

HIV Risk Behaviors among High-risk Transgender Women: Approaches to Intervention

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HIV Prevalence and Substance Use

- In Los Angeles County, the estimated HIV seroprevalence (includes persons unaware of their HIV status) of transgender women is 21%, compared to MSM at 15% and MSM/W at 12%.¹
- In a meta-analysis study of transgender women's HIV risks, 26.7% reported use of crack or other illicit drugs, 43.7% reported alcohol use, 20.2% reported use of marijuana.²
- In a Los Angeles epidemiological study, 77% self-reported alcohol use, 39% marijuana, 28% methamphetamine, and 12% reported injecting street drugs in previous six months.³

Sexual Risk Behaviors

- In the meta-analysis study, 44.1% of transgender women reported unprotected anal intercourse²
 - 41.5% reported engaging in sex work², 50% in Los Angeles³
 - 38.5% report unprotected anal intercourse w/sex work clients², 14% in Los Angeles³
 - 39.3% reported having sex while high², 53% in Los Angeles³
- Transgender women are more likely to report unprotected anal intercourse with a main sexual partner (28%), than with a casual (20%), or exchange partner (14%).³
- In a recent Los Angeles-based study, transgender women reported having 12.37 (SD=23.94) exchange sexual partners in the previous 30 days, compared to 1.53 (SD=5.68) anonymous partners, 1.53 (SD=7.67) casual partners, and .52 (SD=1.92) main partners.⁴

Hormone Misuse

- 69% of high-risk transgender women in Los Angeles reported ever injecting hormones, 33% injected substances other than hormones to enhance their gender presentation (silicone, oils, etc.)³
- 51% reported obtaining hormones from a non-medical source³

Housing Status

- Structural inequalities place transwomen at increased risk for poverty and unstable housing
- Unstable housing associated with poorer physical and mental health outcomes regardless of gender identity
 - Transwomen face additional hardships as they are exposed to increased levels of transphobia while living in public^{5,6}
 - Unstable housing among transwomen is associated with inconsistent condom use and substance use during sex⁷

Several Co-factors Impact Transgender Women's Risk Behaviors

- Transgender women face multiple co-factors that affect their risk of HIV acquisition and transmission as well as their willingness or ability to access social/support services:
 - Discrimination and stigma (60.4% public settings), violence (42.9% physical, 20.6% forced sex/rape, 57.9% violence at home);
 - Discrimination or bias when seeking social services (40.6%);
 - Limited access to health care (49.9% without health insurance, 30.5% refused medical care), employment and educational opportunities;
 - Increased substance abuse;
 - Survival sex work and sex exchange;
 - Cycles of criminal justice system involvement (32.8% incarceration history); and
 - Poverty and homelessness (12.9%).²

Examples of service programs
and research studies that have been
effective in working with high-risk
transgender women.

Providing a continuum of culturally
competent services,
varying in level of intensity.

How is “Transgender” Defined?

For eligibility purposes, in all of my services programs and research studies, transgender is defined as any woman who believes the male sex assigned to her at birth is in conflict with her gender identity. All transgender women are eligible for participation regardless of their stage of gender transition. Individuals are excluded if they identify as cross-dressers, transvestites, or drag queens, i.e., individuals who wear clothing of the opposite gender but do not believe their biological sex is different from their gender identity.

Gender (i.e., man/woman) and sexuality (i.e., lesbian/gay/bisexual/heterosexual) are two separate domains.

HIV Education and Risk Reduction through Street and Venue-based Outreach



Street and Venue-based Outreach Design

- **Outreach Sites**

Street corners, bus stops, parks, bars, clubs, abandoned buildings, inexpensive hotels, parking lots, cruising areas, mini markets, nail shops

- **Staff**

Trans women who are paraprofessionals and represent the target population

- **Gifts are given to develop trust and aid with immediate needs**

earrings, nail polish, make-up, perfume, jewelry, lipstick, lotion, comb and brush, deodorant, shampoo, toothpaste and toothbrush, lip balm, sunscreen, candy

- **Contacts are made to establish relationships**

1-5 minutes; including greeting, OW identification, risk reduction supplies, and referrals to HIV-related services, drug treatment, medical/social/ mental health services, needle exchange programs, food and shelter; contacts were successive and unlimited

- **Encounters to introduce risk reduction strategies**

5-60 minutes; includes greeting, OW identification, socio-demographics, HIV drug and sexual risks, assessment of other needs, risk reduction supplies, direct linked referral(s); encounters were successive and unlimited

Outreach Strategies

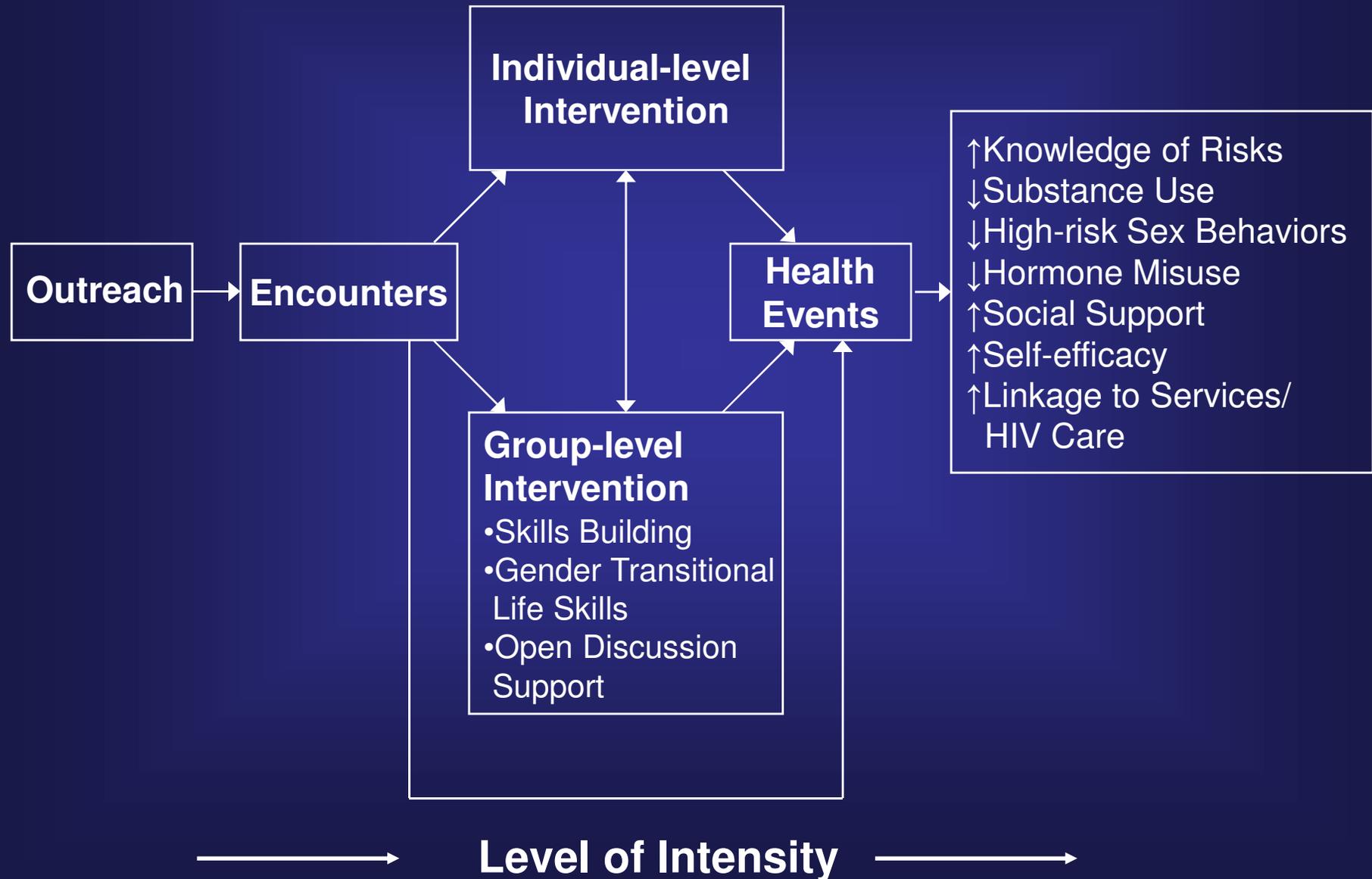
- Harm reduction
- Empower not enable
- Working with clients on their own agenda
- Being client-centered
- Being value clear
- Suspended judgment



Health Education and Risk Reduction Using Individual- and Group-based Interventions



Health Education/Risk Reduction: *TransAction*



Transgender-specific Groups

- Skills Building Groups
 - Changing Your Name and Gender
 - Entering the Workforce or Continuing Your Education
 - Gender Transition Options
 - HIV and Other STIs
 - Safer Sex Work, Safer Dating
 - Self-esteem and Transphobia
 - Violence Against Transgenders
- Gender Transitional Life Skills
 - Hair and Make-up
 - Grooming and Hygiene
 - Matching your Colors
- Open Discussion Groups



Adapting a CDC EBI (Evidence-based Intervention) for High-risk Transgender Women

From *Safety Counts*
to *TransSafety Counts*



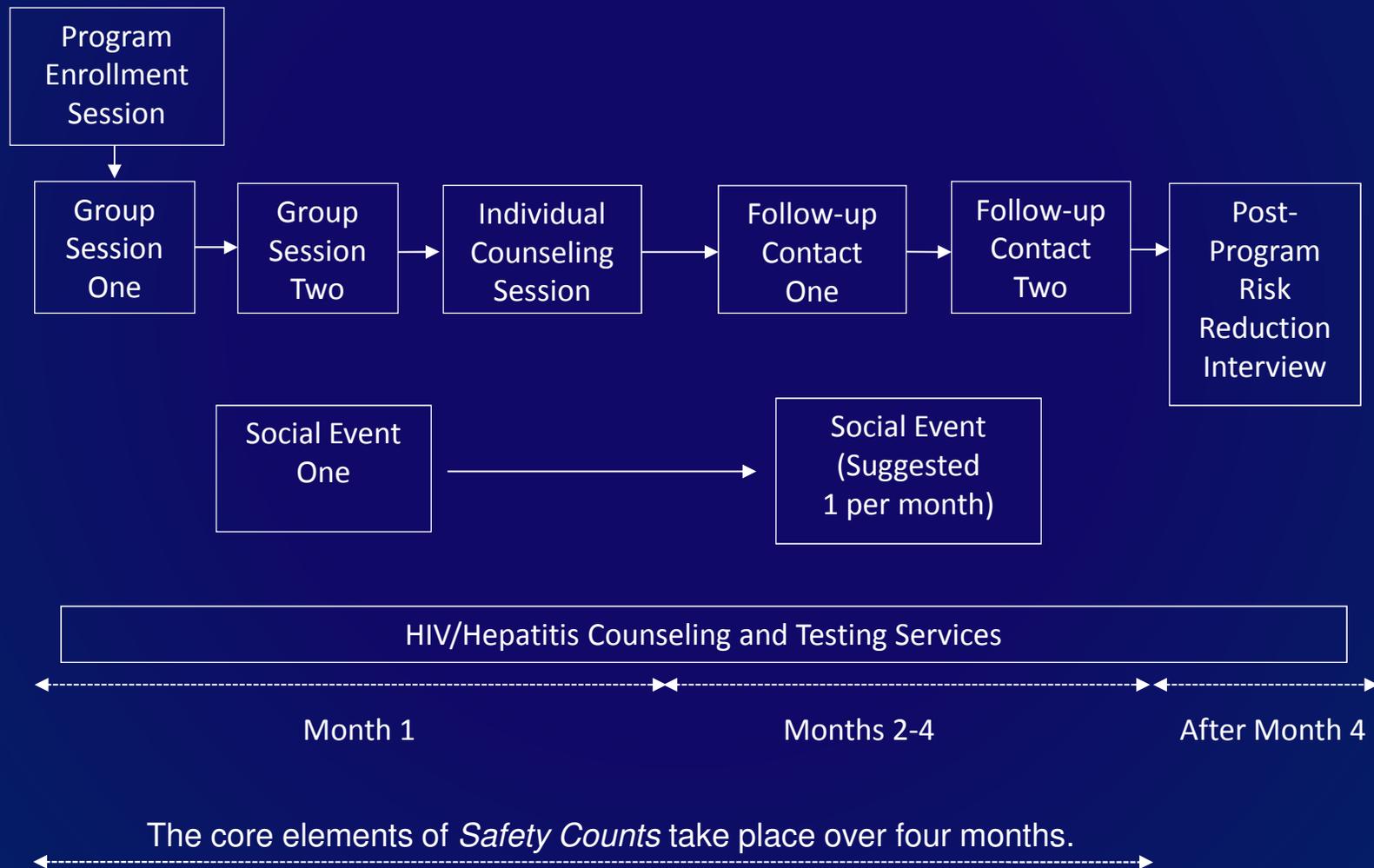
What is *Safety Counts*?

- An evidence-based intervention (EBI) for out-of-treatment drug users to reduce their risk of becoming infected with or transmitting HIV and viral hepatitis.
- Applies cognitive-behavioral concepts toward developing and maintaining HIV and viral hepatitis risk reduction behaviors.

Objectives of *Safety Counts*

- Introduce methods of reducing HIV and viral hepatitis risk to drug users.
- Assist participants in receiving counseling and testing for HIV and hepatitis.
- Motivate and help participants choose and commit to specific behavioral goals in an effort to reduce their risk of becoming infected with or transmitting HIV and hepatitis.
- Assist participants in defining concrete steps toward achieving their personal risk reduction goals.
- Provide social support and problem solving in individual as well as group settings to assist participants in achieving their risk reduction goals.

Safety Counts Program Design



Adapting *Safety Counts* for Transgender Women

Safety Counts for Drug Users

TranSafety Counts for Transgender Women

Risk Reduction Goals:	<ul style="list-style-type: none">• Decreasing unprotected anal and vaginal sex• Getting into drug treatment• Using a new needle for every drug injection• Reducing drug use	<ul style="list-style-type: none">• Decreasing the number of exchange sex partners• Getting into alcohol/drug treatment• Using a new needle for every drug or hormone injection• Reducing substance use & hormone misuse
“Non Hot Topic” Example:	<ul style="list-style-type: none">• Stop smoking	<ul style="list-style-type: none">• Stop compulsive shopping
Risk Reduction Activity	<ul style="list-style-type: none">• Participants discuss triggering events	<ul style="list-style-type: none">• <i>TranSafety Counts</i> Jeopardy
Social Event Entertainment:	<ul style="list-style-type: none">• Stages of Change spoof skit• Condom use skit• The professor game	<ul style="list-style-type: none">• “Stranded on a Deserted Island”• Participant Awards Ceremony• “Fashion Runway”• STI Dating Game
Success Stories	<ul style="list-style-type: none">• 2 written stories or DVDs are developed at program implementation and used throughout	<ul style="list-style-type: none">• Each participant who completes the program and maintains her risk reduction goal may video record her success story; thus, new stories are always being implemented

Designing an Intervention to Enhance Linkage to and Retention in HIV Care for Transgender Women of Color



The Alexis Project



Alexis Rivera

October 28, 1977 – March 28, 2012

Intervention Components and Theoretical Base

Network:

Social Network Recruiting
(Respondent Driven Sampling)



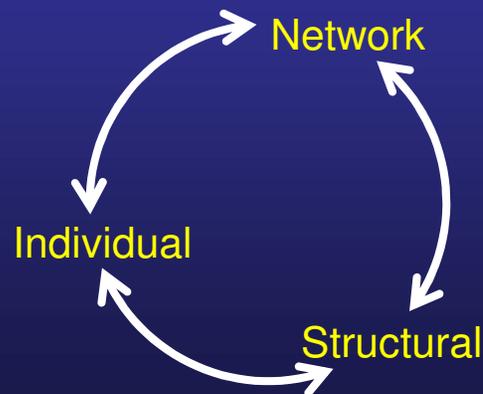
Individual:

Peer Health Navigation
(Social Cognitive Theory)

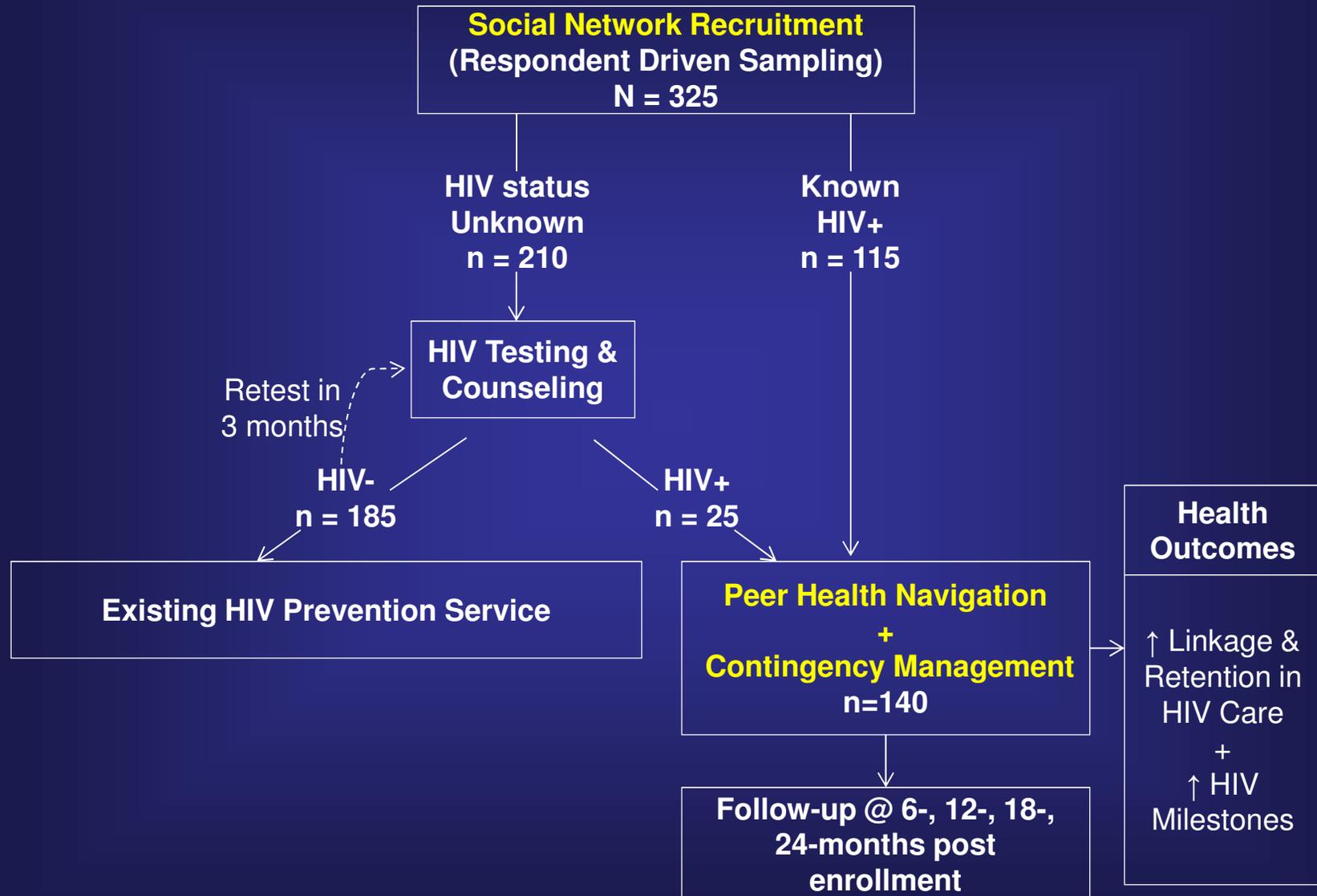


Structural:

Contingency Management
(Behavioral Economics)

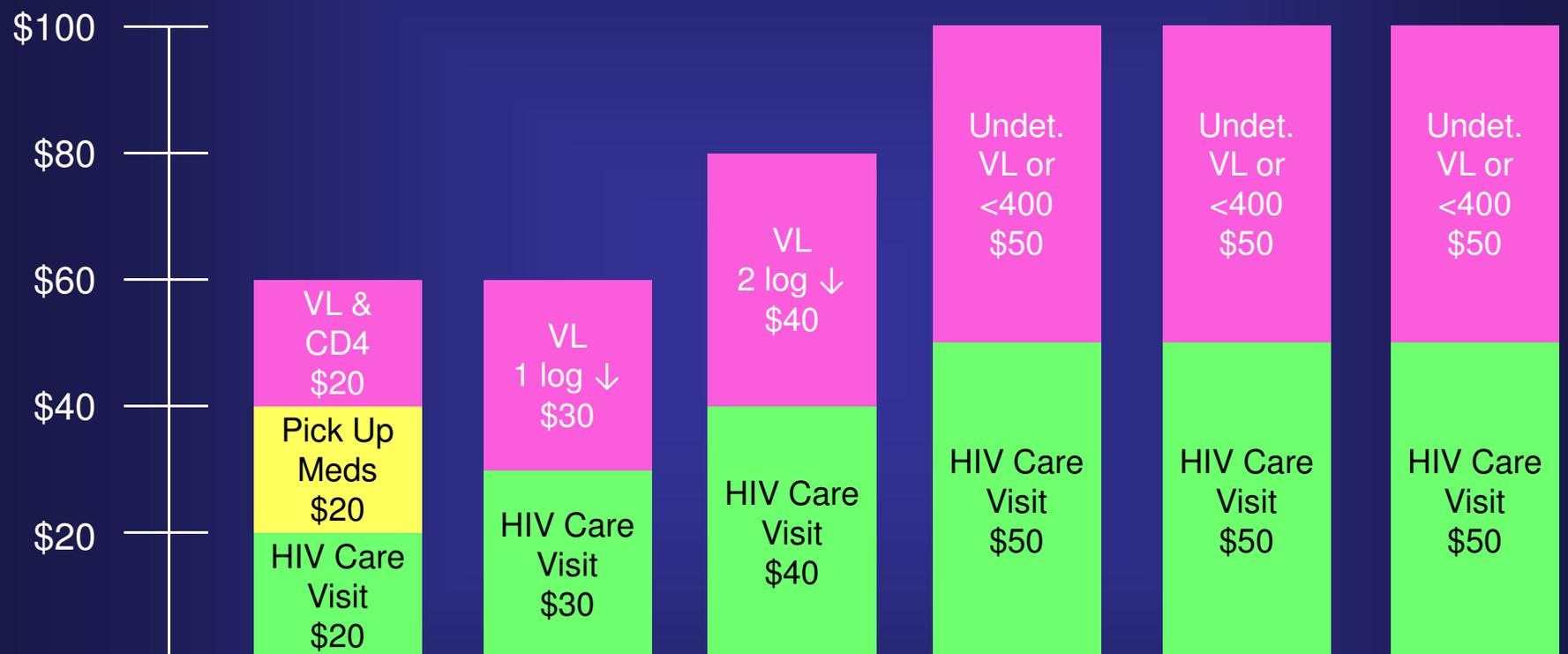


Study Design



Combined Peer Health Navigation + Contingency Management Intervention

← Peer Health Navigation →



Timeframe	1	2	3	4	5	6
Timeframe	RDS Recruitment	3-5 mos	6-7 mos	8-9 mos	11-13 mos	17-19 mos
Visit	1	2	3	4	5	6
Evaluations	Baseline		6-month follow-up		12-month follow-up	18-month follow-up

Conclusions

- Transgender women have the highest HIV prevalence rate of any behavioral risk group in LAC
- Although transgender women have a greater number of exchange partners, they are more likely to engage in higher risk behaviors (i.e., unprotected anal intercourse) with their main sexual partner
- Street and venue-based outreach is an effective strategy for recruiting transgender women into site-based interventions
- Culturally competent interventions such as skills building groups, transitional life skills, risk reduction activities and community events can be utilized to convey risk reduction information
- Interventions that were designed for another target population such as heterosexual drug users or MSM are not equally effective when working with transgender women

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