

Center of Excellence for
Transgender Health

TRANSGENDER PEOPLE: EPIDEMIOLOGY AND TREATMENT

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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 and a
number of additional gender
identities.**

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Regardless of socio-economic status transgender people are the most medically underserved people in the United States.

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How many trans people are there?

Range of current worldwide estimates:

MTF
1 in 30,000 (.003%)¹ to 6 in 1,000 (.6%)²

FTM
1 in 100,000 (.001%)¹ to 1 in 33,800 (.003%)³

1. American Psychiatric Association, 1994
2. Winter, 2002
3. DeCuypere et al, 2007

HIV Among Trans People

- No national estimates
- Regional studies have relied almost exclusively on convenience samples (i.e. participants recruited from social service agencies, bars, and streets)
- Studies have focused on trans women; very little information is available on trans men

Data collection recommendations

- The Center of Excellence for Transgender Health (www.transhealth.ucsf.edu) makes the following recommendation for trans-inclusive data collection:
 - What is your current gender identity?
 - What was your assigned sex at birth?

HIV Prevalence Among Trans People

- A recent meta-analysis of 29 regional studies in the US ¹ concludes that:
 - Average prevalence for trans women is
 - 28% or 1 in 4** (when results are lab-confirmed)
 - 12% or 1 in 8** (by self report)
 - African American transwomen have the highest prevalence (**56%**), compared to other racial/ethnic groups ^{2,3}

1. Herbst et al, 2008
 2. Clements, Marx, Guzman & Katz, 2001
 3. Nemoto et al, 2004

Predictors of HIV positive status among transwomen:

- African-American race ^{1,2}
- Syphilis ¹
- Intravenous drug use ²
- High number of sex partners (>200) ²
- Less than high school education ²
- History of sex work ³
- History of sexual assault ³
- Unemployment ³

1. Elifson et al, 1993
 2. Clements-Nolle et al, 2001
 3. Xavier et al, 2005

Transgender women and HIV

- A study of four US cities found that **transgender women living with HIV were less likely to receive highly active antiretroviral therapy (HAART)** than a non-transgender control group (59% vs. 82%, $p < .001$).

(Melendez et al, 2005)

Hormone Therapy for Transgender people

- There are no significant drug interactions with drugs used to treat HIV.
- Hormone therapy is not contraindicated in HIV disease at any stage.
- Should not be considered “optional” and trans people should make own treatment decisions.

Sex work / Survival sex

Denied opportunities:
Education
Employment
Job Training

→

Survival sex work

→

HIV risk

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

Substance use

Stress:
Stigma
Discrimination
Sex work

→

Substance use

→

HIV:
Trans IDUs 3x
more likely to be HIV+

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

Incarceration issues

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graph LR; A[Transphobia] --> B[Barriers to employment]; B --> C[Sex work  
Drug use]; C --> D[Incarceration]
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- ▣ Incarceration rates among trans women: **37 to 65%**

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

Transgender youth

```
graph LR; A[Discrimination  
Victimization] --> C[High drop out rates in school  
Suicide attempts  
Substance use  
Unprotected sex  
Unstable housing  
Barriers to health care]; B[Lack of social support] --> C
```

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

Transgender men and HIV

- ▣ Very few studies of trans people have included transmen.
- ▣ Some transgender men engage in high-risk sex, including having a high number of anonymous partners and engaging in sex work with non-trans men. (Sevelius, under review)
- ▣ Estimates of HIV prevalence among transmen range from **1 - 3%** (Clements-Nolle et al, 2001; Sevelius, under review; Xavier, 2005)

Social support and mental health

```
graph LR; A[Stigma  
Discrimination] --> B[Loss of  
Family  
Friends  
Job]; B --> C[Suicide  
Depression]
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(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)

Mental health

- ▣ In one study of 446 transmen, those who had received hormone therapy reported higher quality of life than those who did not. (Newfield, Hart, Dibble, & Kohler, 2006)
- ▣ Hormone therapy alone can alleviate depression for some transgender people. (Bockting, Knudson, & Goldberg, 2006)

Protective factors

- ▣ Family acceptance
- ▣ Social support
- ▣ Self-esteem
- ▣ Access to competent health care
- ▣ Access to gender confirming hormone therapy and other gender-related care
- ▣ Community involvement



MODULE 10
**CLINICAL ISSUES WITH
TRANSGENDER INDIVIDUALS**

A Provider's Introduction to
Substance Abuse for Lesbian,
Gay, Bisexual, and
Transgender Individuals
First Edition

**Clinical Issues and
Implications for Treatment**



1. Issues about appearance, "passing" and body image
2. History of hiding or suppressing gender identity
3. Lack of family and social support
4. Isolation and lack of connection to positive, proactive transgender community resources
5. Hormone therapy and use or injection history
6. Stigma and discrimination
7. Employment problems
8. Relationship/child custody issues

A Provider's Introduction to Substance Abuse for LGBT Individuals
Module 5 -12 Clinician's Guide **Power Point Slide # 10-7, n42**

TREATMENT DO'S AND DON'TS

DO'S ✓

- Use the proper pronouns based on client's self-identity when talking to/about transgender individuals.
- Get clinical supervision if they have issues or feelings about working with transgender individuals.
- Allow transgender clients to continue the use of hormones when they are prescribed. Advocate that the transgender client using "street" hormones get immediate medical care and legally prescribed hormones.
- Take required training on transgender issues.

A Provider's Introduction to Substance Abuse for LGBT Individuals
Module 5 -12 Clinician's Guide **Power Point Slide # 10-8, n43**

TREATMENT DO'S AND DON'TS

DO'S ✓

- Find out the sexual orientation of all clients.
- Allow transgender clients to use bathrooms and showers based on their gender self-identities and gender roles.
- Require all clients and staff members to create and maintain a safe environment for all transgender clients. Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.


A Provider's Introduction to Substance Abuse for LGBT Individuals
Module 5 -12 Clinician's Guide **Power Point Slide # 10-9, n44**

TREATMENT DO'S AND DON'TS

DON'TS ✗

- Don't call someone who identifies as a female "he or him" or call someone who identifies as male "she or her".
- Don't project transphobia onto the transgender client or share transphobic comments with other staff members or clients.
- Never make the transgender client choose between hormones and treatment and recovery.
- Don't make the transgender client educate the staff.
- Don't assume transgender women or men are gay.
- Don't make transgender individuals living as females use male facilities or transgender individuals living as males use female facilities.
- Never allow staff members or clients to make transphobic comments or put transgender clients at risk for physical or sexual abuse or harassment.

Prairelands ATTC Toolbox Training Module 5 – 12 Clinician's Overview **Power Point Slide # 10-10, n45**



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