Trans-competent services for Transgender and Gender Nonconforming People living with HIV

Megan Stanton, MSW*
Kenneth Robinson, M.Ed., M.A., CASAC**
Lynn Walker, D.Min., M.S.Ed.**
Samira Ali, MSW*
Toorjo Ghose, MSW, PhD*
Virginia Shubert, JD**

*University of Pennsylvania School of Social Policy and Practice
** Housing Works
Goals of the Presentation

- Review existing research on HIV risk and complex needs of Transgender (TG) and Gender non-conforming individuals (GNC).

- Describe low-threshold, use tolerant, scatter-site transitional housing program specifically tailored for transgender and gender-nonconforming people living with HIV/AIDS: Housing Works’ Transgender Transitional Housing Program.

- Present and discuss preliminary quantitative and qualitative research conducted as part of ongoing CBPR collaboration with Housing Works and University of Pennsylvania School of Social Policy and Practice.
Gender Identity
• Transgender: individuals who do not conform to the traditional male/female gender binary.

HIV Prevalence
• 27.7% (by testing), 11.8% (by self-report).

• Higher rates of HIV infection for African American MtF (56.3% by testing, 30.8% by self-report).

• 27-48% of transgender women reported engaging in sexual risk behaviors.
Syndemic Theory: Complex HIV Risk

- Stigma, marginalization, and discrimination.
- Marginalization ↔ Risk Environment
- HIV Risk Behavior
Research has called for:

- trans-competent and trans-specific services
- multi-component interventions that can address the full constellation of service needs of TG individuals
- increased intervention effort focused on structural barriers facing TG individuals, such as housing

• Very little research exists examining intervention models responsive to the complex and unique needs of TG and GNC PLWHA.
Housing Works – Who We Are

• Founded in 1990 – spun off of ACT-UP – and is now one of the US’s largest providers of housing and other lifesaving services for homeless people living with HIV/AIDS.

• Our Mission: Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts.
Transgender Transitional Housing Program (TTHP)

- Initiated in 2002; City of New York contract.
- Program started with 20 scatter-site apartments in Central Brooklyn with staff offices at our East New York, Brooklyn location.
- Expanded to 30 apartments in 2010.
- Residents have access to the complete HW continuum of care.
- Unique – one of the very few housing programs in the U.S. exclusively for gender variant persons with HIV/AIDS.
- Almost all clients have been MTF folks of transgender experience.
- Nearly all have been African American or Latina.
- High incidences of substance use, mental illness and sex work with this population.
- Average length of stay is approximately 15 months; about half move to PH; they tend to stay in PH at a high rate.
- PD, AA, 2 CMs, and a Residence Manager
Transgender Transitional Housing Program (TTHP)

- Low threshold
- Harm reduction
- Staff on-call 24 hours per day, seven days per week
- Case management
- Life skills training
- Home visits
- Referrals to primary care, adult day healthcare, psychiatric services, substance use programs, job training, etc.
- Behavioral contracts and case conferences
- Eviction
Mixed Methods

• 30 in-depth semi-structured interviews

• Secondary quantitative analysis of program data for all participants (n=96) admitted to the housing program during the period January 2007 to December 2011.
# TTHP: Quantitative Results

<table>
<thead>
<tr>
<th>Demographics (n=96)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify as Male to Female Transgender</td>
<td>92%</td>
</tr>
<tr>
<td>African American</td>
<td>79%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>18%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>As of 12/31/2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Still residing in TTHP Housing</td>
<td>30%</td>
</tr>
<tr>
<td>Discharged to Permanent Housing</td>
<td>39%</td>
</tr>
<tr>
<td>Undetectable viral load</td>
<td>&gt;40%</td>
</tr>
</tbody>
</table>

As of 12/31/2011, the data shows the following: 30% of participants were still residing in TTHP Housing, 39% were discharged to permanent housing, and 40% had an undetectable viral load.
TTHP residents who received both case management and housing services from Housing Works were more than twice as likely to secure permanent housing than were clients who received case management services alone.
Main Themes

• Reduction in exposure to risk environment/ chaotic living situations.

• Access to services that are aware of and responsive to unique needs of transgender clients.

• Development of TG/GNC community
  o safe space for gender expression
  o openness about HIV and a collective HIV knowledge pool
  o an environment that supports healthful behaviors.
“Now I don't have to sell myself to have a place to stay. I'm at a program that's helping me help myself. You know, maintaining something over my head and also other things with that. Helping me with my transition into, you know, into my womanhood and everything else. So I'm like, oh yeah, ok, this could be you know the beginning of me getting back into me. You know because, well, “oh” you know, “all you are is,” you know, most people call transgenders “oh, you're all nothing but- you'll be nothing but a prostitute have sex with people, That's all most of ya'll know how to do anyway. You want no education. All ya'll want to do is run the streets and blah, blah, blah.” That's not particularly true. About most of us. And I didn't want to be that statistic myself, so I said no, I will not be that statistic.”
Chaotic Living Situation

• “I was in the hospital yesterday and the doctors was like, how is your t-cell count so high? ... He was surprised because of my drug use... And I was like, well, I take it (medication). You know, I'm not homeless. You know, I have a place where my meds are safe and I can take them. I don't have to worry about somebody stealing them... And it makes a difference. A very big difference.”

• “When you're around the people because you need some type of socialization, you catch yourself doing something you don't want to do. You know, and that's just the environment. You are what your environment around you is... So now that I have my apartment I've slowed down. You know, I smoke my weed, but I don't do any of that other stuff because there's nobody walking in the halls like 'hey, you wanna try it,' ... I still have friends and stuff that do stuff. But at the end of the day, it's my issue and I have the option to pick what I want to do, who to let in, who not. In the SRO it could be anybody or anything, you can't stop it... You know, when you have an apartment, after that door closes, you're the boss. So I can control what I do, who I do, what I don't do.”
“There was a big problem (in the shelter) with guys who were either trying to fuck me or you know, trying to fight me, or you know it's like, it's not safe for me in the shelter system. So they transferred me over to the female shelter and in the female shelter it was the same problem. The girls was like, oh you're not a real girl, why are you in here? You know, so being in the shelter when you are gender non-conforming... it's not really good to be in a shelter because people always hate on you for who you are... When I was transitioned into TTHP I'm more accepted in life, because I am living by myself and you know other that I can do what I want. I don't have hear people's mouths in my apartment, you know what I am saying. I don't have to go through the drama and stress. So the transition from the shelter to the apartment is a positive transition.”
• “The problem is that they don't have a rehab that's for transgenders ... So it's very hard for them to go into another program because right away they start, oh, you can't dress like that, you can't do this, you can't do that. You gotta dress like a boy. So they start to feel belittled. They get disfocused and then they say, of forget it, I'm leaving. It happened to me... Housing Works is to me, um, it's a place that gives you a sense of safety. They give you a place where you can actually go and feel safe, where you're not gonna be- where people are going to pick on you or, um, judge you. Or, um, you know, they're here to meet you where you're at and medically work with you so that you could understand that you know this is about something that's really serious. And that what we're living (HIV) with is controllable. That I could, I could, and I mean, I did it. They showed me and I did it and I'm gonna continue doing it.”
“I know what it is to try to transition, living in a world that doesn’t accept you. And it’s hard, but when you get to the point where you can accept you, you get to that point where you know what, I couldn’t give a fu- what the world thinks. I’m gonna love me. I’m gonna accept me... until then, if I don’t do that, nothing is gonna fall in place.”

“I like how friendly the other transgender girls is... And just to know that I am walking in a place where she's just like me. You know, or he's just like me. You know, I'm not by myself no more. I don't have to keep it in the back of my head (HIV diagnosis). I can bring it forward and that's what I've been doing. That's why it's been like a lot of chips off my shoulder a lot, from being over there (TTHP).”

“Being around other women... you're looking at someone who's more experienced that's, you know, they're a woman. They've done it all, or they've been through the whole process, so in a way they can relate to what you've been going through. Or what you're about to go through. So that is, um, I find that really helpful... it kind of makes me be more healthful.”
TTHP: Implications for Practice

1. Stable housing allows TG and GNC PLWHA to control the extent to which they are exposed to the risk environment and provides a safe space to practice positive health behaviors.

2. Access to services that are appropriate for and welcoming to transgender individuals has profound impact on successful treatment outcomes for TG and GNC PLWHA.

3. Building a strong community of TG and GNC PLWHA in a supported environment that is open and knowledgeable about HIV can foster self-acceptance, positive attitudes about gender identity, and the promotion of positive health behaviors.


