

# Caring for Transgender Youth living with HIV/AIDS

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## Major Themes

Cultural Competency

Pairing Treatment



Sharing Clinical  
Interventions



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## Myths and Misconceptions:

What are the beliefs and perceptions about the term transgender?

- Binary construction of sex, gender, and sexual orientation
- Race and class: the added stigma (suicide, violence)
- Health services predicated upon gender and sex
- Terminology of gender and sex continuum

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## Barriers to Care

- Body image
- Communicating and Disclosing
- Substance Abuse
- Access to healthcare and treatment
- Access to HIV/AIDS prevention and treatment



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## Cultural Competency: Trans/MSM issues

- Many communities-One Community
- Youth of Color
- Latino/a concerns
- Gay & Bi Female-to-Male
- 'Straight' men who partner w/transgender women



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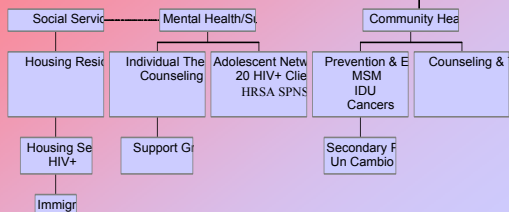
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## Latino Health Institute Boston, MA

### Community Health Services



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## Pairing Treatment

Transitioning issues mental health, silicone, hormones

Client centered treatment plan

Adherence

Secondary Prevention

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## Hormone Therapy and HIV

- Protocols for Estrogen administration for Male-to-Female (MTF)
- Protocols for Testosterone administration to Female-to-Male (FTM)

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## Anti-HIV Regimens

- Treat the presence of Opportunistic Infections
- Each client will be different in how their body responds.
- Once a day regimens like Sustiva, Viread, Epivir make it easier to not skip a dose
- Be on the ball about how hormones are interacting with the drugs, pay attention to any and all side effects
- Pay attention to how new therapies and interventions can be applied to transgender clients

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## Silicone Injections

- “Pumping parties”
- Allergic reactions: infections, granulomas, shifting, fatal if injected in veins
- Unlicensed practitioners
- Not pure and sterile silicone, often contains castor oil and unfiltered silicone
- Usually injected in facial cheeks, around eyes, chin, buttocks, thighs for feminization because silicone or saline implants more costly
- STREET LINGO: “I had some work done. Girl I just got me a C cup now in 3 shots”
- Helps with treatment of facial and body lipoatrophy
- 19%-25% of transgender women in DC study had illegal injections

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## Client Centered Treatment Plan



Diet & Nutrition  
Vaccinations  
Harm Reduction  
Case Management

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## Retention & Adherence

Are trans youth more or less likely than other youth to adhere to regimens?

- In our clinic in Los Angeles, actually, we find that transgender women come to their appointments more regularly. Probably because they get injectable Estrogen, and some prefer this over taking pills every day. We will do the blood labs more regularly especially if we know she is self injecting at home. We offer bleach kits and explain how to safely inject hormones, emphasizing not sharing needles, where the safe injection sites are, and the importance of not taking more than your dose to get faster or ‘better’ results. Most of the youth were not being seen by another doctor for transgender issues before coming to us, so we have our own Standards of Care that must be met before they are given hormones, especially since adolescents is a time where identity and role are challenged, we let them know the long term effects of taking hormones.
- Trans youth are also a transient group, so maybe they are not being seen regularly at our place but they are going to a clinic in another city.

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## Secondary Prevention

- Work on building life skills, self esteem & sense of community
- Help client to get out of survival sex/Domestic violence situations
- Distribute non-judgmental trans-inclusive safer sex, drug & alcohol materials
- Discuss healthier choices about sex partners, negotiation and disclosure
- Offer alternative venues for socializing or opportunities to not be isolated

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## Resiliency

Trans youth are surviving, coping, and inspiring change in their communities



### Protective Factors

Attending and facilitating **support groups**, youth **leadership** conferences, **job training**, GED prep programs, Drop-in centers, **Peer education** training, political and volunteer **advocacy**, **mentorship**, forming their own **social networks**, hosting events and forums, using the **Internet** to spread information and gain resources, taking college classes, utilizing trans friendly services, **knowing their rights** and seeing other trans folk get care and demanding the same quality of services, participating in **Consumer Advisory Boards**, feeling **safe to disclose** to employers and within neighborhoods to be visible because of civil rights laws being passed.

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## Model Programs

- Asian Pacific AIDS Intervention Team (LA)
- JRI Health (Boston)
- Jasmyn: All Queens Together (Jacksonville)
- Children's Hospital LA
- New York Peer AIDS Educator's Coalition
- Gender Identity Project (NYC)
- Bienstar (Southern CA)
- Trans Resource Neighborhood Space (SF)
- Two Spirit Shields Project (Phoenix)

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## Enhancing your transgender youth program

- Increase the number of trans youth who know their status
- Increase the number of trans youth who seek services for HIV
- Understand ways of pairing treatment for HIV/AIDS with the adolescent's transgender social and medical needs
- Improve how information about transgender youth is collected, evaluated and disseminated
- Review and/or create protocols and standards of care agency-wide for transgender clients



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**Stay**



**Fierce!**



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