

# WORKING WITH THE TRANSGENDERED COMMUNITY\*

## ▶ ABOUT THIS ACTIVITY

🕒 **Time:** 95 minutes

➔ **Objectives:** By the end of this session, participants will be able to:

- Discuss 2 current issues among transgendered people with HIV/AIDS and the implications for access to care and treatment.

### ✓ **In This Activity You Will...**

- Ask participants to split into 2 groups and to work on brainstorming stereotypes about trans-folk and people who are HIV+ (10 minutes).
- Lead a discussion in which the class compares and contrasts the two lists (20 minutes).
- Lead a discussion about barriers for trans-folk (20 minutes).
- Review definitions related to transgender populations (15 minutes).
- Ask the group to come up with possible solutions to the Barrier (20 minutes).
- Discuss “best practices” when interacting with the transgendered population (10 minute).

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## Instructions

1. Introduce session and explain that we will be discussing working with TransFolk. Remind participants about the session on Delivering Cultural Competent HealthCare. Highlight that we will be dealing with the same issues: how do we treat someone who comes through the door of our agency with respect so that they will return for services and therefore improve their health?
2. Acknowledge that this topic is rarely discussed and we are only exposed to stereotypes on Jerry Springer etc. Gender Roles start at birth with questions about if it is a boy or a girl and clothing only in certain colors.
3. Ask participants to split into two groups and to write on newsprints that are on the wall. Ask them to write stereotypes about the group listed on their paper: Transgender people or People living with HIV/AIDS. Give the group about 10 minutes.
4. Once the newsprints are filled out, ask participants to take their seats and lead a discussion comparing and contrasting the lists.
5. Discuss Barriers to Care as they arise and write them on the Barriers newsprint.
6. Summarize by reminding participants that ideas about TransFolk are given to us by media stereotypes and lack of education.
7. Review Definitions handout.
8. Discuss the Barriers to Care and ask the class to come up with Solutions and Interventions to address the barriers. List these on the flipchart. Focus especially on solutions that the peers that the peers can do.

\* This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

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## ABOUT THIS ACTIVITY (CONT.)

### Materials:

- Handout – TransFold Increased Risk
- Handout – Definitions
- Miscellaneous handouts on current issues in the Transgendered Community
- Flipchart sheets with each of the following written on them:
  - Transgender People
  - People Living with HIV/AIDS
  - Barriers to Care
  - Solutions and Interventions
- Flip chart and easel
- Markers
- Eraser

### Preparation:

- Prepare handouts
- Prepare flipcharts

9. Distribute the handouts on current issues in the Transgendered community.
10. Remember that it is okay to ask someone what they would like to be called but do not make the person into your teacher. That is not their role. If you would not ask a non-trans person the question, then don't ask a transperson.
11. Useful phrases are “What do you call yourself? or Is there a name you would like me to call you in this office but not outsider? What people do you have sex with?”

## Summary

Wrap up by reminding participants that our goal is to give the best possible services to anyone who comes through our door. You might not need this information but you might be someone's best advocate.

\* This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit [http://www.hdwg.org/peer\\_center/training\\_toolkit](http://www.hdwg.org/peer_center/training_toolkit). This module comes from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

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## SESSION HANDOUT # 1 of 2

### WHY MIGHT TRANSFOLK HAVE INCREASED RISK FOR HIV?

Agency and societal policies – bathrooms, forms that list only male or female

CDC counts an HIV+ Transperson as “MSM” so that determines funding levels. There is little prevention targeting transfolk.

Stigma and low self-esteem lead to the person being less likely to take care of self

Higher rates of drug and alcohol use so sex may be under the influence and safer sex not practiced

Difficult to find a job due to prejudice.

Survival sex to make money or to pay for surgery

May use street hormones since the person may not want to have a mental health diagnosis which is needed to get the hormones.

Some transwomen say that sexwork is affirming of their new gender or can provide a sense of community

Using silicone from hardware store or street hormones because they are cheaper. Leads to needle sharing at hormone or silicone parties or also general health risks because of quality of the product.

Fear of discrimination leads to avoiding health care providers. When the person is diagnosed, they might be at a later stage of HIV infection: lower T cell count, higher viral load.

# WORKING WITH THE TRANSGENDERED COMMUNITY

## SESSION HANDOUT # 2 of 2

### DEFINITIONS

#### Sex

Body parts you are born with – male/female/intersex (hermaphrodite)

#### Gender

Boy/girl/man/woman/transW/transM/gender/queer

#### Orientation

Straight/gay/bi/hetero/homo/

#### Gender identity

Interpretation of own gender, sense of self about own male/femaleness – may not be visible to others!

#### Transgender

Umbrella term like Christian or Person of Color. Transgender can include transsexuals although they identify as straight while they dress in clothing of the other gender