



Am I A Risk Factor? Addressing Stigma, Social Determinants, and Interventions for the Transgender Community

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Activity Information

This activity is jointly provided by the Postgraduate Institute for Medicine and American Academy of HIV Medicine.



This activity is supported by an independent educational grant from ViiV Healthcare.

Target Audience

This activity has been designed to meet the educational needs of physicians, physician assistants, nurse practitioners, pharmacists, and registered nurses; other healthcare providers, such as nutritionists, social workers, and case managers are also encouraged to attend.

Statement of Need/Program Overview

Medical providers need access to a number of topics for accredited, continuing medical education that addresses the needs of their patients in real time. By using the Academy's provider network of dues paying members and credentialed providers to identify topics of needed medical education and rapidly develop live webinars that can be recorded for additional viewing, the Academy will meet CME needs from the community.

Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine and the American Academy of HIV Medicine. Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.



Physician Continuing Medical Education

Physician Continuing Medical Education

The Postgraduate Institute for Medicine designates this live activity for a maximum of *1.0 AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist Continuing Education

Continuing Pharmacy Education

Postgraduate Institute for Medicine designates this continuing education activity for 1.0 credit hour(s) (0.1 CEUs) of the Accreditation Council for Pharmacy Education.

(Universal Activity Number – JA4008162-9999-22-458-L02-P)

Type of activity: Knowledge



Upon successfully completing the activity evaluation form, transcript information will be sent to the NABP CPE Monitor Service.

Continuing Nursing Education

Continuing Nursing Education

The maximum number of hours for this Continuing Nursing Education Activity is 1.00 contact hours.

Faculty Disclosures:

- Michelle D. Collins-Ogle has no disclosures and will not discuss off labels use of medications used in gender affirming care.
- Renée H. Reopell has no disclosures and will not discuss off labels use of medications used in gender affirming care.

Disclosure Information

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The PIM planners have nothing to disclose.

The Academy planners and managers have nothing to disclose.

Disclosure of Unlabeled Use

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by the FDA. The planners of this activity do not recommend the use of any agent outside of the labeled indications.

The opinions expressed in the educational activity are those of the faculty and do not necessarily represent the views of the planners. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications, and warnings.

In this activity the faculty do discuss the use of investigational antiretroviral agents and treatment regimens that are not approved by treatment guidelines.

Disclaimer

Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications on dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities.

Fee Information

There is no fee for this educational activity.

Land Acknowledgement

As colonizers of New York City, we acknowledge we are on the homeland *Lenape, Wappinger, Schaghticoke, Rockaway,* and *Canarsie* peoples; the original stewards and caretakers of this land. It is with gratitude and appreciation we hold this space; however we must also acknowledge the genocide, displacement, and violence which occurred to this land's original inhabitants.

We recognize and honor these ancestral grounds we live and learn upon, and support the resilience and strength of all Indigenous peoples.

We also recognize and honor the Indigenous inhibitors of this land, who were both or neither man and/ or woman. Who were revered leaders, warriors, and spiritual teachers. And who held their authenticity higher than their own lives.

Land Acknowledgement
<https://native-land.ca/>

Objectives:

1. Reimagine and explore our cultural conceptualization of gender, including BIPOC and body inclusive models of gender, and how the medical model benefits from upholding the gender binary
2. Discuss the role of trailblazing transgender pioneers in gaining equality for members of the LGBTQIA community
3. List the social determinants of health that are more impactful in transgender and non-binary youth of color, their impact on risks for HIV, sexually transmitted infections and how to improve sexual health and HIV outcomes
4. Explain the 4 Us and the impact on transgender and non-binary youth of color and their ability to prioritize prevention therapies and improve PrEP initiation

“The gender binary exists
**to create division
and conflict, not to
celebrate** creativity and
diversity.”

- Alok Vaid Menon

THE SOGIE ASTRONAUT *SOGIE STANDS FOR SEXUAL ORIENTATION, GENDER IDENTITY & EXPRESSION GALAXY OF LIMITLESS POSSIBILITIES!

WE ASK BECAUSE WE CARE!



SEX ASSIGNED AT BIRTH

☐ FEMALE ☐ MALE ☐ INTERSEX/OTHER



GENDER IDENTITY



AGENDER GENDER FLUID ENBY ANDROGYNE TWO-SPIRIT GENDER QUEER

WOMAN
MAN
ANOTHER



GENDER EXPRESSION



FEMININE
MASCULINE
ANDROGYNOUS



PRONOUNS

☐ SHE/HER/HERS ☐ HE/HIM/HIS ☐ THEY/THEY/THEIRS
☐ ZE/HIR/HIRS ☐ SOMETHING ELSE ☐ NO PRONOUNS, USE NAME

CISGENDER: IF YOUR SEX ASSIGNED AT BIRTH
ALIGNS WITH YOUR GENDER IDENTITY



TRANSGENDER: IF YOUR GENDER IDENTITY
DOES NOT ALIGN WITH YOUR SEX ASSIGNED
AT BIRTH



ATTRACTED TO (SEXUALLY/ROMANTICALLY/EMOTIONALLY)



ASEXUAL DEMISEXUAL PANSEXUAL BISEXUAL LESBIAN GAY

WOMEN/FEMININITY
MEN/MASCULINITY
MULTIPLE GENDERS

The Invention of Gender & Sexuality

- Harry Benjamin's "True transsexual"- 1948 (*based on the work of Magnus Hirschfeld- 1919*)
 - a. Christine Jorgensen- 1951-1954
- DSM III to IV (gender identity disorder -> gender dysphoria -> gender incongruence)
 - a. WPATH Standards of Care (*formerly the Harry Benjamin Institute*), historically cisgender executive board and members
- Insurance coverage by Medicaid in 2012 (Denee Mallon)
- **"Founder's syndrome"**
 - a. Paternalism (the system knows better) & gate-keeping ('professionals' make decisions)
 - b. "White gender" as the priority/ dominate narrative
 - c. Reliance on existing, often oppressive, systems (diagnose & treat model)



Adapted from "decolonizing trans/gender 101" by b. binaohan

Colonial Medicine & Diagnosing Difference



1. Loss of freedom/ control
2. White, cis-male providers speaking over the lived experiences of people
3. Pathologization of trauma

"Medical Apartheid" by Harriet Washington
& "Decolonizing Trauma Work" by Renee Linklater

The Gender Binary Serves to Control Everyone

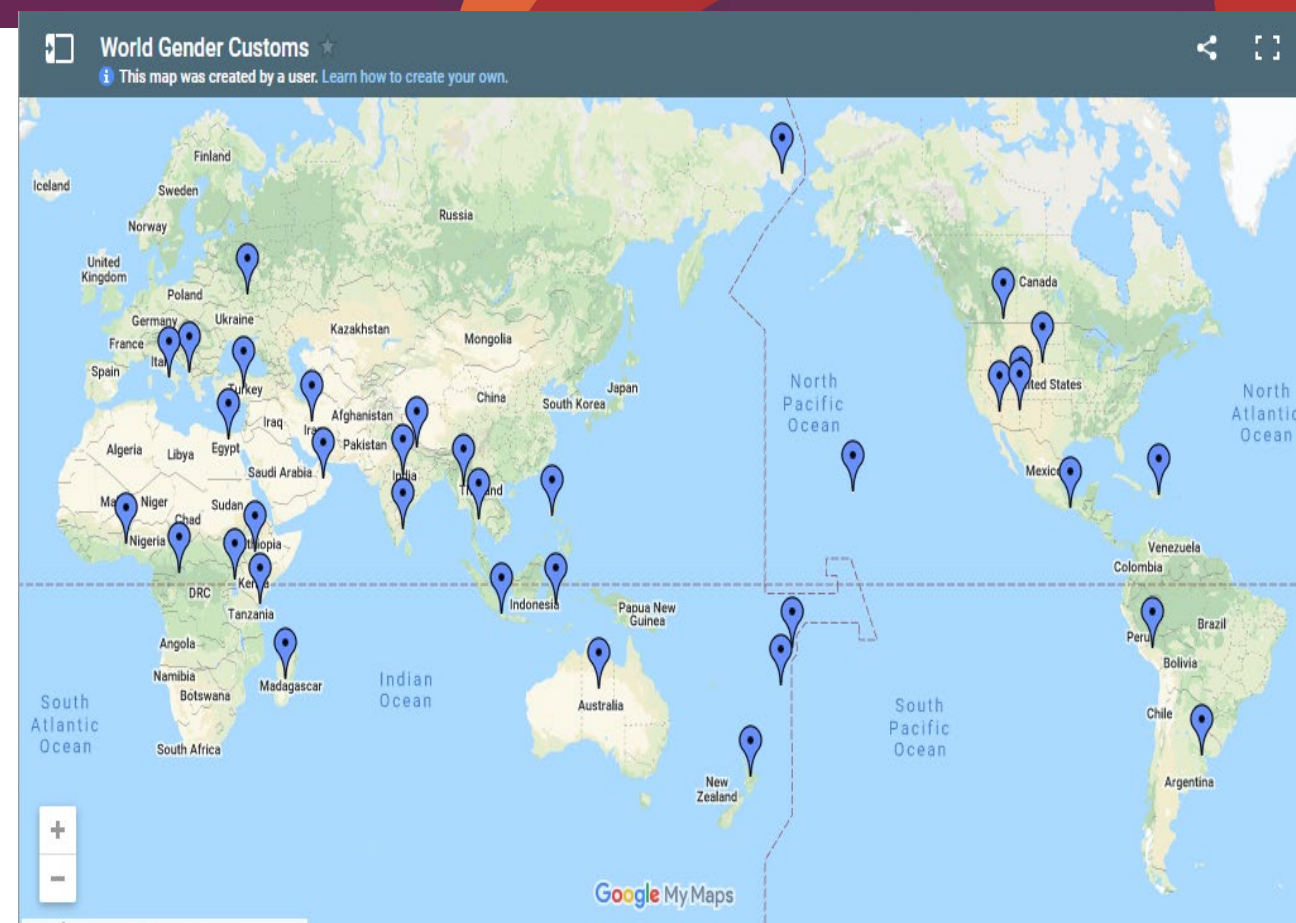
- The Three Article Law/ Anti-Masquerading Laws (controlling cisgender women)
- “*Aint I A Woman*” by Sojourner Truth, 1951, Blackness associated with man-ness, and white womanhood was prioritized
 - The “benevolent white woman” going into Black and Indigenous communities to teach them to be “real women”
 - Andraya Yearwood and Caster Semenya
- In removing homosexuality from the DSM in 1973, the APA conceded that they had “*pathologized a normal variation in human character,*” going so far as to say this would be the equivalent of “*pathologizing vegetarians.... Or Evangelical Christians...*”

By the APA’s own admission, “*It has been used as a tool of discrimination in the private sector, and in the civil service, military, Immigration and Naturalization Service, health services, adoption and childcustody courts.*”



The Inclusion of Gender & Sexuality

- The gender binary is a much more recent invention. There is no consistent definition of man/ woman
- False narrative that young White middle class Westerners 'created' non-binary genders
- There were words for transness before cisness
- Maintaining a binary system creates some having power over others, polarizing binary and non-binary
- Separation of sexuality and gender



Adapted from "decolonizing trans/gender 101" by b. binaohan, 20
Image from "PBS.org 'World Gender Map'"





*“Our struggle is
also a struggle of
memory against
forgetting”*

- bell hooks

<https://www.youtube.com/watch?v=Jb-JIOWUw1o>

A Binary System Creates Some Having Power Over Others

“Medicine and the medical field has the power to determine what is sick or healthy, normal or pathological, sane or insane, and to turn human differences into oppressive social hierarchies.”

- *Susan Stryker, author & Academic Historian*

Timeline in Transgender History 20th Century

- 1950s – [Rina Natan](#) becomes the first transsexual woman in Israel - undergoing sex reassignment surgery out of her own will.
- 1952 – [David Oliver Cauldwell](#) uses the term "trans-sexual" in English (in its modern meaning) based on an earlier German term, having introduced "transsexualism" in 1949
- 1952 – [Christine Jorgensen](#) becomes the first widely publicized person to have undergone sex reassignment surgery, in this case [male to female](#), creating a world-wide sensation.
- 1959 – The [Cooper Do-nuts Riot](#) occurs at Cooper's Do -nuts in Los Angeles, US; rioters were arrested by [LAPD](#). Transgender women, lesbian women, drag queens, and gay men riot, one of the first [LGBT](#) uprisings in the US. It is viewed by some historians as the first modern LGBT uprising in the United States.
- 1966 – The [Compton's Cafeteria Riot](#) occurred in August 1966 by transgender women and Vanguard members in the [Tenderloin](#) district of San Francisco. This incident was one of the first recorded [transgender](#) riots in United States history, preceding the more famous 1969 [Stonewall Riots](#) in New York City by three years.

Timeline in Transgender History 20th Century

- 1968 – According to the online encyclopedia glbtq.com, "In the aftermath of the riot at Compton's, a network of transgender social, psychological, and medical support services was established, which culminated in 1968 with the creation of the National Transsexual Counseling Unit [NTCU], the first such peer-run support and advocacy organization in the world".
- 1969 – The [Stonewall riots](#) occur in [New York City](#).
- 1976 [Renée Richards](#) competes in the [US Open](#); she is one of the first prominent transgender athletes in the [United States](#).1980
- 1980 The [Human Rights Campaign](#) Fund is founded by [Steve Endean](#); the Human Rights Campaign is now America's largest civil rights organization working to achieve lesbian, gay, bisexual and transgender equality.
- 1999 – The [Transgender Day of Remembrance](#) was founded in 1999 by [Gwendolyn Ann Smith](#), a [trans woman](#) who is a graphic designer, columnist, and activist to memorialize the murder of [Rita Hester](#) in [Allston, Massachusetts](#). Since its inception, TDoR has been held annually on 20 November, and it has slowly evolved from the [web](#)-based project started by Smith into an international day of action.

EQUAL

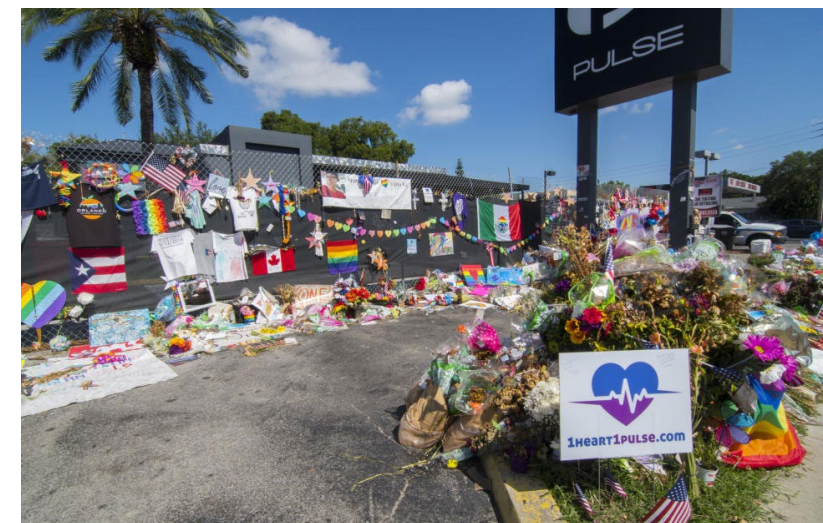


Being A Transgender Person Is Not A Risk Factor for HIV

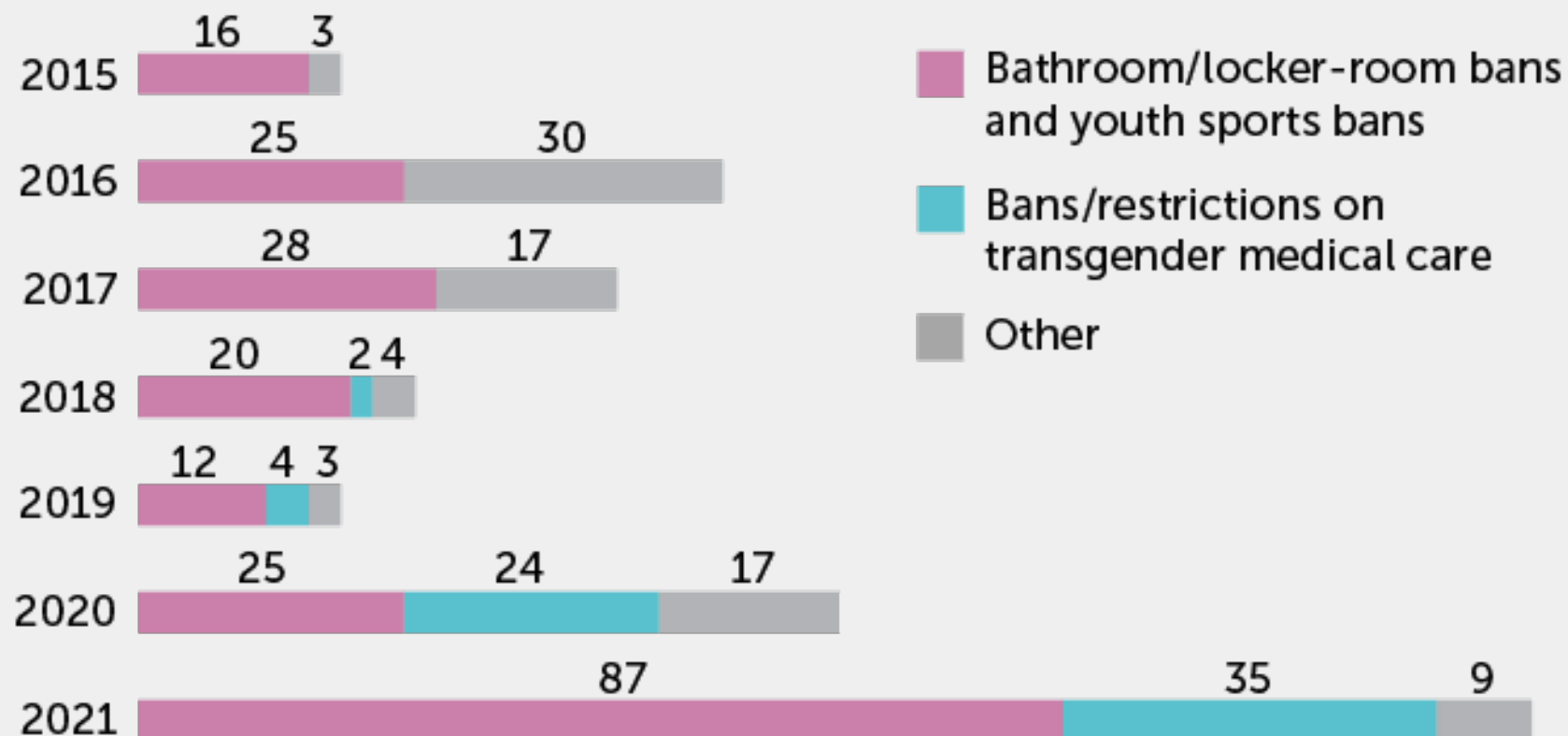
- The number of trans people murdered in the U.S. nearly doubled between 2017 & 2021, according to [Everytown for Gun Safety](#). Of the total victims, 73% were killed with a gun.
- Everytown's [Transgender Homicide Tracker](#) found a 93% increase in tracked homicides of trans and gender-nonconforming people in the United States & Puerto Rico over the last four years. In 2021, 56 people were killed, compared to 29 reported deaths in 2017
- While only 13% of the transgender community is estimated to be Black, according to [UCLA School of Law's Williams Institute](#), Black trans women accounted for nearly three-quarters of the known victims.
- In 2019, the AMA recognized "an epidemic of violence against the transgender community," who are over 2.5 times more likely than cisgender people to experience violence.
- Remembrance Report Honors 47 Trans People Lost to Violence Since Last National November. *

*Center for Transgender Equality Releases 2022 Report For Trans Day of

Remembrance



Anti-Trans Legislation On the Rise



“Right now... we are far exceeding any number of anti-trans bills introduced in 2021.

It’s also the most in terms of how many bills actually advanced in state legislatures... most of them got public hearing... most of these bills were moved, considered, and publicly debated...

And more became law then in the past ten years combined.”

—Chase Strangio, ACLU attorney

The Purpose of Anti-Trans Legislation

- Driven by intersecting structural forces
 - Transphobia and Misogyny
 - Compulsory heterosexuality
 - White supremacy
 - Late-stage capitalism
 - Settler colonialism
- Anti-trans bills legally **codify gender norms that are economically and reproductively generative** for the nation-state

TransLash Media's podcast "The Anti-Trans Hate Machine"



Transgender Adolescents of Color and HIV: Unique Challenges in Preventing New Infections: Background

- HIV estimated prevalence 9.2% for all transgender persons nationally with a significantly higher prevalence for **transgender women at 14.1%** . A paucity of published data exists defining the risk of HIV in transgender or non-binary (TGNB) youth of color.
- Recent CDC data reported the urgent need for more HIV prevention and treatment services in this population.
- TGNB youth of color have numerous risk factors for HIV infection, including unstable housing, under or uninsured, unemployment, and substance use disorder.
- We assessed key social determinants of health (SDOH) in TGNB youth of color and the impact on their ability to prioritize and access HIV prevention in our PrEP program in the Bronx, NY

Results and Conclusions

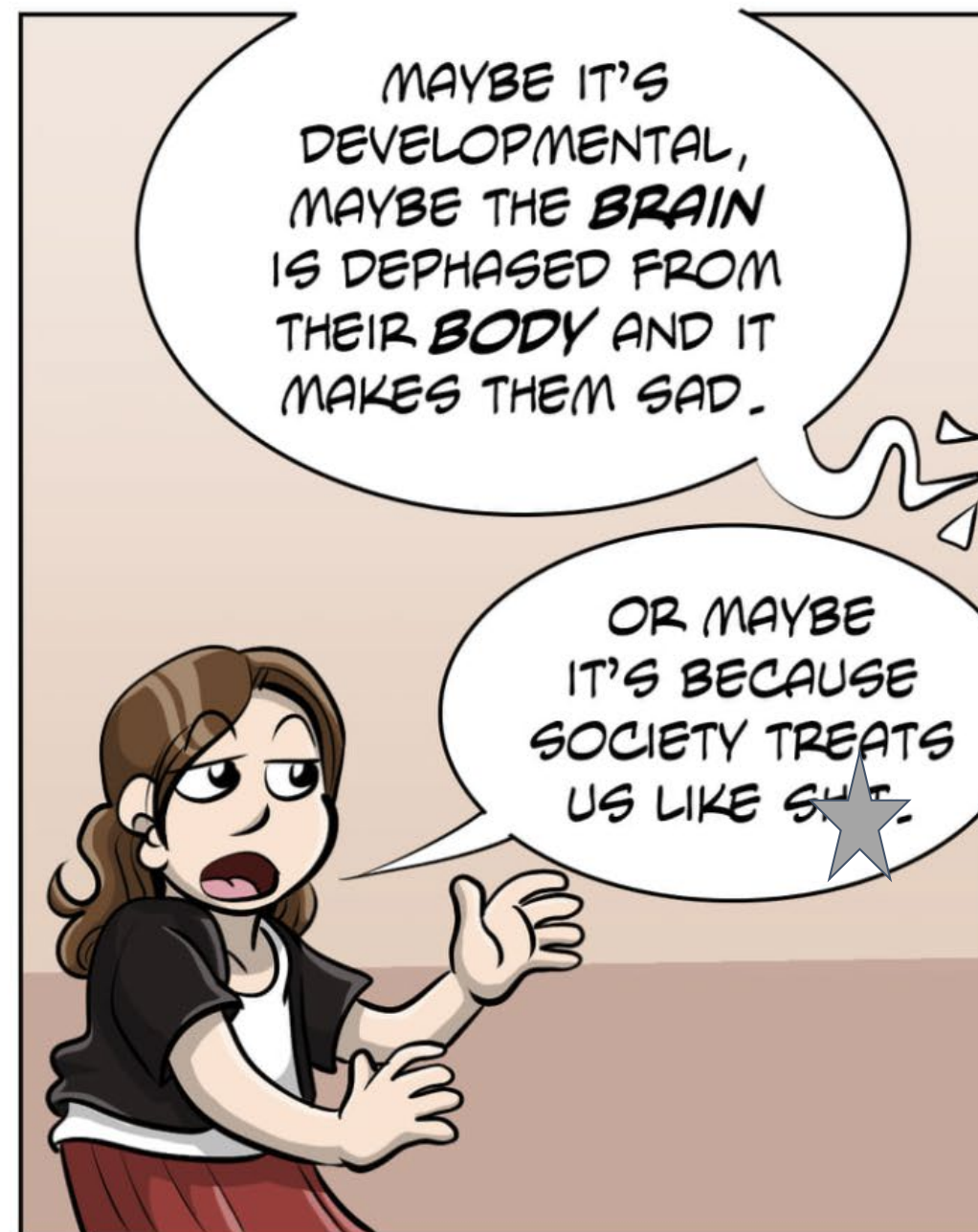
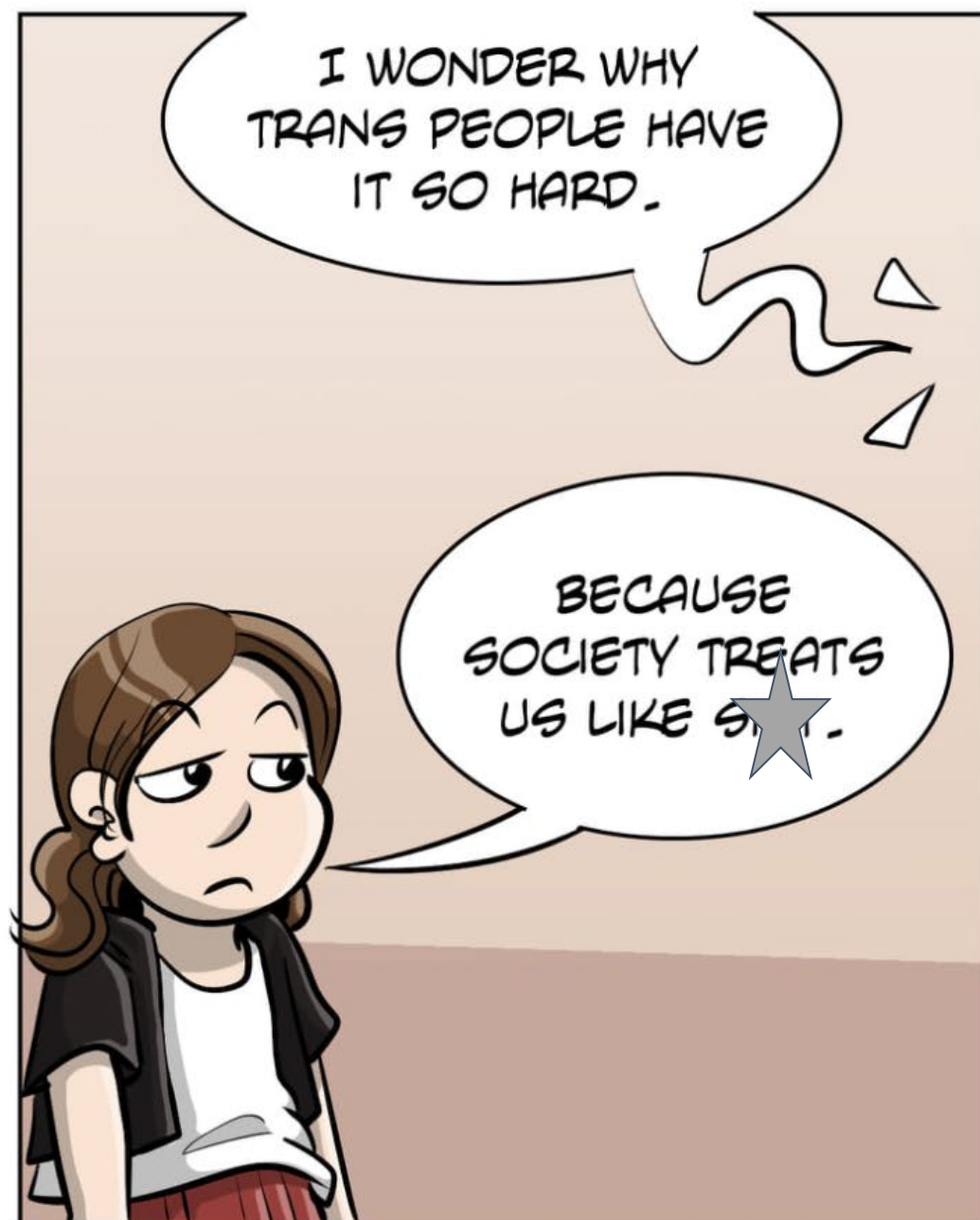
	SDOH	Initiated PrEP
Total Sexually Active TGNB Assessed	101	24% (24)
Unemployed	23%	5
Unstable Housing	11%	3
Uninsured or Underinsured	10%	3
Substance Use Disorder	40%	10
More than one of the above SDOH	66%	3

- Gender affirming care is associated with access and willingness for STI testing and counseling to inform them of their individual risk for HIV
- SDOH, specifically the 4 U's negatively impact TGNB youth of color in the Bronx and are prioritized over HIV prevention
- We are restructuring our PrEP program to better understand the impact of ARTISTA and SDOH on improved PrEP uptake in TGNB youth of color

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The Story of Robert Eads, Credit “Southern Comfort”





Basic Respect: In Daily Practice

1. **Mirror the language** people use for themselves, their bodies, their sexual history, & their partners
2. Ask **all people** what pronoun they use and if they have a chosen name. If you're unsure, ask.
3. **Explain why** you may need legal name or gender marker
4. **Understand and research** gender identity and sexual orientation in non-discrimination policies for your state and city. Make a point to understand laws that impact LGBTQ+ youth
5. **Do you need to know** about this person's body or history? Make sure you're asking information that's relevant and explain why.
6. Help all people identify all gender bathrooms or sex-separated spaces and **consider words and options** that include all genders
7. **Don't assume** all trans/nonbinary people want hormones and/or surgery, & don't assume all trans people feel “trapped in the wrong body”
8. **Use Google**, not the person

Concrete steps: Preventing suicide & depression

The Trevor Project found:

- Having **pronouns respected** by most people cut attempted suicide rate by half
- Having **access gender affirming clothing** lowered rates of attempting suicide
- Having **at least one LGBTQ-affirming space** had 35% reduced odds of reporting a suicide attempt in the past year
- Having **at least one accepting adult** can reduce the risk of a suicide attempt among LGBTQ young people by 40 percent



Trevor Project National Survey on
LGBTQ Youth Mental Health, 2021
Photo credit:
<https://genderphotos.vice.com/>

Concrete Steps: Supporting Nonbinary Mental Health

Nonbinary-Affirming Interventions:

- **Empower your patient** by discussing your pronouns, theirs, and including their language in quotes in their chart
- Incorporate the impact of **minority stressors and binary gendered systems** in case conceptualization and treatment planning
- Help patients **externalize and reject negative or invalidating messages**: address stigma-related cognitive distortions; acknowledge the role of oppression in their symptom presentation
- **Update clinical forms and registration systems** to build trust, increase accuracy, and denote awareness with your patient



Matsuno, 2019

Photo credit:
<https://genderphotos.vice.com/>

Additional Resources

(alphabetical)

The Ackerman Institute for the Family

Gender & Families Project

Destination Tomorrow

The Family Acceptance Project

Gender Spectrum

GLSEN

PFLAG

The Philly Trans Wellness Conference

The Trevor Project

TransLatin@ Network

WPATH

- **Connecticut State Crisis Line: 211 New York State Crisis Line: 311**
- **Crisis Text Line:** employs nonconsensual active rescue using 911, first responders and potential law enforcement. Text HOME to 741741
- **National Suicide Prevention Hotline:** employs nonconsensual active rescue using 911, first responders, and potential law enforcement. Call 1-800-273-8255.
- **988:** employs nonconsensual active rescue using 911, first responders and potential law enforcement
- **GLBT National Hotline:** 888-843-4564
- **National Sexual Assault Telephone Hotline by RAINN:** 800-656-4673
- **National Domestic Violence Hotline:** 1-800-799-7233
- **Sex, Gender, and Relationships Hotline (SGR Hotline):** 415-989-7374
- **Anti-violence Project hotline:** 212-714-1141
- **National Council on Alcoholism and Drug Dependence, 24-hour Hopeline:** 800-622-2255
- **Thrive Lifeline:** for marginalized people in STEM fields
- **Trans Lifeline:** U.S. 877-565-8860; Canada 877-330-6366



Questions?

Thank You

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