The Health, Health-Related Needs, and Lifecourse Experiences of Transgender Virginians

Prepared by:
Jessica Xavier, M.P.H.
Julie A. Honnold, Ph.D.
Judith Bradford, Ph.D.
Community Health Research Initiative
Center for Public Policy
Virginia Commonwealth University

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Virginia Transgender Health Initiative Study
Statewide Survey Report

Members of the Study Team:

Judith Bradford, Ph.D.	Principal Investigator and Project Director
Jessica Xavier, M.P.H.	Co-Investigator and Field Manager
Michael Hendricks, Ph.D.	Co-Investigator
Mary Ellen Rives, M.P.A.	Project Manager
Julie A. Honnold, Ph.D.	Statistical Analyst

With the assistance of the Virginia Transgender Task Force, especially Martha Lees, Catherine Hulbert and Zakia Jemayece; Elaine Martin, Ted Heck, and Ami Gandhi of the Virginia Department of Health; and Edward Strickler of the Virginia HIV Community Planning Committee.

Survey Distributors: Judith Bradford, Jessica Xavier, Ted Heck, Martha Lees, Madge Young, Bill Briggs, Magno Caballero, Tomas Cabrero, Ruby Corado, Earline Budd, Gray Border, Jane Whitaker, Martha Harris, E. Russell Lynn, Zakia Jemayece, Robert Key, Lauretta Safford, Christina Carter, Vega Perry, Irma Hinkle, Michael McIntyre, Pam Meador, Sara Sherrard, K'ai Smith, and Dr. Christopher Zitnay.

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Executive Summary

The Community Health Research Initiative (CHRI) of Virginia Commonwealth University conducted a statewide survey of transgender people living in Virginia as part of the Virginia Transgender Health Initiative Study (THIS). THIS, a multi-phase, multi-year project to improve the health of transgender Virginians, was implemented by CHRI under the direction of the Virginia Department of Health Division of Disease Prevention (VDH), advised by the Virginia HIV Community Planning Committee (VHCPC). The overall mission of the VHCPC, working with VDH under the guidance of the US Centers for Disease Control and Prevention, is to identify the most effective HIV prevention strategies for Virginia, including the development of a comprehensive plan and setting priorities for HIV/STD primary and secondary services in collaboration with consumers and providers. The quantitative component of THIS examines health care access by identifying the gaps in services needed by transgender people, in order to identify possible means to reduce risk behaviors in this population.

Data were gathered on access to regular medical care, transgender-related medical care, HIV prevention and treatment services; HIV knowledge, risk behaviors, testing and status; employment and housing discrimination; sexual and physical violence, social support and self esteem; substance abuse and tobacco use; and suicidal ideation and attempts. Psychosocial variables unique to transgender people were also assessed to examine how they influenced HIV and other risks in this population. Recruitment of participants was conducted by CHRI staff, a Transgender Task Force, and VHCPC members, who promoted participation in the survey through service providers, transgender support groups, and informal peer networks. The questionnaire was available in three versions: a web-based version in English and paper versions in English and Spanish. The quantitative survey was conducted from September 2005 to July 2006 with 387 respondents and a final analysis sample of 350, including 229 MTFs (male-to-females) and 121 FTMs (female-to-males). With participants from 60 of the 136 cities and counties in Virginia, THIS is the first truly statewide needs assessment survey of a transgender population in the U.S.

FTM participants were much younger than MTF participants, with median ages of 28 and 40 years, respectively. FTM participants were somewhat better educated than their MTF peers, with 99% having graduated from high school, compared to 90% of MTFs. Nearly 81% of FTMs also reported attending some college, compared to 63% of the MTFs. MTFs reported higher individual and household annual incomes than FTMs. MTFs reported their gender identities mostly as transgender (49%) or women (31%), and FTMs identified mostly as men (37%) or transgender (28%). Forty-five percent of all participants had gender transitioned at the time of the survey, with FTMs having transitioned earlier than MTFs, at a median age of 23 and 28 years, respectively. Another third of participants were planning to transition within 3 years.

Seventy-three percent of participants had health insurance, and 62% had a doctor they saw regularly for health care. Forty-six percent of all participants had to educate their regular doctors about their health care needs as a transgender person, including just over half of the FTMs. Slightly over half of participants felt they would be either uncomfortable or very uncomfortable discussing their transgender status or transgender-specific health care needs with a doctor they did not know, including two-thirds of FTMs. Twenty-four percent of participants had experienced discrimination by a doctor or other health care provider due to their transgender status or gender expression.

Both MTF and FTM participants became aware at a median age of 10 years that their gender identities (their internal sense of their gender) did not match their bodies or physical appearances. FTMs sought treatment for their gender differences earlier than their MTF peers. Seventy-two percent had received counseling or psychotherapy, and 48% had received transgender hormonal therapy. However, participants reported that these services, along with transgender-related surgery, were also the most difficult to obtain. Across all transgender-related services, the most common barriers were inability to pay for the services, their health insurance plans not covering the service, and not knowing if the service was available in their area. Only a third of FTMs received transgender-sensitive gynecological care, and they rated it lower than MTFs for provider sensitivity. Twenty-eight percent of FTMs reported needing but not obtaining transgender-sensitive gynecological care. FTMs consistently rated the quality of care they received and their provider sensitivity lower than MTFs.

Fifty-eight percent of all participants had taken either estrogen or testosterone for transgender-related body transformation during their lifetimes, including nearly two-thirds of MTFs and 41% of FTMs. Forty-eight percent were taking hormones at the time of the survey. Among those not currently taking hormones and those who had never taken hormones, just over half (52%) were planning to take hormones in the future. Half of the hormone-experienced participants had obtained their hormones from someone other than a doctor (from friends, on the street or through the internet) including nearly 60% of MTFs and 22% of FTMs. Nearly 46% of the hormone-experienced had injected themselves with hormones or received a hormone injection from someone other than a doctor or nurse, including 71% of FTMs and 37% of the MTFs. Only six participants among the 90 who had injected themselves reported sharing syringes with others, including five MTFs and one FTM. Forty-two MTF participants (19%) and two FTM participants (2%) reported injection silicone use, with nine ISUs (21%) sharing needles. Nearly 13% of MTFs had undergone genital surgeries, and 22% of FTMs had undergone chest surgeries. Just 3% of FTMs underwent genital sex reassignment.

One in five of the participants felt they had been denied a job due to their transgender status or gender expression, including 21% of MTFs and 18% of FTMs. Thirteen percent reported being fired from a job due to an employer's reaction to their transgender status or gender expression, including

15% of MTFs and 9% of FTMs. A quarter of all participants reported being homeless at some point in their lives, including a third of FTMs and 20% of MTFs. Nine percent of participants, including 14% of FTMs and 6% of MTFs, reported losing housing or a housing opportunity due to their transgender status or gender expression.

Twenty-seven percent reported they had been forced to engage in unwanted sexual activity since the time they were 13 years old, including 35% of FTMS and 22% of MTFs. Forty percent of the participants reported being physically attacked since the time they were 13 years old, including 45% of FTMs and 36% of MTFs. Nearly two-thirds of participants reported having thoughts of killing themselves in their lifetimes, including 79% of the FTMs and 58% of the MTFs. Among MTFs reporting suicidal ideation, 61% felt their gender issues were either most of or the main reason for their suicidal ideation, compared to 39% of FTMs. Among participants who reported suicidal ideation, 41% made suicide attempts, with similar attempt rates for MTFs and FTMs.

On a lifetime basis, marijuana (67%), painkillers (42%), powder cocaine (32%), and downers (27%) were the most popular drugs used by participants. FTMs exhibited higher rates of lifetime use and earlier first use of drugs than the MTFs. On a lifetime basis, 6% of participants had injected drugs (not including hormones) including 8% of FTMs and 5% of MTFs. Among all IDUs, 8 (40%) reported sharing needles to inject their drugs. Participants reported much lower levels of their current drug use, with marijuana (18%), downers (5%), painkillers (5%), poppers (3%), and powder cocaine (3%) the most popular. Ninety-three percent of participants had drunk alcohol in their lifetimes, and a quarter of those felt it had been a problem, including 39% of FTMs and 18% of MTFs. Nearly two thirds of participants had used tobacco in their lifetimes, including 75% of the FTMs and 59% of the MTFs.

Nearly 96% of the participants reported they had sex in their lifetimes, including 97% of MTFs and 94% of FTMs. Sixty-two percent of the MTFs had sex with non-transgender men, 61% with non-transgender women, 16% with other transgender women, and 8% with FTMs. Eighty-seven percent of the FTMs had sex with non-transgender women, 54% with non-transgender men, 18% with other FTMs, and 8% with transgender women. Eighty-four percent of FTMs and 72% of MTFs reported having sex in the past six months. Among the recently sexually active MTFs, 60% had sex with non-transgender men, 37% with non-transgender women, 8% with other MTFs, and 4% with FTMs in the past six months. Among the recently sexually active FTMs, 82% had sex with non-transgender women, 18% with non-transgender men, 11% with other FTMs, and 3% with MTFs in the past six months.

Among the MTFs with primary partners, 50% never used condoms or other protective barriers, compared to 22% who always used them. Among the FTMs with primary partners, 51% never used condoms or other protective barriers, compared to nearly 19% who always used them. Among the MTFs with other partners besides their primary partner, 39% always used condoms or other protective

barriers, and 10% rarely or never did. Among the FTMs with other partners, 53% always used condoms or other protective barriers, with 13% never using them. Twenty-four percent of participants were abstaining from sex at the time of the survey, including 28% of MTFs and 17% of FTMs.

The most commonly reported sources of information about HIV and AIDS were participants' doctor's offices (42%), television, radio and magazines (40%), internet searches (39%), their peers (34%), and school (32%). Overall, FTMs scored higher in both their HIV knowledge and perception of HIV/AIDS risk. Two-thirds of participants had received printed HIV prevention and education materials, but they were rated the lowest among the four prevention and education services for quality and sensitivity to the participants as transgender persons. Twenty-eight percent of participants had encountered HIV outreach services, and 27% had attended an HIV prevention group or workshop. As with transgender care services, FTMs consistently ranked service quality and sensitivity lower than their MTF peers, especially in the sensitivity of providers towards them as transgender persons.

Eighty-two percent of all participants had been tested for HIV, with 36% getting their most recent test less than six months ago and 58% within the past year. The most common reason given for not getting tested was always having safer sex (38%). Over a third of those tested had had unprotected sex since their last HIV test, including almost half of the FTMs and almost a third of MTFs. Among the 266 participants who reported their HIV status, 10.5% were HIV positive, nearly 86% were negative and 4% did not know their results. None of the tested FTMs who reported their HIV status was positive. Among the MTFs who reported their status, 16% (28 participants) were HIV positive. Most found out about their infections two or more years ago. The most commonly reported means of becoming infected was unprotected sex with a non-transgender man (86%).

Among the HIV positive transgender women, 22 (79%) were taking HIV medications at the time of the survey. Of the 22 taking HIV medications, 10 (46%) were also taking transgender-related hormones with those HIV medications. The doctors of 9 of the 10 HIV+ transgender women knew they were taking hormones as well as HIV medications, and 7 had discussed possible interactions between their hormones and HIV medications. Among HIV treatment services, HIV medications were the most utilized service, followed by case management, CTR, support groups, ER visits, and outpatient care. The least utilized services were substance abuse treatment, transportation services and home health care. Among those services rated by 10 or more HIV+ participants, HIV-related emergency room visits was rated lowest for both quality and provider sensitivity. Reported barriers to HIV treatment were low, and only a few participants who had encountered a barrier to a treatment service reported a reason for being unable to obtain it. The most difficult HIV-related services to obtain were HIV-related financial assistance (by 7 participants) and HIV medications.

Introduction

Transgender people are those who cannot or choose not to conform to societal gender norms based upon their physical or birth sex. Their gender vector describes the direction of gender change from natal sex assignment and provides a basic means of their classification. Thus, transgender women are natal males with female identification or expression (male-to-females or MTFs), and transgender men are natal females with male identification or expression (female-to-males or FTMs). Transgender includes a variety of subpopulations, with many identity self-descriptors that can be hard to define. Transsexual people are transgender people who seek or who have undergone surgical sex reassignment. While nearly all transsexual people undergo gender transition and begin living in a gender opposite their physical sex, not all transgender subpopulations will do so.

Following its similar studies of other at-risk groups, the Virginia HIV Community Planning Committee (VHCPC) chose transgender people as a population of special interest for research in 2002. At that time, transgender people living in Virginia were one of four populations of special interest with virtually no data to inform the VHCPC's process in assisting the Virginia Department of Health with its HIV prevention planning for the Commonwealth. The Centers for Disease Control and Prevention (CDC) has classified transgender people as a "Special Population" within the Men who have Sex with Men category, regardless of their gender vector. As of this date, the CDC has not conducted separate surveillance assessment of the prevalence or incidence of HIV among transgender persons. However, there is sufficient data from studies conducted by other public health organizations suggesting that transgender people are at high risk for HIV infection.

HIV prevalence among transgender women has been found to be very high, ranging from 14% in San Juan, PR (Rodríquez-Madera, & Toro-Alfonso, 2005); 19% in Philadelphia, PA (Kenagy, 2005); 21% in Chicago, IL (Kenagy & Bostwick, 2005); 22% in Los Angeles, CA (Simon, Reback, & Bemis, 2000); 22% in New York, NY (McGowan, 1999); 27% in Houston, TX (Risser, Shelton, McCurdy, Atkinson, Padgett, Useche, Thomas, & Williams, 2005); 32% in Washington, DC (Xavier, Bobbin, Singer & Budd, 2005) and 35% in San Francisco, CA (Clements-Nolle, Marx, Guzman, & Katz, 2001). Transgender women sex workers are at particularly high risk, since they are often financially induced to engage in barrier-free sex (Boles & Elifson, 1994; McGowan, 1999; Nemoto, Operario, Keatley, Han, & Soma, 2004). A 1993 study of 53 transgender women sex workers in Atlanta, GA found that 68% were HIV positive, 79% had syphilis, and 76% had hepatitis B (Elifson, Boles, Posey, Sweat, Darrow & Elsea, 1993). Although significantly under-examined, HIV prevalence among FTMs was found to be 3% in Washington, DC (Xavier et al, 2005) and 2% in San Francisco, CA (Clements-Nolle et al, 2001).

High rates of substance abuse have been found by all the studies cited above, including injection drug use involving needle sharing among transgender women and men (Clements, Katz, & Marx, 1999;

McGowan, 2000; Risser et al, 2005). Other often overlooked means of viral transmission of HIV and Hepatitis B and C include sharing of needles for the injection of hormones and the injection of silicone or other heavy liquids by transgender women or illicit providers to alter their bodyshapes. Among transgender women, injection silicone use has been found to range from 13% to 33% (Risser et al, 2005; Xavier et al, 2005; McGowan, 1999; Kenagy & Bostwick, 2005; Kenagy, 2005; and Reback, Simon, Bemis, & Gatson, 2001).

In addition to the quantitative research cited above, a number of qualitative studies have examined the health care and social service needs of transgender people, in relation to their HIV, other STD and substance abuse risks (Boles & Elifson, 1994; Bockting, Robinson, & Rosser, 1998; Kammerer, Mason, Connors, & Durkee, 1999; Clements, Wilkinson, Kitano, & Marx, 1999; Nemoto, Operario, Keatley, & Villegas, 2004; and Sperber, Landers, & Lawrence, 2005). Taken together, these studies suggest that the social stigma of transgenderism produces extreme social marginalization, resulting in lives dominated by discrimination, violence, and multiple barriers to access to health care and social services. Transgender people are underserved not only in HIV prevention and treatment services, but also in access to medical care, especially transgender-related health care.

The Virginia Transgender Health Initiative Study

The Virginia Transgender Health Initiative Study (THIS) is a multi-phase, multi-year project implemented by the Community Health Research Initiative (CHRI) of Virginia Commonwealth University, under the direction of the VHCPC and the Virginia Department of Health (VDH). Using both qualitative and quantitative research methods, THIS seeks to improve health care access by identifying gaps in services needed by transgender people, and recommending possible means to reduce HIV risk behaviors in this population. The principal components of THIS include provider education (two statewide training sessions for providers), a qualitative study phase (focus groups), a quantitative study phase (survey instrument), the development of a resource manual for use by transgender people and their providers, and ongoing capacity building for public health organizations and their staffs.

To assist CHRI and VDH in the implementation of THIS, the Transgender Taskforce (TTF) was formed to enlist community involvement. The TTF began meeting in the fall of 2003 and became instrumental in a community mobilization process, informing the transgender communities of Virginia about the purposes of THIS and opportunities to participate in the study. A newsletter was produced for circulation among providers and transgender residents of Virginia, to illustrate the work of THIS and the TTF. The second phase of THIS reported herein examines the data collected from participants in a statewide quantitative survey, which followed the qualitative data gathered through the focus groups of phase one (Xavier & Bradford, 2005).

Study Design and Methodology

The principal research questions of the quantitative survey were identical to those of the focus groups. We sought to identify the risk factors driving HIV infection and the social determinants (such as race, class, education, and employment) of health status among transgender people in Virginia. We also examined how transgender people currently access routine medical, transgender-related, HIV-related, and mental health services in Virginia. We explored what experiences they have had with their providers, what barriers to access they have encountered, and what their service needs are. Finally, we assessed the psychological and behavioral factors associated with increased risk, as well as the impact of barriers routinely encountered by transgender individuals in attempting to access healthcare services.

An analysis of the qualitative data collected in the focus groups (Xavier & Bradford, 2005) informed the process of constructing the quantitative questionnaire. Subsequent to that analysis, we revised our four level hypothetical conceptual model (Figure 1). In this model, transgenderism and its associated social stigma are hypothesized to be root causes of poor health status, producing societal factors such as the prioritization of access to transgender-related medical services by transgender people, health care provider ignorance of transgender health, discrimination, and low self-esteem. These societal factors produce mediating factors such as provider hostility/insensitivity, lack of health insurance, insurance failure to cover transgender care, poverty, sex work, substance abuse, and gender identity validation through sex. The final products of these mediators are direct risk factors including self-medication with transgender hormones, injection silicone use, unprotected sex, and injection drug use. On the basis of this conceptual model, 13 question areas were included in the survey instrument:

- Demographics
- Access to regular medical services
- Access to transgender care services, including mental health
- Employment discrimination
- Housing discrimination
- Sexual and physical violence
- Social support and self-esteem
- Suicidal ideation and attempts
- Substance abuse and tobacco use, including access to treatment
- HIV knowledge and perception of risk
- HIV risk behaviors
- HIV testing and status
- Access to HIV/AIDS prevention and treatment services

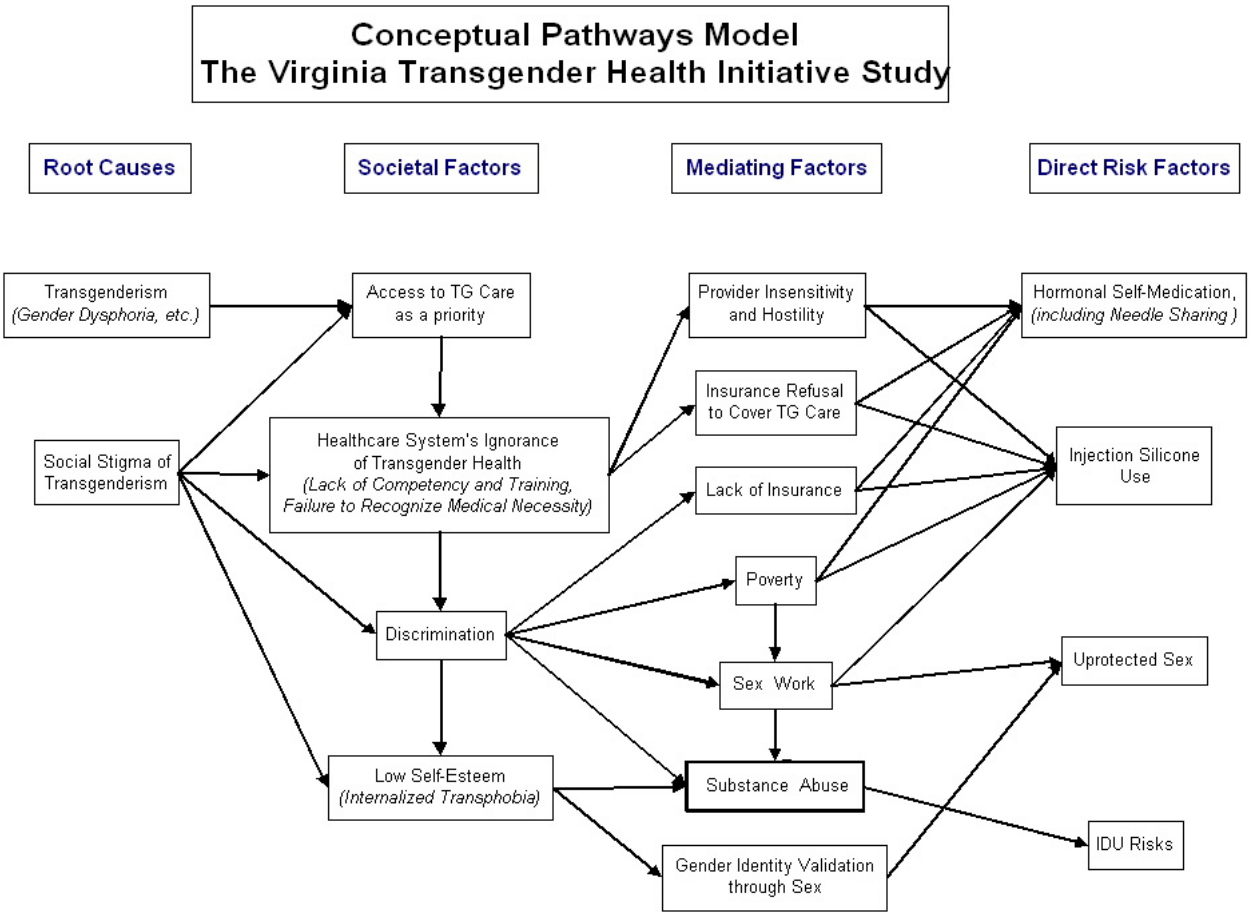

Figure 1

Due to the social marginalization of this population, and the need to reach the entire Commonwealth, we decided to distribute the survey instrument through a paper version and an internet version, accessible through a website. The survey was pilot-tested at a Gay Pride event in September, 2005 and subsequently underwent a final revision. A Spanish paper version was then developed to reach monolingual Spanish speakers. The final version of the survey instrument (see Appendix II) was completed in October, 2005.

Eligibility to participate emerged as a key issue, since transgender people use a wide variety of terms to self-identify, and some gender variant persons do not use transgender as either an individual identity term nor as an umbrella term containing their particular identity. To overcome this barrier, we defined transgender for the purpose of the study to mean those who:

- have lived or want to live full-time in a gender opposite their birth or physical sex;
- have or want to physically modify their body to match who they feel they really are inside; or,

- have or want to wear the clothing of the opposite sex, in order to express an inner, cross-gender identity

Individuals were eligible to participate in the study who considered themselves transgender under the above definition, 18 years or older, and residents of or attending school in Virginia. Both versions of the questionnaire (paper and web) included an informed consent statement assuring that participation was completely voluntary and that no identifying information would be used in reporting the data. A financial incentive of $15 was paid to each participant who requested it.

Study recruitment was coordinated by the Survey Field Manager, working with the Transgender Task Force and VHCPC members, who promoted participation in the survey through service providers, transgender support groups, and informal peer networks. Data were collected from September 2005 through July 2006, and entered into SPSS Version 14 for Windows for analysis. A total of 387 responses were received. Review for residential, age and transgender definitional eligibility, overall completeness, and inclusion of key demographic variables resulted in a final analysis sample of 350 participants.

The analysis herein is presented by gender vector and region. Gender vector is the primary unit of analysis, as determined by the physical sex assigned at birth reported by participants (i.e., the first element of gender vector). Accordingly, we dichotomized our participants into MTFs (natal males) and FTMs (natal females). Since nearly all Intersex persons are assigned a sex at birth, they are included in this dichotomy. Although we imposed a gender vector in our analysis, we did so for practical analytical reasons. We do not intend any disrespect towards individual participant transgender self-identifications, which can include over a hundred self-descriptors or combinations thereof.

Regional classification is by four regions: northern, central, eastern and western, the last of which is a combination of the southwest and northwest regions as commonly used by VDH. Fifty-eight participants (16.6%) did not give responses when asked to identify their county or city of residence, and thus their region could not be determined. Since the regions drew different subsamples with regard to age and gender vector, they are, therefore, not comparable with each other. Unless otherwise indicated, numbers and percentages are given for only those who responded to each question.

Study Results

Standard Demographics

Table 1 presents the standard demographics of the participants and other general characteristics of the sample. Among the 350 transgender participants in the analysis sample were 229 MTFs (65%) and 121 FTMs (35%). Two hundred and 10 responses (60%) via the web and 140 (40%) completed paper questionnaires were received. Compared with those who completed paper questionnaires, those who responded via the web had higher incomes, were more highly educated, more likely to have health

insurance, and more likely to have children. They were also less likely to be out about their transgender status to their doctors and had fewer encounters with other transgender people. The top three ways participants learned about the survey were through a friend (27%), the internet (21%), and support group (13%).

The northern region drew 30% of all participants who indicated their place of residence, followed by eastern (27%), western (23%), and central (20%).[1] The majority of participants in each region were MTFs, with percentages in the northern (73%) and central (67%) regions being the highest. However, a substantial minority of participants in each region were FTMs, particularly in the western (44%) and central (43%) regions. Fairfax County (12.3%), the City of Richmond (11.6%), and the City of Norfolk (9.9%) were the top three jurisdictions reported by participants. Participants resided or attended school in at least 60 of the 136 counties and cities of the Commonwealth.[1] Participants described their residential areas as urban (42.3%), suburban (40.0%), and rural (17.7%). Participants in the northern and western regions were the most likely to describe their residential area as suburban (57% and 41%, respectively), while those in eastern and central regions were the most likely to live in urban areas (51% and 50%, respectively).

Sixty-two percent of the participants were white, 25% African-American, 4% Latino/a, and 7% multiracial. In three of the regions, the great majority of participants were white, ranging from 74% in the central region to 85% in the western region. However, the majority of participants from the eastern region (57%) were African-American, and 34% were white. There were 15 Latino/a participants, most of whom were from the northern region (n=9). Nearly all participants spoke English regularly, and just 2.6% spoke only Spanish. Ninety-five percent of the participants were born in the U.S., and 96% were U.S. citizens. Of the 13 participants who were not U.S. citizens, 9 had either a permanent visa or a temporary working permit, and 4 had no documentation.

The median age among all participants was 36 years, with marked differences between the median ages of MTFs (40 years) and FTMs (28 years), indicating FTM participants were much younger in this sample. The youngest MTFs, as measured by median age, were from the eastern region (36 years), and the oldest were from the northern region (47 years). The youngest FTMs were from the western region (25 years), and the oldest were from the northern and eastern regions (31 years).

[1] Fifty-eight participants (17%) did not report their place of residence and could not be classified into a particular region.

Table 1: THIS Participant Standard Demographics

		Total		MTF		FTM	
Region [2]	Northern	89	30.5%	65	34.6%	24	23.1%
	Eastern	79	27.1%	53	28.2%	26	25.0%
	Western (NW & SW)	66	22.6%	37	19.7%	29	27.9%
	Central	58	19.9%	33	17.6%	25	24.0%
Area Type	Urban	146	42.3%	95	42.2%	51	42.5%
	Suburban	138	40.0%	87	38.7%	51	42.5%
	Rural	61	17.7%	43	19.1%	18	15.0%
Race/Ethnicity	White	216	62.2%	136	60.2%	80	66.1%
	African-American	88	25.4%	61	27.0%	27	22.3%
	Multiracial	24	6.9%	12	5.3%	12	9.9%
	Latino/Latina	15	4.3%	13	5.8%	2	1.7%
	Asian/Pacific Islander	2	0.6%	2	0.9%	0	-
	Native American	1	0.3%	1	0.4%	0	-
	Caribbean	1	0.3%	1	0.4%	0	-
Median Age		36		40		28	
Age Ranges	18-24	84	24.0%	37	16.2%	47	38.8%
	25-34	83	23.7%	46	20.1%	37	30.6%
	35-44	72	20.6%	49	21.4%	23	19.0%
	45-54	73	20.9%	63	27.5%	10	8.3%
	55-64	36	10.3%	32	14.0%	4	3.3%
	65 or older	2	0.6%	2	0.8%	0	-
Education	8th grade or less	9	2.6%	9	4.0%	0	-
	Some high school (no diploma)	15	4.3%	14	6.2%	1	0.8%
	High school graduate or GED	51	14.7%	38	16.7%	13	10.7%
	Technical certificate or Associate's degree	32	9.2%	23	10.1%	9	7.4%
	Some college (no degree)	112	32.2%	54	23.8%	58	47.9%
	College graduate	61	17.5%	41	18.1%	20	16.5%
	Some graduate school (no degree)	24	6.9%	15	6.6%	9	7.4%
	Graduate or professional degree	44	12.6%	33	14.5%	11	9.1%

[2] Fifty-eight respondents (16.6% of the sample) did not identify the city or county where they lived and could not be classified by region. By gender vector, 41 MFTs (17.9%) and 17 FTMs (14.0%) did not identify their place of residence.

Table 1, continued							
		Total		MTF		FTM	
Current Employment Status	Full-time (35 hours or more per week)	196	56.3%	132	57.9%	64	53.3%
	Part-time (less than 35 hours per week)	69	19.8%	41	18.0%	28	23.3%
	Student (not employed)	22	6.3%	9	3.9%	13	10.8%
	Retired	8	2.3%	7	3.1%	1	0.8%
	Out of work, on disability	21	6.0%	15	6.6%	6	5.0%
	Currently unemployed (not a student, retired, or on disability)	32	9.2%	24	10.5%	8	6.7%

FTM participants were somewhat better educated than their MTF peers, with 99% at least having graduated from high school, compared to 90% of MTFs. Nearly 81% of FTMs also reported attending at least some college, compared to 63% of the MTFs. Among the 92% of participants who had attended high school, nearly 45% of them experienced hostility or insensitivity from other students, teachers or school administrators, including 59% of the FTMs and 36% of the MTFs. Among those experiencing hostility or insensitivity, 5% felt it was a contributing factor or the main reason why they did not finish high school.

Three-quarters of the participants (76%) were working either full-time (35 hours or more per week) or part-time (less than 35 hours per week). The western (80%), central (79%), and northern (78%) regions had almost identical percentages of participants working either full-time or part-time, followed by eastern (70%). Although 24% of the participants were not employed, only 9% were unemployed persons who were not disabled (6%), retired (2%), or non-working students (6%). The nine percent unemployed included 10% of the MTFs and 7% of the FTMs. The most common current sources of income reported by MTFs were working as private sector professionals (22%) and working in the service industry (18%). A third of FTMs (33%) reported their current sources of income from working in the service industry, and 14% from working as creative artists, followed by skilled labor (13%). Seven percent of MTFs (16 participants) and 1 FTM participant reported sex work as their current source of income.

Thirty-nine percent of participants reported annual individual incomes at or below the poverty line (less than $17,000), and 26% reported household incomes at that level. Half of the participants (51%) reported 2004 individual incomes of $24,000 or more, including 58% of the MTFs and 39% of the FTMs. Sixty percent of all participants reported 2004 household incomes of $30,000 or more, including

64% of the MTFs and 52% of the FTMs. The median household income fell in the $40-49,999 category for the MTFs and the $30-39,999 category for the FTMs.

Twenty-nine percent of the participants (including 36% of MTFs and 16% of FTMs) had either biological or adopted children, and among those with children, over a third (37%) had their children living with them. Nearly half (49%) of all participants lived in a house or apartment they rented or shared, and almost a third (32%) lived in a house, condominium or co-op that they owned or co-owned. Another 8% lived rent-free in a house or apartment, and 3% lived in assisted, temporary or transitional housing. Just 5 participants lived in shelters or on the streets. The most common living arrangements among participants were living alone (29%), with a significant other (19%), with their spouse (15%), with gay lesbian or bisexual roommates (11%), with straight roommates (10%), or with immediate birth families (9%). Forty-six percent lived with one other adult, and 35% lived alone. Fifteen percent lived with one or more children.

Transgender-specific Demographics

Table 2 shows transgender-specific demographic characteristics. Transgender (42%) was the most commonly reported gender identity among all participants. MTFs reported their gender identities mostly as transgender (49%) or women (31%) and FTMs identified mostly as men (37%) or transgender (28%). Intersex conditions include chromosomal anomalies, mixed sex characteristics, and sometimes ambiguous genitalia, and the participants reported a much higher rate of intersex conditions than found in a non-transgender population. Overall, 13% reported having a medically recognized intersex condition, including 16% of the MTFs and 7% of the FTMs.

A transgender person who has *gender transitioned* is living full-time in a gender opposite to physical sex assigned at birth. Transition is roughly equivalent to coming out or being openly gay. However, most transgender people who gain access to hormonal therapy and cosmetic surgeries eventually pass well enough in their chosen genders to conceal their transgender status. Forty-five percent of all participants had transitioned at the time of the survey, at an overall median age of 26 years. In spite of their overall age difference, almost as high a percentage of FTMs (44%) as MTFs (46%) had transitioned. FTMs transitioned earlier, at a median age of 23, while MTFs transitioned at a median age of 28 years. Almost another third (32%) were planning to transition, with 40% planning to do so in a year or less, and 37% within two to three years. Twenty-three percent were not planning to transition, including 24% of the FTMs and 22% of the MTFs.

The most common sexual orientations reported by MTFs were gay (21%), heterosexual (20%), and bisexual (20%). The most common sexual orientations among FTMs were heterosexual (23%), queer (22%), and lesbian (20%). However, these data should be interpreted carefully, since identity-

driven risk behavioral assumptions commonly associated with non-transgender people may not apply here. For example, a transgender woman without surgery might view her sex with non-transgender men as heterosexual, while an FTM might resist the labeling of his relationship with a woman as heterosexual. Moreover, gender transition is also a time of questioning and experimenting with their sexualities for many transgender persons, and shifts in sexual orientation are not uncommon.

Table 2: THIS Participant Transgender-Specific Demographics

		Total		MTF		FTM	
Current Gender Identity	**Transgender**	146	41.8%	112	48.9%	34	28.3%
	Woman	89	25.5%	71	31.0%	18	15.0%
	Man	68	19.5%	24	10.5%	44	36.7%
	Androgynous	17	4.9%	10	4.4%	7	5.8%
	Gender Queer	11	3.2%	1	0.4%	10	8.3%
	Questioning	7	2.0%	5	2.2%	2	1.7%
	Other	11	3.2%	6	2.6%	5	4.2%
Diagnosed with a medically-recognized intersex condition		45	13.0%	37	16.4%	8	6.7%
Gender Transitioned		157	45.2%	105	46.1%	52	43.7%
Age at Transition	**19 years or younger**	34	22.2%	21	20.4%	13	26.0%
	20-29 years	51	33.3%	31	30.1%	20	40.0%
	30-39 years	26	17.0%	17	16.5%	9	18.0%
	40 years or more	42	27.5%	34	33.0%	8	16.0%
Planning to Transition		111	32.0%	73	32.0%	38	31.9%
When planning to transition	**In 1 year or less**	43	40.2%	28	39.4%	15	41.7%
	In 2-3 years	40	37.4%	30	42.3%	10	27.8%
	In 4-5 years	14	13.1%	8	11.3%	6	16.7%
	In 6 years or more	10	9.3%	5	7.0%	5	13.9%
Not planning to transition		79	22.8%	50	21.9%	29	24.4%

Access to Regular Medical Care

Table 3 presents the experience of the participants in accessing routine health care. Overall, 73% of the participants had health insurance, including 78% of the FTMs and 70% of the MTFs. Participants with insurance included those who had private insurance, either through their employers (54%), through their parents or families (16%), or that they paid for directly (10%), and those with

Medicare (12%) or Medicaid (6%). Six percent of respondents had been denied enrollment in a health insurance plan because of their transgender status.

Sixty-two percent of participants had a doctor they saw regularly for health care, and 38% did not. Overall, 9% had never had a doctor they saw regularly for routine health care. Two-thirds (66%) felt it was important or very important for them to discuss their transgender status and transgender-specific health care needs with their doctors, and 71% were out to their regular doctors, including 73% of the MTFs and 67% of the FTMs.

Table 3: Access to Regular Medical Care

		Total		MTF		FTM	
Had Regular Doctors		211	62.1%	141	63.8%	70	58.8%
Out to Their Regular Doctors		149	71.0%	102	72.9%	47	67.1%
Comfort Levels discussing transgender status & transgender-specific needs	**Comfortable or Very Comfortable**	95	63.7%	65	63.7%	30	63.9%
	Uncomfortable or Very Uncomfortable	54	36.2%	37	36.3%	17	36.2%
Transgender health knowledge level of doctor	**Knowledgeable or Very Knowledgeable**	76	51.0%	59	57.8%	17	36.2%
	Not at all or Somewhat Knowledgeable	73	49.0%	43	42.2%	30	63.8%
Ever had to educate their doctor about health care needs as a transgender person		69	46.3%	45	44.1%	25	51.1%
Doctor they did not know	**Uncomfortable or Very uncomfortable discussing transgender status and transgender-specific needs**	176	51.2%	97	43.1%	79	66.4%
Reason for discomfort	**Fear of insensitive reaction**	113	64.2%	57	58.8%	56	70.9%
	Fear of being denied treatment	86	48.9%	39	40.2%	47	59.5%
	Fear of ridicule	75	42.6%	40	41.2%	35	44.3%
	Fear of hostile reaction	74	42.0%	30	30.9%	44	55.7%
Ever experienced discrimination by a doctor or other health care provider		84	24.3%	55	24.4%	29	24.0%
Lack of appropriate restroom facilities ever prevented seeing a doctor or getting care		37	10.9%	21	9.3%	16	13.9%

Among those out to their regular doctors, 64% felt either comfortable or very comfortable discussing their transgender status and transgender-specific health care needs with them, but 36% felt either uncomfortable or very uncomfortable discussing these issues with them. Just over a half (51%) of those who were out felt their regular doctors were either knowledgeable or very knowledgeable about transgender health care issues. However, only 36% of the FTMs felt their regular doctor was

knowledgeable or very knowledgeable, compared to 58% of the MTFs. Forty-six percent of all participants had to educate their regular doctors about their health care needs as a transgender person, including a slightly higher percentage of the FTMs (51%) than MTFs (44%).

Twenty-four percent of participants had experienced discrimination by a doctor or other health care provider due to their transgender status or gender expression. About half (51%) felt they would be either uncomfortable or very uncomfortable discussing their transgender status or transgender-specific health care needs with a doctor they did not know, including a higher percentage of FTMs (66%) than MTFs (43%). The most common reasons these participants reported for their discomfort were fear of an insensitive reaction (64%), fear of being denied treatment (49%), fear of ridicule (43%), and fear of a hostile reaction (42%). Lack of appropriate restroom facilities was reported as a barrier to accessing health care by 11% of participants, including 14% of FTMs and 9% of MTFs.

Access to Transgender-related Health Care (including Mental Health)

Most participants became aware at an early age that their gender identities (their internal sense of their own gender) did not match their bodies or physical appearances. The median age for this realization was 10 years for both MTFs and FTMs; by age 14, 75% of MTFs and 68% of FTMs had reached this realization. FTM participants waited until a median age of 23 years to seek any form of transgender-related treatment, compared to 26 years for MTFs. However, 29% of the participants had never sought any transgender-related treatment, including 42% of FTMs and 22% of MTFs.

More than three-quarters of all participants (78%) felt that changing their bodies to become who they feel they really are was either very or somewhat important, and only 10% felt it would never be important to them, including nearly 15% of the FTMs and 8% of MTFs. The most common reasons given for why changing their body was important were: wanting to be comfortable in their own body (88%), self-esteem (64%), safety (46%), and secure employment (34%). Sixty-two percent of all participants had found information about transgender-related health care, but more MTFs were successful in finding it than FTMs (65% versus 56%). The top three sources of information were the internet (69%), transgender support groups (50%), and word of mouth (47%).

Table 4 shows participant levels of access to transgender-specific services, as well as their average ratings of the service quality and the sensitivity of service providers. Those who received a service were asked to rate its quality and the sensitivity of their provider to them as a transgender person on a five point scale from 1 (extremely poor) to 5 (excellent). Counseling or psychotherapy demonstrated the highest levels of access by participants (72%), followed by transgender hormonal therapy (48%). More MTFs had received transgender hormonal therapy than FTMs (51% versus 40%), and they were substantially more likely than FTMs to receive electrolysis and speech therapy.

Table 4: Mean Quality and Sensitivity Ratings for Access to Transgender Care

	Ever Received Service						Quality of Service			Sensitivity of Provider		
	Total		MTF		FTM		Total	MTF	FTM	Total	MTF	FTM
Counseling or psychotherapy	246	72.1%	164	73.5%	82	69.5%	4.20	4.35	3.93	4.44	4.55	4.24
Transgender hormonal therapy	159	47.5%	112	51.1	47	40.5%	4.32	4.36	4.20	4.39	4.40	4.38
Transgender-related surgery of any kind	84	25.2%	55	25.3%	29	25.0%	4.55	4.63	4.41	4.60	4.60	4.60
Transgender-sensitive gynecological care	75	22.7%	37	17.1%	38	33.3%	3.96	3.97	3.94	3.90	4.10	3.71
Transgender-related electrolysis	106	32.1%	101	46.3%	5	4.5%	4.42	4.43	4.00	4.46	4.48	3.50
Transgender-related speech therapy	49	14.9%	45	20.8%	4	3.6%	4.14	4.20	3.00	4.20	4.20	--

1 = Extremely Poor, 2 = Poor, 3 = Fair, 4 = Good, 5 = Excellent

Only a third (33%) of FTMs reported receiving transgender-sensitive gynecological care, and they rated it lower than MTFs for sensitivity (3.71 versus 4.10). Overall, the lowest average ratings for quality of service were gynecological care (3.96) and speech therapy (4.14), which were also the lowest rated averages for provider sensitivity (3.90 and 4.20, respectively). FTMs consistently rated the quality of care they received and the sensitivity of their providers lower than MTFs.

Among transgender-related services explicitly wanted by participants in the past year, transgender hormonal therapy (33%) was the most difficult to obtain, followed by transgender-related surgery (27%), counseling or psychotherapy (26%), transgender-related electrolysis (23%), transgender-sensitive gynecological care (21%), and transgender-related speech therapy (19%). Across all transgender-related services sought by participants, the most common barriers were inability to pay for the services, their health insurance plans not covering them, and not knowing if the service was available in their area. Twenty-one percent needed transgender-sensitive gynecological care but could not obtain it, including 28% of the FTMs and 17% of the MTFs. The most common barriers were not knowing if it was available in their area (29%), inability to pay (21%), provider insensitivity or hostility to transgender people (10%), and health insurance plans not covering it (10%).

Fifty-eight percent of all participants had taken either estrogen or testosterone for transgender-related body transformation during their lifetimes, including nearly two-thirds (66%) of MTFs and 42% of

FTMs. Half of the hormone-experienced participants had obtained their hormones from someone other than a doctor (from friends, on the street, or through the internet), including nearly 60% of MTFs and 22% of FTMs. Twenty-nine percent had no blood tests done to monitor the effects of the hormones they took. Eighty-two percent of the hormone-experienced (46% of the entire sample) were currently taking hormones at the time of the survey, including 92% of FTMs and 78% of MTFs. Among the hormone-naïve participants and those who were hormone-experienced but not currently taking hormones, 52% were planning to take hormones in the future and 25% were unsure.

Forty-six percent of the hormone-experienced had injected themselves with hormones or received a hormone injection from someone other than a doctor or nurse, including 71% of FTMs and 37% of MTFs. Only six participants among the 90 who had injected themselves reported sharing the syringes with others, including five MTFs and one FTM. Injection silicone use is popular among MTFs as an adjunct or alternative to hormone therapy, which can be difficult to obtain or undesirable due to libidinal changes imposed by estrogen. Forty-two MTF participants (19%) and two FTM participants (2%) reported injection silicone use, with 21% of those injecting silicone sharing needles.

With regard to sex reassignment surgeries, 13% of MTFs had undergone genital surgeries and 22% of FTMs had undergone chest surgeries. Just 3.3% of FTMs underwent genital surgeries. Among the MTFs, 17% had breast augmentation surgeries and 20% had some other cosmetic surgeries.

Employment and Housing Discrimination

Table 5 shows employment and housing discrimination data. Nearly two-thirds (65%) of the participants were employed by people other than themselves, and of those, 42% reported their employers were aware of their transgender status, with another 12% not knowing or unsure. Among the participants who knew their employers knew about their transgender status, 9% felt their employer's awareness had a negative impact on their job, with complaints of hostility or insensitivity by their direct supervisors, co-workers, or higher management most commonly reported.

Twenty percent of the participants felt they had been denied a job for which they applied due to their transgender status or gender expression. Slightly more MTFs (21%) reported this form of employment discrimination than FTMs (18%), but FTMs experienced it at an earlier age than MTFs, at a median age of 22 years versus 27 years. Thirteen percent of participants reported being fired from a job due to their employer's reaction to their transgender status or gender expression. More MTFs (15%) lost their jobs than FTMs (9%), but the FTMs were likely to experience it earlier in life, at a median age of 23 years versus 28 years for MTFs.

Table 5: Employment and Housing Discrimination

		Total		MTF		FTM	
Employed by someone else		219	65.2%	144	66.1%	75	63.6%
	Employer knows transgender status	91	41.9%	65	45.8%	26	34.7%
	Employer knowing has negative impact on employment	8	8.9%	5	7.7%	3	12.0%
Ever denied job applied for due to TG status or gender expression		65	19.6%	44	20.7%	21	17.8%
Ever fired due to TG status or gender expression		42	12.7%	32	15.0%	10	8.5%
Ever lost housing or housing opportunity due to TG status or gender expression		29	8.6%	12	5.5%	17	14.3%

One-quarter of all participants reported being homeless at some point in their lives, including 33% of FTMs and 20% of MTFs. Five participants reported being homeless at the time of the survey, with the lack of affordable housing cited as the principal reason. Of those who had ever been homeless, 8% had been denied a bed in a homeless shelter due to their transgender status or gender expression, including 11% of MTFs and 5% of FTMs. Among all participants, 17% had been evicted in their lifetimes, with inability to pay the rent (54%) and their transgender status or gender expression (29%) the most common reasons for the evictions. Overall, 9% of participants, including 14% of FTMs and 6% of MTFs, reported losing housing or a housing opportunity due to their transgender status or gender expression. The median age for this type of discrimination was 21 years for FTMs and 25 years for MTFs.

Sexual and Physical Violence

Twenty-seven percent of participants reported having been forced to engage in unwanted sexual activity since the time they were 13 years old, including 35% of FTMS and 23% of MTFs. The median age for the first incident of forced sex was 14 for FTMs and 15 for MTFs. Of those who experienced forced sex, 20% reported one incident, 26% reported two incidents, 19% reported three to five incidents; another 19% reported six to 19 incidents, and 16% reported 20 or more incidents. Over half (57%) of the participants reported they felt the reason for one or more of the incidents of forced sex was due to their transgender status, gender identity, or gender expression, with 71% of MTFs attributing that motive to one or more of the incidents, compared to 40% of FTMs.

Thirty-five percent of the participants reported that one or more of the incidents of forced sex involved someone living in the participant's household at the time. The most common perpetrators were an acquaintance (48%), a complete stranger (26%), father or stepfather (16%), a former spouse or partner (14%), current spouse or partner, and brother or sister (both 12%). Overall, 83% of the participants who experienced forced sex did not report any incidents to the police. The most recent incidents of forced sex were an average of 11 years ago for FTMs and 15 years ago for MTFs, and 86% went unreported to the police.

Excluding sexual violence, 40% of the participants reported they had been physically attacked since the time they were 13 years old, including 46% of FTMs and 36% of MTFs. The median age for the first incident of physical assault was 16 years for both FTMs and MTFs. Of those who experienced physical assaults, 18% reported one incident, 23% reported two incidents, 30% reported three to five incidents, 17% reported six to 19 incidents, and 12% reported 20 or more. Over two-thirds (69%) of participants reported they felt the primary reason for one or more of the incidents of physical assaults was their transgender status, gender identity, or gender expression, with 72% of FTMs and 67% of MTFs reporting this perceived motive.

Almost one-third (31%) of the participants reported that one or more of the incidents of physical assault involved someone living in the participant's household at the time. The most common perpetrators were a complete stranger (47%), an acquaintance (27%), another person not categorized (27%), father or stepfather (16%), mother or stepmother (9%), current spouse/partner, brother/sister, or a former spouse or partner (all 8%). Overall, 70% of the respondents who were attacked did not report any assault to the police. The most recent incidents of physical assault were an average of 6.6 years ago for FTMs and 11 years ago for MTFs, and 74% went unreported to the police.

Suicidal Ideation and Attempts

Participants were asked to assess the level of support they experienced from their immediate social environments. The highest levels of support came from their transgender friends, transgender support groups, and non-transgender friends. The lowest levels of support came from their family by marriage; their church, temple or mosque; and their birth family. A little over half (51%) had personally encountered more than 10 other transgender people at least once in the past six months, but 7% had no such personal encounters, including 9% of the MTFs and 5% of the FTMs. The median number of such encounters was higher for MTFs (10) than for FTMs (6).

Nearly two-thirds (65%) of participants reported ever having thoughts of killing themselves, including 79% of the FTMs and 58% of the MTFs. Among MTFs reporting suicidal ideation, 62% felt their gender issues were either most of or the main reason for their suicidal ideation, compared to 39% of

FTMs. Among the 223 participants reporting suicidal ideation, 89 (41%) made suicide attempts – or 25% of the entire sample. Among those who thought about killing themselves, the suicide attempt rates were similar for FTMs (43%) and MTFs (41%). One-third of those attempting suicide had made one attempt; another 30% had made two attempts; 16% made 3 attempts; 14% made 4 to 9 attempts; and 8% made 10 or more attempts. The median age for the first suicide attempt was 15 years for FTMs and 16 years for MTFs. The median age for the last suicide attempt was 20 years for FTMs and 22 years for MTFs.

Substance Use and Abuse

Ninety-three percent of participants had drunk alcohol in their lifetimes, and among them, 25% felt it had been a problem, including 39% of FTMs and 18% of MTFs. The median age the problem drinkers first noticed it was a problem was 19 years for FTMs and 22 years for MTFs. Sixty percent of the problem drinkers were still drinking at the time of the survey, including about two-thirds of the MTF problem drinkers (68%) and over half (54%) of the FTMs. However, only four of the problem drinkers felt their current drinking was a problem for them, with three not seeking treatment at the time and one on a waiting list.

Nearly two-thirds (65%) of the participants had used tobacco in their lifetimes, including 75% of the FTMs and 59% of the MTFs. Among those who had smoked in their lifetimes, 36% felt it had been a problem, including 45% of the FTMs and 30% of the MTFs. The median age the problem smokers first noticed it was a problem was 18 years for FTMs and 21 years for MTFs. Among the problem smokers, 59% were still smoking at the time of the survey, including 62% of the FTMs and 55% of the MTFs. Ninety-one percent felt their current smoking was a problem for them, but 70% of those were not seeking treatment at the time. Of those for whom smoking was a problem, 16% were successful in finding a cessation program, 5% could not find a program in their area, and another 5% were afraid to join a program due to their fears of their transgender status being revealed. Eleven percent had other reasons that kept them from joining a smoking cessation program.

Table 6 shows lifetime drug use by participants, with drugs rank ordered by most common use. On a lifetime basis, marijuana (67%), painkillers (42%), powder cocaine (32%), and downers (27%) were the most popular drugs used by participants. FTMs exhibited somewhat higher rates than MTFs of lifetime use for all drugs. FTMs also first used drugs at an earlier median age (16 years) compared with MTFs (18 years). On a lifetime basis, 6% of participants had injected drugs (not including hormones), including 8% of FTMs and 5% of MTFs. The median age of first injection drug use was 22 years for the MTF IDUs and 26 years for the FTM IDUs. Among all IDUs, eight (40%) reported sharing needles to inject their drugs, with half cleaning their syringes after each use.

Table 6: Lifetime Drug Use

	Total		MTF		FTM	
Marijuana	227	66.8%	138	62.2%	89	75.4%
Painkillers (Oxycontin, Vicodin, Percocet, etc.)	131	41.7%	69	34.3%	62	54.9%
Cocaine (powder)	103	31.5%	63	29.6%	40	35.1%
Downers (Valium, Ativan, Xanax, etc.)	86	27.0%	44	21.5%	42	37.2%
Hallucinogens (LSD, Peyote, Mushrooms, etc.)	73	23.0%	41	20.0%	32	28.6%
Poppers (amyl nitrate, butyl nitrate)	60	19.2%	37	18.1%	23	21.1%
Methamphetamine	51	16.2%	29	14.1%	22	20.0%
Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	47	14.9%	27	13.2%	20	18.2%
Crack Cocaine	45	14.2%	22	10.7%	23	20.4%
PCP	34	10.9%	17	8.4%	17	15.5%
Heroin	23	7.2%	11	5.3%	12	10.7%
Injection Drug Use	21	6.1%	11	4.9%	10	8.3%

Table 7: Current Drug Use

	Total		MTF		FTM	
Marijuana	60	18.2%	39	18.4%	21	17.8%
Downers (Valium, Ativan, Xanax, etc.)	17	5.4%	9	4.5%	8	7.0%
Painkillers (Oxycontin, Vicodin, Percocet, etc.)	16	5.0%	8	3.9%	8	7.0%
Poppers (amyl nitrate, butyl nitrate)	9	2.8%	7	3.4%	2	1.7%
Cocaine (powder)	8	2.5%	6	2.9%	2	1.8%
Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	6	1.9%	3	1.5%	3	2.6%
Hallucinogens (LSD, Peyote, Mushrooms, etc.)	2	0.6%	1	0.5%	1	0.9%
Methamphetamine	2	0.6%	1	0.5%	1	0.9%
Crack Cocaine	1	0.3%	1	0.5%	0	-
Heroin	1	0.3%	1	0.5%	0	-
PCP	0	-	-	-	-	-

Table 7 shows current drug use by participants, with drugs rank-ordered by most common use. Participants reported much lower levels of current drug use than lifetime use, with marijuana (18%), downers (5%), painkillers (5%), poppers (3%), and powder cocaine (3%) the most popular. There were only slight differences between FTMs and MTFs in types of drugs currently used. Among the 82

participants admitting current use of any drug, just 11 (13%) responded that it was a problem for them, including 10 MTFs and one FTM. Of those 11, eight were not looking for a treatment program, two were afraid to join because their transgender status would be revealed, and one was successful in finding treatment.

Knowledge of HIV/AIDS and Perception of Risk

Sources of information about HIV/AIDS are shown in Table 8 by rank order. The most commonly reported sources of information about HIV and AIDS were doctor's office (42%), television, radio and magazines (40%), internet searches (39%), peers (34%), and school (32%). Although their doctor's office was the most commonly reported source among MTFs (45%), FTMs most commonly reported their school (53%). When asked to choose the one source that gave them the most information, participants chose their school (13%), their doctor's office (13%), internet searches (12%), and mass media (television, radio, magazines) (11%).

Table 8: Sources of Information about HIV/AIDS

	Total		MTF		FTM	
My doctor's office	148	42.3%	103	45.0%	45	37.2%
TV/radio/magazines	139	39.7%	92	40.2%	47	38.8%
Internet searches	136	38.9%	92	40.2%	44	36.4%
From my peers (including those who are HIV+)	119	34.0%	64	27.9%	55	45.5%
School	113	32.3%	49	21.4%	64	52.9%
Health Department	108	30.9%	73	31.9%	35	28.9%
Health care facility, other than doctor's office or hospital	94	26.9%	61	26.6%	33	27.3%
Support group	90	25.7%	66	28.8%	24	19.8%
Gay/lesbian bar or club	89	25.4%	54	23.6%	35	28.9%
Outreach workers	77	22.0%	42	18.3%	35	28.9%
Counseling sessions	76	21.7%	59	25.8%	17	14.0%
Hospital	69	19.7%	46	20.1%	23	19.0%
Seminar, workshop, focus group	68	19.4%	39	17.0%	29	24.0%
Other source not listed	40	11.4%	25	10.9%	15	12.4%
Internet chat rooms	32	9.1%	25	10.9%	7	5.8%
Church	25	7.1%	20	8.7%	5	4.1%

Participants' knowledge of HIV /AIDS and perceptions of risk are shown in Table 9. Participants were asked if they strongly agreed (1), agreed (2), neither agreed nor disagreed (3), disagreed (4), or strongly disagreed (5). Scores for each question were obtained by calculating the mean (average) score using this numerical scale, so that a higher score indicated higher HIV knowledge or perception of risk. Overall, FTMs scored higher than MTFs in HIV knowledge and perception of HIV/AIDS risk. For questions assessing perceptions of risk, the lowest means were on the avoidance of HIV information question. For questions assessing HIV/AIDS knowledge, the two questions regarding cleaning syringes used to inject drugs and hormones had the lowest means overall. Due to the higher viscosity of injectable hormone medications, it is unlikely that cleaning syringes is effective in completely eliminating the transmission risk of HIV, Hepatitis B, and Hepatitis C.

Table 9: Knowledge of HIV/AIDS and Perception of Risk

		Total	MTF	FTM
HIV/AIDS knowledge	**You have to have sex with a lot of different people to get HIV (F)**	4.50	4.48	4.56
	The only risky sex is anal sex (F)	4.49	4.36	4.74
	If someone looks really healthy, they probably don't have HIV (F)	4.60	4.47	4.85
	Cleaning syringes that are shared to inject drugs greatly reduces chances of getting HIV (T)	3.98	3.94	4.06
	Cleaning syringes that are shared to inject hormones greatly reduces chances of getting HIV (F)	3.99	3.93	4.10
Attitudes and perception of HIV/AIDS Risk	**Whether I get HIV or not is mostly a matter of luck**	4.45	4.37	4.61
	Information about HIV and AIDS is so depressing that I tend to avoid it	4.14	4.04	4.32
	Every time I get sick I am afraid it might be AIDS	4.39	4.22	4.70
	Safer sex is too difficult to practice every time I have sex	4.31	4.28	4.35
	Because of new treatments available, AIDS is no longer such a big deal	4.55	4.44	4.75
	Transgender people are much less at risk for getting HIV/AIDS than are gay people	4.52	4.42	4.73

1 = Strongly Agree, 2 = Agree, 3 = Neither Agree nor Disagree, 4 = Disagree, 5 = Strongly Disagree

Sexual Behaviors and Risks

Table 10 presents the sexual behaviors and risks of the participants. Ninety-six percent of the participants reported they had sex in their lifetimes, including 97% of the MTFs and 94% of the FTMs. In their lifetime sexual experience, 62% of the MTFs had sex with non-transgender men, 61% with non-transgender women, 16% with other MTFs, and 8% with FTMs. In their lifetimes, 87% of the FTMs had sex with non-transgender women, 54% with non-transgender men, 18% with other FTMs, and 8% with transgender women. Among participants who had sex with non-transgender men, 70% of the MTFs agreed with the statement "I feel more real when I have sex with a non-transgender man," compared to 12% of FTMs. Among participants who had sex with non-transgender women, 55% of the FTMs agreed

with the statement "I feel more real when I have sex with a non-transgender woman," compared to 24% of MTFs. The responses to both these questions suggest that gender identity validation through sex with a non-transgender opposite gender partner may be a contributing factor in sexual risk-taking.

Table 10: Sexual Behaviors and Risks

		MTF		FTM	
Sex partners over lifetime (n = 327)	**Non-transgender men**	135	62.5%	60	54.1%
	Non-transgender women	132	61.1%	97	87.4%
	Transgender women	34	15.7%	9	8.1%
	FTMs	18	8.3%	21	18.9%
Sex partners in last six months (n = 250)	**Non-transgender men**	93	59.6%	17	18.1%
	Non-transgender women	58	37.2%	77	81.9%
	Transgender women	13	8.3%	3	3.2%
	FTMs	7	4.5%	10	10.6%
Agree with statement "I feel more real when I have sex with a non-transgender man"		93	69.9%	7	11.9%
Agree with statement "I feel more real when I have sex with a non-transgender woman"		32	24.4%	52	55.3%
Current relationship status (n = 323)	**Monogamous**	78	36.8	60	54.1%
	Non-monogamous	31	14.6%	15	13.5%
	Not in a relationship, but looking	57	26.9%	16	14.4%
	Not in a relationship, not looking	46	21.7%	20	18.0%
Frequency of condom use with primary partner (n=181)	**Always**	24	22.4%	14	18.9%
	Most of the time	9	8.4%	7	9.5%
	Sometimes	11	10.3%	7	9.5%
	Rarely	9	8.4%	8	10.8%
	Never	54	50.5%	38	51.4%
Frequency of condom use with other partners (n=43)	**Always**	11	39.3%	8	53.5%
	Most of the time	7	25.0%	3	20.0%
	Sometimes	7	25.0%	2	13.3%
	Rarely	2	7.1%	0	-
	Never	1	3.6%	2	13.3%

Eighty-four percent of FTMs and 72% of MTFs reported having sex in the past six months. Among the 156 recently sexually active MTFs, 60% had sex in the past six months with non-transgender men, 37% with non-transgender women, 8% with other MTFs, and 4% with FTMs. Among the 94 recently sexually active FTMs, 82% had sex with non-transgender women, 18% with non-transgender men, 11% with other FTMs, and 3% with MTFs in the past six months. MTFs described their current relationship status as monogamous (37%), looking to be in a relationship (27%), not looking for a relationship (22%), and non-monogamous (15%). Over half (54%) of the FTMs described their current relationships as monogamous, with 18% not looking, 14% looking, and 14% non-monogamous.

Among the 107 MTFs with primary partners, 50% never used condoms or other protective barriers, compared to 22% who always used them. Among the 74 FTMs with primary partners, 51% never used condoms or other protective barriers, compared to 19% who always used them. Among the 28 MTFs with other partners besides their primary partner, 39% always used condoms or other protective barriers, and 11% rarely or never did. Among the 15 FTMs with other partners, 53% always used condoms or other protective barriers, with 13% never using them. When asked who decides whether to use protection or not, 46% of MTFs reported they always decided; another 32% reported deciding together with their partners. Among FTMs, 32% reported that they always decided, and 45% reported they decided together with their partners.

Eighty-one participants (24%) were abstaining from sex at the time of the survey, including 28% of MTFs and 17% of FTMs. The most common reason given for abstinence by just over half (52%) of these participants was not finding a partner with whom they wanted to have sex. Another 35% were abstaining because they did not like the way their bodies looked, including 55% of the abstaining FTMs but just 28% of abstaining MTFs.

Access to HIV/AIDS Prevention and Education Services

Table 11 shows the access of all participants to four types of HIV prevention and education services, as well as their associated mean (average) quality of service and sensitivity of service provider scores. Those who received a service were asked to rate its quality and the sensitivity of their provider to them as a transgender person on a five point scale from 1 (extremely poor) to 5 (excellent). Over two-thirds (69%) had received printed HIV prevention and education materials, the highest level of access among the four services. However, among the four services, these printed materials were rated the lowest for quality and provider sensitivity to the participants as transgender persons.

Over a quarter (28%) of the participants had encountered HIV outreach services, and another quarter (27%) had attended an HIV prevention group or workshop. The service with the lowest level of utilization by participants was HIV crisis intervention / hotlines, with 13% of participants. As with transgender care services, FTMs consistently ranked service quality and sensitivity lower than their MTF peers, especially in sensitivity of the providers towards them as transgender persons. Low numbers of participants reported being unable to obtain these HIV prevention and education services. Only 7% could not obtain printed HIV prevention and education materials, 7% could not find an HIV prevention group or workshop, 6% could not find HIV outreach services, and 6% could not find HIV crisis intervention. The most common reasons for not being able to access these services were not knowing if they were available in their area and the lack of transgender staff or outreach workers.

Table 11: Mean Quality and Sensitivity Ratings for Access to HIV Prevention and Education Services by All Participants

	Ever Received Service						Quality of Service			Sensitivity of Provider		
	Total		MTF		FTM		Total	MTF	FTM	Total	MTF	FTM
Printed HIV-related prevention and education materials	234	69.0%	146	66.7%	88	73.3%	4.29	4.36	4.16	3.73	3.93	3.36
HIV-related outreach services	93	28.3%	63	29.7%	30	25.6%	4.33	4.39	4.17	4.05	4.32	3.38
HIV prevention group/ workshop	87	26.7%	53	25.0%	34	29.8%	4.56	4.61	4.48	4.21	4.38	3.85
HIV crisis intervention hotline	41	12.8%	31	14.9%	10	8.8%	4.33	4.32	4.40	4.14	4.28	3.25

1 = Extremely Poor, 2 = Poor, 3 = Fair, 4 = Good, 5 = Excellent

Table 12: HIV Testing and Status

		Total		MTF		FTM	
Never tested for HIV		61	17.8%	32	14.2%	29	24.6%
Reason given for not getting tested (n = 61)	**I always have safer sex**	23	37.7%	13	40.6%	10	34.5%
	Afraid to get tested – other reason	17	27.9%	9	28.1%	8	27.6%
	Don't know where to get free testing	9	14.8%	3	9.4%	6	20.7%
	Don't know where to get anonymous testing	9	14.8%	4	12.5%	5	17.2%
	Not important to me to get tested	9	14.8%	6	18.8%	3	10.3%
	I've never had sex	9	14.8%	3	9.4%	6	20.7%
Tested for HIV		282	82.2%	193	85.8%	89	75.4%
Most recent HIV Test	**Less than 6 months ago**	101	36.2%	73	38.4%	28	31.5%
	6 months to almost 1 year ago	61	21.9%	41	21.6%	20	22.5%
	1 to almost 2 years ago	31	11.1%	20	10.5%	11	12.4%
	2 or more years ago	86	30.8%	56	29.5%	30	33.7%
Results of most recent HIV test	**HIV positive**	28	10.5%	28	15.7%	0	-
	HIV negative	228	85.7%	144	80.9%	84	95.5%
	Don't know results	10	3.8%	6	3.4%	4	4.5%
Had unprotected sex since last HIV test (including sexual assault)		104	36.9%	61	31.6%	43	48.3%
Got a tattoo or piercing since last HIV test		44	15.6%	16	8.3%	28	31.5%

HIV Testing and Status

Table 12 shows the HIV testing and status of participants. Eighty-two percent had been tested for HIV, with 36% of tested participants getting their most recent test less than six months ago and 58% within the past year. The most common reasons for not getting tested were always having safer sex (38%) and another reason not classified (28%). Over a third (37%) of those tested had had unprotected sex (including sexual assaults) since their last HIV test, including almost half (48%) of the FTMs and almost a third (32%) of MTFs. Of all participants who were tested, 16% had received tattoos or piercings since their last test. Of the 282 participants who were tested, 16 (6%) did not report their status.

Among the 266 participants who reported their HIV status, 10.5% were HIV positive, 86% were negative, and 4% did not know their results. Among the MTFs who reported their status, 16% (28 participants) were HIV positive. Most (89%) found out about their infections two or more years ago. The most commonly reported probable means of becoming infected was unprotected sex with a non-transgender man (86%). None of the tested FTMs who reported their HIV status were positive.

Access to HIV/AIDS Treatment Services

Among the 28 HIV positive transgender women, 22 (79%)[3] were taking HIV medications at the time of the survey, and of these 22, 10 (46%) were also taking transgender-related hormones with those HIV medications. The doctors of nine of these 10 HIV+ transgender women knew they were taking hormones as well as HIV medications, and seven had discussed possible interactions between their hormones and HIV medications. Table 13 shows the utilization of rank-ordered HIV-related treatment services by the 28 HIV positive participants, as well as their associated average quality of service and sensitivity of service provider scores. HIV medications were the most utilized service, followed by case management, CTR, support groups, outpatient care, ER visits, and counseling. The least utilized services were HIV-related substance abuse treatment, transportation services, and home health care. Among those HIV/AIDS treatment services rated by 10 or more HIV+ participants, HIV-related emergency room visits was rated lowest for both quality (3.92) and provider sensitivity (3.73). This was the only such service rated below 4.0 for either quality or sensitivity.

Reported barriers to HIV treatment were low in number, and not many participants who had encountered a barrier gave a reason for being unable to obtain a particular service. The most difficult HIV-related service to obtain was HIV-related financial assistance, reported by seven participants (25%), with reasons reported as inability to pay for them, inability to receive assistance to pay for them, and

[3] Due to the small number of HIV+ participants, percentages reported in this section are based on all 28, rather than on just the number of valid responses (i.e., those responding to each question).

fear of HIV status being revealed. After financial assistance, five participants each needed but could not obtain outpatient care and HIV medications. Four each needed hospitalization, case management, counseling, legal services, and support groups. Three each needed emergency room visits, CTR, and transportation services, followed by two needing food services, and one each needing substance abuse treatment and home health care. In general, the most commonly mentioned reasons for not obtaining services were: not knowing if services were available in the area, not being able to pay, problems obtaining transportation, fear of HIV+ status being revealed, and being on a waiting list.

Table 13: Mean Quality and Sensitivity Ratings for Access to HIV Treatment Services by HIV+ Participants (n = 28, all MTFs)

	Ever Received Service*		Quality of Service	Sensitivity of Provider
HIV-related medications	23	82.1%	4.65	4.33
HIV-related case management	17	60.7%	4.56	4.58
HIV-related testing, resource & referral information	17	60.7%	4.69	4.62
HIV-related support groups	14	50.0%	4.54	4.78
HIV-related outpatient clinical care	14	50.0%	4.50	4.46
HIV-related emergency room visits	13	46.4%	3.92	3.73
HIV-related counseling/ therapy	13	46.4%	4.46	4.36
HIV-related hospitalization	11	39.3%	4.10	4.00
HIV-related financial assistance	10	35.7%	4.40	4.33
HIV-related food services	9	32.1%	4.78	4.62
HIV-related legal services	7	25.0%	4.33	4.1
HIV-related home health care	6	21.4%	3.80	3.60
HIV-related substance abuse treatment	4	14.3%	4.00	3.33
HIV-related transportation services	4	14.3%	3.25	3.25

1 = Extremely Poor, 2 = Poor, 3 = Fair, 4 = Good, 5 = Excellent

* Percentages in this column are based on all 28 HIV+ participants

Regional Analysis

Although differences in the standard and transgender demographics of the samples obtained in each region prevent side by side comparisons, some regional data are important to note.

EASTERN: Participants in the eastern region had the highest percentage of paper completions (68%) among all regions. Eastern also had the highest percentage of African-American participants (57%). After northern, eastern reported the highest percentage of strictly unemployed participants (10%). The eastern region had the highest percentage of participants with a regular doctor (72%) and the lowest reported percentage of participants reporting discrimination by a health care provider (14%). However, only 16% of eastern participants reported accessing gynecological care, compared to a high of 35% in the central region.

Eastern had the most participants who had not sought any transgender-related treatment, the lowest percentage of participants who had gender transitioned (30%), and the lowest percentage of access to transgender hormonal therapy (37%) among all regions. Eastern also had the highest percentage of hormone-experienced participants who received street hormones (73%), and over half had injected their hormones or received an injection from someone other than a medical provider. Eastern also had the highest level of injection silicone use (19%) among its participants.

Although participants in the eastern region were the least likely to report suicidal ideation (53%), those who did were the most likely to have made suicide attempts (51%). After the northern region, eastern reported the highest percentage of participants with an IDU history (6.4%). Eastern had the highest regional current use percentage for any drug reported by participants (marijuana, 27%).

In the eastern region, the most commonly reported single source of information about HIV/AIDS was their doctor's office (18%). Among the regions, eastern had the highest percentage of participants who had sex in the past six months (84%). The eastern region had the highest percentage (91%) of participants who had been tested and the most HIV+ participants (n=15, or 22.1% of those tested in the region), although nine of the 28 total HIV+ participants did not report their city or county of residence.

WESTERN: After the northern region, the western region had the highest percentage of web-based completions (85%). Western had the lowest percentage of participants with health insurance (67%) among all regions and with regular doctors (58%). Along with central, western's participants experienced the highest level of discrimination by a doctor or other health care provider (both 29%).

The western region had the highest percentage of participants reporting forced sex (32%) and physical attacks (45%) and the lowest median number of contacts with other transgender people (3) among all regions, suggesting more isolation and less support. This region had the highest percentage of

participants reporting suicidal ideation (77%), the highest percentage of those reporting an alcohol problem in their lifetimes (31%), and a history of tobacco use (71%).

Western participants rated all four prevention and education services notably lower for quality and sensitivity than participants in the other regions. Internet searches and school (both 16%) were the most commonly reported sources of information about HIV/AIDS. Western had the lowest (75%) percentage of participants who had been tested for HIV (75%) followed by northern (76%).

CENTRAL: Along with western's participants, central's experienced the highest level of discrimination by a doctor or other health care provider (both 29%). Central, however, had the highest level of access of gynecological care (35%). Central's participants also had the highest percentage of access to transgender hormonal therapy (61%) and the lowest use of street hormones (35%) among all regions. It also had the highest percentage of transitioned participants (57%). There may be an association with these data and the presence of a local program in hormonal therapy in Richmond.

In the central region, the most commonly reported source of information about HIV/AIDS was the participant's school (22%). Central had the second highest number of HIV+ participants (n=3, or 6.8%) although nine of the 28 total HIV+ participants did not report where they lived.

NORTHERN: Participants in the northern region had the highest percentage of web-based completions (90%). Among all regions, northern had the highest percentage of Latino/a participants (20%) and regular Spanish speakers (8%). Northern had the highest percentages of college-educated participants (60%) and those with health insurance (81%). It also had the highest individual median incomes (in the $50,000-$69,999 range) but also the highest percentage of strictly unemployed participants (12%).

The northern region also had the highest levels of any form of transgender-related surgery among all regions. The northern region reported the highest number of participants who had injected drugs (6.7%) but similar to the eastern region (6.4%). In the northern region, the most commonly reported single source of information about HIV/AIDS was internet searches (20%). Northern also had the second lowest percentage of participants who had been tested for HIV (76%) after the western region (75%).

Summary of Findings

MTFs

MTFs in this sample were older (median age of 40 years versus 28 years) and not quite as well educated as their FTM peers, but they reported higher annual incomes. MTFs were more likely than FTMs to have been fired from a job due to discrimination (15% versus 8%) and a little more likely to have been denied a job due to discrimination (20% versus 17%). MTFs were more likely than FTMs to have biological or adopted children (36% versus 17%) but not as likely to have children living with them (34% versus 50%). MTFs were somewhat more likely to have a regular doctor (64% versus 59%) and to be out to their doctor (73% versus 67%) than FTMs.

MTFs who transitioned did so later than FTMs, at a median age of 28 years. MTFs were somewhat more likely than FTMs to have received transgender hormonal therapy (51% versus 41%) and also to have obtained their hormones from someone other than a doctor (60% versus 22%). MTFs were much more likely than FTMs to get silicone injections (19% versus 2%), genital sex reassignment surgery (13% versus 3%), and cosmetic surgery (20% versus 7%). Among MTFs reporting suicidal ideation, 61% felt their gender issues were either most of or the main reason for their suicidal ideation, compared to 39% of FTMs.

Among MTFs who had sex in the past six months, 60% had sex with non-transgender men, 37% with non-transgender women, 8% with other MTFs, and 4% with FTMs. Among MTFs with primary partners, 50% never used condoms or other protective barriers, compared to 22% who always used them. Among MTFs with other partners besides their primary partner, 39% always used condoms or other protective barriers, and 10% rarely or never did. More MTFs than FTMs (28% versus 17%) were abstaining from sex at the time of the survey. The top three reported sources of information about HIV and AIDS for MTFs were their doctor's offices (45%), television, radio and magazines (40%) and internet searches (40%).

MTFs were somewhat more likely to have been tested for HIV than FTMs (86% versus 75%), and 32% of those who were tested had had unprotected sex since their last HIV test. Among the MTFs who reported their status, 16% (28 participants) were HIV positive. Most found out about their infections two or more years ago. The most commonly reported means of becoming infected was unprotected sex with a non-transgender man (86%). Among HIV treatment services, HIV medications were the most utilized service, followed by case management, CTR, support groups, ER visits and outpatient care. The least utilized services were substance abuse treatment, transportation services, and home health care. Among those services rated by 10 or more HIV+ participants, HIV-related emergency room visits was rated lowest for both quality and provider sensitivity.

FTMs

FTM participants were much younger and somewhat better educated than MTF participants, but had lower annual incomes. Although FTMs experienced somewhat less employment discrimination, they were more likely than MTFs to lose housing due to discrimination (14% versus 6%) and to have been homeless at some point in their lives (33% versus 20%).

Just over half of the FTMs had to educate their regular doctors about their health care needs as a transgender person, compared with 44% of MTFs. Two-thirds of FTMs felt they would be either uncomfortable or very uncomfortable discussing their transgender status or transgender-specific health care needs with a doctor they did not know, compared with 43% of MTFs. The lack of appropriate bathroom facilities was a barrier for a higher percentage of FTMs than MTFs (14% versus 9%).

FTMs sought transgender care services and transitioned on average at 23 years of age, earlier than their MTF peers. Although FTMS were less likely to have received transgender hormonal therapy than MTFs, they were more likely to inject themselves or receive an hormone injection from someone other than a doctor. Only a third of FTMs received transgender-sensitive gynecological care, and they rated it lower for provider sensitivity than MTFs who received it. Another 28% of FTMs reported needing but not obtaining transgender-sensitive gynecological care. FTMs consistently rated the quality of transgender care services they received and their provider sensitivity lower than MTFs.

FTMs were more likely than MTFs to have been forced to engage in unwanted sexual activity (35% versus 22%) and to have been physically attacked (45% versus 36%). FTMs had somewhat higher rates of suicidal ideation than MTFs (79% versus 58%), but there was little difference in attempt rates (43% versus 41%) between FTMs and MTFs. FTMs exhibited higher rates of lifetime drug use and earlier first use of drugs than the MTFs. On a lifetime basis, 8% of FTMs had injected drugs (not including hormones) compared with 5% of MTFs. Thirty-nine percent of FTMs who drank felt it had been a problem, compared to18% of MTFs. FTMs also had a higher lifetime tobacco use (75%) than MTFs (59%).

Among FTMs who had sex in the past six months, 82% had sex with non-transgender women, 18% with non-transgender men, 11% with other FTMs, and 3% with MTFs in the past six months. Among the FTMs with primary partners, 51% never used condoms or other protective barriers, compared to nearly 19% who always used them. Among the FTMs with other partners, 53% always used condoms or other protective barriers, with 13% never using them. FTMs scored higher than MTFs in both their HIV knowledge and perception of HIV/AIDS risk. FTMs consistently ranked HIV prevention and education service quality and sensitivity lower than their MTF peers, especially in the sensitivity of providers towards them as transgender persons. The top three reported sources of

information about HIV and AIDS for FTMs were their school (53%) their peers (46%) and television, radio and magazines (39%).

FTMs were somewhat less likely to have been tested for HIV than MTFs (75% versus 86%) but 48% of FTMs who were tested had had unprotected sex since their last HIV test. None of the tested FTMs who reported their HIV status were positive.

Comparative Data

Compared to U.S. Census data for Virginia in 2004, the sample drew fewer FTMs than female persons (35% to 50.8%). Compared to Virginia's racial and ethnic demography, the sample was composed of 62.2% white (versus 68.7% non-Hispanic white persons), 25.4% African-American (versus 19.9%) 4.3% Latino/a (versus 5.7%) and 6.9 multiracial (versus 1.5%). Five percent of the sample was foreign born, compared to 8.1% of the rest of Virginia.

Ninety-three percent of the sample were high school graduates, compared with 81.5% of other Virginians. Thirty-seven percent of the sample had bachelor's degrees or higher, compared with 29.5% of other Virginians. The sample was composed of 39% of persons with individual incomes and 26% with household incomes below the poverty line ($17,000) compared with 9.9% of other Virginians. The sample's median household incomes fell in the $40-49,999 range for MTFs and $30-39,999 range for the FTMs, compared to a 2003 median income of $50,028 for other Virginians.

According to the Kaiser Family Foundation, 14% of Virginians lacked health insurance in 2004-2005, compared with 27% in this sample. Among those with health insurance, the sample had 12.5% with Medicare (compared with 11% of other Virginians) and 6% Medicaid (compared with 8% of other Virginians). Fifty-four percent of those with health insurance in the sample had obtained it through their private employers, compared with 60% of other Virginians.

According to the Kaiser Family Foundation, 54% of Virginians had been tested for HIV in their lifetimes, compared with 82% of the sample. In 2001, in last 12 months 31.8% of Virginians had been tested, compared with 58% of the sample.

Limitations

No true population data are available on transgender persons, due to the lack of standard definitions of transgender status and the understandable refusal of transgender individuals to identify as such on government-sponsored surveys. In the way that numbers and percentages of women and men in the general population are counted, as in the US Census where individuals self-identify as one or the other of these categories, transgender persons have no way to identify as such. Given opportunities to self-identify in community surveys, many transgender persons may consider this an unsafe step to take.

Thus, the development of valid information about this population is in its infancy. At this stage in transgender health research, the best studies are those that build on what others have found through the most rigorous sampling methods available and in which members of the target population have been fully involved.

The urgency of developing research-based health-related information about transgender communities and individuals in Virginia convinced the VDH and the VHCPC that a statewide study was needed. To offset the difficulties inherent in developing sound data, we implemented the Virginia Transgender Health Initiative Study (THIS) in stages, moving from one step to another in a logical progression, and with transgender researchers and community representatives involved all along the way. We first reviewed all surveys and needs assessments about transgender health that we could find. We next conducted statewide focus groups with diverse segments of the target population to develop the best ideas and methods for a statewide survey. This survey would be the hallmark of the three-year effort undertaken by a broad group of individuals and organizations committed to ensuring access to quality health care for transgender residents of Virginia.

This report presents results from the statewide survey of self-identified transgender Virginians, who completed an extensive questionnaire that they received in a variety of ways, according to how they learned about the study and how they chose to participate. Transgender persons from throughout Virginia responded by completing a pencil-and-paper questionnaire or by completing the survey on an internet site developed specifically for this purpose. The diversity of respondents and their distribution across all regions of the Commonwealth enables us to feel successful in obtaining a reasonably representative sample of the target population. In many ways, our sample is considerably more diverse than other studies have been based upon, which we attribute to the lengthy and intensive efforts made to generate responses from all areas of Virginia. It is likely that a true population sample would have changed results in ways that we cannot predict. Nevertheless, we believe that the concerted efforts made to reach transgender persons throughout the Commonwealth and to offer options for study participation have resulted in a valuable data set that can be used for statewide and regional health planning. Most importantly, we hope that our work is recognized as valuable by the transgender population of Virginia and that we have in no way disadvantaged them by our efforts.

Recommendations to VDH and the VHCPC

This population faces a multiplicity of interrelated risks that must be dealt with holistically. Although social stigma plays a significant role in the lives of our participants, subgroups of this population seem to be at greater distance from health care resources than others. To overcome the many barriers identified in our findings, multi-level interventions are needed to improve the response of the public health system in Virginia to the health care and social service needs of transgender Virginians, increasing the likelihood that they will receive appropriate healthcare that will lower the multiple risks to their health. Our study results support the following recommendations for consideration by VDH and VHCPC. Successful implementation of some of these recommendations may require high levels of cooperation between state and local agencies, and the health care and social service organizations funded by the state.

1. Capacity building assistance for transgender cultural competency training for medical, social service, shelter, transitional housing and other provider staffs

Almost a quarter of the participants had experienced discrimination in a medical care setting due to their transgender status. At least half of the participants reported being uncomfortable discussing their transgender status or transgender-specific medical needs with a doctor they did not know. Although HIV positive participants reported few barriers to HIV treatment, few of those who were unable to obtain a particular service reported why, possibly due to fear of alienating a medical provider. Moreover, the participants of our earlier focus groups (Xavier & Bradford, 2005) identified many broken relationships with medical, mental health, and social service providers that must be addressed before other steps can be taken. Provider-client relationships must be characterized by openness, security and trust. Provider insensitivity to transgender people has been a commonly-reported barrier to medical and mental health care in most of the other needs assessments conducted to date. However, confidence and trust in patient-provider relationships has been found to be a key determinant of level of access to HIV services. Trust in health care providers has been found to be associated with increased contact with providers and improved outcomes in a survey of 611 HIV positive non-transgender respondents composed of 69% racial minorities (Whetten, Leserman, Whetten, Ostermann, Thielman, Swartz and Stangl, 2006). Ongoing capacity building assistance is therefore required to equip hospitals and clinics; AIDS service organizations; state and community-based substance abuse providers, social service and case management organizations and agencies; and programs funded to provide HIV/AIDS education to work effectively and fairly with this population.

Almost 39% of participants reported annual individual incomes at or below the poverty line, and 26.3% reported household incomes at that level. Among our participants, 28% had no health insurance,

and 38% had no doctor they saw regularly for health care. Almost a quarter (24.7%) of all participants reported being homeless at some point in their lives. While capacity building assistance is needed statewide, participants in the central and the western regions reported the highest levels of health care discrimination, suggesting prioritization of these areas for both provider and client education and support. At a minimum, cultural competency training should be provided, focused on raising sensitivity and awareness to the needs, issues and concerns of transgender people at risk, with an emphasis on creating safe spaces for them in medical care and social services settings. Training must also stress the importance of providing sensitive gynecological care to FTMs. Due to the expense and poor quality of phalloplasties, sensitive gynecological care is a life-long and often life-saving medical need for FTMs. However, only a third of our FTM participants had received transgender-sensitive gynecological care, and they rated it low for sensitivity. Another 26% of FTMs reported needing transgender-sensitive gynecological care but not obtaining it, compared to 11% of the MTFs.

2. Capacity building assistance for medical service delivery training for medical providers in transgender care services

Forty-six percent of our participants had to educate their regular doctors about their health care needs as a transgender person, including just over half of the FTMs. The health care discrimination reported earlier very likely reflects health care provider ignorance of the technical aspects of transgender medical care. Capacity building assistance including technical training in transgender health would inform doctors, nurse practitioners, physician assistants, nurses, social workers and others working in medical care settings about transgender care delivery and transgender hormonal therapy. Issues related to transgender hormonal therapy include patient expectations, costs, contraindications, administration methods, drug interactions, and associated health risks. It should also include the possible adverse reactions experienced by HIV positive transgender people who also take hormones.

3. Local clinical transgender care programs operating on a sliding-scale fee, harm reduction model in the eastern and western regions

Demand for access to transgender hormonal therapy was very high among our participants, since it is an important facilitator of gender transition. Hormonal therapy produces changes in secondary sexual characteristics that not only improve self-esteem but also allow transgender people to pass in their chosen gender and lead better lives. Although 45% of our participants had transitioned at the time of the survey, another third were planning to transition, with 77% of them planning to do so in three years or less. Among those not taking hormones at the time of the survey, 52% were planning to take hormones in the future, and 25% were unsure.

However, a third of all participants reported being unable to obtain transgender hormonal therapy in the past year, for reasons including inability to pay for it, health insurance failing to cover it and local unavailability. Moreover, transgender hormonal therapy is not risk-free, and self-medication without a doctor's supervision and routine blood tests can be dangerous. Half of our hormone-experienced participants had obtained their hormones from someone other than a doctor (i.e., from friends, on the street, or through the internet). Another 46% had injected themselves with hormones or received a hormone injection from someone other than a doctor or nurse, and 29% had no blood tests done to monitor the possible adverse effects of the hormones they took.

Another concern is for those who are unable to obtain hormones, who may choose to inject silicone as an alternative. Forty-two MTF participants (18%) and two FTM participants (2%) reported injection silicone use, with nearly 21% of those injecting silicone sharing needles. The eastern region had the highest percentage of hormone-experienced participants who received street hormones (73%), the highest level of self-injection or receiving injections from non-medical providers (55%), and the highest level of injection silicone use (19%) of its participants. The western region had the highest percentage among all regions of participants who wanted hormonal therapy but were unable to obtain it (39%).

This high demand for transgender hormonal therapy may also offer potential as a risk reduction method. The General Theory of Risk Reduction in Transgender Populations[4] is based upon the simple premise that people who are happier in their bodies tend to take better care of them. The theory affirms that affording transgender people a medically safe means of transforming their bodies will improve their self-esteem and bodily comfort, producing bodies worth protecting. Possible results of the application of this theory include reduced likelihood of engaging in self medication of hormones, reduced likelihood of injection silicone use and substance abuse (including injection drug use), and a greater likelihood of practicing safer sex. With transgender hormonal therapy as a magnet, transgender patients could be screened for HIV and other STDs and other chronic illnesses along with sensitive and aware wellness care. Hiring and training transgender staff members would facilitate a welcoming environment and also reduce unemployment.

[4] The General Theory of Risk Reduction is attributable to Ben Singer (in Xavier et al, 2005).

4. Improvement and expansion of outreach services and HIV prevention workshops for transgender people, with attention to specific transgender subpopulations (FTMs, Latinas, commercial sex workers and youth)

Just over a quarter of participants had encountered HIV outreach services, and another quarter had attended an HIV prevention group or workshop. Almost 76% of the participants reported having sex in the past six months, including nearly 84% of FTMs and 71% of MTFs. Given the high levels of sexual activity, the development of outreach programs in very much needed in areas where none exist, combined with HIV prevention workshops and appropriately targeted to transgender people. The region indicating the need for most improvement was the western region, where participants rated all four prevention and education services significantly lower for quality and sensitivity than participants in the other regions.

To staff these programs, transgender people should be hired and trained to provide culturally appropriate prevention, education, outreach, and condom distribution services. Since many transgender people are more likely to frequent their support groups and health care providers, outreach programs will have to be extended beyond street and venue-based outreach, in order to successfully connect with these often hard-to-reach groups. Prevention programs must also take into account the wide variety of sex partners (men, women, transwomen, and FTMs) of our participants, and focus on the sexual risk behaviors, not the sexual orientations, of their clients.

Although the FTMs in our sample scored higher than MTFs in both their HIV knowledge, beliefs and perceptions of HIV/AIDS risk, other studies have found FTMs less likely to use protective barriers and more likely to engage in high risk sex (Kenagy and Hsieh, 2005). The FTMs in our sample were also much younger and somewhat more sexually active than MTFs, and among sexually active FTMs, 18% had sex with non-transgender men in the past six months. As with transgender care services, FTMs consistently ranked quality and sensitivity of all four HIV prevention and education services lower than their MTF peers, especially in sensitivity of the providers towards them as transgender persons. Development of HIV prevention services targeting FTMs, female-bodied transgender, and gender queer persons is both timely and appropriate.

Our focus group data also suggested that Latina transwomen are less likely to use condoms with their partners due to cultural factors. There is very little data to assess the risks of transgender and gender queer youth, but a recent Chicago study found them to be at high risk for HIV (Garofalo, Deleon, Osmer, Doll, & Harper, 2006). A possible limitation in our data was the low numbers of participants who admitted to sex work (16 MTFs and one FTM) but many other studies have shown them to be at high risk for HIV. Specific prevention and outreach programs should be considered for all

these subgroups, and program evaluation should be carefully conducted to determine the effectiveness of any new and improved prevention programs.

5. Development of transgender-specific HIV/AIDS prevention materials and implementation of transgender-specific prevention workshops

Although two-thirds of our participants had received printed HIV prevention and education materials, among the four types of prevention interventions, printed materials were rated the lowest for quality and provider sensitivity to participants as transgender persons. Although low numbers of participants reported being unable to obtain these HIV prevention and education services, those who could not obtain them mentioned not knowing if they were available in their area and the lack of transgender staff or outreach workers to distribute them. HIV prevention materials targeting FTMs are rare in the U.S. and should be developed. As with other populations, materials must be culturally-appropriate and sensitive to transgender populations if they are to be effective. Program evaluation is also required to assess the effectiveness of these new materials.

6. Educational Programs for Transgender People about Transgender Care

Injection silicone use was reported by both MTF (18%) and FTM (2%) participants, as well as self-medication of hormones. It is likely that many participants do not completely understand their risks in these body transformation practices nor the medically safe alternatives that might be available to them. Workshops, speaker's panels, health assessment interviews, and other presentations for health and wellness would serve to bridge this gap in knowledge.

7. Improvement of Access to Mental Health Services for Transgender People

Our data show a population exposed to extreme and persistent psychosocial and economic pressures, as well as sexual and physical violence. Nearly two-thirds of participants reported having had thoughts of killing themselves in their lifetimes, and among the participants reporting suicidal ideation, 41% had made suicide attempts – 25.4% of the entire sample. Twenty-seven percent reported they had been forced to engage in unwanted sexual activity since the time they were 13 years old, including 35% of FTMS and 22% of MTFs. Although 70% of participants had received counseling or psychotherapy in their lifetimes, another 24% reported needing counseling but being unable to obtain it. The main barriers these participants reported were an inability to pay for it (37.7%) and not knowing if it was available in their area (15.6%). Inability to pay was reported as the main barrier by half the participants unable to obtain psychotherapy in the western and northern regions. Access to mental health services is problematic for many other populations, but these data suggest that lack of access for transgender

persons in crisis, or ongoing need for referral and support, is particularly harmful. Creative solutions are warranted to attract and retain more transgender people in mental health care.

8. Improvement of HIV Testing for Transgender People

Participants in the western region had the lowest HIV testing rate (75%). Concerns expressed by many participants in our earlier focus groups over the lack of confidentiality when they are tested must be addressed, in order to provide HIV treatment and implement secondary prevention for those who test positive.

References

Bockting, W.O., Robinson, B.E., & Rosser, B.R.S. (1998). Transgender HIV prevention: A qualitative needs assessment. AIDS Care, 10(4), 505-526

Boles, J. & Elifson, K. (1994). The social organization of transvestite prostitution and AIDS. *Social Science and Medicine,* 39: 85-93

Clements, K., Katz, M., & Marx, R. (1999). The Transgender Community Health Project: Descriptive Results. San Francisco Department of Public Health. Available online at: http://hivinsite.ucsf.edu/InSite.jsp?doc=2098.461e

Clements K., Wilkinson W., Kitano K., Ph.D., Marx R., Ph.D. (1999). HIV Prevention and Health Service Needs of the Transgender Community in San Francisco. International Journal of Transgenderism, 3, 1&2. Available online at: http://www.symposion.com/ijt/hiv_risk/clements.htm

Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. American Journal of Public Health, 91(6), 915-921

Elifson K, Boles J, Posey E, Sweat M, Darrow W, & Elsea, W. (1993). Male Transvestite Prostitutes and HIV Risk. *American Journal of Public Health*, 83(2) 260-262

Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. (2006). Overlooked, misunderstood and at-risk: exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health, 38* (3): 230-6.

Kammerer, N., Mason, T., Connors, M. and Durkee, R. (1999). Transgender Health and Social Service Needs in the Context of HIV Risk. International Journal of Transgenderism 3, 1+2. Available online at: http://www.symposion.com/ijt/hiv_risk/kammerer.htm

Kaiser Family Foundation (2005). State Health Facts – Virginia. Available online at: http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&category= At%2dA%2dGlance& subcategory=&topic=&link_category=&link_subcategory=&link_topic=&welcome=0&area=Virginia

Kenagy G. (2005). The Health and Social Service Needs of Transgender People in Philadelphia. *International Journal of Transgenderism*, *8* (2/3), 49-56

Kenagy, G., & Bostwick, W. (2005). Health and social service needs of transgendered people in Chicago. *International Journal of Transgenderism*, *8* (2/3), 57-66

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

McGowan, C.K. (1999). Transgender Needs Assessment. New York: The HIV Prevention Planning Unit of the New York City Department of Health

Nemoto, T., Operario, D., Keatley, J., Han, L., & Soma, T. (2004). HIV Risk Behaviors Among Male-to-Female Transgender Persons of Color in San Francisco. *American Journal of Public Health, 94*,(7), 1193-1199

Nemoto, T., Operario, D., Keatley, J., & Villegas, D. (2004). Social context of HIV risk behaviors among Male-to-Female Transgender Persons of Colour. AIDS Care, 16(6), 724-735

Reback, C., Simon, P., Bemis, C., & Gatson, B. (2001). *The Los Angeles Transgender Health Study: Community Report*. Los Angeles: University of California at Los Angeles

Risser, J., Shelton, A., McCurdy, S., Atkinson, J., Padgett, P., Useche, B., Thomas, B., & Williams, M. (2005). Sex, Drugs, Violence, and HIV Status Among Male-to-Female Transgender Persons in Houston, Texas. *International Journal of Transgenderism*, *8* (2/3), 67-74

Rodríquez-Madera, S. & Toro-Alfonso, J. (2005). Gender as an Obstacle in HIV/AIDS Prevention: Considerations for the Development of HIV/AIDS Prevention Efforts for Male-to-Female Transgenders. *International Journal of Transgenderism, 8* (2/3), 113- 122

Simon, P., Reback, C., & Bemis, C. (2000). HIV prevalence and incidence among male-to-female transsexuals receiving HIV prevention services in Los Angeles County. *Journal of Acquired Immune Deficiency Syndrome*, 14(18), 2953-2955

Sperber, J., Landers, S., & Lawrence, S. (2005). Access to Health Care for Transgendered Persons: Results of a Needs Assessment in Boston. *International Journal of Transgenderism*, *8* (2/3), 74-91

U.S. Census (2004) People QuickFacts for Virginia. Available online at: http://quickfacts.census.gov/qfd/states/51000.html

Whetten, K., Leserman, J., Whetten, R., Ostermann, J., Thielman, N., Swartz, M. and Stangl, D. (2006). Exploring Lack of Trust in Care Providers and the Government as a Barrier to Health Service Use. *American Journal of Public Health, 96* (4), 716-721.

Xavier, J., Bobbin, M., Singer, B. and Budd, E. (2005). A Needs Assessment of Transgendered People of Color Living in Washington, DC. *International Journal of Transgenderism, 8* (2/3), 31- 47

Xavier, J. and Bradford, J. (2005). *Transgender Health Access in Virginia: Focus Group Report*. Richmond, VA: Virginia HIV Community Planning Committee and Virginia Department of Health. Available online at: http://www.vdh.state.va.us/std/Research%20Highlights/TG%20Focus%20Group%20Report%20final%201.3.pdf

Appendix I: Glossary of Transgender Terminology

Crossdresser: someone who wears the clothing of the other sex, formerly called a transvestite. It usually refers to a man who crossdresses, but there also are women who crossdress.

Drag Queens/Drag Kings: performers who crossdress to perform the art of female and male illusion, often in highly competitive shows. Drag performers are usually gay men or lesbians, and while some consider themselves to be transgender, many do not.

Female-to-Males, FTMs, F2Ms: transgender persons born into female bodies with non-female gender identities and/or gender expressions. Some FTMs identify themselves as transgender men, transsexual men or transmen, but many others resent being perceived as non-transgender men, who they regard as sexist oppressors.

Gender: a psychosocial construct used to classify a person as male, female, both or neither. Although gender and sex are commonly used interchangeably by most people, gender is very distinct from sex.

Gender Dysphoria: intense, persistent feelings of anguish resulting from the inappropriateness of one's birth sex, or from being forced to conform to rigid gender norms based upon one's birth sex.

Gender Identity: someone's personal sense of being a man or a woman, or a boy or a girl, or for some transgender people, something entirely unique. Gender identity is commonly communicated to other people by means of one's Gender Expression.

Gender Identity Disorder: a controversial classification in the *Diagnostic and Statistical Manual of Mental Disorders*, published by the American Psychiatric Association. GID is used to treat transgender persons but it also stigmatizes them, since it regards their gender variance as a psychopathology.

Gender Queer: a self-identification term embraced by many transgender youth, who totally reject the gender binary system and do not use the gender vector terms (FTM/MTF) to identify themselves.

Gender Transition (or simply, Transition): the period when transsexual and transgender persons begin living in the gender congruent with their gender identities.

Injection Silicone Use (ISU): receiving or self-administering unencapsulated injections of silicone or other heavy oils in the cheeks, breasts, chests, hips and buttocks to modify the body to resemble that of the other sex. Banned by the U.S. Food and Drug Administration in the 1960s, ISU involves immediate viral and bacterial transmission risks, and later serious systemic health risks, including disfigurement and even death from multiple complications. ISU is viewed as a fast, cheap alternative or adjunct to transgender hormonal therapy that preserves sexual virility in MTFs. While ISU is very popular among Latina and African-American transgender women, there are also reports of FTM ISU in the drag ball cultures along the eastern coast of the U.S., as well as ISU in HIV positive non-transgender men to conceal HIV wasting syndrome.

Intersex: people born with disorders of sexual development, i.e., hermaphroditic, pseudo-hermaphroditic and other persons born with non-standard bodies, which may include ambiguous genitalia and/or chromosomal anomalies. Many intersex infants and children have their ambiguous genitalia surgically "normalized" without their consent, which results in loss of sexual response in adulthood. Some intersex infants are also sexually reassigned without their consent, and like transgender persons, must deal with gender identity issues later in their lives.

Male-to-females, MTFs, M2Fs: transgender persons born into male bodies with female gender identities and/or gender expressions. MTFs may also identify themselves as transgender, transgender women, transsexual women or transwomen.

Passing: a common goal of most transgender persons, passing is successfully altering one's gender expression to resemble that of the opposite sex.

Sex: the anatomy and biology that determines whether a person is male, female or intersex.

Sex Reassignment: hormonal and surgical modification of the body to make it as much as possible like that of the other sex, in order to facilitate living in the social role congruent with one's gender identity.

Sex Reassignment Surgery (SRS): the permanent surgical refashioning of genitalia in MTFs and FTMs, and the removal of the breasts in FTMs, to achieve congruency between somatic status and gender identity.

Standards of Care: a set of guidelines formulated by the Harry Benjamin International Gender Dysphoria Association, now in its sixth version. The Benjamin Standards were originally intended to safeguard both transsexual persons and their service providers (endocrinologists, surgeons and psychotherapists) by imposing various requirements. However, the Benjamin Standards today are controversial, and many transsexual persons regard them as a gatekeeper system that restricts access to sex reassignment services.

Sexual Orientation: an individual's romantic and physical attraction to members of the same, opposite or either sex. An individual may be heterosexual, homosexual, lesbian, bisexual, or asexual.

Transgender: an umbrella term used to describe gender variant people, who have identities, expressions or behaviors not traditionally associated with their physical sex or their birth sex. It is preferred by most transgender people over the clinical terms transvestite and transsexual, which do not accurately describe all transgender people and also have a clinical, stigmatizing connotation. Transgender is commonly mistaken to mean transsexual, and it is important to note that most transgender people do not wish to change their sexual anatomy.

Transgender Care: also called Trans Health, it includes transgender-specific medical procedures, such as Transgender Hormonal Therapy and Sex Reassignment Surgeries, various cosmetic procedures, psychotherapy, and speech therapy. Most transgender care is not covered by health insurance.

Transgender Hormonal Therapy: the medical administration of estrogens (for male to female transsexuals) or androgens (for female to male transsexuals) to affect the development of secondary sexual characteristics of the other (non-birth) sex.

Transphobia: hatred of transgender people, manifested by acts of discrimination, harassment, and violence, including murder. Transphobia also creates multiple barriers to access to all types of medical care. It differs from homophobia in that it carries an implicit justification: that by "flaunting" their feminine or masculine appearances – i.e., by being themselves – transgender people are simply asking for it. Internalized transphobia, a profound unhappiness with being transgender, is similar to internalized homophobia, and manifests as depression, suicidal ideation, substance abuse and sexual risk taking.

Transsexual: persons who are profoundly unhappy with their birth sex, and who seek to change or have already changed their body to be congruent with their gender identity. Transsexual usually implies access to sex reassignment surgery, and thus transsexual persons have the highest level of need for access to transgender care services among all transgender persons.

Appendix 11: Survey Questionnaire

Questionnaire # _____

THIS IS IT!

Virginia Transgender Health Initiative Survey

Sponsored by the Virginia Department of Health and the
Virginia HIV Community Planning Committee

2005

The purpose of this study is to learn about the health needs and concerns of transgender people living in Virginia. This statewide survey includes questions about your health status and ability to get health care, and life experiences such as violence, substance abuse, housing, employment, and HIV/AIDS. The survey results will be used to train providers, increase access to information regarding services, and increase community-based services for the transgender community in Virginia. We assure you that your identity will be protected and that the information you provide will not be linked to you in any way. The questionnaire will take approximately 30-40 minutes to complete. Your participation is completely voluntary. As you go through the questionnaire, you can skip questions you do not want to answer.

You can be paid $15 for your time to complete this questionnaire. To be paid, it is necessary for you to provide personal information, in order for us to account for the funds. Complete the enclosed Incentive Payment Information Form, put it in the smaller Business Reply Envelope, and mail it at the same time as your questionnaire.

Thank you for taking time to complete and return this questionnaire – results will be put to good use for developing transgender sensitive services.

If you have already completed this questionnaire, please do not complete it again. Completing the questionnaire more than once will jeopardize the validity of the findings.

ELIGIBILITY: For the purposes of this study, we consider you to be transgender if you :

- have lived or want to live full-time in a gender opposite your birth or physical sex;
- have or want to physically modify your body to match who you feel you really are inside; or,
- have or want to wear the clothing of the opposite sex, in order to express an inner, cross-gender identity.

Now, using the above definition, answer each of the following questions:

- Do you consider yourself to be a transgender person? Yes _____ No _____
- Are you 18 years old or older? Yes _____ No _____
- Do you live in, or attend school in, Virginia? Yes _____ No _____

If you answered **YES** to **all three of the questions above, please continue.**
If you answered **NO** to one or more of the questions above, please return the survey unanswered in the enclosed business reply envelope.

Dear Study Participant,

The Virginia Department of Health and their HIV Community Planning Committee commissioned this study to learn about the health needs and concerns of transgender people in Virginia. This statewide survey includes questions about your health status and ability to get health care, and about life experiences such as violence, substance abuse, housing, employment, and HIV/AIDS. Survey results will be used to train providers, increase access to information regarding services, and increase community-based services for the transgender community in Virginia. We assure you that your identity will be protected and that the information you provide will not be linked to you in any way. It will take you approximately 30-40 minutes to complete this questionnaire. Your participation is completely voluntary. As you go through it, you can skip questions you do not want to answer.

When you have completed this questionnaire, place it in the attached large business-reply envelope and drop it in the mail. There is no need to put a stamp on it. You may also return it directly to a Regional Coordinator or the Survey Administrator that you received it from.

You will be paid $15 for your time to complete this questionnaire. To be paid, it is necessary for you to provide personal information in order for us to account for the funds. First, complete the questionnaire and then the separate Incentive Payment Information form included in your packet. Mail the form and the questionnaire at the same time but in the **separate** envelopes provided, so that your personal information will not be connected to your survey responses. Once we receive the form and confirm that we have received your completed questionnaire (matched by the ID# on the front cover), we will mail you a money order for $15.

If you are concerned about your privacy, you need not provide your name and mailing address – you can still participate – but we cannot pay you without that information.

Thank you for your participation in this important study. The more people that respond, the more beneficial the information will be to Virginia's transgender community. If you have any questions about the study, please call Judy Bradford, Principal Investigator at 1-800-304-9402 or e-mail the Field Manager, Jessica Xavier at jmxavier@vcu.edu.

SECTION I:

1. Where did you *FIRST* hear about this study? Check **ONE** only:

☐1 A spouse or partner	☐5 A stranger	☐9 The Internet
☐2 A friend	☐6 My counselor/psychotherapist	☐10 A flyer/poster
☐3 A family member	☐7 My health care provider	☐11 My support group
☐4 An acquaintance	☐8 A newsletter	☐12 My church

2. How many transgender people have you personally encountered at least once in the last 6 months? Please do NOT include those you've communicated with ONLY through the Internet.

_____ (write #)

3. What was your physical, assigned sex at birth? Check **ONE** only:

☐1 Male ☐2 Female

4. Have you been diagnosed with a medically-recognized intersex condition?

☐1 Yes ☐2 No

5. What is your present gender identity? Check **ONE** only**:**

☐1 Man	☐3 Transgender	☐5 Questioning
☐2 Woman	☐4 Androgynous	☐6 Gender Queer

☐7 Other (please specify): _____

6. What is your sexual orientation? Check **ONE** only:

☐1 Heterosexual	☐4 Bisexual	☐7 Asexual (I'm not interested in sex)
☐2 Gay	☐5 Questioning	☐8 I do not label my sexual orientation
☐3 Lesbian	☐6 Queer	☐9 Other (please specify): _____

7. What is your racial/ethnic background? Check **ALL** that apply:

☐a African American (Black)	☐e Asian or Pacific Islander
☐b White (Caucasian)	☐f Caribbean
☐c Hispanic or Latino/Latina	☐g Other (please specify):
☐d Native American/American Indian	_____

8. What is the language you speak most often? Check **ONE**:

☐1 English	☐5 American Sign Language
☐2 Spanish	☐6 I'm bilingual in English and _____(specify)
☐3 An Asian language	☐7 Other (please specify): _____
☐4 An African language	

9. Please check the box that represents your age category:

☐1 18-24	☐4 45-54
☐2 25-34	☐5 55-64
☐3 35-44	☐6 65 or older

10. What is the month and year in which you were born?

___ ___ / ___ ___ ___ ___ (month/year)

11. Were you born in the United States?

☐1 Yes (Go to question #12)
☐2 No (Answer **a, b, & c** below)

a. What is your country of origin? _____.

b. How many years have you lived in the US? _____ (# of years)

c. In your country of origin, did you live mainly in: (Check **ONE** only)

☐1 An urban area ☐3 A suburban area
☐2 A rural area ☐4 Equally in urban and rural areas

12. Are you a US Citizen?

☐1 Yes (Go to question #13)
☐2 No (Answer **a** below)

a. What is your residency status? Check **ONE** only:

☐1 I have a temporary working permit ☐4 I have been granted political asylum
☐2 I have a permanent visa ☐5 I am in the process of getting my legal status documents
☐3 I have a student visa ☐6 I have no documents

13. Do you currently live in Virginia? (If you are a full-time, out of state student attending college or university in Virginia, you are considered to be a Virginia resident for the purposes of this study).

☐1 Yes (Answer **a** below)
☐2 No (STOP! You are not eligible to complete this survey)

a. What is the name of the county or city in Virginia where you live or attend school?

_____

14. How would you describe the area in which you live?

☐1 Rural ☐2 Urban ☐3 Suburban

15. How much education have you completed? Check **ONE** only:

☐1 8th grade or less
☐2 Some high school (no diploma)
☐3 High school graduate/ GED
☐4 Technical certificate/Associate's degree (incl. cosmetology)
☐5 Some college (no degree)
☐6 College graduate
☐7 Some graduate school (no degree)
☐8 Graduate or professional degree

16. What is your current employment status? Check **ONE** only:

☐1 Full time (35 hours or more per week)
☐2 Part time (fewer than 35 hours per week)
☐3 Student
☐4 Retired
☐5 Out of work, on disability
☐6 Currently unemployed (not a student, retired, or disabled)
☐7 Other (please specify):

_____

17. Which of the following categories best describes your **individual** income in 2004 from all sources before taxes? Check **ONE** only:

- ☐ 1 I had no source of income
- ☐ 2 $1 to $4,999
- ☐ 3 $5,000 to $9,999
- ☐ 4 $10,000 to $16,999
- ☐ 5 $17,000 to $23,999
- ☐ 6 $24,000 to $29,999
- ☐ 7 $30,000 to $39,999
- ☐ 8 $40,000 to $49,999
- ☐ 9 $50,000 to $69,999
- ☐ 10 $70,000 to $99,999
- ☐ 11 $100,000 or more

18. Which of the following categories best describes your **household** income in 2004 from all sources before taxes? Check **ONE** only:

- ☐ 1 I had no source of income
- ☐ 2 $1 to $4,999
- ☐ 3 $5,000 to $9,999
- ☐ 4 $10,000 to $16,999
- ☐ 5 $17,000 to $23,999
- ☐ 6 $24,000 to $29,999
- ☐ 7 $30,000 to $39,999
- ☐ 8 $40,000 to $49,999
- ☐ 9 $50,000 to $69,999
- ☐ 10 $70,000 to $99,999
- ☐ 11 $100,000 or more

19. Do you have any biological **or** adopted children?

- ☐ 1 Yes (Answer **a** below)
- ☐ 2 No (Go to question #20)

a. Are any of them living with you?

☐ 1 Yes ☐ 2 No

20. What is your current living arrangement? Check **ONE** only:

- ☐ 1 I live in a house, condominium or co-op that I own/co-own
- ☐ 2 I live in a house or apartment that I rent/share
- ☐ 3 I live rent-free in a house or apartment
- ☐ 4 I live in assisted housing through a religious group, private agency, or state/county agency
- ☐ 5 I live in temporary/transitional housing or a halfway house
- ☐ 6 I live in a hospice
- ☐ 7 I am homeless and live in a shelter
- ☐ 8 I am homeless and live on the street
- ☐ 9 Other: _____

21. Who else shares your living space? Check **ALL** that apply:

- ☐ a I live alone
- ☐ b I live with transgendered roommate(s)
- ☐ c I live with gay, lesbian or bisexual roommate(s)
- ☐ d I live with straight roommates (not gay, lesbian, bisexual or transgendered)
- ☐ e I live with my spouse (husband or wife through marriage)
- ☐ f I live with my significant other (partner, lover, etc.)
- ☐ g I live with my immediate birth family
- ☐ h I live with other birth family members
- ☐ i I live with strangers (shelter)
- ☐ j I live with others (please specify) _____

22. Including yourself, how many adults (18 years old or older) live in your household?

_____ (write #)

23. How many children (17 years old or younger) live in your household?

_____ (write #)

SECTION II:

24. Do you currently have health insurance?

☐1 Yes (Answer **a** below) ☐2 No (Go to question #25)

a. Which of the following do you have? Check **ALL** that apply:

☐1 Medicare
☐2 Medicaid
☐3 Private health insurance through my employer
☐4 Private health insurance I pay for directly
☐5 Private health insurance through my parents or family
☐6 Other: _____

25. Have you ever been denied enrollment in a health insurance plan because of your transgender status?

☐1 Yes ☐2 No

26. Do you have a doctor you see regularly for routine care?

☐1 Yes (Answer **a** and **b** below)
☐2 Not at the present time (Go to question #27)
☐3 I've never had a regular doctor (Go to question #27)

a. How important is it for you to discuss your transgender status and transgender-specific health care needs with your doctor?

☐1 Not important at all
☐2 Somewhat important
☐3 Important
☐4 Very important

b. Are you out to your doctor?

☐1 Yes (Answer **c, d, & e** below)
☐2 No (Go to question #27)

c. How comfortable are you discussing your transgender status and transgender-specific health care needs with your doctor? Check **ONE** only:

☐1 Very uncomfortable
☐2 Uncomfortable
☐3 Comfortable
☐4 Very comfortable

d. How knowledgeable is your doctor about transgender health care issues? Check **ONE** only:

☐1 Not at all knowledgeable
☐2 Somewhat knowledgeable
☐3 Knowledgeable
☐4 Very knowledgeable

e. Have you ever had to educate your doctor about your health care needs as a transgender person?

☐1 Yes
☐2 No

27. How comfortable would you be discussing your transgender status and/or transgender-related health care needs with a doctor you did not know? Check **ONE** only:

☐1 Very uncomfortable (Answer **a** below)
☐2 Uncomfortable (Answer **a** below)
☐3 Comfortable (Go to question #28)
☐5 Very comfortable (Go to question #28)

a. If you answered EITHER Very uncomfortable OR Uncomfortable, why do you feel that way? Check **ALL** that apply:

☐1 Fear of a hostile reaction
☐2 Fear of an insensitive reaction
☐3 Fear of being denied treatment
☐4 Fear of ridicule
☐5 Other (please specify): _____

28. Have you ever experienced discrimination by a doctor or other health care provider due to your transgender status or gender expression?

☐1 Yes
☐2 No
☐3 Don't know/unsure

29. Has the lack of appropriate restroom facilities ever prevented you from seeing a doctor or getting regular health care?

☐1 Yes
☐2 No
☐3 Don't know/unsure

SECTION III:

30. How old were you when you first became aware that your internal sense of your gender did not match your body or physical appearance?

_____ years old

31. How important is changing your body to become who you feel you really are? Check **ONE** only:

☐1 It will never be important to me (Go to question #32)
☐2 It is not important to me at this time (Go to question #32)
☐3 It is somewhat important to me (Answer **a** below)
☐4 It is very important to me (Answer **a** below)

a. Why is changing your body somewhat or very important to you? Check **ALL** that apply:

☐a A physically passing appearance is important for my self-esteem
☐b A physically passing appearance is important for my safety
☐c A physically passing appearance is important for secure employment
☐d A physically passing appearance is important for my sex work clients
☐e I just want to be comfortable in my own body
☐f Other (please specify):_____

32. Have you found any information about transgender-related health care?

☐[1] Yes (Answer **a** below)
☐[2] No (Go to question #33)

a. Where did you find the information? Check **ALL** that apply:

☐[a] Word of mouth
☐[b] Phone book
☐[c] Gay newspapers
☐[d] Transgender newsletters/magazines
☐[e] Transgender support groups
☐[f] Transgender outreach worker(s)
☐[g] My doctor
☐[h] Health clinic/Community-based org.
☐[i] Counselor/psychotherapist
☐[j] Internet
☐[k] Other (please specify): _____

33. For each transgender-related service in Column 1, please indicate if you have ever received it in Column 2. If you have received it, **thinking about your most recent visit**, please rate the Quality of the care you received and the Sensitivity of the provider to you as a transgender person by circling the most appropriate number in both Column 3 and Column 4.

Column 1	Column 2	Column 3	Column 4
Transgender-Related Service	**Have you ever received this service?**	**Quality of care you received at your most recent visit**	**Transgender sensitivity of the service provider at your most recent visit**
		1=Extremely Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent	
a. Counseling or psychotherapy	☐[2] No ☐[1] **Yes →**	1 2 3 4 5	1 2 3 4 5
b. Transgender hormonal therapy	☐[2] No ☐[1] **Yes →**	1 2 3 4 5	1 2 3 4 5
c. Transgender-related surgery of any kind	☐[2] No ☐[1] **Yes →**	1 2 3 4 5	1 2 3 4 5
d. Transgender-related gynecological care	☐[2] No ☐[1] **Yes →**	1 2 3 4 5	1 2 3 4 5
e. Transgender-related electrolysis	☐[2] No ☐[1] **Yes →**	1 2 3 4 5	1 2 3 4 5
f. Transgender-related speech therapy	☐[2] No ☐[1] **Yes →**	1 2 3 4 5	1 2 3 4 5

34. For each transgender-related service listed in Column 1, please indicate if you have needed the service **in the past year** but were unable to obtain it, for any reason. If you check 'Yes' for any service in Column 2, choose the main reason why you were not able to obtain it from the list of reasons located under the table. Write the reason number in the space provided in Column 3.

Column 1	Column 2	Column 3
Transgender-Related Service	**Have you needed this service in the past year, but were unable to obtain it, for any reason?**	**Use the list below to indicate the MAIN reason you were unable to obtain this service**
a. Counseling or psychotherapy	☐2 No ☐1 **Yes →**	_____ (# from list below)
b. Transgender hormonal therapy	☐2 No ☐1 **Yes →**	_____ (# from list below)
c. Transgender-related surgery of any kind	☐2 No ☐1 **Yes →**	_____ (# from list below)
d. Transgender-sensitive gynecological care	☐2 No ☐1 **Yes →**	_____ (# from list below)
e. Transgender-related electrolysis	☐2 No ☐1 **Yes →**	_____ (# from list below)
f. Transgender-related speech therapy	☐2 No ☐1 **Yes →**	_____ (# from list below)

List of MAIN reasons for being unable to receive each service:

1. I don't know if this service is available in my area
2. I know that the service is not available in my area
3. I cannot afford/obtain transportation to this service
4. My health insurance plan doesn't cover it
5. I cannot afford to pay for it
6. Problems with self-acceptance of my transgender status
7. Doctor, nurse, or staff insensitivity/hostility to transgender people
8. Lack of appropriate bathrooms in the healthcare setting.
9. Fear of my immigration status being revealed
10. I was denied this service while in jail
11. My HIV+ status
12. Lack of bilingual services
13. Other (please specify): _____

35. Have you ever taken hormones (estrogen or testosterone) for transgender-related purposes?

☐1 Yes (Go to question #36)
☐2 No (Go to question #40)

36. Taking hormones can involve periodic blood tests to monitor the hormones' effects on your body. Which one of the following statements applies best to you? (Check **ONE** only):

☐1 The doctor who gave me the hormones did blood tests
☐2 Another doctor did blood tests
☐3 There were no blood tests done

37. Have you ever gotten hormones from someone other than a doctor (i.e., from friends, via the internet, or on the street?)

☐1 Yes
☐2 No

38. Have you ever injected yourself with hormones, or received a hormone injection from someone else who wasn't a doctor or nurse?

☐1 Yes (Answer **a** below) ☐2 No (Go to question #39)

a. Have you ever shared a hormone syringe with someone else?

☐1 Yes (Answer **b** below) ☐2 No (Go to question #39)

b. Did you or they clean the syringe after each use?

☐1 Yes ☐2 No

39. Are you taking hormones for transgender-related purposes now?

☐1 Yes (Go to question #41)
☐2 No (Go to question #40)

40. Do you plan to take hormones for transgender-related purposes at some point in the future?

☐1 Yes ☐2 No ☐3 Unsure

41. Have you ever gotten silicone injections (Sil)?

☐1 Yes (Answer **a** below)
☐2 No (Go to question #42)

a. Did you get the injections from the same needle/injector that other people were using?

☐1 Yes ☐2 No

42. Have you ever had surgery to modify your chest including FTM chest surgery **or** MTF breast augmentation (**not** including silicone injections)?

☐1 Yes ☐2 No

43. Have you ever had surgery to modify your genitalia (sex reassignment or genital reassignment surgery)?

☐1 Yes ☐2 No

44. Have you ever had any type of cosmetic surgery or procedure for transgender-related purposes?

☐1 Yes ☐2 No

45. How old were you when you first sought out any form of transgender-related treatment? (Please write in your age **OR** check the box indicating you have not sought such treatment.)

_____ years old

- or -

☐ I have not sought any transgender-related treatment.

SECTION IV:

46. Which best describes your current employment status?

- ☐ 1 Employed by someone else (Answer **a** below)
- ☐ 2 Self-employed (Go to question #47)
- ☐ 3 Unemployed (Go to question #47)

a. Is your current employer aware of your transgender status?

- ☐ 1 Yes (Answer **b** below)
- ☐ 2 No (Go to question #47)
- ☐ 3 Don't know/unsure (Go to question #47)

b. Has your employer's awareness had a negative impact on your employment?

- ☐ 1 Yes (Answer **c** below)
- ☐ 2 No (Go to question #47)

c. Please describe the negative impact on your current employment?
Check **ALL** that apply:

- ☐ a My direct supervisor is hostile or insensitive toward me.
- ☐ b My supervisor's superiors (management, owner) are hostile or insensitive towards me.
- ☐ c My co-workers are hostile or insensitive towards me.
- ☐ d I have been denied promotion.
- ☐ e I have been threatened with firing.
- ☐ f I have been moved to another job with no contact with customers or clients.
- ☐ g I have trouble using the restrooms at work.
- ☐ h Other: _____

47. What are your current, or most recent, sources of income? Check **ALL** that apply:

- ☐ a Service industry worker (sales clerk, waitress, cook, beautician, childcare, etc.)
- ☐ b Private sector office worker (clerk, secretary, word processor, data entry, etc.)
- ☐ c Government worker/civil servant
- ☐ d Non-profit community-based organization worker
- ☐ e Sex worker
- ☐ f Skilled laborer (construction worker, truck driver, mechanic, etc.)
- ☐ g Factory or manufacturing work (assembly line worker, etc.)
- ☐ h Private sector professional (doctor, lawyer, nurse, computer technician, etc.)
- ☐ i Teacher
- ☐ j Creative artist (musician, performer, painter, writer, etc.)
- ☐ k Public or private assistance (SSDI, TANF, or another form of public assistance)
- ☐ l Other (please specify) _____

48. Have you ever been denied a job you applied for due to your transgender status and/or gender expression?

- ☐ 1 Yes (Answer **a** below)
- ☐ 2 No (go to question 49)
- ☐ 3 Unsure (go to question 49)

a. How old were you when this first happened?

_____ years old

49. Have you ever been fired from a job due to your employer's reaction to your transgender status and/or gender expression?

☐1 Yes (Answer **a** below)
☐2 No (go to question 50)
☐3 Unsure (go to question 50)

a. How old were you when this first happened?

_____ years old

SECTION V:

50. Have you ever been homeless?

☐1 Yes (Answer a below)
☐2 No (Go to question #51)

a. Are you currently homeless?

☐1 Yes (Answer **b & c** below)
☐2 No (Answer **c** below)

b. What is preventing you from having your own living space? Check **ALL** that apply:

☐a My estrangement from my birth family
☐b Lack of affordable housing in my area
☐c My economic situation
☐d My lack of employment
☐e Discrimination due to HIV/AIDS status
☐f Problems with drugs or alcohol
☐g Discrimination due to my disability status
☐h Discrimination due to gender identity or transgender status
☐i Racial discrimination
☐j My immigration status
☐k Other (please specify):
_____

c. Have you ever been denied a bed in a homeless shelter due to your transgender status and/or gender expression?

☐1 Yes
☐2 No
☐3 Did not seek a bed in a shelter

51. Have you ever been evicted?

☐1 Yes (Answer **a** below)
☐2 No (Go to question #52)

a. Why were you evicted? Check **ALL** that apply:

☐a I could not pay the rent
☐b I could not get financial assistance to pay the rent
☐c Because of my transgender status and/or gender expression
☐d Because of my HIV/AIDS status
☐e Because of my disability status
☐f Because of my race
☐g Because of drug or alcohol issues
☐h Other (please specify):
_____

52. Have you ever lost housing or a housing opportunity due to your transgender status and/or gender expression?

☐1 Yes (Answer **a** below) ☐2 No ☐3 Unsure

a. How old were you when this first happened?

_____ years old

SECTION VI:

53. Since the time you were 13 years old, have you ever been forced to engage in unwanted sexual activity?

☐1 Yes (Answer **a through e** below)
☐2 No (Go to question #54)

a. How many times? _____(# of incidents)

(i) In how many of these cases was your transgender status, gender identity or expression the ***primary reason*** for the forced engagement in unwanted sexual activity?

_____ (write #)

(ii) In how many of these cases did the person who forced you to engage in unwanted sexual activity live in your household (at the time of the incident)?

_____ (write #)

(iii) How many of the incidents did you report to the police?

_____ (write #)

b. Consider all incidents in which you were forced to engage in unwanted sexual activity. **Who** forced you to have sex? Check **ALL** that apply:

☐a My spouse or primary partner
☐b My ex-spouse or ex-partner
☐c My father/stepfather
☐d My mother/stepmother
☐e My brother and/or sister
☐f Member of my spouse's/partner's family
☐g My children/stepchildren
☐h A roommate/ex-roommate
☐i A sex work client
☐j A police officer
☐k A health care worker
☐l A complete stranger
☐m A co-worker
☐n An acquaintance
☐o Other: _____

c. How old were you when the **first** incident occurred?

_____ years old

d. When did the **most recent** incident occur?

___ ___ / ___ ___ ___ ___ (month/year)

e. Did you report the most recent incident to the police?

☐1 Yes ☐2 No

54. **<u>Other than any incidents already mentioned above</u>**, since the time you were 13 years old, have you ever been physically attacked? A physical attack includes being grabbed, punched, choked, stabbed with a sharp object, (including knives), being hit with an object (like a rock, etc.), and being shot with any type of weapon.

☐1 Yes (Answer **<u>a through e</u>** below)
☐2 No (Go to question #55)

a. How many times? _____(# of incidents)

(i) In how many of these cases was your transgender status, gender identity or expression the *<u>primary reason</u>* for the physical attack(s)? _____(write #)

(ii) In how many of these cases did the person who physically attacked you live in your household (at the time of the attack)? _____(write #)

(iii) How many of the incidents did you report to the police? _____(write #)

b. Consider all incidents in which you were physically attacked. Who attacked you? Check **ALL** that apply:

☐a My spouse or primary partner
☐b My ex-spouse or ex-partner
☐c My father/stepfather
☐d My mother/stepmother
☐e My brother and/or sister
☐f Member of my spouses/partners family
☐g My children/stepchildren
☐h A roommate/ex-roommate
☐i A sex work client
☐j A police officer
☐k A health care worker
☐l A complete stranger
☐m A co-worker
☐n An acquaintance
☐o Other: _____

c. How old were you when the first incident occurred? _____ years old

d. When did the most recent incident occur?

___ ___ / ___ ___ ___ ___ (month/year)

e. Did you report the most recent incident to the police?

☐1 Yes ☐2 No

<u>SECTION VII:</u>

55. Have you transitioned? (Are you living full-time in your gender of choice?)

☐1 Yes (Answer **<u>a</u>** below)
☐2 I am planning to transition (Answer **<u>b</u>** below)
☐3 I am **<u>not</u>** planning to transition (Go to Question #56)

a. At what age did you begin living full-time in your gender of choice?

_____ years old

b. How many years from now do you think you will transition?

_____ years

56. In general, how supportive of your gender identity or expression are the following people? Check **ONE** for each:

	Not at all supportive	Not very supportive	Somewhat supportive	Very supportive	Not applicable to me
a. My birth family	☐1	☐2	☐3	☐4	☐9
b. My family by marriage	☐1	☐2	☐3	☐4	☐9
c. My transgender friends	☐1	☐2	☐3	☐4	☐9
d. My non-transgender friends	☐1	☐2	☐3	☐4	☐9
e. My transgender support group	☐1	☐2	☐3	☐4	☐9
f. My church/ temple/mosque	☐1	☐2	☐3	☐4	☐9
g. My co-workers	☐1	☐2	☐3	☐4	☐9
h. Others : (specify) _____	☐1	☐2	☐3	☐4	☐9

57. Did you attend high school?

☐1 Yes (Answer **a** below)
☐2 No (Go to question #58)

a. Did you experience hostility or insensitivity as a result of your gender identity or expression from other students, your teachers, or the school administrators?

☐1 Yes (Answer **b** below)
☐2 No (Go to question #58)

b. What impact did this hostility or insensitivity have on your ability to finish high school? Check **ONE** only:

☐1 I **did NOT finish** high school and the hostility or insensitivity was the main reason
☐2 I **did NOT finish** high school and the hostility or insensitivity contributed to it
☐3 I **did NOT finish** high school and the hostility or insensitivity was not a factor in it
☐4 I **DID finish** high school in spite of the hostility or insensitivity

58. Have you ever thought about killing yourself?

☐1 Yes (Answer **a & b** below) ☐2 No (Go to question #59)

a. How much did your issues with your gender identity or expression cause these thoughts? Check **ONE** only:

☐1 Not at all
☐2 Some
☐3 Most
☐4 The main reason

b. Have you ever tried to kill yourself?

☐1 Yes (Answer **c, d & e** below) ☐2 No (Go to question #59)

c. How many times have you tried to kill yourself? _____ times

d. How old were you when you first tried to kill yourself? _____ years old

e. How old were you the last time you tried to kill yourself? _____ years old

59. Have you **EVER** drunk alcohol?

☐ 1 Yes (Answer **a** below)
☐ 2 No (Go to question #60)

a. Has drinking EVER been a problem for you?

☐ 1 Yes (Answer **b and c** below)
☐ 2 No (Go to question #60)

b. How old were you when you first noticed that drinking was a problem for you?

_____ years old

c. Do you **CURRENTLY** drink alcohol?

☐ 1 Yes (Answer **d** below)
☐ 2 No (Go to question #60)

d. Is your current drinking a problem for you?

☐ 1 Yes (Answer item **e** below)
☐ 2 No (Go to question #60)

e. With regard to your CURRENT alcohol use, please check **All** of the following statements that apply:

☐ a I am not looking for a treatment program at this time
☐ b I have been successful in finding a treatment program
☐ c I found a treatment provider but all the treatment slots were full, so I am on a waiting list
☐ d I have looked for a treatment program but there wasn't one in my area
☐ e I am afraid to join a treatment program because my transgender status will be revealed
☐ f I found a treatment program and didn't join it because the program staff were insensitive or hostile to my transgender status or gender expression
☐ g I found a treatment program but the program staff could not place me into an inpatient program for my chosen gender
☐ h I found a program but didn't enter it because of another reason (please specify):_____

60. Have you **EVER** used tobacco?

☐1 Yes (Answer **a** below)
☐2 No (Go to question #61)

a. Has tobacco use EVER been a problem for you?

☐1 Yes (Answer **b and c** below) ☐2 No (Go to question #61)

b. How old were you when you first noticed that using tobacco was a problem for you?

_____ years old

c. Do you **CURRENTLY** use tobacco?

☐1 Yes (Answer **d** below) ☐2 No (Go to question #61)

d. Is your current tobacco use a problem for you?

☐1 Yes (Answer item **e** below) ☐2 No (Go to question #61)

e. With regard to your CURRENT tobacco use, please check all of the following statements that apply:

☐a I am not looking for a smoking cessation program at this time
☐b I have been successful in finding a smoking cessation program
☐c I have looked for a smoking cessation program but there wasn't one in my area
☐d I am afraid to join a smoking cessation program because my transgender status will be revealed
☐e I found a smoking cessation program and didn't join it because the program staff were insensitive or hostile to my transgender status or gender expression
☐f I found a program but didn't enter it because of another reason (please specify):_____

61. For each substance listed below, please indicate if you have **ever** used it.

Substance	Ever used
a. Marijuana (Pot)	☐1 Yes ☐2 No
b. Heroin	☐1 Yes ☐2 No
c. Cocaine (powder)	☐1 Yes ☐2 No
d. Crack Cocaine	☐1 Yes ☐2 No
e. Hallucinogens (LSD, Peyote, Mushrooms, etc.)	☐1 Yes ☐2 No
f. Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	☐1 Yes ☐2 No
g. Methamphetamine (Meth, Tina, Crystal, Speed)	☐1 Yes ☐2 No
h. PCP (Dipper, Angel Dust)	☐1 Yes ☐2 No
i. Poppers (amyl nitrate, butyl nitrate)	☐1 Yes ☐2 No
j. Downers (Valium, Ativan, Xanax, etc.)	☐1 Yes ☐2 No
k. Painkillers (Oxycontin, Vicodin, Percocet, etc.)	☐1 Yes ☐2 No
l. Other drug (please specify): _____	☐1 Yes ☐2 No

Please answer **a** if you have **ever** used **any** of the drugs listed above: (otherwise go to the next question # 62.)

a. How old were you when you first used **any** of the drugs listed above?

_____ years old

62. For each substance listed below, please indicate if you are **currently** using it.

	Substance	Currently Use
m.	Marijuana (Pot)	☐1 Yes ☐2 No
n.	Heroin	☐1 Yes ☐2 No
o.	Cocaine (powder)	☐1 Yes ☐2 No
p.	Crack Cocaine	☐1 Yes ☐2 No
q.	Hallucinogens (LSD, Peyote, Mushrooms, etc.)	☐1 Yes ☐2 No
r.	Club Drugs (Ecstasy, GHB, Liquid X, Ketamine, etc.)	☐1 Yes ☐2 No
s.	Methamphetamine (Meth, Tina, Crystal, Speed)	☐1 Yes ☐2 No
t.	PCP (Dipper, Angel Dust)	☐1 Yes ☐2 No
u.	Poppers (amyl nitrate, butyl nitrate)	☐1 Yes ☐2 No
v.	Downers (Valium, Ativan, Xanax, etc.)	☐1 Yes ☐2 No
w.	Painkillers (Oxycontin, Vicodin, Percocet, etc.)	☐1 Yes ☐2 No
x.	Other drug (please specify): _____	☐1 Yes ☐2 No

Please answer **a** below if you **currently** use **any** of the drugs listed above. If you have never used any of the drugs listed above, go to question #63.

a. Is your current drug use a problem for you?

☐1 Yes (Answer **b** below) ☐2 No (go to question 63)

b. With regard to your current drug use, please check all of the following statements that apply:

☐1 I am not looking for a treatment program at this time.
☐2 I have been successful in finding a treatment program.
☐3 I found a treatment provider but all the treatment slots were full, so I am on a waiting list.
☐4 I have looked for a treatment program but there wasn't one in my area.
☐5 I am afraid to join a treatment program because my transgender status will be revealed.
☐6 I found a treatment program and didn't join it because the program staff was insensitive or hostile to my transgender status or gender expression.
☐7 I found a treatment program and didn't join it because the program staff regarded my hormone use as continuing drug use and would not accept me into their program.
☐8 I found a treatment program but the program staff could not place me into an inpatient program for my chosen gender.
☐9 I found a program but didn't enter it because of another reason (please specify):_____

63. Have you ever injected drugs (**not** including hormones)?

☐1 Yes (Answer **a** & **b** below)
☐2 No (Go to question #64)

a. How old were you when you first injected drugs?

_____ years old

b. Have you ever shared a syringe with someone else?

☐1 Yes (Answer **c** below)
☐2 No (Go to question #64)

c. Did you or they clean the syringe after each use?

☐1 Yes
☐2 No
☐3 Don't know/unsure

64. Indicate the extent to which you agree with each of the following statements by checking the appropriate box.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
a. Whether I get HIV or not is mostly a matter of luck	☐1	☐2	☐3	☐4	☐5
b. You have to have sex with a lot of different people to get HIV	☐1	☐2	☐3	☐4	☐5
c. Information about HIV and AIDS is so depressing that I tend to avoid it	☐1	☐2	☐3	☐4	☐5
d. Every time I get sick I am afraid it might be AIDS	☐1	☐2	☐3	☐4	☐5
e. Safer sex is too difficult to practice every time I have sex	☐1	☐2	☐3	☐4	☐5
f. The only risky sex is anal sex	☐1	☐2	☐3	☐4	☐5
g. If someone looks really healthy, they probably don't have HIV	☐1	☐2	☐3	☐4	☐5
h. Because of new treatments available, AIDS is no longer such a big deal	☐1	☐2	☐3	☐4	☐5
i. Cleaning syringes that are shared to inject drugs greatly reduces chances of getting HIV	☐1	☐2	☐3	☐4	☐5
j. Cleaning syringes that are shared to inject hormones greatly reduces chances of getting HIV	☐1	☐2	☐3	☐4	☐5
k. Transgender people are much less at risk for getting HIV/AIDS than are gay people	☐1	☐2	☐3	☐4	☐5

65. Where have you gotten your information about HIV & AIDS? Check **ALL** that apply,

☐1 My doctor's office
☐2 Hospital
☐3 Other health care facility
☐4 Counseling sessions
☐5 Support group
☐6 School
☐7 Church
☐8 Internet searches
☐9 Internet chat rooms
☐10 Outreach workers
☐11 TV/radio/magazines
☐12 Gay/lesbian bar or club
☐13 Seminar, workshop, focus group
☐14 From my peers (including those who are HIV+)
☐15 Health Department
☐16 Other (please specify): _____

66. Please check the **ONE** source which gave you the **most** information:

☐1 My doctor's office
☐2 Hospital
☐3 Other health care facility
☐4 Counseling sessions
☐5 Support group
☐6 School
☐7 Church
☐8 Internet searches
☐9 Internet chat rooms
☐10 Outreach workers
☐11 TV/radio/magazines
☐12 Gay/lesbian bar/club
☐13 Seminar, workshop, focus group
☐14 From my peers (including those who are HIV+)
☐15 Health Department
☐16 Other (please specify): _____

SECTION IX:

67. In your lifetime, have you ever had sex?

☐1 Yes (Answer **a** below) ☐2 No (Go to question #73)

a. In your **lifetime**, with whom have you had sex? Check **ALL** that apply:

☐1 Non-transgender man or men (Answer **i** below)
☐2 Non-transgender woman or women (Answer **ii** below)
☐3 Transgender man or men (FTM) (go to #68)
☐4 Transgender woman or women (MTF) (go to #68)
☐5 Other (please specify): _____

i) Do you agree with this statement? **"**I feel more real when I have sex with a non-transgender man"

☐1 Yes ☐2 No

ii) Do you agree with this statement? **"**I feel more real when I have sex with a non-transgender woman"

☐1 Yes ☐2 No

68. Have you had sex in the **past 6 months?**

☐1 Yes (Answer a below)
☐2 No (Go to question #69)

a. In the **past six months**, with whom have you had sex? Check **ALL** that apply:

☐1 Non-transgender man or men
☐2 Non-transgender woman or women
☐3 Transgender man or men (FTM)
☐4 Transgender woman or women (MTF)
☐5 Other (please specify): _____

69. How would you describe your **CURRENT** relationship status? Check **ONE** only:

☐1 Monogamous relationship (only one partner)
☐2 Non-monogamous relationship (one primary sexual partner and one or both of us has other sexual partners)
☐3 I'm not in a relationship, but I'm looking (Go to question #72)
☐4 I'm not in a relationship, and I'm not looking (Go to question #72)

70. If you have a primary partner, how would you describe the FREQUENCY of your use of condoms (male or female) or other protective barriers with your primary partner? Check **ONE** only:

☐1 Always ☐2 Most of the time ☐3Sometimes ☐4 Rarely ☐5 Never

71. If you have partners other than a primary partner, how would you describe the FREQUENCY of your use of condoms (male or female) or other protective barriers with your other partners? Check **ONE** only:

☐1 Always ☐2 Most of the time ☐3Sometimes ☐4 Rarely ☐5 Never ☐9 Not applicable

72. When you have sex, who decides whether to use protection or not? Check **ONE** only:

☐1 I always decide
☐2 I usually decide
☐3 Sometimes I decide, sometimes my partner(s) decides
☐4 Usually we decide together
☐5 I usually let my partner(s) decide
☐6 I always let my partner(s) decide

73. Are you currently abstaining from sex?

☐1 Yes (Answer **a** below)
☐2 No (Go to question #74)

a. Why are you currently abstaining from sex? Check **ALL** that apply:

☐1 I don't like the way my body looks.
☐2 I am HIV positive.
☐3 I have not found a partner who I want to have sex with.
☐4 Other (please specify): _____

SECTION X:

74. Have you ever had an HIV test?

☐1 Yes (Answer **a** below) ☐2 No (Answer **b** below)

a) When was your most recent HIV test? Check **ONE** only (then go to question 75):

☐1 Less than 6 months ago
☐2 6 months to almost 1 year ago
☐3 1 to almost 2 years ago
☐4 2 or more years ago

b) Why have you not had an HIV test? Check **ALL** that apply

☐1 It is not important to me to get tested.
☐2 I've never had sex, so I don't believe I need to get tested.
☐3 I always have safer sex, so I don't believe I need to get tested.
☐4 I feel healthy, so I don't believe I need to get tested.
☐5 I don't know where to get free testing.
☐6 I don't know where to get anonymous testing.

I'm afraid to get tested because:

☐7 I don't want my partner to know I got tested.
☐8 I don't want people other than my partner to know I got tested.
☐9 I don't want my health insurance company to know my HIV status.
☐10 I am afraid I might be HIV positive.
☐11 The HIV testing staff are/have been hostile or insensitive to me.
☐12 Other (please specify): _____

SKIP to question #81 if you have never had an HIV test

75. Since your last HIV test, have you done any of the following? Check **ALL** that apply:

☐a Had unprotected sex (including assault)
☐b Gotten a tattoo and/or piercing(s)
☐c Shared syringes with others
☐d Used intravenous (IV) drugs

76. What was the result of your most recent HIV test? Check **ONE** only:

☐1 I don't know the results of my most recent test (Go to question #81)
☐2 HIV negative (Go to question #81)
☐3 HIV positive

77. How long ago did you find out that you are HIV positive? Check **ONE** only:

☐[1] Less than 6 months ago
☐[2] 6 months to almost 1 year ago
☐[3] 1 to almost 2 years ago
☐[4] 2 or more years ago

78. How do you think you became HIV positive? Check **ALL** that may apply:

☐[a] I don't know
☐[b] Unprotected sex w/a non-transgender man
☐[c] Unprotected sex w/a non-transgender woman
☐[d] Unprotected sex w/a transgender man (FTM)
☐[e] Unprotected sex w/a transgender woman (MTF)
☐[f] Sharing needles while injecting drugs
☐[g] Sharing needles while injecting hormones
☐[h] Received tainted blood product
☐[i] Sexually assaulted or raped
☐[j] Needle stick as a health care worker
☐[k] Tattoos or piercing(s)
☐[l] Infected parent
☐[m] Other (please specify): _____

79. Now, please check the **ONE** response that is **the most likely way** you became HIV positive?

☐[1] I don't know
☐[2] Unprotected sex w/a non-transgender man
☐[3] Unprotected sex w/a non-transgender woman
☐[4] Unprotected sex w/a transgender man (FTM)
☐[5] Unprotected sex w/a transgender woman (MTF)
☐[6] Sharing needles while injecting drugs
☐[7] Sharing needles while injecting hormones
☐[8] Received tainted blood product
☐[9] Sexually assaulted or raped
☐[10] Needle stick as a health care worker
☐[11] Tattoos or piercing(s)
☐[12] Infected parent
☐[13] Other (please specify): _____

80. Are you currently taking any medications to treat HIV/AIDS?

☐[1] Yes (Answer **a** below)
☐[2] No (Go to question #81)

a. Are you also currently taking transgender-related hormones with your HIV medications?

☐[1] Yes (Answer **b** below)
☐[2] No (Go to question #81)

b. Does the doctor who prescribed your HIV medications know you also take hormones?

☐[1] Yes (Answer **c** below)
☐[2] No (Go to question #81)

c. Did the doctor discuss any possible interactions between the hormones and the HIV medications, or the effects of HIV on hormonal levels in your body?

☐[1] Yes
☐[2] No

81. For each HIV-related service, please indicate if you have ever received the service. If you have received it, please rate the Quality of the service and/or care that you most recently received in column 3 and the Sensitivity of the provider to you as a transgender person in column 4 by circling the appropriate number.

*COMPLETE THE FOLLOWING TABLE **REGARDLESS OF YOUR HIV STATUS.***

Column 1	Column 2	Column 3	Column 4
HIV-Related Service	**Have you ever received this service?**	**Quality of the service and/or care that you received most recently**	**Transgender sensitivity of the service provider**
		1=Extremely Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent	
a. Printed HIV-related prevention and education materials	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
b. HIV-related outreach services	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
c. HIV crisis intervention/hotline	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
d. HIV prevention group/ Workshop	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5

*COMPLETE THE FOLLOWING TABLE **ONLY IF YOU ARE HIV POSITIVE.***
OTHERWISE, GO TO QUESTION #82.

Column 1	Column 2	Column 3	Column 4
HIV-Related Treatment and Support Services	**Have you ever received this service?**	**Quality of the service and/or care that you received most recently**	**Transgender sensitivity of the service provider**
		1=Extremely Poor, 2=Poor, 3=Fair, 4=Good, 5=Excellent	
e. HIV-related emergency room visits	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
f. HIV-related hospitalization	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
g. HIV-related outpatient clinical care	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
h. HIV-related medications	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
i. HIV-related testing, resource & referral information	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
j. HIV-related case management	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
k. HIV-related counseling/therapy	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
l. HIV-related support groups	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
m. HIV-related substance abuse treatment	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
n. HIV-related home health care	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
o. HIV-related food services	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
p. HIV-related legal services	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
q. HIV-related financial assistance	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5
r. HIV-related transportation services	☐[1] No ☐[2] **Yes →**	1 2 3 4 5	1 2 3 4 5

82. For each HIV-related service listed, please indicate if you currently need it but are unable to obtain it, for any reason. If you check 'Yes' for any service in column 2, select the main reason why you cannot obtain it from the list of reasons located under the table and write the corresponding number into column 3.

*COMPLETE THE FOLLOWING TABLE **REGARDLESS OF YOUR HIV STATUS.***

Column 1	Column 2	Column 3
HIV-Related Service	**Do you currently need this service but are unable to obtain it, for any reason?**	**Use the list below to indicate the MAIN reason you were unable to obtain this service**
a. Printed HIV-related prevention and education materials	☐1 No ☐2 Yes	_____ (# from list below)
b. HIV-related outreach services	☐1 No ☐2 Yes	_____ (# from list below)
c. HIV-related crisis intervention/hotline	☐1 No ☐2 Yes	_____ (# from list below)
d. HIV prevention group/workshop	☐1 No ☐2 Yes	_____ (# from list below)

List of **MAIN** reasons why you have been unable to receive each of these services.

1. I don't know if these services are available in my area	**9.** Lack of transgender staff/outreach workers
2. I know that the services are not available in my area	**10.** Doctors', nurses' or staff transgender insensitivity/hostility
3. I cannot afford/obtain transportation to these services	**11.** Lack of appropriate bathrooms in the healthcare setting
4. I cannot afford to pay for them	**12.** I was denied them while in jail
5. I've been unable to receive assistance to pay for them	**13.** Lack of bilingual services
6. Fear of my transgender status being revealed	**14.** Waiting List
7. Fear of my HIV+ status being revealed	**15.** Other reason (please specify) :
8. Fear of my immigration status being revealed	_____

If you are HIV+, please complete the next question.

If not, please skip the next page and go on to question # 84.

83. For each HIV-related treatment service listed, please indicate if you currently need it but are unable to obtain it, for any reason. If you check 'Yes' for any service in column 2, select the main reason why you cannot obtain it from the list of reasons located under the table and write the corresponding number into column 3.

COMPLETE THE FOLLOWING TABLE <u>ONLY IF YOU ARE HIV POSITIVE</u>. OTHERWISE, GO TO QUESTION #84.

Column 1	Column 2	Column 3
HIV-Related Treatment Service	**Do you currently need this treatment service but are unable to obtain it, for any reason?**	**Use the <u>list below</u> to indicate the MAIN reason you were unable to obtain this treatment service**
e. HIV-related emergency room visits	☐1 No ☐2 Yes	_____ (# from list below)
f. HIV-related hospitalization	☐1 No ☐2 Yes	_____ (# from list below)
g. HIV-related outpatient clinical care	☐1 No ☐2 Yes	_____ (# from list below)
h. HIV-related medications	☐1 No ☐2 Yes	_____ (# from list below)
i. HIV-related testing, resource & referral info	☐1 No ☐2 Yes	_____ (# from list below)
j. HIV-related case management	☐1 No ☐2 Yes	_____ (# from list below)
k. HIV-related counseling/therapy	☐1 No ☐2 Yes	_____ (# from list below)
l. HIV support groups	☐1 No ☐2 Yes	_____ (# from list below)
m. HIV-related substance abuse treatment	☐1 No ☐2 Yes	_____ (# from list below)
n. HIV-related home health care	☐1 No ☐2 Yes	_____ (# from list below)
o. HIV-related food services	☐1 No ☐2 Yes	_____ (# from list below)
p. HIV-related legal services	☐1 No ☐2 Yes	_____ (# from list below)
q. HIV-related financial assistance	☐1 No ☐2 Yes	_____ (# from list below)
r. HIV-related transportation services	☐1 No ☐2 Yes	_____ (# from list below)

List of **MAIN** reasons why you have been unable to receive <u>each</u> of these services.

1. I don't know if these services are available in my area
2. I know that the services are not available in my area
3. I cannot afford/obtain transportation to these services
4. I cannot afford to pay for them
5. I've been unable to receive assistance to pay for them
6. Fear of my transgender status being revealed
7. Fear of my HIV+ status being revealed
8. Fear of my immigration status being revealed
9. Lack of transgender staff/outreach workers
10. Doctors', nurses' or staff transgender insensitivity/hostility
11. Lack of appropriate bathrooms in the healthcare setting
12. I was denied them while in jail
13. Lack of bilingual services
14. Waiting List
15. Other reason (please specify) : _____

YOUR INPUT IS VALUABLE !

84. **OPTIONAL:** Use this space to provide input on topics not covered or questions not asked on this questionnaire. Also, if you would like to elaborate on certain answers you provided, please do so here. Use a separate sheet of paper if necessary.

85. **OPTIONAL:** Use this space to provide feedback on the questionnaire itself. Use a separate sheet of paper if necessary.

Thank you for taking the time to complete this questionnaire and for contributing to our understanding of the health issues and needs of transgender people living in Virginia.