadelphia, the City and County of San Francisco, and Washington, DC. Collectively these jurisdictions represent 38 percent of the nation's AIDS cases, are among the epicenters of the urban HIV epidemic, and are often at the forefront of piloting new intervention strategies.

UCHAPS jurisdictions are dedicated to reducing mortality and morbidity, reducing disparities in health outcomes and reducing the incidence of new HIV infections. UCHAPS continually explores ways to improve the delivery of services and uses a peer technical assistance model to exchange expertise, strategies and solutions to common challenges.

TRANSGENDER HIV PREVENTION BEST PRACTICES

HIV prevention is a place to start. HIV prevention programs are often a gateway for transgender persons into social service or health care systems. For many transgender persons, these programs are the first place where they feel safe and respected. In approaching HIV prevention for transgender persons, it is important to remember that many of their basic survival needs, including health care, may be unmet as a result of stigma and discrimination and HIV/AIDS prevention may not be a high priority.^{xii}

As a result, incorporating HIV prevention education and services in the broader context of health and wellness and non-health-specific initiatives, such as job training and housing programs, is critical to reaching transgender persons. To be successful, HIV prevention programs need to help transgender persons address issues of self esteem and personal empowerment. They should also recognize the strength and resiliency of the transgender communities, the significant progress they have made in raising awareness about their needs, and their central contributions to the development of the existing HIV prevention programs serving their communities.

UCHAPS jurisdictions are home to pioneering HIV prevention initiatives and programs focused on trans communities, but there are still few transgender-sensitive HIV prevention activities.^{xiii} Building an HIV prevention response that effectively addresses the needs of trans communities requires the active participation of the communities along with service providers, local public health leadership, and community planning or advisory groups. Following are best practices recommended by UCHAPS jurisdictions to strengthen transgender HIV prevention initiatives.

Public Health Leadership

In partnership with the transgender community, local and state health departments should take a leadership role in identifying, prioritizing, and addressing the health needs of their transgender residents. Given the significant HIV risks, HIV prevention programs should be central to these efforts.

Convening Advisory Bodies

Establish a transgender task force or advisory board on the local HIV prevention community planning body and/or HIV advisory group to develop specific strategies and recommendations regarding HIV prevention for transgender persons in the community.

Partnering with the Community

Collaborations can build trust and tap into the expertise and insights of transgender communities. Reach out to and partner with transgender persons and organizations so that research, planning, and programs are acceptable, appropriate and relevant.

Partnering with Local Law Enforcement

In collaboration with community groups, partner with law enforcement to reduce police harassment of transgender residents and to train police officers to be culturally sensitive. Work with law enforcement to provide appropriate HIV prevention services to incarcerated transgender persons and ensure that incarcerated individuals have access to hormone therapy as a part of their health care services.

Addressing Stigma

Partner with trans people and organizations to develop and implement strategies to combat transphobia in health care and social service settings.

Addressing Issues of Undocumented Transgenders

Develop strategies to address the specific needs of the undocumented. Many transgender persons come to the U.S. seeking asylum and fear accessing services because they are undocumented. Many turn to survival sex work and consequently end up in the criminal justice system.

Setting and Requiring Compliance with Inclusive Data Standards

While the transgender population should be prioritized for HIV prevention services funding even if surveillance data are not sufficient, good data is key to understanding the scope of the epidemic within local trans populations and determining if, where, and how services are being accessed.

BEST PRACTICE AT WORK

Engaging the Community: Los Angeles County

The LA County Office of AIDS Programs and Policy hosted “Beyond the Basics: A Comprehensive Approach to Advancing Transgender HIV Prevention and Care.” The event convened the transgender community and allies to strategize new ways to advance HIV prevention and care services. A committee of health department representatives, community members and allies planned the forum with input from the LA County Transgender Service Provider Network and Transgender Task Force. More information at: <http://www.publichealth.lacounty.gov/aids/reports/AdvancingTransgender8-09.pdf>.

Devise surveillance systems to better track HIV/AIDS infections among trans populations. As a part of those efforts, require all funded contractors to use inclusive forms with two separate questions: one for sex assigned at birth and another for current sex or gender. Forms should offer gender identity options for “female,” “male,” “transgender female,” and “transgender male,” as well as terms such as “gender variant” or “genderqueer” and “additional,” which would allow users to state their specific identity.^{xiv}

Conducting Meaningful Research

Include both quantitative and qualitative methods in local research on transgender communities and use a community-based participatory research (CBPR) framework.

Requiring Staff Development

Require all funded contractors to maintain staff development programs that encourage and support transgender and gender non-conforming employees in ongoing professional development and personal growth.

Publicizing Available Resources

Create a comprehensive guide of resources specific to transgender communities and make it widely available. The guide should include resources for medical and mental health providers known to be competent in transgender issues, legal services, support groups, CBOs with transgender-inclusive programming, and guidelines on how to report discriminatory experiences.

Collaborating Across Disciplines

Collaborate with other fields or departments within the government—such as mental and behavioral health or housing—to more effectively address other issues that may contribute to HIV risk among transgender persons.

Community Planning Groups

HIV prevention community planning groups play a central role in developing the HIV prevention priorities in UCHAPS jurisdictions. States also have HIV prevention community planning groups and many other local jurisdictions have HIV planning or advisory bodies that help elected and appointed leaders set HIV policies and priorities

Creating a Formal Mechanism for Input and Action

Create a transgender task force or committee to provide input on concerns and strategies to address them, and to participate in local planning initiatives.

BEST PRACTICE AT WORK

FTM Needs Assessment: San Francisco

The San Francisco HIV Prevention Planning Council, in conjunction with its Transgender Advisory Group, conducted a rapid HIV risks needs assessment in 2008 to explore the risk behaviors and the contexts of risk taking among FTMs in San Francisco. The assessment provided important findings on sexual networks, HIV knowledge, sexual risk behaviors, and psychosocial issues. More information at: www.sfhiv.org/documents/AbbreviatedReport.pdf.

Setting Priorities

HIV prevention community planning groups are mandated by the Centers for Disease Control and Prevention to set their jurisdiction’s HIV prevention priorities. Planning groups should use needs assessments and programmatic and surveillance data to determine the local HIV prevention needs of the full range of transgender persons. Given the demonstrated HIV risk among trans people, planning groups should include this population as a priority for funding and services.

Service Providers

For many transgender persons, a social service agency or health care provider is where they will access HIV prevention information, interventions, and support—often within the context of other services. Organizations can take a number of steps to help make these encounters supportive and effective.

Recognizing Diversity of Trans Communities

There is broad diversity among trans communities including variations in sexual orientation and HIV risk in addition to racial and ethnic diversity. The terms “transgender” or “transsexual” do not imply any specific sexual orientation and transgender persons identify across the full spectrum of orientations with some considering conventional labels inadequate or inapplicable to them. Interventions and programs should recognize and reflect all of these differences, including racial and ethnic issues that contribute to HIV risk.^{xv} This is especially important when adapting interventions originally designed for other populations.^{xvi}

Creating a Safe and Comfortable Space

Transgender clients, staff, and volunteers should feel welcome and at ease in the facility. Provide gender neutral or unisex restrooms, display posters and literature supportive of transgenders, and ensure that all staff is comfortable working with transgender persons and is appropriately trained. Written non-discrimination policies and complaint procedures should be posted prominently.

Providing Appropriate Services and Referrals

Offer programs designed, led, and delivered by and for transgender persons. In addition, develop a comprehensive list of resources and referrals for transgender health and social services with the community. If the organization has a community advisory board, it should ensure that it includes trans representation.

BEST PRACTICE AT WORK

TIP: Trans-Health Information Project: Philadelphia

TIP is a comprehensive HIV prevention and health education project designed by and for transgendered, transsexual, and gender-variant people in Philadelphia. TIP puts accurate information about safer sex and safer injection techniques into the hands of trans people in order to encourage less risky behaviors and to foster their advocacy on behalf of their health care needs. TIP provides outreach, individual counseling, and group workshops. Workshop topics include:

- safer hormone access and use
- HIV and hepatitis risks involved in sharing needles, safer techniques for hormone injection and cleaning needles
- disclosure and safer sex
- STI risk reduction education.

More information at: www.myspace.com/tipphiladelphia.

Addressing Prevention with Positives

Given the high rates of HIV infection among some transgender communities, ensure that transgender prevention programs specifically address the needs of people living with HIV and that broader prevention for positives initiatives incorporate trans people when appropriate.

Promoting Staff Diversity, Competency, and Training

Key to building a strong staff is ensuring that those providing services and care reflect the full gender, racial, and ethnic diversity of those being served and recruitment. Hiring practices should support this goal. Providers should also hire trans-competent health and social service professionals and provide them with ongoing training and support. Addressing issues of mistrust and stigma requires building relationships between staff and clients based on trust and open communication. Staff should be trained and comfortable discussing:

- hormone therapy and its effects
- gender confirmation surgery
- appearance modification
- tucking and binding
- gender identity disclosure
- mental health issues such as depression and suicide
- medication adherence
- substance use issues
- partner disclosure of HIV status

- various categories of potential sexual partners
- prevention of HIV and STI transmission
- domestic violence and hate-motivated violence
- sex work
- discrimination and stigma
- self esteem issues
- homelessness
- immigration issues.

In discussing these matters, staff should acknowledge the full range of each client's skills and talents and avoid assumptions about an individual's desire to have surgery or take other actions to change their appearance or identity in specific ways.

Key to ensuring compliance with these goals is maintaining detailed documentation in staff development files, staff training logs, and client and patient files.

Addressing Health Care Issues

Helping transgender persons increase their access to a full range of health care services should be central to HIV prevention initiatives—lack of insurance coverage and access leads to sex work and increased risk of HIV. Those offering primary care should include hormone therapy and assist with gender confirmation surgeries.

Ensuring Inclusive Language and Consistent Data Collection Forms

Review intake and all other forms that collect demographic information to ensure that they provide options appropriate for transgender persons. Collaborate with the local health department to develop inclusive data forms for use community-wide and comply with all health department mandates in this area.

Words Matter

Providers working with transgender clients should:

- address clients with respect and courtesy and to their presenting gender—when in doubt, politely ask
- ask clients what name and pronoun they prefer to be called and address them accordingly
- make no assumptions about a client's anatomy or about how they may refer to their anatomy or sexual practices (e.g., "frontal sex" vs. vaginal sex)
- only ask questions that are related to the client's health (no questions for the sake of curiosity)
- ask questions in a non-judgmental manner and acknowledge that some questions may touch on sensitive or personal subjects.

Terminology

Trans: abbreviation of transgender or transsexual.

Transgender: an umbrella term for people whose gender identity and expression do not conform to norms or expectations traditionally assigned at birth.

Transsexual: people who identify with a gender different than the gender they were assigned at birth. Some use this term to refer only to those who have had or intend to have genital reassignment surgery, but for others the term includes those who choose not to have surgery.

Trans men: trans people who identify and understand themselves to be men. May also refer to themselves as female-to-male or FTM.

Trans women: trans people who identify and understand themselves to be women. May also refer to themselves as male-to-female or MTF.

Assigned gender or birth gender: the gender one was identified as at birth. Usually this is the gender someone was raised as before transitioning or coming out as trans.

Gender identity: an individual's self-conception as being male or female or some variation, as distinguished from actual biological sex.

Gender variant: gender behavior or expression that does not conform to dominant gender norms.

Intersex: a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male.

Self-identified gender: the gender a trans person feels most comfortable identifying with.

Sexual orientation: one's sexual desires, feelings, practices and identification. Sexual orientation can be towards people of the same or different sexes and genders.

Primary Sources: O'Brien, M. (2003) Down to Basics, An Introduction to Transgender Issues and Sevelius J, Scheim A, Giambrore B. (2010). What are transgender men's HIV prevention needs? University of California, San Francisco: Center for AIDS Prevention Studies.

Protecting Human Rights and Ending Discrimination for Transgender Persons: Everyone Has a Role to Play

All those committed to improving the health and well-being of transgender persons in their communities should work to end discrimination and guarantee human rights protections. Transgender persons face discrimination on many levels including housing, employment, education and public accommodations. Even something as simple as riding the bus can be fraught with anxiety and danger when bus passes require the rider's gender expression to match the sex of the rider on the pass. The discrimination faced by some transgender persons is heightened racism.

Key to promoting the health and well-being of transgender persons are legal protections against discrimination in the public and private arenas. In communities without such protections, all those committed to HIV prevention should work for their passage. Service providers should also implement policies and procedures to ensure that transgender persons are guaranteed equality, whether staff, clients, or volunteers.

For example, the District of Columbia human rights law has strong protections on the basis of "gender identity or expression", defined as "a gender-related identity, appearance, expression, or behavior of an individual, regardless of the individual's assigned sex at birth" [D.C. Code § 2-1401.02]. More information at: http://ohr.dc.gov/ohr/lib/ohr/toc_general_provisions.pdf.



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UCHAPS RECOMMENDATIONS

Given the demonstrated high-levels of HIV risk for some transgender persons, the continuing lack of relevant surveillance data, and the dearth of evidence-based and other targeted interventions, HIV prevention for trans communities must be prioritized by service providers, local and state health departments, and the CDC. In addition to the widespread adoption of the best practices outlined in this document, UCHAPS strongly encourages:

- CDC to adopt and require compliance with inclusive data standards in all programs and surveillance systems that will allow it to gather and disseminate HIV data on transgender persons.
- CDC to actively support the development and diffusion of transgender-focused, evidence-based HIV prevention interventions that reflect the diversity of trans communities and their HIV risk behaviors and patterns.
- Local and state governments to pass transgender-inclusive anti-discrimination laws that protect people from discrimination by public and private entities in the areas of education, employment, housing, and public accommodations. Laws should provide individuals with the right to sue for violations.
- The Obama Administration to include transgender persons as a targeted population in all relevant sections of the National HIV/AIDS Strategy. For example, while transgender persons face documented disparities in access to health care, the strategy does not set as a specific aim for minimizing HIV disparities for transgender persons as it does for some other vulnerable populations.

ⁱ Herbst J, Jacobs E, Finlayson T, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior*. 2008;12:1-17.

ⁱⁱ U.S. Department of Health and Human Services. (2007). *HIV/AIDS and Transgender Persons*. Retrieved October 2010 from <http://www.cdc.gov/lgbthealth/pdf/FS-Transgender-06192007.pdf>.

ⁱⁱⁱ Herbst, et al.

^{iv} Walters, KL. (2010). *Critical Issues and LGBT-Two Spirit Populations : High-lights from the HONOR Project Study*. Presentation to the Institute of Medicine.

^v Keatley J, Bocking W. (2008). *What are male-to-female (MtF) HIV prevention needs?* University of California, San Francisco: Center for AIDS Prevention Studies. Retrieved October 2010 from <http://www.caps.ucsf.edu/pubs/FS/revMtF.php>

^{vi} Sevelius J, Scheim A, Giambone B. (2010). *What are transgender men's HIV prevention needs?* University of California, San Francisco: Center for AIDS Prevention Studies. Retrieved October 2010 from <http://www.caps.ucsf.edu/pubs/FS/revMtF.php>

^{vii} Ibid.

^{viii} Ibid.

^{ix} Sevelius J. "There's no pamphlet for the kind of sex I have" HIV-related risk factors and protective behaviors among transgender men who have sex with

nontransgender men. *Journal of the Association of Nurses in AIDS Care*. 2009;20(5):398-410.

^x U.S. Department of Health and Human Services, *HIV/AIDS and Transgender Persons*.

^{xi} Herbst, et. al.

^{xii} Ibid.

^{xiii} U.S. Department of Health and Human Services, *HIV/AIDS and Transgender Persons*.

^{xiv} University of California, San Francisco: The Center of Excellence for Transgender HIV Prevention. (2009). *Recommendations for Inclusive Data Collection of Trans People in HIV Prevention, Care & Services*.

^{xv} University of California, San Francisco: The Center of Excellence for Transgender HIV Prevention. (2008). *Best Practices for HIV Prevention among Trans People*. Retrieved October 2010 from <http://www.transhealth.ucsf.edu/pdf/data-recommendation.pdf>.

^{xvi} Sevelius J, Keatley J, Rouse Iñiguez, J, Reyes EM. (2008). *Serving Transgender People in California: Assessing Progress, Advancing Excellence*. University of California, San Francisco: The Center of Excellence for Transgender HIV Prevention. Retrieved October 2010 from <http://www.transhealth.ucsf.edu/pdf/serving-trans-ca.pdf>.