

**2008 SF FTM RAPID HIV RISKS ASSESSMENT
PRELIMINARY FINDINGS, N=47 (Survey)
3 Focus Groups, 10 Key Informant Interviews**

TRANSGENDER DEMOGRAPHICS

Age Range: 18-50
 Mean: 30
 Years living as Male: 1-16 years
 Mean: 7
 Live and Work Stealth: 55%
 Currently taking T: 79%
 Have ever taken T: 85%
 Have had top surgery: 49%

SEXUAL ID, RELATIONSHIP

ID as Gay: 28%
 ID as Queer: 72%
 ID as BI: 13%
 ID as Straight: 11%
 Single and Cruising: 45%
 In Open Relationship: 13%
 Intersex: 4%
 HIV+: 2%
 HIV+FTMSM 3%

CULTURAL HISTORY

POC/Mixed: 40%
 White/Caucasian: 60%
 Born in U.S.: 85%
 Born in CA: 32%
 Born in BA: 13%
 Born in SF: 3%
 Undocumented in U.S.: 4%
 History of incarceration: 17%

HIGHEST LEVEL OF ED

8th Grade or Less 2%
 Some H.S. 4%
 H.S. Diploma/GED 11%
 Some College 19%
 Associates 4%
 College Degree 28%
 Some Grad 6%
 Grad Degree 19%
 Other Ed 6%

CURRENT EMPLOYMENT STATUS

Full-time with benefits 26%
 Full-time no benefits 15%
 Part-time 28%
 Student 17%
 Out of workforce 13%
 On disability 13%
 Non-traditional workforce 9%
 Self-employed 11%
 Other (specify) 17%

INCOME

Individual Annual Gross Income
 N=38 Range: \$0-65,000
 Median: \$20,000
 Believe their annual income is where it
 should be at this point: 9%

CURRENT HOUSING

Homeless 15%
 Live with family of origin 4%
 Own 2%
 Rent 53%
 Marginally housed 26%

**TRANSGENDER-RELATED
DISCRIMINATION (PERCEIVED)**

In Employment 53%
 In Housing 32%

**TRANSGENDER-RELATED
MARGINALIZATION**

Homeless since FTM 36%
 Sex Work since FTM 32%

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“In the last 12 months...”

- Receptive Anal w/male
40% (11% unsafe)
- Receptive Anal w/MTF
6% (2% unsafe)
- Receptive Frontal w/male
60% (34% unsafe)
- Receptive Frontal w/MTF
13% (9% unsafe)
- Perform oral on male
57% (51% unsafe)
- Perform oral on MTF
15% (13% unsafe)
- Sex with males
64% (53% unsafe)
- Sex with paying males
26% (17% unsafe)
- Sex with MTFs
17% (13% unsafe)
- Anonymous sex via online
66% (38% unsafe)

FACTORS LEADING TO UNSAFE SEX

- Alcohol, poppers
- No supplies handy
- Caught up in the moment
- He wouldn't stop
- He was a good talker
- Knowing them
- Not caring
- Pretty sure we're infection-free

HIV RISKS RELATED TO LIVING AS FTM

- Isolation
- Shame
- No penis--partners think I'm low risk
- Novelty of holes for MSFTMs
- Not valuing myself or my body
- Communication barriers
- Body-centric gay culture
- Lack of info about FTM bodies/risks
- Belief that T makes me invincible

HIV KNOWLEDGE

23% think practicing safer sex is too difficult to practice all the time.
51% believe unprotected oral is very low risk for contracting HIV.
53% believe cleaning needles before sharing can reduce transmission of HIV.

HIV RISK

57% believe their chances of having HIV are low.
38% believe their chances of having HIV are none.
66% believe their chances of getting HIV are low.
21% believe their chances of getting HIV are medium.

TOP 3 SOURCES OF HIV INFO

Internet	77%
Clinic	70%
Community Events	53%

“...When you have a gay man who is willing to overlook your downstairs mix-up, you might be more persuaded to do different things with them. It's the whole starvation mentality, like look what I finally have.”
HIV+ FTM Key Informant

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HEALTHCARE COVERAGE

Private Insurance:	36%
Public Insurance:	32%
No Coverage:	30%
Decline to State:	2%
Have ever obtained T without prescription	41%
Have shared T needles	8%

CULTURAL COMPETENCE in PRIMARY CARE

21% are not comfortable discussing TG status or TG healthcare needs with Dr.
19% do not think their doctor/provider is knowledgeable about TG persons or TG care.

CULTURAL COMPETENCE in HIV TESTING

17% are not comfortable discussing TG status along with HIV concerns to counselors.
23% do not think their HIV test counselors have been knowledgeable and sensitive to TG-specific concerns.
34% have had to educate test counselors about TG-specific HIV concerns.
23% have experienced inappropriate questions concerning TG status.
68% have had an STD test in last six months.

STIs IN LAST 12 MONTHS

69% had none
30% had one or more STIs:

UTIs	8 cases
Chlamydia	7 cases
Gonorrhea	3 cases
Herpes	3 cases
Trich, Warts, Hep & Syphilis	2 cases
Warts, Molluscum, BV	1 case

“...With my HIV scare I ended up going to Magnet, and I’ve gone to City Clinic a few times but they weren’t very cool...but I lied at Magnet actually-- usually I’m out, but I didn’t feel right at Magnet saying FTM. I told them I was a bio guy because when I started filling out their form, they have transgender but it’s totally MTF. I was like, ‘Fuck this!’ I’m not going to start out explaining-- I’m already scared shitless that I’m HIV+.”

Focus Group #1 Participant

“The reality is that after taking testosterone, the wall of their vagina is like a postmenopausal woman. So it’s atrophic, which means that the lining becomes thin and smooth. There is less lubrication; so it’s much more easy to damage. So, they’re at greater risk for bleeding with penetration. In regards to thinking about HIV risk or other blood borne pathogens, it’s a similar situation to the message we have been trying to get across to transgender women about their vaginas, in that you know you have to use a lot of lube and it’s a very vulnerable area.”

Key Informant #8, Medical Provider

“There is definitely not adequate access to surgery for people in the Department of Public Health who are uninsured because no one is doing chest surgery, everyone is having to pay to get that. And I have had people who were actually so distraught because they didn’t have access to chest surgery that they stopped taking their hormones and kind of withdrew from society because they just couldn’t deal with the fact that they were trying to be male and had these large breasts that they just couldn’t get rid of.” Key Inform #8, Medical Provider

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HISTORY OF VIOLENCE

68% have been physically assaulted

66% pre- transition

2% post- only

62% have been sexually assaulted

60% pre- transition

2% post- only

“...I used to have a really terrible, shall we say, addiction to having sex with guys knowing that it was going to be unsafe and knowing they were likely to be positive. And that was like a big secret I wouldn't tell anyone about. And obviously there's like a community of that. And I definitely learned with therapy, through use of therapy, there was a connection to [my history of] abuse.” Focus Group #2 Participant

“I'm somebody who's been abused, but my body started opening up after transitioning. Of course that's going to make me be more prone to be engaging in risky behaviors with guys...right? ...Because I'm now in the world so differently, and I'm opening my body up in a new way, it's going to make me want to open it up more, you know? There's some kind of letting go and that letting go can involve risk.” Focus Group #1 Participant

“With sexual abuse, it's weird because reactions are unpredictable. Some people are going to be more self-destructive, or the issue of boundaries isn't there for a lot of folks in the sense of needing or having boundaries. Um, so just that alone makes it really easy to give in if the partner wants to have unprotected sex, or like having compulsive sex as a way of dealing with that...I definitely know a guy who for awhile, especially right after he was assaulted, who was

really, really promiscuous and not super safe.” (Focus Group #3 Participant)

“...I think that queer people are definitely targeted or queer children targeted by older folks who know that they are queer already and target them specifically because of that. So I think that there are large numbers of adults like trans and queer adults who have been survivors of sexual abuse because they were targeted as queer children.”
Key Informant #9, Social Service Provider

“To be honest, right now I have a temporary roommate because I'm not staying at the SRO that I should be staying at because I've been sexually assaulted there three times since February, and the neighbor, the new neighbor, downstairs is threatening to kill me because I'm trans and nobody does shit about it...It's pretty horrible altogether.”
Key Informant #2, Community Leader