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**Moving Forward: Our Bodies, Our Pride**  
An LGBTQ-Focused Sexual Health Curriculum

By

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Moving Forward: Our Bodies, Our Pride  
An LGBTQ-Focused Sexual Health Curriculum

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2010

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An abstract of  
a thesis submitted to the Faculty of the  
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2017

## **Abstract**

**Moving Forward: Our Bodies, Our Pride**  
**An LGBTQ-Focused Sexual Health Curriculum**  
**By Shannon Clawson**

Lesbian, Gay, Bisexual and Transgender (LGBT) young people face discrimination, social stigma and abuse; often from their own communities and families (Katz-Wise, Rosario, & Tsappis, 2016). They are also at risk for HIV, STI's, substance misuse, and homelessness (Cochran, Stewart, Ginzler, & Cauce, 2002; Coker, Austin, & Schuster, 2010; Wood, Salas-Humara, & Dowshen, 2016). One nationally-representative survey estimated the prevalence of survival sex among homeless youth to be 28% among street youths and 10% among shelter youths (Greene, Ennett, & Ringwalt, 1999). Despite this vulnerability, there are few sexual health curriculums that include LGBTQ issues and identity. There are fewer still that focus on LGBTQ populations. To address this gap, this project developed an LGBTQ-focused sexual health curriculum to be implemented in Atlanta, Georgia at the Lost and Found Youth Homeless Shelter. The goal of the curriculum is to reduce the incidence of HIV and other STD's among LGBT Homeless Youth in Atlanta, Georgia. Formative research was done through key informant interviews and focus groups at the shelter, as well as reviewing current evidence-based curriculums endorsed by the CDC. A curriculum was then developed using the principles of Social Cognitive Theory and Adult Learning Theory. The curriculum is 9 sessions long and promotes harm reduction, risk reduction, and skill development. When implemented, the curriculum has the potential build self efficacy in participants by increasing health knowledge, promoting positive identity, self-esteem and confidence through a series of exercises; and practicing important skills such as assertive communication, making goals, and condom negotiation. Recommendations for implementation and evaluation include discussion of possible evaluation design and appropriate populations and settings to apply the curriculum to.

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## **I. Introduction**

Lesbian, Gay, Bisexual and Transgender (LGBT) young people face discrimination, social stigma and abuse; often from their own communities and families (Katz-Wise et al., 2016). In the past decade, progress has been made towards understanding and protecting this marginalized group through the repeal of “Don’t Ask, Don’t Tell” and The Defense of Marriage Act, the designation of national historic sites like the Stonewall Inn and the establishment of June as National Pride Month (Human Rights Campaign, 2011; Peralta, 2013; National Park Service, 2016; Obama, 2016). Unfortunately, current policy trends toward religious freedom bills and attacks on public accommodations for trans people show that this discrimination and abuse is far from fading (ACLU, 2017; Kralik, 2017). The result is that LGBT young people are vulnerable in our society. This vulnerability manifests itself among LGBT people in a myriad of ways, including substance misuse, physical and sexual abuse, homelessness, and financial insecurity (Cochran et al., 2002; Coker et al., 2010). These factors interact with each other to make LGBT people at increased risk for a variety of negative outcomes.

Without autonomy and independence to seek out or create supportive environments, LGBT young people are particularly susceptible to negative health outcomes (Coker et al., 2010). Particularly concerning is the heightened incidence of HIV, STI’s and sexual risk behavior among LGBT youth compared to their heterosexual counterparts (Wood et al., 2016). This may be due to the type of sexual activity LGBT youth engage in, such as anal sex which carries a high rate of HIV transmission. It may also be due to social sexual behaviors and risk perception that are common in this community, such as alcohol and drug use and low risk perception among women who have sex with women (WSW) (Bourne & Weatherburn, 2017; Fishman & Anderson, 2003).

LGBT young people are also more likely to experience homelessness than their heterosexual counterparts (Coker et al., 2010). Often, LGBT homeless youth cite their sexual orientation or gender identity as the reason they lost their housing and this rejection usually comes at the hands of relatives (Durso, 2012). This rejection can have serious mental and emotional consequences in addition to the physical risk it places them in. Additionally, while young gay men are more likely to engage in transactional sex than their straight counterparts, homelessness alone often leads youth to transactional sexual behavior, regardless of their orientation (Dank et al., 2015). Transactional sex comes with a variety of sexual risk behaviors including susceptibility to sexual violence, multiple partners, and limited ability to negotiate condom use (Shannon & Csete, 2010).

In Atlanta, these health risks are compounded by the fact that Georgia does not require sexual health education to be medically accurate, age appropriate, culturally appropriate, or free from religion (Guttmacher, 2016). This is similar to other states in the south that homeless youth in Atlanta often migrate from. Abstinence only or abstinence focused education is common throughout Georgia and the Southeast United States. These curriculums provide minimal information about preventing STI's and often provide no education on consent, sexuality, orientation or gender identity. These curriculums have also been shown to have no impact on reducing STI rates, pregnancy rates, or sexual risk behavior (DiClemente et al. 2009).

In addition to poorly equipping young people to manage the risks involved in sexual activity, Elia and Eliason assert that this abstinence-focused education has discriminated against LGBT students and negatively impacted the school community as a whole (Elia & Eliason, 2010). Moreover, research has shown that LGBT sexuality is often excluded from school-based sexual education (Pingel, Thomas, Harmell, & Bauermeister, 2013). Given these facts, it is

reasonable to assume that some of the negative health outcomes among LGBT homeless young people are also associated with a lack of comprehensive, affirming and sex positive health education.

To help address this lack of education and the overall health risks associated with it, this project developed a comprehensive sexual health curriculum for Lost and Found Youth (LNFY) homeless shelter. Lost and Found Youth was founded in 2012 with the goal to provide LGBT-friendly social services to housing-insecure Atlanta youth. The curriculum will be facilitated at their drop-in center once a week and includes sessions on life skills such as communication, decision making, problem solving, and healthy relationships. The curriculum also focuses on risk and harm reduction. Additionally, the curriculum affirms fluid gender identities and sexual orientations.

The goal of this curriculum is to reduce the incidence of HIV and other STD's among LGBT Homeless Youth in Atlanta, Georgia. It does this by increasing sexuality and health knowledge, building life skills, and increasing harm and risk reduction behavior. The curriculum utilizes adult learning principles and social cognitive theory to help clients develop and practice applicable skills to protect their health. In order to develop this curriculum, key informant interviews were conducted with program staff and volunteers at Lost and Found Youth Center to determine staff and client needs around sexual health education. The project also conducted a focus group with Lost and Found clients to gain their perspective on what they want in a sexual health curriculum. Lastly, existing sexual health curriculums for vulnerable populations were reviewed to determine current and past best practices.

When implemented, this curriculum should empower participants to take control of their sexual health and adopt behaviors that will protect them from contracting HIV and other STI's.

Many studies have shown that comprehensive sexual health education is effective in reducing sexual risk behavior while increasing protective behavior such as condom use, especially when compared to abstinence-only education (DiClemente et al. 2009). Additionally, current best practice in sexual health education includes acceptance and affirmation of various sexual orientations and gender identities in order to reduce the stigma, shame, and isolation that contributes to health vulnerabilities.

In 2015, the Human Rights Campaign, Planned Parenthood, the Gay, Lesbian, and Straight Education Network and others released a report calling for inclusive sexual health education nationwide and urged policy makers to clear legal roadblocks (A Call to Action, 2015). The Impact Queer Sex Ed Program through Northwestern University has also identified the need for LGBT-focused sexual education and research. While school-based LGBT-inclusive education is not currently possible in Georgia, this curriculum answers that call by providing a LGBT-focused sexual health curriculum to the most vulnerable young people in our community. By focusing on health education and skill development the curriculum will increase participants' self-efficacy and empower them to engage in protective behaviors. This in turn will lead to reduced HIV and STI incidence in the population. This will improve overall health and economic productivity of homeless LGBTQ youth and reduce the burden of disease on government and health systems.

### **Definition of Terms**

**Men who have sex with men (MSM)** – This population includes individuals with penises that engages in sexual behavior with other people that have penises. Members of this group may identify themselves as gay, bisexual or heterosexual.

**Women who have sex with women (WSW)** – This population includes individuals with vaginas that engage in sexual behavior with other people that have vaginas. Members of this group may identify themselves as lesbian, bisexual or heterosexual.

**Homeless** – Population that is experiences housing insecurity and does not have a permanent address. This can include individuals that are living on the street, in a shelter, or staying with friends.

**LGBT** – Lesbian, Gay, Bisexual , Transgender. This acronym can be modified to exclude certain groups. For example LGB stands for Lesbian, Gay and Bisexual and does not refer to transgender people.

**Trans** – Abbreviation of the term Transgender. Referring to individuals that do not identify with the gender they were assigned at birth.

**Queer** – Term to refer to individuals that do not adhere to mainstream sexual orientation and gender identity. Typically seen as an umbrella term for the LGBT+ community.

**Survival Sex** – Engaging in sexual behavior in order to secure basic needs such as food, clothing, housing and transportation. This is a type of transactional sex, which is exchanging sex acts for money or goods.

**Sex work** – Performing sexual services for money. This is a type of transactional sex, which is exchanging sex acts for money or goods.

**Youth** – Youth and adolescence have many definitions. For the purpose of this project, “Youth” is defined as individuals between the ages of 12-25.

## II. Literature Review

LGBT youth are extremely vulnerable in a variety of ways. A 2011 survey found that LGBT youth are more likely to engage in a variety of health risk behaviors across the board (Kann et al., 2011). Specifically, LGBT adolescents “left home more frequently, were victimized more often, used highly addictive substances more frequently, had higher rates of psychopathology, and had more sexual partners than heterosexual adolescents”(Cochran et al., 2002). Coker, Austin and Schuster also found that LGB youth are at greater risk for homelessness than their heterosexual peers (2010). A national survey of organizations that served homeless youth estimated that 40% of homeless youth are LGBT, which is in stark contrast to the 7-10% they represent in the overall population (Durso, 2012).

Durso and Gates also found that approximately 89% of homeless youth cite their orientation/identity as the reason for their homelessness (2012). This data is important to understand in context with a 2016 study of LGBT youth and family acceptance. The study concluded that parental acceptance of LGBT youth is crucial to ensure that youth develop a healthy sense of self (Katz-Wise et al., 2016). Conversely, that same study found that parental rejection of LGBT youth negatively impacts youths’ identity and health. This data combines to create a bleak reality for LGBT homeless youth.

This vulnerability extends to sexual exploitation and sexual risk. One of the key reasons for this is engagement in survival sex. Survival sex is considered performing sexual acts in order to obtain basic needs such as food, shelter, clothing or money. One nationally-representative survey estimated the prevalence of survival sex among homeless youth to be 28% among street youths and 10% among shelter youths (Greene et al., 1999). Another study among homeless youth found that over one fifth of respondents had engaged in survival sex (Halcon and Lifson,

2004). That same study found that one third of sexually active males, and one half of sexually active females, did not use a barrier with at least one partner. They concluded that the high rates of a variety of sexual risks in this population reinforced the need for a targeted intervention.

While these numbers are concerning, engagement in survival sex is feared to be even higher among LGBT youth. A Canadian study found that those who identify as LGBT were three times more likely to participate in survival sex than their heterosexual peers (Gaetz, 2004). Not surprisingly, a 2015 study of LGBT youth engaging in survival sex found that “more than 8 in 10 youth (82 percent) said there were positive things about engaging in survival sex... citing income (68 percent) or the fact that trading sex helped fulfill their basic needs for food and shelter (25 percent)” (Dank et al., 2015). Of course, this has serious health implications.

A report by the National Gay and Lesbian Taskforce stated that a history of survival sex is associated with a history of STIs (Ray, 2006). It concluded that “survival sex is a desperate and risky behavior borne out of isolation and the lack of any tangible resources. It causes negative health outcomes for any homeless youth, but especially for highly vulnerable LGBT homeless young people.” (ibid). To further complicate matters, when clients of LNFY were asked to rate the importance of things like “food”, “sex”, “clothes”, “condoms”, “safe place to sleep”, and “birth control”, participants consistently ranked sex, condoms and birth control among the last three. This indicates a possibility that LGBT homeless youth understandably prioritize immediate need over long term sexual health and safety.

The implication of these realities for the sexual health of homeless LGBTQ youth is obvious. The CDC states that the stress that LGBT youth experience put them at a heightened risk for sexual behaviors that in turn lead to risk for HIV and STI's (LGBT Youth, 2014). In 2014 a CDC study showed that among HIV positive males 92.6% of those 13-19 and 91.7% of

those 20-24 were infected through male-to-male sexual contact (HIV Surveillance, 2014). The same study showed that young gay and bisexual men accounted for 8 in 10 HIV diagnosis among youth.

The HIV prevalence rate among transgender women is also high, with some studies showing 28% (HIV Among Transgender People, 2016). Indeed, transgender homeless youth are particularly vulnerable, even within the LGBT population. The National Gay and Lesbian Taskforce reports that 46% of transgender youth have engaged in sex work and 13% were HIV positive (Ray, 2006). That same report estimated that one in five transgender youth were homeless or in need of housing assistance. Unfortunately, they also found that they are less protected than their LGB peers in terms of housing and unemployment, and are often turned away from shelters or placed in inappropriate housing situations by social service providers. They conclude that “Evidence suggests that because of this lack of housing or employment, many homeless transgender people turn to survival sex, which obviously increases their risk for exposure to sexually transmitted infections and becoming victims of violence.”

Overall, LGBT youth are disproportionately represented in both prevalence and incidence for HIV and STI's and homeless youth that engage in survival sex are a key part of that skewed representation. One reason for this is lack of knowledge and skills to reduce sexual risk and mitigate their vulnerability. For example, a 2005 analysis also showed that gay and lesbian youth between the ages of 16-20 scored lower on assertive communication than their heterosexual counterparts, highlighting the need for sexual health curriculum to include topics that focus on communication and interpersonal skills (Rew, Whittaker, Taylor-Seehafer, & Smith, 2005).

Because of the lacking sexual health education requirements in Georgia and other southern states, LGBT homeless individuals have often not received basic education or training

on sexual health, relationships, or various life skills like communication, decision-making, goal-setting, etc. Another contributing factor could be disrupted education. According to the Youth Risk Behavior Survey (YRBS), anywhere from 11%-30% of LGB students have missed school at least once a month because of safety concerns (LGBT Youth, 2014). This instability can negatively impact LGBT adolescents' access to sexual health education and in turn lead to risky misinformation and misconceptions carrying on into early adulthood.

The pressures and risks that these youth are facing are very real, and a sexual health curriculum needs to appreciate that reality and be designed in a way that can mitigate risk while remaining effective in very harsh circumstances. A 2001 study demonstrated the benefits of LGBT-inclusive education by showing that schools with gay-inclusive education had LGB youth that had fewer sexual partners and less substance misuse than schools without (Blake et al., 2001). Unfortunately, a review of CDC-approved evidence-based curriculum found that there were few programs designed specifically for LGBT youth. There was one program that specifically addressed homeless youth called "Street Smart", and several focused on African American and men who have sex with men (MSM) populations.

Distressingly, the CDC has not identified any evidence-based curriculums designed for Transgender individuals. Considering the high risk this community faces, this is a major oversight. There is also a lack of material addressing WSW. There is a common misconception that WSW have lower HIV and STI risk due to the low rates of transmission within female to female relationships. However, research shows that lesbian and bisexual women often have infection rates similar to, if not higher than, those of their heterosexual counterparts (Muzny, Harbison, Pembleton, & Austin, 2013). There is an established pattern of low risk perception

among WSW even though many WSW also engage in sex with men, often in risky and unpredictable ways (Estrich, Gratzner, & Hotton, 2014; Marrazzo, Coffey, & Bingham, 2005).

The few programs that exist are highly specialized for specific contexts. There are curricula designed for one-on-one counseling sessions with health-care providers, group curriculum designed for sex workers, and programs for inmates in juvenile and adult detention centers. There are also community programs designed to change cultural norms around condom use in the gay community. While these programs are effective and needed, they are tailored to a unique subset of the LGBT population. The homeless shelter serves a diversity of clientele. Many of their clients engage in survival sex but many do not. They represent all sexual orientations and gender identities within LGBT community and include a variety of races and ethnicities. With a commitment to open doors for any young person in need, they even serve heterosexual clients. Because of this, LNFY need a unique product that can speak to a diversity of needs and identities while addressing the unique issues faced by LGBT youth.

### **III. Methods**

This intervention was originally requested by the Executive Director of Lost and Found Youth. Specifically, he requested a sexual health curriculum that went “beyond the prevalence of HIV in Atlanta is x and taught clients how to negotiate condom use in an alley behind a sex shop.” Following this request, key informant interviews were conducted with program staff and volunteers. Staff requested programing that worked through decision-making steps, addressed online dating behavior and built the often neglected self-esteem of their clients. A focus-group with clients was also conducted where clients overwhelmingly requested information on how to “make a relationship good” and how to ask for and talk about condoms. This curriculum aims to fulfill all these identified needs.

While there are currently no evidence-based curriculums for this specific population, it is important to incorporate successful elements present in the more specialized curricula discussed in the literature review. Identifying common elements found among curriculums praised by the CDC website, [effectiveinterventions.cdc.gov](http://effectiveinterventions.cdc.gov), ensures that best sexual health education practices are represented in the curriculum. Looking at five behavioral interventions (Be Proud! Be Responsible!; PALMS: Preventing AIDS through Live Movement and Sound; Reducing the Risk Plus; Many Men, Many Voices; and Street Smart), this project builds upon curriculum designed for similar populations to LNFY. Noticeably, all these interventions utilize a risk-reduction model and interactive methods such as games, activities, and role-plays.

In addition to a LGBT-focused curriculum, LNFY needs a curriculum that utilizes sound education principles derived from Social Cognitive Theory. This theory emphasizes the importance of self-efficacy and highlights the social nature of learning (Glanz, Rimer, & Viswanath, 2008). This theory states that behavior is learned through performance (practice),

observation, and social persuasion. The curriculum applies this theory by ensuring that each session includes opportunities for participants to observe the facilitator or peer performing a task, doing the task together as a group, and performing the task independently. The curriculum also prioritizes emphasizing social persuasion by having participants identify positive LGBT role models, common strategies used by peers, and practice skills related to sharing information with others.

Social Cognitive Theory also takes into account the impact of the environment on health behavior (Glanz et al., 2008). Clients will create discussion material from their own experiences and develop strategies that fit realistically into their lived experience. This principle drives the necessity of clients developing strategies that are subject to and achievable in their unique environments. For example, a client engaging in regular survival sex will not focus on a strategy of partner reduction, but will instead focus on condom negotiation in various settings. Additionally, the age of the clients coupled with the pressure to engage in survival sex highlights the need for strategies to reduce risky sexual behavior, rather than eliminate sexual behavior altogether.

Another essential element in the curriculum design is the use of Adult Learning Theory (Knowles, Holton III, & Swanson, 2014). While the curriculum is geared towards young people, the participants will be adults aged 18-25. Moreover, being homeless requires individuals to take on a great deal of responsibility for meeting their needs. Homeless youth need to be self-sufficient and typically have the ability to navigate complex welfare systems and informal social networks in order to survive. Despite this, many homeless youth are condescended to and seen as victims, rather than partners in their own rehabilitation. Because of this, it is essential that sexual health curricula approach participants as co-creators with autonomy and specialized knowledge

about the risks they face. All lessons will carry practical activities and information that clients can directly apply to their lives and their aspirations.

The target population of this project will be LGBTQ homeless youth in Atlanta, Georgia. They will be recruited through Lost and Found Youth Homeless Shelter on a voluntary basis. Participants are between the ages of 18-25, with a diversity of ethnic and racial backgrounds. LNFY Clients are primarily LGBT-identified youth, although the center also serves heterosexual clients as well. The goal of the program will be to reduce sexual risk behaviors among LNFY clients. We will do this through increasing harm reduction skills, increasing use of condoms, and increasing soft skills such as communication and decision-making. In addition to these needs being identified by staff and clients, research shows that Activities will include practicing condom negotiation and application and developing personal strategies to address individually risky behavior.

The project necessitates stand-alone sessions in order to meet the needs of a population that is transient in nature with often changing schedules. There are 9 sessions that are 1.5 hours long and designed for groups of 15-20 clients. Group classes will be held at the drop-in youth center on Friday evenings immediately prior to a popular weekly dinner in order to capitalize on consistently high traffic at this time. The curriculum will require 9 weeks to implement.

According to focus groups and interviews conducted at the center, most clients are aware of basic harm reduction (condom use, PREP, limited partners). However, clients are not skilled in negotiating condom use, communicating about sex, managing stigma, building healthy relationships, etc. Therefore, the curriculum will provide accurate health information, but will focus on building life skills that will enable the clients to act upon their knowledge. This is in keeping with the Social Cognitive Theory.

#### **IV. Results**

(See Appendix)

#### **V. Discussion, Recommendations, Conclusion**

Very few sexual health curricula explicitly include LGBT issues and identities in their discussion and resources. Even fewer are designed specifically for LGBT participants. Considering the heightened sexual risk this population often experiences, this is a major oversight. This curriculum is an attempt to address that failing but is by no means the answer. It is a first step towards providing inclusive, comprehensive sexual health education to a vulnerable population. In order to move forward, there must be subsequent steps, including implementation and evaluation of this curriculum.

This curriculum was designed with a highly transient population in mind. As such, implementation and evaluation will be challenging. The facilitator will recruit participants through Lost and Found Youth Homeless Shelter in Atlanta, Georgia. The center operates with a philosophy of client-directed services, meaning services are provided at the client's request and participation in certain programs or activities are not required for clients to access those services. Because of this, attendance at sessions cannot be required and will be totally voluntary. This creates a unique challenge and requires that the curriculum is viewed as engaging and worthwhile to the clients. This should be encouraged through a variety of ways.

To garner interest, the facilitator should regularly participate in Lost and Found Youth Volunteer activities. By maintaining a presence at the center and establishing a relationship of trust, clients will be more likely to engage in the sensitive subject matter. Currently, the Feminist Women's Health Center of Atlanta has been periodically visiting Lost and Found Youth for

sexual education activities. Continuing this relationship by having Feminist Women's Health Center implement the curriculum will ensure that participants are familiar with the facilitator, organization, and subject matter. This will also serve to keep the cost of implementation down. By capitalizing on an already existing relationship, Lost and Found Youth can utilize manpower and expertise already offered by Feminist Women's Health Center.

The curriculum is also designed to have highly engaging subject matter first. The first three lessons focus on affirming identity and discussing the more exciting and enjoyable nature of sexuality, such as pleasure, happy relationships and building connection. By laying this groundwork, the curriculum is set up as a positive experience. It also allows participants to develop a relationship of trust and support with the facilitator before moving on to more anxiety-producing sessions focused on infection and prevention. Because the curriculum will be voluntary, positive word of mouth between clients who have attended sessions and other Lost and Found Youth clients will be essential to a successful program. If participants begin with a positive experience, they may see value in the program and be more likely to encourage their peers to attend. To encourage this discussion, weekly fliers with the session's topic should be posted in the drop-in center to encourage attendance.

The curriculum should also be provided at a highly convenient time for the majority of clients. Lost and Found Youth provides modest bag lunches for anyone that walks into their center every day. Additionally, they provide a large family-style dinner on Friday evenings. These dinners are popular and well attended. In the past, a group therapy session immediately prior to dinner was very well attended. To capitalize on this prior success, Lost and Found Youth should implement this curriculum in the two hours prior to the dinner when traffic at the center is highest.

Lastly, the curriculum was designed for each session to stand alone. While they work in concert with each other and messages from one session support the messages from others, attending all nine sessions is not necessary to benefit from the curriculum. This was done to account for the transient nature of the clientele. If a new client attends the center after the implementation has started, they should still be allowed to attend the remaining sessions. Conversely, clients are often actively searching for jobs and have schedules that change. They should be allowed to miss sessions due to schedule changes and are welcome to attend when they can. Maintaining this flexibility is essential to attendance by minimizing the commitment participation requires.

Unfortunately, this flexibility will make evaluation difficult. Setting up a clear counterfactual will be challenging but important. I propose that we administer a questionnaire to all clients based on the intermediate and long term outcomes described in the logic model. Questions should include inquiry into risk reduction and harm reduction behavior such as limiting partner use, condom use, and PrEP adherence. Additionally, the questionnaire should ask questions around STI and HIV knowledge and measures of confidence, self-esteem, and goal achievement. This will serve as a population baseline among Lost and Found Youth clients. Due to the itinerant nature of the clientele, we assume that a different population will be attending the center three months after implementation. Because of this, we may not be able to use pair-wise matching for pre and post evaluation.

In addition to these challenges, the fact that this curriculum is based on voluntary participation and does not require a commitment to attending all sessions will mean it will be impossible to evaluate the curriculum as a whole. Therefore, I propose that the entire clientele be administered the second questionnaire to determine the new population level of knowledge and

behavior. The secondary questionnaire should ask what, if any, sessions they had attended to determine if participation showed any benefit compared to non-participation, if there were certain sessions that were more effective than others and if attending a majority of sessions was more beneficial than attending a few sessions.

In addition to this broad approach to evaluation, assessment has been built into each session to monitor the knowledge, skills, and attitudes participants gain within the given session. This includes verbal assessment such as asking participants to define new terms, as well as asking participants to rank how confident they feel with a new skill. This will give facilitators the ability to gauge the internal success of the curriculum and solicit immediate feedback from the participants. Lastly, feedback forms should be administered at the end of each module in order to gather the opinion of participants on the strengths and weaknesses of the curriculum. These forms should also ask for suggested improvements and give participants the opportunity to identify what is missing in the curriculum.

As stated above, this curriculum is an important first step in addressing the lack of LGBT-focused sexual health education in America. By working with some of the most vulnerable individuals in our community, homeless LGBT youth, this curriculum has the potential to make real impact. It improves sexual health, self-esteem, identity, and interpersonal skills that are necessary to thrive in society by increasing the knowledge of participants and building the skills necessary to thrive. As such, this curriculum has the potential to empower LGBT youth to take control of their health and contribute to society in powerful and meaningful ways.

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## **Appendix**

### **Moving Forward: Our Bodies, Our Pride** An LGBTQ-Focused Sexual Health Curriculum

By: Shannon Clawson  
Rollins School of Public Health

## Curriculum Overview

Welcome to Moving Forward: Our Bodies, Our Pride! I designed this curriculum to educate and empower homeless LGBTQ youth in the Atlanta area. It is geared towards 18-25 year old participants and is therefore full of frank, adult subject matter. If you intend to use this curriculum for a younger audience, it is essential that you adapt the subject matter to be age appropriate.

This curriculum is designed to be implemented with minimal training. A full script is provided along with detailed instructions and all necessary handouts. Text that should be read aloud is prefaced by the word “**Say:**” in bold. All facilitator instructions are presented in *[Italics]* that are bracketed. Materials for each session are summarized at the beginning of the session along with session objectives and key messages that should be emphasized during delivery. Materials are then restated parallel to the section of script that describes their use.

Facilitators should be familiar with the concept of sex positivity and be knowledgeable about HIV, STI’s, and LGBTQ+ identity. It is preferable for the facilitator to be a member of the LGBTQ+ community, but not required. Talented facilitators should feel free to follow the script as needed. You may choose to use your own words as long as you cover all the material and messages within the script. If you choose to do so, I advise you to write down key points for each paragraph to ensure that you maintain fidelity to the curriculum.

There are nine sessions in total that should be implemented once a week over the course of nine weeks. The end goal of this curriculum is to reduce the incidence of HIV and other STD’s among LGBTQ Homeless Youth in Atlanta, Georgia. The curriculum achieves this by empowering participants to: 1. Express positive gender and orientation identity, 2. Utilize harm reduction and risk reduction behaviors and 3. Practice positive interpersonal and relationship skills. To support these goals, the curriculum consists of three modules: Sexuality, Safety, and Life Skills.

The first module, Sexuality, consists of three sessions titled Sexual Orientation, Gender Identity, and Queer Sex. These sessions promote self-awareness, secure identity, clear boundaries and positive associations with being LGBTQ+. Open discussion of Queer Sexuality is an important way to combat the negative messaging around queerness that is so prevalent in society.

### Module 1: Sexuality Session Objectives

#### Session 1: Sexual Orientation

- Identify the range of identities related to sexual orientation
- Explain their personal sexual orientation identity
- Describe positive traits, role-models, experiences associated w/ their identity

#### Session 2: Gender identity

- Identify the range of identities related to gender

- Write down their personal gender identity
- Describe positive traits, role-models, experiences associated w/ their identity

#### Session 3: Queer Sex

- Identify 3 ways to have sex outside of common hetero-normative positions
- Role-play discussing sexual preferences with potential sex partners
- Write down non-negotiable sex acts and why those boundaries are important

The second module, Safety, consists of three sessions titled HIV and AIDS, STI's, and Safety. These sessions focus on HIV and STI education and prevention, as well as developing strategies to reduce the risk involved when seeking sex online or in person.

### **Module 2: Safety**

#### **Session Objectives**

#### Session 4: HIV and AIDS

- Explain how HIV is transmitted and the benefits of PrEP treatment
- Rank sexual risk behaviors
- Demonstrate correct way to use and dispose of a condom

#### Session 5: STI's

- Describe signs, symptoms and consequences of common STI's
- Explain the relationship between STI's and HIV
- Develop strategy to reduce harm/risk associated w/ personal sexual behavior

#### Session 6: Safety

- Asses the physical risks associated with common sex-seeking behaviors
- Rank riskiness of various online behaviors
- Practice Condom negotiation in a variety of scenarios

The last module, Life Skills, consists of three sessions titled Self-Esteem, Communication, and Decision Making. These sessions focus on developing positive life skills that will improve participants' interpersonal relationships and goal achievement.

### **Module 3: Life Skills**

#### **Session Objectives**

#### Session 7: Self-Esteem

- List positive traits others see in them
- Describe their personal talents and skills
- Write down positive things they bring to a relationship

#### Session 8: Communication

- Practice passive, assertive, and aggressive communication
- Demonstrate reflexive listening
- Practice using 'I feel' statements in a stressful scenario

### Session 9: Decision Making

- Practice rapid pros and cons listing
- Rank priorities when making decisions about sexual health
- Develop a plan to achieve a goal

This curriculum uses the term LGBTQ+ to refer to the totality of the non-heterosexual, non-cisgender community. I recognize that it is unwieldy to use the full acronym LBTTQQIAAP and have therefore shortened it to LGBTQ+. However, all orientations and identities are welcome in this curriculum. Please feel free to expand the acronym in your implementation if you feel that is appropriate. In that same vein, many people choose to use the word “Queer” as an umbrella term for the LGBTQ+ community and experience. It is common to substitute LGBTQ+ with Queer when speaking at length about these issues. Unfortunately, many people still have negative connotations with the word Queer. If you wish to substitute this word regularly in the curriculum, be sure to gain approval by the participants before doing so.

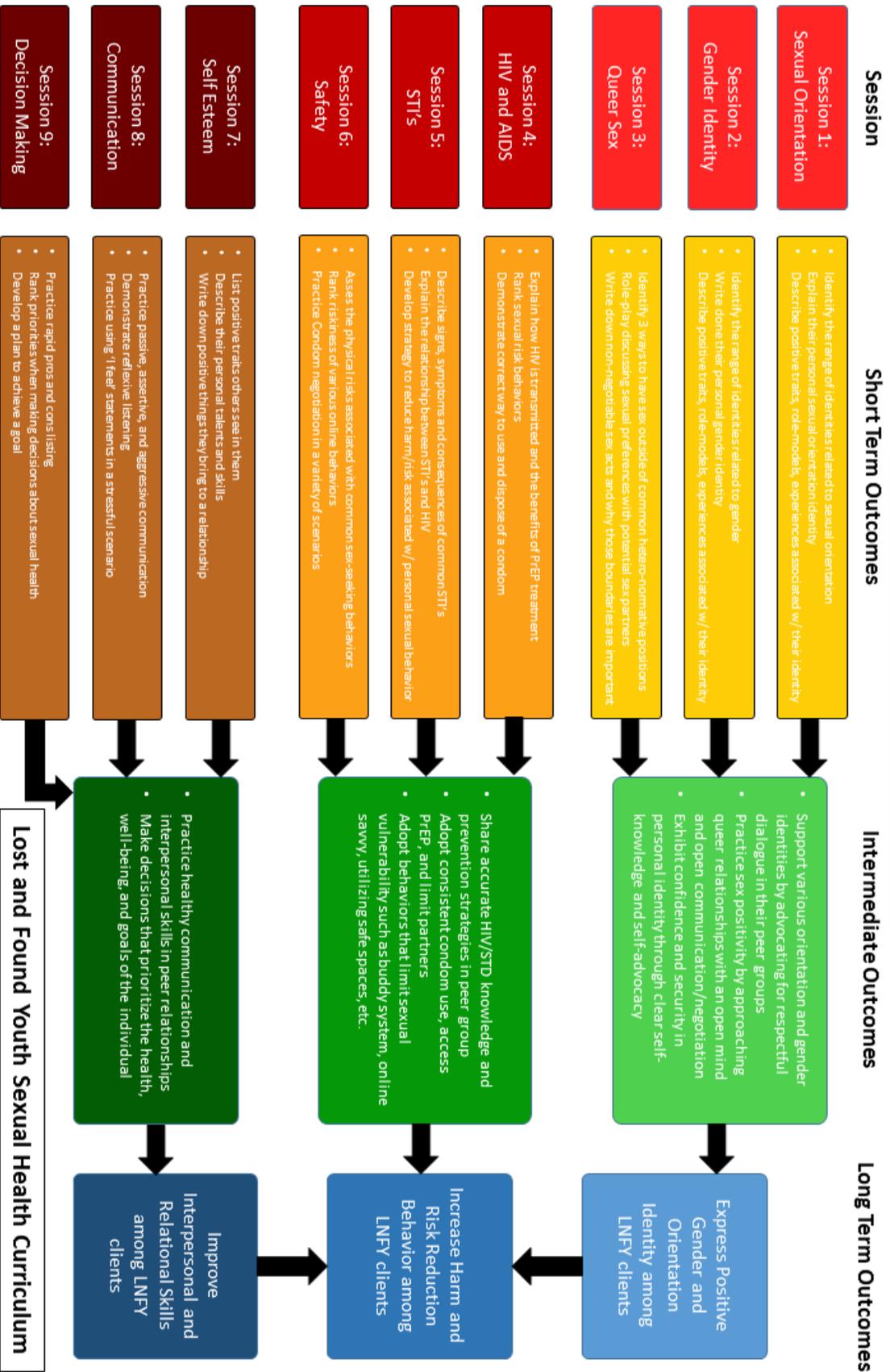
This curriculum has been developed by integrating principles from Social Cognitive Theory and Adult Learning Theory. The sessions are focused on skill building and developing strategies that are situated in the environment and experiences faced by LGBTQ+ youth living in Atlanta, Georgia. There is a particular focus on promoting self efficacy through confidence building, practice scenarios, and acquiring knowledge. Participants are approached as co-creators and experts on the realities of being homeless and all exercises are geared towards realistic and practical application in daily life. Lastly, the activities and exercises adhere to the principles of harm and risk reduction. Facilitators should understand that many barriers prevent young people from avoiding risky behavior. Participants should be encouraged to develop and implement any strategies that can protect them from the negative outcomes associated with risky behavior. Facilitators should also support participants that wish to stop risky behavior and promote resources to help them do so.

When implemented correctly, this curriculum has the power to provide tangible, health-promoting solutions for participants. I have developed it with a specific and diverse population in mind, but encourage adaptation to other age-groups, cultures, and geographic locations. I hope this curriculum can be the first step in providing widespread LGBTQ-inclusive education in our communities.

Sincerely,

Shannon Clawson  
Rollins School of Public Health  
Atlanta, GA

**"Moving Forward" Logic Model**



## Session 1: Sexual Orientation

Session Materials	Objectives
4 large sheets of paper (bigger than 8.5x11) Handout 1.1 Index Card Tape Flipchart board Markers Pencils/Pens	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> <li>• Identify the range of identities related to sexual orientation</li> <li>• Explain their personal sexual orientation identity</li> <li>• Describe positive traits, role-models, experiences associated with their identity</li> </ul> <hr/> <p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Print out copies of Handout 1.1.</li> <li>• Take two copies and cut up each term to separate the word from the definition.</li> <li>• Take two sheets of blank paper. Write in big letters “Agree” on one and “Disagree” on the other. Tape the sheets to the wall on opposite sides of the room.</li> </ul> <hr/> <p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• Everyone has the right to define their own sexual orientation. We must respect their self-definition.</li> <li>• It is important to speak respectfully to and about other members of the LGBTQ+ community.</li> <li>• LGBTQ+ people deserve and are capable of loving, healthy relationships.</li> <li>• LGBTQ+ people positively contribute to communities and society.</li> </ul>
Materials	Introduction (10 minutes)
	<p><b>Say:</b> Ok everyone, today we’re gonna talk about sexual orientation and all the awesome variety that exists in our community. But first I’d like everyone to silently think about a time when you thought you were a part of a group and someone told you that you weren’t. It can be a group of friends, a school group, a nationality, ethnicity, religion, race, state, neighborhood... any type of group.</p> <p><b>Say:</b> Think specifically of that time when you were told you weren’t that thing. Take a minute and think about how that made you feel. <i>[Pause]</i> Now, I want everyone to pick one or two words that describe how you felt. We’ll go around the room and you’ll say your name, your pronouns, and your word.</p> <p><i>[Allow participants to share. Depending on the number of participants, feel free to encourage them to share their story or further explain their word if there is time]</i></p> <p><b>Say:</b> Thank you for sharing. As we talk about sexual orientation, I want you to remember how it felt to be excluded and pushed out of an identity that you knew you were a member of. Sometimes we are protective of our communities and are suspicious of new members, especially members that don’t act like we</p>

	do. But it's important to remember, when talking about identity, each person gets to define themselves.
<b>Materials</b>	<b>New Information (30 minutes)</b>
2 large sheets of paper (bigger than 8.5x11)	<p><b>Say:</b> Before we start talking about all the different sexual orientations, we need to talk about the differences between orientation and gender. Who can tell me what gender is? <i>[Allow participants to share ideas.]</i> That's right. Gender identity is someone's internal sense of being a man, woman, both, or neither. Your gender can match your sexual organs or not. Sexual orientation, on the other hand, is who you are attracted to. So you can be transgender and heterosexual. Being gender non-conforming does not automatically make you lesbian or gay. Gender Identity and Sexual Orientation are two distinct parts of a person that work together to create identity. Are there any questions about that? <i>[Answer questions.]</i></p>
Handout 1.1	<p style="text-align: center;"><b><u>Activity 1</u></b></p> <p><b>Say:</b> Now we are going to do an activity where we try to match words related to sexual orientation with their definitions. I would like you to split into two groups. Each group will receive the same list of words and definitions. Each group should select a reader that will read aloud the definitions and then the group will pick a matching word together. You will have 10 minutes to complete this activity.</p>
Tape	<p><i>[Hand out terms and definitions, tape, and paper. Allow participants ten minutes to work. Check both groups and answer questions but do not give the correct matches.]</i></p>
Pencils/Pens	<p><b>Say:</b> Ok everyone, lets gather back. Now we are going to go through each word and see which match you chose.</p> <p><i>[Go through each term and discuss the appropriate definition. Allow groups to offer dissenting opinions and continually check to see if anyone disagrees with the definitions. Periodically ask if there are any questions.]</i></p>
	<p><b>Say:</b> We have talked about the common words used to describe sexual orientation. But it is important to remember that sometimes these words do not describe a person well. For example, is a trans woman that is not taking hormones or seeking surgery and is dating a man gay or heterosexual? The only person that can answer that question is the woman herself. It is important to remember that each person gets to decide which word describes them. Even if their actions don't match the definition we chose, they still get to decide which word describes them. It is our responsibility to use the words they choose and respect their right to self-definition.</p>

Flipchart board	<b><u>Activity 2</u></b>
Markers	<p><b>Say:</b> It is also important to avoid derogatory words when speaking about members of our community. Can anybody think of common derogatory words that are commonly used?</p> <p><i>[Allow group to brainstorm. Write down the suggestions on flip chart or whiteboard]</i></p> <p><b>Say:</b> Who here has been called one of these words? Raise your hand. <i>[Pause]</i>. How did it make you feel? <i>[Allow participants to share how it felt]</i>. Now think silently to yourself: have you ever called someone one of these words? <i>[Pause]</i>. These words were invented to tear down our community, isolate us, and make us feel small. These are the words of oppressors and when we use them, we give them power. We have reclaimed some of these words, like queer. Reclaiming is a powerful act, but it doesn't erase the history of that word. Be careful with the words you use. Any time you are using a word to describe a person's identity, think hard if you are using that word to show respect or using it to tear down that person. I challenge you to only use words that lift each other up, and speak out against words that tear us down.</p> <p><i>FACILITATORS NOTE: Orientation is a complex topic that intersects with race and gender identity. This curriculum seeks to provide a comprehensive overview while avoiding overly complex, uncommon, or academic terms. The information provided below aims to deepen the knowledge of the facilitator should complex or difficult questions arise. Feel free to share this information with participants if the situation is appropriate.</i></p> <p><i>Many in the LGBTQ+ community recognize that romantic and sexual attraction are two distinct yet related elements. Many people's romantic and sexual attractions align (for example, a gay man that is only sexually and romantically attracted to other men). However, some people's romantic and sexual attractions do not align (for example, a man who is sexually attracted to men and women, but only romantically attracted to other men – this man could identify as bisexual and homoromantic). Please see the definitions below for examples of how gender, sex, and romance manifest as attraction.</i></p> <p><b><u>Aromantic:</u></b> <i>Having no romantic feelings towards anyone. An aromantic person is still capable of having loving relationships that are not romantic in nature (friendship, family, etc.)</i></p> <p><b><u>Biromantic:</u></b> <i>Having romantic feelings for both sexes/genders.</i></p> <p><b><u>Demisexual:</u></b> <i>Only feeling sexual attraction for people that they have developed romantic feelings for.</i></p> <p><b><u>Heteroromantic:</u></b> <i>Only having romantic feelings for someone of the opposite sex/gender.</i></p> <p><b><u>Homoromantic:</u></b> <i>Only having romantic feelings for someone of the same sex/gender.</i></p>



<p>Index Card</p> <p>Pencils/Pens</p>	<p>selfish, then I might believe that about myself, even if it's not true. I want you all to know that all the things we just talked about are possible. For some people, it is all about sex. Some people just can't do monogamy. That is ok if you are honest about that with yourself and your partners. It is also very, VERY possible to have loving and faithful relationships as an LGBTQ+ person. You can have healthy, happy families and you deserve healthy, happy relationships. And don't let anyone tell you different.</p> <p style="text-align: center;"><b><u>Activity 5</u></b></p> <p><b>Say:</b> The last thing we are going to do today is look back at that identity you wrote on your notecard. I want you to write or draw positive traits, role-models and experiences that go with that identity. It can be anything. If you are lesbian, you could put Ellen DeGeneres as a positive role-model. Or if you are gay you could talk about the first time you kissed a boy as a positive experience. Maybe if you are bi- or pan-, you can put down open-minded as a positive trait. Anything good that's associated with your identity. Are there any questions? <i>[Answer questions and complete activity. Ask if anyone couldn't think of anything. If yes, pose question to group: what are positive associations with that identity?]</i></p>
<b>Materials</b>	<b>Closing (10 mins)</b>
	<p>Share key points again. Allow for questions. Have each person define a new term in their own words to leave the room. Collect identity card on the way out (return at dinner).</p> <p><b>Say:</b> Ok everyone. That finishes it up for today. We talked about a lot of important things today. I want to thank everyone for their willingness to share. Don't forget that everyone has the right to define their own sexual orientation and we must respect their self-definition. We can do that by speaking respectfully to and about other members of the LGBTQ+ community. Lastly, I want all of you to know that LGBTQ+ people deserve and are capable of loving, healthy relationships and that LGBTQ+ people positively contribute to communities and society in powerful ways. As a member of that community, you have the potential to contribute too. Any time you doubt that, I want you to look at all the positive things you just wrote down on your card. Are there any questions before we wrap up? <i>[Answer questions.]</i></p> <p><b>Say:</b> Great. Now in order to leave today I'll need you to hand in your card and define a new term that we talked about on your way out the door. I'll give you your card back at dinner. Thanks and have a great evening!</p>

## **Handout 1.1**

### **LGBTQ-Friendly Terms**

(Adapted from Sonke Gender Justice “One Youth Can” Curriculum)

**Sexual Orientation terminology can be very complicated. Below are some definitions and terms that can help us speak respectfully about LGBTQ people.**

**Androphilia:** Sexual attraction to masculinity.

**Asexual:** Feeling no sexual attraction to anyone. However, many asexual individuals are able to fall in love and have romantic relationships.

**Bisexual:** Having the ability to fall in love with and/or be sexually attracted to people of both sexes/genders.

**Gay:** Men who are sexually and/or romantically attracted to men.

**Gynephilia:** Sexual attraction to femininity.

**Heterosexual:** Having the ability to fall in love with and/or be sexually attracted to those of the opposite sex/gender.

**Homosexual:** Having the ability to fall in love with and/or be sexually attracted to those of the same sex/gender as themselves.

**Lesbian:** Women who are sexually and/or romantically attracted to women.

**LGBTQ:** Lesbian, Gay, Bi-sexual, Transgender and Queer/Questioning.

**Pansexual:** Having the ability to fall in love with and/or be sexually attracted to individuals regardless of that person’s sex or gender identity.

**Queer:** Historically used as an insult, this term is now used to describe people that are not heterosexual or identifying completely with the gender they were assigned at birth. It is an umbrella term to describe the LGBTQ community and its individual members.

**Questioning:** Someone who is unsure of their sexual orientation or gender identity.

**Same-Gender Loving:** Being attracted to those of their same gender.

**Sexual orientation:** A person’s attraction towards another kind of person (Homosexual, Bisexual, Heterosexual, etc). The attraction is on many levels – sexual, physical, intellectual, emotional and spiritual. It is not only about sex.

**The most important thing to remember is to accept and use the terms, labels and definitions that an LGBTQ person uses to refer to themselves. If you are unsure of the words to use, just ask what the person wants you to use and then use it!**

## Session 2: Gender Identity

Session Materials	Objectives
Handout 1.1 (review)  Handout 2.1	By the end of the session, participants will: <ul style="list-style-type: none"> <li>• Identify the range of identities related to gender</li> <li>• Write down their personal gender identity</li> <li>• Describe positive traits, role-models, experiences associated with their gender identity</li> </ul>
Index Card	<b>Preparation</b>
Tape  Pencils/Pens	<ul style="list-style-type: none"> <li>• Print and cut out each term and definition in Handout 2.1. Tape the terms around the room. Keep the definitions to tape under the term during the lesson.</li> </ul>
	<b>Key Points</b>
	<ul style="list-style-type: none"> <li>• Everyone has the right to define and express their own gender. We must respect their self-definition.</li> <li>• It is important to speak respectfully to and about other members of the Transgender community.</li> <li>• Gender non-conforming people deserve and are capable of loving, healthy relationships.</li> <li>• Gender non-conforming people positively contribute to communities and society.</li> </ul>
<b>Materials</b>	<b>Introduction (10 minutes)</b>
Handout 1.1  Bell/Buzzer	<p><b>Say:</b> We're gonna start off with a review game for those that weren't here last week. We talked about sexual orientation and matched words like gay, lesbian, and bisexual to their correct definitions. Today, we're gonna do that in a speed round like the face-off in family feud. We're going to split into two teams. Each team will send a representative to the buzzer. I will read the definition and you will have to hit the buzzer to answer. You DO NOT have to wait for me to finish before you hit the buzzer.</p> <p>Whoever answers with the correct word gets a point for their team. The representatives sit down and two new representatives step up. Stealing is allowed, so if the first person to hit the buzzer gets it wrong, the other representative gets a chance to guess the right answer and win a point for their team. Are there any questions?</p> <p><i>[Answer questions and give clarification. Split group into two teams. Try to keep the ratio of people that were present last week even to those that weren't. When all the definitions have been read, ask participants to put their chairs back in a circle.]</i></p>

Materials	New Information (30 minutes)
	<p><b>Say:</b> Great job everybody! Now were there any questions from last week that you would like to go over? <i>[Pause. Answer questions if they arise.]</i> Ok, great. This week we are going to talk about gender identity. Remember last week that we talked about how gender identity and sexual orientation were different? Who would like to remind us?</p> <p><i>[Have a student describe in their own words the difference between gender identity and sexual orientation.]</i></p> <p><b>Say:</b> Great. Thank you for sharing. So gender identity is your internal feeling of being a man, woman, both, neither, etc. etc. Sexual Orientation is who you are attracted to. Today, we're going to be delving deeper into gender identity. This can be a very complex topic, but we'll try not to get too confused!</p> <p><b>Say:</b> First we need to clarify the difference between sex and gender. Who can tell me what I mean when I talk about a person's sex? <i>[Allow students to offer responses.]</i> Thanks. So sex is someone's classification as male or female. This classification is assigned based on a combination of biological characteristics like hormones, reproductive organs, and secondary sex characteristics like breasts or beards. Can anyone think of a problem with this?</p> <p><i>[Allow students to discuss problems with sex classification. Bring up intersex individuals, women with high levels of testosterone like South African runner Caster Semenya, individuals with extra chromosomes, women with hairy chins, men with breasts, etc.]</i></p> <p><b>Say:</b> Ok, so we've established that assigning sex based on biological characteristics can be tricky. Now let's talk about gender. Who can tell me what gender is? <i>[Allow participant to answer.]</i> So gender is the behaviors that are associated with being masculine and feminine. These tend to change over time and across countries. For example, in Scotland men wear kilts, which are basically skirts. Pacific Islanders also wear wraps that look like skirts. French kings used to wear high heels with bows on them. Women farmers used to work out in the fields with their husbands, side by side. They still do all over the world. It was stylish and feminine for women to have long hair, until it wasn't. Men had long hair too!... until they didn't.... and then they did again.</p> <p><b>Say:</b> Oftentimes people say that gender is socially constructed. Let's break that down. What does social mean? Can you be social alone? <i>[Allow participant to answer.]</i> So social means a group of people interacting with each other. Great, what does construction mean? <i>[Allow participant to answer.]</i> Ok, so let's put it together. Socially constructed means a group of people get together and build things, specifically definitions, practices, how things should and shouldn't be done. So our group of people here in America decided that people with penises go to work, people with vaginas stay home and take care of children. People with penises have short hair and people with vaginas have long hair. People with penises wear ties and people with vaginas wear makeup. And they decided that</p>

	people with penises are men and people with vaginas are women. There's only one problem... it doesn't work like that!
<b>Materials</b>	<b>Exploration (30 mins)</b>
Handout 2.1 Tape	<p style="text-align: center;"><b><u>Activity 1</u></b></p> <p><b>Say:</b> As we know, there are lots of people in the world that were born with male body parts, but are actually women and vice versa. We also know that there are people that feel they are both genders, and people that feel like they are neither. Some people's gender changes, and some people's stay the same forever. Now we are going to talk about some of the different types of genders there are through an activity. Around the room I've taped some words that describe different gender identities. I'm holding the definitions that go with the word. I'm going to read the definition, and then you all go find the matching word. Once someone has found the word they think is the match, they shout it out and I will tell you if it's correct or not. When you have found the correct definition, we'll tape it under the word. Any questions? <i>[Allow participants to ask questions. Make clarifications. When the activity is over, have everyone come back to their seats. Ask the following questions and allow participants to share their thoughts and feelings about gender identity]</i></p> <p><b>Say:</b> What did you guys think of that activity? Were there any matches you disagree with? Were there any words you thought were missing? Is there anyone that felt like their gender wasn't represented by one of the words on the wall? <i>[Allow participants to share their thoughts and opinions about gender definitions.]</i></p> <p><i>FACILITATORS NOTE: Gender is a complex topic that intersects with race, ethnicity, and sexual orientation. This curriculum seeks to provide a comprehensive overview while avoiding overly complex, uncommon, or academic terms. The information provided below aims to deepen the knowledge of the facilitator should complex or difficult questions arise. Feel free to share this information with participants if the situation is appropriate.</i></p> <p><i><u>Two Spirit:</u> A term that has reached mainstream attention in recent years. It usually refers to queer sexual orientation and gender identity in Native American cultures. Because there is variation across the many tribes and nations among Native Americans, this term is not universally understood. It can refer to a sacred, ceremonial title, a homosexual orientation, and a transgender identity, among others. It is important to emphasize that this identity is unique to people of Native American heritage and for non-native people to use this term is a form of cultural appropriation.</i></p> <p><i><u>Third Gender:</u> Many cultures across the world, particularly in South Asia, have included third genders into their social construction. This can include Kathoey in Thailand, and Hijra in India, and Waria in Indonesia. Typically it refers to</i></p>

<p>Index Cards</p> <p>Pencils/Pens</p>	<p><i>individuals that do not fit clearly into a male or female category and can include intersex individuals. How this term is defined and how members of this identity are treated vary widely across cultures. Because of this, there is not a definition that is universally understood.</i></p> <p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> Ok, now that we've had a good conversation about gender in general, it's time to focus on your gender. People who were here last week will recognize this activity. I'd like everyone to take a card [<i>Hand out blank index cards.</i>] On the blank side, write down your <u>gender identity</u> (not your orientation). You can use one of the words on the wall or write your own word or explanation if none of them fit.</p> <p><i>[Allow 2 minutes]</i></p> <p>Now I'd like everyone to go around the room and share why they chose that one.</p> <p><i>[Allow participants to share]</i></p> <p>Thank you all for sharing. Now, on the side with lines, write or draw positive traits, role models and experiences that go with that identity. For example a trait could be resilient, or fun, or creative and an experience could be that first time you went out dressed as your true gender. Role models can be famous, or a friend or mentor that helped you along your journey. Basically anything positive that goes with your gender identity.</p> <p><i>[Allow 5 minutes]</i></p> <p><b>Say:</b> Is there anyone that couldn't think of anything positive. [<i>If yes, ask other participants to help brainstorm: What are the positive associations with that identity.</i>] Life hasn't been easy or kind to everyone in this room, but it's important to remember the good things that come from you being you. People tell us all the time that we are messed up, or that we are messing this country up. That. Is. A. Lie. Gender non-conforming people positively contribute to communities and society. Gender non-conforming people deserve and are capable of loving, healthy relationships. And any time you doubt that, look down at your card and look at all the good it holds.</p>
<b>Materials</b>	<b>Closing (15 mins)</b>
	<p><b>Say:</b> Now like I said last week, it is important to remember that sometimes these words do not describe a person well. It is important to remember that each person gets to decide which word describes them. Even if their actions don't match the definition we chose in our activity, they still get to decide which word describes them. It is our responsibility to use the words they choose and respect their right to self-definition.</p> <p><b>Say:</b> It is also important to avoid derogatory words when speaking about members of our community. Remember those words were invented to tear down our community, isolate us, and make us feel small. These are the words of oppressors and when we use them, we give them power. Be careful with the words you use. Any time you are using a word to describe a person's identity,</p>

	<p>think hard if you are using that word to show respect or using it to tear down that person. I challenge you to only use words that lift each other up, and speak out against words that tear us down.</p> <p><i>[Close with checking if there are any questions. Ask participants to give a thumbs up if they feel they understand various gender identities, thumbs down if they do not, and side thumb if they are in between. Ask them to do the same for understanding the difference between sex and gender. End by having each person define a new term in their own words in order to leave the room. Collect identity card on the way out and return cards to owner at dinner.]</i></p>

## Handout 2.1

### Trans-Friendly Terms

(Adapted from Sonke Gender Justice “One Youth Can” Curriculum)

**Transgender terminology can be very complicated. Below are some definitions and terms that can help us speak respectfully about Transgender and gender non-conforming people.**

**Androgenous:** Presenting your gender as neither masculine or feminine. An androgenous person often appears gender neutral with elements of both masculine and feminine traits in their appearance.

**Cisgender:** Behaving in line with the expected roles, behaviours and activities that are associated with your sex assigned at birth. This includes identifying as the gender that is associated with your sex. Often abbreviated as “Cis”.

**Crossdresser:** Someone who dresses in clothes that do not match their sex assigned at birth. This is not necessarily to entertain. There are a variety of motivations for cross-dressing and may not be a daily behavior.

**Bigender:** Identifying with two different genders. This can change over time from day to day or year to year. It is also possible to identify as two genders simultaneously.

**Drag King:** A female who cross-dresses in male clothes, usually to entertain. A person that cross dresses is not necessarily homosexual or transgender.

**Drag Queen:** A male who cross-dresses in female clothes, usually to entertain. A person that cross dresses is not necessarily homosexual or transgender.

**Gender:** The way society defines the roles, behaviours, and activities of men, women and people who are transgender.

**Gender Expression:** How a person grooms, dresses, and behaves to demonstrate their gender.

**Gender Identity:** A person’s own inner sense of being a man, woman, or transgender. The person’s gender identity may or may not be the same as his/her sex at birth.

**Gender Fluid:** Having an identity that is not confined to only one gender category. Gender fluid people may have different understandings of their gender, moving between categories as feels right.

**Gender Non-conforming:** Not performing your gender (ie. dressing, grooming, or behaving) in ways that are socially expected.

**Gender Queer:** Opporating outside of the gender binary. The term is not universally understood one way. Essentially, it is an attempt at resisting placement into a single box or category.

**Intersex:** Being born with organs, genitalia or chromosomes that do not fit clearly into a “male” or “female” category. For example, a person can be born with a penis and a uterus, or have XXY chromosomes.

**Queer:** Historically used as an insult, this term is now used to describe people that are not heterosexual or identifying completely with the gender they were born with. It is an umbrella term to describe the LGBTQ community and its individual members.

**Trans:** A general term that refers to the many ways people can challenge or refuse to comply with gender roles or norms. Can be used interchangeably with “Transgender”.

**Transgender:** The umbrella term used to describe those who have a gender identity, expressions or behaviours different from their birth sex.

Note: The correct way to use the term is an *adjective* not a noun:

He is a wealthy man = He is a transgender man, She is pretty = She is transgender.

Do not say: “She is a transgender” or “Transgendered”

**Transgender woman:** Someone who was born male and now lives and identifies himself as a female This person may or may not have changed his/her physical body with surgery, hormones, or in other ways.

**Transgender man:** Someone who was born female but who lives and identifies himself as a male. This person may or may not have changed his/her physical body with surgery, hormones, or in other ways.

**Transsexual:** Feeling the need to have your body reflect your gender identity, which often does not align with your sex at birth. Many transsexual people elect to have surgery to achieve physical characteristics that are typically associated with their gender.

**A note on pronouns:** Sometimes with members of the LGBTQ community, it’s not clear if they identify themselves male, female, neither, or both. This can make using pronouns difficult. If you are unsure, just ask! It will feel uncomfortable at first, but more comfortable than calling them the wrong gender!

**The most important thing to remember is to accept and use the terms, labels and definitions that an LGBTQ person uses to refer to themselves. If you are unsure of the words to use, just ask what the person wants you to use and then use it!**

### Session 3: Queer Sex

Session Materials	Objectives
Flipchart Markers Facilitator Resource 3.1	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> <li>Identify 3 ways to have sex outside of common hetero-normative positions depicted in media (eg. doggy style, girl on top, missionary)</li> <li>Role-play discussing sexual preferences with potential sex partners</li> <li>Write down non-negotiable sex acts and why those boundaries are important to them</li> </ul>
Buzzer/Bell Handout 3.1	<p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>Print handout 3.1</li> <li>Cue youtube video</li> </ul>
Pens/Pencils	<p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>When it comes to sexual activity, there is so much diversity and variation. To think of certain sexual desires or behavior as weird or abnormal creates this false belief that most people have sex a certain way. They don't.</li> <li>As long as all participants are adults, informed, and consenting, there is no wrong way to be sexually intimate.</li> <li>The 2 keys to sexually fulfilling relationships is 1: Honest and clear communication and 2: Respecting boundaries.</li> </ul>
<b>Materials</b>	<b>Introduction (10 minutes)</b>
	<p><b>Say:</b> Today, we are going to be talking about queer sex, or as I like to call it: Good Sex. Now when I say queer sex, I don't necessarily mean sex between LGBTQ+ people. I mean sex that doesn't fall into what society tells us is "normal". So first we're going to brainstorm what society calls "normal".</p> <p><i>[Have participants brainstorm "normal" sex. Seek answers like: Missionary, Heterosexual, Doggy-style, Girl-On-Top, Marriage, etc. Allow participants to disagree and debate what is "normal". The list should be pretty short.]</i></p> <p><b>Say:</b> This list looks pretty short. Our goal today is to make it longer by realizing that diversity, creativity, and variation is normal too. Sound good?</p>
<b>Materials</b>	<b>New Information (15 minutes)</b>
Flipchart Markers	<p><b>Say:</b> Good! Now by a raise of hands how many of you have thought at one time or another that sex, any sex, is dirty, bad, sinful, or wrong? <i>[Pause.]</i> Ya me too. Most of us are taught that sex is dirty or shameful. And that's really unfortunate because sex is such an important and fulfilling part of being human. To make matters worse, I'm sure many of us have also been told that the kind of sex we are interested in is ESPECIALLY wrong. Today we're gonna try to unlearn some of that.</p> <p><b>Say:</b> There are a lot of ways to have good sex, and there are a lot of things people define as "right". For example, only having sex in marriage, or practicing</p>

	<p>monogamy. Or always using condoms. Or getting tested first. Or using birth control. But what if you are trying to get pregnant? Using birth control would definitely be wrong then. Or what if you are a monogamous couple that can't reproduce? Using condoms might not be right for you. See, there is SO MUCH variation so it's really hard to define "correct" sexual activity. But, there are three things you ALWAYS need to have in order to have good sex.</p> <p>First, everyone involved needs to be an adult. <i>[Write "Adult" on the board.]</i> I think everyone understands that adults having sex with children is wrong. Sometimes people have those feelings, but we all understand that acting on those feelings are wrong because a child doesn't have the power to say "No." A child can't always protect and stand up for themselves. Does anyone have questions about that? <i>[Pause. It is likely participants will ask about two minors having sex together.]</i> So what are we defining as adult here? 18? 16? 11? These are tough questions. What about a 17 year old and an 11 year old? What about a 17 year old and an 18 year old? There's no easy answer here. Luckily everyone in this room is an adult so it's not a major concern for our discussion today. However I will say this: What the word "Adult" is getting at is equality. If two people are adults, they are hopefully on equal footing. They are likely able to say no, to stand up for themselves. They should be able to get help if they need it and say yes when they want to.</p> <p><b>Say:</b> Which brings me to my second thing necessary for good sex: Consent. <i>[Write consent on the board.]</i> Who can tell me what consent is? <i>[Pause.]</i> Thank you. Now consent can look different based on the relationship, the culture, the personality. What is important, however, is that the consent is CLEAR.</p> <p><b>Say:</b> The last thing that we need for good sex is for everyone involved to be informed <i>[Write informed on the board.]</i> So can someone consent to something they don't know about? <i>[Pause.]</i> Correct, they can't. If you are having sex with two people, and one doesn't know about the other, can that person consent to an open or polyamorous relationship? Informing your partners is really important. It opens the lines of communication, it ensures you and your partners are secure and happy, and it decreases your risk. Because if Joe has talked to Bob about his 6 current partners, then Bob knows to always wear a condom with Joe.</p>
<b>Materials</b>	<b>Exploration (60 mins)</b>
<p>Facilitator Resource 3.1</p> <p>Buzzer/Bell</p>	<p style="text-align: center;"><b><u>Activity 1</u></b></p> <p><b>Say:</b> Now let's play a game to practice this idea of clear consent. I'd like everyone to break up into two teams. Each team will send a representative to the buzzer. I will read a scenario describing a sexual encounter and you will have to hit the buzzer to answer if it is clear or unclear consent. You have to wait for me to finish before you hit the buzzer. Whoever answers with the correct word gets a point for their team. The representatives sit down and two new representatives step</p>

<p>Flipchart</p> <p>Markers</p>	<p>up. If the first person to hit the buzzer gets it wrong, no points are awarded and the next two representatives are up. Any questions?  <i>[Complete activity.]</i></p> <p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> So now that we understand consent, let’s talk about what we do once we get consent. At the beginning of class we brainstormed this list of “normal” consent. It was a pretty sad and lonely list. So now we are going to add to it. What are some other types of sex that aren’t on this list?  <i>[Allow students to brainstorm. Include prompts like asking about sex that involves toys, sex that doesn’t involve intercourse (mutual masturbation, oral, humping, etc), ask about foreplay like making out, massage, etc.]</i></p> <p><b>Say:</b> This list is soooo much happier now! Looking at this list, do you think only LGBTQ+ people can have this kind of sex? <i>[Pause.]</i> When you think about it, ANYBODY can have this kind of sex, and a lot of people do. And if a lot of people do, including heterosexual cisgender people, then I would make the argument that this sex is pretty normal.</p> <p><b>Say:</b> However, this is a LOOOONG list and I would guess that there are very few people that love EVERYTHING on this list. Knowing that there are so many ways to be sexually intimate, it’s important to know what you like, and communicate that to your partners. To help with that, we are going to do some role plays. I want everyone to find a partner. You two will pretend you are sex partners.  <i>[Allow group to form pairs. If there is an uneven number, have a group be a threesome and assign roles according to the facilitator’s note below.]</i> I’m going to hand out the role you will be playing. Person A will like anal, receiving (but not giving) oral, and their partner wearing a dildo. Person B will hate anal, receiving and giving oral, and being kissed and licked on their neck. You guys are hanging out eating dinner and have to communicate these preferences to each other. Try to keep it realistic. You wouldn’t just read out your preferences like a list in real life, so don’t do it here. Your goal is to express your preferences and negotiate boundaries that everyone is comfortable with.  <i>[Allow 10 minutes for role-play.]</i></p> <p style="text-align: center;"><i><u>[Facilitator’s Note: Threesome option]</u></i>  <i>The three of you are in a polyamorous relationship. That means that you all have sex with each other in an open, consenting, and positive manner. Person A will like receiving (but not giving) anal, receiving (but not giving) oral, and their partner wearing a dildo. Person B will hate anal, receiving and giving oral, and being kissed and licked on their neck. Person C will like giving (but not receiving) oral, will like giving (but not receiving) anal, and really likes hand-jobs and a lot of foreplay.]</i></p>
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<p>Handout 3.1</p> <p>Pens/Pencils</p>	<p><b>Say:</b> Ok how did we do? <i>[Allow participants to discuss the experience. Ask about challenges, compromises, solutions.]</i> Great. Now, as we saw some of these preferences were in direct conflict with each other and that is challenging. When having this conversation in real life, knowing what is negotiable and what is NOT negotiable is important. For example, if someone I love a whole lot wants to have anal and it's really important to them, that's something I could compromise on occasionally. But if someone I love a whole lot never wants to have any kind of sex ever, that's not something I can compromise on. I would not be happy in an asexual relationship. The good news is that there are other people out there who are happy with asexual relationships. What's important is to communicate with your partner so you can find someone who is sexually compatible with you. By raise of hands, who here would be willing to have a conversation like we just practiced with their real life partners and their real life preferences? <i>[Pause.]</i> Ok. Later on in this course we will be talking about communication. Hopefully that session will increase your comfort in talking about things like this.</p> <p style="text-align: center;"><b><u>Activity 3</u></b></p> <p><b>Say:</b> Another thing that can help is knowing exactly what you like and don't like. Most people have certain sexual behaviors that they are 100% never ok with, and some they are only ok with for certain partners. I'm handing out a piece of paper. No one else will see this paper but you. On that paper I want you to make 3 lists. The first list is your favorite sexual things. The second list is your things that you will only do with certain kinds of partners. Make sure you define what kind of partner it is. For example, I only have unprotected sex with people that I'm in a monogamous relationship with. The third list is things you are 100% NOT ok doing. <i>[Allow 5 minutes to make their lists].</i></p> <p>Now look at your third list. I want you to write underneath WHY you don't want to do those things. <i>[Allow 5 minutes to write their reasons].</i></p> <p><b>Say:</b> Remember, this is your private list. You can share, or not share this with whomever you like. The next time someone asks you to do something you are uncomfortable with, you can look at this list and have clear answers for why you don't want to do those things. A good partner will respect those boundaries. If they are not respecting those boundaries, they are not getting clear consent, and they're not having good sex.</p>
<b>Materials</b>	<b>Closing (5 mins)</b>
	<p><b>Say:</b> Ok, who can tell me the three things you need to have good sex? <i>[Adult, Consent, Informed]</i> Excellent. Thank you. Now who can tell me what consent is? <i>[Pause.]</i> Great. Remember, there are two keys to creating a sexually fulfilling relationship.</p> <ol style="list-style-type: none"> <li>1: Practicing honest and clear communication. We practiced that today with our sexual preference role play.</li> <li>2: Respecting boundaries. We respect boundaries by seeking clear consent, and not pushing people's non-negotiable list.</li> </ol>

	<p>Are there any questions about anything we talked about today? <i>[Pause.]</i> Great. In order to leave the room today, you have to identify three new sex behaviors that you learned about today OR if you already knew everything the three you found most interesting.</p>

## Handout 3.1 Knowing Your Boundaries

Never OK	
Only Ok with Certain People	
Favorite Things	

**WHY:**

## Facilitator Resource 3.1

### Consenting to sexual activities

*Read these scenarios and have participants decide if it is an example of clear consent or not. Correct answers are underlined.*

#### Scenario 1:

John is making out with his boyfriend, Cody. Things are going pretty well, so John starts to slip his hand underneath Cody's waist-band. Cody pushes his hand away and John stops. A while later, John tries again. Cody starts to move his hand away. John just freezes his hand where it is. After a minute he starts to move his hand down again. Cody pushes back at first but seems to give up. John continues to slip his hand down Cody's pants while Cody keeps kissing him. Clear or Unclear?

#### Scenario 2:

Jazzy and Amber have been dating for about two months. They've given each other hand jobs before but Jazzy is ready to move on to oral. One night, they are messing around and Jazzy whispers in Amber's ear "I want to taste you." Amber kisses Jazzy deeply and then pushes her head down there. Clear or Unclear?

#### Scenario 3:

Andre and Kim have been hanging out a lot lately. Kim is pretty sure Andre likes them. They flirt a lot and he's always bringing them little things, like pieces of candy or little doodles he made. Kim likes him too, but isn't sure if they want to date him or anything. One day, they are hanging out and he puts his hand on Kim's leg. Kim's still unsure, so they don't say anything. Andre leans in to kisses them. Andre is nice and Kim really likes his company. Kim doesn't want to hurt his feelings, so they let Andre kiss them. They're unsure at first but Kim kind of likes it, so they kiss him back. Clear or Unclear?

#### Scenario 4:

Conner and Brandon have been together for a year. Brandon has a new job and is under a lot of stress. They haven't been having as much sex as they used to, but they're committed to each other and make sure to have sex at least once or twice a week. One day, Brandon gets off work and he and Conner have a few drinks. They start making out and Brandon starts unzipping his pants. Conner gives him a hand job. After Brandon comes, Conner stands up and takes off his own pants. Brandon says he doesn't really feel like bottoming tonight. Conner says it's only fair, since he got Brandon off first. "Besides," says Conner, "I'll be fast, you've already got me really hard." Brandon doesn't say anything. Conner kisses him and Brandon kisses him back. Then Conner turns Brandon around. Clear or Unclear?

#### Scenario 5:

Courtney and Bex are watching a movie and having a few drinks. They hooked up a few weeks ago when they were drunk, but Bex has said she is trying to hook up with less people and take care of herself more. While they are watching the movie, Bex snuggles up real close to Courtney and they end up making out. Things get a little intense. Courtney starts to undo Bex's pants but stops and asks if this is ok? Bex doesn't answer and just kisses Courtney. Courtney keeps going and they spend the night together. Clear or Unclear?

#### Scenario 6:

Justin and Tyler are out on a date. Things are going really well and Justin wants to hook up with Tyler. Justin asks Tyler if he wants to get out of there. Tyler says ya and they head outside where they start

making out. Tyler invites Justin back to his place where they keep making out. After a while Tyler moans “God I really want to fuck you right now.” Justin looks at him and says “Then why don’t you do it already?!” Tyler smiles and unbuttons his pants. Clear or Unclear?

**Scenario 7:**

Eric and Cam have been dating for about 6 months. They’re really into each other. Cam will give Eric hand jobs and oral, but isn’t comfortable using her strapless or having intercourse. Eric likes the sex they are having, but really wants to express his feelings for Cam physically instead of just receiving all the time. They talk a lot about it, and Cam thinks she might be ok with bottoming. One night, they are having sex and things are going real well. Eric feels really connected to Cam. He asks her if he can be inside her. Cam thinks about it and decides she is ready. Eric reminds her that they can stop at any time. Cam kisses him and says “ok”. Clear or Unclear?

**Scenario 8:**

Tony and Will are best friends. They spend all their time together. They are really close with each other and don’t mind sharing the same space. Tony puts his legs up on Will’s lap and sometimes Will falls asleep on Tony’s shoulder. They’ve really never talked about sexual orientation or anything. They don’t need to. They’re just comfortable with each other. One night, they stay up all night talking and laughing. At one point, they are laying side by side and there’s definitely some electricity. Tony looks at Will and touches his face. Will takes Tony’s hand. Tony whispers “Can I kiss you?” Will hesitates, then softly says “ok.” Tony slowly leans forward and gently kisses Will. He pulls back and Will smiles before enthusiastically kissing him back. Clear or Unclear?

**Scenario 9:**

Emily and Chris had hooked up a few times and got along really well. They started hanging out and hooking up more and more. Emily and Chris told their friends they had a friend with benefits kind of situation. One night, they were hanging out and watching a movie. They start making out but after a while Chris says he’s not really in the mood. Emily smiles and says “I bet I can get you in the mood.” She keeps kissing him and starts moving her hand over his pants. Then she slips his hand under his waist band. He tries to tell her he’s had a tough day and just wants to hang out but she doesn’t seem to hear him. “But you’re so hard. Your dick is definitely in the mood. You should give it what it wants.” She giggles and climbs on top of him. He sighs and gives her what she wants. Clear or Unclear?

**Scenario 10:**

Kayla and Vanessa have been out on a few dates and really like each other. It’s a nice summer evening so they decided to get some fast food and hang out in the park. They lie on their backs and play games spotting pictures in the clouds. At one point, Kayla reaches over and touches Vanessa’s hand. Vanessa wraps her fingers around Kayla’s and smiles. Later, as they were saying goodnight Kayla gives her a hug goodbye. As Kayla pulls away Vanessa smiles and says “Ya know what would make this night perfect? A really good kiss goodnight.” Kayla grins and gives her a good long kiss before running to catch her bus. Clear or Unclear?

## Session 4: HIV and AIDS

Session Materials	Objectives
Flipchart Markers Facilitator Resource 4.1	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> <li>• Explain how HIV is spread (four fluids) and the benefits of PrEP treatment</li> <li>• Rank sexual risk behaviors</li> <li>• Demonstrate correct way to use and dispose of a condom</li> </ul>
Buzzer/Bell Handout 4.1 Facilitator Resource 4.2 Tape	<p><b>Preparation</b></p> <ul style="list-style-type: none"> <li>• Print two copies of Facilitator Resource 4.2</li> <li>• Cut out 2 sets of terms in Facilitator Resource 4.2</li> <li>• Print copies of Handout 4.1 and Handout 4.2</li> <li>• Cut Handout 4.2 into half-sheets</li> <li>• Optional materials: Small Cloth Bag, Approximately 200 pieces of small white paper, 1 small piece of blue paper</li> </ul>
2 flipchart sheets Handout 4.2	<p><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• HIV is spread through Semen, Vaginal Fluid, Blood, and Breast Milk ONLY.</li> <li>• If someone adheres to their HIV treatment regimen, they cannot pass HIV to others.</li> <li>• If someone does NOT adhere to their HIV treatment, it progresses to AIDS, which is deadly.</li> <li>• PrEP effectively prevents against HIV, but NOT other STI's.</li> <li>• Condoms effectively prevent against HIV AND most STI's.</li> </ul>
Materials	Introduction (15 minutes)
Flipchart Markers	<p><b>Say:</b> Alright everyone, today we are going to be talking about HIV and AIDS (which by the way are not the same thing). Now some of you will know parts of this information but I bet everyone in the room that you are going to hear something new today. Before that, we are going to do a warm up. Who here has ever used a condom? Awesome. There are 8 steps to using a condom. Who can tell me the steps in the correct order? <i>[Correct order is 1. Check Expiration 2. Check Air Bubble 3. Open (no teeth!) 4. Pinch Tip 5. Roll Down 6. Use 7. Remove and Tie (don't spill!) 8. Throw In Trash. Write steps on the board as they correctly identify them. This will take multiple tries].</i></p> <p><b>Say:</b> Cool. Now that we have the steps down, who can demonstrate them for me? <i>[Allow volunteer to demonstrate without looking at board. If they miss a step, they have to sit down and someone else will try. Continue until someone completes all steps. Watch out for condoms being rolled down backwards. Point out that if this happens in real life, they need to start over.]</i></p> <p><b>Say:</b> Great! Now lets be honest. The next time you need to use a condom, you aren't going to be in front of a classroom with a list, and you PROBABLY aren't</p>

	going to have a lot of light. So, who is brave enough to try this blindfolded? <i>[Allow volunteers to do it blindfolded. Keep having people try until someone gets it right. Point out that a shortcut is to check the expiration date before putting it in their bag.]</i>
<b>Materials</b>	<b>New Information (30 minutes)</b>
Facilitator Resource 4.1	<b>Say:</b> Awesome. Now everyone in this room is a condom expert. On to HIV. Who can tell me the difference between HIV and AIDS? <i>[Allow participants to answer.]</i> Thanks. So an easy way to think about it is HIV is the virus that causes AIDS. HIV is the germ, AIDS is the illness. People can live a long time with the germ before they get sick with AIDS. Some people are able to live their whole lives with the germ and never get AIDS. They do this by carefully following their doctor's advice and correctly following their treatments and medications.
Buzzer/Bell	<b>Say:</b> What does it mean to have AIDS? <i>[Allow participants to answer.]</i> Those are good ideas. What it means to have AIDS is that your immune system stops working. Does anyone know what your immune system is? <i>[Allow students to answer.]</i> Ya, so your immune system is the part of your blood that fights infection and germs. HIV (the germ) kills your immune system and makes it so you can't fight off infection like cancer, pneumonia, and tuberculosis. When you can't fight those diseases, they kill you and that's how people die of AIDS. Luckily, we now have very effective drugs that stops HIV from progressing to AIDS. But those drugs can only save your life if you take them, and you can only take them if you know your HIV status. Any questions on the difference between HIV and AIDS? <i>[Answer questions.]</i>
Small Cloth Bag	<b><u>Activity 1</u></b>
Approximately 200 pieces of small white paper	<b>Say:</b> Now we are going to play a true/false game about HIV and AIDS. I'd like everyone to break up into two teams. Each team will send a representative to the buzzer. I will read a statement about HIV and AIDS and you will have to hit the buzzer to answer if it is True or False. You have to wait for me to finish before you hit the buzzer. If you answer correctly you get a point for your team. Then the representatives sit down and two new representatives step up. If the first person to hit the buzzer gets it wrong, no points are awarded and the next two representatives are up. Any questions? <i>[Complete activity.]</i>
1 small piece of blue paper	<b>Say:</b> Ok, to review: HIV is spread ONLY by Blood, Semen, Vaginal Fluid, and Breast Milk. You can ONLY get HIV if one of those four fluids comes in contact with your blood or mucus membranes (like the inside of your anus, vagina or front hole). It is NOT spread by saliva. Are there any questions about anything we have talked about so far? <i>[Answer Questions.]</i>
Handout 4.1	<b>Say:</b> Great. Now let's move on to PrEP. By raise of hands, who here has heard of PrEP? <i>[Pause.]</i> Keep your hand up if you understand what PrEP is? <i>[Pause.]</i> Keep your hand up if you know where to get PrEP. <i>[Pause.]</i> Ok great. Who wants to tell me what PrEP is? <i>[Allow participant to answer.]</i> Thank you. So PrEP stands

	<p>for Pre-Exposure Prophylaxis. It is a pill with the brand-name Truvada that you take every day. It significantly decreases the likelihood of getting HIV if you are exposed to it and is an effective way to prevent HIV infection. What are some places that you can get PrEP in Atlanta? <i>[Allow participants to share.]</i> Excellent. There are actually several places you can get PrEP. Here is a list for Fulton and Dekalb Counties <i>[Pass out handout 4.1]</i>.</p> <p><b>Say:</b> Now, it's important to remember that PrEP ONLY protects against HIV. It does not prevent other STI's like Gonorrhea and Syphilis. We're going to talk about other STI's next week, but who can tell me an effective way to avoid HIV, Gonorrhea, Syphilis, Chlamydia, etc. etc.? <i>[Seek the answer consistent condom use]</i>. Right. Which is why we made sure everyone knows the correct way to use a condom at the beginning of class. Now let's delve a little deeper into the issues of HIV transmission.</p>
<b>Materials</b>	<b>Exploration (30 mins)</b>
<p>Facilitator Resource 4.2</p> <p>Tape</p> <p>2 flipchart sheets</p>	<p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> So, if I use a condom with Billy, who I know sleeps with a lot of different people, but not with Joe-Bob because he's kind of a nerd and probably only slept with one or two people before, am I safe from HIV? <i>[Allow participants to discuss assumptions about people who have HIV. Make sure participants understand that anyone can have HIV and most HIV-positive people in Atlanta don't KNOW they have HIV.]</i></p> <p><b>Say:</b> Great. Next question: I'm having sex with someone who has HIV. He is very good about taking his medication. He visits his doctor regularly and follows his doctor's directions. If I had unprotected sex with this guy, is my risk of getting HIV high or low? <i>[Allow participants to discuss the risk of having sex with someone who knows their HIV status. Make sure participants know that if a person's levels are undetectable, they cannot pass on HIV.]</i></p> <p><b>Say:</b> Ok, last question: I'm having sex with this really nice guy. We are in a monogamous relationship. He's pretty young, and has only had two partners before me. Is my HIV risk high or low? <i>[Allow participants to discuss the risk of having sex with someone who does not know their HIV status. Make sure that participants understand someone who does not know their status is much riskier than someone who does.]</i></p> <p style="text-align: center;"><b><u>Activity 3</u></b></p> <p><b>Say:</b> Thanks for sharing all your thoughts everyone. Last week, we talked about different kinds of sex like anal, oral, hand-jobs, etc. Unfortunately, when it comes to HIV transmission, not all kinds of sex are equal. Some are riskier than others. We're going to explore this risk by breaking into two teams. <i>[Have participants break into two teams.]</i> I'm handing out a pile of different kinds of</p>

	<p>sex. Your job is to rank them with least risky on the bottom, most risky on the top. Once your whole team agrees on an order, tape it to the paper I've provided.  <i>[Allow students to complete activity. Go through the correct order at the end]</i></p> <p><b>Say:</b> Great. Now let's go into a bonus round. I'm going to give you more unique types of sex and you have to place them on your chart in the area you think it goes. There are more variables involved with these so there's not necessarily a right answer. However, you have to be able to defend your answer.  <i>[Allow students to defend their answer before moving on to the next type of sex.]</i></p>
<b>Materials</b>	<b>Closing (15 mins)</b>
Handout 4.2	<p style="text-align: center;"><b><u>Activity 4</u></b></p> <p><b>Say:</b> Good job everybody. Are there any questions on what we covered so far?  <i>[Answer questions.]</i> We've talked a lot about HIV risk today and you all should be pretty clear on those risks. However, we live in a really big community and a lot of your friends couldn't be here today. Most people in our community won't ever hear the things you learned today and that puts them in danger. I know a lot of you feel strongly about protecting your friends, so to close the session I'm going to have you all practice sharing what you learned today.</p> <p><b>Say:</b> Everyone find a partner. I'm going to give you a list of things you learned about today. One of you will be person A and one will be person B. Go down the list and explain to your partner what each item on your list is. If your partner misses something, make sure to remind them after they have finished their explanation. You will have 8 minutes. At the end, we will go through the list as a group to make sure everyone is correct. <i>[Complete activity.]</i></p> <p><b>Say:</b> Alright everyone, that does it for today. Are there any questions before we close? <i>[Answer Questions.]</i> Think of a scale of 1-5, with 5 being really confident talking about HIV, and 1 being not at all confident. Hold up the number of fingers that reflect where you are on that scale. <i>[Pause.]</i> Awesome. Ok, in order to leave today, everyone has to demonstrate the correct way to put on a condom on the way out of the door.</p>

## **Handout 4.1**

### **Places to get PrEP (Truvada) Around Atlanta**

PrEP stand for Pre-exposure Prophylaxis. It is a drug you can take daily in order to protect yourself from HIV. If you are interested in taking PrEP, below are some clinics that may be able to help you.

#### **AID Atlanta**

1605 Peachtree Street NE  
Atlanta, Ga 30309  
Phone: 404 870 7762

#### **Absolute Care**

Brookwood Square  
2140 Peachtree Rd NW #232  
Atlanta, GA 30309  
Phone: 404 231 4431

#### **Fulton County Health Department**

99 Jesse Hill Drive  
Atlanta, GA 30303  
Phone: 404 613 4708

#### **Piedmont Avenue Health and Wellness**

735 Piedmont Ave  
Atlanta, GA 30308  
Phone: 404 588 4680

#### **National AIDS Education & Services for Minorities (NAESM)**

2140 Martin Luther King  
Atlanta, GA 30310  
Phone: 404 691 8880

#### **Positive Impact**

1117 W. Peachtree Street NW  
Atlanta, GA 30309  
Phone: 404 589 9040

#### **Someone Cares**

1950 Spectrum Circle  
Marietta, GA 30067  
Phone: 678 921 2706

#### **AIDS Healthcare Foundation**

5700 Hillandale Dr  
Lithonia, Ga 30058  
Phone: 770 593 6684

#### **Intown Primary Care**

Phone: 404 541 0944

730 Ponce De Leon Pl NE B  
Atlanta, GA 30306

-and-

2215 Cheshire Bridge Rd, NE  
Atlanta, GA 30324

**Handout 4.2**  
**Practice Sharing What You've Learned**

A: Window Period

B: Four Fluids that Transmit HIV

A: What is PrEP?

B: The riskiest type of sex

A: Being undetectable

B: 8 steps to using a condom

A: The difference between HIV and AIDS

B: How does HIV become AIDS?

**Handout 4.2**  
**Practice Sharing What You've Learned**

A: Window Period

B: Four Fluids that Transmit HIV

A: What is PrEP?

B: The riskiest type of sex

A: Being undetectable

B: 8 steps to using a condom

A: The difference between HIV and AIDS

B: How does HIV become AIDS?

## Facilitator Resource 4.1

### Myth and Facts about HIV and AIDS

*Read each underlined statement aloud and have participants choose if the statement is true or false. If they choose correctly, ask them to explain why. If they answer incorrectly, tell them the correct answer and explain why. The correct answer is provided in bold. Sample explanations are provided in italics.*

You can get HIV from vaginal or front hole secretions. **True**

*Vaginal or front hole fluid carry HIV just like semen (cum).*

You can get HIV from someone's spit. **False**

*Saliva does carry trace amounts of the HIV virus, but a very little amount. You would have to expose yourself to a gallon of saliva to be at risk. Because of this, you cannot get HIV from kissing or making out.*

You can get HIV from breast milk. **True**

*Unlike saliva, breast milk has enough virus to pass to another person. This is how many children are infected with HIV.*

You had sex last week and the condom broke. You got an HIV test and it was negative, so you're all good. **False**

*The HIV test measures your body's response to the virus, called antibodies. It takes your body up to three months to develop those antibodies. This is called the Window Period. Right after you are infected, you are the most contagious, but the test can't detect it. If you think you might have been exposed, you need to get tested, then be really good about condoms or avoiding sex for three months and get tested again three months later. If you feel like you might be exposed a lot, it's good to make the habit of getting tested every 3- 6 months.*

If you have unprotected sex one time with someone who has HIV, you probably have AIDS. **False**

*This is false for two reasons. First, AIDS is the disease caused by HIV. It takes years to develop AIDS. You don't automatically get AIDS when you get HIV. Second, It's actually not very easy to get HIV. Even if you are exposed, it is not automatic that the virus will get a foot-hold in your body and infect you. The virus has to get into your blood stream and that doesn't happen every time you have sex, although it can happen any time you have sex.*

The more people you have sex with, the more likely you will get HIV. **True**

*[This explanation is most effective if you demonstrate with a bag and pieces of paper as you are talking.] This is about the odds. Imagine a bag with 50 pieces of paper. 1 piece of blue paper represents getting HIV. Every time you take a piece of paper represents having unprotected sex. The first time you pick a piece of paper or have unprotected sex, you might get that blue paper. I know people that has happened to. But chances are you will get a white paper. And chances are you will get a white paper the second time, and the third time and the fourth time. But eventually, as less and less white paper exists, your chances of getting that blue paper goes up. The more people you have unprotected sex with, the more likely it is that you will get HIV. We can improve our odds though by using condoms. The more we use condoms, the more our risk goes down. So if we use condoms half the time, maybe our chances go up to 1 blue paper in 100 white pieces. If we use condoms almost all the time, maybe our chances go up to 200 white pieces. If we use condoms every single time no matter what, maybe our chances go up to 500*

*pieces of white paper. The blue paper is always there because shit happens. Partners cheat, condoms break, people lie. But the more we use condoms, the less likely it is that we will get that blue paper one day.*

**You can get HIV from oral. True**

*However, the risk is much lower than other types of sex. Stomach acid kills HIV, so swallowing cum doesn't give you HIV. However, if you have a sore on your mouth from herpes or drug use, the virus can get in your blood through the sore and infect you. Also, if you have chlamydia or gonorrhea in your throat, the irritation can let the HIV get into your blood stream too.*

**Lesbians can't get HIV. False**

*Just because someone is a lesbian, doesn't mean they never have sex with penises. Some have sex with trans women, some have sex for work, some have sex against their will. Lesbians can also get HIV from oral with other women. Vaginal fluid carries HIV. If you have a sore on your mouth or throat and are giving oral to an HIV positive woman, the virus could get in your blood stream and infect you. The risk is very very low, but it is possible.*

**Once people get HIV, they develop AIDS pretty quickly. False**

*HIV takes years to develop into AIDS. When you are infected, the virus hangs out in your body for years, multiplying over and over again. You feel totally normal and have no idea you are infected. All the while, the virus is killing your immune system. Eventually, you lose a ton of weight and develop diseases like cancer and pneumonia. Once your immune system is really weak and you have these diseases, then you have AIDS. Luckily, people can stop HIV from ever becoming AIDS by taking powerful medication called ARVs that fights the virus and protects your immune system.*

**You can't get HIV from hand jobs. True**

*Like we've been talking about, HIV has to enter your blood stream. This usually happens through the delicate tissue in your vagina, front hole, or anus. Sometimes it happens through a sore on your penis, strapless, or mouth. Unless you have a cut on your hand, you won't get HIV from hand jobs because infected cum or blood isn't getting into your blood stream.*

**You can tell someone has AIDS because they look like shit. False**

*The only way you can tell if someone has HIV is through an HIV test. The only way you can tell if someone has AIDS is if they or their doctor tells you they have AIDS. People look like shit for lots of reasons, it doesn't necessarily mean they have AIDS.*

**Using drugs increases your likelihood of getting HIV. True**

*Using drugs increases your HIV risk for three reasons. One, when you are intoxicated, you can't think clearly and it is difficult to make good decisions. You might have sex with someone you might not usually, you might forget to use protection or you might be unable to say no. Two, using drugs sometimes creates sores or burns on your mouth that HIV can pass through. Three, sharing injection needles (even for hormones) is another way that HIV can enter your blood stream. However, you can decrease this risk by always using new needles and avoiding sex or risky places when you are using.*

**Once you get AIDS, you'll always have AIDS. False**

*AIDS is when your immune system is very weak and you have certain diseases like cancer or tuberculosis. A lot of people find out they have HIV when they show up at the hospital sick and learn they've had HIV*

*for a while and it's already ruined their immune system and turned into AIDS. Luckily, if they start taking medication and follow their doctor's instructions, then they can push back the HIV, strengthen their immune system, and return to a healthy HIV-positive person without AIDS.*

**Once you get HIV, you'll always have HIV. True**

*Even though you can come back from an AIDS diagnosis, HIV will always be in your system.*

**If you are a drug user, you probably have HIV. False**

*People don't have HIV simply because they are a member of a group. Someone who uses drugs might always use their own, clean works. They also might be very good at avoiding intoxicated sex or remembering condoms (although their ability to use the condom correctly might be lessened). It's not like all gay guys have HIV, and not all drug users have HIV either. It all depends on their behavior and the steps they take to protect themselves.*

**Anal sex is the most likely form of sex to transmit HIV. True**

*The tissues in your anus are very delicate. It is really easy to tear and bleed. That's why lube is so important. The anus also wants to absorb all liquid. So if your anus receives cum with HIV in it, it's going to work to suck up as much cum as it can, including the HIV in it. For this reason, anal sex without protection is usually classified as the riskiest form of sex.*

**Only gay guys get HIV. False**

*Anyone that engages in behavior that transmits HIV, can get HIV. Gay, straight, lesbian, bi, trans men, trans women, bankers, politicians, doctors, teachers, uber drivers, bartenders, and homeless people. ANYONE can get HIV if infected blood, breastmilk, semen, vaginal or front hole fluid gets in their blood stream.*

**Using condoms every time with every partner is a very great way to avoid HIV. True**

*Like we talked about with the white and blue paper, condoms really improve your odds. Condoms aren't 100% effective. People use them wrong and sometimes they tear or get stuck up inside you. But if you use them correctly and use them every time, they are very very close to 100%.*

**You cannot get HIV if you practice Monogamy (only having sex with one partner). False**

*You might think you are in a monogamous relationship but your partner might be having sex with other people and exposing both of you. Even if you and your partner are 100% faithful and only have sex with each other, they might have gotten HIV from a past partner and not know it. That is why if you want to have a monogamous relationship, it is important to use condoms until you have been together for 3 months, get an HIV test and loose the condoms if you are both negative.*

**You can tell when you get HIV. False**

*When you have been infected with HIV, many people experience flu-like symptoms a few weeks after they were exposed. However, a flu might just be a flu. The only way you can tell if you have HIV is if you get an HIV test.*

**People who have HIV are irresponsible. False**

*Babies can get HIV from their mothers. Someone that is 100% monogamous can be infected by a partner that doesn't know their status or a partner that cheats. Someone can use condoms every single time with every single partner and be unlucky enough to get it from that one torn condom. HIV is cunning and*

*spreads the most when the carrier can't know they are positive: that first few weeks before it shows up on the test. Just because someone has HIV doesn't mean they are a bad person, or they made bad choices. They were just unlucky. In fact, most positive people are incredibly responsible in taking their medication, living healthy lives, and doing everything they can to protect their partners and friends.*

**The ONLY way you know if you have HIV is by getting an HIV test. True**

*Even if you know you were exposed, you might not have been infected. The only way you can know for sure is if you get an HIV test 3 months after your exposure.*

**There is no cure for HIV. True**

*Once you have HIV, you will always have HIV. However, the drugs we have now are incredibly effective. If someone takes their medication as directed, they can reduce HIV in their body so much, that they can't pass it to someone else. This is called "having an undetectable viral load" or "being undetectable". The sooner you get tested and start your medication, the more likely you will become undetectable. The only way you can know if you are undetectable is if your doctor runs blood tests and tells you. It requires that you stay in regular communication with your doctor and always remember your medicine.*

Facilitator Resource 4.2  
Ranking Risk Posed by Various Sex Acts

**Most Risky**

**Receiving Anal**

**Receiving Vaginal or Front Hole**

**Giving Anal**

**Giving Vaginal or Front Hole**

**Scissoring/Wet Humping**

**Giving Oral**

**Receiving Oral**

**Hand Job (Fingering)**

**Kissing (Making Out)**

**Dry Humping**

**Masturbating**

**Least Risky**

## **BONUS ROUND**

**Receiving from a Dildo/Vibrator**

**Switching Holes**

**Sharing a Dildo/Vibrator**

**Sharing Harnesses**

**Sharing Cock Rings**

**Water Sports**

**Squirting**

**Receiving Analingus (Tossed Salad)**

**Giving Analingus (Tossed Salad)**

**Facials**

**Fisting**

## Session 5: STI's

Session Materials	Objectives
Handout 5.1 Paper Markers Pencils/Pens	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> <li>• Describe signs, symptoms and consequences of common STI's</li> <li>• Explain the relationship between STI's and HIV</li> <li>• Develop strategy to reduce harm/risk associated with at least one personal sexual behavior</li> </ul>
	<b>Preparation</b>
	<ul style="list-style-type: none"> <li>• Print handout 5.1</li> </ul>
	<b>Key Points</b>
	<ul style="list-style-type: none"> <li>• Bacterial STI's can be cured, Viral STI's cannot be cured. However, Viral STI's can be managed.</li> <li>• Having an STI increases your risk for contracting HIV.</li> <li>• Because PrEP is an effective way to prevent HIV, condom use is decreasing. As a result, STI's in the LGBTQ+ community is increasing rapidly and the infections are becoming drug resistant.</li> </ul>
Materials	Introduction (15 minutes)
	<p><b>Say:</b> Last week we talked about HIV and AIDS. Before we begin today, I'd like to do a quick review. <i>[Ask the questions below to the whole group. Try to get everyone in the group to answer a question. Encourage others to add anything the respondent might have missed].</i></p> <ul style="list-style-type: none"> <li>• What is the difference between HIV and AIDS?</li> <li>• What is the riskiest type of sex?</li> <li>• What is the least risky type of sex?</li> <li>• What is the window period?</li> <li>• What are the four fluids?</li> <li>• What is PrEP?</li> <li>• Where can you get PrEP?</li> <li>• What are the 8 steps of using a condom, in the correct order?</li> </ul> <p><b>Say:</b> Thanks everyone. Are there any questions from our session last week? <i>[Pause.]</i> Ok. This week, we are going to talk about the STI's other than HIV and AIDS.</p>
Materials	New Information (45 minutes)
Handout 5.1	<p><b>Say:</b> First, we need to talk a little bit about germs. There are two kinds of germs: Viral and Bacterial. Does anyone know the difference between them? <i>[Allow Participants to answer.]</i> So, Bacterial infections can be killed by antibiotics. That means you can be cured. For a bacterial infection, you can go in, get a shot in your butt and after a few days you will be completely free of the infection. Viral infections cannot be killed by antibiotics. What is the most famous example of a Viral STI? <i>[Pause.]</i> Correct! HIV. Luckily, we now have anti-viral medicine that</p>

helps us manage viral infections. We can't get rid of it, but we can slow its progress and lessen its impact on our lives.

### **Activity 1**

**Say:** There are 9 different STI's that we are going to learn about today. I could stand up here and tell you all about them for 45 minutes, but that would be really boring. So today, you guys are going to be the teachers. I want you to break into two groups: The Virus Group and The Bacteria Group. You will receive a paper with the basic information about 3 infections. You will have 20 minutes to plan a sketch, poem, or song that includes all the information on your sheet. Then you will perform it to the other group. Any questions? *[Answer questions and complete activity.]*

**Say:** That was so good you guys. You all are so creative! Now there are three more STI's that I wanted to mention real quickly: Crabs, Trichomanias (or trich) and Yeast infections. Yeast infections are particularly common among people with vaginas, although they are also found in people with penises. These three diseases don't belong in the virus or bacterial group because trich and crabs are parasites, and yeast infection is yeast. Crabs are little parasites, kind of like lice, that hold onto your pubic hair. They are itchy and can be seen by the naked eye if you look closely. In order to get rid of it, you have to shave your pubic hair and get medicated soap. You can get it from any sexual activity where genitals are touching genitals that are infected.

**Say:** Trich is a very common parasite that can be passed between penis and vagina, or vagina to vagina. Most people don't have symptoms but those that do can experience burning or irritation from ejaculation and urination, itching and change in discharge. It causes inflammation in your genitals that increases your risk of HIV. Because of this, it's good to ask that a Trichomanias test be included when you get tested for other STI's.

**Say:** Yeast is a naturally occurring organism in the body. Bacteria eats the yeast in our bodies and keeps it under control. However, if we are eating a lot of yeasty food like bread and beer, or if we've been taking antibiotics for anything, then the yeast can get out of control. When this happens, you have a yeast infection. For people with penises, there is sometimes a white discharge under their foreskin, irritation of the head of the penis, and pain while urinating. For people with vaginas, there is a white discharge that kind of looks like cottage cheese. It is also very itchy and can be quite painful. There is over the counter and prescription medicine to treat it. Sometimes, if you are having sex while their partner can keep re-seeding the yeast. This is particularly common with uncircumcised penises. If you want to make sure you are not re-infecting your partner, make sure you wash yourself very well before and after sexual intercourse.

	<p><b>Say:</b> Are there any questions about the things we've covered so far? When talking about bacterial, parasitic, and yeast infections, it's important to remember that your partners get treated too. Otherwise, they will just re-infect you and you'll have to spend money to get treated again. I also want to point out that it is possible to get Syphilis, Chlamydia, Gonorrhea, Herpes, HPV, Trich and Yeast infections in your anus, mouth, and throat. So if you are having a lot of oral or anal sex, make sure you are getting those areas swabbed when you are tested.</p> <p><b>Say:</b> There's one last thing I want to talk about today. Because we have PrEP, people are using condoms less and less. And I get it. We all know that condoms can be a pain to deal with. We know we can cure bacterial infections and Hepatitis C. We know Herpes is manageable. There's less motivation than ever to use a condom. There's a big problem with that kind of thinking though. Because we've been treating things like Gonorrhea for so many years, the bacteria is getting drug resistant. That means the antibiotics we use to cure you is getting less and less effective. There's real concern among scientists that we won't be able to cure gonorrhea anymore.</p> <p><b>Say:</b> The other problem is that all of these STI's we've been talking about today, they increase your likelihood of getting HIV. Last week we talked about how it's actually kind of hard to get HIV from one sexual encounter. Well, if you have a sore from herpes or syphilis, or if your hole is all sore and inflamed from gonorrhea or chlamydia, it just got very easy for that HIV to enter your blood stream. So next time you are thinking about getting an HIV test, it would be really smart to get tested for these other STI's too. Are there any questions about the stuff we talked about so far? <i>[Answer questions]</i></p>
<b>Materials</b>	<b>Exploration (20 mins)</b>
<p>Paper</p> <p>Markers</p> <p>Pencils/Pens</p>	<p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> For the last two sessions we've talked a lot about risk. We've talked about how you get infected, we've discussed high risk and low risk sex, we've learned ways to prevent infection like PrEP and condom use. I'm sure everyone in this room has been told over and over to wear a condom. I'm also sure that everyone in this room has failed to use a condom when they should. There can be a lot of reasons for that. You might have been forced, you might have had no other options, you might have been under the influence of drugs or alcohol, you might just not have cared.</p> <p><b>Say:</b> Knowing you are supposed to do something and actually doing it are two totally different things. The first step in doing something is making a plan. So for the last 20 minutes today, you are going to make a plan. I want you to pick one of your sexual behaviors that is risky. Then I want you to write down a plan to make it less risky. It doesn't have to include condoms. It can be as simple as only giving</p>

	<p>anal, or as complicated as breaking up with a risky partner. Whatever you choose though, it needs to be do-able. Make sure it's something you really think you can do and explain how you are going to do it. Who are you going to ask for help, what steps do you need to take, when are you going to start? I want you to write down your plan and bring it back with you next week. Are there any questions?  <i>[Answer questions and complete activity]</i></p>
<b>Materials</b>	<b>Closing (5 mins)</b>
	<p><b>Say:</b> Thanks everyone. Are there any questions on anything we covered today?  <i>[Answer questions]</i>. In order to leave the classroom today, you need to show me your plan and tell me how STI's impact your HIV risk.</p>

## Handout 5.1 STI Fact Sheet

### Bacteria Group

Below you will find important facts about common bacterial sexually transmitted infections (STI's). Your job is to find a creative and fun way to share these facts with the rest of the class. You can create a poem, song, skit, dance routine, anything you can think of. Be Creative! But make sure you share ALL of the facts. Good Luck!

### Gonorrhea

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#### Infection Route

- Anal Sex
- Oral Sex
- Vaginal Sex

#### Symptoms

MOST PEOPLE DON'T SHOW SYMPTOMS

##### Both

- Pain during sex
- Burning/pain when you pee or poop
- Need to pee a lot
- Itchy anus

##### People with Penises

- Pus
- Yellow or green drip

##### People with Vaginas

- Yellow or gray discharge
- Weird cycle/period is off
- Lower belly pain
- Fever and/or nausea
- Swollen/tender vulva

#### Diagnosis and Treatment

- Pee test or swab (mouth, anus, vagina)
- Cured with antibiotics
- Can get it multiple times
- Avoid consequences if you get treated early

#### Consequences

- Infertility (can't have babies)
- Easy to get HIV
- Mom can give it to her baby
- Arthritis
- Pelvic Inflammatory Disease (pain and damage to your organs)
- Skin disease

# Chlamydia

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## Infection Route

- Anal Sex
- Oral Sex
- Vaginal Sex

## Symptoms

MOST PEOPLE DON'T SHOW SYMPTOMS

### Both

- Pain during sex
- Lower belly pain
- Burning/Pain when you pee or poop
- Discharge or bleeding from the anus

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### People with Penises

- Pus
- Thin white drip
- Swollen/tender balls

### People with Vaginas

- Weird or smelly discharge
- Weird cycle/period is off

## Diagnosis and Treatment

- Pee test or swab (mouth, anus, vagina)
- Cured with antibiotics
- Can get it multiple times
- Avoid consequences if you get treated early

## Consequences

- Infertility (can't have babies)
- Mom can give it to her baby
- Pelvic Inflammatory Disease (pain and damage to your organs)
- Easy to get HIV

# Syphilis

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## Infection Route:

- Anal Sex
- Oral Sex
- Vaginal Sex
- Skin-to-skin genital contact

## Symptoms

### Stage One: Single Sore

- Painless
- Penis, scrotum, anus, vagina, or mouth
- Sometimes not visible
- Goes away after few weeks

### Stage Two: Rash

- Usually painless
- Usually on hands and feet
- Flu symptoms
- Fever
- Goes away after few weeks

### Stage Three: Latent

- No symptoms, then:
- Brain damage
  - Paralysis
  - Blindness
  - Death

## Diagnosis and Treatment

- Blood test
- Cured with antibiotics
- Can get it multiple times
- Avoid consequences if you get treated early

## Consequences

- Mom can give it to baby
- Miscarriage
- Brain and organ damage
- Heart Disease
- Blindness
- Death

## Viral Group

Below you will find important facts about common viral sexually transmitted infections (STI's). Your job is to find a creative and fun way to share these facts with the rest of the class. You can create a poem, song, skit, dance routine, anything you can think of. Be Creative! But make sure you share ALL of the facts. Good Luck!

### **Herpes**

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#### **Infection Route**

- Anal Sex
- Oral Sex
- Vaginal Sex
- Skin-to-skin genital contact

#### **Symptoms**

- Flu symptoms
- Itching or tingling on genitals and/or mouth
- Blisters on genitals and/or mouth that open and drain
- Some people have NO SYMPTOMS

#### **Diagnosis and Treatment**

- Blood test or swab from sore
- Anti-viral medication
- NO CURE

#### **Consequences**

- Mom can give it to baby
- Painful sores
- Easy to get HIV

## **Human Papilloma Virus (HPV)**

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### **Infection Route**

- Anal Sex
- Oral Sex
- Vaginal Sex
- Skin-to-skin genital contact

### **Symptoms**

- Genital warts
- Itching genitals or anus
- Abnormal cells in the cervix (organ above the vagina)
- Most people have NO SYMPTOMS

### **Diagnosis**

- Doctor's examination
- Pap Smear
- Blood test

### **Treatment**

- Vaccination
- Removing warts by cream, freezing, or burning
- Removing abnormal cells by freezing or burning

### **Consequences**

- Genital Warts
- Cervical Cancer

There are hundreds of kinds of HPV. Most of it is harmless. Your body kills most of it by itself. However, there are a few strains that cause cancer, which is why it is important to get vaccinated and go to regular doctor check-ups!

# Hepatitis

## Infection Route

### Hep A

- Anal/Oral sex

### Hep B

- Anal, Oral or Vaginal sex
- Sharing needles
- Rough sex (bloody)

### Hep C

- Sharing needles
- Rough sex (bloody)

## Symptoms

MOST PEOPLE DON'T HAVE SYMPTOMS

- Flu-like symptoms
- Tiredness
- Jaundice (yellow skin)
- Dark pee
- Pale poop

## Diagnosis

- Blood test

## Treatment

Many people have been vaccinated for Hep A and B. You can find out with a blood test.

### Hep A

- Your body kills it  
(Cured)

### Hep B

- Your body kills it  
-or-  
○ Anti-viral medication  
(NO CURE)

### Hep C

- Your body kills it  
-or-  
○ Anti-viral for few months  
(Cured)

## Consequences

- Mom can pass to baby
- General body pain
- Liver disease
- Cancer
- Death

## Session 6: Safety

Session Materials	Objectives
<p>Flipchart</p> <p>Markers</p> <p>Pencils/Pens</p>	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> <li>• Assess the risks associated with common sex-seeking behaviors among homeless youth</li> <li>• Develop strategies to reduce harm/risk associated with sex-seeking</li> <li>• Practice condom negotiation in a variety of scenarios</li> </ul>
	<b>Preparation</b>
	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
	<b>Key Points</b>
	<ul style="list-style-type: none"> <li>• Sexual activity is inherently risky. You can't eliminate the risk, but you can lessen it.</li> <li>• It is very easy to lie online. If something sounds too good to be true, it is.</li> <li>• When you put something on the internet, it's on there forever.</li> </ul>
Materials	Introduction (5 minutes)
<p>Flipchart</p> <p>Markers</p>	<p><b>Say:</b> Alright everyone. Today, we are going to be talking about getting sex and online dating. To get everybody's brains going, we're going to start off brainstorming ALL the dating apps and websites people use to find a date or sex partner.</p> <p><i>[Have participants brainstorm apps and write them down on the board. Make sure you ask participants to describe any site or app that is unfamiliar. Once there are no more suggestions, have participants get up and put a check mark next to the top three sites they use.]</i></p> <p><b>Say:</b> Great list everyone. Now, let's be honest: I've used online dating, but I'm barely a millennial and I will not know nearly as much about this stuff as you do. So today, you all are going to be co-teachers with me. I'm counting on you guys to share your experiences, strategies and advice for staying safe out there. Sound good? <i>[Pause.]</i> Great. Let's get started.</p>
Materials	New Information (30 minutes)
	<p><b>Say:</b> First, I want to start out by clarifying the language I'm going to be using today. A lot of people in our community have had to use sex to get what they need: food, a place to sleep, clothes, money. Life is tough and you've all done what you've needed to do to survive. I want you to know that there is absolutely no judgement if you've traded sex before or are trading currently. If you are comfortable sharing that experience today, you are more than welcome to. If you do not want to share that part of your life with us, that is also ok. Today, I will be using the phrases "looking for a date" and "looking for sex" interchangeably. These terms can mean looking for a relationship, looking to trade sex, looking for</p>

<p>Flipchart</p> <p>Markers</p>	<p>sex just because you want to have sex, or all three. Is everyone cool with that?  <i>[Pause.] Great.</i></p> <p style="text-align: center;"><b><u>Activity 1</u></b></p> <p><b>Say:</b> Ok, second brainstorm: What do people do to find sex in person (not using an app or website)? <i>[Have participants list all the ways people can look for sex in person. Write down responses and be sure to clarify any practice you are unfamiliar with.]</i> So looking at these two lists, that is a LOT of ways to find sex. Unfortunately, all of these methods carry some kind of risk with them. Some carry a lot of risk and some a little. Luckily, there are ways protect yourself and lessen these risks. But before we get to that, we need to fully understand the risks that come with these behaviors. To do that, I'd like you to split into two groups. Each group will get one of our lists. Your job is to talk about all the bad things that might happen when doing these things. The risks can be emotional, legal or physical. When you have finished, pick a spokesperson to summarize the things you talked about. You can take notes if you want to.  <i>[Allow 15 minutes for groups to discuss and 2 minutes each for groups to summarize. List the risks the groups describe in their summary on the board]</i></p> <p><b>Say:</b> Excellent conversation everyone. Now let's think more about our online list. The internet is an amazing tool. A lot of times it makes finding sex safer. Meeting a random person in a bar can be way riskier than talking to someone for a while, connecting on social media, getting a sense of who they are and THEN meeting in person. But then again, there's catfish too, right? So let's talk about some basic online safety principles that can keep you from getting hurt.</p> <p><i>[Share the following tips. Write the bolded headings on the board and say the description below. Check for any questions or comments after each tip.]</i></p> <ol style="list-style-type: none"> <li>1. <b>The Internet is Forever</b>        With screen shots and archives and search history, once you put something on the internet, you can't take it back. It's out there forever. By raise of hand who here wants their own apartment some day?  <i>[Pause.] Great.</i> So you are not going to be in your current situation forever. Many of you are working on getting a better job right now. Part of every applicant screen these days is a social media search. When you are sharing things through the internet, ESPECIALLY things with your face, think really hard if you are ok with it being out there forever. Luckily, most employers only care about the last 1-5 years. So start being responsible about what you put out there now.</li>   <li>2. <b>The less personal information, the better</b>        Who here has ever heard of "Doxing"? <i>[Allow participants to share.]</i> Doxing is when people piece together a bunch of your information from all these different sites. For example, you might be really careful on backpage and not share any personal info. But maybe they reverse search</li> </ol>
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a picture from your ad and find you on facebook and friend you. Then on facebook you are less careful and share your twitter and Instagram. Then you share your location and family and friends and next thing you know, they know where you live, who you live with, what you do, all the things you like and all the places you go.

That's why when it comes to any online information, the less there is the better. Don't share addresses, what shelter you're staying at, phone numbers, where you work. Be careful of tagging a location. If you communicate a lot on social media, do it through private messages. When it comes to videos and pics, make sure there are no identifiable things in the image, like street names or a work uniform or school mascot. People are crazy and can track you down with very little info to start with. Remember that YOU get to decide who knows what, not the other way around. People you don't know shouldn't have the privilege of knowing about your life.

**3. Nothing is truly anonymous**

Most of the dating apps out there are anonymous or confidential, which can be important for the LGBTQ+ community, especially here in the South. However, law enforcement and hackers can always access information you put out there. So when apps say they want access to x, y, and z, make sure you read it before clicking allow. Think about what info the app is collecting and what it needs to have access to. Think about what you are saying over the app and be careful of geo-locating features. If you have nude or partially nude pictures online, make sure to block your face. Remember the internet is forever and you might have a job or family one day that a picture like that could damage. People can always confirm how your face looks in person or through video chat.

**4. Report bad behavior**

Obviously going to the police isn't always a safe option, but you can still address harassment and abuse through reporting. Most dating sites have options to block or report inappropriate users. Use them! If things get out of hand, consider talking to someone here at Lost and Found Youth or their crisis line. There are also free or low-cost advocates here in Atlanta that can consult you on legal matters if you need.

[\(https://www.atlantalegalaid.org/\)](https://www.atlantalegalaid.org/)

**5. If it sounds too good to be true... it is**

It is SO EASY to lie on the internet. And when we are out there looking for connection, we are hopeful and vulnerable and WANT to believe. That makes it harder to spot a lie. If something sounds too good to be true – a profile, an ad, a job, a story – then it almost always IS too good to be true. Be VERY suspicious of anything that requires you to spend money up front, it is usually a scam.

	<p><b>6. Trust your gut</b>          You didn't get this far in life without good instincts. Use them. Even if it all looks good on the surface, if something doesn't feel right, walk away. Even if the person seems nice, even if it's a really great opportunity. If that little voice in the back of your head, or that weird feeling in your stomach and chest starts going, then just get out of there. No relationship or money is worth your safety.</p>
<b>Materials</b>	<b>Exploration (45 mins)</b>
	<p><b>Say:</b> Next, I'd like to discuss catfish give you some tips on spotting a catfish. Who can tell me what a catfish is? <i>[Allow participants to share.]</i> Thanks. As you guys said, a catfish is someone who pretends to be something they are not online in order to build a relationship with you. Sometimes their only goal is to make a connection with you, although it is not uncommon to try and get money out of you too. Regardless, it sucks being lied too and is a waste of your time, so here are some signs that someone is a catfish. <i>[Write the bolded items on the board and read the description.]</i></p> <ol style="list-style-type: none"> <li>1. <b>They say all the right things</b> – Real relationships are messy and people aren't perfect. Your partner will say the wrong things some times. They'll hurt your feelings. You guys will have arguments. Even the BEST relationships have little arguments and differences because you are trying to put two different people into one relationship. If a person agrees with everything you say and is telling you everything you want to hear then they are not being honest about their thoughts, feelings, and needs.</li> <li>2. <b>Few friends/comments</b> – Having a low friend count or only one or two people liking or commenting on their posts is a sign that the account is fake.</li> <li>3. <b>Moves quickly</b> – Con artists use charisma and emotions to get people to immediately trust them. If someone is trying to commit or tell you that they love you after a very short period of time, they may be manipulating you. Being loved is a powerful motivator, but love happens over time. It takes a while to build real trust, so be suspicious of someone that is demanding your trust immediately.</li> <li>4. <b>Always has an excuse</b> – If someone can set up an online account, they can figure out google hangouts, facetime, or skype.</li> <li>5. <b>They're into everything</b> – Catfish actually fish the internet for vulnerable people. Having vague, broad, or varied interests make it easy for them to find multiple victims. If someone is into everything OR if someone always has these really amazing diverse stories (like they are a champion horse trainer, a marine biologist that lives for 6 months in the Caribbean, and a geologist that climbs Mount Everest to take snow samples) then they probably aren't real.</li> </ol>

<p>Pencils/Pens</p> <p>Paper</p> <p>Markers</p>	<p>6. <b>Asking you for money</b> – Part of being in a relationship is sharing resources, but that kind of sharing requires trust and a shared commitment to each other. And it requires both people to contribute what they can. If someone is asking you for money all the time, they might be playing you. A good rule of thumb is to never lend out money that you expect to get back. And if you do exchange money online, make sure to always always use a venmo or paypal account. Never share where you bank, let alone any of your account info.</p> <p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> Now we've been talking about this in terms of online relationships, but these tips are good for spotting anyone that's untrustworthy, even in person. Speaking of in person, eventually the hope is that all of these online meetings will lead to real life meetings. So now we are going to think about those risks that come with hooking up with someone new. I'd like everyone to look at our list of risks we made. Everyone is going to come up with ways to protect themselves from one of the risks on our list. I don't want any repeats, so I'll ask everyone to come up and write their name next to the risk they want to think about. <i>[Allow participants to choose.]</i> Great. Now I'm going to give you 5 minutes to write down 3 ways to protect yourself from that risk. For example, one of the main risks for online dating is that first meeting. So a common strategy is to meet in a public place where there are a lot of people for the first date or meet-up. Think of similar strategies and then we will share with the group. Any questions? <i>[Answer questions and complete activity.]</i></p>
<p><b>Materials</b></p>	<p><b>Closing (5 mins)</b></p>
<p>Facilitator</p> <p>Resource 6.1</p>	<p style="text-align: center;"><b><u>Activity 3</u></b></p> <p><b>Say:</b> Thanks everyone. When talking about reducing risk, a lot of you mentioned condom use as part of your strategy. That is a really important strategy to use, but it is often easier said than done. I'm sure everyone here has failed to use a condom when they should have, myself included. A common reason we don't use condoms is because it's hard to talk about it with our partner, so we are going to practice talking about it today. I want everyone to find a partner to practice with. I am going to read a scenario. One of you will convince your partner to use a condom, while the other will try to resist using the condom. You will switch these roles for each new scenario. Any questions? <i>[Answer questions and complete activity. Allow 2-3 minutes of discussion for each scenario.]</i></p> <p><b>Say:</b> Ok everyone, that does it for today. We talked about a lot of important things today. If you are ever unsure if something is a good idea, or if you are worried about your safety, don't hesitate to reach out to staff here at Lost and Found. Any questions before we break? <i>[Pause.]</i> Ok have a great rest of your evening!</p>

## **Facilitator Resource 6.1**

### **Condom Negotiation**

#### **Scenario 1:**

You are at a club and meet a guy that's been buying you drinks. You hit it off and are hanging out in the ally behind the club. No one is around and you start making out. Things get intense and before you know it, you are about to have sex. You have a condom in your pocket. What do you say?

#### **Scenario 2:**

You are crashing at a friend's house. You two are hanging out watching TV when your friend starts to make a move on you. The last time you two hooked up, you didn't use a condom and you kinda wished you had. How do you convince your friend to use a condom this time?

#### **Scenario 3:**

You have been with your partner for 6 months. You love each other and things are good. But after learning about some of the risks of unprotected sex, you decide you want to start using condoms with your partner. You don't want to freak them out, or making them think you are cheating. How do you bring up condom use with them?

#### **Scenario 4:**

It is pouring rain out and you haven't eaten in a few days. You meet a guy that says you can crash at his place and he'll buy you dinner. You know that he expects you to have sex if you stay with him but you don't know how he feels about condoms. You really need a place to stay that night so you don't want him to have second thoughts. What do you say?

## Session 7: Self-Esteem

Session Materials	Objectives
Paper Pencils/Pens Tape	By the end of the session, participants will: <ul style="list-style-type: none"> <li>• List positive traits others see in them</li> <li>• Describe their personal talents and skills</li> <li>• Write down positive things they bring to a relationship</li> </ul>
Markers	<b>Preparation</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>
Flipchart	<b>Key Points</b> <ul style="list-style-type: none"> <li>• Everyone has something unique and important to offer.</li> <li>• Surviving on the street requires an incredible amount of skill, intelligence, and strength.</li> <li>• If you don't think you're worth it, no one else will either.</li> </ul>
Materials	Introduction (10 minutes)
Paper Pencils/Pens Markers Tape	<p><b>Say:</b> Welcome everyone! Today we're going to start out with some arts and crafts. Everyone take a sheet of paper and write their name on the top. Next to your name, draw a symbol that represents you. It can be any kind of symbol: A star, a flower, a car, a flag, whatever you want. Then tape your paper to your back. <i>[Give participants 3 minutes to do this.]</i> Ok, now I want you all to grab a marker and go around the room writing positive traits for every person. Remember, this is about this person's strengths and good qualities they have. <i>[Allow 10 minutes for this.]</i></p> <p><b>Say:</b> Alright. Everyone sit down and take their paper off their back. Take a second to look at it. Are there any surprises? Anything you've heard before? Anything you're particularly proud of? Today we are going to be talking about self-esteem. A lot of people overlook the importance of self-esteem, but by the end of the lesson, I hope you will see the critical role self-esteem plays in living a healthy life.</p>
Materials	New Information (20 minutes)
Flipchart Markers	<p><b>Say:</b> We all know that life can be pretty tough out there, especially for members of our community. <i>[While saying the following sentence, write the underlined words on the board.]</i> Society tells us young people are entitled and <u>ungrateful</u>, people without a job are <u>lazy</u> good-for-nothings, LGBTQ+ folk are <u>freaks</u> that are ruining this country, people who use drugs are <u>dangerous</u> and sex workers are <u>worthless</u> and belong in jail. By raise of hand, who here has had stuff like this said to their face before? <i>[Pause.]</i> Pretty crappy, huh? You hear enough of this stuff and you might even start to believe it. So today we're going to remind ourselves of a fundamental truth: These. Are. <u>Lies</u>. <i>[Write the word "LIES" in big block letters over the words on the board.]</i></p>

	<p><b>Say:</b> So let's talk a little bit about self-esteem. <i>[Lead a group discussion on the following questions: What does self-esteem look like? Why is it important? and Where does it come from?]</i> Thanks for sharing your thoughts everyone. Thinking more about where self-esteem comes from, a lot of us didn't get traditional sources of self-esteem like supportive families or encouraging teachers or welcoming churches. Which is why it's so important that we actively work to encourage good self-esteem in ourselves and our communities. Because if we don't lift each other up, who else will?</p>
<p><b>Materials</b></p>	<p><b>Exploration (45 mins)</b></p>
<p>Flipchart Markers Pencils/Pens</p>	<p style="text-align: center;"><b><u>Activity 1</u></b></p> <p><b>Say:</b> We're going to spend the rest of today doing exactly that through two activities. First, we're going to talk about skills and talents. At the beginning of today's session, you learned some positive qualities others see in you. Now you're going to focus on things you know how to do. People love to tell us that we are unskilled, especially if we didn't finish high school or go to college. But from what I can see, surviving on the street requires an incredible amount of skill, intelligence, and strength. I want everyone to grab a sheet of flipchart paper. On it, you are going to draw a picture of yourself. Stick figures are totally fine if art isn't one of your talents. Once you've done that, I want you to write or draw at least 5 things you are good at. Try to place them in the area of your body that performs that skill. For example, I'm pretty good at singing, so I might put some music notes by my mouth. Maybe you're really good at putting on nails, you could draw some fabulous nails on your fingers. You can put as many things on there as you want. If you are stuck, you can ask me or your friends for ideas. You will have 20 minutes to complete this so take your time and really enjoy it!</p> <p><b>Say:</b> Alright everyone, let's come back together with your drawing. We're going to share what we've put on our drawing. Who would like to start? <i>[Have all participants share. Offer encouraging comments about their talents and have the group applaud each participant after they have shared.]</i> Thanks for sharing everyone. Looking at these drawings, it's becoming clear that we are a talented group of people that have a lot to offer our community!</p> <p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> So far, we've talked about the positive inherent traits we have, and the special skills and talents we have. Now I want to move into the relationship area. I want everyone to think back to a relationship that they didn't feel they were worthy of. It could be a romance, a friendship, or a mentor/guardian. A relationship where you didn't feel like you deserved them, you weren't good enough, they were so much better. Does everyone have a relationship in mind? Good. Now think back to how you felt in that relationship. Did you feel happy, good, loved? <i>[Allow participants to share their feelings. Ask them questions like the following: Would they call it a positive relationship? Did they feel strong,</i></p>

<p>Paper</p> <p>Pencils/Pens</p> <p>Markers</p>	<p><i>capable or independent? Did they feel important to the other person? Were their needs a priority?]</i></p> <p><b>Say:</b> The person you were with might have been really great. But there was a fundamental flaw that makes it really difficult for it to be a good relationship. You weren't equals. If you feel lucky to even HAVE a boyfriend or girlfriend, you aren't likely to stand up for yourself if that partner behaves badly, right? Because hey, you don't really deserve better right? <i>[Point to the board with "LIES" written on it.]</i> Wrong! That's another lie we can add to our list. You absolutely deserve better. You deserve a healthy, happy relationship with a partner that respects you. One way we can convince ourselves of that is by thinking about all the good things we bring to a relationship.</p> <p><b>Say:</b> We're going to do our last craft of the day. I want everyone to take a sheet of paper and draw a really big heart on it. When you've done that, write inside all the positive things you bring to a relationship. It can be things like loyalty, good cooking, good hand-jobs, fun - anything that you add to a relationship. Feel free to color, draw, make it look nice. This paper will be only for you. The idea is you'll keep this as a reminder that you have a lot to offer a partner, and that you deserve a lot in return. You'll have 15 minutes to work on it. <i>[Complete activity.]</i></p> <p><b>Say:</b> I'm seeing some pretty awesome things people bring to a relationship. Make sure you keep these things in mind when you are looking for a relationship. It's important that we understand that we are worth it. Because if we don't think we are worth it, no one else will either, right?</p>
<p><b>Materials</b></p>	<p><b>Closing (10 mins)</b></p>
	<p><b>Say:</b> Ok everyone, let's bring it back in and wrap up. Who wants to tell me the three areas of ourselves that we explored today? <i>[Traits, Talents, What we offer in a relationship.]</i> Now some of us might have struggled with thinking positive things about ourselves today. That's ok. We haven't had a lot of practice being nice to ourselves and society's negativity certainly isn't helping. Part of self-esteem is realizing that you can be better. Looking at your drawing with your skills and talents, were you born with those skills? <i>[Pause.]</i> That's right, you had to learn how and practice. You can learn to do just about anything. So if you feel like your list of positive things is small, pick one or two things you would like to be better at and practice it! Does anyone have something they want to learn or be better at? <i>[Allow participants to share. Share something of your own so participants see that even accomplished facilitators have things to improve.]</i></p> <p><b>Say:</b> Thanks for sharing so much today you guys. With a thumbs up or a thumbs down, do you feel more or less confident than you did at the beginning of this session? <i>[Pause.]</i> Great. On a scale of 1-5, with 1 being really bad, and 5 being really great, how do you feel about yourself right now? <i>[Pause.]</i> Awesome. Listening to you is a great reminder that everyone has something unique to offer. Next time you guys are feeling down, take out your drawings from today and remember that it takes an incredible amount of skill, intelligence and strength to</p>

	<p>live your life. You all know others that have been chewed up and spat out by this life. But you're still here. That's no accident. You are impressive and talented. And you are worth it! You matter. Your life matters. Your health matters. You aren't going to live on the streets forever. So the next time you think about taking a risk or are facing pressure from someone, remember you are worth it, remember all you have to offer this world, and stand up for yourself!</p>

## Session 8: Communication

Session Materials	Objectives
Snack Bags (Carrots, Celery, Peanut Butter Cups, Airheads)	By the end of the session, participants will: <ul style="list-style-type: none"> <li>• Practice passive, assertive, and aggressive communication</li> <li>• Demonstrate reflective listening</li> <li>• Practice using 'I feel' statements in a stressful scenario</li> </ul>
Flipchart  Markers	<b>Preparation</b> <ul style="list-style-type: none"> <li>• Make little bags of snacks (Carrots/Celery and Candy)</li> </ul>
	<b>Key Points</b> <ul style="list-style-type: none"> <li>• If you don't say what you want, you won't get what you want.</li> <li>• The most important part of communication is listening.</li> <li>• Angry communication is almost always bad communication.</li> <li>• Keeping things bottled up or hiding your feelings usually leads to angry communication.</li> </ul>
Materials	Introduction (5 minutes)
	<p><b>Say:</b> Today I have two bags of snacks. One has carrot and celery sticks. The other has Reese's Peanut Butter Cups and Airheads. I want everyone to close their eyes and think really hard about what you want. Keeping your eyes closed and continually thinking of what you want, stick out your hand and I'll give you your snack. Don't open your eyes until I tell you to though!</p> <p><i>[Hand out celery and carrots to everyone.]</i> Ok, open your eyes! What do you guys think of your snacks? <i>[Feign shock at their disappointment.]</i> Were you hoping for something else? Well you never said you wanted Reese's or airheads, how was I supposed to know what you want? So, you would prefer something else? <i>[Pause.]</i> Ok, you tell me what you want from my two bags and I will give you the snack you ask for. <i>[Go person by person and ask them what their preference is, then hand them that item.]</i></p> <p><b>Say:</b> Ok, so now that everyone has asked for and received the snack that they wanted, who can guess the point I'm trying to make? <i>[Allow participants to guess.]</i> Good guess. One of the main things I want you to remember from today is this: <u>If you don't say what you want, you won't get what you want.</u></p>
Materials	New Information (30 minutes)
Flipchart  Markers	<p><b>Say:</b> Today we are going to be talking about communication. What are different ways that we communicate? <i>[Have students brainstorm communication methods and write them on the board: text, talking, body language, eyes etc.]</i> So what I find interesting is that listening isn't on this list. If you are talking in an empty room and nobody is listening to you, are you really communicating? <i>[Pause.]</i> In order for communication to happen, someone needs to be receiving that</p>

communication. A person can be using their words, their eyes, their whole body to tell you something, but if you're not listening then there's really no point.

**Say:** Listening is actually the most important part of communication. So important that it's the first thing we're going to practice today. We're going to do something called reflective listening. The point of reflective listening is that you are reflecting back what you are hearing. Most of us do this on some level already. Let me demonstrate. Will someone tell me what they did today from the time they got up? *[Have volunteer share what they did today. Look blankly at them. Make no facial expressions or sounds.]* Thanks. Now will you tell me about your day again, just the same way? *[Listen intently, nod, react to the news they are sharing, ask questions.]* Thank you. Thinking about my behavior, which way felt realistic and which way felt a little weird? *[Pause.]* Right. The basis of reflective listening is really engaging with and paying attention to what you are hearing. We do that by giving feedback with facial expressions, body language, eye contact, and asking questions.

**Say:** With stressful or difficult conversations, however, that's not enough. When we are trying to understand someone else's point of view, we often hear something totally different from what is being said. When we are arguing with someone, we've often decided what we're going to say back before the other person has even finished talking. We're not really listening, we're thinking about how to win the argument. That's a big problem when you're having a disagreement with a partner, a roommate, or a co-worker. Reflective listening helps fix this problem. Instead of waiting for someone to finish so you can say what you want, you have to first summarize what the person just said. Does someone want to help me demonstrate?  
*[Have volunteer sit next to you.]*

### **Activity 1**

**Say:** Now when you are having a stressful conversation with someone, it's important to sit next to them. Sitting face to face is a confrontational posture, we want a relaxing, friendship posture to the side. Ok, I want you to tell me about something that really frustrated you this week. *[Allow volunteer to explain their frustration. Ask clarification questions if necessary, then respond back with "I'm hearing that you're really frustrated by 'X' because of 'Y'. Is that correct?"]* Receive confirmation and then ask the volunteer to return to their seat. That's reflective listening. You reflect back what the person just said to make sure you fully understand the issue. The most important part is that you ask them if your summary is correct. Then you can respond with confidence to what was just said. Any questions? *[Answer questions.]*

**Say:** Now I would like everyone to find a partner and try for themselves. One person will share a situation that really frustrated them recently. The other will listen closely, summarize what they heard, and ask if their summary is correct. A good formula to use is "It sounds like you are frustrated by \_\_\_\_\_ because of

	<p>_____." If it is incorrect, the frustrated person will clarify and the listener will summarize and check again. You'll continue until the listener fully understands and then switch. Any questions? <i>[Answer questions and complete activity.]</i></p> <p><b>Say:</b> So how did that feel? <i>[Allow participants to share what it felt like to be truly listened to.]</i> Thinking about how good it felt to have someone understand you, can you imagine how this could improve your relationships with others?</p>
<b>Materials</b>	<b>Exploration (45 mins)</b>
<p>Flipchart</p> <p>Markers</p>	<p><b>Say:</b> Great. Now that we've had good listening practice, we can move on to talking. There are two strategies you can use to make sure you are communicating clearly. The first is using assertive communication. What do you guys think is assertive communication? <i>[Allow participants to give suggestions.]</i> Good ideas. Assertive communication is clear and firm, without being aggressive.</p> <p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> I'll give you an example. Can someone come up here and ask me for some more candy? Ok, we're going to do this three times. Each time, try your hardest to convince me to give you candy. I'm going to respond in three different ways: Passive, Aggressive, and Assertive.</p> <p><i>[Respond the three ways with assertive last. Thank the volunteer and have them sit back down. Ask participants to identify which was passive, aggressive and assertive. Discuss which ways were effective at holding a boundary and which were effective at avoiding conflict. Assertive should be the only way that does both: Holding a boundary AND avoiding conflict. Have participants identify the features of assertive communication: calm and even voice, clear – no mumbling or confusing language, simple message, head up, feet planted, eye contact, etc. Write these features on the board]</i></p> <p><b>Say:</b> Now you guys are going to practice. I want you to pair up again. Pretend that you are partners. Partner A will try to get the other person to have sex without a condom. Partner B can choose to refuse one way: passively, assertively or aggressively.</p> <p><i>[Check for questions and complete first roleplay.]</i></p> <p>Ok. Now you guys are going to switch. Partner B will be trying to get the other to have sex without a condom. Partner A will refuse using one of the two ways left. Partner A can't respond the same way that Partner B did.</p> <p><i>[Check for questions and complete second role play.]</i></p> <p>Great. For the last round, we're going to change it up again. Person A is going to try to get their partner to USE a condom using the last response method. Person B will refuse using one of the ways Partner B hasn't tried yet.</p> <p><i>[Check for questions and complete third role play.]</i></p>

### **Activity 3**

**Say:** Ok, on a scale of 1 to 5, with 5 being really confident, and 1 being not confident at all, use your fingers to show me how confident you feel using assertive communication? *[Pause.]* Alright let's do some more practice. Everyone find a new partner and choose who will be Person A and who will be Person B. I want Person B to be on one side of the room and Person A to be on the other. *[Wait for partners to separate into two groups, then give each group their respective set of directions.]*

**Partner A:** You two are best friends. You hang out every day, watch each other's backs and really trust each other. You just got a new job and are excited to be making some regular money. However, you don't want to tell Partner B because you are worried they'll be jealous. They got really mad when you found a sugar daddy last year and you're worried they'll react the same way to your job. On top of that, you're worried that you might be moving in a different direction than Partner B. You love them, but they still live on the street and you are trying to move away from that life. You've even got a spot in a really good shelter. That's how you go the job. You don't know how to tell Partner B any of this without hurting their feelings, so you just avoid them.

**Partner B:** You two are best friends. You hang out every day, watch each other's backs and really trust each other. Lately though, Partner A has been really distant. They disappear for hours and show back up with vague explanations of 'Stuff' to do. You feel abandoned and are worried you can't trust them anymore. You wonder if maybe they're using drugs again. You two got clean together last year after a bad experience. You can't start using again and you're not sure if you can keep hanging out with Partner A if they are using. You feel scared that you are losing your friend. And you are mad they are keeping secrets. With all you've been through together, you thought you shared everything.

*[Have everyone find their partner again.]*

**Say:** Now I want you guys to talk about what's going on in your relationship in an assertive way. Remember, assertive means a calm and even voice, clear words – no mumbling or confusing language, simple message, head up, feet planted, eye contact, etc. *[Refer to the board with the list the class made earlier.]* There's a catch though. You can only talk using 'I feel' statements. When you are frustrated with someone's behavior, it's hard to talk about it without sounding like you are attacking. 'I feel' is one of the ways to get around that. So instead of saying "You suck because you did this and this and this!" You can say: "When you don't show up, I feel really sad and hurt." You are still addressing the behavior, but you are focusing on how it made you feel, instead of just accusing your partner of being a jerk. So talk about the scenarios I gave you using the 'I feel' formula only: "When

	you do _____, I feel like _____." Any questions? <i>[Answer questions and complete activity].</i>
<b>Materials</b>	<b>Closing (10 mins)</b>
	<p><b>Say:</b> Ok everyone, let's bring it back together. How did that feel? <i>[Allow participants to process what it was like using assertive communication.]</i> Showing me with a thumbs up or thumbs down, do you feel more confident using assertive communication after the 'I feel' activity? Good. We talked about a lot of things today. What did we learn is the most important part of communication? <i>[Correct Answer: Listening.]</i> Right. And we learned that the best way to protect your boundaries and stay safe is using assertive communication. If you act passive, then people are gonna walk all over you. If you act aggressive, you might get aggression back. The other thing I want to say about aggressive or angry communication is that it is almost always bad communication. Even if you are angry for a very good reason, your ability to communicate well and get what you want is very very low. When you are frustrated or upset, it's usually best to take a break and calm down. Then come back and talk about the problem in an assertive way. This is especially important when you are at work. Being aggressive on the street can save your life, but being aggressive at work will get you fired. Remember: Things can always be worked out later, but words can never be taken back.</p> <p><b>Say:</b> Lastly, the best way to avoid angry communication is to share your feelings and frustrations regularly. If you keep things bottled up and pushed down, sooner or later they're gonna come back up and it ain't gonna be pretty. If you practice using 'I feel' statements, talking about things that are making you frustrated, and telling people what you need, then it will be a lot easier to deal with your relationships and emotions. Because you can't get what you want, unless you say what you want.</p>

## Session 9: Decision Making

Session Materials	Objectives
Flipchart Markers Paper Pencils/Pens Handout 9.1 Facilitator Resource 9.1	<p>By the end of the session, participants will:</p> <ul style="list-style-type: none"> <li>• Practice rapid pros and cons listing</li> <li>• Rank priorities when making decisions about sexual health</li> <li>• Develop a plan to achieve a goal</li> </ul>
	<b>Preparation</b>
	<ul style="list-style-type: none"> <li>• Write example problem from <u>Activity 1</u> on a sheet of flipchart. Keep sheet hidden until the exploration section.</li> <li>• Print Handout 9.1 and cut into quarters. If time and funding allow, laminate to go in wallet.</li> </ul>
	<b>Key Points</b>
	<ul style="list-style-type: none"> <li>• Life doesn't just accidentally end up good. You have to make a plan and work towards it.</li> <li>• Each choice comes with good and bad things. You try to pick the option that has the most good and the least bad.</li> <li>• Good choices are usually harder. Part of making a good choice is figuring out what you need to overcome obstacles.</li> </ul>
Materials	Introduction ( 15minutes)
	<p><b>Say:</b> Alright everyone, we're starting today with a game of "Would You Rather?" By raise of hands, who here has ever heard of this game? <i>[Pause.]</i> Good. It's a really simple game. Basically you just offer two choices and everyone has to pick one or the other. The idea is that the two choices are equally good or equally bad. For example: Would you rather have permanent diarrhea or permanent constipation? I'm going to ask four "Would you rather" questions and you have to decide which option you would rather have and tell the group why. Any questions? <i>[Answer questions and share the questions below, one at a time. After each option, have each person in the group share what they would prefer and why.]</i></p> <ul style="list-style-type: none"> <li>• Be invisible or be able to read minds?</li> <li>• Age from the neck up only or the neck down only?</li> <li>• Never have sex or never fall in love?</li> <li>• Have 3 wishes in 10 years or 1 wish today?</li> </ul> <p><b>Say:</b> Great answers everyone. Considering the game we just played, who can guess what we are talking about today? <i>[Allow participants to guess.]</i> Yup. We are going to be talking about choices. Specifically, how to make difficult choices that will hopefully lead to a better life.</p>

Materials	New Information (20 minutes)
<p>Flipchart</p> <p>Markers</p>	<p><b>Say:</b> When facing a big decision, it is useful to have some standard steps that you can fall back on. It helps me organize my thoughts and come to a conclusion that I'm sure about. These are the steps I use and that we are going to practice today.</p> <p><i>[Write the following steps on the board and discuss what each step looks like as you do. Try to give an example for each step. Explain that it is helpful to write down notes and thoughts when going through these steps.]</i></p> <ol style="list-style-type: none"> <li> <p><b>1. Describe the issue and options</b></p> <p><b>Say:</b> Before you can make a choice, it's really important to define what the issues are and organize things in your head. Writing down all your options is really helpful. For example:  <i>[Write the problem and options below on the board.]</i></p> <p><b>Problem:</b> You don't do well in the cold</p> <p><b>Options:</b> Staying in an Atlanta shelter for the winter or heading down to Florida where it's warmer.</p> </li> <li> <p><b>2. What is most important to you? Where you want to end up?</b></p> <p><b>Say:</b> When making a choice, we need to rank what's most important. For example, when deciding to tell a sexual partner if you have an STI. What is most important: Your privacy, having sex, keeping that person in your life, your partner's health, your safety.</p> </li> <li> <p><b>3. Ask for advice</b></p> <p><b>Say:</b> Sometimes we are too close to a choice, or we get overwhelmed with all the things we have to consider. It's really important to ask advice from people you trust. This can be a friend, a mentor, a religious leader, a staff member at Lost and Found, a family member. Ask people that care about you and want the best for you. Remember though, this is your choice that you have to live with, not theirs. At the end of the day you have to do what you think is right.</p> </li> <li> <p><b>4. Make a pros and cons list</b></p> <p><b>Say:</b> Once you've listed all your options, thought about what is important, and asked what others thought, you are ready to think about the consequences of the choice. The best way to do this is to make a pros and cons list. Write down all the good and bad things that would come from each option. For example, what are the good things of staying in Atlanta for the winter? <i>[Write down suggestions from participants.]</i> What are the bad things of staying in Atlanta for the winter? <i>[Write down suggestions from participants.]</i> What are the good things of going to Florida? <i>[Write down suggestions from participants.]</i> What are the bad things of going to Florida? <i>[Write down suggestions from participants.]</i> Every choice you make comes with good and bad things. You try to pick the option that has the most good and the least bad.</p> </li> </ol>

	<p><b>5. Pick a choice</b>  <b>Say:</b> Finally, it’s time to make a choice. After you have done all this thinking and writing, you’ve got to pick an option. This can be a really scary thing. At the end of the day though, I always go with my gut. That doesn’t mean I ignore all these steps. These steps speak to my gut. They give my gut the information it needs to feel out the right choice. By the time I get to the end, I realize I already know my choice. I already know what feels right BECAUSE I did all this thinking, and writing, and talking.</p> <p><b>6. Act</b>  <b>Say:</b> Once you make your choice, Do It! Sometimes this is easier said than done. Deciding to go to Florida doesn’t mean you will magically appear there. You have to get money, get a ride, find a friend down there, find a place to stay, etc. We’re going to talk later about making plans so that this step is easier.</p> <p><b>Bonus Step: Reconsider</b>  <b>Say:</b> Once you’ve acted on your choice, take time to think how that choice is going. Things change and sometimes our plans don’t work out how we expected them to. That’s ok! That’s life. You can always reverse your choice, change it just a little, or stick with it even if it is not what you expected. Remember that you always have the freedom to change course.</p> <p><b>Say:</b> Does anyone have any questions about these steps? <i>[Answer Questions.]</i> Ok, now we are going to practice some of the more difficult steps.</p>
<b>Materials</b>	<b>Exploration (50 mins)</b>
<p>Flipchart</p> <p>Markers</p> <p>Paper</p> <p>Pens/Pencils</p>	<p style="text-align: center;"><b><u>Activity 1</u></b></p> <p><b>Say:</b> First we’re going to practice describing the choice and your options. I want everyone to think of a big choice they are facing. It can be anything: Deciding to get tested for HIV, Getting in touch with a loved one you’ve lost contact with, Finding a job, Quitting smoking, anything. Whatever has been on your mind or that you’ve been avoiding. On a piece of paper, I want you to right down the issue and all possible options. So, for condom use it could look something like this: <i>[Reveal the following on the board and read aloud.]</i></p> <p><b>Problem:</b> I’ve been dating my partner for three months now. He wants to stop using condoms with each other. I want to take our relationship to the next level, but I know he sleeps with other people, and so do I. Both of us are serious about condom use, but I know they’re not perfect. They tear sometimes and slip. How do I know that he will tell me if a condom fails? What if he gets drunk and doesn’t realize it fails? I love him though and I want to be with him. I want to build trust and have a special relationship with him that’s different from the others.</p>

<p>Flipchart</p> <p>Markers</p> <p>Paper</p> <p>Pens/Pencils</p>	<p><b>Say:</b> What are your options? <i>[Have participants supply options. There are many options for this scenario. Participants should come up at least with three. Write options on the board under the problem].</i> There are a lot of options on this list. Often you will face choices like this and it will be overwhelming. When dealing with a lot of options, make a list like this and then narrow it down. Pick two or three main options that look like the best, most realistic choices. I want everyone to come up and put a checkmark next to the two most likely options for them. <i>[Allow participants to respond. Circle the three options that have the most checkmarks next to them.]</i></p> <p><b>Say:</b> Ok, now take the decision you are facing and do the same thing. Describe the issue and write down your options. If you have a lot of options, cross out the options that aren't realistic and pick two or three that are the most likely for you to choose. If writing isn't your thing, you are welcome to draw a picture of your problem. You will have 5 minutes for this step. Any questions? <i>[Answer questions and complete activity. Invite one or two participants to share their problem and options. Have the group suggest possible other options. Point out that this is what seeking advice does, give you more options]</i></p> <p style="text-align: center;"><b><u>Activity 2</u></b></p> <p><b>Say:</b> Great. Now we are going to practice thinking about what is important to you. When thinking about your sexual health, what is the most important thing to you? <i>[Allow students to brainstorm. Push them to be honest and go beyond the expected answers of "protection" and "safety". Suggest "love", "affection", and "acceptance". Have them explore how their sexual health is impacted by other priorities like food and shelter. Write down everyone's priorities on the board.]</i></p> <p>This is a good list. Now I want you to take out a piece of paper and rank these priorities with the most important at the top, and the least important at the bottom. <i>[Ask one or two participants to share their rankings.]</i></p> <p><b>Say:</b> Thanks for sharing. Why do you think it's important to understand and rank our priorities? <i>[Allow participants to share ideas.]</i> Those are great points. Another thing to consider is that if we don't know our priorities, it's easy to get tempted away from them. We have all sorts of opportunities every day. If we don't think about what is important to us and keep in mind where we want to end up, those opportunities might lead us to a place we don't want to go. It's all about keeping the big picture in mind, and choosing things that line up with your goals.</p> <p style="text-align: center;"><b><u>Activity 3</u></b></p> <p><b>Say:</b> So far, we've focused a lot on big decisions that require a lot of thought. A lot of times though, we don't have time to do all these steps and ask advice and all of that. So the next thing we are going to practice today is some rapid pros and cons listing. I'd like you to split into two teams. I'm going to read some</p>
<p>Flipchart</p> <p>Markers</p>	<p><b>Say:</b> So far, we've focused a lot on big decisions that require a lot of thought. A lot of times though, we don't have time to do all these steps and ask advice and all of that. So the next thing we are going to practice today is some rapid pros and cons listing. I'd like you to split into two teams. I'm going to read some</p>

<p>Facilitator Resource 9.1</p> <p>Flipchart</p> <p>Markers</p>	<p>scenarios involving a quick choice. For each scenario, you will have 60 seconds as a group to come up with as many pros and cons as you can. The team that has the most will get a point for each category (1 point for the most pros, 1 point for the most cons). The most points win. Are there any questions? <i>[Answer questions and complete activity.]</i></p> <p style="text-align: center;"><b><u>Activity 4</u></b></p> <p><b>Say:</b> Ok, the last thing we are going to practice today is the “Act” part of the process. Give me some examples of a good choice that you recently chose to pursue. <i>[Allow participants to share goals they are pursuing. Possible answers include getting a job, finishing GED, get an apartment, stop smoking. Select a choice that will be easy to plan out steps for. Have participants brainstorm all the steps necessary to achieve that goal. Point out barriers and have participants suggest solutions.]</i></p> <p><b>Say:</b> Great discussion everyone. Looking at all the things we had to consider in order to act on a choice, it really is a whole process of its own, isn’t it? The key to making good decisions in your life is making a plan after you’ve made your choice. Because saying you are going to get an HIV test is a whole lot different from finding a place to get tested, picking a day to go, planning the bus route, getting the money for the bus, being on time for the bus and actually walking into the clinic.</p>
<b>Materials</b>	<b>Closing (5 mins)</b>
	<p><b>Say:</b> Are there any questions on anything we talked about today? <i>[Answer Questions.]</i> Today we talked about the steps of making a decision, practiced describing a choice and our options, discussed what’s important to us, and worked out a plan to act. I’ve printed down the steps we talked about so you can remember them when you need it. <i>[Pass out Handout 9.1.]</i></p> <p><b>Say:</b> We practiced a lot of things over the past few weeks, that hopefully will help you to make a good life for yourself. It’s important to know that life doesn’t just accidentally end up good. You have to make a plan and work towards it. It takes work because good choices are usually harder, which is why that plan is so important. And remember, no choice is perfect. Everything comes with good and bad. Just pick the option with the most good and the least bad. Any questions? Great. Thank you for all you’ve shared and good luck!</p>

## Handout 9.1 Decision Making Steps

### Decision Making Steps

- 1. Describe the Issues and Options**  
(What's the problem?)
- 2. Think: What is important to you?**  
(Where do you want to end up?)
- 3. Ask for Advice**  
(friend, mentor, family)
- 4. Make Pro and Con List**  
(Good and Bad for each option)
- 5. Pick a Choice!**  
(Go with your gut)
- 6. Act**  
(Make a plan!)

**Bonus: Reconsider**  
(You can always change your mind)

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- 6. Act**  
(Make a plan!)

**Bonus: Reconsider**  
(You can always change your mind)

### Decision Making Steps

- 7. Describe the Issues and Options**  
(What's the problem?)
- 8. Think: What is important to you?**  
(Where do you want to end up?)
- 9. Ask for Advice**  
(friend, mentor, family)
- 10. Make Pro and Con List**  
(Good and Bad for each option)
- 11. Pick a Choice!**  
(Go with your gut)
- 12. Act**  
(Make a plan!)

**Bonus: Reconsider**  
(You can always change your mind)

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- 7. Describe the Issues and Options**  
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(Make a plan!)

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## **Facilitator Resource 9.1**

### **Rapid Pro and Con Scenarios**

#### **Scenario 1:**

You are walking down Cheshire Bridge when a car pulls up. The person inside offers you \$100 to go back to his place. You haven't been in trade for six months, but you are short on rent. Do you take the money or keep walking?

#### **Scenario 2:**

You are hooking up with someone you are REALLY into. You pull out a condom and your partner is putting it on when it tears. That was the only condom either of you had and you both are really horny. Do you have sex or not?

#### **Scenario 3:**

You haven't eaten in two days. A friend says you can stay over and eat his leftovers. You know he will expect you to have sex if you come over. You don't really mind that, you've hooked up before. But your friend absolutely refuses to wear a condom. Do you get some food or stay hungry?

#### **Scenario 4:**

You're hanging out at Lost and Found when someone comes in and says they are giving rides to MISTER for HIV testing. You have never been tested because you are really scared to know and don't want another thing to be discriminated on. You've been thinking PrEP might be a good idea though. Do you get tested or work on your job application?

#### **Scenario 5:**

You haven't had a fix in while and you know you are going to get sick if you don't score soon. You meet someone who has some back at their place to share if you spend the night with them. You are in an exclusive relationship with someone you love, but you are already starting to feel like crap. Do you go with this stranger or go through withdrawal?

#### **Scenario 6:**

You're at a bar dancing and getting people to buy you drinks. This one guy keeps buying a lot and pretty soon you are only dancing with him. You end up making out in a corner and he invites you back to his place. You are pretty drunk and not sure how into him you are. Do you go home with him or stay at the bar?