Transgender Health and Human Rights

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WGH Panel
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In November, Massachusetts will vote YES on 3 to uphold respect and dignity. Here’s what you need to know.

On Election Day, Massachusetts voters will face the first-ever statewide popular vote on protections for transgender people from discrimination. The referendum would repeal our state law that protects transgender people from discrimination in public places, including restaurants, stores, and doctors’ offices. A “yes” vote on Question 3 keeps the current law as it is. Read the full ballot question.

https://www.freedommassachusetts.org/

https://www.masstpc.org/
Transgender Health Disparities

- HIV and STIs
- Mental health
- Substance use and dependence
- Cancer-related risks (e.g., smoking)
- Cardiovascular disease (CVD) risks
- Healthcare utilization behaviors
- Lack access to gender-affirming care
- Preventive screening
- Violence victimization
- Poor self-rated general health
Mental Health of Transgender Youth: A Matched Retrospective Cohort Study (n=360, Mean Age=19.6 years)

Adjusted Risk Ratios Demonstrating Increased MH Burden: 2.36 to 4.30 (all p<0.01)

Why Transgender Disparities?

Why Transgender Disparities?

MINORITY STRESS

Transgender  

..............  

HEALTH

Stigma: Past 12-Month Bullying Victimization in a U.S. National Sample of Transgender Youth, Ages 13-18 Years (n=5542)

<table>
<thead>
<tr>
<th>Method of Bullying</th>
<th>Transgender (n=442)</th>
<th>Cisgender Female (n=2840)</th>
<th>Cisgender Male (n=2260)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Bullying</td>
<td>3.58 (2.74, 4.68)</td>
<td>2.93 (2.30, 3.72)</td>
<td>1.68 (1.29, 2.19)</td>
</tr>
<tr>
<td>In Person</td>
<td></td>
<td>1.98 (1.55, 2.53)</td>
<td>3.02 (2.43, 3.75)</td>
</tr>
<tr>
<td>By Phone Call</td>
<td></td>
<td></td>
<td>2.04 (1.62, 2.58)</td>
</tr>
<tr>
<td>Via Text Message</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Some Other Way</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adj. RR (95% CI)*

*p-value

*Models adjusted for age, race/ethnicity, family SES, geographic context.

Reisner, Greytak, Parsons, Ybarra, 2015
Incarceration and Mental Health and Substance Use among Young Transgender Women (YTW)

- 221 YTW ages 16-29 from Boston and Chicago (mean age 23.3, 75.6% POC)
- Baseline, 4, 8, 12 mo follow-up visits
- 38% incarcerated (33% before, 18% during the study)
- Predictors of last 4-mo incarceration:
  - School dropout (aOR=1.95)
- Recent incarceration predicted somatic symptoms (aOR=4.16) and illicit drug use (aOR=2.07)

Structural Stigma

- Structural stigma refers to societal-level conditions, institutional policies and practices, and cultural norms that constrain the opportunities, resources, and wellbeing of the stigmatized
  — (Hatzenbuehler & Link, 2014)
Structural Stigma Linked to Adverse Health Outcomes

Populations:
• Adolescents
• Young adults
• Adults

Data sources:
• BRFSS
• NESARC
• YRBS
• Growing Up Today Study
• Clinical cohort (Fenway Health)

Outcomes:
• Mental health distress
• Suicide attempts
• Hazardous drinking
• Marijuana and other drug use
OBJECTIVES:
We sought to determine whether health care use and expenditures among gay and bisexual men were reduced following the enactment of same-sex marriage laws in Massachusetts in 2003.

METHODS:
We used quasi-experimental, prospective data from 1211 sexual minority male patients in a community-based health center in Massachusetts.

RESULTS:
In the 12 months after the legalization of same-sex marriage, sexual minority men had a statistically significant decrease in medical care visits (mean = 5.00 vs mean = 4.67; P = .05; Cohen's d = 0.17), mental health care visits (mean = 24.72 vs mean = 22.20; P = .03; Cohen's d = 0.35), and mental health care costs (mean = $2442.28 vs mean = $2137.38; P = .01; Cohen's d = 0.41), compared with the 12 months before the law change. These effects were not modified by partnership status, indicating that the health effect of same-sex marriage laws was similar for partnered and nonpartnered men.

CONCLUSIONS:
Policies that confer protections to same-sex couples may be effective in reducing health care use and costs among sexual minority men.
State-level policies and LGB psychiatric comorbidity

- State-level policies and psychiatric morbidity in lesbian, gay, and bisexual populations.
- Hatzenbuehler ML, Keyes KM, Hasin DS.
- Author information
- Abstract
- OBJECTIVES:
  - We investigated the modifying effect of state-level policies on the association between lesbian, gay, or bisexual status and the prevalence of psychiatric disorders.
- METHODS:
  - Data were from wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), a nationally representative study of noninstitutionalized US adults (N=34,653). States were coded for policies extending protections against hate crimes and employment discrimination based on sexual orientation.
- RESULTS:
  - Compared with living in states with policies extending protections, living in states without these policies predicted a significantly stronger association between lesbian, gay, or bisexual status and psychiatric disorders in the past 12 months, including generalized anxiety disorder (F=3.87; df=2; P=.02), post-traumatic stress disorder (F=3.42; df=2; P=.04), and dysthymia (F=5.20; df=2; P=.02). Living in states with policies that did not extend protections also predicted a stronger relation between lesbian, gay, or bisexual status and psychiatric comorbidity (F=2.47; df=2; P=.04).
- CONCLUSIONS:
  - State-level protective policies modify the effect of lesbian, gay, or bisexual status on psychiatric disorders. Policies that reduce discrimination against gays and lesbians are urgently needed to protect the health and well-being of this population.
- PMID: 19833997 PMCID: PMC2775762 DOI: 10.2105/AJPH.2008.153510
Institutional Discrimination and Psychiatric Disorders in LGB

- The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study.
- Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS.
- **Author information**
- **Abstract**
- **OBJECTIVES:**
  - We examined the relation between living in states that instituted bans on same-sex marriage during the 2004 and 2005 elections and the prevalence of psychiatric morbidity among lesbian, gay, and bisexual (LGB) populations.
- **METHODS:**
  - We used data from wave 1 (2001-2002) and wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions (N = 34,653), a longitudinal, nationally representative study of noninstitutionalized US adults.
- **RESULTS:**
  - Psychiatric disorders defined by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, increased significantly between waves 1 and 2 among LGB respondents living in states that banned gay marriage for the following outcomes: any mood disorder (36.6% increase), generalized anxiety disorder (248.2% increase), any alcohol use disorder (41.9% increase), and psychiatric comorbidity (36.3% increase). These psychiatric disorders did not increase significantly among LGB respondents living in states without constitutional amendments. Additionally, we found no evidence for increases of the same magnitude among heterosexuals living in states with constitutional amendments.
- **CONCLUSIONS:**
  - Living in states with discriminatory policies may have pernicious consequences for the mental health of LGB populations. These findings lend scientific support to recent efforts to overturn these policies.
- PMID: 20075314 PMCID: PMC2820062 DOI: 10.2105/AJPH.2009.168815
Blunted Cortisol Response Associated with Exposure to Structural Stigma in LGB

Notes. Cortisol responses to the Trier Social Stress Test. Low structural stigma represents individuals living in states in the top tertile of supportiveness during adolescence, and high structural stigma represents individuals living in states in the bottom two tertiles. Y-axis refers to cortisol in nmol/L.

Structural stigma and hypothalamic-pituitary-adrenocortical axis reactivity in lesbian, gay, and bisexual young adults.
Hatzenbuehler ML, McLaughlin KA.
State Laws Permitting Denial of Services to Same-Sex Couples

• Behavioral Risk Factor Surveillance System (BRFSS) 2014-2016 - Adults ages 18-64 years
• 3 states that implemented laws permitting denial of services to same-sex couples (Utah, Michigan, North Carolina)
• 6 nearby control states (Idaho and Nevada, Ohio and Indiana, and Virginia and Delaware, respectively)
• Outcome: Mental health distress – 14 or more of the past 30 days
• 4.8% sexual minority (LGB) – 21.9% mental health distress vs 12.6% heterosexual

State Laws Permitting Denial of Services to Same-Sex Couples

• Between 2014 and 2016 in states that passed laws permitting denial of services to same-sex couples ...
  – The proportion of sexual minority adults reporting mental distress increased by 10.1 percentage points (95% CI, 1.8 to 18.5 percentage points ($P = .046$) compared with control states
  – This is a 46% relative increase in sexual minority adults experiencing mental distress
  – No significant association between laws permitting denial of services to same-sex couples and changes in heterosexual adults experiencing mental distress ($−0.36$ percentage points, 95% CI, $−1.73$ to 1.01 percentage points)

• Laws permitting denial of services to same-sex couples, which exist in 12 states and are under consideration by the US Supreme Court, are associated with a 46% increase in sexual minority adults experiencing mental distress

Structural stigma and sexual orientation disparities in adolescent drug use

- Growing Up Today Study, a prospective community-based study of adolescents (2001-2010)
- Sexual orientation disparities in marijuana and illicit drug use were more pronounced in high-structural stigma states than in low-structural stigma states, controlling for individual- and state-level confounders
- For instance, among men, the risk ratio indicating the association between sexual orientation and marijuana use was 24% greater in high- versus low-structural stigma states, and for women it was 28% greater in high- versus low-structural stigma states
- Stigma in the form of social policies and attitudes may contribute to sexual orientation disparities in illicit drug use

Hatzenbuehler ML, Jun HJ, Corliss H, Austin SB. Structural stigma and sexual orientation disparities in adolescent drug use. Addict Behav 2015; 46; 14-18.
Trans

DISCRIMINATION AND HEALTH IN MASSACHUSETTS: A STATEWIDE SURVEY OF TRANSGENDER AND GENDER NONCONFORMING ADULTS

Raisner SL, White JM, Dunham EE, Helfin K, Regans J, Cahill S, and the Project Voice Team

Raise your voice for our health
Share your stories with Project VOICE
Voicing Our Individual and Community Experiences

The Massachusetts Transgender Political Coalition and Fenway Health seeks transgender adult volunteers in Massachusetts to take part in an online survey on stress and health.

YOU MAY BE ELIGIBLE TO PARTICIPATE IF YOU:

- Are transgender or gender non-conforming
- Are age 18 years or older
- Live or have lived in Massachusetts in the past year

The purpose of this needs assessment is to gain a deeper understanding of the health of transgender adult communities in Massachusetts, and to specifically understand the social stressors that influence health and wellbeing across the life course of transgender people.

Participants have the chance to be entered into a raffle with over $500 in gift cards and prizes, including an iPad.

PUBLIC ACCOMMODATION DISCRIMINATION - PAST 12 MONTHS

- Any: 65%
- Transportation: 36%
- Retail Store: 28%
- Food + Drink Locations: 26%
- Public Gathering Location: 25%
- Healthcare: 24%
- Service Location: 14%
- Entertainment Venue: 13%
- Criminal Justice Location: 10%
- Social Services Locations: 9%

PUBLIC ACCOMMODATION DISCRIMINATION BY GENDER IDENTITY

- MTF: 52%
- Male Born - GNC: 60%
- FTM: 55%
- Female Born - GNC: 69%

Figure Terminology: MTF = male-to-female; GNC-MAB = gender nonconforming - male assigned sex at birth; FTM = female-to-male; GNC-FAB = gender nonconforming - female assigned sex at birth

EXPERIENCED DISCRIMINATION IN 1 OR MORE PUBLIC ACCOMMODATION VENUES, PAST 12 MONTHS

- Low Visual GNC: 22%
- Moderate Visual GNC: 34%
- High Visual GNC: 44%
# Project VOICE: Discrimination and Healthcare Utilization

452 MA transgender adults - 24% discrimination in healthcare, last 12 mo

### Discrimination definition: Mistreatment on the basis of transgender or gender nonconforming identity/presentation (included verbal harassment and physical assault)

<table>
<thead>
<tr>
<th>Discrimination</th>
<th>No Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td></td>
</tr>
<tr>
<td>Postponed care when needed, resulting in emergency care</td>
<td>13.9</td>
</tr>
<tr>
<td>Postponed needed medical care when sick or injured</td>
<td>24.8</td>
</tr>
<tr>
<td>Postponed routine preventive medical care</td>
<td>30.3</td>
</tr>
</tbody>
</table>

**Adj. RR:**
- 2.38 (1.76, 3.23) for postponed care when needed, resulting in emergency care
- 3.14 (2.63, 4.43) for postponed needed medical care when sick or injured
- 2.43 (1.92, 3.08) for postponed routine preventive medical care

+ Multivariable models adjusted for: discrimination in other settings, age, race/ethnicity, gender identity, natal sex, gender affirmation, visual gender nonconformity, income, education, employment, health insurance, survey mode.

Structural Stigma Composite and Transgender Mental Health

• Internet-based health assessment of U.S. transgender adults (n=1229)
• State-level structural stigma related to sexual minorities as a proxy for structural stigma related to gender minorities
  – 4-item composite index: (1) density of same-sex couples; (2) proportion of Gay-Straight Alliances per public high school; (3) 5 policies related to SO discrimination (e.g., same-sex marriage, employment non-discrimination); and (4) public opinion toward homosexuality (aggregated responses from 41 national polls)
• Lifetime suicide attempt: 32.4%
• **Lower levels of structural stigma were significantly associated with fewer lifetime suicide attempts** (aOR=0.96; 95% CI=0.92, 0.997) (adj for age, gender identity, race, income, education, urbanicity, and internalized transphobia)

Gender Identity Non-Discrimination Laws in Public Accommodations

• Data from public record requests of criminal incident reports related to assault, sex crimes, and voyeurism in public restrooms, locker rooms, and dressing rooms to measure safety and privacy violations in these spaces.

• Matched pairs analyses of localities in Massachusetts with and without gender identity inclusive public accommodation nondiscrimination ordinances.

• The passage of such laws is not related to the number or frequency of criminal incidents in these spaces.

• Reports of privacy and safety violations in public restrooms, locker rooms, and changing rooms are exceedingly rare.

• This study provides some evidence that fears of increased safety and privacy violations as a result of nondiscrimination laws are not empirically grounded.

Beyond Bathrooms — Meeting the Health Needs of Transgender People

Mark A. Schuster, M.D., Ph.D., Sari L. Reisner, Sc.D., and Sarah E. Onorato, B.A.

One might have to go back to the era of racial desegregation of U.S. bathrooms to find a time when toilets received so much attention. Recently, several states have debated or passed legislation requiring people to use the public bathroom corresponding to their sex as “identified at birth” or “stated on a person’s birth certificate.” Some supporters of these laws have focused on the fear that male stalkers will claim to be transgender women in order to victimize girls and women in restrooms. Others have expressed vitriol and revulsion toward transgender people, describing them as “sexual predators,” “voyeurs,” and “pedophiles.” Although transgender people have been characterized as dangerous, it is transgender people who have generally been the victims of verbal harassment and physical assaults when trying to use public bathrooms.

Opposition to the recent legislation has been strong in some sectors, with businesses, performers, and states voicing objections and canceling planned expansions, concerts, and government-sponsored travel. At the federal level, the Obama administration filed a lawsuit against North Carolina, asserting that the state’s Public Facilities Privacy and Security Act violates federal law. It also issued a letter outlining the legal obligation of public schools to allow transgender students to use bathrooms that correspond to their gender identity. Eleven states have sued the administration over this directive.

Although these issues may ultimately be decided under civil rights law, bathrooms matter for health. Transgender people who are barred from using bathrooms where they feel safe might feel they have no choice but to suppress basic bodily needs. Delayed bathroom use can cause health problems including urinary tract or kidney infections, stool impaction, and hemorrhoids. Some transgender people even abstain from drinking during the day to avoid the need to urinate.

When transgender people are physically assaulted in public bathrooms, they may suffer bruises, broken bones, or worse. In addition, the ongoing fear of harassment and violence when using public bathrooms can take a toll on mental health. More broadly, laws like North Carolina’s send a message that transgender people are not welcome in workplaces or schools, reinforcing the stigma, bias, and fear that fuel discrimination against transgender people.

Transgender people have a gen...
Synergies in health and human rights: a call to action to improve transgender health

"Transphobia is a health issue."
J V R Pessada Ribe, UN Secretary-General’s Special Envoy for HIV in Asia and the Pacific

2015 was an unprecedented year in the recognition of transgender rights in some high-income countries. However, this recognition in the public domain has yet to translate to a concerted effort to support the right to health of transgender people around the world. Transgender people continue to face a range of challenges that deprive them of respect, opportunities, and dignity and have damaging effects on their mental and physical health and well-being, as shown in the Lancet Series on transgender health. These “situational vulnerabilities”, as they are called in the series paper by San Winder and colleagues, can prompt or aggravate depression, anxiety, self-harm, and suicidal behaviour among transgender people, which are exacerbated by biological risks, and social and sexual network-level risks, for HIV and other sexually transmitted infections. In their Lancet Series paper, Sam Winter and colleagues write of a “dope leading from stigma to sickness”. Moving forward, these health needs and vulnerabilities can be better addressed through improved understanding of the legal and social policies that promote harms and diminish the potential impact of health programmes. There is also a need for increased knowledge of the optimal content and models of clinical service provision, as highlighted by Kevin Wylie and colleagues’ series paper; and of the epidemiology of communicable and non-communicable diseases in transgender people globally. Ultimately, action is needed at and across multiple levels and sectors to optimise the provision and uptake of health services for transgender people (panel).

Health policies must change to improve the health of transgender people. Transgender people worldwide report problems in accessing appropriate and equitable health care—whether related to gender affirmation, sexual and reproductive health, or more general health. Steps need to be taken to ensure that national health policies are as inclusive as possible with regard to transgender health care. Such health care, including access to feminising and masculinising hormones, should be funded on the same basis as other health care. Publicly funded health care should be extended to transgender people, including gender-affirming health care that can change, or indeed extend, the lives of the people concerned. Health care for transgender people should be informing the existing human rights and best evidence-based. Governments should endeavour to eliminate gender reproductive therapies for children, adolescents, or adults in their jurisdiction. Mainstream professional opinion judges these therapies unethical. The primary health care is the most common point of contact that transgender people have with the health system. Effective training for primary care providers, through medical education and continuing professional development, is needed to better support the needs of transgender people and understand their range of health needs. Primary care providers should be able and willing to provide mental health support for transgender people and gender-affirming hormone treatments that can alleviate gender dysphoria or allow gender expression. At the very least, they should be aware of these needs and consult additional specialty support if needed. However, in much of the world, such specialty services are partly or wholly unavailable, which reinforces the need for the integration of this training for all health providers.

Gender incongruence commonly leads to a mental disorder diagnosis. The precise diagnosis depends on the manual used, but in the case of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is prompted by the presence of distress about gender incongruence. These psychiatric diagnoses are now widely regarded as inappropriate, unhelpful, and potentially harmful. In the International Classification of Diseases Code (ICD)-11, WHO is proposing to relocate the relevant diagnoses for children, adolescents, and adults to a new chapter linked to sexual health. We encourage national medical associations to communicate to their governments their support for the placement of gender incongruence of adolescence and adulthood in the new sexual health chapter of ICD-11. However, we urge caution about the proposal for a diagnosis for children below puberty who have no need for hormone or surgical treatment, and who simply need support and information in exploring and learning
Gender Affirmation

• Process by which individuals are affirmed in their gender identity or expression

• Dimensions
  – Social
  – Psychological
  – Medical
  – Legal

• Health and human rights
  – Self-determination
  – Recognition before the law

Reisner et al. Global health needs and burden in transgender populations: A review.
World Health Organization (WHO)

- International Classification of Diseases (ICD)-11
- Transsexualism → gender incongruence
- Mental health disorders → sexual health

http://www.who.int/health-topics/international-classification-of-diseases
Considerations

• Structural violence – human rights
• Increase evidence-base on structural determinants of transgender health
• Assess transgender policies and laws
• How do policies impact transgender health?
  – Creative and rigorous study designs
• Resiliencies to buffer the effects of structural stigma?
"The only way I will rest in peace is if one day transgender people aren't treated the way I was, they're treated like humans, with valid feelings and human rights. Gender needs to be taught about in schools, the earlier the better. My death needs to mean something ... *Fix society. Please.*"

Leelah Alcorn
November 15, 1997 – December 28, 2014
Thank you!

“Enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.”

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