
HIV/AIDS Risk Factors Among Transgender People in the U.S.

Jessica Xavier, MPH
TransResearch.org

U.S. Transgender HIV Prevalence Rates by City

(All MTF Unless Noted – Mostly Samples with Young Transwomen)

Minneapolis – St. Paul: 4% San Juan: 14%

Philadelphia: 4% to 19% Los Angeles: 22%

Chicago: 14% to 19%, 22% in MTF youth

New York: 22% Houston: 27%

Washington: 32% MTF, 3% FTM

San Francisco: 26%, 35% & 47% MTF, 2% FTM

Atlanta (sex worker): 68%

U.S. Transgender Predictors of HIV Positive Status by City

Atlanta, 1990 – 1991 Syphilis seropositivity (OR: 49.9)
African-American Race (OR: 6.0)

Elifson, K., Boles, J., Posey, E., Sweat, M., Darrow, W., & Elsea, W. (1993). Male Transvestite Prostitutes and HIV Risk. *American Journal of Public Health, 83*(2) 260-262

San Francisco, 1997 African-American Race (OR: 5.81)
Non-hormonal Injection Drug Use (OR: 2.69)
More than 200 lifetime sex partners (OR: 2.64)
Less than high school degree (OR: 2.08)

Clements-Nolle, 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.

Washington, DC, 2000 Male-to-female (OR: 14.4)
History of sexual assault (OR: 4.7)
History of sex work (OR 2.8)
Unemployment (OR: 2.5)

Xavier, J., Bobbin, M., Singer, B. & Budd, E. (2005) A Needs Assessment of Transgendered People of Color Living in Washington, DC *International Journal of Transgenderism, 8* (2/3), 31-47

Risk Factors Driving HIV Transmission in Transgender Women

Social Stigma of Transgenderism →

Discrimination, Harassment, Violence →

Unemployment, Lack of Health Insurance,

Poverty, Homelessness, Economic Vulnerability

Survival Sex Work →

Unprotected Sex, Lack of Negotiation for Safer Sex,
Substance Abuse

Gender Identity Validation through Sex →

Multiple sex partners, Unprotected sex

Culturally Incompetent Prevention Methods →

Low Perception of Risk, Less HIV/STD testing

Risk Factors Driving HIV Transmission in Transgender Women

- Lack of Regular Contact with Medical Providers →
 - Lack of Medical Screening, including HIV/STDs →
 - Increased Morbidity & Mortality, Lower Life Expectancy
- Barriers to Access to Transgender Care →
 - Self-medication through Street Hormones, ISU
- Multiple Injection Risks: IDU, ISU, & IHU Viral Risks through
 - Needle Sharing, Systemic Risks
- Traditional reluctance by MSM-serving ASOs to view transgender people as part of their service community →
 - Lack of trans-specific prevention materials,
 - no or under-funded outreach/condom distribution programs targeting transgender people

Risk Factors Driving HIV Transmission in Transgender Women

Sex Work

Due to extreme economic vulnerability, mostly survival sex work – not a choice

Mostly transwomen, but some FTMs also do sex work

Work separate strolls from non-trans CSWs without pimps

Financial inducement for unprotected sex

Penetration of male clients is commonly requested

High levels of substance abuse, primarily as coping mechanism

High exposure to violence including police

Risk Factors Driving HIV Transmission in Transgender Women

Gender Identity Affirmation Through Sex

Reported in many studies

True for many transwomen, but also for FTMs

Transwomen having sex with non-transmen

FTMs having sex with non-transwomen
and gay non-transmen

Inexperience with safer sex negotiation
& practices

Unprotected sex

Risk Factors Driving HIV Transmission in Transgender Women

Criticisms of MSM HIV Prevention Methodologies used in transgender populations

“Existing prevention education is not inclusive of transgender people and oftentimes 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 transgenders 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/SA prevention & risk reduction

Self-identification by gender identity, not anatomical status

U.S. Transgender Substance Abuse

Alcohol and Marijuana most popular,
followed by speed, cocaine and crack cocaine

Highest methamphetamine, club drugs and hallucinogen
use in west coast MTFs

Highest substance abuse levels yet reported is
among MTF Sex Workers

Highest IDU levels reported is also among MTF Sex Workers
and includes needle sharing

Treatment is very problematic due to gender-specific
programs, hormone use regarded as continuing SA,
need to inject hormones & provider insensitivity

U.S. Transgender Injection Hormone Use (IHU) by City

New York (1999)

21% injected hormones, 43% of them while sharing needles, including with some who were HIV+

Chicago (2001)

82% of hormone users had injected them, with 36% sharing needles

Los Angeles (1998-1999)

69% injected hormones, of whom 72% obtained them off the streets

Houston (2002-2003)

50% of hormone users had injected them

Transgender Injection Silicone Use (ISU)

Unencapsulated, free-floating injections of silicone and heavy oils for curves used as an adjunct or alternative to hormones

Banned by U.S. FDA in 1950s, access only through non-medical providers or during pumping parties

Documented illnesses and disorders include toxic shock syndrome, granuloma, scleroderma, cancer, neuropathy, lymphadenopathy, rheumatic symptoms, synovitis, severe autoimmune and connective tissue disorders, plus :

Viral transmission risks (HIV, HBV, HCV) by sharing needles and risks of serious bacterial infection

Problems can develop immediately after injection, or may take years to develop, eventually resulting in disfigurement, debility and death

Transgender Injection Silicone Use by City (all MTF)

Houston –	13%
San Francisco -	22% (41% in Latina MTFs)
Washington –	25%
Chicago –	30% & 29% in MTF Youth
New York –	30%
Philadelphia –	31%
Los Angeles –	33%

Anecdotal Reports of FTM-ISU in Philadelphia, New York & Norfolk

2003 Media Reports of MTF ISU Deaths in Houston & Miami

Transgender Injection Silicone Use (ISU)

“I personally have gotten silicone injections, and the reason that I got them is because the hormone process took too long. And I wanted what I wanted then, and I wanted my results immediately.”

“The process of taking hormones can be so long... and some girls want instant breasts, instant hips, instant facial work, so they’re not going to take the time that the hormones can take. They want that instant gratification, so they go with the silicone.”

“A lot of them are young, and they’re being peer pressured... more of the younger children are doing it because they’re telling them ‘if you get this done, you’re really going to look (flawless).”

“A lot of the girls are involved in street walking and prostitution, (and) it's become very competitive on the streets. The hormones and silicone are just a way of improving yourself (so) they’re more marketable, and they look the part, and the men want them more.”

- Xavier, J. and Bradford, J. (2005) Transgender Health Access in Virginia: Focus Group Report. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health.

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 feel they truly are, they will protect those bodies. People who are happier in their bodies tend to take better care of them.

The General Theory of Risk Reduction **In Transgender Populations**

Application of the General Theory should result in:

Less likelihood to engage in substance abuse

Less likelihood to get silicone injections or
self-medicate with street hormones

Less suicidal ideation and depression

Regular contact with medical providers and
improved overall health


Greater likelihood to get screened for HIV/STDs

If HIV+, improved adherence to HIV treatment meds

Greater likelihood to practice safer sex

Case Management Services for Transgender Youth & Young Adults

Earline Budd, Coordinator,
Miracle Hands Transgender
Support Services



Case Management Services for Transgender Youth & Young Adults

**The Washington, DC
Transgender Needs Assessment Survey**
Jessica M. Xavier, Principal Investigator

Implemented by
Us Helping Us - People Into Living, Inc.
Ron Simmons, Ph.D., Executive Director

Funded by the HIV and AIDS Administration
of the Department of Health,
Government of the District of Columbia

The Washington, DC Transgender Needs Assessment Survey

Demography

Participants	252
Median Age	28 (nearly 80% under age 36)
Gender Identity	Transgender 69 %
Physical Sex at Birth	Male - 75 %, Female - 24%, Intersex - 1%
Race	African-American – 69%, Latina – 22%

The Washington, DC Transgender Needs Assessment Survey

Job Loss due to Discrimination: 15%

Homelessness : 19%

Top Three Immediate Needs of Participants:

Employment - 73%, Housing - 65%, Job Training - 53%

Victims of Crime / Violence : 43%

Sexual Assault: 13%

(MTFs: 12%, FTMs: 18%)

The Washington, DC Transgender Needs Assessment Survey

Substance Abuse Issues	48%
(Sought Substance Abuse Treatment - 51%)	
Substance abuse was associated with sex work	
Suicidal Ideation	38%
Made suicide attempts	16%
Currently Taking Hormones	35%
(Acquired Hormones on Street - 70 %)	
Injection Silicone Use	25% of MTFs
Sex Reassignment Surgery	4%

The Washington, DC Transgender Needs Assessment Survey

Overall HIV Prevalence 25 %

MTFs - **32%**, FTMs - 3.3%

HIV negative – 53 %,

Don't Know - **22 %**

Most commonly reported means of transmission:

Unprotected sex with non-transgendered males

Case Management Services for Transgender Youth & Young Adults

The Cycle of Marginalization

The gender transition process for African-American transgender women is very different from their caucasian peers –

Coming out means early crossdressing while in middle school or earlier

Peer harassment and violence forces many transgender women to leave secondary school before graduation

Estrangement from birth families can force them to leave home (runaways and thrown-aways)

Case Management Services for Transgender Youth & Young Adults

The Cycle of Marginalization

With no high school degree or job skills, unemployment is common

Many hang out with older transgender women who offer them guidance

Sex work begins early ! often in the middle teens

Substance abuse is common means of coping with sex work pressures and/or in-group belonging

Case Management Services for Transgender Youth & Young Adults

The Cycle of Marginalization

Violence on the stroll is widespread and includes the police

In DC, being “walking while crossdressed” is probable cause for arrest for Solicitation for Lewd and Indecent Purposes (SLIP) - prostitution

No transgender bars, so hanging out means on the streets

Sex work arrests mean incarceration with male population

Case Management Services for Transgender Youth & Young Adults

The Cycle of Marginalization

Discharge from prison / jail comes with enormous challenges:

HIV and STD infections

Substance Abuse Addiction

Homelessness

Vocational Rehabilitation

Case Management Services for Transgender Youth & Young Adults

The Cycle of Marginalization

Multiple Social Stigmas

(transgender, sex worker, ex-offender, etc.)

Ongoing Transgender Needs (hormones)

Mental Health Needs & Internalized Transphobia

(sexual risk taking, substance abuse, etc.)

Case Management Services for Transgender Youth & Young Adults

Breaking the Cycle - Challenges

Inability to Reach Clients due to Homelessness or Substance Abuse Addictions

Time Constraints (work hours versus hour of client need)

Lack of Funding for Transportation for Clients to Appointments

Lack of Providers of Transitional Housing for transgender clients

Lack of Substance Abuse Treatment Programs that Address Transgender Issues

Case Management Services for Transgender Youth & Young Adults

Breaking the Cycle - Strategies

Use client-centered Harm Reduction approach

Be prepared to deal with many client issues (multiply diagnosed)

Be mindful of the need for continuity of care and services

Follow-up with clients

Try to re-integrate clients with family members for support

Case Management Services for Transgender Youth & Young Adults

Breaking the Cycle - Strategies

Work the system – know your elected representatives & advocate !

Make certain resources are available – outreach & training !

Role modeling

Don't be afraid of Spirituality !