

# Reduced Access to Gender Affirmation is Associated with Increased Drug, Alcohol, and Hormone Abuse among Transgender Women

**Overcoming Health Disparities in the  
Bay Area: Focus on HIV and HCV**

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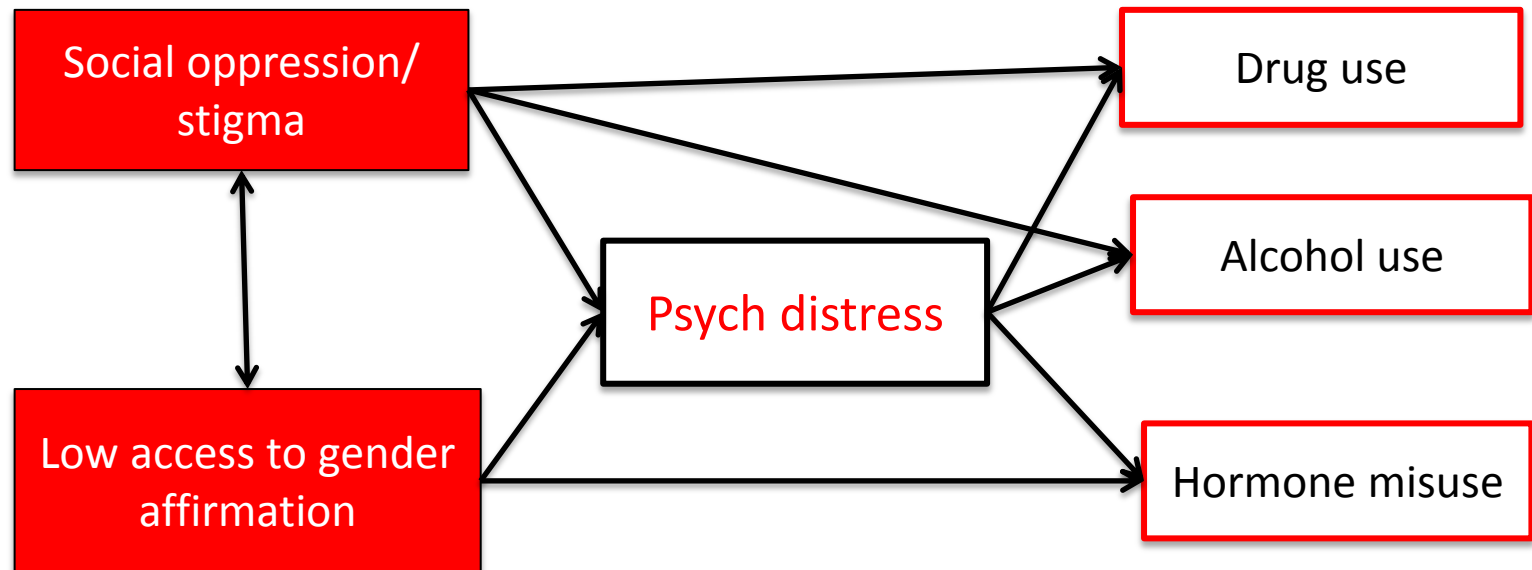
## Transphobia

- Assault
- Discrimination
- Harassment
- Rejection

## Poor mental health outcomes

- Depression (60%, 10% in general pop)
- PTSD (61%, 8% in general pop)
- Substance abuse (69% any drug, 82% alcohol)

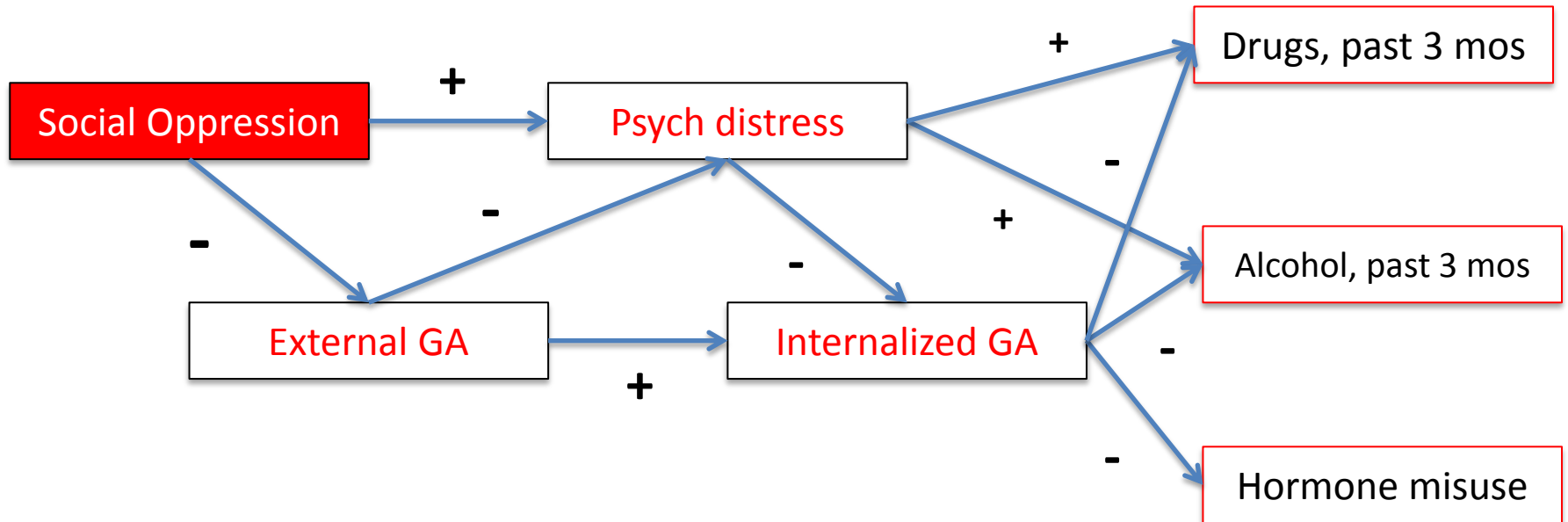
# Model of Gender Affirmation: Hypothesized model



# Methods

- Cross-sectional study of adult transgender women in the San Francisco Bay Area (n=150)
- We used generalized structural equation modeling (GSEM) to examine multivariable relationships between:
  - social oppression
  - psychiatric distress
  - gender affirmation
  - substance abuse (drug, alcohol, hormones)

# Results: Final model



# Conclusion

- Mental health and substance abuse interventions for transgender women should prioritize increasing access to gender affirmation:
  - medical
  - structural
  - psychosocial



# “I am not a man”: Disaggregating transgender women from MSM in PrEP research is imperative to improve HIV prevention efforts

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# Background

- HIV prevalence among U.S. trans women: **28%** (Herbst et al, 2008)
- **34 times more likely to acquire HIV** than the general US population (Baral et al, 2013)
- **Pre-exposure prophylaxis (PrEP)**, the first efficacious biomedical HIV prevention approach (Grant et al, 2010)

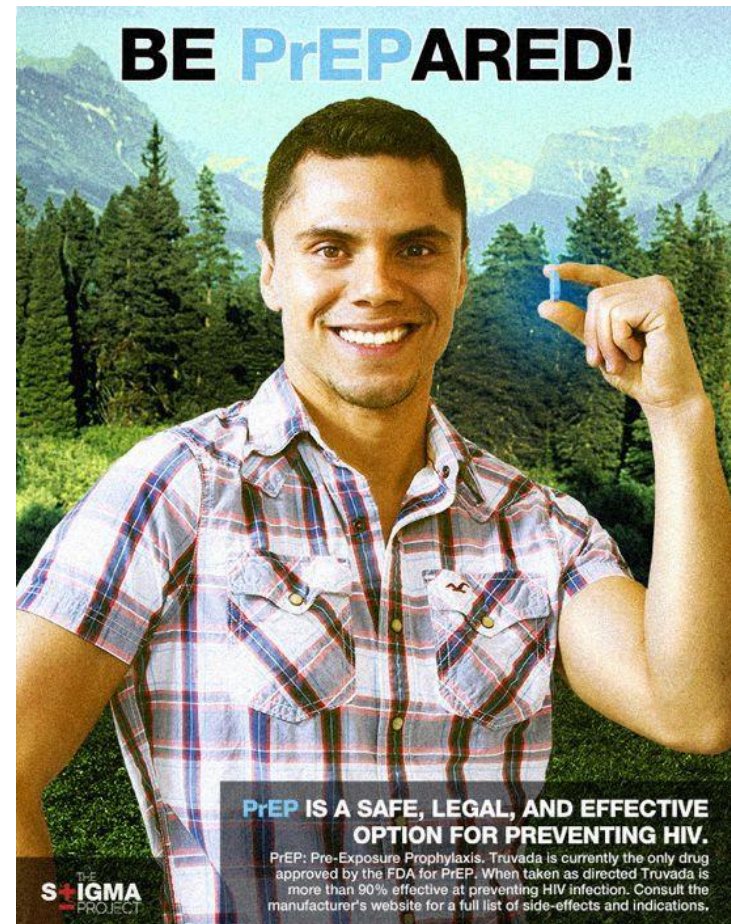




# History of invisibility



LGBT



# Methods

- Qualitative data collection with sexually active transgender women in SF:
  - 3 focus groups
  - 9 individual interviews
  - total N=30
- Focused on knowledge of, interest in, and concerns about PrEP for HIV prevention
- Transcripts were analyzed for common themes using Atlas.ti

# Results

- While knowledge of PrEP was low, interest was relatively high.
- Facilitators to PrEP uptake:
  - ability to obtain PrEP from a trans-friendly provider
  - education about PrEP within trans networks
  - risk perception

## Protection during sex work

- *“Some of us, you know, we do sex work on the side, and some of us, you know, we’re like a part of that kind of like, marginalized community and we don’t really have that much opportunity to employment. So, we end up trying to make a quick buck with sex work and that’s a lot of exposure, and that’s a risk and I think that’s one of the reasons why I would go for it.” (African American trans woman, 35)*

# Results

- Trans-specific barriers to PrEP uptake:
  - concerns about interactions with hormones
  - managing multiple medications
  - intersection of HIV stigma and transphobia
  - avoidance of medical settings

## Concerns about interactions with hormones

- *“If it stopped my hormone progress, I would be irate, because I like to look pretty and pretty is a soft face. And, if hormones do not give me that soft face while taking a pill that’s supposed to stop something that condoms do pretty just fine doing by themselves...that would definitely make me stop instantaneously.” (African American trans woman, 27)*

# Conclusions

- Trans women are not served by the dissemination of information to MSM networks, and they do not benefit from programming and services that are developed for MSM

# Conclusions

- To maximize HIV prevention efforts, we must disaggregate trans women from MSM in HIV prevention strategies and research.
- Trans women have unique potential motivators for PrEP uptake, as well as unique barriers





[www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)