Gay, Bi, and Queer Trans Men
Sexual Health and HIV/STI Risk

Noah Adams, MSW
Gay/Bi/Queer Trans Men's Working Group
Ontario Gay Men's Sexual Health Alliance
noah@noahjadams.com

State of research

HIV+

- Low compared to cis MSM and trans women, but still many times higher than general population (Reisner, & Murchison, 2016; Scheim et al., 2016).
- Lab confirmed: 0-4.3% (Reisner, & Murchison, 2016; Feldman, Romine, & Bockting, 2014).
- Self-report: 0-10% (Reisner, & Murchison, 2016; Scheim, & Travers, 2016; Scheim et al., 2016; Feldman et al., 2014).
- Unknown and/or never been tested: 5-57% (Reisner & Murchison, 2016; Scheim et al., 2016; Scheim, Bauer, & Travers, in press; Scheim, & Travers, 2016; Reisner, Hughto, Pardee, & Sevelius, 2016; Feldman et al., 2014).

STIs

- Self-report: 5.8-52.7% (Reisner et al., 2015; Reisner & Murchison, 2016; Feldman et al., 2014).

"Sometimes the guys will be like, 'Oh, I only have safe sex,' and what they mean is safe sex for anal sex. And they start going in the front door with no condom, and you're like 'Hello! Excuse me!'... because they associate HIV with butt sex or they think you can't get pregnant, they don't need to use a condom."

- Sevelius, 2009, p. 8

Unique risk factors

Institutional

- Until 2013, the APA "held that 'virtually all [FTMs are] sexually attracted to females'" (Reisner, & Murchison, 2016, p. 3; Kenagy, & Hsieh, 2005).
- Most trans HIV research has been with transfeminine populations (Baral et al., 2013).
- Transmen typically excluded from drug efficacy and PREP trials and those enrolled sometimes miscategorized as 'female', or 'trans female' (Reisner, & Murchison, 2016; Rowniak, Chesla, Rose, & Holzemer, 2011).
- Very few public health campaigns with us in mind (Sevelius, 2009).
- Can be difficult to obtain HIV/STI testing from medical professionals who assume transmen are inherently low-risk (Kivisto, & Xaiver, 2016; Sevelius, 2009; Bauer, Redman, Bradley, & Scheim, 2013; Adams et al., 2008).

"*I took a certain pleasure in informing the gender clinic that even though their program told me I could not live as a gay man, It looks like I'm going to die like one*"

- Lou Sullivan (Highleyman, 2008)

Unique risk factors

Behavioral

- Sex work/transactional sex: 0-44% ever (Reisner, & Murchison, 2016).
- Evidence for (Sevelius, 2009) and against HRT increasing impulsive sexual behavior (Scheim et al., in press).
- Varying definitions of sexual risk behavior, but generally high (e.g. 7-69% engaged in fluid exchange genital-genital sex) (Reisner, & Murchison, 2016).
- Given the high degree of risk-taking sexual behavior among trans men it is possible "for the prevalence [of HIV] to increase over time" (Rowniak et al., 2011, p. 509; Reisner et al., 2016; Sevelius, 2009).

"I think transguys have a gender role trigger. You can push them to do almost anything by questioning their gender role… I got pressured into a lot of stuff that I didn't want to do because I was told 'real gay men do it.' I had bad experienced… because people pressured me, and said, 'gay men don't do that.'"

- Reisner, Perkovich, & Mimiaga, 2010, p. 507

Unique risk factors

Physiological

- Hormonally altered physique
  - Increased friction and bleeding caused by vaginal atrophy (Gorton, Buth, & Spade, 2005).
  - Effectively protecting enlarged clitoris (Reisner, et al., 2010).
  - Concentration of Tenofovir (PREP/HIV) lower in vaginal tissue and may take longer administration/more frequent dosing to become effective (Scheim, 2015).

- Surgically altered physique
  - Transmission risks to/from neo-phallus/urethra (Reisner et al., 2010).
  - Effectively protecting atypically placed urethral opening (Kivisto, & Xavier, 2016).

- Natal
  - Reduced rates of cervical screening among transmen (e.g. HPV) (Reisner, & Murchison, 2016).

"I know many trans men who have been prescribed PrEP [sic] and told by their doctors that as long as they take it at least 4 times a week they won't get HIV, because that's what the data show in MSM populations. The pervasive presumption of ciscentricity… is putting us at greater risk."

- *Gallagher, 2015*

Unique risk factors

Sociocultural

- Negative healthcare experiences leading to medical refusal/avoidance (Reisner et al, 2010; Bauer, Scheim, Deutsch, & Massarella., 2014).
  - 20% of trans people report ever avoiding ER care because of transphobia and 52% of those visiting an ER in their felt gender report trans-specific negative experiences (Bauer et al., 2013).
- Safer sex discussions tend to rest on the trans person. (Feldman et al., 2014).

"When we think of going to the doctor, there are all those barriers to getting to the doctor: making the appointment, walking to the doctor, physically getting inside the door…How do they handle having a male presentation but having female on the paperwork and you showing up for a pap smear? Each point is a potential barrier to Care."

- Torres et al., 2015, p. 4

Recommendations

Research and resources

- HIV + and Gay/Bi/Queer TM, especially from outside high income countries/communities
- Sex work among TM
- How "psychosocial dynamics, particularly stigma and efforts to avoid rejection, can put [GBQTM] in gay communities at heightened risk for unsafe sexual encounters" (Reisner, & Murchison, 2016, p. 17).
- Sexual health materials that take into account trans men's bodies
- Inclusion of TM in HIV research such as drug trials

Practice

- Vaginal atrophy and it's management
- Differential effect of PREP on TM
- Equal access to PREP/PEP and HIV/STI testing
- Counter healthcare avoidance by making it more actively welcoming of TM

Engage transmen and their communities in these efforts

Trans men specific resources

- Pash.tm (Peer Advocacy Network for the Sexual Health of Trans Masculinities) @ https://www.afao.org.au/PASHtm
- Dude Magazine @ https://dudemagazine.wordpress.com/download-issues/
- PRIMED^2 : safer sex guide for trans men into men available for download or order @ www.queertransmen.org
- Poz trans men @ http://www.hivplusmag.com/stigma/2015/08/19/we-are-here-trans-men-and-hiv
- Medical guidelines for the management of vaginal atrophy in transmen @ http://transhealth.ucsf.edu/trans?page=guidelines-pain-transmen

Take home scenario*

A trans man calls your organization to ask if you provide HIV/STI testing on site. He explains that he attempted to access testing at a local sexual health clinic, but that he left the clinic before receiving the tests. He explained that he is visibly trans, and that when he arrived at the clinic, the receptionist loudly asked him how he identified his gender. Next, he met with a nurse and explained that he was very worried about a recent incident of condomless sex with a man of unknown HIV status. The nurse responded, “well, for gay men this kind of exposure might be high risk, but in your case the chances are very slim”. Feeling humiliated and invalidated, he walked out.

How would you respond and provide support to this individual?

*Scenarios from Kivisto, & Xavier, 2016

Take home scenario

Copies of *Primed* are available in your agency waiting area. One afternoon while you are walking by, you overhear a few men discussing the resource while waiting for appointments. The waiting room is very busy, and other people are overhearing the conversation. One of men says “They still look like girls to me. Why don’t they stick to dating lesbians?” The other men in the conversation nod in agreement.

Would you intervene? If so, how?

Take home scenario

You are hosting a 6-week discussion group on sexual health and pleasure for gay and bi men. In collaboration with a group of volunteers, you have developed a curriculum for the group, including sessions on PrEP and PEP, condoms, substance use & sex, anal health, and erectile difficulties.

A few weeks before the group begins, you receive a call from a trans man, who asks if he is welcome to participate, and whether or not the group discussion topics will be trans-inclusive. You set up a meeting with the volunteers to discuss. You all agree that trans men are welcome to participate, but are unsure how to adapt the curriculum to be inclusive. Some of the volunteers think the curriculum should remain as is, because most participants will not be trans. Others argue that sessions on erectile difficulties, for instance, might make the trans man uncomfortable.

How might you respond? Would you adapt the curriculum, and how?

References

Adams, A., Lundie, M., Marshall, Z., Pires, R., Scanlon, K., Scheim, A.I.M., & Smith, T. (2008). *Getting primed: Informing HIV prevention with gay/bi/queer trans men in Ontario*. Toronto, Canada: AIDS Bureau, & Ontario Ministry of Health and Long-Term Care. Retrieved from http://www.actoronto.ca/research.nsf/pages/gettingprimed/$file/Getting%20primed%20-%20informing%20HIV%20prevention%20with%20gay-bi-queer%20trans%20men%20in%20Ontario.pdf

Baral, S.D., Poteat, T., Stromdahl, S., Wirtz, A.I., Guadamuz, T.E., & Beyer, C. (2013). Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13, p. 214-222.

Bauer, G.R., Travers, R., Scanlon, K., Coleman, T.A. (2012). High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: A province-wide respondent-driven sampling survey. *BMC Public Health*, 12(292).

Bauer, G.R., Redman, N., Bradley, K., Scheim, A.I. (2013). Sexual health of trans men who are gay, bisexual, or who have sex with men: Results from Ontario, Canada. *International Journal of Transgenderism*. 14(2).

Bauer, G.R., Scheim, A.I., Deutsch, M.B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: Results from a respondent-driven sampling surgery. *Annals of Emergency Medicine*, 63, p. 713-720.

Ermac, R. (2015, Aug 19). We are here: Trans men and HIV. HIV Plus Mag. Retrieved from http://www.hivplusmag.com/stigma/2015/08/19/we-are-here-trans-men-and-hiv.

Feldman, J., Romine, R.S., & Bockting, W.O. (2014). HIV risk behaviors in the U.S. transgender population: Prevalence and predictors in a large internet sample. *Journal of Homosexuality*, 61(11), p. 1558-1588.

References

Gallagher, B. (2015, June 2). Re: 3 things to keep in mind about trans (men's) inclusion in HIV prevention research. Retrieved from http://blog.catie.ca/2015/05/19/3-things-to-keep-in-mind-about-trans-mens-inclusion-in-hiv-prevention-research/

Gorton, R.N., Buth, J., & Spade, D. (2005). *Medical therapy and health maintenance for transgender men: A guide for health care providers*. San Francisco, CA: Lyon-Martin Women's Health Services.

Highleyman, L. (2008). Who was Lou Sullivan. *Seattle Gay News*, 36(8). Retrieved from http://www.webcitation.org/6cnXAzlHG.

Kivisto, A., & Xavier, J. (2016). *TMSM: Sexual health needs of trans men who have sex with men* [PowerPoint slides].

Kenagy, G.P., & Hsieh, C. (2005). The risk less known: Female-to-male transgender persons' vulnerability of HIV infection. *AIDS Care,* 17(2), p. 195-207.

Obedin-Maliver, J. (2016). Pelvic pain and persistent menses in transgender men. *Centre of Excellence for Transgender Health*. Retrieved from http://transhealth.ucsf.edu/trans?page=guidelines-pain-transmen

Reisner, S.L., Hughto, W.J.M., Pardee, D., Sevelius, J. (2016). Syndemics and gender affirmation: HIV sexual risk in female-to-male trans masculine adults reporting sexual contact with cisgender males. *International Journal of STD & AIDS*, 27(11).

Reisner, S.L., & Murchison, G.R. (2016). A global research synthesis of HIV and STI biobehavioural risks in female-to-male transgender adults. *Global Public Health*, 11(7-8), p. 866-887.

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).

References

Rowniak, S., Chesla, C., Rose, C.D., & Holzemer, W.L. (2011). Transmen: The HIV risk of gay identity. *AIDS Education and Prevention*, 23(6), p. 508-520.

Scheim, A. (2015, May 19). 3 things to keep in mind about trans (men's) inclusion in HIV prevention research. *CATIE Blog*. http://blog.catie.ca/2015/05/19/3-things-to-keep-in-mind-about-trans-mens-inclusion-in-hiv-prevention-research/

Scheim, A.I., Bauer, G.R., & Travers, R. (in press). HIV-related sexual risk among transgender men who are gay, bisexual, or have sex with men. *Journal of Acquired Immune Deficiency Syndrome*.

Scheim, A.I., Santos, G-M., Arreola, S., Makofane, K., Do, T.D., Hebert, P., Thomann, M., & Ayala, G. (2016). Inequities in access to HIV prevention services for transgender men: Results of a global survey of men who have sex with men. *Journal of the International AIDS Society*, 19(supp 2).

Scheim, A.I., & Travers, R. (2016). Barriers and facilitators to HIV and sexually transmitted infections testing for gay, bisexual, and other transgender men who have sex with men. *AIDS Care*. Advance online publication. Retrieved January 15, 2017. doi: 10.1080/09540121.2016.1271937

Sevelius, J. (2009). 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. *J. Assoc Nurses AIDS Care*, 20(5), p. 398-410.

Torres, C., Renfrew, M., Kenst, K., Tan-McGrory, A., Betancourt, J.R., López, L. (2015). Improving transgender health by building safe clinical environments that promote existing resilience: Results from a qualitative analysis of providers. *BMC Pediatrics*, (15)187.