







### Jesse Heffernan

920-680-5991

jheffernan@heliosrecovery.com www.heliosrecovery.com

## YMSM+LGBT Center of Excellence (CoE)

Center of Excellence (CoE) for Racial/ethnic Minority Young Men Who Have Sex with Men (YMSM) and other Lesbian, Gay, Bisexual, and Transgender (LGBT) Populations.



www.ymsmlgbt.org



Funding for this event was made possible by cooperative agreement 5 UR1 TI024242-03 from the Substance Abuse and Mental Health Services Administration. The views expressed in written materials or publications and by speakers and moderators do not necessarily reflect the official policies of the DHHS; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# Learning Objectives:

By the end of this module, participants will be able to:

- List two core concepts related to being transgender.
- Identify two factors associated with substance use among transgender individuals.
- Identify two ways a provider can create an affirming space for transgender individuals.





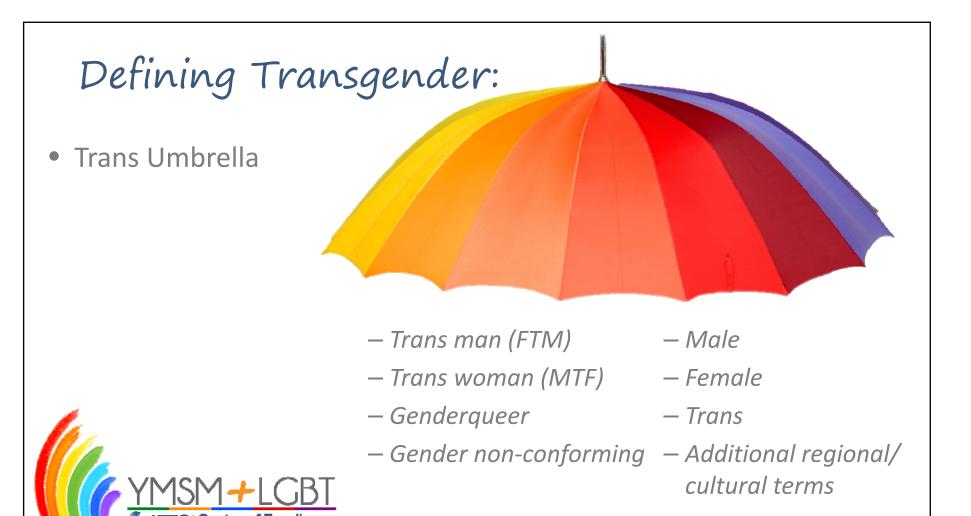


What do we mean when we say, "transgender?"

- Refers to a person whose gender identity does not correspond to their sex assigned at birth.
- Transgender (or the shortened version, 'trans') may be used to refer to an individual person's gender identity and is sometimes used as an umbrella term for all people who do not conform to traditional gender norms.

(Keatley, Deutsch, Sevelius & Gutierrez-Mock, 2015)





It is important for providers to understand the four core concepts of trans identity:

Sex Assigned at Birth

Gender Identity

Gender Expression

Sexual Orientation



It is critically important for providers to respect and use trans clients names & pronouns:

- Preferred names and/or pronouns may change and may not match current identity documents.
- Ask clients name and pronoun preference.
- Use client's preferred name and pronouns.





Respecting trans clients names & pronouns cont.:

- Examples:
  - Gendered pronouns:
    - -Include he/his; she/her.
  - Gender neutral pronouns:
    - -Include they/them; ze/hir



How many trans people exist in our society?

.1%

• California LGBT Tobacco Use Survey (2003 & 2004)

.2%

• Los Angeles County (2012) - estimate

.3%

- San Francisco County (2011) estimate
- Williams Institute (2011) average of previous studies

.5%

 Massachusetts landline survey (Conron, Scott, Stowell & Landers, 2012)







#### Sexual and Reproductive Health:

- Transgender people might have sexual partners who are men, women or both
  - A transgender person's sexual history cannot be assumed based on their gender identity or sex assigned at birth.

(Stieglitz, 2010; Gamarel, et al., 2016)

- Transgender people who have sex with men are at risk for unintended pregnancy as well as STIs.
  - Transgender men who have sex with men report high rates of unprotected vaginal and anal intercourse



(Gamarel, et al., 2016; Reisner, et al., 2010)

#### Sexual and Reproductive Health Cont.:

- Transgender people may be reluctant seeking sexual and reproductive health care.
  - A study showed that one in three transgender people, and 48% of transgender men, have delayed or avoided seeking preventive health care such as pelvic exams or STI screening due to fear of discrimination and insolence.

(Grant, et al., 2010)



#### Trans people and substance use:

69%

- Trans female youth reported recent substance use. (Rowe, Santos, McFarland & Wilson, 2015)
- This study was carried out in San Francisco Bay Area

**76%** 

- Trans women reported recent substance use. (Nuttbrock et al., 2014)
- This study was carried out in New York Metropolitan Area

70%

- Trans men reported current substance use. (Reisner, White, Mayer & Mimiaga, 2014)
- This study was carried out at a Boston, Massachusetts Area Health Center

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Factors associated with substance use among trans people:

- Depression

(Nuttbrock et al., 2014)

-PTSD

(Rowe et al., 2015)

- Sex work

(Hoffman, 2014; Birth-Melander et al., 2010)

- Gender-related discrimination

(Rowe et al., 2015; Reisner, Gamarel, Nemoto & Operario, 2014; Nuttbrock et al., 2014)





#### Cross-Sex Hormone Therapy (csHT):

- Not all trans people desire csHT and/or surgical intervention.
- csHT is safe, with few long-term side effects.

(Asscheman, T'Sjoen & Gooren, 2014).

– csHT is not contra-indicated for HIV antiretroviral therapy (ART) .

(Center of Excellence for Transgender Health, 2011).

 Clients should be allowed to continue (or start) csHT in treatment programs.

#### Trans People and HIV/AIDS:

28%

- Average self-report by trans women across the US was 12%
- 56% among Black trans women
  - Herbst et al., 2007

22%

- U.S. results for trans women from a global meta-analysis
  - Baral et al., 2013

0-3%

- Self-reported HIV rates among trans men in various cities such as Philadelphia, Washington D.C., San Francisco etc.
  - Sevelius et al., 2009



#### Trans People and HIV/AIDS cont.:

 MTF transgender youth of color have many unmet needs and are at extreme risk of acquiring HIV/AIDS.

"Although limited data exist on the experiences of transgender youth from communities of color, anecdotal evidence suggests that they are not only at risk of acquiring HIV, but also face enormous challenges navigating adolescent and gender identity development without readily available, culturally appropriate health care and social support services."



(Garafolo et. al., 2006)

#### Mental health:

 Trans people report significantly worse mental health than non-trans people.

(Newfield, Hart, Dibble & Kohler, 2006; Reisner et al., 2014)

 Negative mental health outcomes are associated with transphobia, including physical and psychological abuse and family rejection.

(Nuttbrock et al., 2014; Simons et al., 2013)



#### Mental health cont.:

 Hormone therapy improved quality of life scores among a sample of trans men.

(Newfield, Hart, Dibble & Kohler, 2006)





#### Hormone Blockers:

- Used to treat children who are transgender or gender non-conforming.
   The medications suppresses the body's production of estrogen or testosterone, and essentially pause the changes that would occur during puberty.
- The Endocrine Society's guidelines suggest starting puberty blockers for transgender children around 10 or 11 years old for a girl and 11 or 12 years old for a boy.

(Ehrensaft, 2009; Hembree, et al., 2009; Zucker, et al., 2010)



#### Gender Confirming/Affirming Surgery:

- This is an irreversible surgical procedure used in changing genital organs from one sex to another.
- Male to female genital surgery have been found to be generally more successful and less risky compared to female to male genital surgery.
- Clients exposed to such procedures are at increased risk for myocardial infarction, bleeding and mortality, cervical cancer, cardiovascular disease, suicidal behavior, psychiatric morbidity than the general population.

(Wroblewski, et al., 2013; Tangpricha, 2015; Weinand & Safer, 2015)

#### Assault:

- A 2011 national survey titled, "Injustice at Every Turn" surveyed 6450 transgender and non-gender conforming people:
  - 71% of multiracial respondents reported having experienced bullying, physical abuse, sexual assault, harassment, and even expulsion from school.
  - When comparing these types of abuses in different geographical areas, 58-65% of transgender and non-gender conforming people had experienced assault.

(Grant, Mottet, & Tanis, 2011)

#### Assault cont.:

 A critical finding from the survey concluded transgender and gender non-conforming people of color experience particularly devastating levels of discrimination when anti-transgender bias is combined with structural and interpersonal racism.

(Grant, Mottet, & Tanis, 2011)



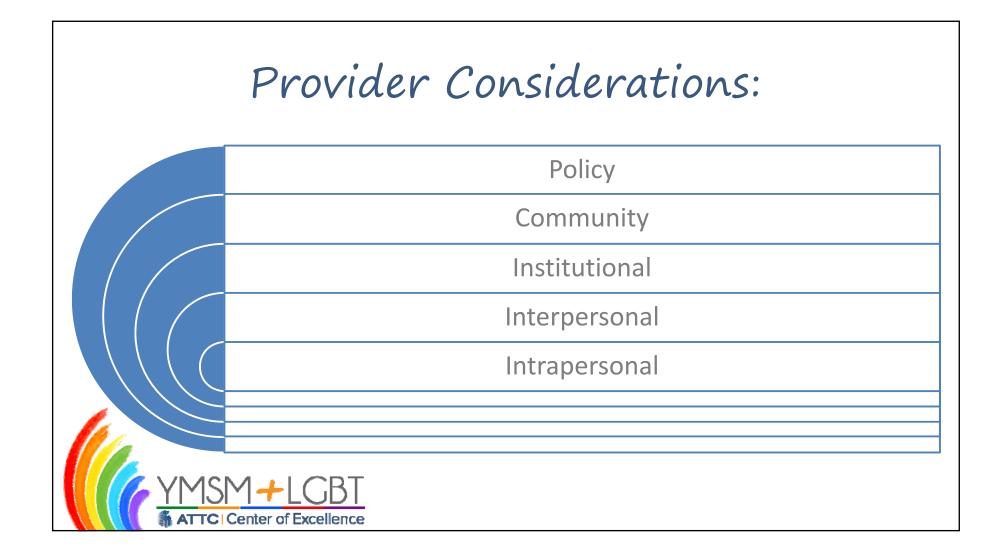




# Poll Question:

• Does your agency need to build, enhance, and refine services for trans clients?





What does intrapersonal stigma and transphobia look like?

- Internalized transphobia
- Low self-esteem
- Depression and self-harm
- Gender identity validation through external sources





What does interpersonal stigma and transphobia look like?

- Family rejection
- Peer harassment/bullying
- Harassment from co-workers
- Rejection from potential romantic/sexual interests



What does institutional stigma and transphobia look like?

- Access to Comprehensive Health care
- Educational settings
- Employment discrimination
- Housing discrimination
- Correctional settings





- What does community stigma and transphobia look like?
  - Violence
  - Norm of substance use
  - Norm of sex work
  - Social stigma



- What does policy stigma and transphobia look like?
  - Trans panic defense
  - Non-Discrimination Policies
  - Name and gender changes
  - Immigration laws







#### United States Nondiscrimination Laws:

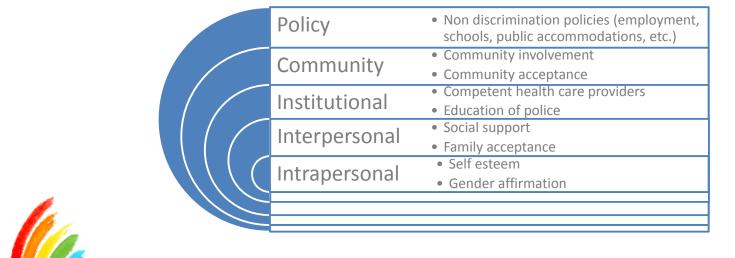
- Dark Green: States banning discrimination based on sexual orientation and gender identity (20 states and District of Columbia).
- Light Green: Laws banning discrimination based on sexual orientation (2 states).



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## Provider Considerations:

It is important to highlight protective factors against negative health outcomes associated with transphobia:

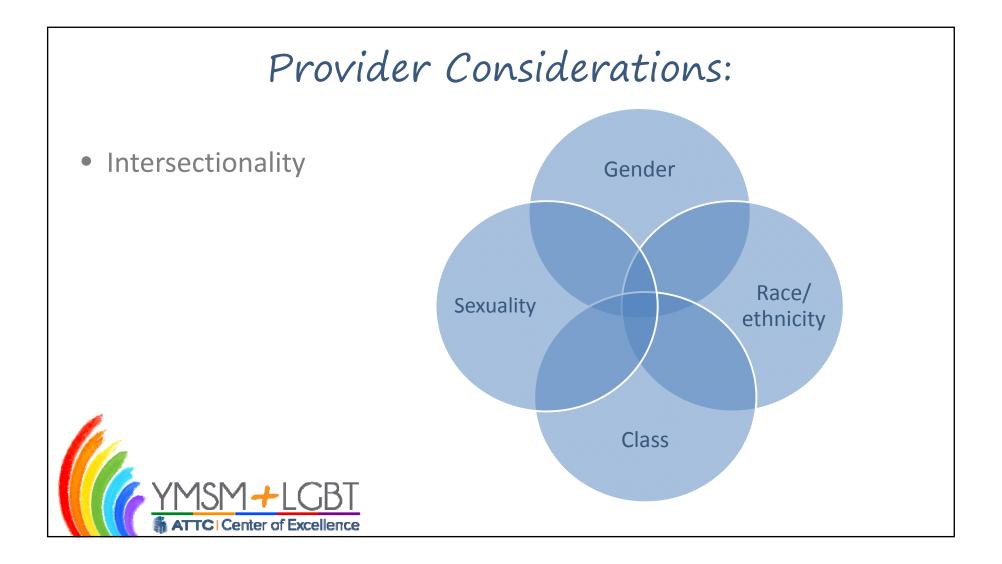


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"Intersectionality" can help describe the intersections between race, culture and gender:

- Promotes an understanding of human beings as shaped by interaction of different social locations.
- Interactions take place within structures of power and systems.
- Inequities such as racism, transphobia, prejudice, etc... result from the intersections of different social factors, power dynamics and experiences.

(Hankivsky 2014)



### Service delivery clinical considerations:

- Gender segregated facilities
- Identity documents
- Staff competence
- Appropriate clinical assessment versus curiosity/ignorance
- Bullying/victimization from other clients
- Electronic health records





### Provider recommendations:

- A client's anatomy should only be discussed if relevant to their treatment.
- Provide care for anatomy that is present while affirming the patient's current gender identity.

(Center of Excellence for Transgender Health, 2011).



#### Provider recommendations cont.:

- The Center of Excellence for Transgender Health makes the following recommendation for trans-inclusive data collection:
  - Asking current gender identity
  - Asking assigned sex at birth

(Center of Excellence for Transgender Health, 2011)



CETH Recommended Trans/Gender Expression Inclusive Intake Questionnaire

<ol> <li>What is your current gender identity?</li> <li>(Check and/or circle ALL that apply)</li> </ol>	<ol><li>What sex were you assigned at birth?</li><li>(Check one)</li></ol>
□ Male	□ Male
☐ Female	☐ Female
☐ Transgender Male/Transman/FTM	☐ Decline to answer
☐ Transgender Female/Transwoman/MTF	
☐ Genderqueer	3. What pronouns do you
☐ Additional category (please specify):	prefer?



In treatment programs, trans clients report:

- Experiencing more transphobia from treatment program staff than from other clients.
- Programs do not address trans issues.
- Being required to use sleeping and shower facilities inconsistent with their current gender identity.



#### Provider recommendations cont.:

- Educate treatment program staff and enforce policy.
- Allow trans clients to use bathrooms, showers and sleeping facilities based on their current gender identification.
- Allow trans clients to continue the use of hormones in treatment.
- Advocate for trans client using "street" hormones to receive immediate medical care and legally prescribed hormones.



#### Provider recommendations cont.:

- Seek clinical supervision if there are issues or feelings about working with trans individuals.
- Post a nondiscrimination policy in the waiting room that explicitly includes sexual orientation and gender identity.





One approach that has shown to be particularly effective is:

Intervention Title	Targeted Concern (s)	Description
Inviting Significant other of LGBT Clients into substance abuse treatment (Senreich, 2010)	Substance abuse treatment completion and satisfaction	For LGBT respondents, inviting significant others into treatment for at least one session. resulted in improved program completion rates, greater satisfaction with treatment, enhanced feelings of counselor support, and higher abstinence rates at the end of treatment.





Questions and Comments?



# Authors:

- JoAnne Keatley, MSW
  - Co-Investigator, Director, Center of Excellence for Transgender Health, San Francisco, CA
- Luis Gutierrez-Mock, PhD Candidate, MPH, MA,
  - Transgender Evaluation and Technical Assistance Center (TETAC) Coordinator UCSF Center for AIDS Prevention Studies San Francisco, CA



### Resources:

- GLAAD Transgender Resources:
   <a href="http://www.glaad.org/transgender/resources">http://www.glaad.org/transgender/resources</a>
- Transgender Foundation of America: http://www.tgctr.org/about/
- National Center for Transgender Equality: <a href="http://transequality.org/">http://transequality.org/</a>
- Transgender Care Health Information Archive: http://www.transgendercare.com/medical/resources/
- Center of Excellence for Transgender Health: <a href="http://transhealth.ucsf.edu/trans?page=protocol-evidence">http://transhealth.ucsf.edu/trans?page=protocol-evidence</a>

- American Congress of Obstetricians and Gynecologists: Women's Health Care Physicians: Health Care for Transgender Individuals:
  - http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Transgender-Individuals
- Transgender Health Services Working Group, City and County of San Francisco. (2007). Transgender HIV Health Services Best Practices Guidelines. Accessed online January 15, 2010 from: http://careacttarget.org/library/tgguidelines.pdf



- Asscheman, H., T'Sjoen, G.G. & Gooren, L.J. (2014). Morbidity in a Multisite Retrospective Study of Cross-Sex Hormone-Treated Transgender Persons. Endocrine Society's 96<sup>th</sup> Annual Meeting and Expo. Presentation number: OR42-3. Downloaded on 3/12/2015 from
  - http://press.endocrine.org/doi/abs/10.1210/endo-meetings.2014.RE.2.OR42-3.
- Baral, S., Todd, C., Aumakhan, B., Lloyd, J., Delegchoimbol, A., & Sabin, K. (2013). HIV among female sex workers in the Central Asian Republics, Afghanistan, and Mongolia: Contexts and convergence with drug use. *Drug and Alcohol Dependence*, 132(1), S13-S16. doi:doi:10.1016/j.drugalcdep.2013.07.004
- Birth-Melander, P., Sheoran, B., Sheth, L, Bermudez C, Drone J, Wood W, Schroeder K. (2010). Understanding sociocultural and psychological factors affecting transgender people of color in San Francisco. *The Journal of the* Association of Nurses in AIDS Care: JANAC, 21(3):207-20.
- California Department of Health Services, Tobacco Control Section. (2004).
   Lesbians, Gays, Bisexuals, and Transgender Tobacco Use Survey: prepared by the Field Research Corporation, san Francisco, CA. Retrieved from <a href="http://citesource.trincoll.edu/apa/apagovreportweb.pdf">http://citesource.trincoll.edu/apa/apagovreportweb.pdf</a>

- Center of Excellence for Transgender Health (2011). Primary Care Protocol for Transgender Patient Care. University of California, San Francisco, Department of Family and Community Medicine. Downloaded on 3/12/2015 from <a href="http://transhealth.ucsf.edu/trans?page=protocol-00-00">http://transhealth.ucsf.edu/trans?page=protocol-00-00</a>.
- Conron, K.J., Scott, G., Stowell, G.S., & Landers, S.J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102(1), 118-122. Doi: 10.2105/AJPH.2011.300315
- Ehrensaft, D. (2009). One pill makes you boy, one pill makes you girl. *International Journal of Applied Psychoanalytic Studies*, 6(1), 12-24.
- Fredriksen-Goldsen, K.I., Cook-Daniels, L., Kim, H.J., Erosheva, E.A., Emlet, C.A., Hoy-Ellis, C.P., Goldsen, J. & Muraco, A. (2014). Physical and mental health of transgender older adults: an at-risk and underserved population. *The Gerontologist*, 54(3):488-500.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M. & Harper, G.W. (2006). Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38(3):230-6.
- Gates, G.J. (2011). How many people are lesbian, gay, bisexual, and transgender? The Williams Institute. Retrieved from <a href="http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf">http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf</a>



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- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., & Keisling, M. (2010). National Transgender Discrimination Survey Report on health and health care. National Center for Transgender Equality and National Gay and Lesbian Task Force. Washington, DC, 1-23.
- Grant, J.M. Mottet, L.A. Tanis, J. Harrison, J., Herman, J.L. & Keisling, M. (2011).
   Injustice at every turn: A report of the National Transgender Discrimination
   Survey. National Center for Transgender Equality & National Gay and Lesbian
   Task Force.
- Hembree, W. C., Cohen-Kettenis, P., Delemarre-van de Waal, H. A., Gooren,
   L. J., Meyer III, W. J., Spack, N. P., ... & Montori, V. M. (2009). Endocrine treatment of transsexual persons: an Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 94(9), 3132-3154.
- Herbst, J., Jacobs, E., Finlayson, T., Mckleroy, V., Neumann, M., & Crepaz, N. (2007). Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review. AIDS and Behavior, 12: 1-17. Retrieved June 30, 2015.
- Hoffman, B.R. (2014). The interaction of drug use, sex work, and HIV among transgender women. Substance Use & Misuse, 49(8):1049-53.

- Keatley, J.G., Deutsch, M.B., Sevelius, J.M., Gutierrez-Mock, L. (2015). Creating a foundation for improving trans health: Understanding trans identities and health care needs. In Makadon, H.J., Mayer, K.H., Potter, J., Goldhammer H. (Eds), *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health 2<sup>nd</sup> Edition* (pp. 459-478). Philadelphia, PA: American College of Physicians
- Lombardi, E. (2007). Substance use treatment experiences of transgender/transsexual men and women. *Journal of LGBT Health Research*, 3(2):37-47.
  - Los Angeles County Department of Public Health. (2012). Transgender Population Estimates. Retrieved from
  - https://admin.publichealth.lacounty.gov/aids/reports/TransgenderPopulationEstimates2-12-13.pdf
- McGuire, J.K., Anderson, C.R., Toomey, R.B. & Russell, S.T. School climate for transgender youth: a mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39(10), 1175-1188.
  - National LGBTQ Task Force (2014). State Nondiscrimination Laws in the U.S. Retrieved from http://www.thetaskforce.org/
- Newfield, E., Hart, S., Dibble, S. & Kohler, L. (2006). Female-to-male transgender quality of life. *American Journal of Public Health*, 104(11):2191-8.



- Nuttbrock, L., Bockting, W., Rosenblum, A., Hwahng, S., Mason, M., Macri, M. & 
   Becker, J. (2014). Gender abuse, depressive symptoms, and substance use 
   among transgender women: a 3-year prospective study. *American Journal of Public Health*, 104(11):2199-206.
- Persson, DI. (2009). Unique challenges of transgender aging: implications from the literature. *Journal of Gerontology in Social Work*, 52(6):633-46.
- Reisner, S.L., Gamarel, K.E., Nemoto, T. & Operario D. (2014). Dyadic effects of gender minority stressors in substance use behaviors among transgender women and their non-transgender male partners. *Psychology of Sexual Orientation and Gender Diversity* 1(1):63-71.
- Reisner, S. L., Perkovich, B., & Mimiaga, M. J. (2010). A mixed methods study of the sexual health needs of New England transmen who have sex with nontransgender men. *AIDS patient care and STDs*, *24*(8), 501-513 Reisner, S.L., White, J.M., Mayer, K.H. & Mimiaga, M.J. (2014). Sexual risk behaviors and psychosocial health concerns of female-to-male transgender men screening for STDs at an urban community health center. *AIDS* Care, 26(7):857-64.
- Reisner, S.L., Greytak, E.A., Parsons, J.T. & Ybarra, M.L. (2014). Gender minority social stress in adolescence: disparities in adolescent bullying and substance use by gender identity. *Journal of Sex Research*, 52(3):243-56.

- Rowe, C., Santos, G.M., McFarland, W. & Wilson, E.C. (2015). Prevalence and correlates of substance use among trans female youth ages 16-24 years in the San Francisco Bay Area. *Drug and Alcohol Dependence*, 147:160-6.
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R. & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4):205-13.
- 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 non-transgender men. Journal of the Association of Nurses in AIDS Care. 2009;20:398-410. See more at:
  - http://caps.ucsf.edu/archives/factsheets/transgendermen#sthash.2QDptC8G.dpuf
- Simons, L., Schrager, S.M., Clark, L.F., Belzer, M. & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health*, 53(6):791-3.
- Siverskog A. (2014). "They Just Don't Have a Clue": Transgender Aging and Implications for Social Work. *Journal of Gerontology in Social Work*, 57(2-4):386-406.



- Stieglitz, K. A. (2010). Development, risk, and resilience of transgender youth. Journal of the Association of Nurses in AIDS Care, 21(3), 192-206.
- Tangpricha, V. (2015). Safety of transgender hormone therapy. *Journal of Clinical & Translational Endocrinology*, 2(4), 130.
- Weinand, J. D., & Safer, J. D. (2015). Hormone therapy in transgender adults is safe with provider supervision; A review of hormone therapy sequelae for transgender individuals. *Journal of Clinical & Translational Endocrinology*, 2(2), 55-60.
- Witten, T.M. (2014). End of life, chronic illness, and trans-identities. Journal of Social Work in End-of- Life & Pallative Care, 10(1):34-58.
- Wroblewski, P., Gustafsson, J., & Selvaggi, G. (2013). Sex reassignment surgery for transsexuals. Current Opinion in Endocrinology, Diabetes and Obesity, 20(6), 570-574.
- Zucker, K. J., Bradley, S. J., Owen-Anderson, A., Singh, D., Blanchard, R., & Bain, J. (2010). Puberty-blocking hormonal therapy for adolescents with gender identity disorder: A descriptive clinical study. *Journal of Gay & Lesbian Mental Health*, 15(1), 58-82.

