



TRAINING MANUAL

D4.12 TRAINING MANUAL

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INTRODUCTION

This manual provides step-by-step guidance to trainers implementing trainings for professionals working with trans sex workers. The Training Manual includes:

- Information on each module
- PPP for each module
- Guidelines for trainers
- Handouts and materials (e.g.: case studies)
- Additional literature
- Evaluation procedure

For an easy and convenient handling, the training manual is divided into two parts.

The first part provides an introduction for the trainer, namely: how and why the training course was developed; how to prepare for the training; how to implement the training and details on the evaluation. The second part provides a description of the training modules including an overview of each module; instructions on how to use the module and aims and learning objectives of the module.

WHY THIS TRAININGS/TRAINING MANUAL?

Trans people experience multiple forms of stigma related to gender identity, gender expression and perceived sexual orientation (WHO, 2015). Apart, they are exposed to multiple forms of violence - structural, emotional, physical and sexual (WHO, 2015, Nadal, 2014; NSWP, 2014). Even if the struggle from trans communities has already led to substantial gains, interpersonal, systemic as well as institutional discrimination against this population is still widespread.

Trans sex workers are even more “vulnerable to the risk of violence as they work and live at what can be described as an intersection of whorephobia and transphobia” (NSWP, 2014, p.2).

These structural and individual experiences of violence and discrimination create barriers in “the access to education and employment, housing, justice, and appropriate health care services” (NSWP, 2014, p.1), preventing trans sex workers from having optimal physical and psychological health.

Deriving from this and having into account the specific needs and vulnerabilities of trans sex workers, it is of paramount importance to create and promote adequate training activities regarding this group. Raising awareness among different groups of professionals, promoting adequate training curricula, and fostering targeted cooperation are necessary in order to work towards a more trans-inclusive and respectful environment.

Article 35 of the Charter of Fundamental Rights of the EU states that EU Member States should ensure that adequate training and awareness raising is offered to professionals to eliminate prejudices, to improve the provisions of services to trans people and to recognize and uphold the human rights of trans people (FRA, 2013; FRA, 2015; WHO, 2015).

Increasing awareness, knowledge and acceptance can play an important role in creating a more enabling and respectful environment for trans sex workers. Specific groups (e.g. law enforcement or health providers) deserve particular attention, as they are most referred perpetrators of violence and discrimination. To counter negative behaviours/attitudes of key-actors, that play an important role in trans sex workers lives, is fundamental.

Several reports and literature denounce the high rates of discrimination and maltreatment caused by law enforcement agents (ICRSE 2015; NSWP 2014; FRA 2013). Health providers often lack of specific training and sensitization activities. Discriminatory attitudes by health providers can negatively influence trans sex workers’ access to health services (WHO 2015; ICRSE 2015; NSWP 2014).

Apart, media representatives deserve a special attention, as information conditions the way we perceive society and media itself often reproduces and reinforces stereotypes and stigma.

Service providers and human rights/LGBTI associations can play a decisive role in promoting and protecting the fundamental rights of trans sex workers. Increasing the knowledge and capacity of these groups can support trans sex workers in their access to rights and social services.

These five groups have been identified as key actors to sensitize and train on trans sex workers' issues. Several trans community as well as sex worker-led organizations reiterated and repeated the need to train these specific groups with regard to the needs and rights of trans sex workers (NSWP 2014; TGEU 2017). This training manual aims to provide a tool to further implement training activities targeting professionals in this area.

However, it is equally clear that training professionals is only part of more comprehensive strategies that are needed to achieve social change. To build inclusive societies, free from prejudice and transphobia, is the only way to eliminate discrimination and hate speech/hate crime against trans persons.

DEVELOPMENT / DESIGN OF THE TRAININGS

This training manual has been developed as part of the TransR project by a consortium of five organisations in Europe, namely APDES (Portugal), MIT (Italy), Positive Voice – RUA (Greece), Hetaira (Spain) and LEFÖ (Austria). LEFÖ designed this training manual in the scope of workpackage 4 (WP4) - Empowerment and Capacity Building through Skill Building Workshops and Trainings.

The structure and content were elaborated based on previous research taking place in this project: mapping, literature review, and existing training materials. Apart, a broad needs assessment carried out in each of the consortium's countries helped to identify specific needs of trans sex workers in their local contexts. An analysis of this needs increased the knowledge as well as understanding on the main issues concerning trans sex workers realities.

“Well-defined training courses, precisely targeted and professionally carried out, can become a powerful tool to combat LGBTI-phobic violence. For this reason, a thorough preparation of the training is the key: a coherent training strategy includes a clear definition of the training needs, the overall objectives and aims pursued by the training and a comprehensible methodology and approach on how training is to be delivered” (ILGA-Europe 2011, p.5)

According to the suggestions of the toolkit on LGBT-phobic crimes from ILGA Europe, the design and development of the training modules and the training manual followed different steps.

Step 1. Identify the exact training needs in a specific local or national context: → through a needs assessment carried out in the first phase of TransR project implementation.

Step 2. Define the main aims and objectives of training: → provide targeted training on non-discriminatory practices

Step 3. Formulate a coherent training strategy → together with TSW, peer educators

Step 4. Design a coherent training course agenda with competent trainers: → TSW, peer educators as trainers

Step 1: Clear definition of the training needs:

A training needs assessment is the basis of focused design of the training modules as it helps to determine the purpose and objectives of tailor-made training.

Through a needs assessment carried out in the five project consortiums countries, several topics arose, which were included in the development and the definition of the training modules. The following aspects, mentioned by trans sex workers in personal conversations as well as in focus groups have been taking into account when developing the trainings concept and agenda.

- The Importance of awareness and education activities to fight stigma → mostly for community and health professionals
- The lack of sensitivity (e.g. of social name) in the existing services and lot of prejudices → mostly of health services, other NGOs and police
- The experiences of discrimination and transphobia → mostly of health professionals, colleagues (Cis sex workers) and police
- The relevance of trainings and informational material to improve the situation of trans sex workers.

The needs assessment support the thesis that TSW experience discrimination from professionals and groups dealing with them. There is a huge lack of knowledge together with a lack of sensitivity in existing services. TSW by themselves state that it would be very important to train professionals and increase the knowledge and understanding of TSW situation and needs.

Step 2: Objectives and aims pursued by the training:

One of TransRs' main objectives was to improve TSW access to health, justice and social support and to foster TSW empowerment and participation in communities. In line with this, one workpackage specifically focused on the training and capacity building activities. TransR's WP4 aimed to "provide targeted training on non-discriminatory practices for health providers, law enforcement agents, media representatives, social workers and members of LGBTI/HR associations".

Out of this overall aim, the following specific objectives derive for the trainings:

- to sensitize the target groups and eliminate prejudices against TSW
- improve the provisions of services to trans people
- recognize and uphold the human rights of trans people

Professionals should be provided with specific tools to ensure they have the right skills, attitudes and knowledge to overcome the identified barriers to service provision and work towards a more inclusive environment for trans sex workers.

- ✕ **Skills:** for example the use of inclusive language and inclusive practice (e.g. using neutral language, non-judging body language, providing a more inclusive environment).
- ✕ **Attitudes:** for example increased awareness of one's own beliefs, biases, assumptions and feelings of comfort/discomfort towards trans people/trans sex workers and inclusive attitude.
- ✕ **Knowledge:** for example understanding the main LGBTI concepts and key terms, of trans sex workers' experiences with discrimination, of the barriers faced by trans sex workers in the different settings, of the specific needs of trans sex workers and of inequalities experienced by trans sex workers. (Health4LGBTI 2017)

Step 3: comprehensible methodology and approach:

Non-formal education is an organised educational activity outside the formal system, it "is a truly lifelong process whereby every individual acquires attitudes, values, skills and knowledge from daily experience and the educative influences and resources in his or her environment" (Branco et al., 2014, p.11). In

terms of social intervention, informal education is a more spontaneous process of helping people to learn and can take place in various settings.

In the context of this training, informal education is operationalised with five main groups which skills and attitudes have a significant and direct impact on trans' access to human rights: law enforcement agents, health providers, media representatives, service providers and Human Rights/LGBTI associations. The approach to each group will take into account their specificities and needs.

Trans sex workers and peer educators were actively involved in the design of the trainings structure and content. The participation of trans sex workers as trainers is essential to guarantee the full participation of trans sex workers at all levels.

Step 4: Design a coherent training course agenda:

The modules have been adapted and developed after the needs assessment and the analysis of the most relevant topics during the first part of the project. At the beginning, it was planned to design three general modules, followed by one module specifically tailored for the different five target groups. In the course of the project's implementation and after the consultation with experienced actors in this field, the content of the training agenda has been adapted and designed differently. The training should include the same topics for all of the different professional groups, following a general line and structure. Therefore, the fourth specific module has been deleted and included in the other three modules.

Taking into account the local and national context is again of paramount importance to ensure the aims are in line with local realities and needs.

STRUCTURE AND CONTENT OF THE TRAININGS / TRAINING MANUAL

The trainings have been designed for five different groups of professionals dealing with trans sex workers (namely health professionals, service providers, law enforcement agents, media representatives, LGBTI associations/human rights associations).

Training can be implemented in one session with three different modules or can be implemented in separate sessions. The complete trainings should last between four and five hours. If you implement the training modules in a consecutive manner, it is recommended to have one half day session, including a break.

The trainings should be facilitated by a team of two trainers: one peer educator/TSW together with one experienced trainer/outreach worker.

Depending on the target audience, it is also possible to adapt the training modules and select certain segments of the different modules. Apart, the suggested times can be adjusted depending on what is being considered appropriate for the discussion and elaboration of each activity. However, it is recommended to complete the first module before starting with the next ones. The content of the training modules can also be adapted in accordance to the local context and the specific training needs. You can tailor the information you provide to be most appropriate for the specific target group.

National and local contexts across Europe vary considerably; therefore, the training manual is not able to provide a specifically tailored content of the training modules. When preparing a training, the specific local or national context needs to be taken into consideration, e.g. existing national legislation and resources, etc.

GUIDELINES FOR TRAINERS

PREPARATION OF THE TRAINING:

- ✓ Plan the training with your co-facilitator or training team with sufficient time and in detail. Each facilitator should know clearly which role they will have, for what they will be responsible and which tasks they should take over.
- ✓ Together with the TSW co-facilitator, you should discuss how you can best support each other during the training and what to do in case of uncomfortable situations.
- ✓ Prepare the materials and review you have everything needed for a proper implementation of the training. Bring brochures and helpful contact details of organizations.
- ✓ Check the technical equipment and test the projector before the starting of the training. Ensure that everything is ready and the setting up of the PowerPoint Presentation will not delay the starting of the training modules.
- ✓ Prepare the training venue: write the flipcharts and look for places on the walls, prepare the materials for each participant, arrange the chairs and the tables properly, etc.
- ✓ Set ground rules. Agree on rules to ensure that everyone gets an equal chance to participate. Take time to discuss the rule around confidentiality so everyone feels safe to share their experiences and feelings. Ensure that participants are aware of the possible harm that breaking confidentiality could bring, including threats to individual safety (in the case of disclosing someone's gender identity or sexual orientation). Also emphasize that respect is an important part of the rules: respect for each participant and respect for different opinions, views, and life experiences.

IMPLEMENTING THE TRAINING

TRAINING METHODOLOGY:

- ✓ Work as a team: Always implement the training in a team with another facilitator. At best, you can switch and exchange the leading roles in the different training modules.
- ✓ As the training participants are all professionals in their area, it is important to acknowledge the existing knowledge of the participants. It is useful to know the expectations, needs and background of the participants in order to adapt the training modules as much as possible.
- ✓ Give clear instructions for exercises, explaining one step after the other. Use examples to help understanding.
- ✓ Try to stimulate as much participation and interaction as possible.
- ✓ Check and be aware of the energy level of the participants. In case they seem tired, ask if a break is needed or use some activation exercises.
- ✓ After group work/activities, you should summarize what the participants have mentioned that they learned. An effective summary is of big importance to consolidate the learned topics. If appropriate, you can also ask other participants to do the summary.
- ✓ Flipchart: One facilitator should write down points during the discussions. In the end of the exercise, you should get back to these points and make a brief summary of the mentioned points.
- ✓ Use extra materials and handouts about topics, which have been left out. Refer to further resources.
- ✓ Manage time carefully and try to stick to the time limits.
- ✓ Use the PPP in an interactive way and try not to read the slides, but to summarize the important points. Practice the presentation before to be able to present them in your own words. Try to keep the presentations as interactive as possible by asking questions and allowing questions to be asked.
- ✓ You can have a flipchart prepared entitled parking lot: this is useful in case some questions come up, which cannot be answered in the moment, but which are relevant to discuss in a further module.

DEALING WITH SENSITIVE TOPICS/DIFFICULT CONVERSATIONS:

Trans identities and bodies as well as sex work are topics which touch some of the most strongly held beliefs and ideas. Culturally, both, trans and sex work are phenomena which are stigmatized, pathologized, and eroticized. Thus, working on these topics goes along with feelings of disgust, shame, excitement and strong moral judgements. As facilitator, one might experience hostility and resistance and encounter questions that are sometimes hard to handle.

In order to support participants to explore their feelings and share experiences and thoughts openly, it is important to create a safe, non-threatening space. It is your responsibility as facilitator to ensure that nobody disrespects another participant or uses transphobic language or behaviour.

“Keep in mind that you cannot force the audience to understand or be compassionate; what you can do is give them the opportunity to learn and broaden their horizons. It is up to them to put what you have offered them into practice. All you can do is to do your best and present useful, correct information to them.” (NCTE 2009, p. 3)

Here are some tips and advices, which might help to deal with them:

- Reflect and be transparent about your role in the group and your approach to this role: Are you willing to train the training from the perspective of a “neutral” facilitator? Or are you rather invested? Being openly invested allows you to bring in your experiences and opinions. At the same time, participants might find you too invested and won’t challenge the trainings structure because they don’t agree with your point of view. Be clear to yourself which role fits for you best.
- Take responsibility for yourself, your position and your feelings.
 - If you feel hurt or personally attacked by a question, consider to let the group know it.
 - If you feel hurt, it’s always legitimate to pause the workshop for some time or decide to end to workshop immediately if it feels necessary to you.
 - Though giving workshops and engaging in discussions is work and can feel very challenging and uncomfortable, it is equally important that you keep a respectful and caring attitude towards yourself and your feelings. If the workshop feels like a violent environment towards you, it is likely that other people also get hurt during the workshop.
- If a participant asks a challenging question, consider the position of this person: What is their position in society? What is their position in the group? Are they dominant and try to challenge

your position as facilitator or use it to dominate the discourse? Or have they been silent so far and now try to enter the conversation from a marginalized perspective?

- Don't forcefully silence the questioners. Rather, allow them to express themselves so you can work with their opinions, attitudes and feelings.
- If a question is violent towards you or another trainer or participant, let the questioner know that the question can be perceived violent/is violent. If the person who was hurt likes to speak up about why they were hurt, give them space. But beware: Never ask participants to talk about why a particular question hurt them. Additionally, never use a participant in the training as illustration for who was hurt by the question.
- Don't feel obligated to answer personal questions. It's okay not to answer them, to talk about somebody else, about a imagined person.
 - In case somebody asks you a question about your genitals or your surgical status, it can be better to ask discreetly and non-specifically. It's totally valid to not answer any questions related to your genitals or your surgical status.
 - Often, it is helpful to say that every individual trans person chooses and undergoes very different medical and surgical processes and that there are multiple ways in which people transition.
 - Discussing one's genitals with an audience might lead the listeners to perceive you in a sexualized way. This might undermine your role as trainer.
- Always remember: it's up to you what kind of questions you want to answer in what way. Any border you set is totally legitimate. The specific curiosity directed at trans people's bodies and sexual life is itself an expression of a violent cis centered understanding of sex/gender.
- Don't be afraid to say you don't know. You can refer the answer to the group or promise to look up the answer and reply later.
- In case of pathologizing, moralistic, right wing or religious discussions about sex work or trans people:
 - Make explicit that your approach understands sex work as a legitimate profession and means of income.
 - Make clear that your approach doesn't pathologize trans identities and bodies and understands trans people as people as you and me.

- Say that the goal of the training is to better the conditions for TSW. If you wish, add that numerous medical authorities such as the WHO don't pathologize trans anymore and support a decriminalization of sex work.
 - If only a few participants or only one participant raises religious or moralistic standpoints, you can also direct the discussion away from these standpoints by suggesting that there is not enough time for these discussions at the workshop. If you feel comfortable, you can offer that you talk about these standpoints after the workshop.
 - Make clear that you don't accept racist or sexist ideologies.
- If a participant comes up with inhumane positions (e.g. racism, sexism, transphobia) make clear that you don't accept these positions. If a person repeatedly voices inhumane positions and demands a lot of time in the workshop, it is valid to ask the person to leave the workshop by suggesting that you see no common ground for a further discussion.

TRAINING AGENDA

Module	CONTENT	MATERIALS	TIME
<u>OPENING</u>	<ul style="list-style-type: none"> • Presentation and training overview 	<ul style="list-style-type: none"> ✓ PPP slides ✓ Flipchart ✓ Pre-course questionnaire 	30 min
<u>Module 1: Key concepts and basic sensitization</u>	<ul style="list-style-type: none"> • Definitions of key concepts • Awareness raising/ Misconceptions/ Prejudices 	<ul style="list-style-type: none"> ✓ PPP slides ✓ Flipchart ✓ Video 	1 hour
<u>Module 2: Trans Sex Workers – Discrimination, Rights and Needs</u>	<ul style="list-style-type: none"> • Transphobia and Discrimination against TSW • Needs of Trans Sex Workers 	<ul style="list-style-type: none"> ✓ PPP slides ✓ Flipchart 	1 hour
<u>Module 3: Reducing Barriers – Inclusive and non-judgemental environment</u>	<ul style="list-style-type: none"> • Inclusive communication • Towards a more trans-sensitive environment 	<ul style="list-style-type: none"> ✓ PPP slides ✓ Flipchart 	1 hour
<u>Closing</u>	<ul style="list-style-type: none"> • Conclude the course; • Address outstanding questions and issues; • Highlight key learnings; • Evaluate the course 	<ul style="list-style-type: none"> ✓ PPP slides ✓ Evaluations ✓ Questionnaire 	30 min

OPENING – OVERVIEW:

Duration: 30 min

Resources: Power Point Presentation, laptop, projector, questionnaire, flipchart

Description:

The opening of the training intends to introduce participants to one-another and to foster a positive atmosphere within the group. It starts with an introduction of the trainers and the participants, followed by an explanation of the project and the training program. It is important that participants understand the general objectives of the training course and why and how it has been developed. Participants will be provided with an outline of the planned training sessions in terms of structure and content. This should give participants the opportunity to mention specific points they want to focus on during the subsequent modules.

Aims:

- To welcome participants and introduce to one-another
- To introduce the TransR project and the training course

Content of the opening session:

1. Welcome / Introduction:

- Welcoming and introduction
- Ice-Breaker Activity
- Pre-course assessment
- Expectations about the training
- Ground Rules

2. Project overview:

- Project overview: background and main objectives
- Training overview: contents and aims

MODULE 1 – OVERVIEW:

Duration: 1 hour

Resources: Power Point Presentation, laptop, projector, flipchart

Description:

This module should introduce into the topic and serve as a foundation for the next modules. It starts with an exchange round of knowledge, experiences and attitudes towards transgender people. It can be expected that participants will have varying levels of knowledge, attitudes, skills and experiences in the field of trans-topics/sex work. Therefore, the first module aims to ensure that everyone is at the same level of understanding. The module will explain the different dimensions and meanings related to sexual orientation, gender identity and sex characteristics and present an overview of the main terms and concepts.

Aims:

- To assess experiences, knowledge of, and attitudes toward transgender people
- To present core terms and concepts related to gender identity and trans topics

Content of Module 1:

1. Definitions of key concepts:

- What do we know about transgender people?
- Presentation of terms and concepts (PPP slides)

2. Awareness raising / Misconceptions / Prejudices

- Video TransR
- Exercise: “True or False” on trans related (prejudiced) statements

MODULE 2 – OVERVIEW:

Duration: 1 hour

Resources: Power Point Presentation, Laptop, projector, flipchart

Description:

This module should give a deeper insight into discrimination and transphobia experienced by trans sex workers. Participants might not have a big level of knowledge on the impact of existing prejudices and misconceptions and the consequences on lives, health and well-being of trans people and trans sex workers in particular. In addition, the module will focus on the rights trans sex workers have, to challenge and react on discrimination and violence, providing participants with basic information through practical examples. To address the needs of trans sex workers should help participants understand and identify ways of responding to these needs in the different contexts and environments.

Aims:

- To deepen the understanding of the negative impact of transphobia and discrimination
- To provide tools for the trainees to identify needs of trans sex workers and how existing barriers can hinder trans sex workers from acquiring their needs
- To start exploring ways of reducing barriers and providing more access to rights and protection in specific contexts

Content of Module 2:

1. Transphobia and Discrimination against TSW
 - Naming discrimination and transphobia against TSW in different contexts
 - Understanding stigma through case studies

2. Needs of Trans Sex Workers

- Power Point Presentation “Identifying needs of trans sex workers” (see separate PPP)
- Personal stories

MODULE 3 – OVERVIEW:

Duration: 1 hour

Resources: Power Point Presentation, laptop, projector, flipchart

Description:

Building on the knowledge and skills learned in the first two modules, this module focuses on the practical implementation in the different professional surroundings. With the intention to reduce existing barriers, the module should create greater awareness about personal and professional behaviors and their consequences on trans sex workers. Participants will work together trying to create a more comprehensive and accessible environment.

Aims:

- To raise awareness on the importance of inclusive and non-judgemental communication with trans sex workers.
- To improve knowledge of how to create a more trans-sensitive environment

Content of Module 3:

1. Inclusive communication

- Correct use of terminology
- Planning a stigma-free (professional) environment

2. Towards a more trans-sensitive environment

CLOSING – OVERVIEW:

Duration: 30 min

Resources: Power Point Presentation, questionnaire, evaluation form

Description:

This closing module will round up the training and provide an overview over the learned topics and skills. It gives the possibility to repeat addressed key topics and clear up outstanding questions. Together with the facilitators, the participants will conclude the training and brainstorm about possible follow-ups and next steps. An evaluation of the whole training opens the opportunity to give feedback and mention positive as well as negative aspects.

Aims:

- To respond to emerging questions and issues
- To summarize and highlight key topics
- To conclude and evaluate the training

Content of Closing:

1. Wrap-Up
Address outstanding questions and issues
2. Highlight key learnings
Remember key points
3. Closing
Evaluate the course
Distribute materials

OPENING

1. Welcome and Introduction

Welcome participants and open the training.

2. Activity: Ice-Breaker¹ (10 minutes)

Purpose: This activity will raise the awareness about the importance of pronouns and about not making assumptions on the gender identity of people.

Process: Start by introducing yourself in the following way:

- ✕ your name
- ✕ the name you prefer to be called
- ✕ the pronoun you prefer to describe yourself
- ✕ your professional background
- ✕ something they might not know by looking at you
- ✕ two things you expect from the training

Ask the co-facilitator(s) to follow by using the same way of presenting themselves.

Get the participants to introduce themselves in the same way.

The co-facilitator can write down the expectations mentioned on a flipchart page entitled **expectations**. This can be used throughout the training. When describing the training content you can refer to the expectations by clarifying what this training can meet and cannot meet. Apart, whenever a topic is being addressed you can check it on the flipchart and mark it with a sign.

At the end of the training you can monitor which points are missing and refer to possible next steps in this regard.

¹ This activity is an adaption from ANOVA Health Institute 2017 and Health4LBGTI 2017

3. Pre-Course assessment

Please hand out the pre-course assessment to the participants and ask them to fill out the questionnaire (Appendix A).

4. Ground Rules (10min)

You can mention the importance of agreeing on some ground rules. You can explain that during the training different and contrasting viewpoints can emerge and that this can lead to difficult situations.

You can write down some points on a flipchart named **Ground Rules**. While writing them down, you can explain the meaning of each rule and ask the agreement from the group to follow up the rules. This will help you in case a difficult situation comes and you need to refer back to the established rules. You can also ask participants to suggest other rules to include in the list.

These can be some possible ground rules:

- ✓ Confidentiality/safe space: It should be assured that no personal data or participants' inputs will be reported outside of the training course. This should provide a safe space and encourage participants to speak freely.
- ✓ Mutual respect of participants' contributions and potential disagreement: It is important to make clear that all different opinions should be respected and accepted. Even if participants don't agree with the contribution of others, there should be a non-judgmental climate as all different viewpoints can enrich the discussion.
- ✓ Participation: The facilitators will encourage the active participation of all attendees throughout the training course. However, there is no obligation to contribute. If somebody does not feel comfortable, they should not be pressured to speak out.
- ✓ Injuries: it might be possible, that injuries occur. It is important to mention, that injuries can happen. Encourage the participants to voice when they feel hurt.
- ✓ Responsibility: each person can or should take the responsibility for their own actions/contributions and the feelings these actions/contributions cause. Apart, it is also important to mention that each participant has the responsibility to say openly when something is not fine or they do not feel comfortable.

5. Project overview (5min)

Present the project overview using the provided PPP slides.

6. Training overview (5min)

Present the training overview using the provided PPP slides. Additionally, you can also print out the training overview and provide it to participants as a handout.

MODULE 1

1. Activity: What do we know about trans sex workers? (20min)²

Purpose: This activity aims to enter into the topic by asking participants about their views, experiences and thoughts around trans issues. In this way, the existing level of knowledge can be assessed, questions can be asked and myths or misconceptions can be expressed.

Process: Explain the activity. Read the following questions (or some different questions, if they fit better to your context) in order to facilitate the discussion: “Did you already have contact with trans sex workers in your professional environment? If yes: what do you know about the lives and needs of trans sex workers? If no: do you have any idea or did you hear about any myths regarding trans sex workers?”

Give several cards and a marker to each participant. Ask them to just write down one point per card. After five minutes start collecting the cards or ask a participant who already finished to help you clustering the cards. Read the cards and encourage participants to explain their points more in depth.

If possible, you can leave the cards on the wall throughout the training in order to refer to them as topics being covered.

NOTE: If there are enough participants, it is recommended to work in pairs. Each participant may have a different level of knowledge and some might not have had any contact in their professional environment with trans sex workers so far. Therefore, the exchange in pairs is important.

2. Terms and concepts (20min)

Present the terms and concepts using the provided PPP slides.

² This activity is an adaptation from Health Policy Project 2015

Remember, that this section is of fundamental importance as it provides participants with the basic knowledge on terms and concepts related to trans issues. Therefore, you should leave space and possibility for questions or comments. If helpful, you can also hand out a sheet with a glossary of the terms described.

3. Activity: Quiz “True” or “False” on trans related (prejudiced) statements (10min)

Purpose: to assess the degree of understanding about the previous presentation and to start deepening their understanding on the terms and concepts about trans related issues. In particular, the activity should clarify existing misconceptions about trans sex workers and practice the knowledge on terminology and concepts.

Process: Take a flipchart, which you previously prepared with the written statements. Go through the quiz and ask participants to reply with “true” or “false”. Don’t start a discussion around the topics, just ask participants to answer rapidly in order to recapture and repeat the basic concepts.

“Transgender identity is a mental illness.”

Answer: No. “Transgender identity is not a mental illness that can be cured with treatment. Rather, transgender people experience a persistent and authentic difference between assigned sex and understanding of their own gender. For some people, this leads to emotional distress. This pain often can be relieved by freely expressing our genders; wearing clothing we are comfortable in, and, for some, making a physical transition from one gender to another.” (NCTE 2009, p.20)

“Every trans person sooner or later starts a medical transition to another gender.”

Answer: No. “Some people feel that their lives would not be improved by transitioning and so decide not to. Others are unwilling to risk losing their family, job or other things that are also very important to them that would be threatened by a decision to transition. (...) because insurance rarely covers these treatments and so many transgender people do not have insurance or even jobs, many people are simply unable to afford the medical treatment that they need and desire”. (NCTE 2009, p. 23)

“The biological sex of a person cannot be clearly defined as male or female.”

Answer: Yes. There are multiple reasons why a person's sex can't be clearly defined according to standard understandings of what counts as male or female. About 1,7 percent of all people have an intersex condition (Fausto-Sterling, 2000). When diagnosed intersex after birth, an infant often has undergo violent, nonconsensual gender mutilation. Most intersex people are exposed to "therapy" as well as lifelong hormone treatment from their early childhood on. Many intersex persons don't know of their intersex condition for their lifetime. As many intersex organizations point out, it is not the intersex person's body which is the cause of suffering, but a culture of pathologization and denial as well as medical treatments which are hazardous to the person's health.

"Trans people are nothing new in our (post-modern western) society."

Answer: No. There are numerous accounts of people with non-male and non-female genders throughout all epochs and cultures. In western European history, the French spy Chevalier D'Èon (1728-1810) and the colonialist Catalina de Erauso (1592-1650) are prominent figures. Many indigenous American cultures know two-spirits as a third gender. On the Indian peninsula, hijras form a category of people with a third gender. From a global and historical perspective, the binary understanding of gender is a specific European idea developed and enforced with the development of the European modernity. The specific category of transgender denoting people who do not identify with this particular 20th and 21st century Western binary gender order developed with the development of particular gender order. Thus, while in some way it is true that transgender people are a specific modern Western phenomenon, there have always been people who didn't fit into time and space specific gender regimes or who were understood as some third sex (Halberstam, 2018)

"The gender expression of a person always corresponds to their gender identity".

Answer: No. There is no necessary link between gender expression of gender identity. Many people express their gender in ways which do not correspond to dominant cultural scripts. Many people who do not identify with their ascribed gender decide to dress according to their ascribed gender to avoid discrimination and violence because of transphobia.

"Every trans women works or has worked in the sex industry".

Answer: No. Though many trans women, especially migrant trans women or trans women of color work as sex workers, it can not be generalized. "The large representation of trans people in sex work around the world is undeniably a result of widespread structural, institutional, and interpersonal

violence experienced by trans people from their early lives with regards to receiving support from their families and their immediate environments and accessing education and alternative employment”.
(TGEU 2017, p. 7)

NOTE: These are just some examples for possible statements. You can adapt them, include others or change some statements. You can also include statements that fit more to your local reality.

4. VIDEO TransR (5min)

Present the video created in the frame of the TransR project. Shortly explain the development and the purpose of the video.

The video should give a first insight in the reality of trans sex workers and provide a link to the next module of the training.

MODULE 2

1. Transphobia and stigma against trans sex workers (5min)

Present the definitions of stigma, discrimination and transphobia using the provided PPP (slides from 1 to 5). Explain the intersection of transphobia/xenophobia and whorephobia in the special case of trans sex workers.

2. Activity: Naming discrimination and transphobia against trans sex workers in different contexts³ (30min)

Purpose: The aim of this activity is to share ideas and experiences of stigma and discrimination against trans sex workers and build a common understanding of the effects on trans sex workers. Depending on the target group of the trainings – either health professionals, media representatives, law enforcement agents, service providers or LGBTI and other human rights associations – you can present different contexts, where discrimination and transphobia happens.

Process: Give the participants a flipchart with the specific context written on top (e.g.: health facility, media, service provider, LGBTIQ*/human rights associations, law enforcement). Then provide an example of possible discrimination faced by trans sex workers in this context.

Possible examples could be: calling by the wrong pronoun, disrespecting and not treating fairly, delaying or refusing services, breaking confidentiality, etc.

You can start by writing this example down in the flipchart. Then ask the participants to continue discussing forms of stigma and transphobia that trans sex workers might experience. Give ten minutes to discuss and write points on the flipchart. Ask the group to present and explain the written points.

After this first part of the activity, divide the group in two separate groups. Give each group some cards with different colors and give them ten minutes to proceed with the next step of the activity. Ask them

³ This activity is an adaptation from Health Policy Project 2015

to go through the different collected examples of stigma/transphobia and think about causes and effects in these cases. One group should discuss different causes of discrimination in their specific contexts. The other group should talk about the effects of stigma.

Let the group report back and summarize the mentioned points.

To close the activity, you could additionally add some other statements and mention important aspects, which have not been addressed so far.

NOTE: Important things that should be addressed:

- Trans sex workers experience stigma and discrimination in different contexts and places (you can also give examples of other settings).
- The impact of stigma lasts long time and can be triggered in situations we feel rejected or mistreated.
- Trans Sex Workers face discrimination at systemic, interpersonal and institutional level.

3. Activity: Understanding the rights and needs of trans sex workers through personal stories (20min)

Purpose: This activity aims at identifying the rights and needs of trans sex workers through their own voices.

Process: Present a sample of statements and personal stories from trans sex workers written on a handout. These personal stories are taken from trans sex workers in the frame of the TransR-projects needs assessment. Please read the stories, select the one that is most fitting to your professional environment and think of the following questions:

Which rights have been neglected to the person telling the story?

What would you do as a professional in this situation? What would you suggest the trans sex worker to do?

What changes do you think are needed to prevent this situation from happening again?

Note: Personal experiences can differ a lot depending on the legal and social context in the respective country, the migration regime, the sex work scene, etc. Therefore, it might be useful to select personal stories, which are representing the local specificities and realities.

Tell the participants to answer the questions using the think-pair-share methodology. This encourages participants to first think individually about the presented case and allows them to exchange and share the ideas to their partners. Like this, the participation and engagement of all participants is maximized. Give out some cards to the participants. First, tell them to think about the answers alone for five minutes. After five minutes tell them to get together with their neighbor and exchange their thoughts for another five minutes. In a next step, pairs of two can get together in a group of four participants and continue exchanging or discussing for another five minutes. If the group is not big enough, you can ask the pairs to report back their thoughts. Write important points on a flipchart and add strategies or aspects, which have not been mentioned.

MODULE 3

1. Activity: Correct use of terminology⁴ (10min)

Purpose: This activity aims at deepening the awareness of using the correct terminology.

Process: Present a prepared flipchart with the following question: “Is it important for your everyday professional activities (e.g.: health entity, police department, press, outreach work, etc.) to understand and use the correct terminology regarding trans sex workers? Please justify your answer.”

Ask participants to write down one or two short points on a post-it. After five minutes collect the post-its and stick them to the flipchart by reading out each one.

2. Towards a more inclusive and stigma-free practice (15min)

Present the strategies and ways of reducing barriers and building a more inclusive professional environment by using the prepared PPP.

Use the different slices with the fact sheets depending on the group of professionals. There are five fact sheets for each group of professionals. Go through the do’s and don’ts and highlight some important aspects.

After the presentation, hand out the fact sheets for further reading and studying.

3. Activity: Creating an inclusive practice (20min)

Purpose: This activity aims to discuss aspects of the professional services and to identify if they are very inclusive “green”, not very inclusive “yellow”, not inclusive “red”. By explicitly mentioning existing barriers and non-inclusive practices, ways to reduce these barriers will be exchanged and suggested.

⁴ This activity is an adaptation of HEATH4LGBTI 2017

Process: Tell participants to reflect on their own professional environment and to determine aspects that hinder trans sex workers from accessing these services. Ask them to identify aspects which are inclusive and aspects which are not and assign their answers to a specific column. Use a premade flipchart split into three columns and marked by the three different colors. Go together through the non-inclusive list and try to find improvement strategies together. If no suggestions emerge, you can give practical examples to stimulate the discussion.

CLOSING

1. Activity: Wrap-Up (10min)

Purpose: To reflect and share ideas and thoughts about the learned content of the training.

Process: Ask participants two questions: “Think of something that you have learned. Think of something that you would put in place after the training.”

Get participants to share the questions with their neighbors. You can also ask them to share in the big group, if this seems convenient.

Note: If the participants do not come up with own thoughts, you can support or add the following aspects of which actions could be done after the training:

- ✖ Sharing knowledge about the learned topics with colleagues.
- ✖ Raise awareness about the existing barriers and in the different settings/in the professional environment.
- ✖ Review your own professional settings to ensure that they are inclusive.
- ✖ Plan further training for other staff members.
- ✖ Think of possible further cooperation with attendees of the trainings (e.g. create a network for referral, exchange contact details and keep exchanging information, build a directory for trans sex worker-friendly services, etc.).

2. Key points: (10min)

Present the key points using the prepared PPP slides. Summarize key learnings and highlight important aspects to keep in mind after leaving the training course. You can mention that in the fact sheets for each professional group, some key points are included.

In case, you created a flipchart referring to the expectations of the participants of the training, you can now come back to it and monitor which points have been missing. If there were key expectations missing or not being fulfilled, you can give some ideas on possible steps in this regard.

3. Closing circle (10min)

Purpose: To give participants the possibility to provide feedback on the training.

Process: One facilitator can begin the circle by stating, that each the group has come a long way since the beginning of the training and that you have learned a lot together. The other facilitator can continue giving a feedback on the participation of the group in the activities, the behavior regarding other attendees/the trainers, etc.

Then ask the other participants to continue. Not necessarily, each person needs to say something, but invite the attendees who want to say something to the group to do so

Note: If you feel it more convenient, you can also ask one person from the group to make a closing statement. In addition, you as facilitators can give your feedback at the end of the circle.

After finalizing the circle, hand out the evaluation questionnaires and ask the participants to evaluate the course in a written form.

APPENDIX A

HANDOUTS and MATERIALS

Pre-course assessment

Form to be filled out by participants **before** the beginning of the trainings

1. Gender: _____
2. Age: |__|_| Years
3. Qualifications:
 - a. 12^o grade |__|
 - b. Graduation/masters |__|
 - c. PhD |__|
 - d. Other |__| which: _____
4. Training area/professional background:

5. Professional activity area:
 - a. Decision-making |____|
 - b. Healthcare intervention |____|
 - c. Youth intervention |____|
 - d. Social intervention |____|
 - e. Police forces |____|
 - f. Research |____|

- g. Media ☐
- h. LGBTI association ☐
- i. Other: ☐ Which one _____
6. Position on the organization:
- a. Senior Technician ☐
- b. Director ☐
- c. Consultant ☐
- d. Other. Which one _____
7. Do you have experience working with TSW?
- a. Yes ☐
- b. No ☐
8. If yes, years of experience _____ |__|__| years
9. How did you got to know about the trainings?
- a. Through the TransR partner ☐
- b. Through a partner association of the organization responsible for the trainings
☐
- c. Facebook ☐
- d. Through TSW we work with ☐

- e. Social Communication |____|
- f. Other. Please specify? _____

10. What motivated you to participate in the trainings / What the main reason(s) to participate in the trainings? (You can mark more than one option)

- a. Acquire some knowledge about the reality of trans sex workers (TSW) |____|
- b. Deep my knowledge about the reality of trans sex workers (TSW) |____|
- c. Acquire more skills to deal with TSW issues |____|
- d. Improve the skills of my organization to work with TSW |____|
- e. Know other organizations that work in the support of TSW |____|
- f. Know other professionals who work with TSW |____|
- g. Share work experience |____|
- h. Other. Please specify _____

11. On a scale of 1 to 5, with 1 being 'bad' and 5 being 'excellent', how would you rate the following aspects:

	1 Poor	2 Fair	3 Average	4 Good	5 Excellent	NS/ NR
My knowledge about transgender issues						
My knowledge about sex work issues						
My knowledge about trans sex work						
My knowledge about human rights						
My knowledge about human rights for trans sex workers						

My abilities to make an intervention with TSW						
My organization ability to deal with trans sex workers issues						

Thank you for your collaboration!



Form to be filled by the trainings' participants **after** the training

We would like you to evaluate this session.

1. In a scale from 1 to 5, in which 1 means “poor” and 5 means “excellent”, please evaluate the following criteria:

	1	2	3	4	5
a. Duration of the training					
b. Facilities in which the training was provided					
c. Clarity of the content					
d. Quality of the presentation and training facilitation					
e. Relevance of information					
f. Usefulness of information transmitted for your profession					
g. Quality of materials					
h. General evaluation of the training					

We would like you to answer some questions about the contributions of the training for your professional activity

2. In a scale from 1 to 5, in which 1 means “strongly disagree” to 5 “strongly agree”, please tell us your opinion:

	1	2	3	4	5
a. I am more aware of the issues related to the situation of trans sex workers (TSW)					
b. I am more aware of the discriminations TSW face in their everyday lives					
c. I increased my knowledge about the situation of TSW					
d. I increased my professional skills to deal with issues related to TSW					
e. I am more able to train my organization in the issues related to services offered to TSW					
f. I would recommend this training to other professionals					

3. Which are the main resistance/barriers you can identify to apply the knowledge you acquired in this session?

4. Do you have any questions or comments you want to address to the trainers?

Thank you for your collaboration!

ANNEX 2: RECAP CHECKLIST FOR TRAINERS⁵

Before the training

- ☐ **Study** the full training package and other materials (listed in the introduction, and at the beginning of each module);
- ☐ **Divide roles** with the co-trainer;
- ☐ **Recruit participants** and familiarise yourself with the different professional profiles of the participants;
- ☐ **Select a venue** for the training course;
- ☐ **Adapt the training materials** to the local context and in accordance with the professional profile of the participants (where applicable);
- ☐ **Translate the training materials** (where applicable);
- ☐ **Prepare and print** all the supporting materials that you will need during the training course, including:
 - ☐ evaluation questionnaires;
 - ☐ training agenda;
 - ☐ worksheet and materials for the activities;
 - ☐ confidentiality form and other ethical forms if required;
 - ☐ any other documents requested by your Institution (e.g. certificates of attendance);

During the training

- ☐ Before starting the training course, distribute and collect the **pre-training questionnaire**;
- ☐ **Encourage active participation** of participants, their contribution to the discussion and facilitate group discussions, while keeping in mind participants' expectations and profile;
- ☐ **Provide clear instructions** on how to conduct the activities and on the time allocated for each activity;
- ☐ **Keep track of time** and adjust the time according to the amount of time that you feel is appropriate for the discussion and conclusion of the slides or for the activity;
- ☐ **Ensure respect of the ground rules** and refer to the guidelines on dealing with trans-phobic behaviour if necessary;
- ☐ **Collect and store safely all forms**, including the confidentiality forms, evaluation questionnaires and consent forms (or other forms when due);
- ☐ After the training course, distribute and collect the **post-training questionnaire**.

⁵ Adaptation of the checklist from Health4LGBTI 2017

After the training

- ☐ **Evaluate the training** with the co-trainer (checklist evaluation for trainers);
- ☐ **Debrief** with the co-trainer and the external observer (when applicable);
- ☐ **Distribute & collect the follow-up questionnaire** to participants 2 months after the training course (when applicable).

ANNEX 4: HANDOUT GLOSSARY

- **Cisgender:** A term used by some to describe people who are not transgender. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-." A more widely understood way to describe people who are not transgender is simply to say *non-transgender people* (GLAAD 2016).
- **Discrimination:** unequal or unfair treatment, which can be based on a range of grounds, such as age, ethnic background, disability, sexual orientation and/or gender identity. It can be divided into four different types of discrimination: direct discrimination, indirect discrimination, multiple discrimination, experienced discrimination (ILGA Europe Website, 2015)
- **Gender Expression:** "is the external manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behaviour, voice or body characteristics. Society identifies these cues as masculine or feminine, although what is considered masculine and feminine changes over time and varies by culture." (GLAAD Media Reference Guide, cit in TGEU-Transgender Europe website). People's gender expression may or may not match their gender identity/identities, or the gender they were assigned at birth (ILGA Europe Website, 2015).
- **Gender Reassignment Surgery (GRS):** Medical term for what trans people often call gender-confirmation surgery: surgery to bring the primary and secondary sex characteristics of a trans person's body into alignment with his or her internal self-perception (ILGA Europe Website, 2015). It is only one small part of transition. Avoid the phrase "sex change operation." Do not refer to someone as being "pre-op" or "post-op." Not all transgender people choose to, or can afford to, undergo medical surgeries. (GLAAD, 2016, p.11)
- **Gender Identity:** "Refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. Some people's gender identity falls outside the gender binary, and related norms (ILGA Europe Website, 2015).

- **Gender dysphoria** - “Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify. According to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM), the term - which replaces Gender Identity Disorder - "is intended to better characterize the experiences of affected children, adolescents, and adults."” ([Human rights campaign website](#)). The term is under revision due to alterations proposed in the ICD-11 and is a consensus inside transgender community that gender dysphoria is not a mandatory condition of transgender people and cannot be assumed as a general diagnostic for trans individuals.
- **Gender Variant:** can refer to someone whose gender identity differs from normative gender identity and the gender roles/norms assigned at birth (ILGA Europe Website, 2015).
- **Harm Reduction:** Policies and programs that help manage the potential health risks of actions such as self-medicating with off-prescription hormones. A core principle of harm reduction is helping individuals take whatever steps they can to protect their health, rather than rejecting, criminalizing, or punishing their behavior. (Open Society Foundation: Transforming Health: International Rights-Based Advocacy for Trans Health)
- **Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946). To be in good health also includes being free from stress, having access to housing and respectful social services, and to work under proper conditions with legal frameworks protecting you.
- **Hormone Replacement Therapy (HRT) or Hormones:** The use of hormones to alter secondary sex characteristics. Some trans people take hormones to align their bodies with their gender identities. Other trans people do not take hormones for many different reasons (see definition of Transition). (GLAAD, 2016)
- **Intersex:** a term that relates to a range of physical traits or variations that lie between stereotypical ideals of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male; or a combination of female and male; or neither female nor male. Many forms of intersex exist; it is a spectrum or umbrella term, rather than a single category (ILGA Europe Website, 2015).

- **Legal gender recognition:** A process whereby a trans person's preferred gender is recognised in law, or the achievement of the process (ILGA Europe Website, 2015).
- **LGBTI:** Acronym for lesbian, gay, bisexual, transgender, and Intersexual. There are some regional variations of the term stressing some identities instead of others (like suppressing the I and adding the Q, of Queer or A, of asexual) or adding some characters to stress the acronym is open to different sexual orientations and gender identities, like adding the character + in the end of the acronym. The term "gay community" should be avoided, as it does not accurately reflect the diversity of the community. Rather, using the acronym is preferred (GLAAD, 2016).
- **Non-binary and/or genderqueer:** Terms used by some people who experience their gender identity and/or gender expression as falling outside the categories of man and woman. They may define their gender as falling somewhere in between man and woman, or they may define it as wholly different from these terms. The term is not a synonym for transgender or transsexual and should only be used if someone self-identifies as non-binary and/or genderqueer (GLAAD, 2016).
- **Pronouns:** Those who change their gender expression from man to woman or vice versa, will change their pronouns from 'he' to 'she', 'him' to 'her, and vice versa. But non-binary people usually choose more neutral pronouns such as: they, zie, fey.; non-gender people may use the pronoun 'per'. Titles Mx or Pr may be preferred to Mr, Mrs, Miss or Ms. Using the name that a person was given at birth, after they have transitioned is unacceptable, and may be referred to as '**dead-naming**'. (GIRES 2018)
- **Sex:** "refers to biologically determined differences that are used to label individuals as males or females. The bases for this classification are reproductive organs and functions." (UNAIDS, 2015, p. 41)
- **Sex work:** refers to commercial sexual services, performances or products given in exchange for material compensation, including prostitution, pornography, striptease and erotic phone calls (Weitzer 2000 cit in Oliveira, 2018, p.12). "Sex work varies between and within countries and communities. Sex work may vary in the degree to which it is more or less "formal" or organized, and in the degree to which it is distinct from other social and sexual relationships and types of sexual-economic exchange" (UNAIDS, 2012).

- **Stigma:** Stigma is a process, which starts by looking for differences in others. Stigma is a set of labels which can have a profound impact on the lives of the people to whom they are applied (Hallgrimsdottir et al., 2008 cit in Lazarus, et al., 2012). These labels that link the people who are stigmatized with undesirable traits that can lead them to experience loss of status and discrimination (Link and Phelan, 2001 cit in Lazarus et al., 2012). Stigma is also a form of fear of anything different, of rejection of anything people do not like or cannot understand, that is not comfortable for them.
- **Trans:** “Transgender or Trans is an umbrella term which includes those people who have a gender identity which is different to the gender assigned at birth, and those people who wish to portray their gender identity in a different way to the gender assigned at birth. Transgender includes those people who feel they have to, or prefer to, or choose to, whether by language, clothing, accessories, cosmetics or body modification, present themselves differently to the expectations of the gender role assigned to them at birth. This includes, among many others, transsexual and transgender people, transvestites, cross dressers, no gender, multigender, genderqueer people, intersex, gender liminal, third sex and gender variant people who relate to or identify as any of the above. n.b: do not use transgendered, and always use the descriptive terms preferred by the individual. Trans identity is not dependent upon medical procedures.” (Transrespect versus Transphobia Worldwide research project, cit in TGEU-Transgender Europe website).
- **Transition** “includes some or all of the following personal, medical, and legal steps: telling one’s family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one’s name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person” (GLAAD Media Reference Guide, cit in TGEU-Transgender Europe website).
- **Transphobia:** “Is a matrix of cultural and personal beliefs, opinions, attitudes and aggressive behaviours based on prejudice, disgust, fear and/or hatred directed against individuals or groups who do not conform to, or who transgress societal gender expectations and norms. Transphobia particularly affects individuals whose lived gender identity or gender expression differs from the gender role assigned to them at birth, and it manifests itself in various ways (e.g., as direct physical violence, transphobic speech and insulting, discriminatory media

coverage, and social exclusion). Transphobia also includes institutionalized forms of discrimination such as criminalization, pathologization, or stigmatization of non-conforming gender identities and gender expressions.” (Transrespect versus Transphobia Worldwide research project, cit in TGEU-Transgender Europe website.)

- **Transition:** “includes some or all of the following personal, medical, and legal steps: telling one’s family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one’s name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person” (GLAAD Media Reference Guide, cit in TGEU-Transgender Europe website).
- **Transsexual:** An older term that originated in the medical and psychological communities. Still preferred by some people who have permanently changed - or seek to change - their bodies through medical interventions, including but not limited to hormones and/or surgeries. Unlike transgender, transsexual is not an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender. It is best to ask which term a person prefers. If preferred, use as an adjective: transsexual woman or transsexual man. (GLAAD, 2016, p.10)

ANNEX 5: LEGAL SITUATION ON INTERNATIONAL AND EU-LEVEL

Universal Declaration of Human Rights: two articles (article 1^o and article 2^o)

“Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.”

In the past decades, some important steps and significant gains have been made to guarantee the access to justice and rights for trans people. Nevertheless, trans people still are not fully protected by anti-discrimination policies and legal measures all around the world. Gender Identity has been increasingly included, but Gender Expression as grounds of discrimination is still lacking in most legislations.

Several international recommendations should protect trans people from discrimination:

- **Human Rights Council of United Nations:** first resolution in 2011 (A/HRC/RES/17/19) expressing its concern regarding violations of human rights and discrimination based on sexual orientation and gender identity. Other resolutions followed in 2014 (A/HRC/RES/27/32) and 2016 (A/HRC/RES/32/2)
- **United Nations High Commissioner for Human Rights** produced a first report Nov 2011 (A/HRC/19/41): *Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity*, followed by another report in 2015
- **CEDAW:** Some thematic instruments within the UN human rights system make express reference to gender identity. This is the case of the Convention for the Elimination of all forms of Discrimination against Women (CEDAW). The CEDAW Committee has adopted two recommendations in 2010 and both affirmed, *“Discrimination of women based on sex and gender is inextricably linked with other factors that affect women, such as [...] gender identity.”*
- **Yogyakarta Principles:** 2006 (29 principles), 2016 (+10 principles) on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity: a set of internationally recognized principles intended to address violations of the rights of lesbian, gay, bisexual, trans and intersex (LGBTI) people.

The endorsement of the Yogyakarta Principles is a very visible sign of good will towards the respect of LGBTI people’s human rights. All national parliaments and governments are urged to endorse and work towards the full implementation of these principles at both the domestic and the international

levels, binding legal standards (ILGA / TGEU 2011). The Parliaments of Belgium and Netherlands already endorsed them and use them as guidance for their policy.

On European level, several EU bodies and entities included the protection of **sexual orientation/gender identity** in their resolutions and recommendations. Nevertheless, not all of them directly mention discrimination on grounds of **gender expression**.

- **Charter of Fundamental Rights of the European Union, Article 21**
“Any discrimination based on any ground such as sex, race, colour, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation shall be prohibited.”
There is no explicit prohibition of discrimination against trans people!
- **Council of Europe:** Article 14 of the Convention on Human Rights for the Protection of Human Rights and Fundamental Freedoms (ECHR) guarantees the principle of non-discrimination with regard to the set of rights that are established under the Convention. The Recommendation CM/Rec (2010) of the Committee of Ministers called on member states to establish measures to combat discrimination on grounds of sexual orientation and gender identity.
“It is of less importance which form the law takes, as long as it serves the purpose of establishing a practically accessible legal right. The ECtHR requires that the rights of trans people are upheld effectively, such that the “Convention [ECHR] is interpreted and applied in a manner which renders its rights practical and effective, not theoretical and illusory” (Toolkit LGR, TGEU, 2016)
- **The Parliamentary Assembly of the Council of Europe explicitly mentions gender identity:** resolution n° 2048 in 2015 recommends to all member-states the creation of procedures to recognize gender identity based on self-determination and the abolition of sterilization and other compulsory medical treatments, including the mental health diagnosis.
“This resolution addresses issues including access to healthcare, depathologization and anti-discrimination legislation. In relation to legal gender recognition, the Assembly calls upon Member States to develop quick, transparent and accessible procedures, based on self-determination.” (PACE 2015)
- **European Social Charter:** Article 11 guarantees the right to the highest possible standard of health and the right of access to health care. The European Social Charter is the Social Constitution of Europe – a Council of Europe treaty that guarantees fundamental social and

economic rights. The European Committee of Social Rights of the Council of Europe emphasized on the right to give free consent when accessing medical treatment.

The European Court of Human Rights: positively decided in a number of cases brought forward by trans people.

“The European Court of Human Rights has repeatedly ruled on gender-identity recognition and its conditions, strengthening the human rights of trans people, namely privacy, the right to a fair trial and the right not to be discriminated against.” (Toolkit LGR, TGEU, 2016)

The Court affirmed that equal treatment legislation in matters of employment and occupation, on equal pay and social security benefits, is applicable to trans people. In addition, the Court pronounced that equal treatment for trans people has to be applied on the basis of the acquired gender after a gender reassignment and not the sex given at birth.

All Member States of the Council of Europe have the political obligation to implement the judgments of the European Court of Human Rights into domestic legislation!

The ECJ’s decision means that all EU legislation prohibiting discrimination on the grounds of sex also protect trans people. The court did not define, however, what «gender reassignment» is. No reference was made to surgery as a necessary condition for protection under «gender reassignment». This means that there may be room to interpret the term broadly. Nevertheless, there is a lack of legal clarity if trans people who do not intend to undergo any kind of medical gender reassignment should still be covered under the ground of sex.

As protective legal measures on the EU level, four different EU guidelines have been developed to fully guarantee the equal access to rights for everybody, explicitly mentioning and protecting trans people.

- ✓ **Access to and Supply of Goods & Services** | Directive 2004/113/EC of 13 December 2004 implementing the principle of equal treatment between men and women in the access to and supply of goods and services.
→ **Up to date, only slightly more than half of [gender] equality bodies within the EU have undertaken some work to promote equality for trans people. 14 EU member states have yet to introduce such explicit protection to implement EU law properly.**

- ✓ **Employment & Social Security** | Directive 2006/54/EC of 5 July 2006 (also known as Gender Recast Directive) on the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation.
→ **27 countries protect against discrimination in employment. 10 EU member states do not protect against discrimination in employment and are thus violating EU law.**
- ✓ **Crime Victims Rights** | Directive 2012/29/EU of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, aiming to ensure that «victims of crime receive appropriate information, support and protection and are able to participate in criminal proceedings», and that they are «treated in a respectful, sensitive, tailored, professional and non-discriminatory manner, in all contacts with victim support or restorative justice services or a competent authority».
→ **Only 13 countries have explicit laws on bias-motivated crime, whereas only 5 countries have positive measures in place.**
- ✓ **Asylum** | Directive 2011/95/EU of 20. December 2011. This directive specifies, in detail, who qualifies for asylum or subsidiary protection in the EU (Arts. 2-19), as well as the rights of refugees or people with subsidiary protection status in the EU, including access to education, accommodation and healthcare (Arts. 20-35).
→ **16 countries offer international protection on grounds of gender identity. 13 out of these are EU member states. 15 member states offer no international protection for trans refugees and are thus violating EU law.**

Only 7 countries provide protection related to the gender expression of a person. This is particularly important for cross-dressers and those trans people who do not intend to undergo gender reassignment.

	Gender Reassignment	Gender Identity	Gender Expression
Goods and Services	x		
Employment and Social Security	x		
Asylum		x	
Victims Rights		x	X

- **Legal Gender Recognition:** procedures exist in 41 countries. Out of these, 34 request a mental health diagnosis, 14 countries demand sterility, and 21 request a divorce. 33 countries impose age barriers and make access harder or impossible for minors. 5 countries (namely Belgium, Denmark, Ireland, Malta, Norway) base procedures on self-determination of the person, and only one country (Malta) recognizes gender non-binary identities.
- **Mental Health Diagnosis Requirement:** 34 countries in Europe require a mental health diagnosis before adapting identity documents. Such a requirement violates the right of every person to self-determine their gender identity. A mandatory diagnosis further drives stigma, exclusion and discrimination as it relies on the false notion that being trans is a (mental) illness. States should base legal gender recognition procedures solely on the self-determination of the person.
- **Health:** 18 countries offer explicit protection against discrimination in healthcare. Malta is the only country that has depathologized trans identities while ensuring stigma-free access to trans-specific healthcare for adults and minors. Only 2 countries (Malta, United Kingdom) prohibit conversion therapy on grounds of gender identity.

ANNEX 6: LEGAL SITUATION IN THE RESPECTIVE COUNTRY

PLEASE FEEL FREE TO USE THE FOLLOWING TEMPLATE TO FILL IN THE RELEVANT INFORMATION FROM YOUR COUNTRY.

National Legislation - Access to Justice and Support

In ...

✱ **Legal Gender Recognition:**

→
→
→

✱ **Access to health service:**

→
→
→

✱ **Employment:**

→

✱ **Goods and Services:**

→

✱ **Asylum:**

→

✱ **Hate Crimes / Hate Speech:**

→

National legislation regarding sex work:

✱
✱

ANNEX 7: HANDOUT CASE STUDIES

Law enforcement

Case 1:

The police has been mocking me for years when they asked me for my documents because of my appearance and I haven't changed my name. Sometimes, at the police station, they all agree to call me the name that's in my documents, even when I say it's not the name I identify with.

Case 2:

We are the easy target for any psychopath. I have been physically attacked by kicks, with the threat of a knife, and I have been victim of mugging. I would rarely get to the point of making an official complaint because no one took my statement seriously. We are considered as people who do not exist. I started managing these situations with patience since I am aware of my own fate.

Health providers

Case 1:

I have abandoned services for “transition processes” because its protocol only helped me complete a bureaucratic process, and allow for me to legally change my name. Even though I believe that the hormone treatment is important, I don't want to be treated as a "pathologized patient"

Case 2:

Of course I had problems with transphobia. On many occasions hospital staff calls me by the name of my official documents in front of everybody. Or they ask if I have completed Sexual Reassignment Surgery, or they treat me as masculine though my appearance is feminine etc. This can only be changed by creating awareness raising campaigns about gender identity diversity for hospital staff.

FACT SHEET HEALTH PROVIDERS



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FACT SHEET HEALTH PROVIDERS

Remember that:

- "People have different gender identities and expressions. Each person should have the right to define their own identity and be treated accordingly." (TGEU, TOOLKIT)
- "The human rights situation of trans sex workers calls for urgent action" (TGEU, Sex Work Policy)
- Stigma leads to human rights violations which in turn have effects both on the whole community and on individual behaviors.
- International Organisations like the WHO, the Global Commission on HIV and the Law, Amnesty International call "..." for the decriminalization of all aspects of adult consensual sex work due to the foreseeable barriers that criminalization creates to the realization of the human rights of sex workers." (AI Policy on Sex Work 2016)
- Trafficking and exploitation are not identical to sex work. They are different phenomena and not to be confused or conflated with.
- During the 2nd World Health Assembly (WHA) in 2009, the World Health Organisation (WHO) officially stated that trans identities are formally de-psycho-pathologized in the ICD-11.
- Trans need the same kind of healthcare as everyone else. Specific expertise around transgender issues is not required to treat patients with unrelated problems.
- Specialists, such as endocrinologists, are available to deal with specific areas related to transgender care.
- Trans people often avoid routine health care because of their discomfort with medical personnel.
- Due to structural and interpersonal factors, trans female sex workers are four times more likely to be living with HIV than cis female sex workers. (UNAIDS 2014)

Fact Box:

- 88 % of murdered trans people in Europe are sex workers (TGEU 2017)
- 43% of murdered trans people in Europe are migrant sex workers (TGEU 2017)
- 33% report having at least one negative experience with doctors or medical personnel (Transgender Survey 2015)
- Within the European Union, only 2 states have introduced anti-discrimination law, which protects against discrimination on grounds of gender expression. (TGEU 2016)
- 86% of TSW in the USA have reported about being harassed, attacked, sexually assaulted, or mistreated in some other way by the police. (TGEU 2017)

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Do's:	Don'ts:
Be respectful. Even if you don't know a lot about gender identity, everyone deserves respect.	Avoid compliments or comments, which are based on gendered stereotypes or refer to their gender identity (e.g. "You look like a real woman").
Try to use the language that trans use for themselves. They best know the language that is right for them.	Don't call somebody in the waiting room with their name on the ID card without asking. In case, you are not sure, simply use the patient's last name.
Respect and use the terms the individual TSW uses to refer to their genitals.	Don't pathologize trans bodies and identities.
Ask the person which gender pronoun they prefer and whether they want this to be reflected in their written records.	Don't ask a trans sex worker about their surgical or genital status, if not medically necessary. If strictly necessary, begin by asking if the person feels comfortable talking about it.
Rethink gender on forms and documents. Do you need to include gender at all? If yes, consider using a blank space for people to fill in rather than boxes.	Don't make any assumptions about gender identity, sexual behavior, or sexual orientation. Ask your client for more information if you need it.
Respect the principles of confidentiality and privacy.	Don't use their original or given name ("deadname").
Ensure that services for trans sex workers are not denied, delayed, or referred elsewhere unnecessarily and that they are the same quality as those provided to other clients.	Don't just prescribe medicaments or hormone therapy without checking previous experiences in taking hormones and/or possible continuation of these.
Consider the principles of harm reduction when treating trans sex workers.	Don't put barriers for the use of the restroom according to the gender someone identifies with.
Consider the working hours of trans sex workers, when scheduling assistance and opening hours.	Don't deny access to health services if the person is undocumented.
Place signage or information materials in the waiting room, indicating that all genders are welcome.	
If you are in a position that allows you to do so, consider the inclusion of peers in your service.	
If possible, consider the provision of multi-language material and personnel.	
If a TSW is migrant, assume they may not know the local health system, be patient and offer help.	
Considerate which questions you ask.	
In case you make a mistake, it is good practice to acknowledge the mistake, apologize and ask what you should say instead.	

FACT SHEET HUMAN RIGHTS ASSOCIATIONS / LGBTI ASSOCIATIONS



FACT SHEET HUMAN RIGHTS ASSOCIATIONS / LGBTI ASSOCIATIONS

Remember that:

- "People have different gender identities and expressions. Each person should have the right to define their own identity and be treated accordingly." (TGEU, TOCOUTO)
- "The human rights situation of trans sex workers calls for urgent action" (TGEU, Sex Work Policy)
- Stigma leads to human rights violations which in turn have effects both on the whole community and on individual behaviors.
- International Organisations like the WHO, the Global Commission on HIV and the Law, Amnesty International call "[...] for the decriminalization of all aspects of adult consensual sex work due to the foreseeable barriers that criminalization creates to the realization of the human rights of sex workers." (AI Policy on Sex Work 2016)
- Trafficking and exploitation are not identical to sex work. They are different phenomena and not to be confused or confused with.
- Transphobia and whorephobia persist in many LGBTI contexts
- TSW have been significant actors in LGBTI Struggles (e.g. Stonewall Riots)
- ILGA-Europe released a position paper on sex work in 2018 empowering LGBTI sex workers towards the full respect of their fundamental rights

ILGA Europe states, that "[...] LGBTI organisations have a key role to play in fighting against stigma affecting LGBTI sex workers, both within and outside the LGBTI communities." (ILGA Europe 2018)

Fact Box:

- 88 % of murdered trans people in Europe are sex workers (TGEU 2017)
- 43% of murdered trans people in Europe are migrant sex workers (TGEU 2017)
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Do's:	Don'ts:
Consider the working hours of trans sex workers, when scheduling assistance and opening hours of services.	Do not perpetuate the stigma over trans sex workers based in moralistic assumptions.
Place signage or provide information materials in the waiting room, indicating that all genders are welcome.	Do not perpetuate the stigma over trans sex workers caused by the stereotype that relate trans identities to sex work.
Understand the specifics of LGBTI sex work community.	Don't portray TSW as voiceless victims.
Make efforts to include the sex work community in meetings, events and activities.	
Support publicly the decriminalization of sex work inclusively in written public statements.	
Be specific about the different ways different individuals of the LGBTI spectrum are exposed to violence	
Include TSW in your staff	
Acknowledge and include in your activities the dialogue with trans sex workers activism	
Acknowledge immigrant trans communities may identify themselves differently than the european identities or classifications, try to know best how they identify themselves rather than adapt to your own language and classification	
Empower sex workers to organize collectively and supply them tools to apply for funds for example	



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FACT SHEET LAW ENFORCEMENT



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FACT SHEET LAW ENFORCEMENT

Remember that:

- "People have different gender identities and expressions. Each person should have the right to define their own identity and be treated accordingly." (TGEU, TOOLKIT)
- "The human rights situation of trans sex workers calls for urgent action" (TGEU, Sex Work Policy)
- Stigma leads to human rights violations which in turn have effects both on the whole community and on individual behaviors.
- International Organisations like the WHO, the Global Commission on HIV and the Law, Amnesty International call "(...) for the decriminalization of all aspects of adult consensual sex work due to the foreseeable barriers that criminalization creates to the realization of the human rights of sex workers." (AI Policy on Sex Work 2006)
- Trafficking and exploitation are not identical to sex work. They are different phenomena and not to be confused or conflated with.
- Being a trans sex worker is not a crime. It is legal to cross-dress, in transition, and to not be clearly male or female. It is not a crime to work as a sex worker.
- Being trans is not a medical diagnosis, but a characteristic of a persons' gender identity.
- Trans persons are disproportionately affected by hate crimes. Police officers and other law enforcement personnel can play an important role in maintaining community safety.
- If a trans sex worker has been arrested, safety should be the number one priority in determining placement. Trans people may be targeted for sexual assault and bias-motivated violence.
- Have in mind that many TSW come from countries where 25% of violence comes from law enforcement personnel (http://redtrsex.org/IMG/pdf/informe_regional_esp-2.pdf)

Fact Box:

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Do's:	Don'ts:
Be respectful. Even if you don't know a lot about gender identity, everyone deserves respect.	Avoid compliments or comments, which are based on gendered stereotypes or refer to their gender identity (e.g. "You look like a real woman!")
Try to use the language that trans use for themselves. They know best the language that is right for them, so follow up their words and expressions.	Don't call somebody with their name on the ID card without asking. In case, you are not sure, you might simply use the last name.
Respect the principles of confidentiality and privacy.	Don't pathologize trans bodies and identities.
Rethink gender on forms and documents. Do you need to include gender at all? If yes, consider using a blank space for people to fill in rather than boxes.	Don't ask a trans sex worker intimate personal questions (e.g.: about their surgical or genital status), if not necessary.
Be careful which words you use. Consider which questions you ask.	Don't make any assumptions about gender identity, sexual behavior, or sexual orientation. Ask for more information if you need it.
Ask which gender pronoun they prefer and whether they want this to be reflected in their written records.	Don't use their original or given name ("deadname"). Intentionally using a trans person's deadname is an act of aggression and humiliation.
Ensure that services for TSW are not denied, delayed, or referred elsewhere unnecessarily.	Don't put barriers for the use of the restrooms according to the gender someone identifies with.
In case you make a mistake, it is good practice to acknowledge the mistake, apologise and ask what you should say instead.	Don't make TSW feel as they "deserved" the incident when reporting it.
Place signage or provide information materials in the waiting room, indicating that all genders are welcome.	
Make sure TSW know they can report transphobia or violent incidents and explain them how, if necessary. If they are migrants, this can be particularly important. Be patient.	
If not yet existing, implement specialized police departments to report transphobic (hate) crimes.	
Whenever you're receiving a report on transphobia, listen to the complaint and make the person feel the most comfortable possible. Recognize that violence is not only physical and, if necessary, empower the victim about that.	

FACT SHEET MEDIA



FACT SHEET MEDIA

Remember that:

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- "The human rights situation of trans sex workers calls for urgent action" (TGEU, Sex Work Policy)
- Stigma leads to human rights violations which in turn have effects both on the whole community and on individual behaviours.
- International Organisations like the WHO, the Global Commission on HIV and the Law, Amnesty International call "[...] for the decriminalization of all aspects of adult consensual sex work due to the foreseeable barriers that criminalization creates to the realization of the human rights of sex workers." (AI Policy on Sex Work 2016)
- Trafficking and exploitation are not identical to sex work. They are different phenomena and not to be confused or confused with.
- Large-scale communication plays an important role in the development of society and our perception inevitably is conditioned by the information we receive.
- Media itself often reproduces and reinforces stereotypes and stigma.
- When talking about sex work and gender identity, reliable objective information based on various sources is of big importance.
- Hormone therapy in itself is quite safe. However, as any other medicine, it has potential side effects. Therefore, we would recommend using properly prescribed hormones under guidance.
- To use body-transformation implants of soft tissue fillers without medical supervision can be risky. It is of big importance to use sterile equipment and not to share equipment. However, many fillers (silicon, oil, etc.) are not encapsulated and might therefore migrate through the body.
- To use self-medication drugs (hormones, corticoids, benzodiazepines, antibiotics, etc) can have undesirable and drug interactions effects.

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Do's:	Don'ts:
Be specific regarding the language and terminology. It is important to be very exact and clear regarding what you are talking about.	Don't pathologize trans identities and trans bodies.
Try to use the language that trans use for themselves. They know best the language that is right for them.	Don't make any assumptions about gender identity, sexual behavior, or sexual orientation. Ask your interview partner for more information if you need it.
Ask the interviewed, which gender pronoun they prefer, and whether they want this to be reflected in their written statements. If possible, explain terminology to the audience/public in an easy and understandable way.	Do not necessarily mention someone's gender identity, if it is not important for the story.
Consider which questions you ask.	Avoid a paternalistic discourse and stereotypical assumptions.
Respect the principles of confidentiality and privacy.	Don't portray TSW as voiceless victims.
Listen to stories from trans sex work activists and share their voices. Learn from trans activists and trans journalists.	Do not assume someone is a sex worker only because their trans and immigrant or undocumented.
If possible, base your story on first-hand information from TSW or allies. Consult TSW organizations in regards to news around trans issues or sex work.	Do not make unjustified generalizations. Rather, highlight the specific character of the situation of the TSW you interviewed/wished.
Write stories outside of the stereotypical ones about surgeries, violence and sex. Try to present more "positive" pictures on activism, successful advocacy, etc.	Don't use only one source for your work.
Trans sex workers are not only sex workers. Their lived realities extend beyond their profession.	Do not use the voice of sex workers only to illustrate your argument. Give them the space to be the authority/specialist voice in your work.
Understand sex work as a strategy and mean to deal with structures of violence instead of as result of violent structures.	Don't rely on the views and information from police or other actors, who themselves are potential perpetrators of discrimination.
Ask yourself: what is your motivation to report about TSW? Who benefits in what ways from your own specific report?	Do not focus on transphobia or sex work alone. Instead, take into account other factors such as migration regimes, economic violence, racism and misogyny.
In case you take pictures of the TSW in order to illustrate your article, always ask the persons on the picture if they agree to publish it.	Don't instrumentalize TSW and their experiences for other purposes e.g. as illustration for violent structures that affect all trans people.
	Avoid using clichéd images in both, language and illustration.



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FACT SHEET SERVICE PROVIDERS



FACT SHEET SERVICE PROVIDERS



Remember that:

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- Stigma leads to human rights violations which in turn have effects both on the whole community and on individual behaviors.
- International Organisations like the WHO, the Global Commission on HIV and the Law, Amnesty International call "L..." for the decriminalization of all aspects of adult consensual sex work due to the foreseeable barriers that criminalization creates to the realization of the human rights of sex workers." (A) Policy on Sex Work 2016)
- Trafficking and exploitation are not identical to sex work. They are different phenomena and not to be confused or conflated with.
- Being trans is not a medical diagnosis, but a characteristic of a persons' gender identity.
- During the 72nd World Health Assembly (WHA), which took place from 20 – 28 May 2019, the World Health Organization (WHO) officially removed the Chapter on Mental and Behavioral Disorders from the International Classification of Diseases – 11th Revision (ICD-11). This landmark step officially states that trans identities are formally de-psycho-pathologized in the ICD-11.



Fact Box:

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Try to use the language that trans use for themselves. They know best the language that is right for them.	Don't call somebody with their name on the ID card without asking. In case, you are not sure, simply use the last name.
Be careful which words you use. Especially, respect and use the terms the individual TSW uses to refer to their genitals.	Don't ask a trans sex worker intimate personal questions (e.g. about their surgical or genital status), if not necessary.
Consider which questions you ask.	Don't pathologize trans identities and bodies.
Rethink gender on forms and documents. Do you need to include gender at all? If yes, consider using a blank space for people to fill in rather than boxes.	Don't make any assumptions about gender identity, sexual behavior, or sexual orientation. Ask for more information if you need it.
Ask which gender pronoun they prefer and whether they want this to be reflected in their written records.	Don't use their original or given name ("deadname"). Intentionally using a trans person's deadname is an act of aggression and humiliation.
Respect the principles of confidentiality and privacy.	Don't perpetuate the stigma over trans sex workers based on moralistic assumptions.
Ensure that services for trans sex workers are not denied, delayed, or referred elsewhere unnecessarily.	Don't reduce TSW for their genital status or use discriminatory or pathologizing terminology as MTF (Male to Female) and others.
In case you make a mistake, it is good practice to acknowledge the mistake, apologize and ask what you should say instead.	Don't push for screenings or health appointments. Don't assume, that TSW only needs are related to health care.
Place signage or information materials in the waiting room, indicating that all genders are welcome.	Don't put barriers for the use of the restroom according to the gender someone identifies with.
Assess with TSW the need to have a safe space where they can meet and discuss their needs.	
Support publicly the decriminalization of sex work inclusively in written public statements.	
If possible, consider the provision of multi-language material and personnel.	
Make sure that your resources (informative materials, etc.) are trans inclusive.	
Consider the inclusion of peers in your services.	
Respect the autonomy of trans sex workers.	



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ANNEX 9: PPP

MODULE 1

MODULE 1

Key concepts and basic sensitization

People have different gender identities and expressions. Each person should have the right to define their own identity and be treated accordingly. *

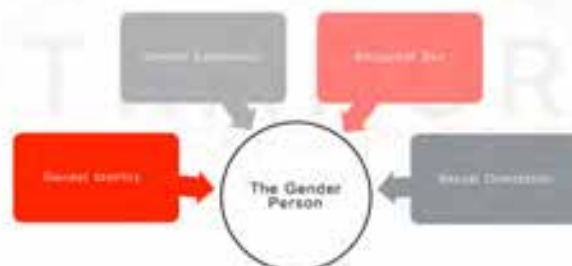
TGEU 2016, TOOLKIT



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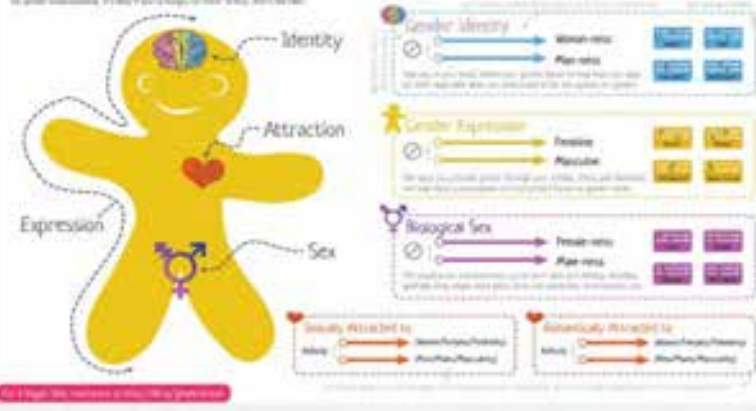
The Gender Person

Gender identity refers to the different dimensions related to gender and sexuality.



The Genderbread Person v1.1

This is a visual aid to help people understand the different dimensions of gender identity and expression. It is not a checklist or a scale, but a tool to help people understand the different dimensions of gender identity and expression.



Biological Sex

'refers to biologically determined differences that are used to label individuals as males or females. The bases for this classification are reproductive organs and functions.' (UNAIDS, 2015, p. 41)

- It includes bodily characteristics such as chromosomes, hormones, internal and external reproductive organs as well as secondary sex characteristics
- Sex characteristics are used to assign your legal sex (and gender) at birth. It classifies people as male or female.
- The sex written on a birth certificate is usually based on the appearance of their external anatomy

Biological Sex

Intersex people don't seem to fit into the stereotypical ideas of male and female. Intersex people are born with physical, hormonal or genetic features that are neither wholly female nor wholly male, or a combination of female and male; or neither female nor male. (ILGA Europe Website, 2015)

Even the sexual characteristics of a person can be very diverse

Gender

"Traditionally refers to a social and cultural construct of being a man or a woman. However some people do not identify within the gender binary of man/woman. Gender exists independently of sex, and an individual's gender does not always correspond with the sex assigned at birth" (TGEU-Transgender Europe website)

Gender Identity

"Refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms. Some people's gender identity falls outside the gender binary, and related norms." (ILGA Europe Website, 2015)

Some people may identify with their sex assigned at birth and some may not

Gender Expression

"Is the external manifestations of gender, expressed through a person's name, pronouns, clothing, haircut, behaviour, voice or body characteristics. Society identifies these cues as masculine or feminine, although what is considered masculine and feminine changes over time and varies by culture." (GLAAD Media Reference Guide, cit in TGEU-Transgender Europe website). People's gender expression may or may not match their gender identity/identities, or the gender they were assigned at birth (ILGA Europe Website, 2015).

Gender expressions are very influenced by the norms and gender stereotypes in our society

Sexual Orientation

"refers to each person's capacity for profound affection, emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender" (ILGA Europe Website, 2015).

- Heterosexual
- Homosexual (gay, lesbian)
- Bisexual
- Asexual

Trans

"Transgender or Trans is an umbrella term which includes those people who have a gender identity which is different to the gender assigned at birth, and those people who wish to portray their gender identity in a different way to the gender assigned at birth. Transgender includes those people who feel they have to, or prefer to, or choose to, whether by language, clothing, accessories, cosmetics or body modification, present themselves differently to the expectations of the gender role assigned to them at birth". (Transrespect versus Transphobia Worldwide research project, cit in TGEU-Transgender Europe website)

Trans ...

1 Include a whole range of identities

The term trans includes among others transsexual and transgender people, transvestites, cross-dressers, no gender, multi-gender, genderqueer people, gender fluid, gender non-conforming, etc.

2 Has existed throughout history and in all cultures

In some societies (e.g. the hijra in India), trans are legally and socially recognized.

3 Can have different sexual orientations and gender expressions

Trans can identify as gay, lesbian, heterosexual, etc. The gender expressions of trans can vary in the same way as of cisgender people.



Gender non-conforming/ Gender variant

can refer to someone whose gender identity differs from normative gender identity and the gender chromosomes assigned at birth (ILGA Europe Website, 2015).

Cis-gender

It is used to refer to people whose gender identity and expression "fits" in a certain profile, meaning "for the same with us," and is described as a synonym of "trans." A more widely understood way to describe people who are not transgender is simply to use non-transgender people (GLAAD, 2016).



Transition

"Includes some or all of the following personal, medical, and legal steps: telling one's family, friends, and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly (though not always) one or more types of surgery. The exact steps involved in transition vary from person to person" (GLAAD Media Reference Guide, cit in TGEU-Transgender Europe website).



Gender Reassignment Surgery (GRS)

Medical term for what trans people often call gender confirmation surgery: surgery to bring the primary and secondary sex characteristics of a trans person's body into alignment with his or her internal self-perception (ILGA Europe Website, 2015). It is only one small part of transition. Avoid the phrase "sex change operation." Do not refer to someone as being "pre-op" or "post-op." Not all transgender people choose to, or can afford to, undergo medical surgeries. (GLAAD, 2016, p. 11)



MODULE 2

Stigma: Stigma is a process, which starts by looking for differences in others. Stigma is a set of ideas which root from a perceived threat on the lives of the people to whom they are applied (Pargament et al., 2010; 2018; 2019; 2020; 2021; 2022). These ideas that not the people are an aggregated set of undesirable traits that can lead from to experienced loss of respect and discrimination (Liu and Pomeroy, 2021) as in Lazarus et al., 2012). Stigma is also a form of fear of anything different, of suspicion of anything people do not like to be seen unexplained, that is not comfortable for them.

Discrimination: unequal or unfair treatment, which can be based on a range of grounds, such as age, ethnic background, disability, sexual orientation and/or gender identity. It can be divided into four different types of discrimination: direct discrimination, indirect discrimination, multiple discrimination, experienced discrimination (ILO, Europe Website, 2015).



MODULE 2

Transphobia is a mix of cultural and personal beliefs, opinions, attitudes and aggressive behaviors based on prejudice, hatred and/or anti-social attitudes towards individuals or groups who do not conform to, or who transgress societal gender expectations and norms. Transphobia particularly affects individuals whose lived gender identity or gender expression differs from the gender role assigned to them at birth, and it manifests itself in various ways (e.g., as direct physical violence, transphobic speech and insulting, discriminatory media coverage, and social exclusion). Transphobia also includes institutionalized forms of discrimination, such as employment discrimination, housing discrimination, or stigmatization of non-conforming gender identities and gender expressions."

(Transgender versus Transphobia Worldwide research project, see in TGEU-Transgender Europe website)



MODULE 2

Intersection of trans-, whore- and
geophobic

- People are oppressed and discriminated because of their class (as "workers"), because of their "race" (as "people of color, migrants"), because of their gender identity (as "trans"), because of their sexual orientation (as "queer, lesbian, and gay") and so forth...
- Most (migrant) trans sex workers in Europe face multiple discriminations



MODULE 2

Further

- 88 % of murdered trans people in Europe are sex workers (TGEU 2017)
42% of murdered trans people in Europe are migrant sex workers (TGEU 2017)
22% report having at least one negative experience with doctors or medical personnel (Transgender Survey 2015)
Within the European Union, only 7 states have introduced anti-discrimination law, which protects against discrimination on grounds of gender expression. (TGEU 2019)
88% of TSW in the USA have reported about being harassed, attacked, sexually assaulted, or mistreated in some other way by the police. (TGEU 2017)



MODULE 2

Stigma / multiple forms of discrimination

Lack of rights
(legal gender
recognition,
etc.)

Human Rights Violations / Barriers

Stigma has an important impact on human rights violators, which in turn, have effects on the whole community and on individual behaviours.



MODULE 2

Trudy trudy@cs.cmu.edu

- Economic pillar**
 The pillar of the SDGs that focuses on economic growth, decent work, and economic inclusion. It aims to ensure that all people have access to economic opportunities and that the economy is resilient and sustainable.

Social pillar
 The pillar of the SDGs that focuses on social inclusion, equity, and justice. It aims to ensure that all people have access to social services and that the social system is fair and inclusive.

Environmental pillar
 The pillar of the SDGs that focuses on environmental protection, climate action, and sustainable consumption and production. It aims to ensure that the environment is protected and that resources are used sustainably.





MODULE 3

MODULE 3

Affirming and non-judgemental language

Terminology is a powerful tool for promoting inclusion, empowering communities and respond to human rights principles of gender equality.

- Use a trans person's preferred name, even if it not their legal name.
- Don't make assumptions about gender identity, sexuality or profession.
- Learn and use positive local terms for trans people and avoid derogatory terms.

Language can be a potential barrier in access to professional services



MODULE 3

Affirming and non-judgemental language

Nouns and pronouns are a big part of how our perception of, and respect for, someone's gender is communicated to them. If unsure, which pronoun to use, ask the gender diverse person.

Some commonly used pronouns are:

- He/Him/His (gendered)
- She/Her (gendered)
- They/Their (gender-neutral)

A person's gender must be respected at all times



MODULE 3

inclusive and stigma-free practice

Fact sheet Health considers

QUESTION	ANSWER
<p>1. According to the text, the following is not a function of the <i>pharynx</i>: a. swallowing b. breathing c. phonation d. taste</p>	<p>Answer: d. taste The pharynx is a muscular structure that serves as a passageway for food and air. It is involved in swallowing, breathing, and phonation. Taste is a function of the tongue, not the pharynx.</p>
<p>2. The <i>larynx</i> is responsible for the production of sound. Which of the following is not a part of the larynx? a. vocal folds b. epiglottis c. cricoid cartilage d. thyroid cartilage</p>	<p>Answer: b. epiglottis The larynx is the voice box, and it is responsible for the production of sound. It consists of the vocal folds, the epiglottis, the cricoid cartilage, and the thyroid cartilage. The epiglottis is a flap of tissue that prevents food from entering the trachea.</p>
<p>3. The <i>trachea</i> is the windpipe. Which of the following is not a function of the trachea? a. conducting air b. filtering air c. warming air d. moistening air</p>	<p>Answer: b. filtering air The trachea is the windpipe, and it is responsible for conducting air into and out of the lungs. It also filters, warms, and moistens the air. The filtering is done by the cilia and mucus in the trachea.</p>
<p>4. The <i>bronchi</i> are the airways that lead to the lungs. Which of the following is not a part of the bronchi? a. bronchioles b. alveoli c. terminal bronchioles d. respiratory bronchioles</p>	<p>Answer: b. alveoli The bronchi are the airways that lead to the lungs. They consist of the bronchioles, the terminal bronchioles, and the respiratory bronchioles. The alveoli are the small air sacs at the end of the respiratory bronchioles.</p>
<p>5. The <i>alveoli</i> are the air sacs in the lungs. Which of the following is not a function of the alveoli? a. gas exchange b. filtering air c. warming air d. moistening air</p>	<p>Answer: b. filtering air The alveoli are the air sacs in the lungs, and they are responsible for gas exchange. They also filter, warm, and moisten the air. The filtering is done by the cilia and mucus in the alveoli.</p>



MODULE 3

inclusive and stigma-free practice

Read about Media

Topic	Notes
<p>1. The cell is the smallest unit of life that can perform all the functions of life. It is the basic unit of structure and function in all organisms.</p> <p>2. Cells are made of cytoplasm, which is a fluid medium in which various organelles are suspended. The cytoplasm is bounded by a cell membrane.</p> <p>3. The cell membrane is a thin layer that separates the cell from its surroundings. It is made of a phospholipid bilayer.</p> <p>4. Inside the cell, there are various organelles that perform specific functions. These include the nucleus, mitochondria, chloroplasts, and vacuoles.</p> <p>5. The nucleus is the control center of the cell. It contains the genetic material (DNA) and is surrounded by a nuclear envelope.</p> <p>6. Mitochondria are the powerhouses of the cell. They generate ATP (energy) through cellular respiration.</p> <p>7. Chloroplasts are found in plant cells and are responsible for photosynthesis. They convert light energy into chemical energy.</p> <p>8. Vacuoles are large, fluid-filled sacs that store water and other substances. They help maintain the cell's shape and turgor.</p> <p>9. The cell wall is a rigid layer that surrounds the cell membrane in plant cells. It provides structural support and protection.</p> <p>10. Cells are constantly communicating with each other through chemical signals and cell-to-cell contact.</p>	<p>1. The cell is the smallest unit of life that can perform all the functions of life. It is the basic unit of structure and function in all organisms.</p> <p>2. Cells are made of cytoplasm, which is a fluid medium in which various organelles are suspended. The cytoplasm is bounded by a cell membrane.</p> <p>3. The cell membrane is a thin layer that separates the cell from its surroundings. It is made of a phospholipid bilayer.</p> <p>4. Inside the cell, there are various organelles that perform specific functions. These include the nucleus, mitochondria, chloroplasts, and vacuoles.</p> <p>5. The nucleus is the control center of the cell. It contains the genetic material (DNA) and is surrounded by a nuclear envelope.</p> <p>6. Mitochondria are the powerhouses of the cell. They generate ATP (energy) through cellular respiration.</p> <p>7. Chloroplasts are found in plant cells and are responsible for photosynthesis. They convert light energy into chemical energy.</p> <p>8. Vacuoles are large, fluid-filled sacs that store water and other substances. They help maintain the cell's shape and turgor.</p> <p>9. The cell wall is a rigid layer that surrounds the cell membrane in plant cells. It provides structural support and protection.</p> <p>10. Cells are constantly communicating with each other through chemical signals and cell-to-cell contact.</p>



MODULE 3

inclusive and stigma-free practice

Facilitated Law enforcement

[illegible]

MODULE 3

Inclusive and stigma-free practice

Fact sheet: Human Rights/NGO associations

[illegible]

MODULE 3

MODULE 3
Inclusive and stigma-free practice

Fact sheet: Service providers



TRANSR

MODULE 3
Inclusive and stigma-free practice

How can the own professional and personal environment be created inclusive and stigma free?



TRANSR

MODULE 3
Inclusive and stigma-free practice

TSW voices



TRANSR

APPENDIX B

REFERENCES and RESOURCES

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