

**NATIONAL
HIV
TESTING
WEEK**
18-24 NOVEMBER 2017

HIV PREVENTION ENGLAND

Trans People and HIV Testing

HIV testing is crucial for identifying those who are undiagnosed so that they can receive life-saving treatment early, and avoid passing on HIV. Increasing HIV testing is widely recommended by national guidance documents.

Promoting testing among trans people is particularly important because there is a higher prevalence of HIV among trans people, and they may be more vulnerable to contracting HIV compared to other groups. General health services may not meet their needs due to a lack of awareness of trans health issues or cultural insensitivities, and there is a scarcity of specialist services.

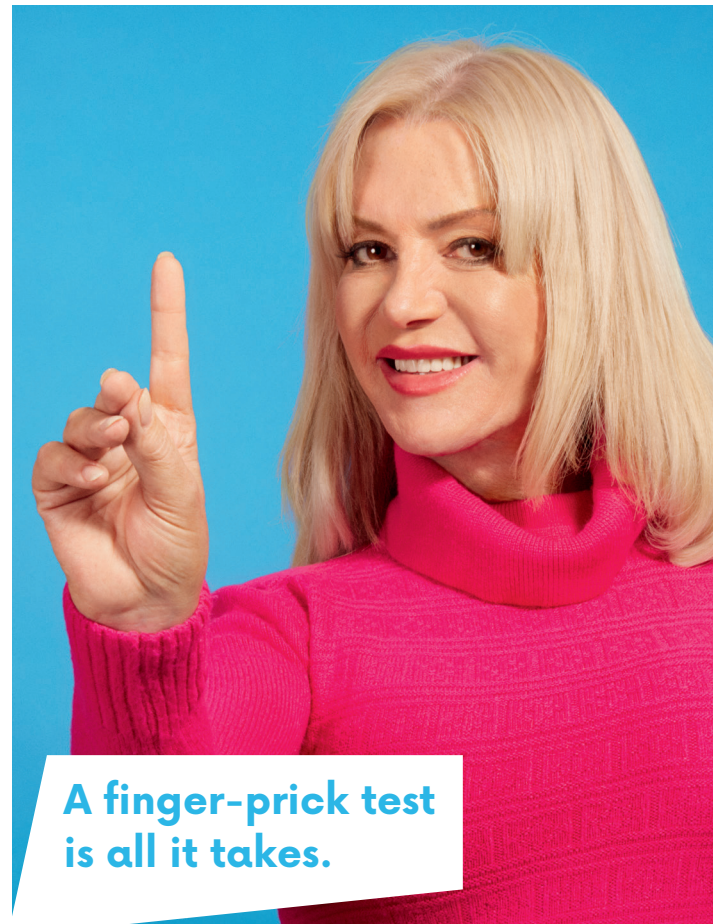
This year, HIV Prevention England put a spotlight on increasing testing among trans people as part of the **National HIV Testing Week** campaign.

WHY IS HIV TESTING IMPORTANT FOR TRANS PEOPLE?

There have been few HIV studies that focus on trans people, but those that exist have identified high HIV prevalence especially among trans women. The estimated global prevalence is 19.1% and trans women are further estimated to be 49 times more likely to have HIV compared to the general population¹.

Trans people are more affected by HIV for a number of reasons. It may be due to greater disparities, stigma and discrimination across many environmental and social contexts². This results in scarce provision and uptake of services which meet the needs of trans people, and has shown to contribute to a higher HIV burden globally³.

Primary care providers are often the first and most common point of contact between trans people and health services. However, trans people report a range of failures relating to their health services,



**A finger-prick test
is all it takes.**

including cultural insensitivities which deny their gender and its expression, or lack of knowledge which threatens their health⁴.

'I called the GP surgery to make an appointment. The receptionist asked me to repeat my name twice. I said Angela - twice. The receptionist sort of sniggered and turned to the other receptionist and said, quietly, but loud enough for me to hear: "He says he's Angela - what do I do?"'

I did get my appointment, but my stomach was churning. I felt terrible. That feeling comes back every time I need to make an appointment.'

Angela⁵

'I had a skin specialist that treated me for acne, she gave me a terrible experience.

When she found out my trans status she started calling me "she" (I was about three years on T and post op chest) and each month she insisted I take a pregnancy test like other females must, even though at the time I wasn't having sex with men and I had explained how distressing it was for me to do a test.

'She would then, on my prescription slip that I took to Boots, write "not pregnant" in massive letters which was completely unnecessary as my name and gender marker had been changed by then and there would be no question of me being pregnant ever.

'She also pushed me to stop testosterone as that apparently would rid me of acne as the extra testosterone would be causing it. I had to explain to her that my testosterone put me through male puberty, like a young man, and that it would be something I'd have for the rest of my life. Acne runs in my family.'

Trans man

Despite significant demand, there is also a worldwide scarcity of clinical services designed specifically for trans people⁶. This is true for the UK, where there are less than a handful of services specifically for trans people⁷.

ADDRESSING BARRIERS TO HIV TESTING

According to international guidance, services for trans people should be safe, confidential, accessible, affordable and integrated. Services need to be 'trans-competent' so that they are culturally appropriate, stigma-free and respectful, as well as mindful of human rights and the broader context for trans health .

Healthcare providers need to have training so that they can act as a key access point to health services for trans people, rather than act as barriers⁹. Healthcare providers should also avoid misgendering or using the wrong pronouns, and should train staff so that stigma is eliminated and confidentiality respected¹⁰.

Good practice for delivering services for trans people focuses on three aspects¹¹:

- being led by trans people
- having an integrated service to make sure that the key needs of trans people are met
- working in partnership with other relevant agencies to improve the quality of the service.

HELPFUL TIPS FOR PROVIDING A TRANS-FRIENDLY SERVICE¹²

- Think through the whole experience of being a client attending the clinic or service: making the appointment, the clinical environment, the registration process and forms, the consultation, the examination, the patient record, communication of results to the patient and communication with other healthcare professionals. At each stage, consider any barriers and take steps to minimise them. For example, have one health history form instead of separate male and female forms as this makes checking-in more comfortable for trans clients and for intake staff.
- Make facilities unisex, including bathrooms, waiting rooms and filing systems.
- Train your staff. Train reception staff in the best ways to engage with trans patients to put them at ease - the reception desk is the first port of call for all patients and a good experience here can make all the difference to the trans patient's journey through your clinic. Provide training to nursing staff on sensitive ways to approach physical examinations which trans people may find difficult, and give them time to ask any questions they may have.
- Show respect by using the right name and title. There can be a long-term effect on the mental health and wellbeing of trans people if they are not treated with respect by those they turn to for help - it may even prevent them from seeking healthcare at all. Always use a trans person's chosen name and ask which pronouns they prefer. Sometimes misgendering a person is a genuine mistake for which the person making the mistake should apologise and move on. Both electronic and paper medical records should clearly indicate the patient's preferred name and title.
- If you are not sure how you should address someone, ask them, 'how do you like to be addressed?' and also 'what pronouns do you prefer to use?'
- Mirror the language the individual uses when referring to their body. Be sensitive in your use of language especially about genitals/other body parts and ask if there are particular words

someone would rather use.

- In a clinical setting, it is important to ask comprehensive and inclusive questions about the individual's sexual history. It should include data fields on preferred pronouns, partner gender, anatomical parts, sexual practices, past history of sexually transmitted infections (STIs), protection strategies, and pregnancy prevention (where appropriate).
- The gender status or history of trans and non-binary people should be treated with the same level of confidentiality as any other sensitive personal information.
It is unlawful to disclose a patient's gender history without their consent. When communicating with other health professionals, gender history need not be revealed unless it is directly relevant to the condition or its likely treatment.
- Add gender identity to your inclusion policies for staff and services users.

FURTHER INFORMATION, TOOLS AND RESOURCES

Here is a list of helpful resources, publications and websites which provide more information on trans and non-binary health issues:

- Promoting trans-inclusive HIV testing and sexual health services.
www.hivpreventionengland.org.uk/wp-content/uploads/2017/11/Promoting-trans-inclusive-HIV-testing-and-sexual-health-services-webinar-slides.pdf
 - Transforming Outcomes - LGBT Foundation.
www.lgbt.foundation/transformingoutcomes
 - General Medical Council: Advice for doctors treating trans patients.
www.gmc-uk.org/guidance/28851.asp
 - www.cliniQ.org.uk
 - www.gires.org.uk/
 - www.i-base.info
- Information on Pre-exposure prophylaxis (PrEP) for trans people.
- Providing Trans Inclusive Healthcare Handbook – Planned Parenthood.
www.plannedparenthood.org/files/4414/0606/9716/PPSFL_Providing_Transgender_Inclusive_Healthcare_Handbook.pdf

References:

- 1 Baral, S.D., Poteat, T., Strömdahl, S., Wirtz, A.L., Guadamuz, T.E. and Beyrer, C., 2013. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*, 13(3), pp.214-222.
- 2 Poteat et al, 2015, and Reisner et al, 2015, cited in Poteat, T., Scheim, A., Xavier, J., Reisner, S. and Baral, S., 2016. Global epidemiology of HIV infection and related syndemics affecting transgender people. *Journal of Acquired Immune Deficiency Syndromes (1999)*, 72(Suppl 3), p.S210; NAT, 2017. Trans* people and HIV: How can policy work improve HIV prevention, treatment and care for trans* people in the UK? Available from www.nat.org.uk/publication/trans-people-and-hiv
- 3 Poteat et al, 2015, and Reisner et al, 2015, cited in Poteat et al, 2016.
- 4 NAT, 2017.
- 5 General Medical Council (GMC), 2017. Advice for doctors treating trans patients. Available from www.gmc-uk.org/guidance/28851.asp
- 6 UNDP et al, 2016, cited in NAT, 2017.
- 7 Michelle Ross, cited in NAT, 2017.
- 8 UNDP et al, 2016, cited in NAT, 2017.
- 9 Winter et al, 2016, cited in NAT, 2017.
- 10 NAT, 2017.
- 11 Wylie, K. and Wylie, R., 2016. Supporting trans people in clinical practice. *Trends in Urology & Men's Health*, 7(6), pp.9-13; NAT, 2017
- 12 GMC, 2017; Ross, M., Moody, C., Nambiar, K. and Stafford, L., 2017. Promoting trans inclusive HIV testing and sexual health services. Available from www.hivpreventionengland.org.uk/wp-content/uploads/2017/11/Promoting-trans-inclusive-HIV-testing-and-sexual-health-services-webinar-slides.pdf

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