Hibbert, MP, Wolton, A, Crenna-Jennings, W, Benton, L, Kirwan, P and Delpech, V

Experiences of stigma and discrimination in social and healthcare settings among trans people living with HIV in the UK

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Experiences of stigma and discrimination in social and healthcare settings among trans people living with HIV in the UK

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Experiences of stigma and discrimination in social and healthcare settings among trans people living with HIV in the UK

The People Living with HIV StigmaSurvey UK 2015 was a community led national survey investigating experiences of people living with HIV in the UK in the past 12 months. Participants aged 18 and over were recruited through over 120 cross-sector community organisations and 46 HIV clinics to complete an anonymous online survey. Trans is an umbrella term which refers to individuals whose current gender identity is different to the gender they were assigned at birth. Trans participants self-identified via gender identity and gender at birth questions. Descriptive analyses of reported experiences in social and health care settings were conducted and multivariate logistic regression analyses were used to identify sociodemographic predictors of reporting being treated differently to non-HIV patients, and being delayed or refused healthcare treatment in the past 12 months. 31 out of 1576 participants (2%) identified as trans (19 trans women, 5 trans men, 2 gender queer/non-binary, 5 other). High levels of social stigma were reported for all participants, with trans participants significantly more likely to report worrying about verbal harassment (39% vs. 23%), and exclusion from family gatherings (23% vs. 9%) in the last 12 months, compared to cisgender participants. Furthermore, 10% of trans participants reported physical assault in the last 12 months, compared to 4% of cisgender participants. Identifying as trans was a predictor of reporting being treated differently to non-HIV patients (48% vs. 30%; aOR 2.61, CI 1.06, 6.42) and being delayed or refused healthcare (41% vs. 16%; aOR 4.58, CI 1.83, 11.44). Trans people living with HIV in the UK experience high levels of stigma and discrimination, including within healthcare settings, which is likely to impact upon health outcomes. Trans-specific education and awareness within healthcare settings could help to improve service provision for this demographic.

Word count: 291

Keywords: HIV/AIDS, transgender, trans people, stigma, discrimination, healthcare provision.

Word count: 1,486
Introduction

Trans is an umbrella term that refers to people who do not identify with their assigned gender and/or traditional culturally bound male-female gender binary (e.g. transgender, trans male, trans female, gender queer/ non-binary)(Sevelius, Schelm, & Giambrone, 2015). The term ‘cisgender’ refers to people who identify with the gender they were assigned at birth. The prevalence of trans people in the UK remains unknown, but is likely to be similar to other high income countries such as the USA, where an estimate 0.6% of the population self-identifies as transgender (Flores, Herman, Gates, & Brown, 2016).

Globally, trans people face many forms of stigma and discrimination related to both gender identity and expression (T. Poteat et al., 2015), and as a result are at greater risk of mental health issues, physical abuse, social isolation and economic hardship (Herbst et al., 2008). Trans people, especially trans women, are also more vulnerable to HIV acquisition, although reliable data on the prevalence of HIV in this population is inconsistent (T. C. Poteat, Keatley, Wilcher, & Schwenke, 2016). However, a systematic review and meta-analysis estimated that the worldwide HIV prevalence among trans women was 19.1% (Baral et al., 2013). Research has suggested that over 60% of trans men identify as men who have sex with men (MSM) (Bauer, Redman, Bradley, & Scheim, 2013), but their inclusion in HIV epidemiology is relatively limited (T. Poteat, Scheim, Xavier, Reisner, & Baral, 2016).

In this study we report on the experiences of stigma and discrimination of people living with HIV in the UK in 2015 in a variety of social and healthcare settings.

Methods

The People Living with HIV StigmaSurvey UK 2015 recruited participants from over 120 community organisations and 46 NHS clinics across the UK. Participants were UK residents living with HIV, and aged 18 or older. Ethical approval was gained from the
Brighton and Sussex NHS Research Ethics Committee. Responses were stored securely and analysed at Public Health England in accordance with the Data Protection Act 1998.

The overall survey covered many aspects of HIV-related stigma, and detailed methodology has been previously reported (Crenna-Jennings et al., 2017) (Hibbert et al., 2017). Trans participants self-identified by utilising an adapted two-stage method of gender identity monitoring (Sausa, Sevelius, Keatley, Rouse Iñiguez, & Reyes, 2009) which included a question on current gender identity (“I am: male, female, trans male, trans female, gender queer/non-binary, Prefer not to say, Other”) and a second question on gender at birth (“What sex were you assigned at birth? Male, Female, Prefer not to say”). Cisgender participants were those whose current gender identity was the same as their sex assigned at birth. Trans participants were those who had a different gender than their gender assigned at birth, or who identified as trans male, trans female, gender queer/non-binary, or other. Participants who responded ‘prefer not to say’ were not included.

Descriptive analyses of reported experiences in social and health care settings were conducted stratified by gender identity. Multivariate logistic regression analyses were performed to explore the association of sociodemographic factors with reporting being treated differently and feeling refused treatment in healthcare settings in the last 12 months. These analyses excluded the responses to ‘worrying about being treated differently’ and ‘avoiding care when needed’ due to their high correlation with the outcome variables. All statistical analysis was conducted in STATA 13.1 (StataCorp, Texas, USA).

Results
Of the 1,576 people who participated in the survey, 31 participants self-identified as trans (19 trans women, 5 trans men, 2 gender queer/non-binary, and 5 other). These 31 participants were grouped for these analyses and are referred to as ‘trans’. Four participants did not disclose a gender, and were therefore not included in the analyses.

Table 1 displays a breakdown of demographics for cisgender and trans participants.

Notably, there were significant differences in injecting drug use and being paid for sex between trans and cisgender participants.

Table 1. Participant demographics.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cisgender (n=1,541)</th>
<th>Trans (n=31)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>359  23%</td>
<td>19  61%</td>
</tr>
<tr>
<td>Men</td>
<td>1,182  77%</td>
<td>5  16%</td>
</tr>
<tr>
<td>Gender queer / non-binary</td>
<td>-  -</td>
<td>2  6%</td>
</tr>
<tr>
<td>Other</td>
<td>-  -</td>
<td>5  16%</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>37  2%</td>
<td>2  6%</td>
</tr>
<tr>
<td>25-34</td>
<td>237 15%</td>
<td>3  10%</td>
</tr>
<tr>
<td>35-50</td>
<td>782 51%</td>
<td>15  48%</td>
</tr>
<tr>
<td>&gt;50</td>
<td>401 26%</td>
<td>6  20%</td>
</tr>
<tr>
<td>Missing</td>
<td>84  5%</td>
<td>5  16%</td>
</tr>
<tr>
<td><strong>Ethnicity</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White British or Irish</td>
<td>973  63%</td>
<td>15  48%</td>
</tr>
<tr>
<td>Other ethnicity</td>
<td>565  37%</td>
<td>15  48%</td>
</tr>
<tr>
<td>Missing</td>
<td>3  0%</td>
<td>1  3%</td>
</tr>
<tr>
<td><strong>Sexuality</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men who have sex with men (MSM) / gay</td>
<td>966  63%</td>
<td>4  13%</td>
</tr>
<tr>
<td>Heterosexual</td>
<td>523  34%</td>
<td>14  45%</td>
</tr>
<tr>
<td>Other or preferred not to say</td>
<td>52  3%</td>
<td>13  42%</td>
</tr>
<tr>
<td><strong>Relationship status</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with a partner</td>
<td>554  36%</td>
<td>13  42%</td>
</tr>
<tr>
<td>In a relationship, living separately</td>
<td>240  16%</td>
<td>6  19%</td>
</tr>
<tr>
<td>Relationship with &gt;1 partner</td>
<td>21  1%</td>
<td>5  16%</td>
</tr>
<tr>
<td>No relationship/single</td>
<td>723  47%</td>
<td>5  16%</td>
</tr>
<tr>
<td>Missing</td>
<td>3  0%</td>
<td>2  6%</td>
</tr>
<tr>
<td>Ever injected drug use*</td>
<td>207  13%</td>
<td>9  29%</td>
</tr>
<tr>
<td>in the past 12 months</td>
<td>69  4%</td>
<td>2  6%</td>
</tr>
<tr>
<td>Ever been paid for sex***</td>
<td>186  12%</td>
<td>12  39%</td>
</tr>
<tr>
<td>in the last 12 months***</td>
<td>31  2%</td>
<td>4  13%</td>
</tr>
<tr>
<td>Financial hardship in the last 12 months**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
keeping up with bills 632 41% 10 32%
keeping up but struggling 714 46% 15 48%
fallen behind on some or many bills 182 12% 2 6%
Missing 13 1% 4 13%

**Health**

**Year diagnosed***

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last year</td>
<td>123</td>
<td>8%</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2010-2014</td>
<td>360</td>
<td>23%</td>
<td>7</td>
<td>23%</td>
</tr>
<tr>
<td>2005-2009</td>
<td>390</td>
<td>25%</td>
<td>10</td>
<td>32%</td>
</tr>
<tr>
<td>2000-2004</td>
<td>298</td>
<td>19%</td>
<td>4</td>
<td>13%</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>340</td>
<td>22%</td>
<td>6</td>
<td>19%</td>
</tr>
<tr>
<td>Missing</td>
<td>30</td>
<td>2%</td>
<td>4</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Ever diagnosed mental health condition**1

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>691</td>
<td>45%</td>
<td>14</td>
<td>45%</td>
</tr>
<tr>
<td>No</td>
<td>676</td>
<td>44%</td>
<td>10</td>
<td>32%</td>
</tr>
<tr>
<td>Missing</td>
<td>174</td>
<td>11%</td>
<td>7</td>
<td>23%</td>
</tr>
</tbody>
</table>

**Current disability**2

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>325</td>
<td>21%</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>No</td>
<td>1,167</td>
<td>76%</td>
<td>24</td>
<td>77%</td>
</tr>
<tr>
<td>Missing</td>
<td>49</td>
<td>3%</td>
<td>2</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Poor self-image in relation to HIV**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>565</td>
<td>37%</td>
<td>11</td>
<td>35%</td>
</tr>
<tr>
<td>No</td>
<td>976</td>
<td>63%</td>
<td>20</td>
<td>65%</td>
</tr>
</tbody>
</table>

Statistical difference between trans and cisgender people.

* p <0.05

**p<0.01

***p<0.001

**Experiences of stigma and discrimination in social settings**

Compared to cisgender people, trans participants were significantly more likely to report worrying about verbal harassment, having agreed a job change with their manager, and exclusion from family gatherings in the last 12 months (Figure 1).

1 Depression, anxiety, bipolar-disorder, post-traumatic stress disorder, psychosis, or schizophrenia

2 Learning, behavioural, emotional, hearing, visual, speech, or mobility
Notably, 10% of trans participants reported physical assault in the last 12 months, compared to 4% of cisgender participants.

Figure 1. Trans and cisgender participants’ experiences of stigma and discrimination in social settings in the past 12 months.

Statistical difference between trans and cisgender people.

* p <0.05
**p<0.01

Experiences of stigma and discrimination in the healthcare setting

Compared to cisgender participants, trans participants were significantly more likely to avoid care, report being treated differently to non-HIV patients, and feeling delayed or refused treatment across healthcare settings in the past 12 months (Figure 2). In the past 12 months, trans participants were also significantly more likely to report; hearing negative comments about people living with HIV from healthcare workers; being given the last appointment of the day not by choice; and report disclosure of their HIV status without their consent from a health care worker to another healthcare worker (38% vs 16%, p < 0.001), or to a member of the public (21% vs 7%, p < 0.01).

Figure 2. Comparison of healthcare experiences in the last 12 months between trans and cisgender participants.

Statistical difference between trans and cisgender people.

* p <0.05
**p<0.01
***p<0.001
Multivariate analyses were conducted to determine sociodemographic predictors associated with reporting being treated differently to non-HIV patients, and feeling delayed or refused treatment in the past 12 months (Table 2). Identifying as trans, facing financial hardship, and having a negative self-image in relation to HIV were the strongest predictors of participants reporting being treated differently across healthcare settings. Additionally, identifying as trans, having another ethnicity, facing financial hardship, and having a negative self-image in relation to HIV were the strongest predictors of participants reporting feeling delayed or refused across healthcare setting.
Table 2. A multivariate analysis of predictors of participants reporting being treated differently or feeling refused treatment across healthcare settings in the last 12 months.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Total (n=1,528)</th>
<th>Reported treated differently to non-HIV patients</th>
<th>Felt refused treatment</th>
<th>OR (95% CI)</th>
<th>aOR (95% CI)</th>
<th>OR (95% CI)</th>
<th>aOR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=24</td>
<td>36</td>
<td>2%</td>
<td>8%</td>
<td>0.54 (0.24, 1.22)</td>
<td>0.52 (0.22, 1.22)</td>
<td>7</td>
<td>19%</td>
</tr>
<tr>
<td>25-34</td>
<td>229</td>
<td>15%</td>
<td>64%</td>
<td>0.69 (0.50, 0.96)*</td>
<td>0.73 (0.52, 1.05)</td>
<td>37</td>
<td>16%</td>
</tr>
<tr>
<td>35-50</td>
<td>785</td>
<td>51%</td>
<td>274%</td>
<td>ref.</td>
<td>ref.</td>
<td>143</td>
<td>18%</td>
</tr>
<tr>
<td>&gt;50</td>
<td>401</td>
<td>26%</td>
<td>97%</td>
<td>0.58 (0.44, 0.76)**</td>
<td>0.56 (0.41, 0.76)**</td>
<td>54</td>
<td>13%</td>
</tr>
<tr>
<td>Missing</td>
<td>77</td>
<td>5%</td>
<td>24%</td>
<td>1.13 (0.66, 1.94)</td>
<td>0.88 (0.49, 1.59)</td>
<td>13</td>
<td>17%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Cisgender</th>
<th>1,496</th>
<th>98%</th>
<th>453</th>
<th>30%</th>
<th>ref.</th>
<th>ref.</th>
<th>241</th>
<th>16%</th>
<th>ref.</th>
<th>ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans</td>
<td>29</td>
<td>2%</td>
<td>14%</td>
<td>14%</td>
<td>48%</td>
<td>2.95 (1.30, 6.69)**</td>
<td>2.61 (1.06, 6.42)*</td>
<td>12</td>
<td>41%</td>
<td>4.79 (2.13, 10.79)**</td>
<td>4.58 (1.83, 11.44)**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>White British or Irish</th>
<th>969</th>
<th>63%</th>
<th>268</th>
<th>28%</th>
<th>ref.</th>
<th>ref.</th>
<th>132</th>
<th>14%</th>
<th>ref.</th>
<th>ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other ethnicity</td>
<td>555</td>
<td>36%</td>
<td>197</td>
<td>36%</td>
<td>1.58 (1.26, 1.98)**</td>
<td>1.27 (0.95, 1.68)</td>
<td>122</td>
<td>22%</td>
<td>1.98 (1.50, 2.60)**</td>
<td>1.90 (1.34, 2.68)**</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SES</th>
<th>Employment status</th>
<th>Full time</th>
<th>767</th>
<th>50%</th>
<th>216</th>
<th>28%</th>
<th>ref.</th>
<th>ref.</th>
<th>108</th>
<th>14%</th>
<th>ref.</th>
<th>ref.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part time</td>
<td>183</td>
<td>12%</td>
<td>55</td>
<td>30%</td>
<td>1.05 (0.73, 1.49)</td>
<td>0.84 (0.57, 1.24)</td>
<td>33</td>
<td>18%</td>
<td>1.30 (0.84, 2.00)</td>
<td>0.98 (0.61, 1.58)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>68</td>
<td>4%</td>
<td>15</td>
<td>22%</td>
<td>0.77 (0.42, 1.42)</td>
<td>1.14 (0.58, 2.24)</td>
<td>8</td>
<td>12%</td>
<td>0.89 (0.41, 1.94)</td>
<td>1.30 (0.56, 3.04)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (casual, unemployed, student)</td>
<td>Living locale size</td>
<td>Large town or city</td>
<td>1,143</td>
<td>75%</td>
<td>348</td>
<td>30%</td>
<td>ref.</td>
<td>ref.</td>
<td>195</td>
<td>17%</td>
<td>ref.</td>
<td>ref.</td>
</tr>
<tr>
<td>Town</td>
<td>308</td>
<td>20%</td>
<td>94</td>
<td>31%</td>
<td>0.93 (0.71, 1.23)</td>
<td>0.84 (0.57, 1.24)</td>
<td>45</td>
<td>15%</td>
<td>0.78 (0.55, 1.12)</td>
<td>0.78 (0.55, 1.12)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural area</td>
<td>71</td>
<td>5%</td>
<td>25</td>
<td>35%</td>
<td>1.16 (0.70, 1.93)</td>
<td>1.12 (0.61, 2.05)</td>
<td>14</td>
<td>20%</td>
<td>1.12 (0.61, 2.05)</td>
<td>1.12 (0.61, 2.05)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing Financial commitments</td>
<td>6</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td></td>
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</tr>
<tr>
<td>keeping up with bills</td>
<td>627</td>
<td>41%</td>
<td>140</td>
<td>22%</td>
<td>ref.</td>
<td>ref.</td>
<td>65</td>
<td>10%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>keeping up but struggling</td>
<td>711</td>
<td>47%</td>
<td>240</td>
<td>34%</td>
<td>1.77 (1.38, 2.26)**</td>
<td>1.50 (1.15, 1.96)**</td>
<td>133</td>
<td>19%</td>
<td>1.98 (1.44, 2.72)**</td>
<td>1.58 (1.12, 2.23)*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fallen behind on some or many bills missing</td>
<td>179</td>
<td>12%</td>
<td>85</td>
<td>47%</td>
<td>3.40 (2.37, 4.87)**</td>
<td>2.53 (1.70, 3.78)**</td>
<td>55</td>
<td>31%</td>
<td>4.10 (2.71, 6.22)**</td>
<td>2.85 (1.80, 4.53)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>622</td>
<td>1%</td>
<td>2</td>
<td>18%</td>
<td>1.28 (0.25, 6.67)</td>
<td>0.77 (0.13, 4.67)</td>
<td>1</td>
<td>9%</td>
<td>1.60 (0.18, 15.88)</td>
<td>0.66 (0.05, 8.09)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year diagnosed</td>
<td>In the last year</td>
<td>121</td>
<td>8%</td>
<td>27</td>
<td>22%</td>
<td>0.60 (0.37, 0.97)*</td>
<td>0.57 (0.34, 0.95)*</td>
<td>13</td>
<td>11%</td>
<td>0.53 (0.28, 1.00)</td>
<td>0.50 (0.26, 0.98)*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2010-2014</td>
<td>360</td>
<td>24%</td>
<td>103</td>
<td>29%</td>
<td>0.85 (0.62, 1.16)</td>
<td>0.85 (0.60, 1.19)</td>
<td>55</td>
<td>15%</td>
<td>0.82 (0.55, 1.21)</td>
<td>0.82 (0.54, 1.25)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2005-2009</td>
<td>388</td>
<td>25%</td>
<td>122</td>
<td>31%</td>
<td>ref.</td>
<td>ref.</td>
<td>69</td>
<td>18%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2000-2004</td>
<td>297</td>
<td>19%</td>
<td>102</td>
<td>34%</td>
<td>1.17 (0.84, 1.42)</td>
<td>1.12 (0.79, 1.59)</td>
<td>32</td>
<td>8%</td>
<td>1.02 (0.68, 1.53)</td>
<td>1.00 (0.65, 1.54)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More than 15 years ago</td>
<td>343</td>
<td>22%</td>
<td>109</td>
<td>32%</td>
<td>1.00 (0.73, 1.38)</td>
<td>1.10 (0.77, 1.56)</td>
<td>63</td>
<td>18%</td>
<td>1.02 (0.70, 1.50)</td>
<td>1.07 (0.70, 1.63)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>missing</td>
<td>19</td>
<td>1%</td>
<td>4</td>
<td>21%</td>
<td>1.13 (0.33, 3.95)</td>
<td>0.91 (0.24, 3.47)</td>
<td>2</td>
<td>11%</td>
<td>1.06 (0.22, 5.11)</td>
<td>0.78 (0.14, 4.21)</td>
<td></td>
</tr>
<tr>
<td>Ever mental health condition</td>
<td>Yes</td>
<td>691</td>
<td>45%</td>
<td>229</td>
<td>33%</td>
<td>1.16 (0.92, 1.46)</td>
<td>0.86 (0.65, 1.13)</td>
<td>134</td>
<td>19%</td>
<td>1.35 (1.02, 1.80)*</td>
<td>0.97 (0.70, 1.37)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>661</td>
<td>43%</td>
<td>197</td>
<td>30%</td>
<td>ref.</td>
<td>ref.</td>
<td>99</td>
<td>15%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>missing</td>
<td>176</td>
<td>12%</td>
<td>41</td>
<td>23%</td>
<td>0.71 (0.48, 1.05)</td>
<td>0.67 (0.44, 1.02)</td>
<td>21</td>
<td>12%</td>
<td>0.77 (0.46, 1.27)</td>
<td>0.76 (0.44, 1.30)</td>
<td></td>
</tr>
<tr>
<td>Ever physical health condition</td>
<td>Yes</td>
<td>782</td>
<td>51%</td>
<td>257</td>
<td>33%</td>
<td>1.17 (0.92, 1.49)</td>
<td>1.10 (0.77, 1.56)</td>
<td>63</td>
<td>18%</td>
<td>1.02 (0.70, 1.50)</td>
<td>1.07 (0.70, 1.63)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>570</td>
<td>37%</td>
<td>169</td>
<td>30%</td>
<td>ref.</td>
<td>ref.</td>
<td>96</td>
<td>18%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
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<tr>
<td></td>
<td>missing</td>
<td>176</td>
<td>12%</td>
<td>41</td>
<td>23%</td>
<td>0.72 (0.48, 1.07)</td>
<td>0.66 (0.40, 1.10)</td>
<td>21</td>
<td>12%</td>
<td>0.66 (0.40, 1.10)</td>
<td>0.66 (0.40, 1.10)</td>
<td></td>
</tr>
<tr>
<td>PHQ2</td>
<td>Low</td>
<td>1,091</td>
<td>71%</td>
<td>300</td>
<td>28%</td>
<td>ref.</td>
<td>ref.</td>
<td>147</td>
<td>13%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>416</td>
<td>27%</td>
<td>163</td>
<td>39%</td>
<td>1.82 (1.43, 2.32)**</td>
<td>1.14 (0.85, 1.54)</td>
<td>104</td>
<td>25%</td>
<td>2.23 (1.68, 2.97)**</td>
<td>1.40 (0.99, 1.99)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>missing</td>
<td>21</td>
<td>1%</td>
<td>4</td>
<td>19%</td>
<td>1.41 (0.41, 4.84)</td>
<td>1.35 (0.36, 5.11)</td>
<td>3</td>
<td>14%</td>
<td>2.25 (0.59, 8.57)</td>
<td>2.37 (0.55, 10.12)</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>Yes</td>
<td>323</td>
<td>21%</td>
<td>118</td>
<td>37%</td>
<td>1.39 (1.07, 1.81)*</td>
<td>1.27 (0.92, 1.75)</td>
<td>75</td>
<td>23%</td>
<td>1.70 (1.25, 2.30)**</td>
<td>1.48 (1.02, 2.15)*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1,156</td>
<td>76%</td>
<td>340</td>
<td>29%</td>
<td>ref.</td>
<td>ref.</td>
<td>176</td>
<td>15%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>missing</td>
<td>49</td>
<td>3%</td>
<td>9</td>
<td>18%</td>
<td>0.58 (0.28, 1.23)</td>
<td>0.69 (0.32, 1.51)</td>
<td>3</td>
<td>6%</td>
<td>0.41 (0.12, 1.33)</td>
<td>0.46 (0.14, 1.57)</td>
<td></td>
</tr>
<tr>
<td>Poor self-image</td>
<td>Yes</td>
<td>556</td>
<td>64%</td>
<td>222</td>
<td>40%</td>
<td>2.09 (1.67, 2.63)**</td>
<td>2.02 (1.54, 2.65)**</td>
<td>126</td>
<td>23%</td>
<td>1.99 (1.51, 2.61)**</td>
<td>1.62 (1.17, 2.26)**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>972</td>
<td>36%</td>
<td>245</td>
<td>25%</td>
<td>ref.</td>
<td>ref.</td>
<td>128</td>
<td>13%</td>
<td>ref.</td>
<td>ref.</td>
<td></td>
</tr>
<tr>
<td>Injecting drug use past 12 months</td>
<td>Yes</td>
<td>69</td>
<td>5%</td>
<td>21</td>
<td>30%</td>
<td>0.96 (0.57, 1.64)</td>
<td>0.96 (0.57, 1.64)</td>
<td>11</td>
<td>16%</td>
<td>0.92 (0.47, 1.78)</td>
<td>0.92 (0.47, 1.78)</td>
<td></td>
</tr>
<tr>
<td>Yes / No / Not reported</td>
<td>1,459</td>
<td>95%</td>
<td>446</td>
<td>31%</td>
<td>ref.</td>
<td>243</td>
<td>17%</td>
<td>ref.</td>
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<td></td>
</tr>
<tr>
<td>Been paid for sex past 12 months</td>
<td>34</td>
<td>2%</td>
<td>15</td>
<td>44%</td>
<td>1.85 (0.92, 3.75)</td>
<td>8</td>
<td>24%</td>
<td>1.55 (0.69, 3.49)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No / Not reported</td>
<td>1,494</td>
<td>98%</td>
<td>452</td>
<td>30%</td>
<td>ref.</td>
<td>246</td>
<td>16%</td>
<td>ref.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

* p <0.05

**p<0.01

***p<0.001

† including age, gender, ethnicity, sexuality, employment status, financial commitments, year diagnosed, ever mental health condition, PHQ2, disability, poor self-image
Discussion

The findings indicate that trans people perceive and experience different levels of stigma and discrimination compared to their cisgender counterparts. Within healthcare settings, compared to cisgender participants, trans participants were more likely to report incidences of discrimination in healthcare, and in the multivariate analyses, identifying as trans was a predictor of reporting being treated differently to non-HIV patients, and feeling delayed or refused treatment. Not all stigma and discrimination faced by trans people was identified as HIV related. These findings are in agreement with previous studies not specific to HIV which indicated that trans people in the UK experience high levels of silent harassment (e.g. being started at, whispered about etc.), verbal harassment, and physical violence (McNeil, Bailey, Ellis, Morton, & Regan, 2012; T. Poteat et al., 2015).

Our findings highlighted several risk factors among trans people that increase the likelihood of HIV acquisition, such as a history of transactional sex and injecting drug use. Future sexual health promotion messages need to be trans inclusive to target this often overlooked population. Four out of five trans men in our research identified as MSM, which highlights the importance of the inclusion of trans men in sexual health promotion messages targeted at MSM.

In Canada and the USA, barriers for accessing care for HIV-positive trans people include a lack of appropriate skill, knowledge and training of healthcare providers (Bauer et al., 2009; Thornhill & Klein, 2010; Wilson et al., 2009). This research would suggest a similar problem in the UK in terms of accessing services, as identifying as trans was a significant predictor of participants reporting being treated differently compared to non-HIV patients, as well as being delayed or refused treatment in the last 12 months.
The sample of trans people in our study was small, and comparisons within the trans community could not be investigated. The experiences of stigma and discrimination reported by participants were self-reported and may be subject to recall bias and/or selection bias. There was no attempt to validate participants’ responses, however, the fact that these experiences are reported suggests that people living with HIV continue to face stigma, regardless of whether it was experienced or anticipated. Additionally, this is the first study to measure the experiences of trans people living with HIV in the UK, and the project had community involvement throughout the questionnaire development, analysis and dissemination of results, to ensure representation of the communities involved.

Our findings call for increased awareness and training of healthcare staff around trans issues, and the inclusion of trans/non-binary issues in clinical training programmes. The level of complexity and the high prevalence of additional risk behaviours (higher rates of injecting drug use, experiences of transactional sex etc.) also highlight the need for health services working with trans people living with HIV to be able to work address multiple and complex needs.

Future research could further explore the interlinked factors leading to stigma and discrimination for trans people. Such research should be trans inclusive, not only because of the increased risk of HIV and other sexual health issues within the community, but also to further advance trans rights and promote greater understanding and representation of trans people in the wider community. Trans people should be included in all areas of research where gender information is collected, so that trans experiences are acknowledged, and results can then be used to further structural changes which will result in greater societal inclusion.
Acknowledgement

The authors would like to thank the UK HIV community, the advisory group members and associate partners for their unwavering commitment and support: FPA, PHE, The National AIDS Trust, HIV Scotland, The All Party Parliamentary Group on HIV/AIDS and the engagement and support from colleagues at cliniQ.

Disclosure statement

No potential conflicts of interest.

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References


