AETC AIDS Education & Training Center Program Pacific

GETTING TO ZERO
SILICON VALLEY
SANTA CLARA COUNTY

Transgender Health

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Mental and behavioral health in transgender communities:

The roles of intersectional stigma and gender affirmation

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center of excellence for TRANSGENDER health

Getting to Zero

County of Santa Clara-Silicon Valley

November 5, 2020

UCSF
University of California
San Francisco

Dr. Jae Sevelius

Jae Sevelius PhD (they/them), is Associate Professor in the Department of Medicine at the University of California, San Francisco, and is a licensed clinical psychologist. At the UCSF Center of Excellence for Transgender Health, Dr. Sevelius' community-led research is focused on developing and evaluating transgender–specific, trauma-informed interventions to promote health among transgender and gender diverse people in California and São Paulo, Brazil. Dr. Sevelius' research and clinical interests lie at the intersections of social justice, sexuality, health, and identity.

Learning Objectives

At the completion of this presentation, participants will be able to:

1) Define the terms ‘intersectional stigma’ and ‘gender affirmation’ as they relate to transgender health
2) Describe how stigma and unmet need for gender affirmation leads to health disparities among transgender people
3) Describe 3 sources of resilience for transgender people

Polling Question #1 (live webcast only)

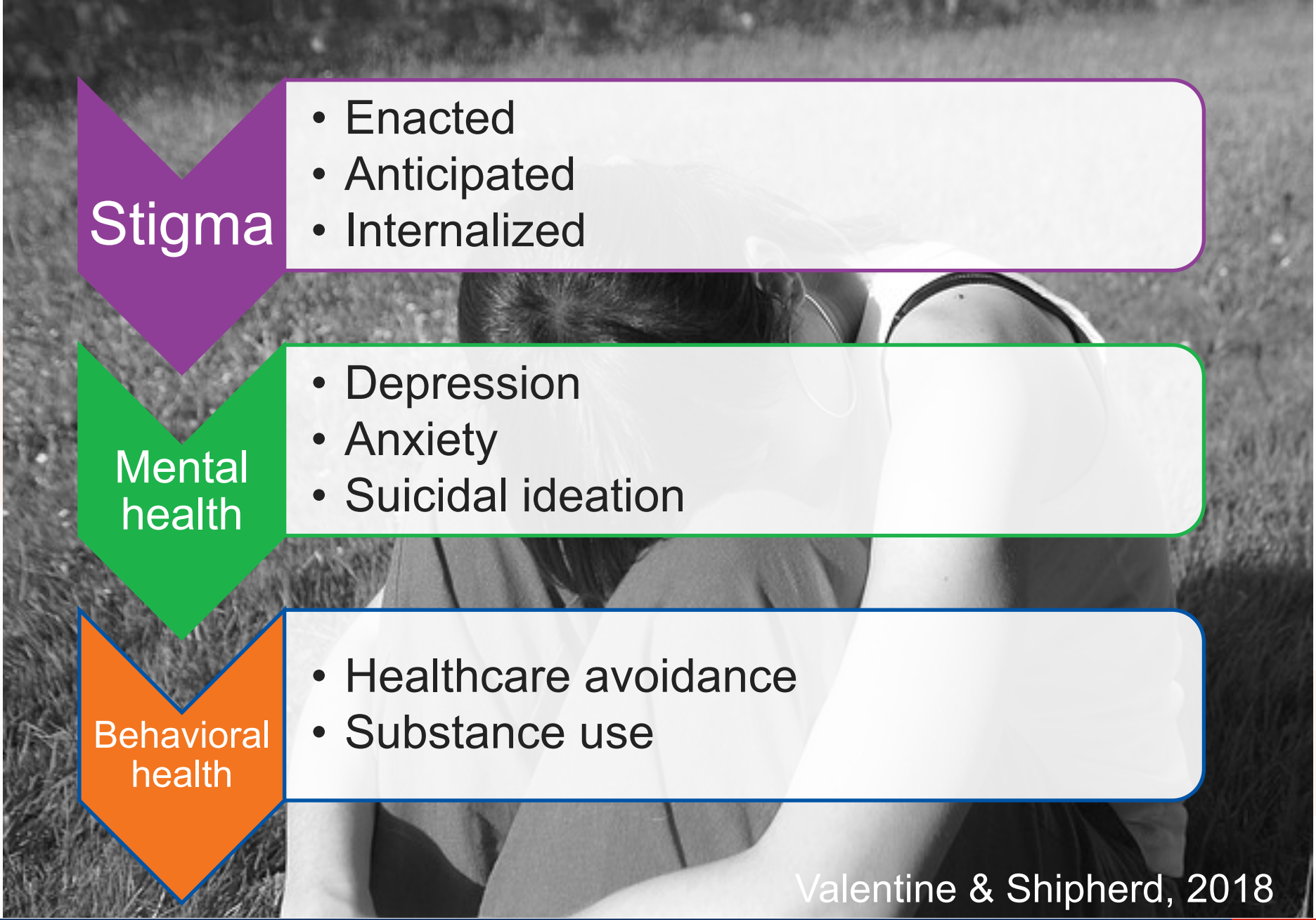
How familiar are you with terminology, concepts, and data related to transgender communities and their health?

1 - Not at all familiar

2 – A bit familiar

3 – Somewhat familiar

4 – Very familiar



Stigma

- Enacted
- Anticipated
- Internalized

Mental health

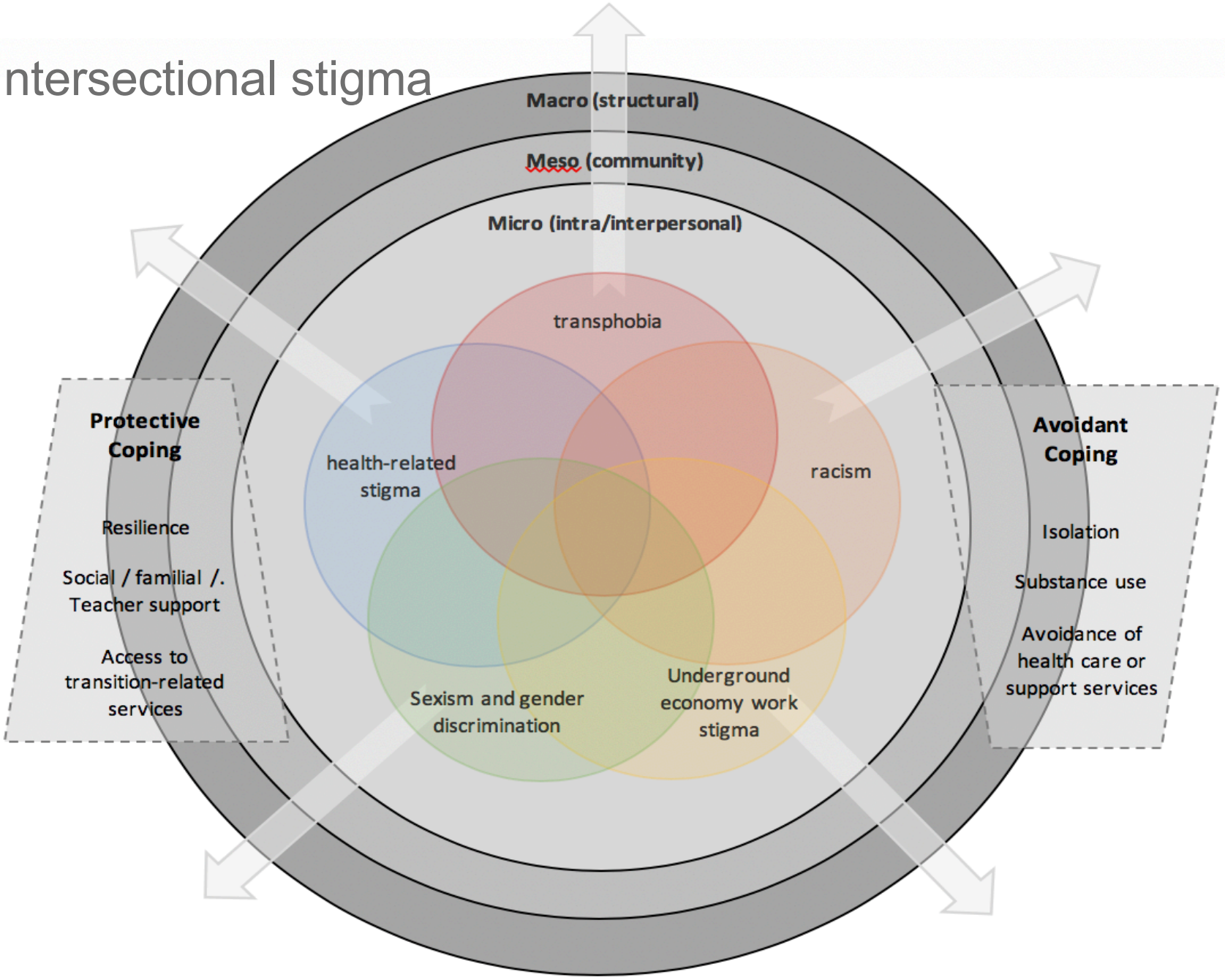
- Depression
- Anxiety
- Suicidal ideation

Behavioral health

- Healthcare avoidance
- Substance use

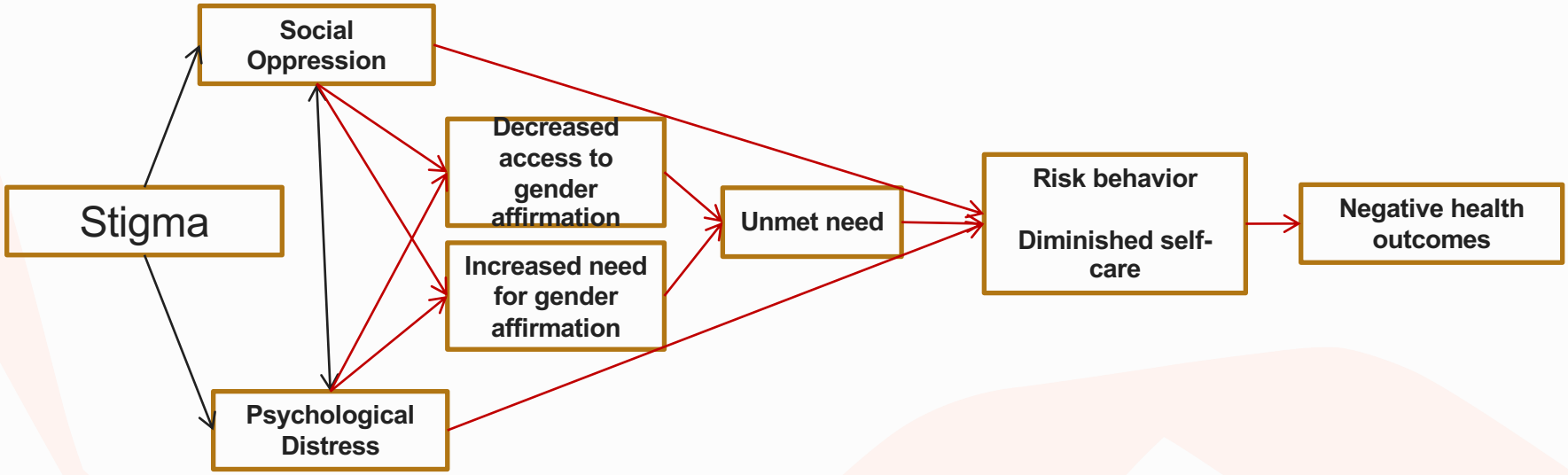
Valentine & Shipherd, 2018

Intersectional stigma



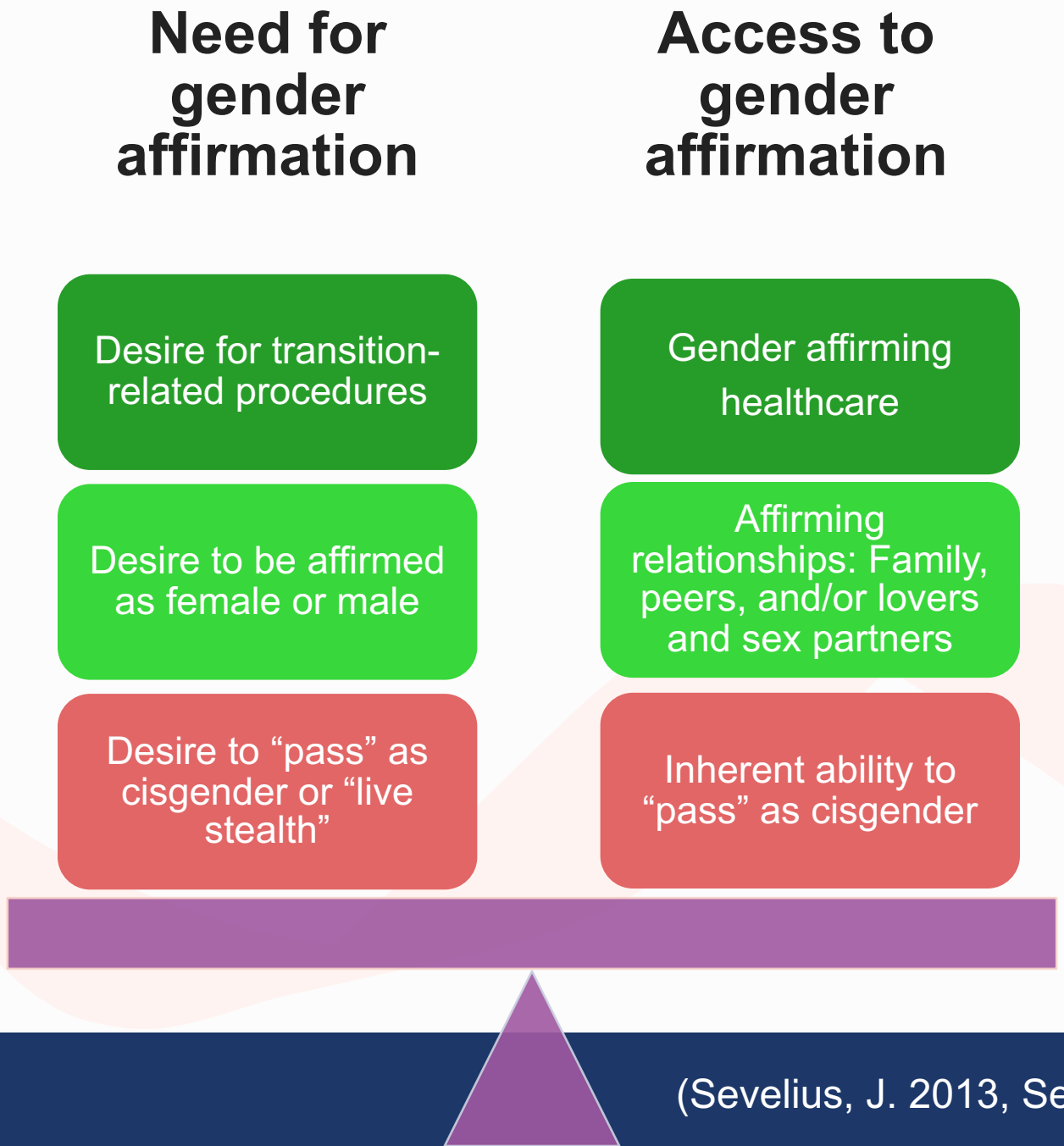
Bowleg & Bauer, 2016

Model of Gender Affirmation

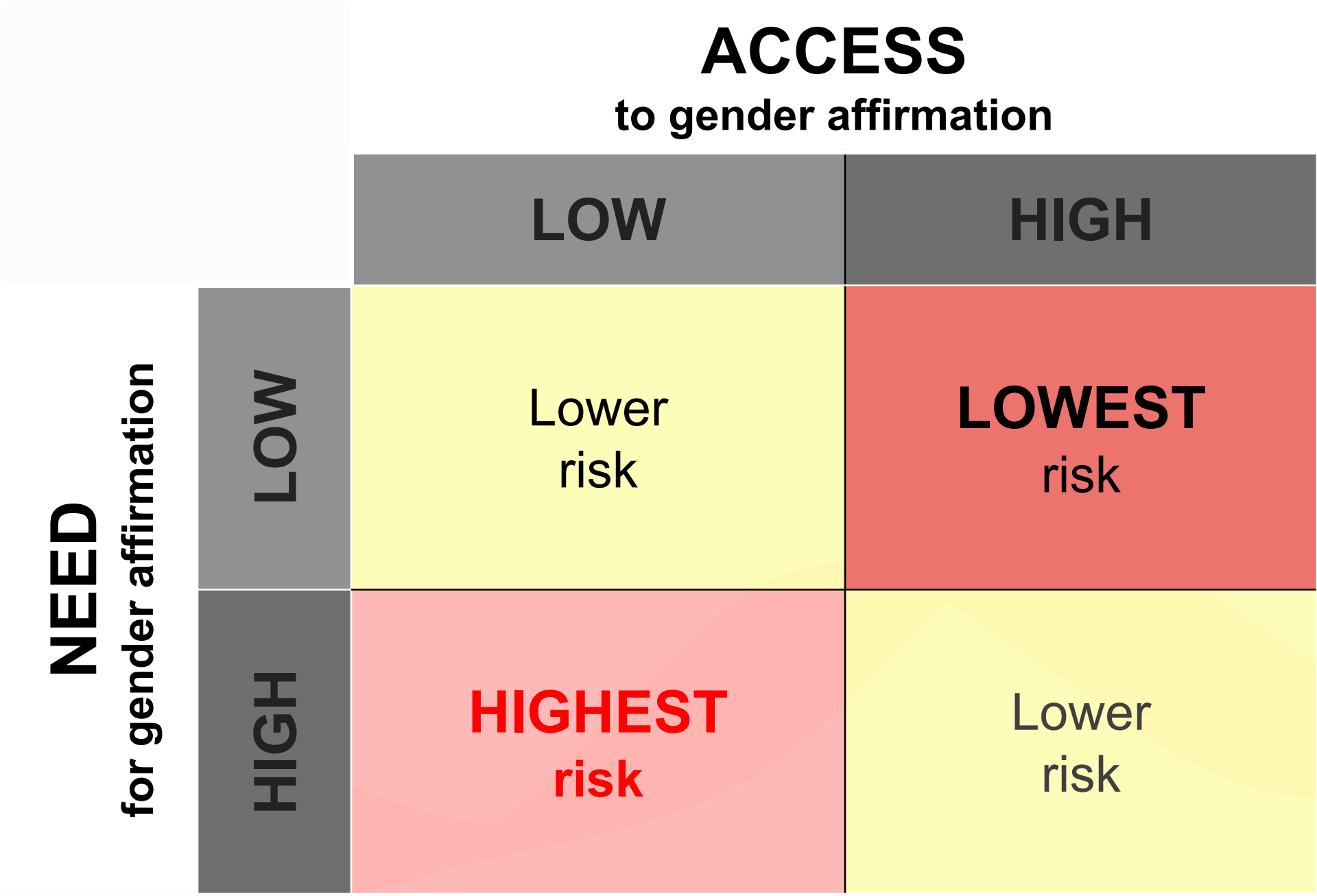


"Identity Threat"

Sevelius, 2013



(Sevelius, J. 2013, Sex Roles)


ACCESS
to gender affirmation
LOW
HIGH
NEED
for gender affirmation
LOW
HIGH
Lower risk
LOWEST risk
HIGHEST risk
Lower risk

TMM UPDATE

TRANS DAY OF REMEMBRANCE 2019

Between 1 January 2008 and 30 September 2019

3314

murders of trans and gender-diverse people were registered worldwide.

61 %
Sex workers

1252
Shot

653
Stabbed

334
Beaten

Enacted stigma

- Violence
  - Physical assault (53% lifetime, 13% past year)
  - Sexual assault (47% lifetime, 10% past year)
- Harassment
  - Verbal (54%, past year)
- Employment “mistreatment” (30% in past year)
- Family violence and rejection
  - Physical violence from family member (10% past year)
  - Being kicked out of the family home (8% ever)

Health care avoidance:
Enacted stigma leads to anticipated stigma

Of USTS respondents:

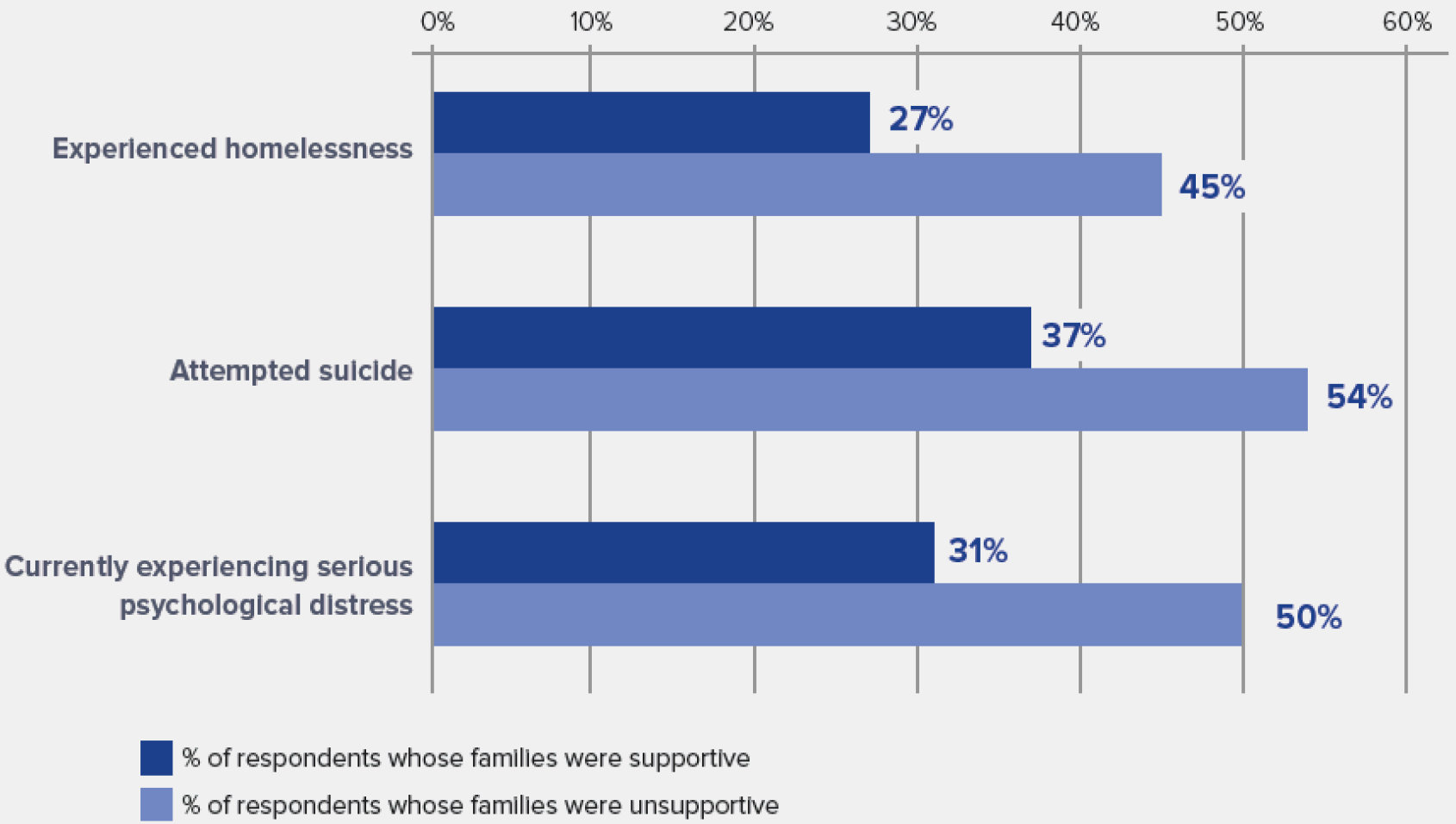
33%

- Had **at least one negative health care experience** related to being transgender (i.e., harassment, refusal of treatment)

23%

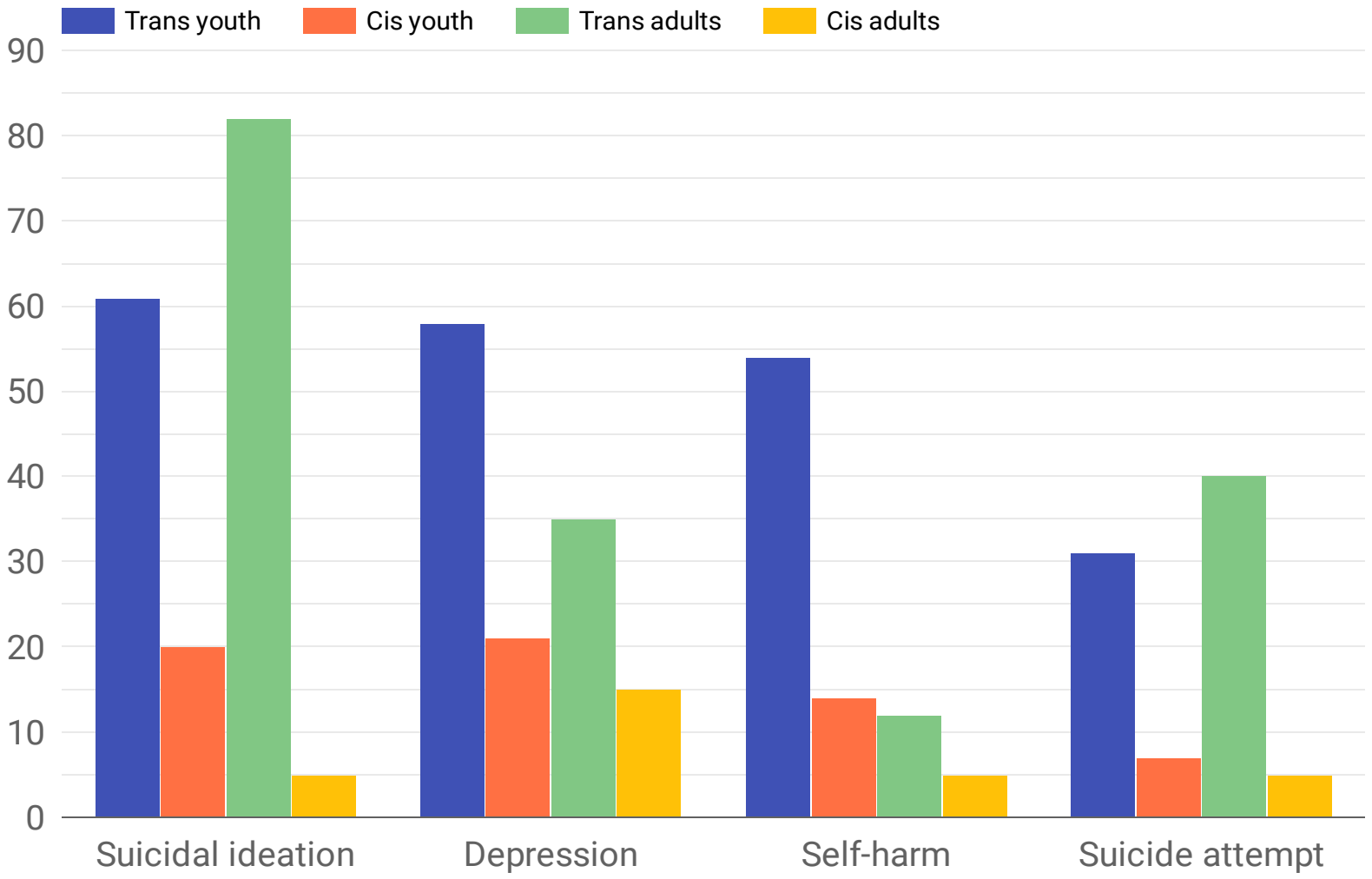
- **avoided health care** they needed in the year prior out of **fear of mistreatment** due to being transgender

Negative experiences among those with supportive and unsupportive families



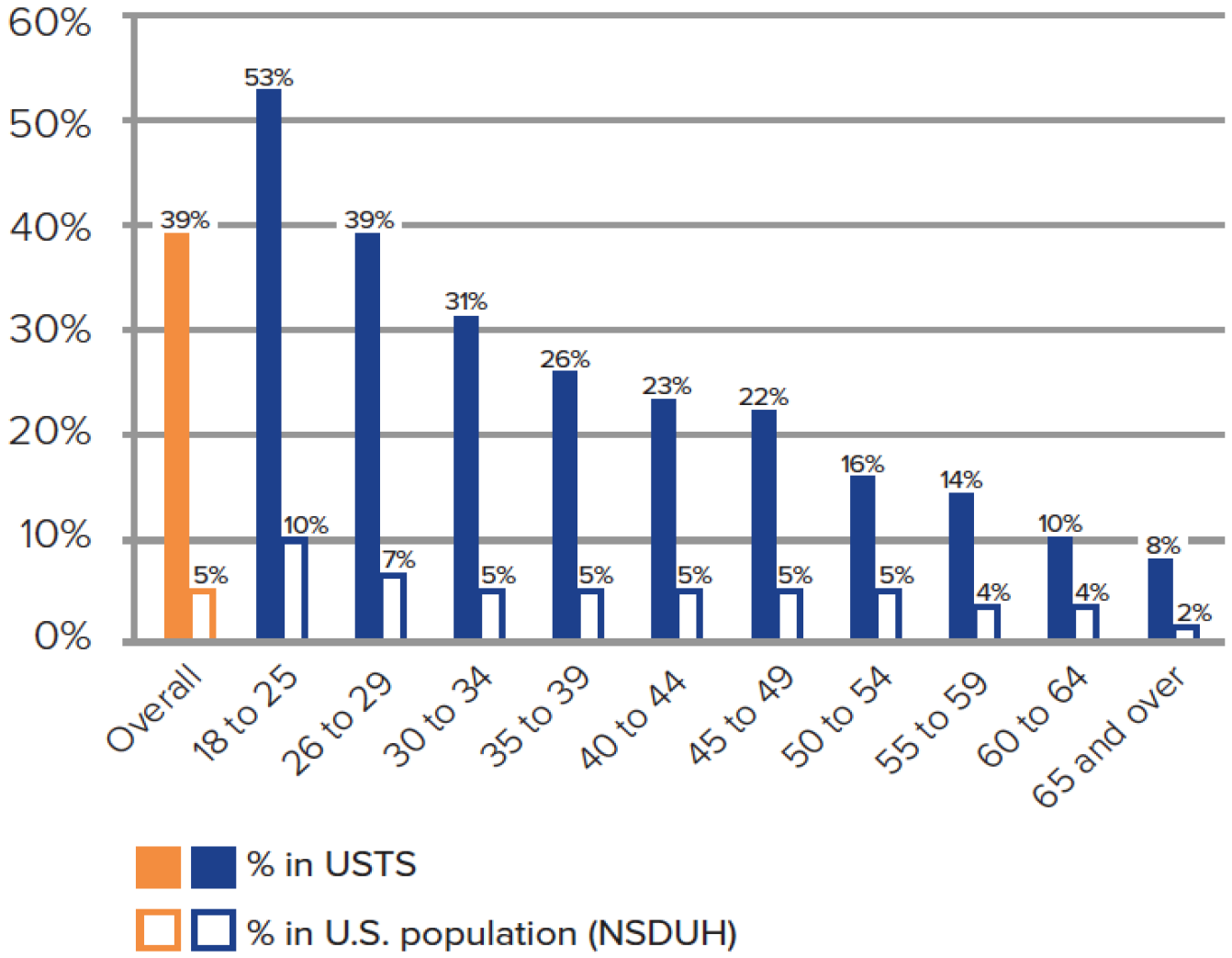
From the U.S. Transgender Survey (USTS, 2015)

Psychological Distress



USTS, 2015; MN Student Survey, 2013; NIMH, 2018

Figure 7:22: Currently experiencing serious psychological distress
CURRENT AGE (%)



LGBT Health. 2018 Oct;5(7):443-448. doi: 10.1089/lgbt.2017.0275. Epub 2018 Sep 5.

Self-Reported Physical and Mental Health of Gender Nonconforming Transgender Adults in the United States.

Streed CG Jr[1], McCarthy EP[2], Haas JS[1].

Retrospective analysis of the 2014-2016 Behavioral Risk Factor Surveillance System

	Gender nonconforming transgender adults (n=450), n (%)[a]	*Gender-binary transgender adults (n=1779) n (%)*[a]	p *(gender nonconforming vs. gender-binary transgender adults)*
Self-reported health outcomes			
Poor or fair health	133 (30.3)	454 (20.2)	**0.008**
Serious difficulty concentrating, remembering, or making decisions	111 (27.6)	323 (19.3)	**0.03**
Limitation in any way	132 (36.3)	404 (20.1)	**<0.001**

J Couns Psychol. 2019 Jul;66(4):385-395. doi: 10.1037/cou0000339. Epub 2019 Mar 21.

Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory.

Lefevor GT[1], Boyd-Rogers CC[1], Sprague BM[1], Janis RA[1].

Participants were college students from the Center for Collegiate Mental Health's 2012-2016 database, N=3,568 (892 identified outside the gender binary)

Compared to binary-identified cis and trans people, **nonbinary participants reported higher levels of:**

- harassment
- sexual abuse
- traumatic events
- anxiety
- depression
- psychological distress

Nonbinary individuals more frequently reported self-harm and suicidality, with nearly 50% reporting a suicide attempt.

Substance use as coping strategy

- In a 3-year prospective study of 230 transgender women in NYC:
  - ‘Gender abuse’ (enacted stigma) was found to be associated with substance use, and heavily mediated by depressive symptoms (Nuttbrock et al, 2014)

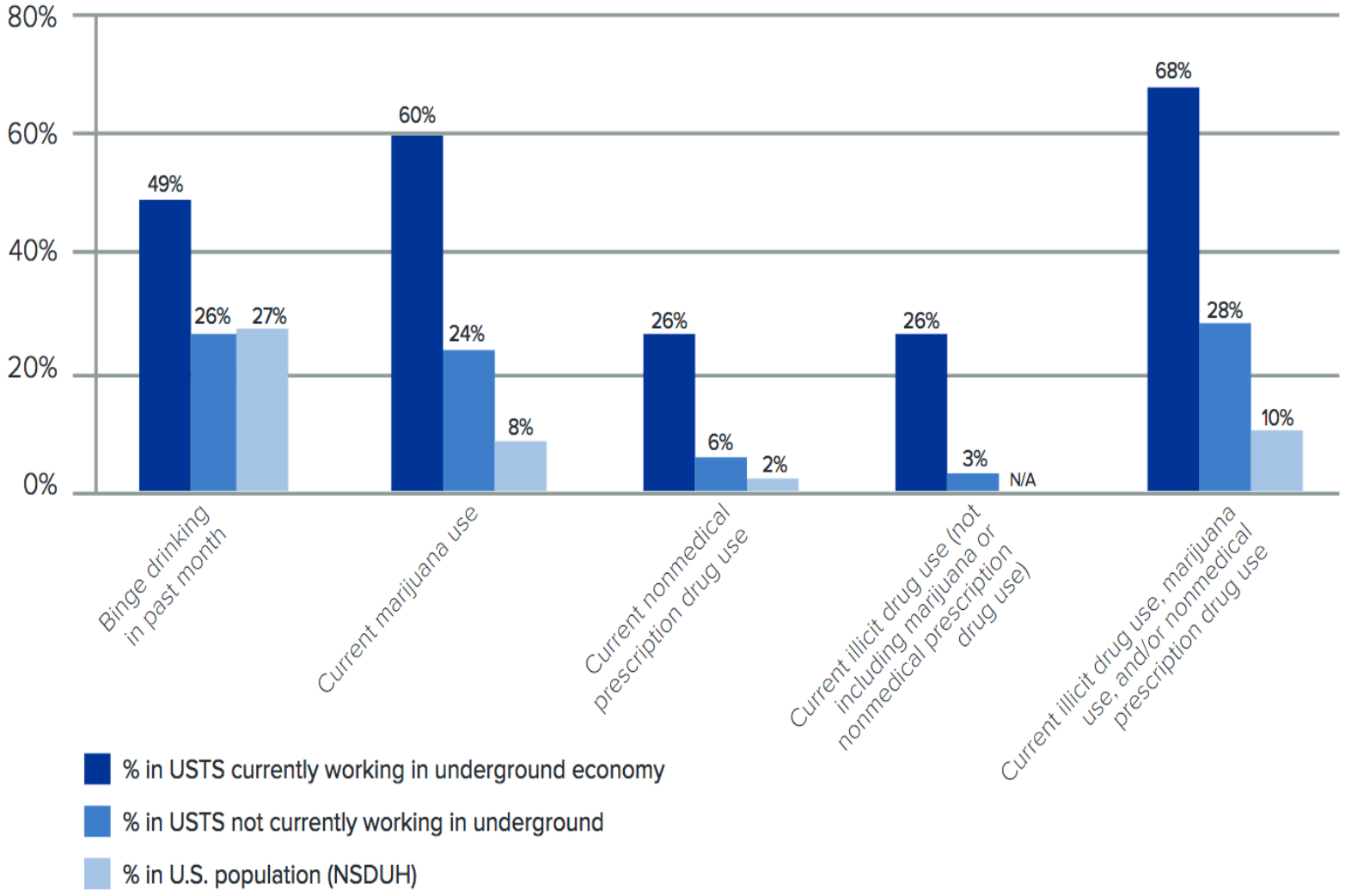
- In a study of 292 young transgender women in San Francisco:
  - 69% reported recent drug use
  - History of gender-related discrimination and/or PTSD were almost twice as likely to use drugs
  - Those reporting psychological distress had higher odds of using multiple heavy drugs (Rowe et al, 2015)

Trans adults use illicit drugs at **3 times** the rate of cis adults in the US.

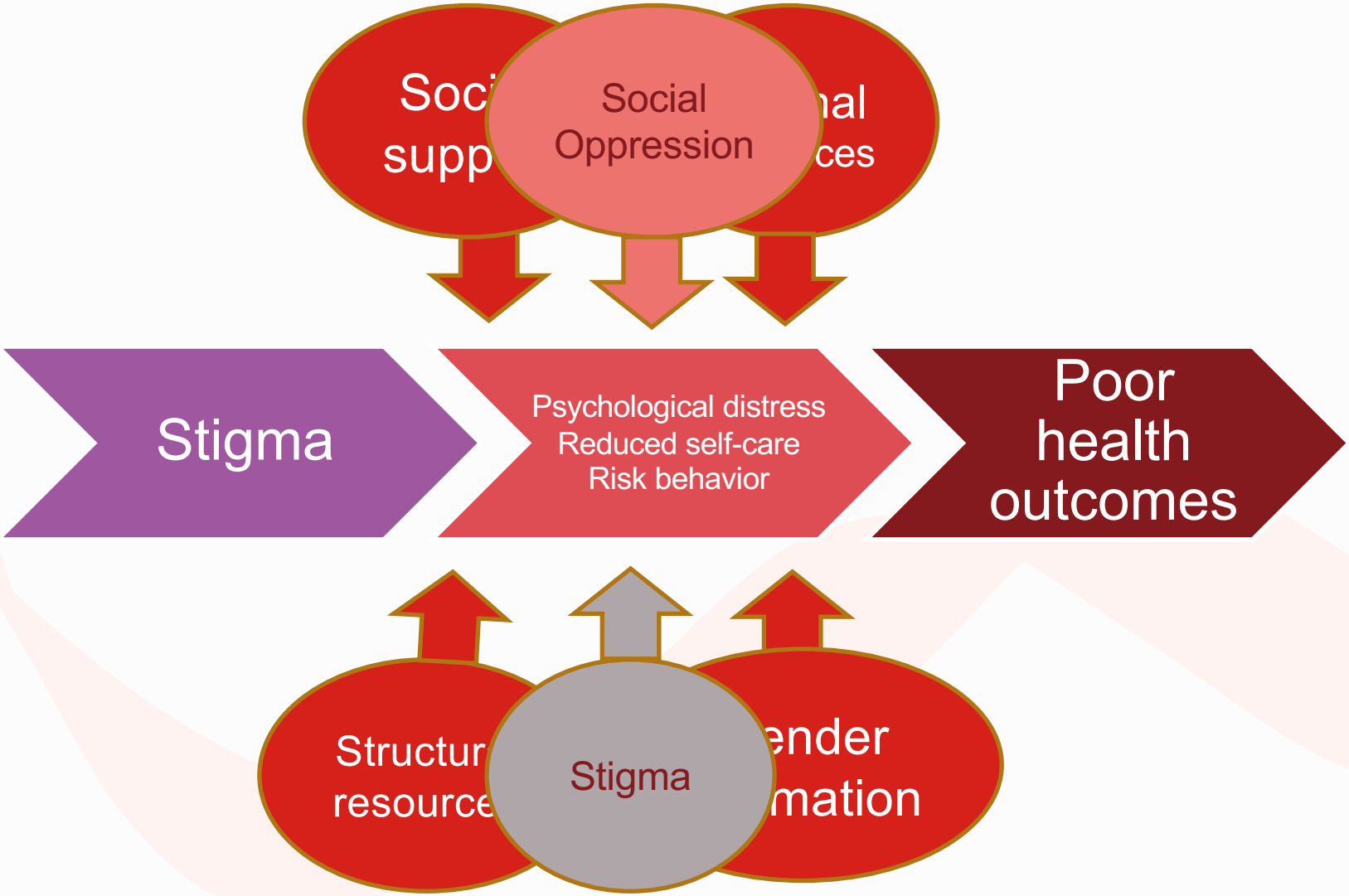
Trans youth use illicit drugs at **2.5 to 4 times** the rate of cis youth.

(USTS, 2015; Johns et al, 2019)

Figure 7:38: Substance use in the past month among respondents currently working in the underground economy



Resilience / Protective Factors



Social support: Peers

Stigma

Psychological distress

Bockting et al, 2013

Social support: Family

Stigma

Psychological distress

Gower et al, 2018
Bockting et al. 2013

Social support: Trans community

Stigma

Psychological distress

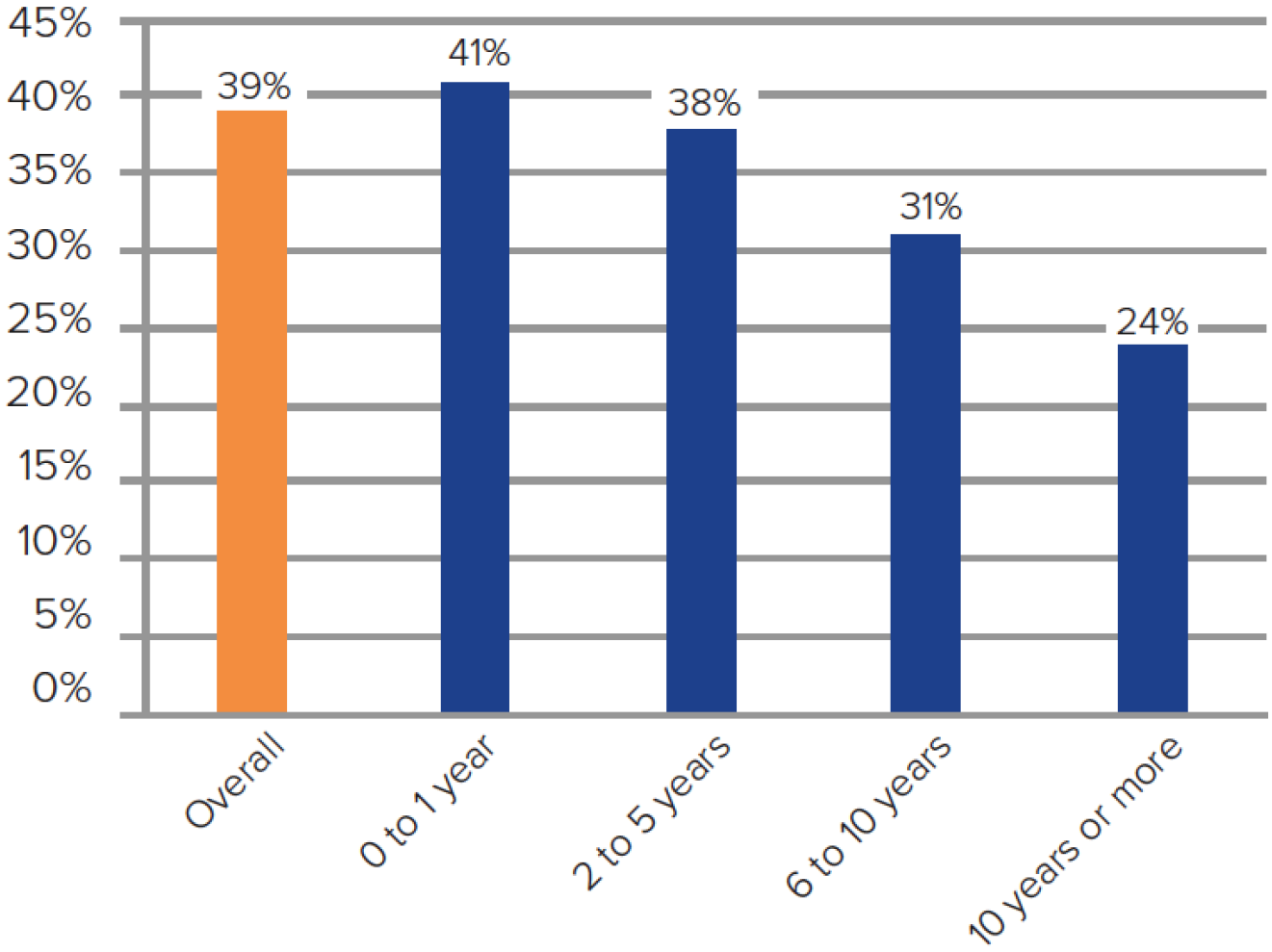
Gender affirmation: medical/social

Stigma

Psychological distress

Figure 7.24: Currently experiencing serious psychological distress

YEARS SINCE BEGAN TRANSITIONING (%)



“I have struggled with depression and anxiety ever since puberty. I’ve failed classes, isolated myself, and considered suicide because of this. A year ago, I felt hopeless and had daily suicidal thoughts, and today I’ve got a plan for the future and haven’t had a serious suicidal thought in months. I firmly believe this is because of my transition. I feel so much more comfortable and happier than I’ve ever been.”

Conclusions

- Due to stigma, trans and gender diverse youth and adults experience poorer mental and behavioral health outcomes than their cisgender peers.
  - *Intersectional stigma* influences who is most severely impacted
- Protective/resilience factors and potential points of intervention include:
  - Social support from peers, family, and trans community
  - Access to gender affirming healthcare
  - Structural resources: housing, employment, education
  - Internal resources: identity pride, coping

Future Directions

- Additional research on nonbinary-identified individuals
- Increase access to gender-affirming mental health care
- Provide education and support for families with transgender and nonbinary youth
  - especially those experiencing intersectional stigma
- Facilitate transgender health research outside of US and Europe

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Questions/Answers

Gender affirming care as HIV prevention and care for trans people

Jules Chyten-Brennan, DO MS
Medical Director for Transgender Care
Santa Clara Valley Health System

Disclosures

All presenters of this continuing medical education activity have indicated that neither they nor their spouse has any financial relationships with commercial interests related to the content of this activity.

Dr. Jules Chyten-Brennan

- Medical Director for the Gender Health Center, trans health clinic within the Santa Clara Valley Health System
- Previous trans/HIV care in an integrated primary care FQHC setting in the South Bronx
- NYC jails, medical provider and trans health consultant
- Limited trans/HIV-related research experience
- White, transmasculine, they/he

Learning Objectives

At the completion of this presentation, participants will be able to:

1. Describe an “HIV-first” approach to addressing HIV in trans communities, and name 4 limitations of this approach
2. Describe a “community-first” approach to HIV prevention and care for trans people
3. Name 4 ways that gender affirming care, independent of HIV care, serves as an HIV prevention and treatment strategy for trans people

What do I mean by…

- Trans – preposition (i.e. trans woman) or here as umbrella term for transgender and nonbinary spectrum
- Gender affirming care – hormonal care, surgery, gender affirming environment/language – mental health, legal name change, social support)

Trans community leaders in an area of high HIV prevalence were asked to define trans health priorities. Of the top ten priorities, where did HIV rank?

A. 1
B. 3
C. 7
D. 10

Why are we talking about trans people?

- Disproportionately impacted, particularly trans feminine people (assigned male at birth, identifying as women other than men) of color
  - US up to 25-44% in Black/African-American trans women; 26% Latinx trans women
  - Trans men who have sex with cis-men (TMSM) at higher risk
  - New York City, >4% PLWH at Ryan White funded locations, 2014-2016

Poteat, 2013; Becasen, 2019, NYS AIDS Institute Reporting System, 2017, Reisner et al 2014, 2016

Getting to zero for trans people: paradigm shift needed

- Currently accepted paradigm in HIV programming:
  - Our overarching goal: “getting to zero”
  - Trans people = “high risk population,” conceptualized as an extension of men who have sex with men (MSM)
    - Towards our goal of “getting to zero,” how to we include trans people?
    - How do we get trans people to use our HIV prevention and treatment tools?
  - HIV first, trans-inclusion model

HIV first, trans-inclusion model

- Uptake and acceptance of PrEP among trans people?
- HIV testing for trans people?
- Adherence to ARVs for trans people?
- Engagement in NIH funded trials for trans people?
  - Trans-identified outreach worker?
  - Photos of trans people on PrEP materials?

- *HIV specific goal comes first, trans people are fit into the HIV context (often as add on to MSM)*

Gender Affirmation Framework

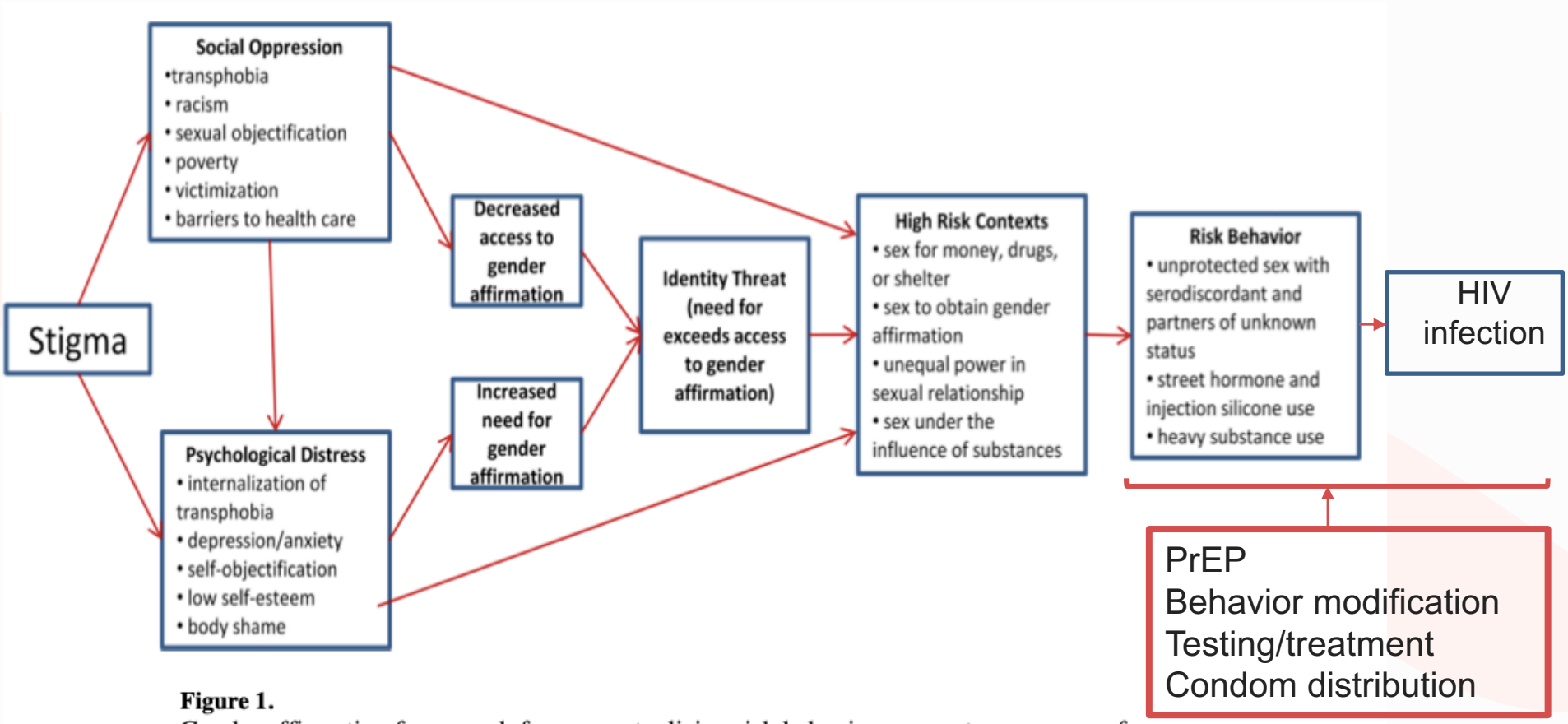
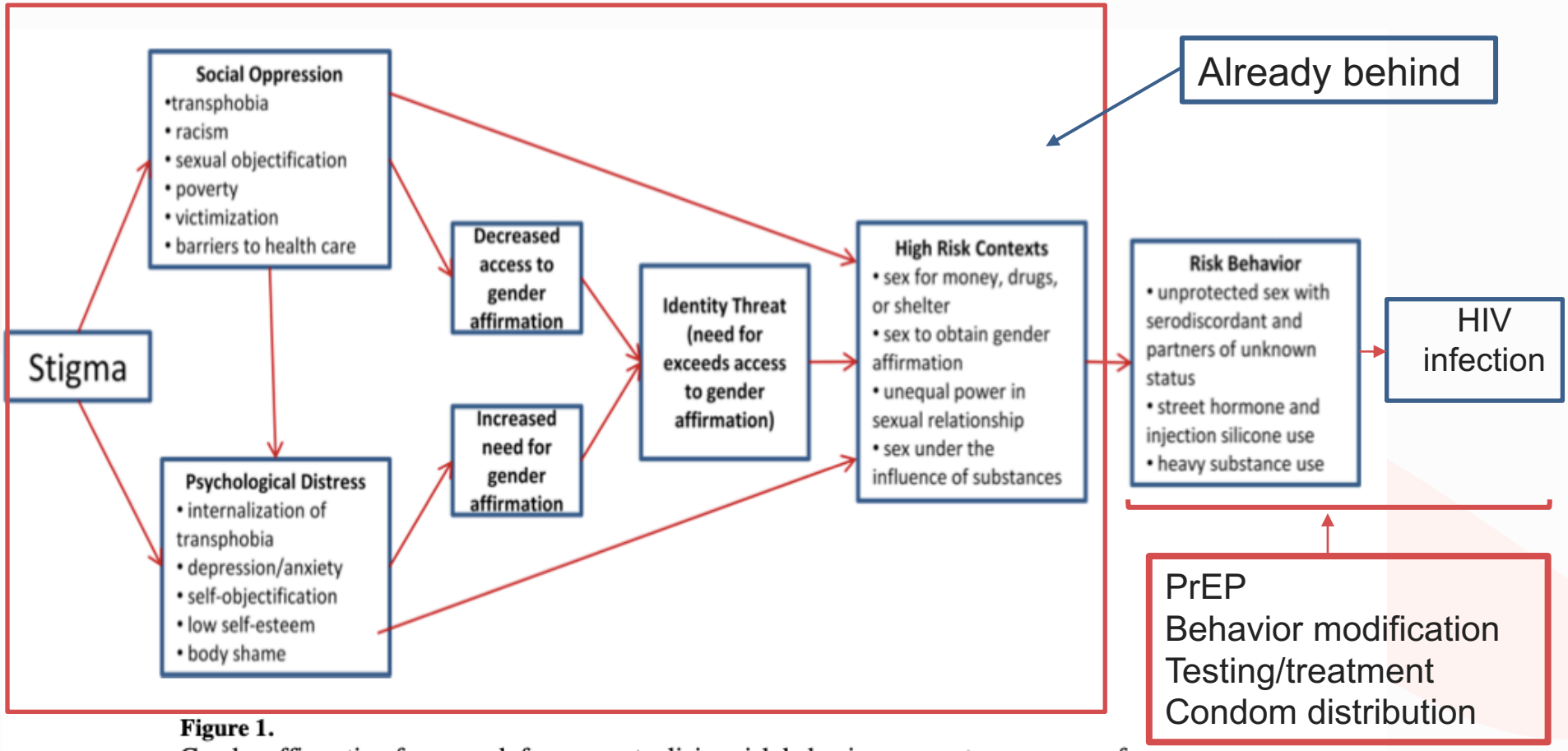


Figure 1.
Gender affirmation framework for conceptualizing risk behavior among transwomen of color.

Sevelius, 2013

We are already behind



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Gender affirmation framework for conceptualizing risk behavior among transwomen of color.

Sevelius, 2013

Missed opportunity

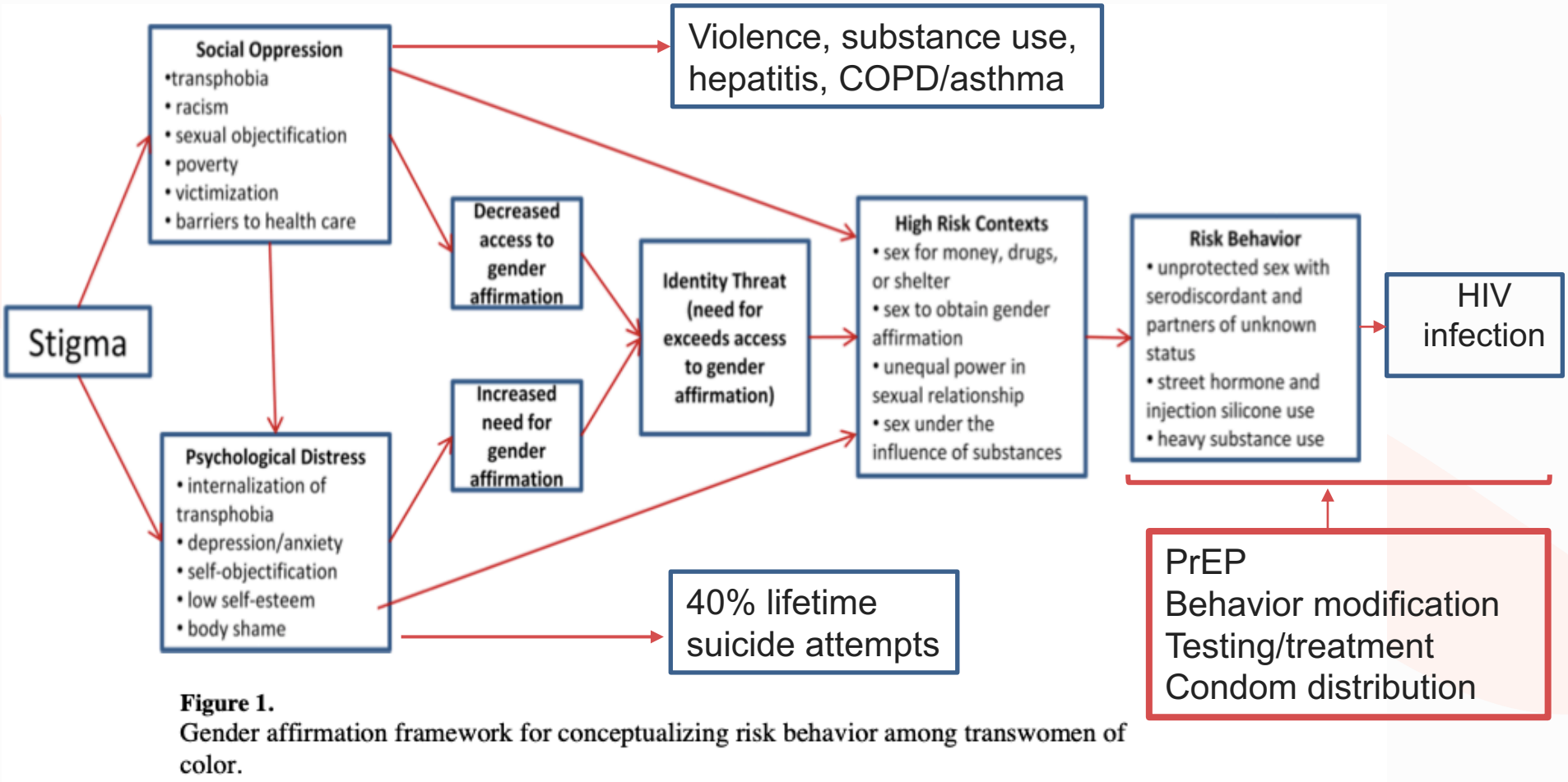
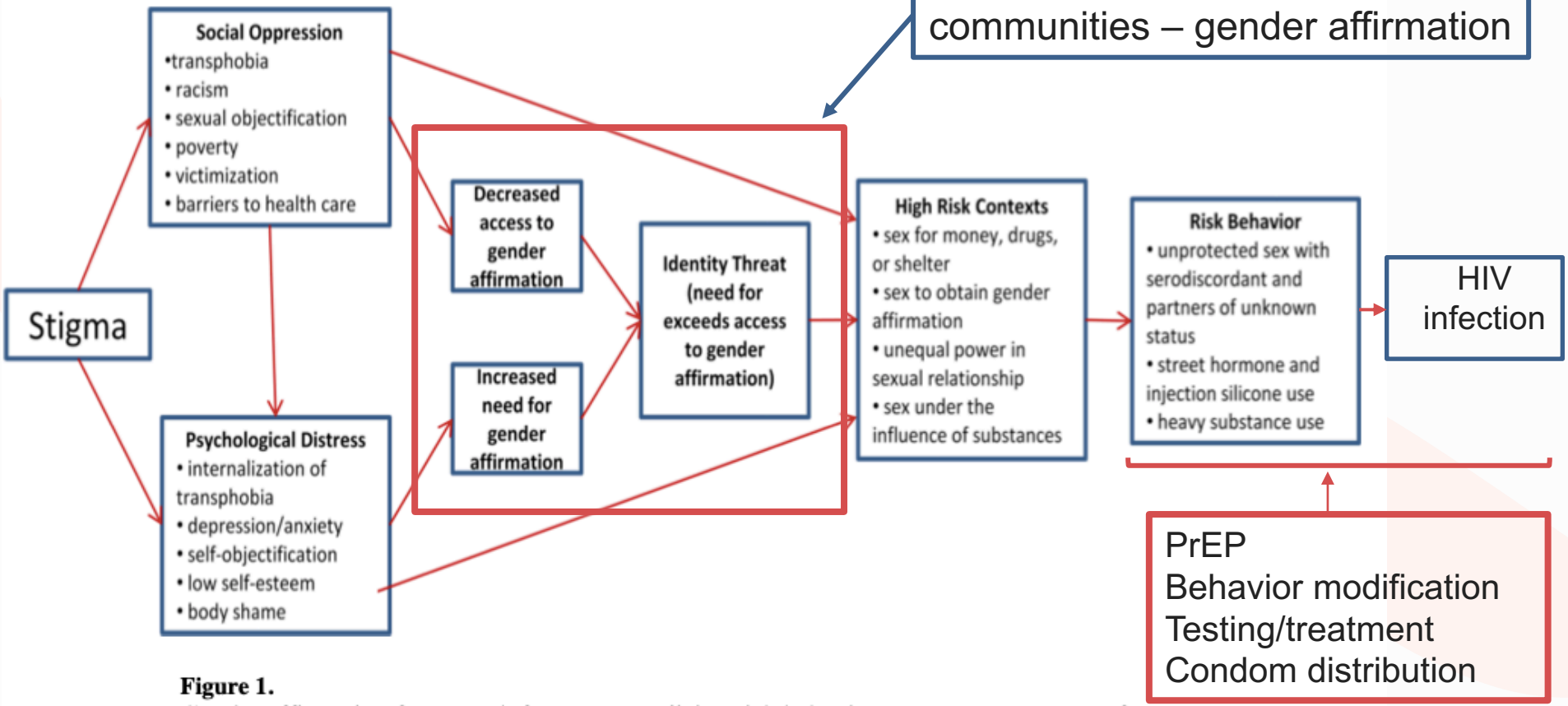


Figure 1.
Gender affirmation framework for conceptualizing risk behavior among transwomen of color.

Sevelius, 2013; James, 2016; Dragon, 2017

Incomplete approach

Missing unique challenges and opportunities specific to trans communities – gender affirmation



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Sevelius, 2013

HIV first, trans-inclusion approach – limitations

- Incomplete approach - missing unique vulnerabilities/opportunities to address HIV for trans communities (i.e. gender affirmation)
- Further damage to the relationship between healthcare systems and trans communities

> Trans people are only worthy of the health system's attention (and $) as they pertain to a public health crisis

Funding for trans health = HIV funding

- NIH funded studies,1989-2011 – 43 total studies about trans people; >66% were HIV focused, >75% sexual health overall
- Funding for LGBT health, 2014 – 50% of the top funders HIV focused organizations or pharmaceuticals; top 4/10 funding recipients were HIV-focused organizations
  - Trans people are only worthy of the health system's attention (and $) as they pertain to a public health crisis

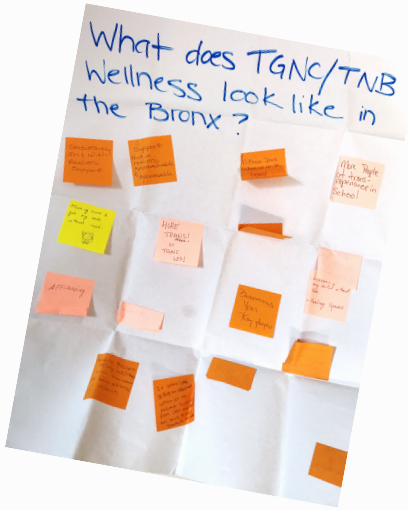
Coulter et al, 2014; https://lgbtfunders.org/resources/issues/health/#topfunders

Community-first approach

- In the context of our goal to get to Zero, how do we include trans people?

- In the context of health and wellness for trans communities, how do we understand and address the HIV epidemic?

Community-first approach: "more than our status."



- Gender Equity Wellness Advisory Board
  - Trans communities leaders in the Bronx, NY
  - Community based framework for trans healthcare
- Priorities for trans health and wellness, ranked 1-10
- Where did HIV rank?
  - HIV (begrudgingly) ranked, and last

- "HIV care addressing community needs, not numbers" and a recognition that we are "more than our status."

Community-first approach

- Gender Equity Wellness Advisory Board
- **1. Universal access to gender affirming care** (respectful treatment and access to gender affirming hormones/surgery)
- **3. Economic empowerment** – e.g. employment, housing, education
- **5.** Trans competent **mental health and substance use treatment**
- **6. Systems for accountability to and leadership by trans community** for institutions receiving funding for trans care

Community-first approach

- Leadership of trans people, not inclusion
  - Hiring trans people at all levels of programming; not just as “outreach workers”
- Partnership with trans communities at the conceptualization and development stage for research, programming and funding priorities
  - In contrast to “re-branding” HIV interventions
- Funding and support for fundamental trans health needs INDEPENDENT of HIV

Community-first approach

- Gender Equity Wellness Advisory Board
- **1. Universal access to gender affirming care** (respectful treatment and access to gender affirming hormones/surgery)
- **3. Economic empowerment** – e.g. employment, housing, education
- **5.** TGNB competent **mental health and substance use treatment**
- **6. Systems for accountability to and leadership by TGNB community** for institutions receiving funding for TGNB care

Gender Affirmation Framework

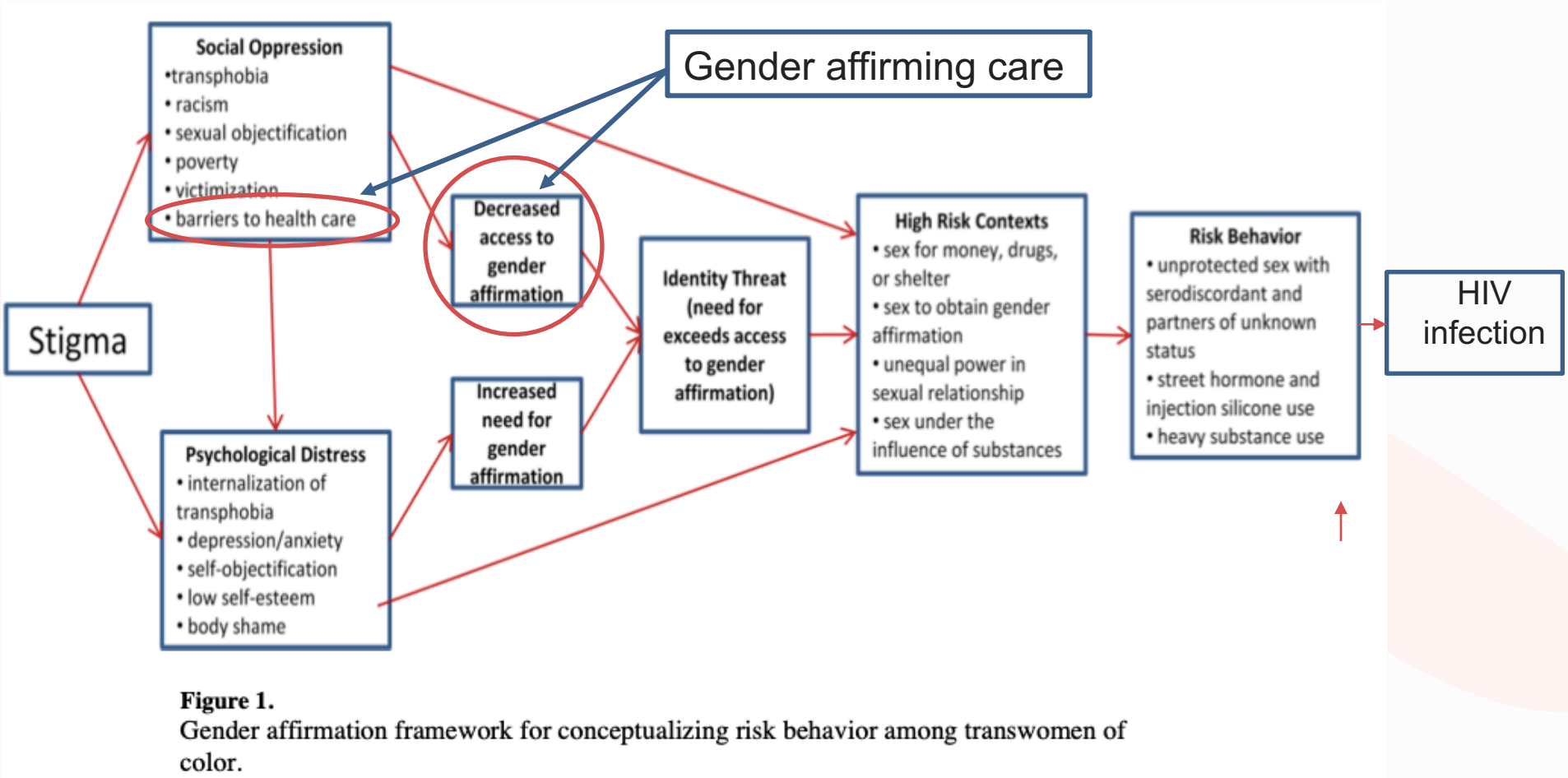


Figure 1.
Gender affirmation framework for conceptualizing risk behavior among transwomen of color.

Sevelius, 2013

GAC case study – PrEP

- New patient, 26 yo Black woman of trans experience, started on hormones, GC+ on screening
  - “I just don’t think PrEP is for me. I don’t want to deal with all that.”

GAC: Medical mistrust

- 33% report a negative experience with a health professional in the past year, due to trans identity
- 23% avoided needed healthcare due to fear of mistreatment in the past year
- Ongoing relationship is key → where does this relationship start?
- GAC = establishing a relationship; building shared decision making and empowering patients

National Center for TRANSGENDER EQUALITY

James, 2016, Reback et al, 2015

GAC case study – PrEP

- New patient, 26 yo Black trans woman, started on hormones, GC+ on screening
  - “I just don’t think PrEP is for me. I don’t want to deal with all that.”
  - Several GAC visits later, she’s seeing changes, happy to have started hormones, we’re speaking more freely
    - “My trans mother says I shouldn’t take PrEP with the hormones”
  - Group visit with her trans mother, and she ended up deciding on PrEP

GAC case study – HIV testing

- 19 yo Latinx transwoman
  - Hormones x 1 yr, my care x 6 months
  - Sexual history: ~2-3 cis-male partners/wk; inconsistent condom use; treated multiple times previously for STIs
  - PrEP trial, self DC'd due to GI side effects, didn't want to troubleshoot
  - Repeatedly declined HIV testing

GAC case study – HIV testing

- Most recent visit, ambivalence about HIV testing
  - "The stigma of being a trans woman is already too much. I couldn't handle the stigma of being HIV+ too."
  - Friends and family would "blame me"
- "I've been throwing my life away"
- Depression→ delayed high school graduation
- "not worth taking care of"

GAC: Gender affirmation and mental-emotional wellness

"I can honestly say, for the first time, I want to live"

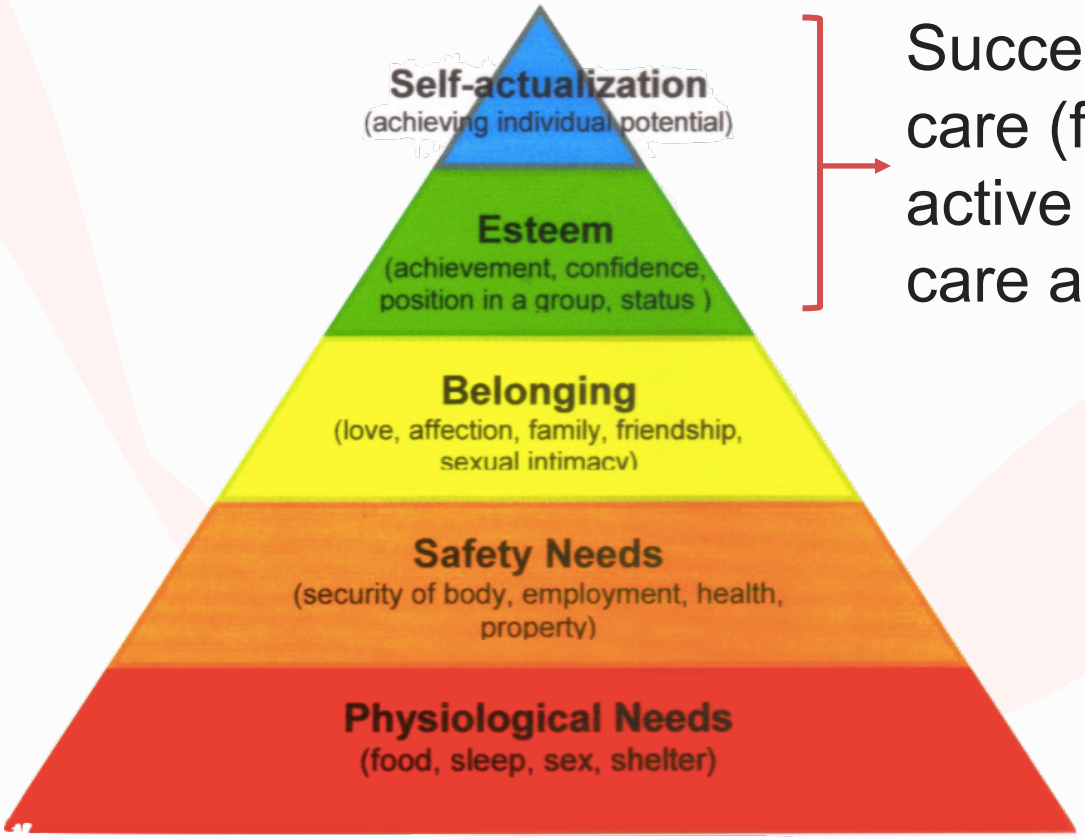
- Mental distress/wellness strongly linked to HIV outcomes
- Gender affirmation independently decreases depression and anxiety, increases self-confidence and self-worth
- Linkage to gender affirming mental-emotional healthcare

Patient follow up - Emotional health care, support groups → then testing and retry PrEP

Fontanari et al, 2020; Hugho et al, 2020; Yehia BR et al, 2015, Houston et al, 2013

GAC: Linkage to other services

- "First, I need to figure out where I'm going to sleep tonight…"



Successful HIV prevention and care (future oriented thinking, active desire to live, ability to care about/organize tasks)

Mental-emotional health care
Social worker
Financial Counselor
Legal assistance

Integrated GAC and HIV treatment: reducing practical/emotional barriers

- If forced to choose (i.e. time, cost, emotional labor), some will pick GAC > ART; just as if not more life affirming
- GAC/HIV care co-located, increases engagement with HIV care
- GAC predictor for positive HIV care cascade outcomes
  - Retrospective study, 173 trans women living with HIV in the Bronx, NY from 2008-2017
  - Estrogen prescription, retention in care RR 1.24 (CI 1.12-1.37); viral suppression RR 1.36 (CI 1.21-1.51)

Reback, 2014; Restar, 2019; Sevelius, 2014; Munro, 2017

Gender Affirmation Framework

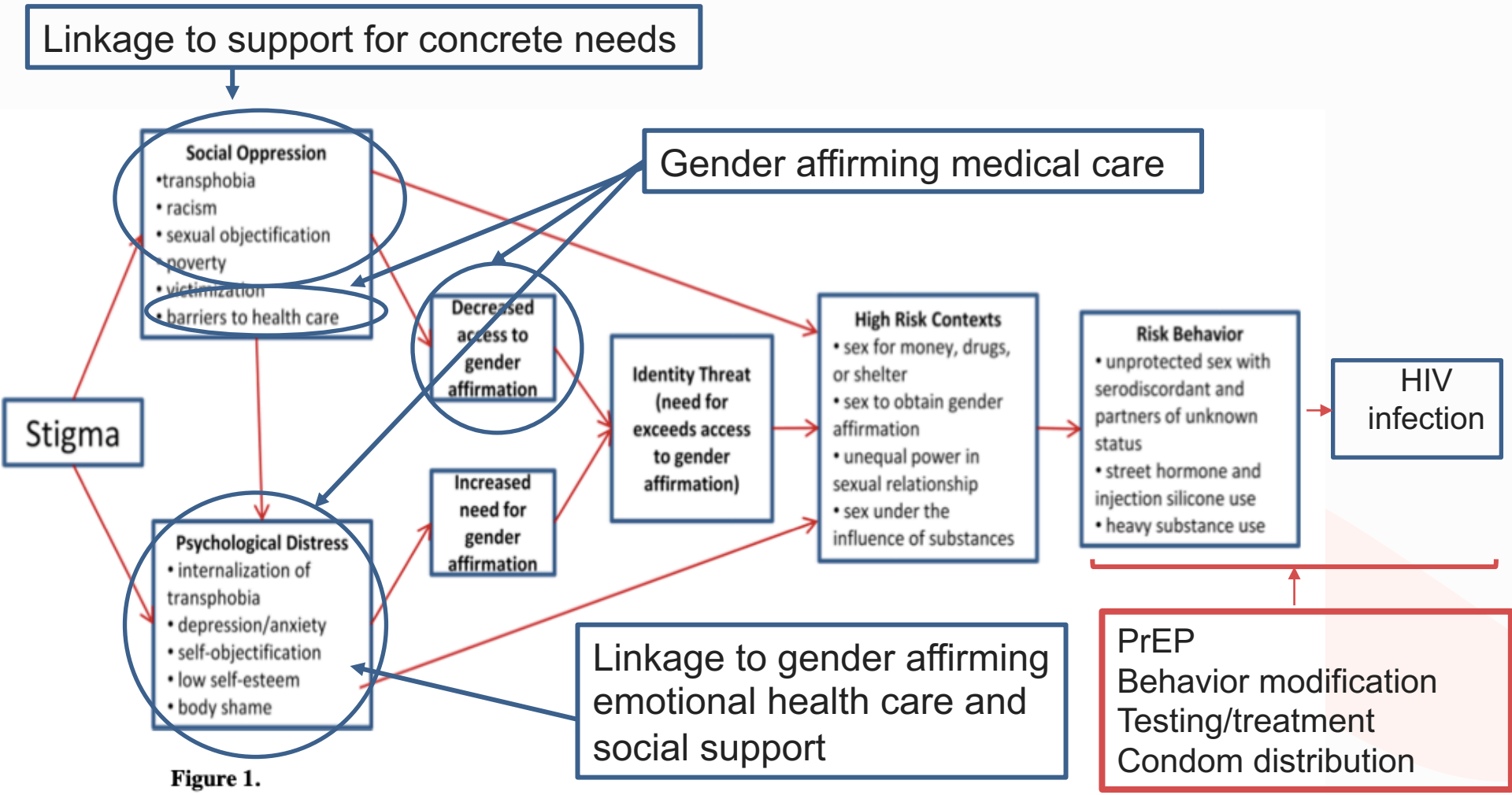


Figure 1.
Gender affirmation framework for conceptualizing risk behavior among transwomen of color.

Sevelius, 2013

Gender affirming medical care (GAC): a starting place, not an adjunct

- Conveying that we care about the patient and their priorities, not just “numbers”
- Basis for longitudinal relationship, trust building
- Gender affirmation, increases confidence/self-esteem
  - Improved mental-emotional health/wellness
- Linkage to additional services
- Reduced practical/emotional barriers to HIV prevention and care through integrated approach

Reback et al, 2015

Conclusions

- Getting to zero for trans communities requires a paradigm shift from “HIV first, trans inclusion” to a “community first” approach
  - Addressing HIV-related barriers and opportunities unique to trans people (e.g. gender affirmation), in contrast to ”re-branding” of pre-conceived interventions
  - Addressing community-centered trans health priorities not centered on HIV (ultimately leads to improved HIV outcomes and improvements in other health disparities)
  - Leadership, not inclusion, of trans communities
  - Funding for and provision of trans health initiatives NOT TIED to HIV $

Questions?

THANKS!

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