




# Regional HIV/AIDS Connection

Community Inspired. Courage Driven.

## SUPPORTING LGBTQ PATIENTS AND CLIENTS



# Sex, Gender, Sexual Orientation

- **Sex:** penis / vagina, testes / ovaries, the M or F we are assigned at birth
  - **Gender:** how you identify and outwardly express it
  - **Sexual Orientation:** who you are attracted to / like to sleep with, date, have relationships with
  - **These are all independent of each other**
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# Gender

- **Transgender-** refers to someone who *does not* identify with the sex they were assigned at birth
- **Cis-gender-** refers to someone who *does* identify with the sex they were assigned at birth
- **Trans\*-** defined broadly, and may include those who identify as transgender, transsexual, 2-spirit, transitioned, bigender, genderqueer, or simply man or woman
- Transgender is not a sexual orientation and does not pre-determine who someone is attracted to

# What Transition Looks Like

- Hormones or no hormones
- Genital surgeries or no genital surgeries
- Chest / facial surgeries or not
- Legal name / gender marker change, or not
- Using different pronouns
- Alterations to clothing, hairstyle, makeup




# The Transpulse Project

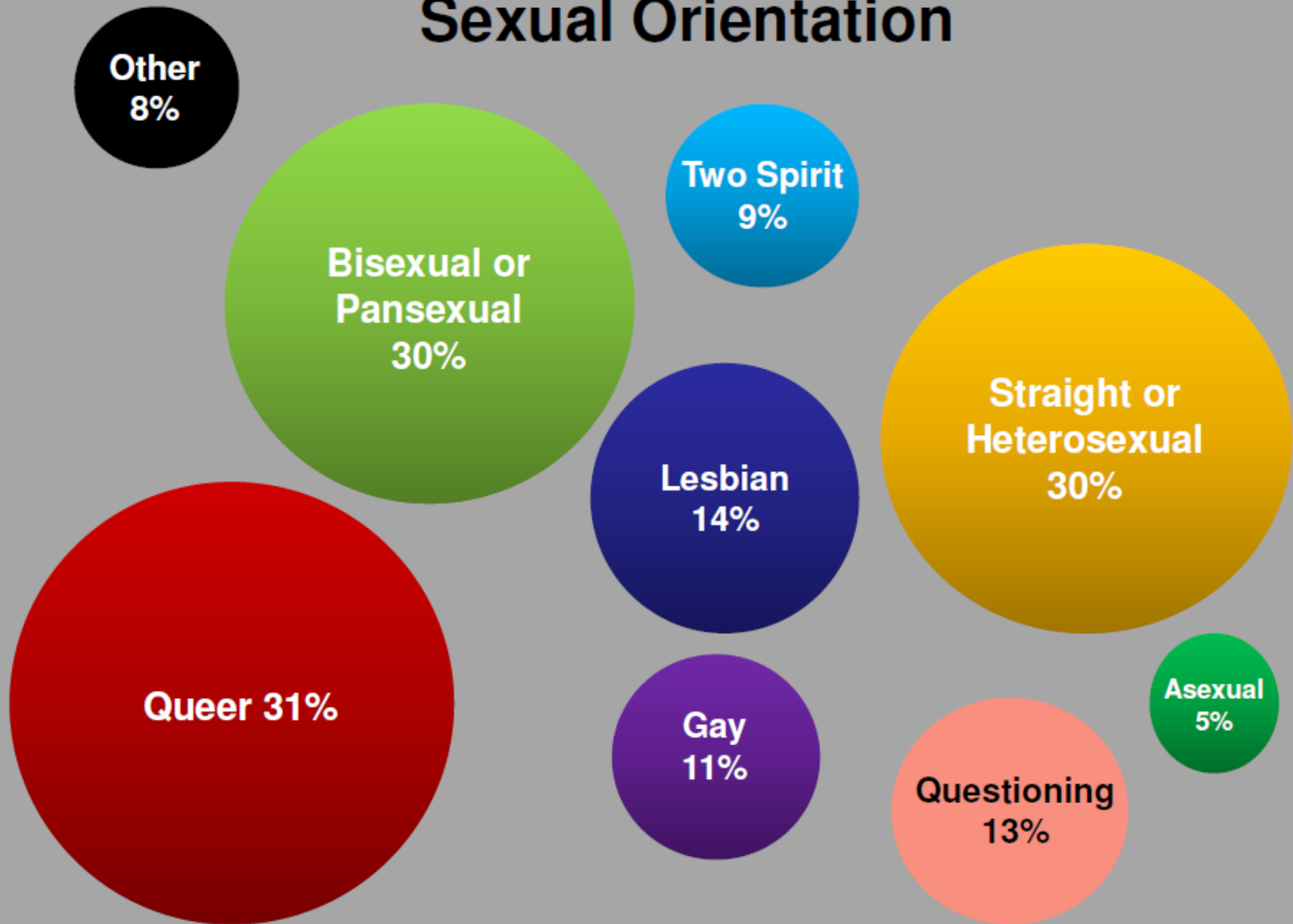
- A community-based mixed-methods study exploring how social exclusion impacts the health of trans people in Ontario
- The project formally began in 2006- findings were used to develop a theoretical paper on how erasure impacts health care access for trans people
- Phase 2 of the project launched in 2009 with an 87 page survey



# The Big Picture

- 80% of trans people in Ontario were aware that their gender did not match their body, before the age of 14
  - 68% of trans people in Ontario are living outside of metropolitan Toronto
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# Sexual Orientation



# We Are More than Just Trans

**Intersex**  
6%

**Racialized**  
23%

**Living with  
Disability or  
Chronic  
Illness**  
55%

**Parents**  
27%

**Aboriginal**  
7%

**Born Outside  
Canada**  
19%

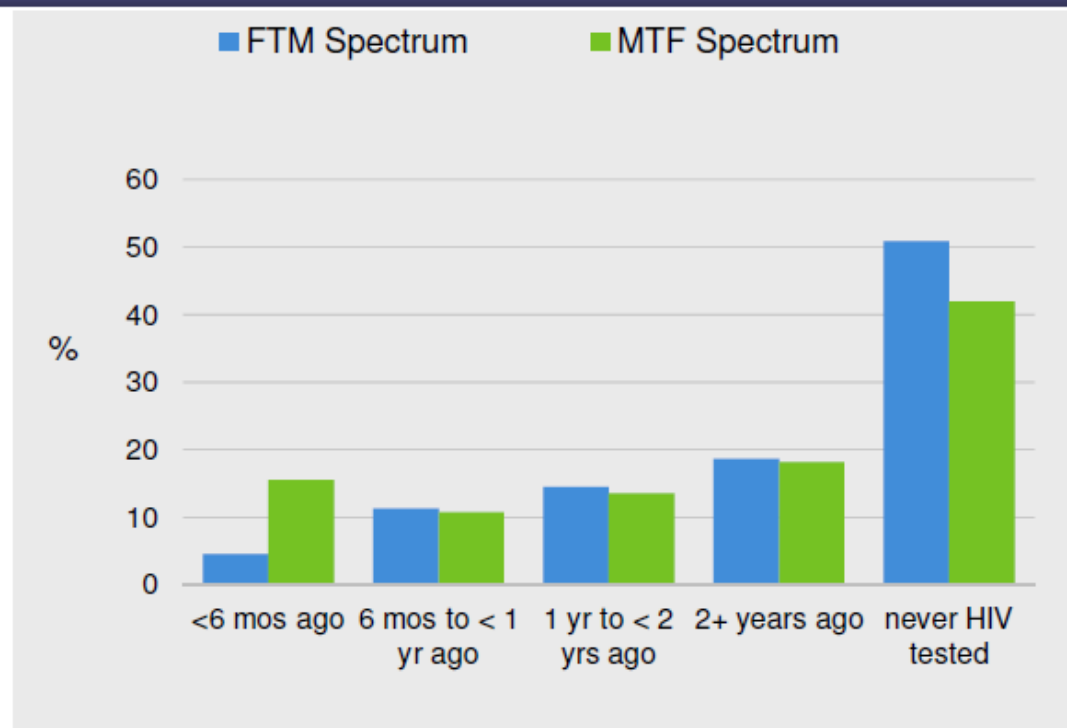
- Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.
- Coleman, Bauer, Scanlon et al. Challenging the binary: gender characteristics of trans Ontarians. *Trans PULSE e-Bulletin* 2011; 2(2).
- Bauer, Boyce, Coleman et al. Who are trans people in Ontario? *Trans PULSE e-Bulletin* 2010;1(1).
- Warner A. Prevalence and risk factors for underhousing among trans people in Ontario. MSc Thesis. Western University, 2010.



# HIV and Trans People

- Relatively little information on HIV prevalence within trans communities
- Research is revealing that trans populations have higher prevalence rates than sexual minorities such as gay men (Herbst J et al. 2010)
- Because research is organized around categories of 'male' and 'female,' people who have not changed gender markers on legal documentation, are captured incorrectly or made invisible all together

# HIV testing



Bauer, Travers, Scanlon, Coleman. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada. *BMC Public Health* 2012;12:292.



# Trans Pulse Data

- 21% of trans people have avoided the emergency room when they needed it, because they were trans
- 2/3rds of people who did use the emergency room, felt that they had to educate their provider on trans issues
- 14% of Ontario trans people have used non-prescribed hormones



# Trans Pulse Data


- 46% of trans people surveyed had never been tested for HIV
- 15% have done sex work
- 50% of trans people surveyed, have a yearly income of less than \$15,000

# Bathroom Politics





# Case #1



“I get tested every 6 months...The last time I got tested, I went in because I had this sore throat that would not go away, figured I had strep or something. My regular doctor was not available so I had to see someone else. He took one look at me and asked if I've been having unprotected sex. I assume what he saw is a young, non-trans gay boy of color (in my experience doctors rarely read charts...) I said I always use condoms except for oral, which was true at the time. He asked if its with one person or multiple. I say multiple , at which point he proceeded to test me AND treat me for every possible STD, had me do a PCR HIV test which can tell if you've contracted HIV much sooner than the rapid tests, sent me to counseling for HIV testing, and told me he hoped that I keep using condoms so I don't turn up with HIV. I appreciate getting tested but didn't appreciate the stigma and profiling and I don't like to get treated for things I don't actually have...  
anyways, turns out it was just a bad sore throat...”

## Case #2

- “It had been six months since my last HIV test. I like to get tested every 3 months as I am very sexually active (as most prevention folks will recommend to gay men who are very sexually active). I am almost always safe but there have been exceptions.

3 months ago while at the doctor for other matters of the gynecological variety, I asked the nurse if I could get an HIV test, as I was there and it had been almost 3 months. I keep track of these things so I know that it was basically like 3 days before it would be 3 months. The nurse acted very put out from the moment I asked (this is an LGBT clinic by the way) and looked at my chart and said it hasn't been 3 months yet and before I could say anything else walked out the door. I gave in and just did not push it.”


# Things to remember:

- You can't pathologize an identity- there is no diagnosis
- Not all people are distressed by their "gender incongruence"
- 1-2% of people de-transition due to poor social outcomes- not because of regret
- If transition fails, it fails during social transition





## Some things providers can do:

- Develop intake forms that allow clients to self-identify
  - Assumption by providers that any patient may be trans
  - Removal of sex designation from identifying documentation unless necessary
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## Some Things Providers Can Do:

- Development of resources for referrals to trans-friendly providers where needed
- Assurance that billing systems are set up to accommodate billing “women’s” services to men and “men’s” services to women
- Indication of a trans-friendly environment through posters or other visible signals