

# *Friends Community Center*

*A Division of Friends Research Institute, Inc.*

## **TransAction**



### **SKILLS BUILDING GROUPS**

- **ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION**
- **GENDER TRANSITION OPTIONS**
- **HEPATITIS AND OTHER SEXUALLY TRANSMITTED INFECTIONS**
- **HOOK-UPS, DATING, AND ESCORTING**
- **SELF-ESTEEM AND TRANSPHOBIA**
- **VIOLENCE AGAINST TRANS INDIVIDUALS AND TRANS RESILIENCE**
- **ENDING THE HIV EPIDEMIC**

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# **TransAction**

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# ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

# ENTERING THE WORKFORCE OR CONTINUING YOUR EDUCATION



## Objectives

By the end of this sixty-minute group, participants will be able to:

1. Identify how job development or continuing one's education can increase self-esteem and financial stability;
2. Identify the required documentation when applying for a job or returning to school; and
3. Develop tools for entering the workforce and/or continuing your education.

## Group Structure and Activities

### Objective 1

Facilitator will draw a line down the middle of a piece of flipchart paper, a whiteboard or, if virtual, a piece of paper to screenshare. On one side the facilitator will write, "No Job/Limited Education," and on the other side the facilitator will write, "Having a Job/Having More Education." Facilitator will ask participants to brainstorm and express their thoughts regarding the topic. Some responses might be:

NO JOB/LIMITED EDUCATION	HAVING A JOB/MORE EDUCATION
No Money or Little Money	Money
Lower Self-Esteem	Increased Self-Esteem
Marginal or Unstable Housing	Rent a Room or Apartment
Dependent on Others	Independent
Lots of Free Time	Time Commitments

Facilitator will then review the thoughts expressed and facilitate a discussion on the pros and cons of having a job and/or continuing your education. Facilitator will stress the connection between a job and/or education and increased self-esteem and financial stability.

## Objective 2

Facilitator will explain that one of the first steps in applying for a job as a trans individual is deciding whether to disclose their trans identity during the interview and hiring process. Some people will make the personal choice to not disclose to potential employers and some people will be open about being trans. Both are acceptable options as it is a personal choice up to each individual.

Facilitator will write on a flipchart, whiteboard or, if virtual, on a piece of paper to screenshare the documentation needed when applying for a job.

### What do you need to have before you apply for a job?

Driving license or ID card  
Social Security card  
Work resume  
Cover letter

### What do you need to have before you return to school?

Driving license or ID card  
Previous school transcripts

### ***“Do I need to use my deadname when applying for jobs?”***

For people who have decided to be open about being trans, but have not legally changed their name, this can be a confusing situation to navigate. Facilitator will explain that a resume is not a legal document and as such, if the participant feels comfortable, it is acceptable to use their chosen name on their resume and during the interview process. The only time an individual is required to use their deadname is on legal documents such as:

***Background  
check forms***

***Social security  
documents***

***Insurance  
forms***

Facilitator will ask participants that are interested in changing their name and/or gender through legal documentation to ask a staff member for the necessary information. Facilitator will remind participants that they are available to discuss various options during individual sessions.

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## Objective 3, Part I - *Entering the workforce*

Facilitator will explain to participants that when applying for a job it is helpful to have a resume ready to give to a potential employer. Additionally, facilitator will explain how it may be necessary to adjust a resume to fit the current job search.

Facilitator will write on a flipchart, whiteboard or, if virtual, on a piece of paper to screenshare, the appropriate components of a work resume. The components of a resume might include, but are not limited to:



<b>Work Experience</b>	<b>Languages Spoken</b>	<b>Objective</b>	<b>Education</b>
<b>Acquired Skills</b>	<b>Interests and Hobbies</b>	<b>Professional References</b>	<b>Certifications</b>

Facilitator will hand out or, if virtual, screenshare a sample resume. Facilitator will validate participant responses and discuss that different jobs have different hiring procedures but that all job applications require similar information.

Facilitator will acknowledge that if one has unstable housing it may be difficult to get access to a computer. Facilitator will inform participants that they can make an appointment for computer time at a local public library.

Facilitator will ask participants to brainstorm useful tools to have when going on a job interview. Facilitator will review some suggestions for an interview:

<i>Dress appropriately. (Wear nice slacks and an appropriate shirt).</i>	<i>Be prepared to answer questions about where you have worked before.</i>
<i>Show up 10 to 15 minutes before for the interview.</i>	<i>Be professional and honest about your skills and abilities.</i>
<i>Take copies of your resume with you.</i>	<i>Ask what your job responsibilities will be.</i>
<i>Learn about the company before you go in for your interview.</i>	<i>Ask about company pay and benefits packages.</i>
<i>When you meet the interviewer, introduce yourself.</i>	<i>Try to get the name and contact information of who you interviewed with; ask for a business card.</i>
<i>Think of questions to ask about the company to show you are interested.</i>	<i>Afterwards (if you are able) send a "thank you" email, thanking the people with whom you interviewed.</i>
<i>Be prepared to answer questions about your experience outside of the workplace.</i>	

Facilitator will explain that if you are interested in developing a resume and beginning the job search process, ask a member of our team to give you the information necessary to start the discussion. Facilitator will remind participants that they are available to discuss entering the workforce during individual sessions.

Facilitator will ask participants to brainstorm where they can search for a job and which organizations are likely to hire someone looking to re-enter the workforce.

Facilitator will remind participants that while it is important to find a job that one can feel good about, it is also important to start the process by looking for a job and getting a job, even if it is not an ideal job. Practicing working and having job experience is the first step in seeking and getting better jobs in the future.

## Objective 3, Part II - Continuing Your Education

Facilitator will introduce the topic of continuing your education. Facilitator will explain that for those who have not graduated high school, the HSE (High School Equivalency) may be an option. There are several options for HSE testing, including GED (General Education Development) and HiSET (High School Equivalency Test). HSE is the first step that is completed before considering any further education, including community college or trade schools. Facilitator will explain that the HSE is a way to complete the requirements for high school without going back to school. Facilitator may ask participants to briefly discuss why they might consider getting an HSE. Facilitator should remind participants that although it is possible to find a job without an HSE, having it can improve their chances of finding a job and may help them to find a better or more desirable job.

Completing the HSE requires taking and passing a series of tests. In the Los Angeles County Unified School District, the HSE program offers the HiSET, and is managed by the High School Equivalency Test Center. Facilitator will write on a flipchart, whiteboard or, if virtual, on a piece of paper to screenshare the link to access information online:

<https://achieve.lausd.net/hsetestcenter>

If you are interested in continuing your education, ask a member of our team to give you the necessary information. Facilitator will remind participants that they are available to discuss continuing their education during individual sessions.

### General Information about the HiSET

#### Eligibility

You must be at least 18 years of age or within 60 days of your 18th birthday

#### ID

You will need a valid photo ID in order to take the test

#### Cost

Taking the HiSET test will cost \$150 (cash or money order only)  
\*As of 2022

#### Language

Can be taken in English, Spanish, or French

#### Test Preparation

There are various ways to prepare for the HiSET. Classes and individual instruction are available

#### Contact

Call (or have a staff member assist you with calling) 213-625-3276 for more information.

# GENDER TRANSITION OPTIONS

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

# GENDER TRANSITION OPTIONS



## Objectives

By the end of this sixty-minute group, participants will be able to:

1. Explain and identify the many options of gender identity, transition, and expression;
2. Discuss social transition and medical transition options;
3. Identify what are the most appropriate steps for each individual participant; and
4. Identify how both HIV and drug risk reduction can help make tomorrow's goals attainable.

## Group Structure and Activities

### Objective 1

Many transgender individuals identify along a gender spectrum, meaning someone can identify as trans feminine, trans masculine, non-binary, genderfluid, genderqueer, or any other gender expansive identity. Facilitator will write the following on a flipchart or, if virtual, on a piece of paper to screenshare:

GENDER IDENTITY	GENDER EXPRESSION	TRANSITION
An individual's internal sense of their own gender. This may or may not correspond to their sex assigned at birth. Examples include transgender, cisgender, non-binary, genderfluid, and genderqueer.	The way an individual chooses to outwardly express their gender in public. Examples may include expressions that portray masculine or feminine characteristics or can be gender non-conforming.	The process a transgender individual may undergo to align their gender expression with their gender identity.

Facilitator will explain that gender identity and expression are separate from an individual's sexuality and sex assigned at birth.

Facilitator will explain that there are several ways to transition that enable a transgender individual to align with their gender identity (their personal and internal

sense of gender). Options range from a social transition (i.e., non-medical expressions such as coming out to friends and family, changing pronouns, changing clothing, hair style, wearing make-up) to a medical transition (i.e., electrolysis, hormone therapy, top [breast] surgery, bottom [vaginal construction] surgery). It is important to recognize that each person’s transition journey will look different. This workshop is designed to point out some of the many options available in the gender transition process.

## Objective 2

Facilitator will ask participants to brainstorm the different types of transition options (either social or medical) an individual can explore to enhance their gender identity and expression as a trans feminine individual. Facilitator will explain the options and write responses on a flipchart or, if virtual, on a piece of paper to screenshare. Some responses might be:

<i>Coming out to friends and/or family</i>	<i>Taking hormones Packing/tucking</i>	<i>Facial feminization surgery</i>
<i>Changing gender marker on legal document(s)</i>	<i>Breast, hip, or buttock prostheses</i>	<i>Voice (vocal cord) surgery</i>
	<i>Electrolysis (hair removal)</i>	<i>Hip enlargement</i>
<i>Changing pronouns (may or may not include legal document[s])</i>	<i>Changing wardrobe or hairstyle</i>	<i>Adams apple removed (tracheal shave)</i>
	<i>Breast enlargement (augmentation)</i>	<i>Testicles removed (orchiectomy)</i>
<i>Changing name (may or may not include legal document[s])</i>	<i>Liposuction</i>	<i>Genital reconstruction (vaginoplasty)</i>

Facilitator will emphasize the importance of every individual choosing the transition journey that most closely mirrors their own personal gender expression and not every individual’s gender expression will look the same; some trans individuals may choose to express their gender outside the traditional gender binary. Facilitator will emphasize that transitioning may not be a linear process but, rather, may fluctuate between social and medical transition options as well as the level of transition.

Facilitator will discuss the difference between common law and legal documentation name and gender marker changes. Facilitator will ask participants that are interested in changing their name and/or gender through legal documentation to ask a staff member for the necessary information. Facilitator will remind participants that they are available to discuss various options during individual sessions.

*Legally changing your name can make one feel "complete" or "whole"*

*There are less problems dealing with law enforcement when an individual has ID that matches their name and presentation*

*Proper ID can give one a sense of security*

### Objective 3

Facilitator will state that many trans feminine individuals choose hormone therapy to start their medical transition process. Facilitator will draw a line through a flipchart paper or, if virtual, on a piece of paper to screenshare. On one side of the line will say "Hormone Pros" and the other side of the line will say "Hormone Cons." Facilitator will ask participants to brainstorm the pros and cons of long-term hormone therapy. Facilitator will write responses on a flipchart or, if virtual, on a piece of paper to screenshare. Some responses might be:

HORMONE PROS	HORMONE CONS
Breasts develop	Lowers sex drive
Facial hair softens & lightens	Nausea
Butt becomes rounded	Possible liver damage
All physical features become softer	Possible breast cancer after long-term use
Voice becomes higher	

Facilitator and participants will discuss responses. Facilitator will explain that there is no benefit to taking extra hormones because, like taking too much vitamin C, if you take too many hormones they simply run through your system. Additionally, there is no extra benefit from taking hormones both orally and by injection at the same time, as this is also taking too many hormones, which will again run through your system.

Facilitator will pre-draw an outline of a feminine figure on flipchart paper or, if virtual, on a piece of paper to screenshare. Facilitator will ask participants to identify the part of the body that they would like to change first. *[Although many trans feminine individuals might state that they would like to have gender confirmation surgery as soon as possible, this might not be a realistic choice. Facilitator should work with participants to help them come up with a realistic transition plan.]*

Facilitator will pass out a different color marker to each participant, and ask that they draw an arrow next to the part of the body they would like to change first, e.g., hair, breasts, hips, eyes, nose. If the group is meeting virtually, facilitator can screenshare an outline of a feminine figure and ask participants to use the annotate feature to place arrows next to the part of the body they would like to change first. *[Note: facilitators should inform participants that this exercise does not necessarily require surgery and participants can choose to change their physical appearance through the use of wigs, makeup, and padding.]* Facilitator will then ask participants why they chose that particular change. Facilitator will then discuss the pros and cons of each participant's response and open the topic up for discussion and input from the other participants.

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#### **Objective 4**

Facilitator will ask participants to take a moment to think about their day-to-day life. Without asking participants to disclose any particular details, (such as HIV sexual risk behaviors, substance use, or PrEP/PEP or ART adherence) facilitator will ask participants to identify ways in which their current day-to-day life might interfere with their future gender transition plans. Facilitator will then ask participants to think about:

***“How can you make your gender transition plans happen for you?”***

***“What changes can you make today that can help you achieve your gender transition goals tomorrow?”***

Facilitator will ask participants to personally identify one risk reduction technique they can adopt today that can help them achieve their gender transition goals for tomorrow.



# HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

Participant Handout

Dildo, Condoms, and Latex Barrier

# HEPATITIS AND SEXUALLY TRANSMITTED INFECTIONS



## **Objectives**

By the end of this sixty-minute group, participants will be able to:

1. Explain the difference between Hepatitis A, B, and C, and identify modes of transmission, symptoms, and treatments;
2. Identify the most common STIs among trans feminine individuals in Los Angeles County and identify modes of transmission, symptoms, and treatments;
3. Identify how having an STI makes it easier to transmit or acquire HIV;
4. Identify symptoms of different STIs using images and scenarios; and
5. Demonstrate how to properly use an internal condom.

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## **Group Structure and Activities**

### **Objective 1**

Facilitator will explain that there are several different types of Hepatitis, but they all have one thing in common: each form of Hepatitis is an inflammation of the liver.

Facilitator will explain that the liver is an important organ that processes nutrients, filters our blood, and fights infections. When the liver is inflamed or damaged, its function can be affected. Heavy alcohol use, toxins, some medications, and certain medical conditions can cause or worsen Hepatitis. There are currently five known strains of Hepatitis but the three most common are Hepatitis A, B, and C.

Facilitator will discuss Hepatitis A, B, and C transmission, symptoms, and treatment.

## TRANSMISSION

**Hepatitis A:** Spread when a person ingests fecal matter (i.e., shit or poop) even in a very small amount. This can happen during oral-anal sexual contact (i.e., rimming or scattng), through fingering, or sex toys that have fecal matter on them. Hepatitis A can also be spread by ingestion of contaminated food or drinks.

**Hepatitis B:** Spread through bodily fluids, and can be transmitted during anal and vaginal sex, while sharing injection paraphernalia (needles, syringes, or other injection equipment), semen, vaginal secretions (most common), saliva (rare), or being born to an infected mother. Hepatitis B is 50 to 100 times more infectious than HIV and is easily transmitted.

**Hepatitis C:** Spread through blood when sharing injection paraphernalia (needles, syringes, or other injection equipment - very common), sexual contact (anal - rare, vaginal - very rare), tattoos and body piercings if the equipment is not sterile (common), or being born to infected mother (rare). Hepatitis is easily transmitted.

## SYMPTOMS

**Hepatitis A:** Flu-like symptoms, jaundice (yellowing of the skin and eyes), fatigue, nausea, fever, vomiting, dark urine, light stool, abdominal pain, muscle and joint pain, or loss of appetite; 70-80% of infected people will develop acute symptoms, particularly jaundice.

**Hepatitis B:** Flu-like symptoms, jaundice, fatigue, nausea, fever, vomiting, dark urine, light stool, abdominal pain, muscle and joint pain, or loss of appetite. Can become chronic and lead to liver damage, cirrhosis, or liver cancer in 15-25% of adults; 30-50% of persons will develop acute symptoms.

**Hepatitis C:** Most commonly no symptoms appear until damage has occurred. Infections can go up to 10-30 years with no symptoms. Hepatitis C leads to chronic liver disease, cirrhosis, or liver cancer in 60-70% of infected persons; 20-30% of infected people will develop acute symptoms.

## TREATMENT

**Hepatitis A:** There is no treatment for Hepatitis A, but will typically clear on its own within 12 months. Rest, water, and good nutrition are recommended. If exposed, Hepatitis A vaccination can prevent severe symptoms if administered within 2 weeks.

**Hepatitis B:** There are several treatments for Hepatitis B that can improve your health and delay or reverse the effects of liver disease. A doctor can prescribe the appropriate treatment.

**Hepatitis C:** There are several treatments for Hepatitis C that can clear the virus (HCV) from bloodstream. Clearance of HCV from bloodstream does not prevent reinfection. A doctor can prescribe the appropriate treatment.

Facilitator will explain that there are vaccines for Hepatitis A and B, but there is currently no vaccine for Hepatitis C. Experts recommend all trans feminine individuals get vaccinated for Hepatitis A and B and test regularly for Hepatitis C.

## Objective 2

Facilitator will ask participants to brainstorm the most common STIs among trans feminine individuals in LA County and write each on the flipchart, whiteboard or, if virtual, on a piece of paper to screenshare.

Facilitator will identify that the three most common STIs among trans feminine individuals in LA County are syphilis, gonorrhea, and chlamydia. Facilitator will acknowledge there are other STIs, but these are the most common. Facilitator will explain why these STIs are the most common in trans populations in LA county.

Facilitator will put up large images on the flipchart, white board, or, if virtual, will screenshare, images of different symptoms of syphilis, gonorrhea, and chlamydia infections. As the facilitator explains the symptoms of each infection, they will also discuss each infection's transmission and treatment.

Only a doctor can determine which treatment will be most effective. Treatments should be followed as prescribed to make sure that the treatment is successful.

### SYMPTOMS

**Syphilis:** Primary stage: chancres (shank-urs) which are painless sores that typically clear up in about 2 weeks.

Secondary stage: skin rash on torso, hands, and/or feet; swollen lymph nodes, and fever, which may be mild and go unnoticed. Appears 2-10 weeks after initial infection.

Latent stage: no signs or symptoms, infection goes dormant.

Tertiary stage: meningitis, numbness, loss of vision, nerve damage, loss of coordination.

**Gonorrhea:** Greenish yellow drip from penis and/or pain during urination. For women: possible discharge or pain urinating, but usually no symptoms.

**Chlamydia:** Possible clear drip from penis and/or pain during urination, but commonly no symptoms. For women: Possible bleeding between periods, possible discharge, possible pain during urination, but commonly no symptoms.

### TRANSMISSION

**Syphilis:** Skin-to-skin contact during 1st and 2nd stages of infection, vaginal, anal, and oral sex. Transmission through casual skin-to-skin contact (fingering or touching). Transmission during childbirth.

**Gonorrhea:** Bodily fluids exchanged during vaginal, anal, and oral sex. Transmission during childbirth.

**Chlamydia:** Bodily fluids exchanged during vaginal, anal, and oral sex. Transmission during childbirth.

### TREATMENT

**Syphilis:** Antibiotics, injection (single dose) in primary, secondary or early latent stages; three weekly injections during late latent or tertiary stages.

**Gonorrhea:** Antibiotics, injection (single dose).

**Chlamydia:** Antibiotics, oral (taken for 2-7 days).

Facilitator will explain that, if untreated, syphilis can cause significant health problems including damage to the brain, nerves, eyes, and heart.

### Objective 3

Facilitator will ask participants to brainstorm how the co-infection of HIV and STIs can affect their immune system. Facilitator will also explain how having an STI makes it easier to become HIV infected or re-infected. Some responses might be:

Suppressed immune system		Increase progression from HIV to AIDS
Increased progression of liver disease to liver failure, liver cancer or cirrhosis	HIV and Hepatitis B & C medications can be toxic to the liver	Having open sores caused by STIs can provide points of entry for HIV

### Objective 4

Facilitator will provide different scenarios in which characters have different STIs. Facilitator will list the symptoms of that STI and ask participants to point out which image on the flipchart, white board, or screenshare best matches the symptoms listed in the scenario, with emphasis on getting tested by a medical professional. Once the correct STI has been matched to the scenario, facilitator will ask the participants how it is typically treated.

*Facilitator note: if the names in the below scenarios are the same as the name of participants in the group, use a different name in the scenario.*

**1** Lucia feels a painful sore around her anus. It's painful for her to have receptive anal sex and shit.

**What does this sound like?**  
**Answer: Syphilis**

**2** Nicole has not had sex in over 6 weeks. She has had flu-like symptoms for the past 2 weeks such as fatigue, muscle pain, fever, and swollen glands.

**What does this sound like?**  
**Answer: HIV, Hepatitis A, or Hepatitis B**

**3** Sandra has been using dating apps to get clients. Often she is asked to not use a condom in exchange for more money and has recently experienced burning when urinating.

**What does this sound like?**

**Answer:** *Gonorrhea or chlamydia*

**4** Mary occasionally works as an escort and had anal sex with an exchange partner without a condom last week. Now she feels like she has to pee all the time and it hurts when she does.

**What does this sound like?**

**Answer:** *Gonorrhea*

**5** Dakota is an escort who had a client that offered to pay her more if he didn't have to wear a condom while she performed oral sex on him. A few days after the encounter she noticed painful, open sores inside her mouth and throat.

**What does this sound like?**

**Answer:** *Oral syphilis*

**6** Danielle is having anal sex and is currently not on PrEP. She usually insists her partners use a condom, however, due to her substance use, she sometimes forgets. She has been feeling unwell for the past two weeks, experiencing fatigue, nausea, vomiting, muscle and joint pain, as well as frequent diarrhea.

**What does this sound like?**

**Answer:** *HIV*

**7** Vanessa has had bottom surgery. Her long-term boyfriend has recently returned from being incarcerated. Soon after having sex she noticed a sore on her vagina.

**What does this sound like?**

**Answer:** *Syphilis, herpes, or genital warts*

**8** Jennica has no symptoms and feels normal. Her former partner called and told her he just got back from the doctor and that he has chlamydia.

**What should Jennica do?**

**Answer:** *Get tested to know for certain*

**9** Josefina has been injecting street hormones and can't always get to the needle exchange for clean needles so she sometimes shares with her girlfriends. A few weeks ago she noticed that her feces were white and her eyes have yellowed, but those symptoms went away.

**What does this sound like?**

**Answer:** *Hepatitis A or Hepatitis C*

**10** Janis is a trans woman who is dating a trans woman named Lucy. Janis is on PrEP and has not been using condoms when she and Lucy have sex. Janis has noticed a lacy rash on the bottom of her feet and palms. She does not have any other symptoms and Lucy told her she was tested before they hooked up.

**What does this sound like?**

**Answer:** *Syphilis*

## Objective 5

Facilitator will demonstrate how to properly use an internal condom.

1. Check expiration date on condom and open the package carefully.
2. The internal condom comes already lubricated, but you can always add more!
3. If you're putting the condom in your anus, remove the inner ring. If you're putting the condom in your vagina, leave the ring in. *[Note: not all individuals who have had lower surgery can use internal condoms – it depends on the depth of your vagina.]*
4. Relax and get into a comfortable position. Standing with one foot on a chair, lying down, or squatting are common faves.
5. If it's going in your anus, push the condom in with your finger. If it's going in your vagina, squeeze together the sides of the inner ring at the closed end of the condom and slide it in as far as it can go. Make sure the condom isn't twisted.
6. Pull out your finger and let the outer ring hang about an inch outside the vagina or anus.
7. To remove the condom: If there's semen (cum) in the condom, twist the outer ring (the part that's hanging out) to keep the semen inside the pouch.
8. Gently pull it out of your anus or vagina, being careful not to spill the semen if there is any. Tie the condom in a knot.
9. Throw the condom away in the trash. Never use a condom twice.

Facilitator will demonstrate how to properly use a dental dam.

1. Use a new latex or polyurethane dental dam for rimming.
2. To make a new dental dam from a condom, cut off the tip of the condom and then cut down the "shaft" of the condom, creating rectangular sheet.
3. Place the dental dam flat to cover the vagina or the anus.
4. Throw the dental dam away in the trash. Never use a dental dam twice.



# HOOK-UPS, DATING, AND ESCORTING

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

# HOOK-UPS, DATING, AND ESCORTING



## Objectives

By the end of this sixty-minute group, participants will be able to:

1. Identify what “hook-up,” “dating,” or “escorting” means to the individual;
2. Recognize the safety risks involved when hooking up, dating, and escorting particularly with anonymous partners on the internet, at a bar, or on the streets; and
3. Discuss risk reduction options for staying safe.

## Group Structure and Activities

### Objective 1

Facilitator will explain that there are many reasons an individual would like to have a sexual relationship with another person, and there are many ways to meet people. This group will focus specifically on the differences between hook-ups, dating, and escorting and will discuss the three most common types of places that trans feminine individuals meet potential dates or exchange partners: “apps,” “bars,” and “streets.” Facilitator will define hook-ups, dating, and escorting as follows:

**Hook-Up**

A casual sexual encounter that may or may not include emotional intimacy.

**Dating**

A person looking to connect with other(s) beyond a sexual encounter and may include romantic involvement.

**Escorting**

The practice of engaging in sexual activity in exchange for goods such as money, drugs, shelter, or food.

Facilitator will ask participants to brainstorm what the terms “safer hook-ups,” “safer dating,” or “safer escorting” means to them. Facilitator will write responses on a flipchart or, if virtual, a piece of paper to screenshare. Some responses might be:

*Trust your instincts*

*Don't disclose personal information to your partners*

*Meet in public first*

*Always use a condom (internal or external)*

*Tell a friend your plans/ the address of where you'll be*

After all responses have been written on the flipchart, or, if virtual, a piece of paper to screenshare, the facilitator will go over each response and open the group for discussion. Facilitator will ask participants to explain the safety precaution in each response.

Facilitator will discuss the three most common types of places that trans feminine individuals meet potential dates or exchange partners: "streets," "bars," and "dating apps."

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## Objective 2

Facilitator will place 3 large pieces of flipchart paper around the room or, if virtual, will write on a piece of paper to screenshare.

One paper will read: "Hook-ups/Dating using apps" another will read: "Hook-ups/Dating at bars" and the third paper will read, "Escorting on the streets" Facilitator will now ask participants to brainstorm ways to better protect themselves when dating or escorting, and will explain that many of the ways to protect oneself are the same for each category.

### HOOK-UPS/DATING USING APPS

Avoid suspicious profiles including those which have no bio, no linked social media accounts, and/or only one photo. Reverse image search the photos of any potential partners.

Meet in a public space such as a park, bar, or restaurant before deciding if you want to head to a more private location.

Limit your substance use. If you do decide to use, try to limit the amount you would normally use so you can be alert enough to make quick decisions.

Hug your date at the door before letting them in, this will allow you to check for concealed weapons.

Know your boundaries. Before meeting in-person, have an idea of what activities you will and will not participate in and know how to say no if a potential partner crosses those boundaries.

Before you respond to messages from any potential matches, have a list of questions ready to ask such as: (1) "Are you comfortable using condoms?" (2) "What are you into?" (3) "Can we FaceTime before meeting in person?"

Have a second person in the house/apartment with you during the date.

Make sure all questions are answered to your satisfaction before making the date.

## HOOK-UPS/DATING AT BARS

Be mindful of how much you drink and do not let your drink out of your sight.

Make sure to introduce anyone you meet to a friend or the bartender so they can be identified by a second person.

Arrange for a friend to call your phone at a designated time to check in.

If you leave the bar with someone you met, let a friend know where you are headed.

Lots of bars have codewords for when a patron feels unsafe, check with your bartender to let them know when you feel unsafe with someone at the bar.

## ESCORTING ON THE STREETS

Do not escort on the streets alone, always have someone with you even if they aren't working (*try to work in groups of 3s*).

Discuss expectations before getting into a potential client's car or going to a secluded/private area with a potential client. Be clear and firm about boundaries and prices.

Try to have a friend get a good look at the client and write down a physical description (*i.e., hair color, eye color, race/ethnicity, any facial hair, distinguishing tattoos or scars*).

Keep a cell phone handy.

Create a plan with a friend before leaving with any clients. Make sure you include time limits, where you will be meeting with a client, and code words.

If you get into a client's car, have your friend write down the license plate number, the make (*i.e., Chevrolet*) and model (*i.e., Silverado*) of the car.

Set a time limit for each date.

Always stand or walk under a well-lit part of the street.

Trust your instincts – if you feel uncomfortable or unsafe, leave immediately.

### Objective 3

Facilitator will ask participants if they are actively dating and/or engage in exchange sex. Facilitator will write on a whiteboard or a flipchart or, if virtual, will write on a piece of paper to screenshare a few of the following sentences pertaining to safer dating and safer escorting. Facilitator will go through each one and ask participants to fill in the blanks with their own responses.

## SENTENCES ABOUT SAFER HOOK-UPS/DATING

**"I will tell my friend \_\_\_\_\_ where me and my date are going to meet at \_\_\_\_\_ o'clock."**

**"My friend \_\_\_\_\_ and I will plan for them to call me if they don't hear from me after \_\_\_\_\_ minutes."**

**"To get ready for the date, I will \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_."**

**"While at the coffee shop/restaurant/bar for our first date, I ordered a \_\_\_\_\_ to drink."**

**"When I have sex with a date, I will stay safe by \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_."**

**"During our first meeting, my date tried to cross one of my boundaries by \_\_\_\_\_. I proceeded to \_\_\_\_\_ and then \_\_\_\_\_."**

**"If my date refuses to wear a condom, I will \_\_\_\_\_."**

**"When we finally make plans to go on a date, my perfect meeting spot will be \_\_\_\_\_."**

**"Before my date and I meet in-person, we discussed our boundaries. I stated I don't want to \_\_\_\_\_ on the first date, and I don't want to do \_\_\_\_\_."**

**"While FaceTiming with my date before meeting in-person, they said \_\_\_\_\_, which is one of my red flags."**

**"After striking up a conversation, I will want to know \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_."**

## SENTENCES ABOUT SAFER ESCORTING

*"I will never escort on the street alone because I will always have \_\_\_\_\_ and \_\_\_\_\_ with me."*

*"If I am escorting on the street, I will always make sure to be in this location \_\_\_\_\_ because it affords me safety."*

*"My friend \_\_\_\_\_ and I will plan for them to call me if they don't hear from me after \_\_\_\_\_ minutes."*

*"Before I allow anyone to enter my home, I will \_\_\_\_\_ in order to \_\_\_\_\_."*

*"When I have sex with a date, I will stay safe by \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_."*

*"My friend \_\_\_\_\_ will check a potential date's car for \_\_\_\_\_ and I will make sure to look for \_\_\_\_\_ on any potential dates."*

*"If my date refuses to wear a condom, I will \_\_\_\_\_."*

*"Before my date and I have sex, we discussed the terms of our sexual encounter. I stated I don't want to do \_\_\_\_\_, and I don't want him to do \_\_\_\_\_."*

*"During our sexual encounter, my date tried to cross one of my boundaries by \_\_\_\_\_. I proceeded to \_\_\_\_\_ and then \_\_\_\_\_."*

Facilitator will discuss dating/escorting safety and emphasize the importance of a plan. Facilitator will close the group by stating that this process was designed for us to take a closer look at the safety risks involved in hook-ups, dating, and escorting. Facilitator will remind participants that staff are available to discuss safety risks and a personal safer hook-up, dating or escorting plan during individual sessions.





# SELF-ESTEEM AND TRANSPHOBIA

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

Strengths List Handout

# SELF-ESTEEM AND TRANSPHOBIA



## Objectives

By the end of this sixty-minute group, participants will be able to:

1. Define gender, sex, transphobia, and internalized transphobia;
2. Define self-esteem and identify how everyday experiences can increase or decrease one's self-esteem;
3. Discuss different forms of self-care, identify an individual's strengths, and discuss how to use them to increase resiliency; and
4. Define "passing" and understand the interrelationship between "passing," self-esteem, and gender recognition.

## Group Structure and Activities

### Objective 1

Facilitator will draw two lines down the middle of a piece of flipchart paper, a whiteboard or, if virtual, a piece of paper to screenshare. Facilitator will write "Sex," "Gender," and "Gender Identity/Expression" at the top of each column. Facilitator will ask participants to define sex, gender, and gender identity. Facilitator will write participant responses. Facilitator will then define sex, gender, and gender identity as follows:

**Sex:** The biological condition or character of being female, male, or intersex. Sex includes the hormonal function, chromosomes, DNA, presence or absence of genitalia, secondary sexual characteristics (body hair, breasts, fat distribution).

**Gender:** The personal sense of being masculine, feminine, nonbinary, genderqueer, or gender expansive. A psychological, social or cultural construct. Societies have differing expectations and standards of individuals based on their perceived gender. *For example, the act of wearing a tie to express masculinity, i.e., society's construction of men's clothing, or the act of wearing a dress to express femininity, i.e., society's construction of women's clothing.*

**Gender Identity/Expression:** How an individual feels on the inside and how that is expressed on the outside. The personal sense of being a man, woman, or another gender such as nonbinary, genderqueer, or gender expansive.

Facilitator will explain that gender is a social construct whereas sex is biological, and gender identity and gender expression are personalized to each individual.

Facilitator will ask participants to discuss what it means to them to be feminine. Some responses might be:

*Being fishy*

*I am a queen*

*I am complete and whole*

Facilitator will remind participants that everyone's gender identity is personal to them and as such, there is no wrong answer to the question, "What does it mean to be feminine?" It is also important to remember that challenging an individual's gender expression can make them feel insecure, isolated, and vulnerable.

Facilitator will draw a line down the middle of a piece of flipchart paper, a whiteboard or, if virtual, a piece of paper to screenshare. Facilitator will then write "Transphobia" at the top of the left side and "Internalized Transphobia" on the right side. Facilitator will ask participants to define transphobia and internalized transphobia. Facilitator will write the responses on a flipchart or, if virtual, a piece of paper to screenshare. Facilitator will then define transphobia and internalized transphobia as follows:

TRANSPHOBIA	INTERNALIZED TRANSPHOBIA
An irrational fear or hatred of individuals who express a trans identity and a refusal to acknowledge or validate the existence of a trans identity.	A fear, hatred, or contempt for one's own trans identity.

Facilitator will explain that transphobia includes individuals who purposefully use incorrect pronouns or deadname trans people, use derogatory language and/or slurs when referring to trans people, or "outing" a person as trans.

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## Objective 2

Facilitator will ask participants to define "self-esteem." Facilitator will write the responses on a flipchart, whiteboard, or if virtual, a piece of paper to screenshare. Facilitator will then define "self-esteem" as follows:

### SELF-ESTEEM

A sense of one's own dignity or worth.  
A respect for oneself, one's character and one's conduct.  
*American Heritage Dictionary*

Facilitator will explain that the feelings a person has about themselves can influence their behaviors. Low self-esteem can lead to individuals not taking care of themselves, personal relationship problems, and negative feelings such as fear, sadness, and guilt. High self-esteem can lead to less stress, higher resilience, and stronger relationships.

Facilitator will draw a line through a flipchart paper, a whiteboard or, if virtual, a piece of paper to screenshare. On one side of the line will say "Increase Self-Esteem" and the other side of the line will say "Decrease Self-Esteem." Facilitator will ask participants to list common, everyday experiences that can serve to either (a) increase one's self-esteem, or (b) decrease one's self-esteem. Some responses might be:

INCREASE SELF-ESTEEM	DECREASE SELF-ESTEEM
When I'm told, "I really learn a lot about gender issues from you."	When someone says, "You're not a real woman."
When I'm complimented on my looks	"Hey, Dude."
"Can I help you, Madam?"	When I'm told I look too male.
When I'm told, "Your skill is so soft."	When I'm called "sir" on the phone.

Facilitator will point out (if responses are similar to those listed above) that many examples given are descriptions of how other people can influence our internal feelings. True self-esteem is an internal process, it comes from within, and others cannot truly affect the way we feel about ourselves.

Facilitator will ask each participant "What is one thing you like about yourself?" After each participant has shared, facilitator will explain that it is important to remember these qualities to help build self-esteem. Facilitator will remind participants that although other people can influence our feelings and self-esteem, there are ways to improve one's own self-esteem. Facilitator will ask participants what they do to increase their self-esteem. Some responses might be:

- Accept compliments**
- Don't be so hard on yourself**
- Value your importance**
- Seek support**
- Leave yourself positive notes**

Facilitator will ask participants to pick one thing they can start today to help increase their self-esteem.

### Objective 3

Facilitator will discuss how self-care can help lead to increased self-esteem, which can lead to increased resiliency. Facilitator will ask participants what some of their favorite self-care activities are and write responses on a flipchart or whiteboard. Some responses might be:

<i>Drinking water</i>	<i>Getting enough quality sleep</i>
<i>Stretching or exercising</i>	<i>Doodling or drawing</i>
<i>Listening to music</i>	<i>Going for a walk</i>

Facilitator will explain that self-care is an important resilience-building tool because it helps us to take care of ourselves. Resilience is important because it can help us survive stressful events and times in our lives.

Facilitator will pass around the Strengths List handout to each participant or, if virtual, screenshare the handout. Facilitator will ask each participant to pick which word on the list best describes them. Facilitator will draw a line through a flipchart paper, a whiteboard or, if virtual, a piece of paper to screenshare. At the top of one side of the line, facilitator will write the word "Strength," and on the other side of the line, write the word "How this Builds Resilience." Use the sample chart below to create a chart based upon participant responses:

<b>STRENGTH</b>	<b>HOW THIS BUILDS RESILIENCE</b>
<b>Open Mindedness</b>	Not selective and looks for the best information to make a decision
<b>Gratitude</b>	Being conscious of the positive and allows for perspective
<b>Humor</b>	Reframes perspective to a more positive point of view
<b>Patience</b>	Gives the internal environment space to develop
<b>Creativity</b>	Uses inner resources and builds inner connections
<b>Independence</b>	Increases empowerment and helps to bounce back
<b>Perseverance</b>	Keep going after setbacks and have hope for the future
<b>Honesty</b>	Allows for self-reflecting and health
<b>Kindness</b>	Fosters a caring community and sharing of resources
<b>Forgiveness</b>	Ability to let go of negative feelings
<b>Empathy</b>	Ability to communicate and listen to people you share relationships with
<b>Confidence</b>	Assertiveness with boundaries and the strength to know yourself

Facilitator will explain that resilience can be built through many actions such as:



### **Objective 4 (Part I)**

Facilitator will introduce the concept of “passing” by asking participants to define and give examples of “passing.” Facilitator will point out that, for trans women, one is not actually trying to “pass” or be an impostor; but rather one is hoping to be recognized and acknowledged for who one is. Passing is a complicated topic and is neither good, nor bad. For trans women, being identified as a woman is not an issue of “passing” but an issue of recognition. “Passing” can be used to pressure individuals to conform to other people’s expectations of gender and perpetuate the concept that to be considered a “woman” or a “man,” an individual is required to look a certain way.

Facilitator will write the responses on a flipchart. Some responses for definition might be:



Facilitator will discuss with participants the concept of “misgendering” and explain that misgendering occurs when a person is referred to with incorrect pronouns (i.e. using he/him when referring to a person who uses she/her pronouns). Facilitator will explain that while passing is not always the goal and everyone’s gender expression is personal, it is never okay to be misgendered.

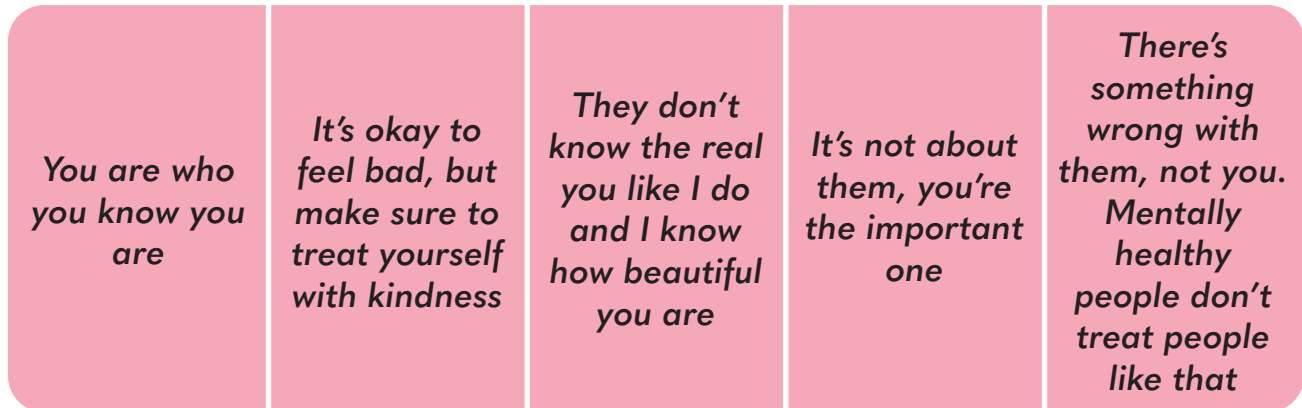
Facilitator and participants will discuss the inter-relationship between self-esteem and gender recognition. Facilitator will explain that, although external experiences can serve to make one feel happy, sad, mad, or glad (refer back to Objective 2), ultimately increasing self-esteem and resiliency is an internal process. Facilitator will further explain how high self-esteem can lead to taking care of ourselves, others, as well as our community, and these consequently lead to lower HIV risks.

## Objective 4 (Part II)

Facilitator will ask participants to imagine the following scenario:

***Your best friend (who is trans) has come to you seeking comfort after being misgendered while walking down the street.***

Facilitator will ask participants “What advice and/or comforting things would you say to make them feel better?” Facilitator will write the responses on a flipchart, whiteboard, or, if virtual, a piece of paper to screenshare. Some responses might be:



Facilitator and participants will discuss these important conversations to have with friends and family who have been misgendered to help support and improve their self-esteem. Facilitator will then discuss with participants the importance of using their own advice on themselves the next time they are misgendered. It is easy to feel bad about yourself when you are misgendered and it is easy to comfort someone else when they are sad or feeling bad about themselves. Therefore, it is very important to remember to tell yourself the same things you would tell a friend when faced with the same scenario.



# **VIOLENCE AGAINST TRANS INDIVIDUALS AND TRANS RESILIENCE**

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

# VIOLENCE AGAINST TRANS INDIVIDUALS AND TRANS RESILIENCE



## **Objectives**

By the end of this sixty-minute group, participants will be able to:

1. Define harassment, verbal and physical abuse, hate incidents, and hate crimes;
2. Give examples of harassment, verbal and physical abuse, hate incidents, and hate crimes that they have either experienced or witnessed;
3. Learn what to do if they should experience harassment, verbal or physical abuse, a hate incident or a hate crime;
4. Discuss resilience, how to build resilience, and why it is important; AND
5. Learn about Transgender Day of Remembrance and how it can increase resilience through community building.

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## **Group Structure and Activities**

### **Objective 1**

Some trans feminine individuals visibly violate traditional gender roles and, therefore, may be subject to harassment, violence, abuse, a hate incident or a hate crime. Data from the Los Angeles Transgender Health Study found that from a sample of 244 trans women, 80% reported being verbally abused or harassed because of their gender identity or presentation and 47% reported they had been physically abused or beaten because of their gender identity or presentation. (Cathy J. Reback, Ph.D. and Paul Simon, M.D., M.P.H., Principal Investigators)

Facilitator will ask participants to define harassment, verbal abuse, physical abuse, hate incident, and hate crime. Facilitator will write the responses on a flipchart or, if virtual, a piece of paper to screenshare. Facilitator will then define different types of harassment, verbal abuse, physical abuse, hate incident, and hate crime as follows:

### **HATE INCIDENT**

Derogatory words directed against another person(s). If the words are not accompanied by a threat of harm with the ability to carry it out, it is considered protected speech and not a hate crime.

### **PHYSICAL ABUSE**

Physical force exerted for the purpose of violating, damaging, or abusing another person. Any physical action designed to frighten, harm, injure, intimidate, or harass an individual.

### **HARASSMENT**

To irritate or annoy. To trouble persistently, to threaten or demand, to taunt, insult, or ridicule.

### **VIOLENCE**

Any act exerted for the purpose of violating, damaging, or abusing another individual.

### **SEXUAL HARASSMENT**

Hostile work or social environment created by such behavior as sexual jokes or remarks, unwanted physical contact, or sexually explicit photos.

### **DATING VIOLENCE**

The abuse of one partner in a dating relationship by the other partner. It can include abusive behavior, harmful words or actions. Any act by a partner designed to hurt or control another is abuse.

### **VERBAL ABUSE**

To treat a person wrongfully, incorrectly, or harmfully with insulting, disrespectful, intimidating, derogatory, or coarse language. Includes slurs, criticism, insults, jokes, diminutive terms, tone/loudness of voice.

### **DOMESTIC VIOLENCE**

A singular event or pattern of coercive behaviors that involves physical abuse or the threat of physical abuse. It also may include repeated psychological abuse, sexual assault, progressive social isolation, deprivation, intimidation, or economic coercion.

### **HATE CRIME**

A hate crime includes any act which results in injury, however slight; a verbal threat of violence which apparently can be carried out; or an act which results in property damage. A hate crime is based upon the perception of the perpetrator. Any unlawful action designed to frighten, harm, injure, intimidate or harass an individual, (in whole or in part), because of a bias against the actual or perceived gender of the victim. A bias is a preformed negative opinion or attitude toward a group or person(s), in this case, based on their gender.

## Objectives 2 & 3

Facilitators will read the following scenarios and ask participants to identify if the scenario is an example of harassment, violence, verbal abuse, physical abuse, domestic violence, hate incident, or hate crime. For each scenario facilitator will write on a flipchart participants' responses, or, if virtual, a piece of paper to screenshare. Facilitator will ask participants what action should be taken in each situation. Facilitator will write responses on the flipchart.

1

Maria and Clarence have been married for 5 years. Recently Clarence began to question his masculine gender identity. Maria returned home early one evening and discovered Clarence dressed in feminine clothes. She flew into a rage. She began beating Clarence, cursing and calling him names. Clarence was ashamed to have been caught and responded passively to Maria's attack. This infuriated Maria even more and her physical assault escalated. Maria degraded both Clarence's feminine appearance and masculine body.

**What action to take:** This is an example of domestic violence in the form of physical, verbal and psychological abuse. Clarence should receive a referral for domestic violence services such as counseling and shelter. This is also a hate crime and should be reported to a law enforcement agency if Clarence feels comfortable doing so.\*\*

2

Susie, a trans woman, is talking with a group of her friends about her boyfriend. In the conversation Susie mentions that she believes it is her fault that he doesn't treat her well. She states, "If I just try harder to be a better woman, he would treat me nicer." She says he often taunts her by using her dead name.

**What action to take:** This is an example of domestic violence in the form of psychological abuse. Susie should seek a counselor familiar with domestic violence issues.

3

Pamela, a trans woman, is driving down the street. She approaches a stop sign but does not come to a complete stop. A law enforcement officer observes this traffic violation and prepares to issue Pamela a failure to stop citation. The officer asks for her driver's license and registration. When the officer sees her (female) ID, he says the ID is fake and tells Pamela that he is going to arrest her. The officer demands she get out of the car, and tells her that he knows Pamela is a male. When Pamela gets out of the car she is handcuffed by the officer who laughs and says, "I know you have a dick."

**What action to take:** This is an example of harassment. Pamela has several options. She should obtain the officer's name or badge number. If she cannot get that she should note the car number, and she should know when, and where the stop was made. Pamela can request that a supervisor come to the scene. Pamela can also report the incident to the Watch Commander. Pamela can file a complaint against the officer. Pamela can also call Internal Affairs and make a complaint. If Pamela is uncomfortable she can make an anonymous complaint.\*\*

**4** A trans woman employee walks into her supervisors' office and complains about the sexual comments that she is getting from her male co-workers.

**What action to take:** This is an example of sexual harassment. In this scenario the trans woman took the correct action, which is to report to one's immediate supervisor.

**5** Michelle, a trans woman, is walking down the street. A man shouts, "You're not really a woman, you're a dude." As she attempts to move past him he grabs her crotch.

**What action to take:** This is an example of a hate crime and should be reported to the nearest law enforcement agency if Michelle feels comfortable doing so.\*\*

**6** Lela, a trans woman and her husband have a verbal argument. The argument escalates; she fears physical violence so she runs out of their home. As she runs the husband stands on the front lawn and yells after her, "There goes a sex change."

**What action to take:** This is an example of domestic violence in the form of verbal and psychological abuse. Lela should seek domestic violence counseling services and shelter.

**7** A group of trans women and gender-expansive individuals are walking down the boulevard. A teenage boy drives past them and yells, "Fags, you should be shot."

**What action to take:** This is an example of a hate incident and if they feel comfortable, the group should make a report to the nearest law enforcement agency.\*\* It is important to note that even though this does not fall within the definition of a hate crime, it is encouraged to report all hate incidents as the perpetrator may escalate their actions into future hate crimes.

**8** Jane, a trans woman, is dating another trans woman, Eve. One day Eve walks into their apartment to find all her possessions scattered on the floor. When Eve confronts Jane, Jane tells Eve that she will burn everything Eve owns.

**What action to take:** This is domestic violence in the form of verbal and psychological abuse. Eve should seek domestic violence counseling services and shelter.

*\*\*It is important to acknowledge that the trans community has had a strained history with law enforcement and many participants may not feel comfortable reporting a crime. The Hollywood Division of the LAPD has had sexual and gender sensitivity training, but no one can predict the outcome with an individual police officer. Other options include bringing a friend or trusted person for support while filing a report or to ask a staff person at FCC to find a local organization that can assist with advocacy and support. Facilitator will remind participants that they are available to discuss reporting to law enforcement during individual sessions.*

Facilitator will explain to participants that – although some trans women and gender expansive individuals may not conform to traditional gender roles – harassment, verbal and physical abuse, hate incidents and hate crimes are illegal. It is important to report all incidents of harassment, abuse, and violence. By reporting such incidents, trans women are saying, “It is not okay to abuse me because of my gender.” Facilitator will acknowledge that it can be emotionally difficult to report an incident but doing so can also lead to increased self-esteem.

#### Objective 4

Facilitator will ask participants to define “resilience.” Facilitator will write the responses on a flipchart, whiteboard, or if virtual, a piece of paper to screenshare. Facilitator will then define “resilience” as follows:

**RESILIENCE**

The capacity to withstand or to recover quickly from difficulties.

Facilitator will explain that resilience is an essential tool, and everyone can develop it. Resilience will allow individuals to build strength that will allow them to recover from stressful situations, cope with adversity, and help them thrive in the future. Facilitator will then explain a few ways in which we can build resilience:

<i>Increase body positivity – affirming yourself will increase self-esteem</i>	<i>Identify your inner critic to learn when you’re being too hard on yourself</i>	
<i>Build a support network of other trans individuals</i>	<i>Communicate your boundaries and stay firm</i>	<i>Explore, value, and define your own personal gender identity</i>

Facilitator will use the example scenarios from above and show ways in which the individuals from those scenarios can practice resilience after their experiences.

**1**

**Maria and Clarence**

**Resilience Exercise:** Clarence can continue to explore gender identity by dressing in clothes that reflect his identity and make him feel good. By continuing to explore, Clarence can identify things that are of a high value and increase body positivity, leading to a higher self-esteem.

**2**  
**Susie  
and her  
boyfriend**

**Resilience Exercise:** Susie should identify her inner critic to better learn to recognize when she is being too hard on herself. Additionally, Susie can seek support through the group of friends she has built.

**3**  
**Pamela  
and the  
cop**

**Resilience Exercise:** It can be scary to report a person in a position of authority. In order to increase resilience in a scenario such as this, Pamela can share her experiences with a group of friends for validation of her actions. Pamela can also practice self-care by exploring her own gender identity and affirm herself, thus increasing her self-esteem.

**4**  
**A trans  
employee**

**Resilience Exercise:** Since this is the correct course of action, this woman has already begun to build resilience by communicating boundaries and should continue to stay firm on them.

**5**  
**Michelle's  
walk**

**Resilience Exercise:** Michelle should practice self-care and increase her body positivity to help affirm her gender. Gratitude exercises, focusing on internal values, and doing something nice for herself can all help to increase resilience.

**6**  
**Lela  
and her  
husband**

**Resilience Exercise:** Lela did the right thing by removing herself from a dangerous situation. After Lela seeks counseling for domestic violence, she should work to increase her self-esteem and body positivity through self care.

**7**  
**A group  
of friends  
walking**

**Resilience Exercise:** The group can seek support from each other and practice self-care to increase self-esteem. By leaning on each other and expressing their feelings in a mutually shared experience, it builds community and creates a safe space for them to process their feelings.

**8**  
**Jane and  
Eve**

**Resilience Exercise:** Jane should practice self care after experiencing a difficult situation. By being kind to herself, she can increase her self-esteem, which will in turn increase her resilience and allow herself to heal from this situation.



## **Objective 5**

Facilitator will discuss the Transgender Day of Remembrance, also known as TDoR. Facilitator will explain that TDoR is a day observed annually on November 20<sup>TH</sup>, as a way to memorialize transgender individuals who have been murdered as a result of transphobic hate crimes.

Facilitator will explain that a typical TDoR memorial will include the reading of names of transgender individuals who have lost their life to transgender violence. Facilitator will explain that TDoR is important to increase resilience because it gives transgender individuals the space to remember and honor those who have been murdered and to increase community building and support. Facilitator will remind participants that TDoR is an important day in our community as the day reminds us to continue fighting for transgender rights.

Facilitator will tell participants about any upcoming trans-related events, and will provide information about TDoR as it gets closer to November 20, when these details become available.



# ENDING THE HIV EPIDEMIC

## ***GROUP SUPPLIES***

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Participant Sign-in Sheet

Tripod, Flipchart Paper,  
Tape OR White Board

Markers

Paper and Pen, if virtual

# ENDING THE HIV EPIDEMIC



## Objectives

By the end of this sixty-minute group, participants will be able to:

1. Discuss PrEP (both daily oral and long-acting injectable) PEP, TasP (Treatment as Prevention) and U=U;
2. Explain the HIV Prevention and PrEP Continua;
3. Explain the HIV Care Continuum;
4. Identify where they are placed on either the HIV Prevention, PrEP or Care Continua and how to advance through the Continuum that reflects their HIV status; and
5. Explain the End the HIV Epidemic pillars and identify how they can contribute to ending the HIV epidemic.

## Group Structure and Activities

### Objective 1

Facilitator will ask participants to define PrEP, PEP, TasP, and U=U, and describe how they can be used as prevention.

#### Oral Daily PrEP (Pre-Exposure Prophylaxis)

FDA-approved HIV medication that is taken once daily by someone who is HIV-negative to prevent HIV infection. PrEP must be prescribed by a physician.

#### Long-Acting Injectable PrEP

FDA-approved cabotegravir (CAB-LA), is PrEP in an injectable form rather than a pill form. Initially taken as two injections one month apart and, after that, one injection every two months.

#### PEP (Post-Exposure Prophylaxis)

FDA approved medication taken by an HIV-negative person within 72 hours of possible HIV exposure to prevent seroconversion. PEP must be prescribed by a physician. There are multiple medications that are approved for use as PEP, Truvada being the most common. The medication must be taken for the entire 28-day schedule as prescribed.

### TasP (*Treatment as Prevention*)

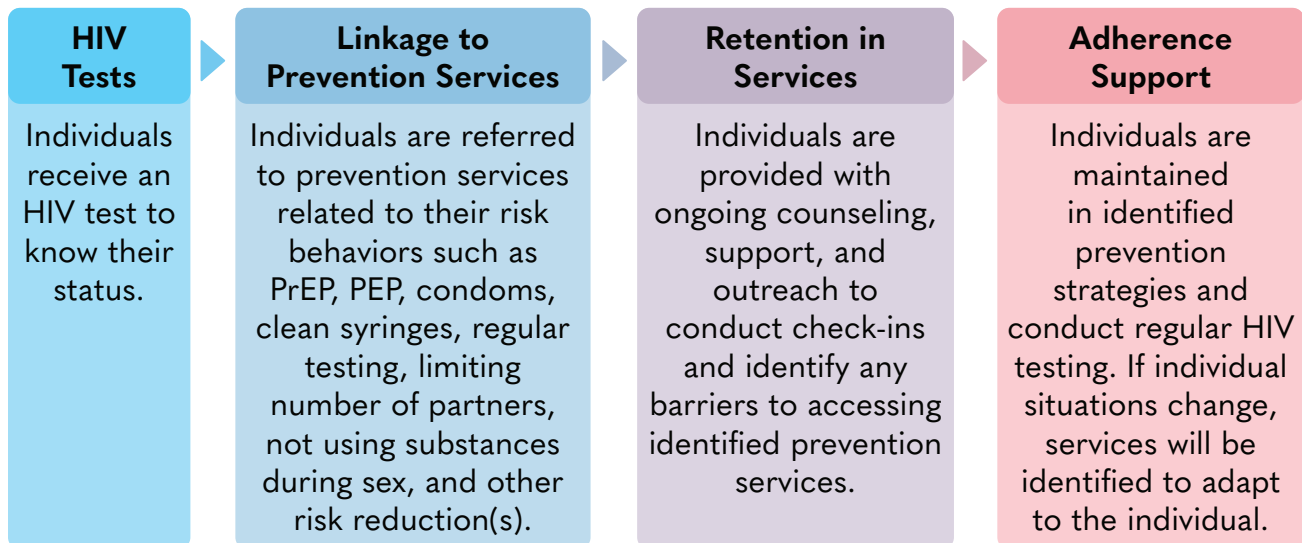
In an HIV-positive person, ART medications reduce the levels of HIV in the body to levels so low that a test cannot detect it (known as an undetectable). Once undetectable, studies show there is effectively no risk of passing HIV to sexual partners.

### U=U (*Undetectable = Untransmittable*)

When an HIV-positive person has achieved and maintained an undetectable viral load, they cannot transmit the virus to their partners via sexual contact.

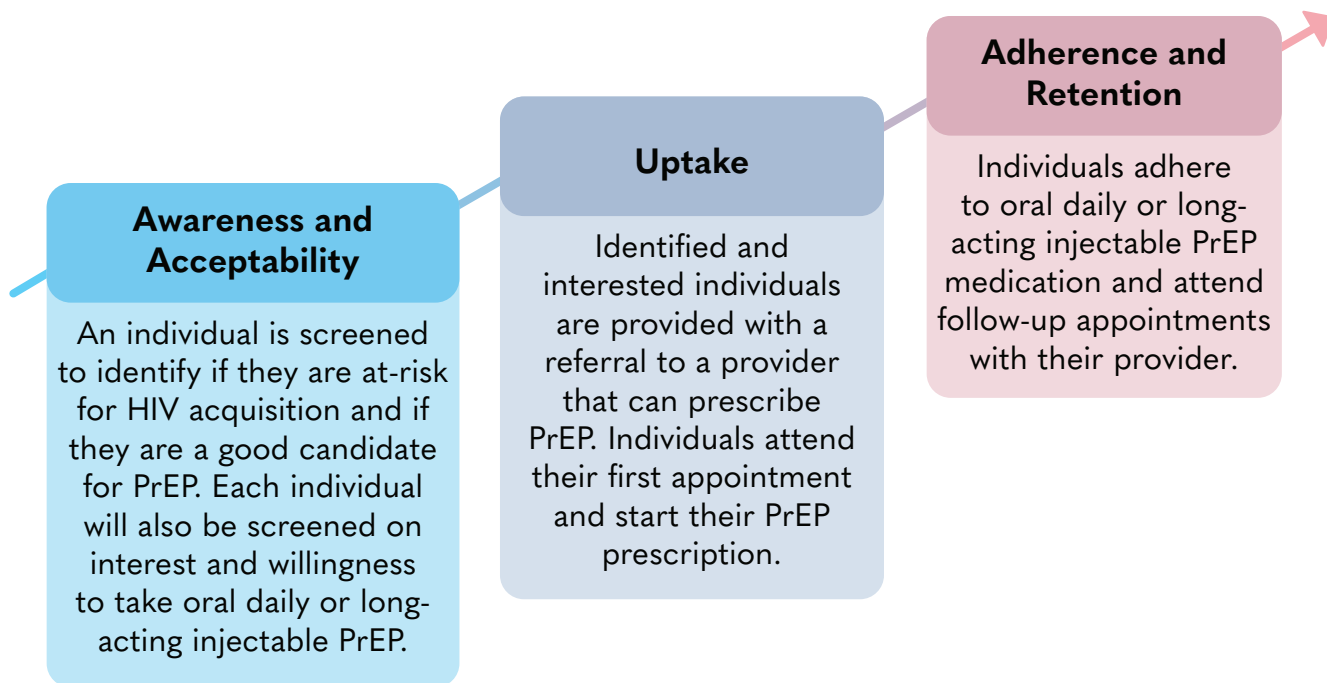
## Objective 2 (Part I)

Facilitator will explain that the HIV Prevention Continuum is the structure of steps in the plan to prevent the acquisition of HIV. Facilitator will display (or screenshare, if virtual) an image of the HIV Prevention Continuum and provide a brief explanation of each step:



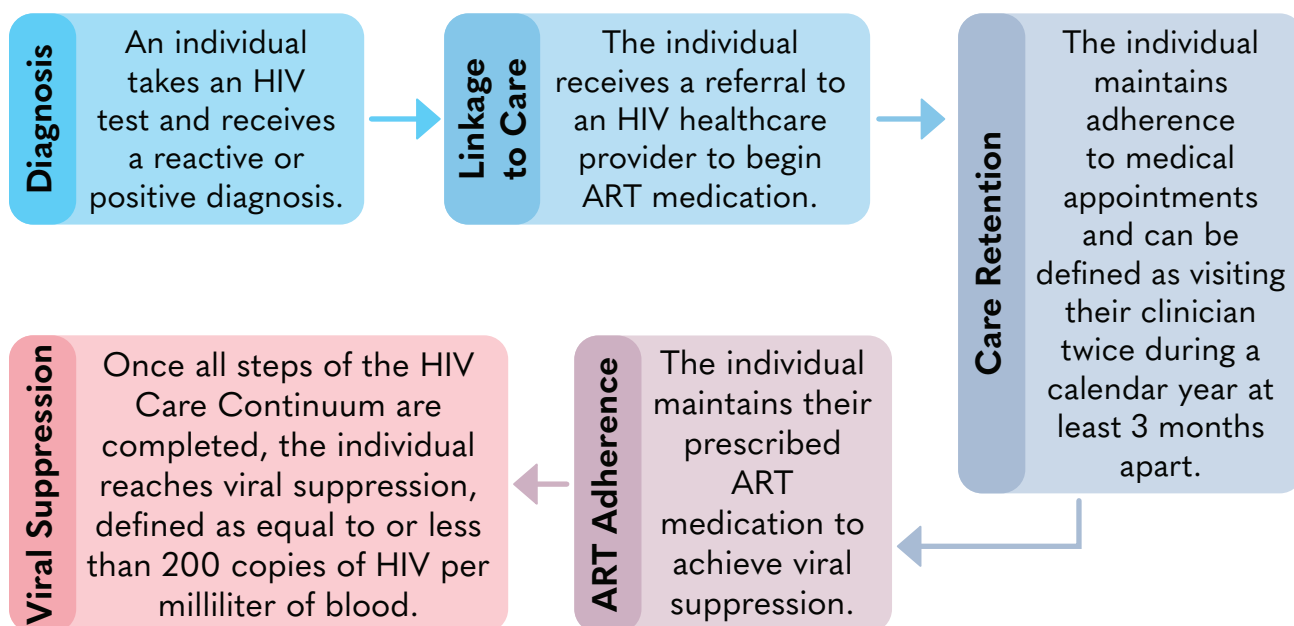
## Objective 2 (Part II)

Facilitator will explain that the HIV PrEP Continuum is the structure of steps in the plan to link and maintain an individual in PrEP care. Facilitator will display (or screenshare, if virtual) an image of the HIV PrEP Continuum and provide a brief explanation of each step:



### Objective 3

Facilitator will explain that the HIV Care Continuum is the structure of steps that individuals living with HIV go through to reach viral suppression. Facilitator will display (or screenshare, if virtual) the HIV Care Continuum and provide a brief explanation of each step:



## Objective 4

Facilitator will place images of the HIV Prevention, PrEP and Care Continua on the flipchart, white board or, if virtual, will screenshare. Facilitator will ask each participant to silently identify which bar they are on in the Continuum based on their HIV status. Facilitator will then ask each participant if they are NOT in the far-right bar or the HIV Prevention, PrEP or Care Continua to silently think about effective strategies to advance to the farthest bar on the Continuum that reflects their HIV status.

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## Objective 5

Facilitator will place an image of the End the HIV Epidemic pillars on the flipchart, white board or, if virtual, will screenshare and will explain each.

### DIAGNOSE

All people with HIV as early as possible.

### TREAT

People with HIV rapidly and effectively to reach sustained viral suppression.

### PREVENT

New HIV transmissions by using proven interventions, including PrEP and syringe services programs.

### RESPOND

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people in need.

### DIAGNOSE

It is important to get tested for HIV regularly as many individuals living with HIV are unaware of their status. The CDC recommends testing every 3 months for at-risk individuals. Regular testing can lead to learning about new infections as soon as possible.

### TREAT

Promptly linking newly diagnosed individuals with HIV to care and treatment can help lead to viral suppression and healthier lives. Individuals who are virally suppressed have effectively no risk of sexually transmitting HIV to a partner.



**PREVENT**

Using proven interventions and strategies can lead to the prevention of new HIV infections. Prevention strategies will look different for each individual depending on their risks.

**RESPOND**

The CDC and local public health officials use methods to see where HIV is most rapidly spreading to provide support and treatment services to those who need them.

Facilitator will ask participants to brainstorm ways that they can each contribute to ending the HIV epidemic and will write the responses on a flipchart, white board or, if virtual, on a piece of paper to screenshare. Facilitator will remind participants that if they are interested in learning more about the HIV Prevention, PrEP, and/or HIV Care Continua, or the End the HIV Epidemic pillars, a staff member is available to discuss these during individual sessions.

