

Gay, Bisexual and MSM Trans Guys: No Assumptions!

A report prepared for the Gay Men's Sexual Health Summit, Toronto 2012



Building our communities through research

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Purpose of Report

The aim of this report is to provide preliminary data on the sexual health of trans guys who are gay, bisexual or men who have sex with men (GB-MSM), for discussion at the Gay Men's Sexual Health Summit in Toronto, Ontario. Trans guys include those who identify as transgender, transsexual, or have a history of transitioning medically or socially to male, or to another identity such as Two-spirit or genderqueer.

Trans PULSE Project

Information presented in this report was produced using data collected during the second phase of the Trans PULSE Project. Trans PULSE is a Canadian Institutes of Health Research-funded, community-based, mixed-methods research project to understand and improve the health of trans people in Ontario. The Trans PULSE team is built on a partnership between academic researchers, members of the trans community, and community-based organizations that are committed to improving the health of trans people.

Data and Analysis Methods

Survey data were collected in Phase II of Trans PULSE using a multi-mode survey (i.e. via internet, paper, or telephone). The survey included items on health-related measures, including social determinants of health, psycho-social measures, health care experiences, and sexual health. Participants were trans people age 16 and over who lived, worked, or received health care in Ontario. A broad definition of "trans" was used; participants were not limited to particular identities, and were not required to have begun or completed a social or medical gender transition.

A total of 433 participants were recruited through respondent-driven sampling (RDS)¹ over a 12-month period

in 2009-2010, including 227 trans guys. RDS is a tracked chain-referral method for recruitment and analysis, that is designed to limit bias in studies of hidden populations. A hidden population is any group or community from which a random sample cannot be obtained.

In Trans PULSE, each participant could recruit up to three additional participants. Recruitment patterns were tracked, individual network sizes (the number of other eligible people known) were assessed, and these data were used to weight all statistics based on each participant's probability of recruitment. Statistics presented are thus population estimates for networked trans people in Ontario (i.e. those who know at least one other trans person).

Table 1. Sexual orientation among trans guys in Ontario, Canada

Sexual Orientation	%	95% CI ^a
Identity		
Bisexual/ pansexual	24.0	(16.4, 33.3)
Gay	17.2	(8.3, 25.7)
Lesbian	10.0	(4.1, 17.7)
Asexual	4.1	(1.3, 7.8)
Queer	48.2	(34.7, 58.7)
Straight/ heterosexual	34.3	(24.1, 47.1)
Two-spirit	3.0	(1.1, 5.7)
Not sure/ questioning	11.9	(5.0, 20.1)
Other	5.0	(0.4, 11.0)
Past-year partners		
Trans men	10.2	(4.7, 16.1)
Cis men ^b	21.3	(12.8, 31.0)
Trans women	6.8	(1.6, 13.4)
Cis women ^b	43.6	(32.0, 53.4)
Genderqueer persons	13.7	(6.4, 21.0)

a CI = confidence interval

b cis = cisgender (non-trans)

* Corrections made to Table 1 (gay, lesbian and asexual lines), 23 October, 2014

All analyses were conducted using RDSAT 6.0.1.² 95% confidence intervals were calculated using a modified form of bootstrapping, with resampling based on recruitment chains.³ Confidence intervals represent the range of plausible population estimates that are consistent with our data.

Trans Guys and Sexual Orientation

Table 1 presents estimates of sexual orientation among female-to-male spectrum (FTM) Ontarians. Trans guys identified across a full range of sexual orientation identities, with only about one third identifying as straight. As a group, trans guys had cis (cisgender, or non-trans) partners and trans partners who identified as men, women, and genderqueer.

This diversity clearly challenges assumptions that trans guys transition to be straight men, as even many of those who were currently partnered with a woman did not identify as straight, and there were many who were attracted only to women (sometimes only to cis women) who still identified as queer.

The remainder of the results presented focus on trans guys who are GB-MSM; 63.3% of trans guys (95% CI: 50.4, 73.5) fit into this category. We defined GB-MSM trans guys as those who had a sexual minority identity (e.g. gay, bisexual, pansexual, queer) and were not exclusively attracted to women, or those that had sex with a cis or trans in the past year, regardless of how they identified.

Relationships, Sex, and HIV Risk

Table 2 provides details on the relationships, sexual activity, and HIV-related risk for GB-MSM trans guys. Again, there was a full range of experience represented with regard to current relationship types, as well as partner numbers. 17.9% of GB-MSM trans guys had no sexual partners in the past year, while 14.1% had 5 or more, with a maximum of 53 past-year partners.

While not every trans guy used all of his body parts for sexual activity, trans guys engaged in all types of activity, including receptive genital sex. These sexual behaviours do not correspond to HIV-related risk, however, as not all involved “flesh genitals”, but may have involved prosthetics, toys, or fingers, for example, and even where flesh genitals were involved, condoms or other barriers may have been used. Proportions engaging in high-risk activities were much lower than those representing any engagement in activities. “High risk” was defined according to Canadian AIDS Society guidelines⁴ as unprotected (fluid-exposed) sex outside of a seroconcordant monogamous relationship. The primary contributor to HIV risk was unprotected receptive genital

Table 2. Relationship status, recent sexual history, and HIV-related risk: GB-MSM trans guys in Ontario

	%	95% CI ^a
Relationship status		
Single and not dating	24.6	(15.1, 34.1)
Single and dating	12.3	(5.6, 20.5)
Monogamous relationship	45.0	(34.6, 56.6)
Non-monogamous (open) relationship	11.3	(5.1, 18.8)
Polyamorous relationship	6.7	(2.9, 11.4)
Number of sex partners, past yr		
0	17.9	(8.2, 31.4)
1	45.4	(28.4, 57.6)
2-4	22.7	(13.5, 37.0)
5+	14.1	(5.3, 24.0)
Sexual behaviours, past yr		
Received oral sex	65.4	(50.2, 77.4)
Gave oral sex	67.2	(52.3, 81.3)
Receptive partner in anal sex	34.2	(19.9, 47.6)
Insertive partner in anal sex	29.0	(17.7, 43.5)
Receptive partner in genital sex	67.1	(53.2, 78.8)
Insertive partner in genital sex	56.6	(41.9, 70.6)
Fluid-exposed sexual behaviours, past yr		
High-risk receptive anal sex	0.1	(0.0, 0.2)
High-risk insertive anal sex	0.0	(0.0, 0.0)
High-risk receptive genital sex	9.5	(1.4, 19.6)
High-risk insertive genital sex	0.8	(0.0, 3.9)
HIV-related sexual risk, past yr		
No risk (no sex)	17.5	(7.7, 30.2)
Low/moderate risk	73.3	(58.9, 85.0)
High risk	9.2	(1.3, 19.7)
Ever done sex work or exchange sex	15.8	(6.5, 24.7)
HIV testing		
Past year	21.0	(9.4, 31.3)
> 1 year ago	36.3	(25.9, 51.7)
Never	42.7	(28.3, 55.9)

a CI = confidence interval

sex, an activity some may assume trans men are unlikely to engage in. Most HIV-related sexual high risk related to having cisgender male partners, as exposure to ejaculate is required to qualify as high risk. For this reason, overall HIV-related risk among trans guys⁵ was entirely borne by the sub-group of trans guys who are GB-MSM. About one-third of GB-MSM trans guys had a cisgender man as a partner in the past year, and 1 in 10 had engaged in high-risk activity; roughly three-quarters engaged in low/moderate risk activities.

While a fair amount of research exists on trans women who engage in sex work, participation by trans men is infrequently acknowledged. We found that 15.8% of GB-MSM trans guys had ever engaged in sex work or exchanged sex for money or goods. While proportions engaging in sex work were similar to trans women,⁵ we don't know if trans guys are similar with regard to the frequency of sex work activities, or the length of time spent in the trade.

While it is not clear how or if it relates to HIV risk, results indicate a high proportion of GB-MSM trans guys had never been tested for HIV, while 1 in 5 had been tested in the past year.

Psycho-social Factors that may Impact Sexual Health

In Table 3 we present data on several psycho-social factors that may impact sexual risk taking. Sexual satisfaction was measured using the Multi-dimensional Sexual Self-Concept Questionnaire, and was coded as low, moderate or high based on tertiles (one-third in each group) for the entire sample all together. GB-MSM trans guys were no different from other groups of trans people in our study with regard to sexual satisfaction.

depression, we used a well-established measure: the Center for Epidemiological Studies Depression Scale (CES-D), with a standard cut-point of 16, with scores over 16 considered “depressed”.

Using this criterion, the majority of GB-MSM trans guys scored as “depressed”. However, this scale has not been validated for trans people, and given the extreme stresses trans people can be subject too, we believe that it is unlikely that for most such trans guys, that this indicates what would be considered as clinical depression. However, this does indicate a high burden of depressive symptoms.

Finally, we present data on history of transphobic harassment and violence. An estimated 16.9% of Ontario’s GB-MSM trans guys have experienced physical or sexual assault that they attribute to being trans. Many trans guys also reported experiencing assault, but were unsure as to whether it was a transphobic attack. An additional 36.1% experienced harassment or threats, but not assault. This indicates an extremely high level of violence that trans guys are subjected to, in addition to other types of violence they may have experienced in their lives.

Table 3. Psycho-social risk and resiliency factors: GB-MSM trans guys in Ontario

	%	95% CI ^a
Sexual satisfaction		
Low	27.5	(14.5, 42.0)
Moderate	33.3	(20.9, 45.6)
High	39.2	(26.1, 54.4)
Sexual body image worries		
Low	42.6	(30.1, 58.2)
Moderate	37.4	(24.7, 49.7)
High	20.0	(10.0, 30.7)
Depressive symptoms		
CES-D < 16.0	29.1	(17.8, 39.9)
CES-D ≥ 16.0	70.9	(60.2, 82.2)
Experience of transphobic violence		
None	47.0	(32.3, 61.6)
Verbal harassment or threat	36.1	(24.6, 48.5)
Physical or sexual assault	16.9	(7.3, 28.9)

a CI = confidence interval

Implications for Gay Men’s Sexual Health

About two-thirds of trans guys are GB-MSM, and are attracted to or sexually involved with cis or trans men. Trans guys already exist within gay men’s communities, gay bathhouses, and gay men’s bedrooms. Yet, their sexual health concerns are rarely made visible.

Our results show wide diversity among GB-MSM trans guys with regard to relationship types, sexual activities, psycho-social factors, and HIV-related risk. Thus, no assumptions can safely be made about how an “average” GB-MSM trans guy may act, what he may do in bed (or not do in bed), or what other psycho-social stressors he may or may not have to deal with.

Sexual body image worries were assessed using a scale developed by Trans PULSE to capture trans-specific concerns such as not being seen as one’s gender when naked. Low relates to never or infrequently having this range of worries, while high related to often having such worries. For about 1 in 5 GB-MSM trans guys, these worries were very frequent, while for another 2 in 5 they were common.

Sexual health and HIV-related prevention and testing programs and materials need to incorporate trans guys’ issues and needs, and to reflect the potential for gay or queer bodies to be trans bodies.

Depressive symptoms are common among trans guys. In a more detailed analysis, we found that trans guys had a decreased risk of depression if they experienced greater sexual satisfaction, and an increased risk if they experienced high levels of transphobia or were in a period of planning but not having yet begun a medical transition.⁶ To assess

References

1. Heckathorn DD. Respondent-driven sampling II: Deriving valid population estimates from chain-referral samples of hidden populations. *Social Problems* 2002;49(1):11-34.
2. Volz E, Wejnert C, Degani I, Heckathorn DD. Respondent-Driven Sampling Analysis Tool (RDSAT) Version 6.0.1. Ithaca, NY: Cornell University.
3. Salganik MJ. Variance estimation, design effects, and sample size calculations for respondent-driven sampling. *Journal of Urban Health* 2006;83(6 Suppl):i98-i112.
4. Canadian AIDS Society: *HIV Transmission: Guidelines for Assessing Risk, 5th ed.* 2004. Retrieved from <http://library.catie.ca/pdf/p25/22303.pdf>.
5. Bauer GR, Travers R, Scanlon K, Coleman TA. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: A province-wide respondent-driven sampling survey. Forthcoming, *BMC Public Health*.
6. Rotondi NK, Bauer GR, Scanlon K, Kaay M, Travers R, Travers A. Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Trans PULSE Project. Forthcoming, *Canadian Journal of Community Mental Health*.

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