



# SISTA

Resource Guide for Adapting SISTA for Transwomen

**MEET 6**  
INSPIRING  
TRANSWOMEN:  
LEARN THEIR SECRETS  
TO SUCCESS

**GIRL TALK**  
EVERYTHING YOU  
NEED TO KNOW  
ABOUT T-SISTA

**5**  
**GREAT  
DATES**  
WITH YOUR  
GIRLS

Tp





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# Letter FROM THE EDITORS

**THANK YOU** for joining us! The Transitions Project is a CDC-funded technical assistance provider with expertise in transgender (trans) HIV prevention, trans cultural competency, and adapting evidence-based interventions for trans populations. We are committed to your success and we invite you to delve into *T-SISTA: A Resource Guide for Adapting SISTA for Transwomen of Color*. *T-SISTA* is not an adaptation of SISTA, but is intended to be used as a guide to assist you in developing your own unique SISTA adaptation for transwomen of color.

In the creation of this adaptation guide and the *T-SISTA* curriculum, we relied on feedback and input from our Community Advisory Board (comprised of trans people throughout the United States who are particularly knowledgeable about trans HIV prevention), Vel McKleroy (our CDC Project Officer), and Dr. Miriam Phields (the CDC SISTA technical monitor). The information presented here and the session-by-session suggestions are based upon the expertise of the Transitions Project staff, available epidemiological data, current scientific literature on trans issues, and real world adaptations of SISTA for transwomen of color.

The Transitions Project worked with four community based organizations (CBOs) that adapted SISTA for transwomen of color: *Bahacú en TACAS*<sup>1</sup> through Tanamá in San Juan, Puerto Rico; *Nizhoni*<sup>2</sup> through the Navajo AIDS Network in Chinle, Arizona; *TITAS*<sup>3</sup> through the Life Foundation in Honolulu, Hawai'i; and *TWISTA*<sup>4</sup> through Howard Brown Health Center in Chicago, Illinois. Examples from each CBO are infused throughout this guide, which we hope will help you throughout the adaptation process. *T-SISTA* also features a “Sheroes” Trans Pride campaign which highlights inspiring transwomen of color. These images can be used as a template for creating your own trans pride wall, and can be used to decorate your own *T-SISTA* space!

Have fun with this guide; fold it, throw it in your purse, your pocket, your book bag; make it yours, enjoy it, and no matter what you do, **share it!**

**TRANSITIONS**  
p r o j e c t

**COMMUNITY ADVISORY BOARD**

Mattee Jim | Sel Hwahng | Nicole Montgomery | Veia Cleary | Queen Victoria Ortega | Emilia Lombardi

Model photos: Julia Galdo | Design: Querido Galdo | Thanks to the fabulous ladies who grace these pages—you make us look so good!











# SISTA

Resource Guide for Adapting SISTA for Transwomen

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**Adapting  
SISTA is  
a Good  
Option for  
Transwomen  
of Color.**



# INTRODUCTION

## 1 THERE IS A LACK OF EVIDENCE-BASED HIV PREVENTION PROGRAMS SPECIFICALLY DESIGNED FOR TRANSWOMEN

There is an immediate need for HIV prevention among trans populations. About 1 in 4 transwomen are HIV positive;<sup>5</sup> however, none of the Evidence Based Interventions (EBIs) for HIV prevention that are supported by the CDC were created specifically for use with trans people. As we struggle to cope with the enormous impact HIV has on local communities, community-based organizations (CBOs) are forced to adapt HIV prevention interventions designed for other populations. The Transitions Project created this manual in order to provide guidance on how to adapt SISTA, an EBI, for use with transwomen of color.

## 2 TRANSWOMEN ARE AT HIGH RISK FOR HIV

In the United States, about 1 in every 250 people in the general population are HIV-positive;<sup>6</sup> in contrast, about 1 in 4 transwomen are HIV-positive.<sup>7</sup> Additionally, when compared to other ethnic/racial groups, African American transwomen appear to

be the group most affected by HIV: more than half (56%) of African American transwomen are HIV-positive.<sup>8</sup> There is no information about the total number of transwomen living with HIV in the United States due to the scarcity of data collection on trans populations. To date there have been no national studies examining HIV within trans communities, so all of the current information is based on regional studies.

### WHAT ARE THE PERCENTAGES OF HIV+ TRANSWOMEN IN CITIES WHERE THERE HAVE BEEN REGIONAL STUDIES?

San Francisco .....	35% <sup>9</sup>
Oakland .....	54% <sup>10</sup>
San Juan .....	14% <sup>11</sup>
Philadelphia .....	19% <sup>12</sup>
Chicago .....	21% <sup>13</sup>
Los Angeles .....	22% <sup>14</sup>
New York .....	22% <sup>15</sup>
Houston .....	27% <sup>16</sup>
Washington DC .....	32% <sup>17</sup>
Atlanta (sex workers) .....	68% <sup>18</sup>

## GROUPS OF TRANSWOMEN WITH HIGH RATES OF HIV

- Transwomen who are injection drug users<sup>19</sup>
- Transwomen with high numbers of sex partners (>200)<sup>20</sup>
- Transwomen who do not have a high school degree<sup>21</sup>
- Transwomen who have ever done sex work<sup>22</sup>
- Transwomen who have been sexually assaulted<sup>23</sup>
- Transwomen who are unemployed<sup>24</sup>

## 3

### ADAPTING SISTA IS A GOOD OPTION FOR TRANSWOMEN OF COLOR

SISTA (Sisters Informing Sisters about Topics on AIDS) is a peer-led, social skills-building, group-level intervention originally designed to reduce HIV risk behaviors among heterosexual African American (non-trans) women.<sup>25</sup> SISTA consists of five two-hour sessions designed to cultivate gender and ethnic pride. The sessions include group discussions, homework exercises, and HIV risk reduction information. SISTA was rigorously tested in randomized, controlled scientific studies, and found to be effective in lowering rates of sexual risk behavior among African American heterosexual non-trans women, which is why it is considered an EBI. In 2005, SISTA was one of two HIV prevention

interventions that was approved by the CDC to be adapted to reach transwomen of color.

SISTA is an EBI that makes sense to adapt for use with transwomen of color for several reasons: it addresses the ways that sexism and racism contribute to HIV risk, it builds pride in being a woman of color, it builds verbal and nonverbal communication skills, and it builds confidence in one's ability to have safer sex—all issues of great importance for transwomen. SISTA also builds community among participants. This guide discusses how SISTA can be adapted to meet the unique needs and address HIV risk behaviors of transwomen of color (such as injection hormone use, injection silicone use, and gender identity validation through sex).

## 4

### THE T-SISTA GUIDE

The purpose of this guide is to assist in the process of adapting SISTA to **T-SISTA**. **T-SISTA** is not a ready-to-use pre-adapted curriculum; it is a guide that has been designed to be used in conjunction with the SISTA Implementation Manual, which can be obtained at a SISTA training. The Transitions Project encourages CBOs interested in adapting and implementing SISTA for transwomen to:

- **Follow** the adaptation process outlined in this guide,
- **Consider** the examples of successful SISTA trans adaptations that are provided throughout this guide,
- **Review** the trans cultural concepts that should be considered before adapting **T-SISTA**, provided in the following section, and

- **Use** the *T-SISTA* Suggestions for Adaptation with Transwomen of Color in Part IV of this guide as a starting point for creating an adaptation.

Facilitators of *T-SISTA* should attend a SISTA training. Learning what the original intervention consists of is enormously important for understanding how best to adapt it for your specific population. This will provide you with information about SISTA's core elements (the parts of the intervention that are responsible for its effectiveness), why it was developed in particular ways, as well as information about the theories underlying the intervention—all things to understand before an adaptation is created. In addition to attending the SISTA training, all staff involved with creating the *T-SISTA* adaption should read the CDC adaptation guidance.<sup>26</sup> **For more information about the SISTA intervention, the training for facilitators, and dates of trainings, please visit: <http://www.effectiveinterventions.org>.**

# T-SISTA

builds

pride in

being a

transwoman

of color.





# Heroes

## CECILIA CHUNG

Cecilia Chung, former Deputy Director of the Transgender Law Center, is a native of Hong Kong and long-time San Francisco activist. Cecilia was appointed to the Human Rights Commission in 2004 by Mayor Gavin Newsom, where she currently co-chairs the Commission's LGBT Advisory Committee and serves as Commission Chair. An openly trans and HIV+ woman, Cecilia has contributed to many health initiatives for the Asian Pacific Islander community and continues to be an advocate on HIV policy. Cecilia was a member of the Board of Directors of the San Francisco LGBT Pride Celebration Committee, including serving as their first Asian and first transgender woman President. Currently, Cecilia serves on the board of Women Organized to Resist Life-Threatening Disease (WORLD), an organization that is for and by positive women.

### WHAT ARE YOU MOST PROUD OF?

I am proud of being a transgender woman of the new millennium and I am also proud to be part of an ever growing sisterhood that is nurturing and empowering, as well as inspiring each and every one of us in the trans community to be our best.

### HOW HAS HIV AFFECTED YOU OR TRANS COMMUNITIES?

I am an immigrant, a woman of color, and I am HIV positive. The epidemic has been around for almost three decades and trans women have been greatly affected by HIV since the beginning. We continue to see a high HIV prevalence among transwomen, particularly transwomen of color.

### WHAT ARE YOU DOING TO PROTECT YOURSELF AND OTHERS FROM HIV AND OTHER STDs?

I am one of the many people in our community who educates providers and funders. I hope that by sharing my story I can help prevent HIV and STI infections in trans communities.

### HOW IMPORTANT IS TRANS COMMUNITY AND CULTURE TO YOU?

Being trans will always be part of my many identities. I will never walk away from this community that has helped shaped the core of who I am and the life path that I am on.



# She Heroes

## MISS MAJOR

Miss Major is a black, formerly incarcerated, male-to-female transgender elder. She has been an activist and advocate in her community for over forty years, mentoring and empowering many of today's transgender leaders to stand tall, step into their own power, and defend their human rights, from coast to coast.

Miss Major was at the Stonewall uprisings in '69, and became politicized in the aftermath at Attica. She has worked at HIV/AIDS organizations throughout California, and was an original member of the first all-transgender gospel choir. She has given speeches and trainings to audiences of transgender and non-transgender people and has received numerous awards for her work. In 2008, she testified to the Committee to Eliminate Racial Discrimination at the United Nations in Geneva, Switzerland about the abuses of transgender women of color in and out of the Prison Industrial Complex here in the US.

Currently, Miss Major works as the Community Organizing Director at TGI Justice Project where she instills hope and a belief in a better future to the girls that are currently incarcerated and those coming home. She is a father, mother, grandmother, and grandfather to her own children and to many in the transgender community.

### WHAT ARE YOU MOST PROUD OF?

Having the energy, time, acceptance to help my community fight the stigma of not being good enough to be given breath by God or accepted by fellow human beings. To be a voice for my girls who haven't one, to see ahead for those who can't; to bridge that vast gap between the factions of the community and the oppressors in our direct or in-direct living situations.

### HOW HAS HIV AFFECTED YOU OR TRANS COMMUNITIES?

HIV has swallowed up many of my sisters, brothers, friends, and future TG people. It has left behind it a wake of devastation

that hasn't been felt by folks so young. On a personal level I have had to deal with survivor's guilt for not having it and not dying. A feeling that I am an outsider cause I do not share, on a personal connection, to the horrors that my girls have to endure on a regular basis.

### WHAT ARE YOU DOING TO PROTECT YOURSELF AND OTHERS FROM HIV AND OTHER STDs?

Taking the message to my girls, one on one, that we are worth being loved and having a life that we desire. That no one needs to seroconvert to get the so called AIDS money, food, housing, & benefits. I try to help find alternatives to keep us safe, secure, and loved by ourselves FIRST! Then make room for some jerk to come along and try to tear us down. This will not happen to a girl who is strong in her love of self. Harm reduction helps people where they are to try and stay out of the grip of the madness.

### HOW IMPORTANT IS TRANS COMMUNITY AND CULTURE TO YOU?

You might as well ask me how important is breathing! Drinking water! Eating food! This is my community; I am trans. We are our own culture! It is made up day by day by every one of us that steps out into the world and states: "HERE I AM. DO WHAT YOU WILL I AM NOT GOING AWAY. I AM HERE TO STAY." We have the right of our existence simply because we were born.





**Not all  
trans people  
share  
the same  
transition  
goals.**



# TRANS CULTURAL CONCEPTS

There are several trans cultural concepts that are necessary to take into account when adapting SISTA for transwomen of color. The following information provides a background on these concepts and serves as an introduction to trans cultural competency.

## ► TERMINOLOGY

We use the term 'trans' as an umbrella term to encompass all trans identities (including transgender, transsexual, genderqueer, transmen, transwomen, Female-to-Male [FTM], Male-to-Female [MTF], girls, etc.). The term 'transwomen' is used throughout this guide as an umbrella term to encompass all trans people who identify along the feminine spectrum and who reject the male sex they were assigned at birth, including (but not limited to) transsexual women, transwomen, MTF, and many other trans-feminine identities. Therefore, please note that the term 'transwomen' in this guide does not necessarily refer to people who identify as transwomen, or even people who identify as trans. The term 'non-trans' is used to refer to people who are not trans and identify with the sex they were assigned at birth.

Please keep in mind that the meanings and usage of these terms change quickly within trans communities, and vary by region and culture. **Be sure that you are familiar with the terms that are preferred by transwomen of color in your community.**

**under my Umbrella**

**The** term "trans" in this guide refers to someone whose sex, gender, and/or gender expression is different than the one they were assigned at birth. There are many ways for trans people to identify, and that's great! Some trans people may decide to take hormones and/or have gender confirming surgeries. Some trans people don't want any surgeries. Some trans people don't identify as transgender, but instead, they identify as women or men. There's no one way to be trans! No matter what someone decides to do with their body, they deserve to have their gender identity validated and respected. There's room for all of us under our umbrella!

## ► **TRANSITIONING: A PROCESS THAT UNFOLDS OVER TIME AND VARIES FROM PERSON TO PERSON**

When trans people begin to openly express their gender identity and acknowledge that they do not identify with the sex they were assigned at birth, they may choose to make changes to their gender expression or pursue trans-related medical care. This process is often referred to as “transitioning.” Many trans people do not think of transitioning as “moving from one gender to the other,” since many have never identified with their birth sex. Others do think of themselves as transitioning in this way. Decisions that people make about transitioning are very personal and individual: not all trans people share the same transition goals.

For some people transitioning may involve body modifications, including hormone therapy and/or gender confirming surgeries (also called “sex reassignment surgeries” or “SRS”). Hormone therapy for transwomen usually involves oral anti-androgens (medications that suppress the body’s testosterone production), and either oral or injectable estrogen and sometimes progesterone. If a person chooses to inject hormones, that injection can become a potential risk for HIV and Hepatitis C if not performed under the supervision of a health care provider.

Gender confirming surgeries for transwomen can include breast implants, vaginoplasty, facial feminization surgery, tracheal shave, and more. It is important to note that there is not one type of surgery that trans people have and not all trans people desire



surgery, so it is useful to avoid language like “pre-op” and “post-op” (although many trans people use those terms). When talking with trans people about how they have sex, it is useful to have a respectful conversation about the body parts they are using and how different sexual behaviors may affect their HIV and STI risks. Respectful ways to engage trans people in these types of conversation involve building trust, using the correct pronouns to describe the person’s gender, asking people what language they use to refer to their body parts, and then consistently using that language. Sexual behaviors can vary among trans people due to the different bodies trans people have and differing decisions about gender confirming surgeries (for example, some trans women may be the insertive partner if they still have a penis). It is important to be aware of the various sexual behaviors of any target population in order to implement effective HIV prevention interventions, and trans communities are no different in that respect. It is also important not to assume a person’s genitalia, and thus when sexual behaviors are discussed, it is important to fully understand what is occurring during a sexual interaction.

Some transwomen inject silicone or other substances in order to create a feminine body very quickly. Injecting silicone is dangerous, and it is illegal in the United States. There is no such thing as “medical grade silicone” formulated to be injected directly into a person’s body; silicone is not created for that purpose. If people inject silicone, it is important that they are aware of the associated risks, and that they have information about how to reduce their risk of HIV and Hepatitis C if they are sharing needles, syringes, and/or silicone solutions.

### ► **TRANSPHOBIA NEGATIVELY AFFECTS TRANSPeOPLE**

Transphobia is the discrimination and negative treatment of trans people based on the expression of their gender identity (the gender a person feels that they are) or gender expression (the way a person expresses their gender through clothes, hairstyle, name, mannerisms, and other gendered behaviors).

Transphobia can be both external (something that we experience from the outside world), and/or internalized (when we start to believe the negative things we are told by others). External transphobia is apparent in almost every aspect of society, including the high levels of employment discrimination that trans people face. There are only a few cities that protect the rights of trans employees, and often trans people are fired (or not hired in the first place) simply for being transgender.<sup>27</sup>

## **External transphobia is apparent in almost every aspect of society**

Creating further barriers to employment, trans youth often face discrimination and bullying in school, leading to high dropout rates among trans youth.<sup>28</sup> Additionally, trans youth with less than a high school degree are much more likely to engage in sex work than youth with college or technical degrees, since trans youth with little education may have few opportunities for employment outside of sex work.<sup>29</sup>

The combined experiences of transphobia, denied opportunities, and employment discrimination often leads to situations where trans people are forced into sex work for survival. Survival sex work often involves a large number of partners and being offered more money to not use condoms, which increases HIV risk.<sup>30</sup> In addition, sex work can sometimes be a way for transwomen to affirm their gender identity. Trans sex workers are less likely to use condoms with their boyfriends/husbands than they are with clients. Issues include intimacy, trust, expressions of love, and the desire to differentiate between their different types of sex partners. Non-trans male partners of transwomen are often at high risk for HIV themselves, and therefore having a boyfriend can lead to high HIV risk for transwomen.<sup>31</sup>



Survival sex work and other issues that cause stress in people’s lives (including discrimination and stigma) can lead to an increase in substance use. Substance use is also associated with an increase in HIV risk because people who are actively using drugs may not prioritize safer sex, and may not be as able and/or willing to negotiate safer sex when they are under the influence. Trans injection drug users are three times more likely to be HIV positive than trans people who do not inject drugs.<sup>32</sup>



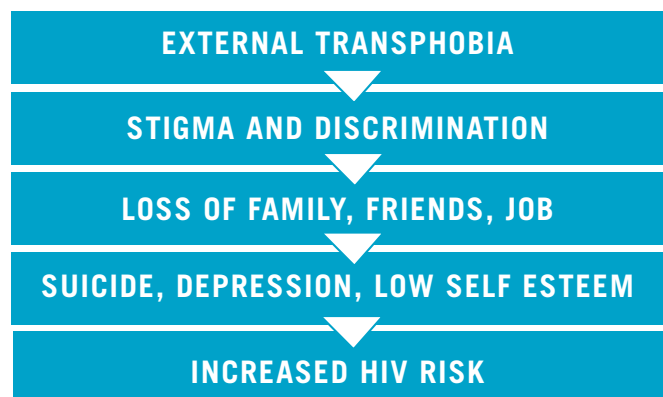
Sex work and drug use often lead to incarceration, which leads to the overrepresentation of transwomen in prisons and jails.<sup>33</sup> Incarceration can be very stressful for trans people, since many prisons and jails are sex-segregated and trans people are housed according to their genitalia. Transwomen who have not had genital surgery (such as vaginoplasty) are often housed with non-trans men, which can lead to risk of violence and unprotected sex. Transwomen may find themselves caught in a cycle of sex work, drug use, and incarceration, because when they are released from custody, they still face the same issues of employment and housing discrimination, and their social support networks are based on sex work and drug use.<sup>34</sup> In addition, trans people often do not have access to the same programs that are designed to support people in need, such as drug treatment programs and homeless shelters. These facilities are often segregated by sex and are often unable or unwilling to accommodate trans people.



### ► INTERNALIZED TRANSPHOBIA AFFECTS TRANSPeOPLE

Believing the negative things other people say and believe about trans people (i.e. internalized transphobia) may lead us to do things that impact our health (like using drugs) and impair our ability to live our lives. External (or societal) transphobia can lead to internalized transphobia, which can result in depression, suicidal thoughts, feelings of worthlessness, and low self-esteem. The stigma and discrimination trans people often face can lead to the loss of friends and family (external transphobia), which may lead to depression and feelings of worthlessness (internalized transphobia).

Low self-esteem, depression, and feelings of worthlessness can lead to increased HIV risk because people with low self-esteem are less able to assert their needs in sexual relationships, such as expressing the desire to use condoms. Also, trans people who feel that they are worthless may not value themselves enough to use condoms to protect themselves.



How does T-SISTA help us overcome internalized transphobia?

Gender and ethnic pride  
are the basis of T-SISTA!



**HOW CAN WE OVERCOME INTERNALIZED TRANSPHOBIA?**

By having pride in our gender identities!

By learning about trans history and herstory!

By valuing ourselves!

By believing in ourselves!

By supporting each other!

By rejecting transphobia and determining  
for ourselves how we want to live our lives!

## ► PRIDE, TRANS PRIDE, GENDER AFFIRMATION: ESSENTIALS FOR HIV PREVENTION

While not all trans people identify as transgender, all trans people do want to have their gender identity acknowledged and supported. Any program created for trans people should be gender affirming (supportive and encouraging of a trans person's gender identity). Trans people who are involved with a trans community and who are proud of their trans identities are more able to cope with the stress associated with stigma and discrimination than trans people who are not involved in trans communities.<sup>35</sup>

## ► PASSING

“Passing” refers to the concept of trans people being perceived as their preferred gender by other people. Passing is very important for some trans people and can be associated with less transphobia (since people are not perceived as trans). It is important to realize that passing is not realistic for all trans people; some people will never pass. Also, passing is not important to everyone or seen as “the ultimate goal” for all trans people.

## ► THE IMPACT OF FAMILY REJECTION OR ACCEPTANCE

Trans people who experience rejection by their families of origin at an early age create other types of support networks.<sup>36</sup> Rejection by families of origin can decrease self-esteem, increase internalized transphobia, and may result in the loss of housing. One alternative form of strong social support exists within some trans sex worker communities.<sup>37</sup> CBOs that serve trans sex workers can make the most of these strong social networks by promoting healthy sexual negotiation skills and condom use.<sup>38</sup> CBOs can also help to create trans social networks outside of sex work communities, such as communities of T-SISTA graduates!

## ► ACCESS TO CARE

All trans people need access to high-quality, trans competent medical care. Unfortunately, it can be

difficult for trans people to find clinics and doctors who are competent and sensitive to provide care, especially outside of large, urban cities. Many trans people avoid seeking medical care due to past negative experiences with providers who were not trans sensitive. In addition, due to the combined effects of poverty and employment discrimination, many trans people do not have health insurance or the means to pay for medical care. As a result, most trans people do not receive adequate health care.

### WHY ARE TRANSWOMEN AT RISK FOR HIV?

#### ► STIGMA AND DISCRIMINATION

Harassment, violence, unemployment, lack of health insurance, poverty, homelessness

#### ► GENDER IDENTITY VALIDATION THROUGH SEX

Multiple sex partners, unprotected sex

#### ► SURVIVAL SEX WORK

Unprotected sex, substance use

#### ► LACK OF APPROPRIATE MEDICAL CARE

Lack of medical screening, including HIV/STDs, increased morbidity risks

#### ► CULTURALLY INCOMPETENT HIV PREVENTION METHODS

#### ► MULTIPLE INJECTION RISKS

Injection drug use, injection silicone use, injection hormone use

#### ► BARRIERS IN ACCESS TO TRANS CARE

Self-medication through use of street hormones, injection silicone use

#### ► RELUCTANCE BY MSM-SERVING AIDS SERVICE ORGANIZATIONS TO INCLUDE TRANS PEOPLE

# COUNTING TRANS POPULATIONS

## IT'S IMPORTANT TO BE COUNTED!

Many local, state, and federal agencies do not accurately count trans people. Data collection forms often do not provide ways for transgender, genderqueer, or other gender variant people to indicate their gender identity. Many forms that try to be inclusive of trans identities often only list three categories: male, female, or transgender. This method of data collection lumps all trans people together into one category, which does not allow us to distinguish transwomen from transmen or genderqueer people and makes the data difficult to interpret or apply to a target population.

Some trans people may not identify as transgender, may live stealth and/or may be afraid to tell people about their gender history—so even if given the opportunity to indicate this on a data collection form, they still may not choose to do so. Often transwomen are lumped into the “men who have sex with men” (MSM) category, which does a disservice to transwomen and results in inaccurate data collection. Not only is categorizing transwomen as MSM disrespectful of their gender identity, it means that even though transwomen are counted in data that are used to fund HIV programs, transwomen often do not benefit from the programs that are developed based on that data. Transwomen have different needs, lifestyles, and concerns than MSM, and programs need to be developed with their uniqueness in mind. The CDC is currently looking at ways to revise their data collection and classification methods to make them more accurate and inclusive of trans people.

## HOW MANY TRANS PEOPLE ARE THERE?

Worldwide estimates for transwomen are 1 in every 30,000 people. Transmen are estimated at 1 in every 100,000 people.<sup>39</sup> However, these numbers are likely an underestimate because they only account

for trans people diagnosed with Gender Identity Disorder and/or people receiving services at gender clinics, which we know are not inclusive of all trans people.

## HOW TO ACCURATELY CAPTURE DATA ON TRANS CLIENTS

We strongly encourage the use of a two-question method to accurately collect data. Change ALL intake forms in the agency to contain at least the following two questions:<sup>40</sup>

### 1. What is your current gender?

(Check all that apply)

- Male
- Female
- TransMale/Transman
- TransFemale/Transwoman
- Genderqueer
- Additional Category

(Please Specify): \_\_\_\_\_

- Decline to State

### 2. What sex were you assigned at birth?

- Male
- Female
- Decline to State

This may be more information than your funders require. But we want to encourage you to collect such information since it is better to collect more information in order to capture the data correctly, communicate inclusivity to your clients, and accurately reflect the clients you are serving. This extra information can be condensed later for reporting purposes. For more information on how to use the two-question method at your agency, contact the **Center of Excellence for Transgender Health** through their website [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu) or email **JoAnne Keatley**, an internationally renowned researcher and activist, at [joanne.keatley@ucsf.edu](mailto:joanne.keatley@ucsf.edu).

# Heroes

## FERNANDA VALDEZ

Fernanda Valdez is a 52 year old Transsexual woman, born in San Felipe, Baja California, Mexico; the eldest of eleven siblings. Her activism for trans communities started in 1993 in Mexico. She found her way to San Francisco, where she eventually started working at UCSF-Center for AIDS Prevention Studies as a Health Educator and Substance Abuse Counselor for transgender individuals. She is very active in relaying how important HIV prevention is for trans communities. She sees the vast trans communities as one family and believes that prevention should be in-house because more youth are becoming HIV+. "We as family need to educate more children; we need to prevent violence, homophobia, STI, and HIV."



### WHAT ARE YOU MOST PROUD OF?

Being an activist in my community.

### HOW HAS HIV AFFECTED YOU OR TRANS COMMUNITIES?

The majority of my friends from the 80s to the present have been infected and affected from the virus. I'm affected by the lack of resources to the "T" Latina community and I would like to do more.

### WHAT ARE YOU DOING TO PROTECT YOURSELF AND OTHERS FROM HIV AND OTHER STDs?

Abstinence is one of my tools, but if and when I have sex, then I use protection.

### HOW IMPORTANT IS TRANS COMMUNITY AND CULTURE TO YOU?

It's very important to me, I'm part of it, and it's who I am and how I define myself. I'm a proud member and I love being an activist in my community.





# Heroes

## BREONNA McCREE

Breonna McCree has been working in the community since the late 90s. She started off volunteering in the East Bay and has worked her way up the ranks. She has served on several planning committees in and around the Bay Area including the East Bay Community Recovery Project, SMAAC Youth Center, Walden House, and Alameda County Department of Public Health. She has assisted in creating curriculum for one of the first transgender research projects at UCSF/CAPS under Joanne Keatley. Additionally she has helped create and implement programs for transgender women, as they are one of the most mistreated, marginalized and underserved at-risk populations. She also helped start one of the first support groups for transgender women of color in the East Bay through AIDS Project of the East Bay. She is currently running four trans support groups in various community organizations including the Ark of Refuge, Walden House, Tom Waddell Clinic, and in the jail system. She has also participated on several community boards to assist in the well-being of her community. She does this to gain new perspectives and obtain new information pertaining to the transgender community, as well as developing new strategies for combating issues that are endemic to the transgender community as a whole. Last but not least she wishes to gain new recourses that would help her better serve her community. She also hopes to finish her bachelor's degree in public health when her schedule permits because she is one of the hardest working women in the public health biz.

### WHAT ARE YOU MOST PROUD OF?

I'm most proud of the fact that I'm still here! Being trans growing up, you feel that you will never have the normal things that other people have. I am most proud of the fact that I have made it this far in life to experience all that is normal.



### HOW HAS HIV AFFECTED YOU OR TRANS COMMUNITIES?

I was affected by HIV when my godmother told me that she had AIDS. Not only did she teach me about the disease, she also made sure that I would never become infected by getting me a volunteer position at her job. That way she knew I was prepared for the battle of the HIV epidemic.

### WHAT ARE YOU DOING TO PROTECT YOURSELF AND OTHERS FROM HIV AND OTHER STDs?

Some of the ways that I protect myself and others are by staying updated on the latest info about HIV and AIDS. I also teach weekly support groups about ways to stay negative of all diseases. I also try to stay positive in every way: mind, body, and spirit.

### HOW IMPORTANT IS TRANS COMMUNITY AND CULTURE TO YOU?

For me it is very important to see others like myself doing positive things in the community. Also, do research about the trans folks that were here before us. To find out some of the barriers and obstacles they had to overcome just to be whom they are. It makes you feel that all you do is not only for you, but for others who follow in your foot steps.



**Transwomen's  
needs and  
issues are  
different  
from those  
of non-trans  
women.**

# ADAPTING SISTA FOR TRANSWOMEN OF COLOR

## Why

### WHY IS IT NECESSARY TO ADAPT SISTA BEFORE IT'S USED WITH TRANSWOMEN OF COLOR?

- **How to know if T-SISTA is right for your community**
- **Additional issues to include in T-SISTA**
- **Social and psychological theories that underlay SISTA and T-SISTA**
- **Adapting SISTA's core elements and key characteristics**

SISTA is a peer-led, small group HIV intervention developed and demonstrated to be effective for heterosexual non-trans African American women. However, while there are many similarities, transwomen's needs and issues are also different from those of non-trans women. It also may not be possible or preferable to limit participation to transwomen who are African American (depending on the size of the population). SISTA must therefore be adapted to meet the needs of transwomen of color. Making changes to SISTA's key characteristics, activities, and role plays to make it culturally relevant to transwomen of color is called "adaptation." In the world of HIV/AIDS prevention efforts, most EBIs undergo some amount of adaptation, because they were originally developed

for one population but are being implemented with a different group of people and/or setting. Adapting SISTA for transwomen involves more than substituting the term "transwomen" for the term "women." Instead, it is clear that transwomen's unique risk behaviors and cultural considerations must be taken into account and addressed in the intervention in order for it to be effective. The first step in this adaptation process is finding out if **T-SISTA** is right for the community of transwomen an agency would like to serve.

### ► HOW DO I KNOW IF T-SISTA IS RIGHT FOR MY COMMUNITY?

**T-SISTA** is right for transwomen in your community if:<sup>41</sup>

- Participants live in communities where men have more power than women, including in sexual relationships and behaviors.
- Participants engage in the same risk behaviors that the intervention focuses on (such as unprotected sex).
- Participants have the same or similar behavioral risk determinants that the intervention focuses on (such as a need for condom negotiation and assertive sexual communication skills, lack of self-efficacy, limited or lack of HIV prevention knowledge, etc.).

If you are able to agree with all three of those statements, then adapting SISTA for transwomen in your community might be appropriate. Please note the recommended changes in the core elements and prepare to incorporate new information into the intervention to account for additional risk factors.

### ►WHAT ADDITIONAL ISSUES SHOULD T-SISTA INCLUDE TO ADDRESS TRANSWOMEN'S RISK FOR HIV?

In the Transitions Project's work with *T-SISTA* adaptations, we found that most of the issues that SISTA focuses on were relevant to transwomen. Usually when adapting an EBI, it is best to retain the core elements of the intervention. However, adaptations of SISTA for transwomen of color should focus on a few additional issues. First, it is important to include a gender affirming/trans pride component. Second, the adapted intervention needs to address stigma and discrimination due to transphobia. Third, it is also important to address trans-specific HIV risk behaviors. Therefore, in order to create an intervention that will meet the needs of transwomen, the Transitions Project recommends adding components to the original SISTA intervention.

The following are highly recommended additional components to address in *T-SISTA* and SISTA adaptations for transwomen:

- Gender affirmation
- Trans pride
- Transphobia (internal and external)
- Safer injecting techniques
- Safer transitioning (i.e., using hormones safely, addressing the dangers of injection silicone use)
- Access to appropriate medical care
- Sex work
- Coping with police harassment

### ►SOCIAL AND PSYCHOLOGICAL THEORIES THAT UNDERLAY SISTA AND T-SISTA

The SISTA intervention is based on two theories: the Theory of Gender and Power and Social Cognitive Learning Theory.

**THE THEORY OF GENDER AND POWER**<sup>42</sup> says that women can reduce their HIV risk when they learn about:

- How sexism can create sexual risk
- Their perception of power (or lack of power)
- Their role in sexual/romantic relationships
- Cultural and gender rules that oppress women
- How those gender rules can increase their HIV risk
- How not having access to information and having less money than men can increase their HIV risk

**SOCIAL COGNITIVE THEORY**<sup>43</sup> says that people can reduce their risk for HIV when they:

- Learn information about HIV risk, their personal risks, and ways to reduce their HIV risk
- Learn skills and behaviors that will reduce their HIV risk
- Learn such skills and behaviors by observing others and especially by having role models such as a leader who shows these skills and behaviors
- Believe that practicing the new behavior is beneficial to them and will indeed reduce their HIV risk (outcome expectations)
- Believe that they can perform those behaviors (self-efficacy)
- Practice new behaviors, while getting guidance
- Get support from their peers for their new behaviors

## SISTA SEEKS TO CHANGE A NUMBER OF FACTORS RELATED TO WHY WOMEN ARE AT RISK FOR HIV BY:

- Increasing women’s skills to use or get their partners to use condoms
- Increasing women’s skills related to sexual negotiation
- Increasing women’s beliefs that they are able to reduce their HIV risk
- Increasing women’s knowledge about HIV transmission, their personal risk, and understanding of what is safer sex
- Increasing women’s recognition of the differences in power that sex partners have in relationships
- Increasing women’s ability to communicate in an assertive manner.

### ► SISTA’S CORE ELEMENTS

Core elements are essential parts of the intervention that must be implemented in order for the program to be implemented “with fidelity” (following the core elements and guiding principles) to the original approaches of SISTA. Research has shown that programs implemented with fidelity to the original ways they were designed increase their effectiveness. The core elements of SISTA are thought to be responsible for the effectiveness of the intervention because they address issues that research has found to be associated with why African American women are at risk for HIV, and because they come from the theories that SISTA is based on (the Theory of Gender and Power, and Social Cognitive Theory).

Adaptation is imperative whenever a program is being used for a population different than the group it was originally developed for. Adaptation makes it more relevant to the new group’s lives, and more culturally sensitive. In considering how to adapt the intervention, it is usually best not to drop a core element. However, precisely how a core element is conducted is sometimes flexible, and it is sometimes necessary to add a core element. Adapting SISTA for transwomen requires some adjustments to core elements, as described below. To successfully adapt SISTA, CBOs are encouraged to thoughtfully analyze each core element to see how it applies to transwomen of color, being mindful about the original intent of the core element.

The following are SISTA’s original core elements. We then follow each of these with recommendations about how to adapt each core element for transwomen of color.

**1. SISTA: Convene a series of small-group sessions to: see others model the development of skills for negotiating safer sex and using condoms, engage in role plays so that women acquire sexual negotiation and communication skills, and address the challenges and joys of being an African American (non-trans) woman in order to develop ethnic/racial and gender pride.**

**T-SISTA:** *The method of using role plays and sexual negotiation skills for HIV prevention will work for transwomen. Trans adaptations should add a strong focus on developing pride in being transwomen of color, especially stressing trans history. For T-SISTA interventions that include white transwomen, the adaptation may focus more on the challenges and joys of being a transwoman. In addition, specific ways of negotiating safer sex may be different for transwomen than non-trans women, so the scenarios and role plays will all need to be adapted.*

**2. SISTA:** Build pride and enhance self-worth in being an African American (non-trans) woman by using culture- and gender-appropriate materials (e.g., use of poetry written by African American women).

**T-SISTA:** Adaptations should be gender affirming and instill a sense of pride in being transwomen of color. The Transitions Project recommends creating a sense of trans history for participants through decorations and activities. The **T-SISTA** curriculum includes a few poems written by transwomen of color specifically for this adaptation; however, many agencies also use popular songs (such as India Arie's *I am Not My Hair*), and music videos (such as Thalia's *A Quien le Importa*) that contain themes transwomen of color can relate to.

**3. SISTA:** The group facilitator should be a peer in order to develop rapport and credibility with the group participants, and to build ethnic/racial pride. Hence, use skilled African American female facilitators to implement SISTA group sessions.

**T-SISTA:** Likewise, the group should be peer-run. In order to develop rapport and have credibility with group participants, the facilitators should be transwomen of color who have strong facilitation skills and who are committed to the implementation of **T-SISTA**. This also helps to build pride as they see someone with whom they can identify taking a leadership role.

**4. SISTA:** Develop women's sexual negotiation/communication skills in order to enact safer sex by teaching women to communicate and negotiate verbally and nonverbally with their partners.

**T-SISTA:** Increased sexual communication and assertiveness skills trainings are useful for all communities and populations. The role play scenarios in which these are addressed will need to be changed to reflect sexual situations in which transwomen find themselves.

**5. SISTA:** Increase knowledge about how to use condoms by instructing women on how to use condoms effectively and consistently.

**T-SISTA:** SISTA devotes one full hour to condom basics, condom demonstrations, and practice putting on condoms, because some non-trans women participating in the program had never even seen condoms prior to attending SISTA. While it is important to provide participants with information on how to use condoms effectively and consistently, the condom skills activities may be shortened in order to create time for other topics (such as safer transitioning, and trans history).

**6. SISTA:** Discuss culture- and gender-related barriers and facilitators to using condoms (e.g., provide information on African American women's risk of HIV infection).

**T-SISTA:** This core element can remain unchanged for trans adaptations, however the actual culture and gender-related barriers and facilitators to using condoms will change for transwomen. For example, a barrier may be that transwomen who engage in sex work do not use condoms with their boyfriends because they may want a way to distinguish between the types of sex they are having.

**7. SISTA:** Emphasize the importance of partner's involvement in safer sex (i.e. enhance partner norms supportive of condom use).

**T-SISTA:** The homework sessions of SISTA support the emphasis on partner's involvement, however it may be unrealistic for trans adaptations to retain the same level of partner involvement through the homework activities. Some of the participants may be sex workers, some participants may be in abusive relationships, and some participants may not have partners who they feel safe discussing the homework activities with. While partner involvement in safer sex should be emphasized as much as possible, the participants who are unable to talk to



*their partners could talk with their friends to enhance transwomen's community norms supportive of condom use.*

## ► ADDITIONS TO CORE ELEMENTS

**T-SISTA should affirm the gender identity of all participants.**

**T-SISTA** should be supportive and encouraging of each participant's gender identity. CBOs should be very conscious of reasons why significant changes are made to core elements. This is an essential addition because all aspects of the intervention need to be gender affirming in order to create a sense of pride in being transwomen of color.

## ► SISTA'S KEY CHARACTERISTICS

Key characteristics are the activities and delivery methods of SISTA. Key characteristics are ways that the core elements and overall intervention are delivered and these can be adapted to meet the needs of different CBOs and target populations. Following are the key characteristics of SISTA with explanations of their relevance to transwomen of color.

**1. SISTA can be adapted for different populations of African American women.**

**This recognizes the tremendous diversity of African American women.**

**T-SISTA:** *Transwomen of color also vary tremendously, and can have many different cultural identities, gender identities, sexual orientations, and socioeconomic backgrounds, and belong to different racial/ethnic groups. Adaptations for transwomen will likely be more relevant for diverse groups if they can be made to be as specific as possible for the target group (for example, an adaptation targeting only Latina transwomen should be somewhat different than an adaptation targeting only African American transwomen).*

**2. SISTA must be implemented with passion.**

**T-SISTA:** *The transwomen who are hired as facilitators on this project must be invested in the participants, committed to using all of the creativity that they can muster in order to maintain participation and satisfaction, and enthusiastic in running the groups. This is not easy work! It is challenging and compelling, and requires a real commitment on the part of facilitators. Passion and commitment to the work also comes across to participants, and likely increases their resolve to enact the behaviors they learn in the group.*

**3. SISTA should be publicized as a program that was developed by African American women and for African American women.**

**T-SISTA:** *While it is important that transwomen understand that this is a group for them, adapted by people who deeply understand them, caution has to be used. As CBOs adapt SISTA, facilitators need to be aware of how to advertise this group appropriately in order to not disclose the gender identity of women participating in these sessions. As opposed to publicizing the program as "SISTA for Transwomen," CBOs may want to advertise the group as "T-SISTA," "Soul Sistahs with a T," or other names that use language that is familiar and comfortable to transwomen.*

**4. SISTA should include HIV prevention discussions that address relationships, dating, and sexual health within the context of African American women's experiences.**

**T-SISTA:** *Adaptations should address many of the same topics such as relationships, dating, and sexual health, which are also relevant to transwomen. However, the adaptations should also address issues such as sexual negotiation in sex work and HIV risk through syringe sharing for hormones and silicone, when these topics are applicable to the community of transwomen the agency intends to reach.*



## WHO WILL PARTICIPATE IN T-SISTA?

### Determining Your Target Population Checklist:

- ❑ Review epidemiological data, if available, for transwomen in your community.
- ❑ Conduct a community assessment by interviewing trans community leaders and conducting focus groups with trans community members.

### ► WHO WILL BE THE T-SISTA TARGET POPULATION?

One common struggle that CBOs face in adapting HIV interventions for transwomen of color is determining **who** the target population will be. The trans umbrella includes many identities that may have different HIV risk behaviors. CBOs should decide which particular segment of trans communities **T-SISTA** will serve before beginning the intervention. The following factors should be considered, especially in terms of how they might relate to HIV risk:

#### • HIV Risk:

- » CBOs should first determine who is most at risk for HIV in their local community. Obtain information from your local health department to find out if they report rates of HIV among transwomen, and search the internet for reports on HIV rates among transwomen in your city. Also consider what HIV prevention resources are already available to different groups of transwomen in your area.

#### • Age:

- » CBOs are often funded to implement interventions for youth. This can create challenges within local communities, especially when there are few resources for trans communities as a whole or if a CBO shifts from serving all ages to only serving

youth. When CBOs are only funded to serve youth, some may consider incorporating transwomen over 25 as volunteers and recruiters.

- » If the intervention targets transwomen of all ages, it's important to consider how the needs of trans youth will be different from adults and how the needs of youth might be effectively addressed.

#### • Race and Ethnicity:

- » SISTA is designed to address the specific needs of African American non-trans women, because combined experiences of racism and sexism create unique HIV risk behaviors, and HIV rates among non-trans women in the United States are highest among African Americans and Latinas. In creating **T-SISTA** adaptations, agencies must determine which racial and ethnic groups of transwomen to target. Similar to African American non-trans women, transwomen of color also experience racism and sexism in addition to transphobia. The combination of racism, sexism, and transphobia create unique HIV risk behaviors. It is for this reason that T-SISTA is designed for transwomen **of color**.

- » Some CBOs may decide to separate out racial/ethnic groups and create adaptations specific to certain populations (such as TITAS, the adaptation for Hawaiian trans women, NIZHONI, the adaptation for Native American transwomen, and Bahacú en TACAS, the adaptation for Puerto Rican transwomen). However, not all CBOs or communities will have sufficient resources to be able to target one specific racial/ethnic group of transwomen. There might not be a large enough population of transwomen in the area to target only one ethnic/racial group. In creating the TWISTA adaption, Howard Brown Health Center expanded the target population to all transwomen of color. TWISTA focuses on creating pride in being transwomen **of color**.

- » CBOs that choose to incorporate white transwomen into **T-SISTA** should be aware that this is a very large change to a fundamental core element of

SISTA: building pride in being a woman of color. Care should be taken in developing trans history/herstory components to continue to address the strong history of trans people of color, as this history is often ignored. CBOs that include all racial/ethnic groups may want to place a greater emphasis on gender pride, while paying close attention to ensure that the unique needs of transwomen of color are still being addressed.

- **Gender Identity:**

- » **T-SISTA** is primarily designed for transwomen and other gender fluid/gender variant people who reject the “male” sex they were assigned at birth. When deciding on which gender identities an adaptation should serve (for example transgender, transsexual, genderqueer, gender-questioning), it is best to ensure that the participants all have similar risk behaviors. **T-SISTA** focuses on ways that being female-identified can impact HIV risk. Gender is complicated and not all participants may identify as “female” or “transgender” so it is important to know the local community and local terminology to clearly define who the intervention will serve using language understood by the intended audience.
- » The trans umbrella is large, complex, and can include transsexuals, crossdressers, drag queens, and many more identities. Some of the identities under this umbrella demonstrate radically different HIV risk behaviors. Cross dressers, for example, are often heterosexually identified men who enjoy wearing women’s clothing and do not usually identify as transwomen. Crossdressers will not be a good fit for **T-SISTA** since they experience different HIV risk behaviors.
- » There is crossover between drag queen and transwomen’s communities, since some transwomen also perform in shows, as do the drag queens. However, male-identified drag queens often have different risk behaviors than female-identified (or trans-identified) transwomen and are unlikely to be effectively reached by **T-SISTA**.

## SPOTLIGHT: Bahacú en TACAS

**B**ahacú en TACAS is a SISTA adaptation in San Juan, Puerto Rico for young trans puertorriqueñas. This project serves two different groups under the trans umbrella: young men who identify as trans because they perform in shows (“transformistas”), and young transwomen (many of whom are engaged in survival sex work).

The initial community assessment determined that both groups would benefit from the SISTA adaptation. At first Bahacú en TACAS combined both groups. However, there were some problems. The groups needed different activities, especially because their sexual risks were different and because pride issues differed. The transformistas became a dominant group and the participation of many of the transwomen decreased during the sessions. Staff decided to separate out the groups and now run separate interventions for the two groups.

• **Additional Considerations:**

» Some other factors that CBOs might want to consider when deciding on a target population include such issues as engagement in sex work, HIV status, and/or substance use. For instance, if the decision is made to target transwomen of color who are currently involved in sex work, the adaptation should be strongly guided by the specific needs of sex workers.

► **WHY NOT FOCUS ON TRANSMEN?**

HIV prevalence in transmen is relatively low in the few studies that have collected HIV related data among transmen, between 1%-3%.<sup>44</sup> However, this does not mean that transmen are not at risk for HIV. There are many transmen who have sex with non-trans men, and many transmen who have sex with transwomen. While there have been very few studies that look at HIV risk among transmen, it is believed that transmen

**T-SISTA is not designed to address the HIV prevention needs of transmen**

are having unprotected sex and engaging in behaviors that might place them at risk for HIV. Because the research currently shows that there are not many transmen living with HIV, most HIV interventions for trans communities are for transwomen, especially transwomen of color.

SISTA is an intervention that was designed to build pride in African American women and to address their specific HIV prevention needs. Because SISTA was originally created to build gender and ethnic/racial pride in non-transwomen, it is not designed to address the needs of transmen. Transmen who are at risk for HIV are often gay, bisexual, or queer-identified, so adapting one of the EBIs targeting gay and bisexual non-transgender men would be a better choice. Additionally, transmen should not be combined with transwomen in SISTA sessions since SISTA focuses on validating women and instilling pride in being **female**-identified.

*What*

**WHAT TO DO TO GET STARTED**

**Getting Started Checklist:**

- Assess agency capacity
- Build trans cultural competency
- Conduct a community assessment
- Create a Community Advisory Board
- Hire and train appropriate staff

► **ASSESS AGENCY CAPACITY TO IMPLEMENT T-SISTA:**

Determine what agency resources are available to adapt and implement **T-SISTA** (such as space, access to TV/VCR/DVD, trans staff members to facilitate the intervention) and be aware that inadequate agency support and resources can hinder **T-SISTA**'s effectiveness. Start with an "Agency Readiness Self-Assessment" to help establish what resources are needed and what the agency already has in order to adapt SISTA.

## ► AGENCY READINESS SELF-ASSESSMENT

The following is a brief self-assessment to assist agencies in determining if they currently possess the capacity, or can build the capacity, to adapt and implement SISTA for transwomen of color. Please read each item and then place a check mark in only one response option.

CAPACITIES AND RESOURCES NEEDED FOR A TRANSGENDER ADAPTATION OF SISTA	Yes, we have this capacity (1)	We do not presently have this capacity, but we can build the capacity (2)	No, we do not have this capacity (3)
1. Clients who are transwomen of color who are at risk for HIV infection due to their sexual risk-taking behaviors.			
2. Gender neutral bathroom facilities/single bathroom stalls.			
3. At least one staff person who is skilled at facilitating discussion groups and is a transwoman of color who may participate in the intervention.			
4. Capacity to collect, maintain, and process monitoring and outcome data.			
5. Private meeting space to conduct six 2-hour sessions, or space for a weekend long overnight retreat.			
6. Access to DVD player and television.			
7. Access to condom demonstration training models or commonly used substitutes (e.g. condoms, bananas or cucumbers for the male condom).			
8. Incentives for participants (e.g., small stipends, transportation passes, and meals at group sessions).			
9. A means to track program activities (i.e., recruitment of clients, session delivered).			
10. Agency commitment to sensitivity and understanding of trans communities and communities of color.			
11. Agency commitment to participate in the evaluation of T-SISTA.			

If all your responses were in column 1 (“Yes, we have this capacity”) or column 2 (“We do not presently have this capacity, but can build the capacity”), your agency is likely ready for a transgender SISTA adaptation. If you had a lot of responses in column 3, you should reconsider the fit of the program for your agency.

## ► BUILD TRANS CULTURAL COMPETENCY

Many CBOs have the desire to serve trans populations but lack specific experience. Based on our extensive experience with trans communities as well as CBOs that work with trans communities, the Transitions Project recommends the following steps to build trans cultural competency:

- **Ground the Work in the Community:**<sup>45</sup>

- » Develop partnerships with trans people and other trans-serving CBOs to assist with program development and services by and for trans people. Involving trans community members and trans service providers will increase the appropriateness and relevance of programs to trans people. Additionally, involving trans community members in program planning often creates greater programmatic and organizational buy-in from trans people.

- **Integrate Trans People into ALL Levels of the Organization:**

- » The Transitions Project has found that the most successful HIV prevention programs for trans people are located within CBOs who do the following:
  - Employ trans people throughout the organization, not just for the trans programs.
  - Employ trans people as managers, supervisors, and on the executive staff.
  - Include trans people on the Board of Directors.
  - Include trans people in the mission and vision statement.
  - Advocate for trans policy change and trans-affirming legislation as an organization.
- » Integrating trans people into all levels of the CBO is a gradual process that will most likely occur in different stages. If an organization does not yet have trans people at all levels, a great place to start is by recruiting trans people to serve on the Board of Directors and by including goals for increased trans competency within the next organizational strategic plan.

- **Train ALL Staff:**

- » The trans people who work on the trans program should not be the only people at an organization with transgender competency training. Ideally all staff, including administrative, programmatic, and executive staff, as well as members of the Board of Directors, should participate in trans competency trainings. CBOs can partner with local trans serving organizations to request this type of training.

## ► CONDUCT A COMMUNITY ASSESSMENT

A community assessment is the process of finding out about transwomen in the community, how they are organized (e.g., are there different sub-groups of transwomen), where they spend time, and what their unmet needs are that might relate to conducting the *T-SISTA* intervention. Conducting a community assessment is essential to developing an adaptation

**A good community assessment will provide much of the information that will be used in creating the adaptation**

that accurately reflects the needs of transwomen of color in a specific community. Ideally the community assessment will be one of the first steps made in creating an adaptation (along with assembling a CAB and hiring staff). If a community assessment has not been completed, the Transitions Project recommends that the CBO invests time in doing a community assessment prior to implementation.

A good community assessment will provide much of the information that will be used in creating the adaptation, including the *who*, *what*, *where*, and *when* components of the adaptation.

## Steps of a Community Assessment:<sup>46</sup>

- » Interview community leaders and other people knowledgeable about local trans communities (such as service providers, medical providers, and staff members).
  - The CAB, staff, and potential participants can help to identify community leaders who are knowledgeable about local transwomen of color communities.
  - These should be one-on-one interviews that are recorded in some manner (either with audio recordings, by taking notes, or using both methods).
  - Individual interviews typically take around an hour to complete.
- » Conduct focus groups with transwomen who are members of the target audience.
  - Focus groups are used to find out what issues are important to transwomen of color, and can be helpful because you can listen to transwomen's responses to each other as they analyze issues.
  - Focus groups should discuss all of the **T-SISTA** core elements, one at a time, to determine if each core element is appropriate for potential participants, and to determine if further additions should be made to core elements.
  - Focus groups should also discuss the best times to hold **T-SISTA**, the frequency of **T-SISTA**, ideal locations, what types of incentives would work best, and what it would take to get participants involved in **T-SISTA** (recruitment specific questions).
  - The Transitions Project recommends 1-2 focus groups with 10-12 participants in each group. Focus groups usually take about 2-3 hours to complete.
  - For more information on focus groups, see the SISTA Focus Group Protocol, located in the evaluation section of the SISTA Implementation Manual.

The following sidebar is a focus group guide from Navajo AIDS Network's transgender SISTA adaptation for Native transwomen. This guide is specific to the target population (Native transwomen), and asks all the questions that are needed to plan an adaptation.

## NATIVE TRANSGENDER SISTA Focus Group Guide

1. *Where do Navajo/Native TG women find resources or services such as \_\_\_\_\_ (medical, religious, educational, economic, etc.) ?*
  - a. *What do you find best about those \_\_\_\_\_ services and why?*
  - b. *What doesn't work about those \_\_\_\_\_ services and why?*
2. *What kinds of needs are unique to your community?*
  - a. *How do those needs get met?*
  - b. *For those needs not met, how might they get met?*
3. *What do you see as sources of strength in your community?*
  - a. *How might those sources of strength be introduced or supported in a small group?*
4. *If you put together a small group of Native Transgender women in order to provide support, what kinds of things would you offer?*
5. *What do you think would draw participants?*
  - a. *What would attract you?*
  - b. *What would keep you away?*
  - c. *When/where/how would this group meet?*
6. *Who's not here from your community?*
  - a. *How do we bring them here?*
  - b. *How do we get their input?*
  - c. *What might keep them away/attract them to a group?*
7. *What do you know about SISTA?*
8. *What about your community that we haven't already discussed should we know about in order to help us plan for a group?*
  - a. *Would you be interested in attending?*
  - b. *Would you be know of others who would like to attend?*
  - c. *Would you like to help us plan for this group?*

- **Integrating assessment information into the adaptation:**

- » Community assessments gather very valuable information that can be used to create the adaptation. The information from interviews and focus groups will help make many decisions, from what time to hold the SISTA sessions to changes to key elements.

## FOR OTHER TRIBAL ORGANIZATIONS:

**“Don’t dismiss your culture!**

**There’s a great wealth**

**of wellness that didn’t**

**originally have any bounds of transphobia and homophobia.**

**We found a lot of information**

**from our elders and different**

**social and ceremonial**

**roles for what we would**

**today call trans people and**

**gay men and women.”**

*—Marco Aviso, NIZHONI Program, Navajo AIDS Network Program Manager*

## ► CREATE AND WORK WITH A COMMUNITY ADVISORY BOARD (CAB)

The Transitions Project highly recommends that agencies adapting SISTA for transwomen of color establish and involve a **Community Advisory Board (CAB)**. The CAB’s main function is to strengthen the connection between the agency, the **T-SISTA** program, clients, and trans communities. The CAB can provide critical input and feedback about the **T-SISTA** adaptation. Their responsibilities may include such tasks as reviewing program materials, helping with outreach for the community assessment (if the CAB is assembled before the community assessment occurs), helping to incorporate the information in the community assessment into the adaptation, pre-testing new activities, helping to think of new role play scenarios, and brainstorming appropriate incentives to get transwomen into the **T-SISTA** group. After assembling a CAB, the first meeting should provide in-depth information about the original SISTA intervention. Once CAB members have a strong understanding of SISTA they can assist with creating the **T-SISTA** adaptation. The adaptation work should not be attempted in a single meeting with the CAB, but instead, a number of meetings should be spent analyzing the purpose of each core element and how it should be adapted to the transwomen that will be targeted for the intervention in that community.

Ideal CAB members include recognized leaders in trans communities, trans service providers, and trans community members (including potential **T-SISTA** participants). CAB members should be able to meet on a regular basis (at least every other month during the initial set up of the adapted intervention), and should provide feedback on materials during meetings. One staff member should be the main CAB contact who will coordinate meetings, remind members (several times if necessary) about upcoming meetings, and consolidate all of the CAB feedback. CBOs should consider providing CAB member incentives, including meals at meetings, transportation reimbursements, and other items (such as gift cards, gift baskets, movie tickets) if possible.



## ► HIRE AND TRAIN APPROPRIATE STAFF

One of SISTA's core elements calls for African American women to facilitate the program. As a peer-led intervention, the two **T-SISTA** facilitators should be transwomen of color. All facilitators, and ideally supervisors and other management staff, should attend a SISTA training. A full understanding of what SISTA is and why it should be implemented with fidelity to core elements (meaning that the core elements are followed and reproduced) will facilitate a better adaptation process.

### • **Facilitators:**

The facilitators should be well versed and trained in trans community issues. It is imperative that the agency provide necessary training for the **T-SISTA** facilitators, including how to facilitate groups.

#### » **A Fabulous T-SISTA Facilitator:**

- Is a transwoman of color
- Is able to communicate well (verbally, physically, and in writing)
- Has strong group facilitation skills (or is able to be trained in group facilitation)
- Has experience working with transwomen of color
- Is able to create a culturally affirming environment
- Has HIV/AIDS prevention knowledge and is able to explain it to others (or is able to be trained in HIV/AIDS prevention)
- Has an unbiased attitude towards people living with HIV
- Is passionate about and deeply committed to the work

## SPOTLIGHT: TWISTA

**H**oward Brown Health Center's *Trans Women Informing Sister Transwomen about Topics on AIDS (TWISTA)* program is a SISTA adaptation for transyouth of color in Chicago, Illinois. One of the many successes of the program is that the TWISTA staff reflect the target population (although some staff are older than the population). The three facilitators are transwomen of color, the three recruiters are transwomen of color, and their Comprehensive Risk Counseling Services (CRCS) staff member is a genderqueer person of color.

*Howard Brown Health Center* hosts several transgender specific programs in addition to TWISTA. As a primary care medical center they offer transgender competent medical care, linkages to hormones, a weekly transgender youth drop-in group (TYRA: Transgender Youth Resources and Advocacy), and an adult transgender drop-in group (T-Time).

**“Most importantly, if you don’t have transwomen on staff (to create the adaptation and facilitate the intervention), don’t do it. If the reinvention of the curriculum isn’t created by people from the community you’re going to have a problem.”**

*—Nicole Perez, TWISTA Program Manager*

• **Recommended Training:**

Listed below are recommended content areas in which **T-SISTA** facilitators and supervisors should be trained. The Transitions Project has the expertise to deliver some of this information in the form of free capacity building and technical assistance.

» **SISTA Training of Facilitators (TOF):**

It is essential to become familiar with SISTA before adapting it and implementing **T-SISTA**. Visit <http://www.effectiveinterventions.org/> to obtain information on SISTA and to sign up for the training.

» **Trans Related Issues:**

There are many factors that contribute to transwomen’s risk for contracting HIV, including how transphobia contributes to cycles of sex work, drug use, and incarceration, and how having

unprotected sex might serve as a method of obtaining gender affirmation. A great venue for receiving trainings and workshops specific to trans risk factors are at national HIV prevention conferences.<sup>41</sup> Local trans organizations and/or trans service providers may also be able to train facilitators on trans issues and HIV prevention with trans communities. A fantastic online resource is the Center of Excellence for Transgender Health at [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu).

» **HIV Prevention Information:**

Staff should be knowledgeable about HIV transmission, HIV risk behaviors specific to trans communities, and prevention with positives. A great resource for free HIV prevention trainings is <http://www.stdhivtraining.org/>. Additionally, many local AIDS service organizations provide HIV basic trainings.

» **Facilitation Skills:**

Effective communication skills, facilitation skills, and various teaching strategies are essential to **T-SISTA**’s success. It is extremely important for the facilitators of **T-SISTA** to learn how to facilitate small groups, to handle situations when one person is dominating the group, to bring out someone who is quiet and not participating, and how to encourage people to participate in role plays. These trainings can be obtained at various places in a community, such as at community colleges, professional training groups, universities, and at HIV Prevention Training Centers <http://depts.washington.edu/nnptc/>.

# Where

## WHERE SHOULD T-SISTA SESSIONS BE HELD?

### Space/Location Checklist:

- Trans-friendly location
- Space that is accessible
- Facilities that accommodate 10-12 women
- Space that can be decorated
- Intervention format: weekly sessions vs. retreats

### ► CHOOSE A TRANS-FRIENDLY LOCATION

The *T-SISTA* space should be located within a neighborhood that is comfortable and safe for the participants. This information can be gathered through the initial community assessment and through asking the CAB. The location does not have to be a room within a CBO; it could be a banquet hall of a local restaurant or at a coffee shop with a private area.

### ► ACCESSIBILITY

The *T-SISTA* space should be accessible by public transportation because many participants have few financial resources, and therefore are unlikely to have cars of their own. If the city where *T-SISTA* will be implemented does not have a strong public transportation system, then choose a location to hold the meetings that is easy to get to.

### ► FACILITIES

The *T-SISTA* venue should be a private space where sessions can be conducted without interruption, that can comfortably seat 10-12 transwomen, and that has a TV/DVD (or the capability to use one). If the venue is located off-site (such as a room in a collaborating CBO or a banquet room in a restaurant), then a storage space for the *T-SISTA* decorations is needed.

### ► DÉCOR

The space should be decorated with materials that are culturally appropriate for transwomen of color, such as decorative cloth, pictures of inspirational transwomen of color, and drawings. When participants walk in, they should feel a cultural affinity with decorations in the space. The decorations help to develop pride in being transwomen of color and play a part in making the intervention culturally appropriate for transwomen of color.

### ► T-SISTA FORMAT (SESSIONS VS. RETREATS)

Decisions about *T-SISTA*'s format should be based upon community assessment information, CAB feedback, and geographic location. *SISTA* was designed and tested as an intervention that occurs over a period of five weeks with homework assignments. Retreat formats have not been tested for effectiveness (meaning that it is unknown if a retreat format will actually bring about behavior changes). For this reason, the Transitions Project does **not** recommend using a retreat format if the only motivation is to increase participant retention.

Retreat formats typically work best for CBOs that are serving people in rural areas. If community assessments, CAB input, and geographic factors all point towards changing *T-SISTA* to a retreat, an agency may want to consider adapting *SISTA* for a retreat format.

#### • Retreat Advantages:

- » Usually yields a 100% retention rate because everyone is there for the entire intervention.
- » Provides stable housing for the duration of the retreat.
- » May intensify the bond of the *T-SISTA* participants.
- » Participants may be able to cook meals together.

- **Retreat Disadvantages:**

- » Not tested for effectiveness.
- » Participants are not able to complete the homework activities that are part of the intervention, which means they do not get a chance to try something out and then receive guidance about it.
- » No opportunity to incorporate the information learned in each session into participants' everyday lives.
- » Increased cost.

## DECIDING WHERE TO HOLD T·SISTA

### ► RETREAT:

*The NIZHONI SISTA adaptation through the Navajo AIDS Network serves Navajo (and other American Indian) transwomen living on or near the Navajo Nation in Western New Mexico and Eastern Arizona. It is common for staff to drive more than 200 miles in one day between their houses, offices, and outreach locations. Due to the rural geographic area, a retreat format is the only option available to the NIZHONI program.*

### ► RESTAURANT:

*The TITAS program through the Life Foundation in Hawai'i serves mahu wahine (Hawaiian native transwomen) populations of Honolulu. The program staff believed that they would increase participation if they implemented the program closer to the area where participants do sex work. The Life Foundation partners with a restaurant near the "stroll" that is trans friendly and has a private banquet room. The restaurant caters the session, the information for the sessions are delivered, and the participants are able to go directly to the stroll after the sessions, often implementing the new skills they learned in TITAS sessions.*

### ► PERMANENT ROOM IN AN AGENCY:

*The TWISTA program is located at Howard Brown Health Center in Chicago, a CBO with a strong connection to transwomen of color communities. The TWISTA project occurs in a Howard Brown Health Center building where many trans youth receive other types of services.*



When

## WHEN IS THE BEST TIME TO HOLD T-SISTA?

### When Checklist:

- Choosing a date and time
- How often sessions should occur
- Length of sessions

### ► CHOOSING A DATE AND TIME

This information should come directly from the community assessment, with input from CAB members and staff.

### ► HOW OFTEN SHOULD SESSIONS OCCUR

SISTA was designed to be delivered in five two hour sessions, usually once a week over a period of five weeks. Every trans adaptation that the Transitions Project has worked with has changed how often the sessions occur to two times per week, for three weeks, in order to increase the retention of participants. When deciding on how often to hold **T-SISTA** sessions, review the community assessment, and ask for input from the CAB and staff. Changing the session meetings from once a week to twice a week will likely increase retention of participants, because there will be less time for them to drop out and/or have life circumstances that prevent them from attending.

Some adaptations will not need to increase the number of session meetings per week, such as adaptations with incarcerated populations or adaptations within residential treatment programs because it involves working with a population that will not be difficult to retain.

## SESSION FREQUENCY: TWISTA

*The TWISTA program consists of six sessions over three weeks. Through information gained from the community assessment and staff knowledge of local trans youth of color communities, TWISTA staff determined that a five week long intervention would not work for their community. Meeting twice a week works well for TWISTA participants, and TWISTA has a high retention rate.*

### ► LENGTH OF SESSIONS

**T-SISTA** adaptations involve inserting additional information into the SISTA curriculum along with much of the original SISTA curriculum. The unadapted SISTA curriculum is designed to last two hours; however adapted sessions may take longer. Some CBOs add a sixth session and some CBOs plan on running for 2½ hours rather than 2 hours each session.

# How

## HOW TO IMPLEMENT A SUCCESSFUL T-SISTA PROGRAM

### Adaptation/Evaluation Checklist:

- Ensure SISTA familiarity and expertise
- Assemble and consult with a CAB
- Pilot the adaptation
- Adapt the evaluation forms in original SISTA manual
- Request free technical assistance

### ► ADAPTING SISTA

Adapting SISTA for transwomen of color involves more than replacing the words “African-American women” with “transwomen of color.” Sessions, activities, materials, decorations, and HIV prevention information will all need to be changed to be culturally relevant for transwomen of color. In an ideal situation a CBO will spend a few months creating the new curriculum (including the time it takes to assemble a CAB, complete a community assessment, and make changes to the curriculum).

#### • SISTA Familiarity and Expertise:

- » As soon as possible, facilitators, supervisors, and any other staff working on the **T-SISTA** adaptation should attend the SISTA Training of Facilitators.
- » Before and after attending the SISTA Training of Facilitators, **T-SISTA** staff should read through the original SISTA manual several times.

#### • Consult with the CAB:

- » The purpose of the CAB is to obtain community involvement and to create an adaptation that truly serves the needs of transwomen of color in your community. The CAB is an invaluable resource that can help with all aspects of adapting T-SISTA.

**“You really have to plan a lot of time to do the adaptation well and not underestimate it. Take the time to access the community and to have good staff that can help you in the adaptation process. Have community input and make them feel that even if you can’t do everything they want, you are going to do everything well.”**

*—Jaime Santana,  
Bahacú en TACAS Program Manager*

#### • Pre-testing and Piloting the Adaptation:

- » Pre-testing adaptation materials involves practicing activities (and/or entire sessions) that have been changed with a small group of people who are able to provide feedback about how well the activity will work with the target population. CAB members, other staff members, and volunteers would be great people to pre-test adapted activities. After integrating feedback from the pre-test, the adaptation is ready to pilot!
- » A pilot test is the first run of the entire intervention *with the target population*. Some role plays and activities may not work well in the pilot, which are indications that those role plays and

activities should be changed. Taking lots of process notes during the pilot and paying special attention to the evaluations will provide information about activities that need further adaptation.

• **Evaluating T-SISTA:**

Evaluation is the process of collecting information about how well the **T-SISTA** program is meeting its goals. This information will help to determine which parts of **T-SISTA** may need further adaptation, how to improve **T-SISTA**, and helps to plan future programs. The evaluation materials in the SISTA manual can be adapted for **T-SISTA** adaptations. Be sure to change the evaluation forms to reflect any new activities that have been added to the SISTA curriculum! Also, if you changed any activities from those in the original SISTA curriculum, make sure that the evaluation forms still fit the intervention in its adapted form.

• **Technical Assistance:**

Technical assistance (TA) can range from trainings aimed to increase agency wide trans cultural competency to assistance developing activities within sessions. CBOs that are directly funded by the CDC can request TA from CDC Project Officers to assist with any part of the adaptation.

**The Transitions Project provides free technical assistance throughout the United States to any CBOs providing HIV prevention information to trans populations (including CBOs not funded by the CDC). Contact us today!**





## APPENDIX 1: POEMS BY ANDREA HORNE

### *African Queen*

I was an Egyptian Pharaoh, I was Queen of the Nile  
I froze a Nubian soldier, with a wink and smile

I was a Yoruba priestess predicting folks lives  
An Ashanti maiden with love in my thighs

I was empress of Mali  
I was princess of Kenya  
A Tuareg warrior and Songhai sing'a

I look like Queen Nefertiti and ancient Benin bronze  
I ran wild with gazelles and planted date palms

I was a beautiful Masai herdsman nearly eight feet tall  
Or a Baaka sprit with filed pointed teeth and small

I traveled from village to village and from town to town  
Sharing our oral traditions while still wearing my crown  
I was both god and goddess, oh no, I'm not modest

I lived off the land and slept in the dirt  
Played bongo in the Congo with a Watusi skirt

I helped the river Niger rise with the moon

I was a traveling mid-wife all through Cameroon

I led caravans across the vast Sahara  
So I could trade my wares in Addis Ababa

I could talk to the animals and swing thru the trees  
Stare a Mandingo warrior right down to his knees

I grew rice and yams and incense and greens  
I grew maize and peanuts and sugar and beans

I was welcomed, honored, revered and loved  
I held a special place with my peoples, not below, but  
above

I was resident veterinarian helping our livestock give  
birth  
I was the continent's gardener; I took care of the earth

I designed facial etchings for the royal of my tribe  
And crafted strong spears for my king, by his side

I was bought for a bride-price, for marriage, for life  
Though I bore him no children, I was number one wife

I was shaman, sooth-sayer, witch-doctor and healer  
The chief's royal advisor, major player, a dealer

I'm Lucy from the rift valley, where humans began  
In Eden with Eve and Adam, both woman and man

I taught all cultures the value of diamonds and gold  
Oh yes, that was me, giving shade, being bold

And yes I was in the middle passage too  
That's why you look like me and I look like you

I was brown, I was tan, I was purple, I was blue

I was a transgender woman in ancient Africa  
I was me, I was you!

### *Untitled*

I was a Black Woman  
Though nobody knew it  
Until they figured it out  
CHILE  
They put me through it  
They said don't come 'round here  
Wearin' them clothes!  
Well, I paid them no mind  
And I painted my toes!

You're scaring the children!  
You're going to hell!  
I put my hand on my hip, rolled my eyes,  
Said: "Oh well"

Just because you don't see me  
Doesn't mean I'm not there  
Cause you won't see me crying  
Doesn't mean I don't care

You called me a sissy  
You called me a punk  
But now you all up in my  
Ba-dunk-ah-dunk!

I done things I'm had to do to survive  
I know now that I'm special  
Standing before you ALIVE!



## what are male-to-female transgender persons' (MtF) HIV prevention needs?

revised 9/08

### what does being transgender mean?

Transgender is an umbrella term for persons whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender persons may self-identify as transgender, female, male, trans-woman or -man, transsexual, crossdresser, bigender, gender queer, gender questioning, MtF, FtM or one of many other transgender identities, and may express their genders in a variety of masculine, feminine and androgynous ways. Transgender persons may prefer and identify with certain terms and not others, so it is best to ask participants and clients what they prefer. For this fact sheet, we use the term MtF for male-to-female transgender individuals.

*The transgender community is complex and not enough research has been conducted with transgender persons. From what we know, MtFs have higher rates of HIV and HIV-related risks than female-to-male transgender persons (FtMs). While this fact sheet focuses on MtFs, we are developing other fact sheets on FtMs and the general transgender population.*

### is HIV a concern?

Unfortunately, yes. HIV is certainly not the only concern of MtFs, who face many physical, mental, social and economic disparities besides HIV. The stigma and discrimination experienced by many people merely for being transgender heightens risk behavior for MtFs. It is greater for MtFs of color, who experience stigma and discrimination due to ethnicity as well.<sup>1</sup>

*A recent review of 29 studies of MtFs in the US, found they have been greatly impacted by the HIV epidemic. In four of the studies, 27.7% of MtFs tested HIV+, compared to 11.8% who self-reported HIV+ in the remaining 25 studies. This suggests that many MtFs may not be aware of their HIV status. Highest HIV rates were among African American MtFs (56.3%).<sup>2</sup> In this review, a large percentage of MtFs reported engaging in unprotected receptive anal intercourse, multiple casual partners and sex work.<sup>3</sup>*

Stigma, discrimination and racism, as well as the social isolation and alienation from family that some MtFs encounter, can lead to anxiety, depression as well as thoughts of and attempts at suicide.<sup>2</sup> Stigma and abuse also make MtFs vulnerable to dropping out of school and homelessness at a young age, disrupting their education and employment careers. Some MtFs turn to sex work for survival, and some MtFs turn to substance use to cope with all of these life stresses.<sup>3</sup>

*It is important to note that not all MtFs are at risk for HIV. Like with many populations, those at greatest risk are more likely to be poor, homeless, young, people of color and sex workers. There are many MtFs who do not face the same degrees of risk.*

Substance use immediately before and during sexual activity increases HIV risk. One study of MtFs in San Francisco, CA, found that their male sexual partners often use crack cocaine before sex to ease inhibitions and to maintain their fantasy, particularly during anal sex.<sup>4</sup>

### who are partners of MtFs?

MtFs may have sex with men, women and other transgender persons. Like many other women, MtFs face complicated power and gender dynamics in their sexual relationships. There is a perception that there are few people who are willing to be in committed relationships with MtFs, which compromises disclosure of HIV status, sexual negotiation and condom use. Some MtFs have sexual partners who provide a sense of love and acceptance, but who also request unsafe sexual behaviors.<sup>5</sup>

*While MtFs have been considered a bridge group for transmission to men, it appears that the opposite could be true. In one online survey, Latino men who have sex with a transgender partner were more likely to be HIV+, reported a higher number of sexual partners, and were almost three times more likely to have had unprotected sex than Latino men who have sex with men who did not report sex with a transgender person.<sup>6</sup>*

Men who have sex with MtFs challenge traditional sexual orientation categories often used in HIV prevention. These men may have sex with women, men and MtFs and may describe themselves as straight, bisexual or gay. Few have sex solely with MtFs.<sup>4,6,7</sup>

## Says who?

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## how are challenges addressed?

**Education and employment.** Finding and keeping jobs is a key step in reducing risk for MtFs. The Transgender Economic Empowerment Initiative (TEEI) provides training, employment and support for transgender individuals in San Francisco, CA. TEEI helps build job skills such as interviewing, coaching and resume building and has hosted job fairs. TEEI has a mentoring program for newly placed employees, and legal and technical services for employers to help make workplaces safe for transgenders.<sup>8</sup>

**Training for healthcare providers.** *Quality, sensitive healthcare is important for MtFs. Despite their sincere concern to serve patients effectively, providers may have very little knowledge, experience, skills and therefore comfort with transgender patients. The Center of Excellence for Transgender HIV Prevention provides free training and consultations for health professionals.*<sup>9</sup>

**Mentoring.** Youth and others who are transitioning need role models to help them envision a successful life for themselves. Unfortunately, MtFs struggle with the loss of potential role models due to marginalization and pressure to “pass.” This invisibility often leaves young transgender people looking to find community on the street, one of the few places where MtFs are visible, yet risks are high. Fortunately, an increasing number of MtFs are more open about their transgender identity, and public awareness is growing due to transgender community organizing and coalitions with the gay, lesbian, bisexual and other allied communities.<sup>10</sup>

## what’s being done?

In Minnesota, All Gender Health incorporates HIV prevention efforts into comprehensive sexuality education for transgender persons. The program addresses HIV risk in context and covers topics such as coming out, resilience in the face of stigma and discrimination, dating and relationships, body image and sexual functioning, and community building and empowerment. The two-day, weekend workshops are led by MtF professional and trained peer educators, combining education with live entertainment. Participants reported improved attitudes toward condom use, increased monogamy and decreased high risk behavior at 3-month follow-up.<sup>11</sup> All Gender Health is being adapted for online delivery.

*In Hawaii, Kulia Na Mamo is a program developed and run by MtFs that provides job skills training, job referrals and a support group for working women. They developed an HIV, substance abuse and hepatitis prevention program for native Hawaiian MtFs.*<sup>12</sup>

Although the CDC currently has no interventions for transgender populations in their Diffusion of Effective Behavioral Intervention (DEBI) program, a few have been informally or formally adapted. The Transitions Project provides technical assistance to numerous agencies adapting the DEBI projects SISTA and Mpowerment across the US.<sup>13</sup>

*Bienestar in Los Angeles, CA, has adapted SISTA for Latina MtFs, as DIVAS (Destacadas Intervenciones Variadas Acerca del SIDA).*<sup>14</sup> *The Life Foundation in Hawaii has another adaptation, TITA (T-girls Informing T-girls about Topics on AIDS).*<sup>14</sup>

## what still needs to be done?

To address the devastating effects of stigma and discrimination on transgender persons, large scale anti-stigma campaigns as well as anti-discrimination laws should be implemented across the country. Sensitivity training should be provided for healthcare workers, employers, service providers and researchers working with MtFs. Education and training for school officials—including teachers, principals and administrators—is key.

*Sexual partners of MtFs should not be ignored. Recent studies show that many male partners of MtFs are at high risk for HIV.<sup>6</sup> More research is needed for them, as well as programs that work with MtFs and their partners together as a couple.*

We need to do a better job counting and including MtFs in HIV surveillance. The CDC currently has plans to pilot a transgender category for HIV reporting as part of the National HIV Behavioral Surveillance System. Interventions that specifically address transgender persons should be added to the DEBI program. DEBIs that have been successfully adapted for the transgender population should be disseminated.

*More research should be done with transgender youth to identify and develop strategies for HIV prevention for young adults coming out as transgender.<sup>15</sup> Structural interventions such as job training, housing and anti-discrimination laws need to be studied to see if they are effective and make a difference in MtFs’ lives.*

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### Transgender Resources

**Center of Excellence for Transgender HIV Prevention**  
[transhealth.ucsf.edu/](http://transhealth.ucsf.edu/)

**Transgender Law Center**  
[www.transgenderlawcenter.org/](http://www.transgenderlawcenter.org/)

**National Center for Transgender Equality**  
[www.nctequality.org/](http://www.nctequality.org/)

**Transgender HIV/AIDS Services Best Practices Guidelines**  
[www.careacttarget.org/library/tgguidelines.pdf](http://www.careacttarget.org/library/tgguidelines.pdf)

**World Professional Association for Transgender Health**  
[www.wpath.org](http://www.wpath.org)

## ENDNOTES

- <sup>1</sup>“Bahacú” is an Arahuaico (native Puerto Rican) word that means “conocimiento” or “knowledge.” TACAS is a term that trans women and gay men use for high heels in Puerto Rico, and stands for “transgeneros y transsexuales aprendiendo y charlando acerca de SIDA,” or “trans and transsexual (women) learning and chatting about AIDS.”
- <sup>2</sup>Nizhoni is a Navajo word for “sister.”
- <sup>3</sup>Tita is Hawaiian for “sister.”
- <sup>4</sup>Transwomen Informing Sister Transwomen about Topics on AIDS
- <sup>5</sup>Herbst, J., Jacobs, E., Finlayson, T., McKleroy, V., Neumann, M., & Crepez, N. (2008). Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review. *AIDS and Behavior* 12 (1): 1-17.
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# Heroes

## JENNA RAPUES

Jenna Rapues is a health educator with San Francisco Department of Public Health, HIV Prevention Section where she facilitates the monthly Transgender Advisory Group (TAG), coordinates health education activities targeting trans communities and leads one of San Francisco's HIV Prevention Planning Council's (HPPC) committees, Membership/Community Liaison. As a Filipina trans health and wellness advocate, Ms. Rapues sits as a Co-Chair member of the San Francisco Transgender Empowerment, Advocacy & Mentorship (SF TEAM). Ms. Rapues is also a Co-Chair member of TRANS:THRIVE, Transgender Resource and Neighborhood Space (TRANS), and Transgender Health & Resource Initiative for Vital Empowerment (THRIVE), a wrap around drop-in community service center for transgender individuals. Ms. Rapues is expected to receive her Master of Public Health (MPH) degree in Community Health Education from San Francisco State University in June 2010.

### WHAT ARE YOU MOST PROUD OF?

I am proud to be a 1.5 generation Filipina American trans woman who has successfully endured my coming of age story which was laced with struggles around race, class, sex, gender, sexual orientation, immigration, bilingualism, discrimination, inequity, addiction and violence at the dawn and height of HIV/AIDS epidemic.

I am proud to have found my strength and voice through the art and practice of compassion, the commitment to show up and the belief that I can transform my ability to gaze in order to defy the weight of the past and present towards an equal, free, tolerant, healthy, and just society. I am proud to be simple yet complex and prize moments of self awareness and acceptance.

### HOW HAS HIV AFFECTED YOU OR TRANS COMMUNITIES?

I have worked in HIV prevention for over 15 years. During that time, I have lost close friends and family members to HIV/AIDS. It was also during that time that I also chose my path to transition from male to female. During my transition, I developed deep and profound respect and admiration for all trans people who endure the hardship of transitioning.

Trans people have unique experiences, lifestyles, needs, and barriers to accessing prevention services, getting tested for HIV, and getting treatment if they need it. It is imperative for all HIV prevention efforts to address the specific needs of diverse communities of trans people and to invest in the resiliency of trans people to overcome hardship and obstacles towards empowerment and pride.

### WHAT ARE YOU DOING TO PROTECT YOURSELF AND OTHERS FROM HIV AND OTHER STDs?

I practice safe sex by using condoms every time I have sex and I communicate with my partners about HIV/AIDS and other STDs. I get tested for HIV and STDs regularly. I keep myself informed and educated about HIV/AIDS. I do not share injection needles, syringes or other injection equipment. I take care of my physical, mental, and spiritual well-being and I make an effort to give back to my community

### HOW IMPORTANT IS TRANS COMMUNITY AND CULTURE TO YOU?

Members of the trans community are like members of my extended family. I am committed and invested in the well-being of the Trans communities and their ability to grow, thrive, and live healthy and vibrant lives.







# Heroes

## CHRISTINA SANZ-RODRIGUEZ

Christina Sanz-Rodriguez was born in the Dominican Republic, raised in Miami, and presently lives in San Francisco. Christina began transitioning at age 20 in San Francisco and quickly became an activist for transgender youth. She sang in Transcendence, the first ever Transgender Gospel Choir, and starred in two documentary films: *Some Reason For Living* and *Trained in the Ways Of Men*. Currently employed with the Center for AIDS Prevention Studies at UCSF she devotes her life to making a difference, but don't think she's one-sided! This gal loves to grace the stage performing characterization dance routines; Beyonce, Lady Gaga, Rhianna and Pussycat Dolls are some of the girls she impersonates at ASIA SF and other venues. When she's not seducing and alluring her audience on stage, she likes to take walks in the park or at the beach, go to the movies, and hang out with friends. Find her on Youtube under the name **candiliciousapple4u2** in January 2010!

### WHAT ARE YOU MOST PROUD OF?

My accomplishments as a strong independent woman. At 20, I began my transition and joined the 1st ever transgender Gospel choir as Transcendence. Now at 27, I rejoice in happiness of whom and what I've become.

### HOW HAS HIV AFFECTED YOU OR TRANS COMMUNITIES?

Once I lived fearlessly, it never touched me, but when it did, I realized that all those people whom I've come into contact with, all the infected, I wanted to join the fight for hope. I may be HIV negative, but it's my community and I don't want to see them suffer.

### WHAT ARE YOU DOING TO PROTECT YOURSELF AND OTHERS FROM HIV AND OTHER STDs?

Personally, I use condoms, role play, and foreplay in safe settings. Because my experience as an HIV counselor and because of my friends, I learned to be an activist in outreach to friends.

### HOW IMPORTANT IS TRANS COMMUNITY AND CULTURE TO YOU?

It's a part of me, not all of me, but it's who I am, and I love my communities.





POWERFUL  
GLAMOROUS  
ATTRACTIVE  
DEDICATED  
LOVING



# SISTA

## SESSION ADAPTATIONS AND ALTERNATIVES

### SESSION ONE: ETHNIC AND GENDER PRIDE

#### ■ PURPOSE

Session 1 is a discussion on ethnic and gender pride for transgender women of color. Ethnic and gender pride are used as tools to build confidence and inspire healthy sexual behaviors. Participants have an opportunity to learn about trans identities (an addition to SISTA), trans history (an addition to SISTA), identify positive role models in their lives, and learn about the importance of having and prioritizing personal values, and how they affect decision-making. This session emphasizes the importance of self-love, pride, and the positive qualities of being a transgender woman of color.

#### ■ FACILITATOR GOALS

1. Introduce facilitators and participants.
2. Provide an overview of the intervention and its purpose.
3. Establish ground rules and expectations for the intervention.
4. Generate a discussion about what it means to be a transwoman of color (race/ethnic specific to the group).
5. Provide a history of transwomen of color including information about the local area.
6. Create a safe and open climate inclusive of all transgender identities that encourages group participation and interactive learning.

## ■ PARTICIPANT OBJECTIVES

1. Recognize the pride that exists within transwomen of color.
2. Identify and discuss sources of pride for transwomen of color.
3. Discuss the transgender umbrella.
4. Discuss the long history of trans identities within communities of color.
5. Discuss what values are and how having values and prioritizing values can have positive effects on one's life.

## ■ GENERAL CONSIDERATIONS FOR TRANSWOMEN OF COLOR

### **a** DIVERSITY WITHIN IDENTITIES

Transwomen and other gender variant people who attend *T-SISTA* sessions will have much diversity in terms of their gender identities (and sexualities). It is important to keep the space comfortable for all participants while respecting the differences in those identities. It should be stressed in the first session that it is OK for trans people to identify in ways they feel comfortable, that pronouns and name choices should be respected, and that no one should be judged for their ability/inability to pass, not taking/taking hormones, or having had/not had any gender confirming surgeries. Similar to the diversity of gender identities, there may be racial/ethnic diversity as well in the group. It is important to choose activities that respect differences and emphasize similarities.

### **b** SAFETY

*SISTA* “homework” (work to do at home) involves talking with primary sexual partners about session topics. Some of the participants may be sex workers and may not have boyfriends/primary partners. Some of the participants may also have a history of domestic violence, or may be in abusive relationships. It's a good idea always to have an alternative for homework assignments, like allowing participants to talk with a friend about the homework. The Community Advisory Board (CAB) can also give alternatives to the take-home assignments based upon their knowledge of the local area and participants.

### **c** ETHNIC AND GENDER PRIDE

Some trans people may not identify as trans, and may have difficulty with trans pride components of *T-SISTA*. If this is the case, it would be good to frame the discussion around being gender affirming and learning about people with shared (trans) histories. Additionally, this may be the first time that participants have ever thought that being trans (or having a trans history) is something to be proud of, that is why some time should be spent on a trans history activity since this may help to build pride.

**NO ONE  
SHOULD  
BE  
JUDGED  
BASED  
ON THEIR  
ABILITY  
OR  
INABILITY  
TO PASS.**

## I. INTRODUCTIONS

This activity is designed to introduce the SISTA facilitators and participants and to give a brief overview of the SISTA intervention. This activity helps to create a positive climate for group sharing and learning. As part of the icebreaker, participants should say what pronouns they prefer to use so that everyone can have their gender identity respected.

## II. GROUND RULES: T-SISTA AGREEMENTS

The SISTA process of establishing ground rules is appropriate for all groups of people. When conducting groups with trans people, it's ideal to make sure that at least one ground rule addresses accepting all gender identities.

### Some Fun ground rules:

► **Don't Yuck Someone's Yum**

People are into different things, and that's great! However, it's not great to put down something that another person is into.

► **One Diva, One Mic, One Person**

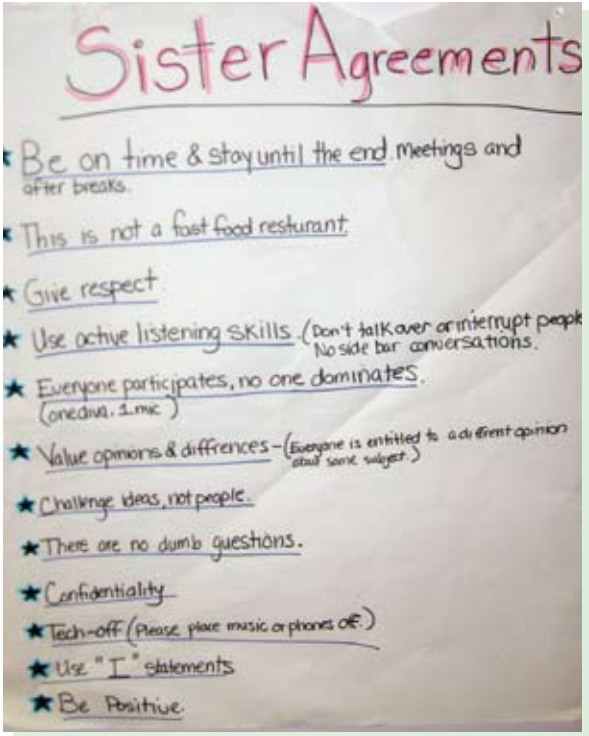
One person talks at a time.

► **Personalize, Don't Generalize**

Use "I" statements

► **Step Up, Step Back**

Encourage everyone to participate and to be aware of how much they're participating. If people aren't talking much, invite them to take a step up and talk. If people are talking a lot, ask them to step back so others can participate.



Examples of ground rules

## III. PARKING LOT: IN THE DIVA LOUNGE

The “parking lot” is a sheet of newsprint placed in the room where participants can “park” or put any concerns or questions that they have for the facilitators to return to at the end of the session. The parking lot allows participants to ask questions anonymously and helps the facilitators stay on time. It would be good to name the parking lot something that is relevant to the participants, such as “In the Diva Lounge”, “In the Waiting Room”, etc. This name should be fun and reference language of the local populations or area if possible.

## IV. OPENING POEM/SONG

The opening poems and songs in each session reflect the purpose of that session. The Session 1 opening poem or song should emphasize pride, values, creativity, and strength of transwomen of color. There are two trans poems included in this guide (see Appendix), however it may be difficult to find poetry written by and for transwomen of color. One option is to ask participants and graduates to write poetry for different sessions. Another option is to use popular music and/or videos that participants enjoy which also reflect the purpose of the session.

Be sure to ask the following questions after the poem or song:

- ▶ **“What did you think about the poem?”**
- ▶ **“What parts of the poem relate to you as a transgender woman of color?”**

## V. TRANS UMBRELLA / TRANS 101 / TRANS HISTORY

It will be necessary to:

- ▶ **Provide a working definition of “transgender”**
- ▶ **Review the trans umbrella**
- ▶ **Discuss a little bit of trans history**

## VI. ETHNIC AND GENDER PRIDE

This brainstorming activity, which builds on the discussion generated by the poem, reflects on what the participants believe that it means to be a transgender woman of color, and to identify strong transwomen of color in their lives.

Change the original questions to the following on the flip charts:

- ▶ **1. What does it mean to be a transwoman?**
- ▶ **2. What does it mean to be a strong transwoman of color?**
- ▶ **3. Who is a transwoman of color in your life who you respect and admire?**

Acknowledge that negative images of transwomen exist, but focus on the joys and strengths of transwomen.

# Transgender

FTM

MTF

TRANSSEXUAL

DRAG QUEEN  
DRAG KING

PRINCESS

GENDER-VARIANT

Gurl!

transformista

Chica

MAHU WAHINE

Transwoman  
Transguy

Auntie

Stud

GENDERQUEER

Diva

T-Girl

Woman

Mother

Crossdresser



the trans  
umbrella

## VII. PERSONAL VALUES

This activity gives participants an opportunity to define and discuss values, the importance of having one's own set of values, and how those values impact their personal decision making. Some changes need to be made to the personal values sheet in order to make them relevant to transwomen of color, such as adding the following values:

- ▶ **Being able to pass**
- ▶ **Taking my hormones**
- ▶ **Having surgeries**
- ▶ **Being famous**
- ▶ **Legally changing my name and gender**
- ▶ **Having my body look the way I want it to**

Be sure to add information to the personal values sheet learned from community assessments, focus groups, etc. that may be specific to transwomen in your local community. This is another activity where CAB feedback and input might be useful.

## VIII. HOMEWORK

Ideally, the take-home activities will be shared between the participants and their sexual partners or significant others. However, some participants may not be in relationships, or they may be in relationships where their partners are less than supportive of their involvement with the SISTA intervention. Although the take-home activities are important, participants should not jeopardize their safety and welfare in an attempt to complete the assignments. Always give an alternative for homework assignments, such as discussing what they learned in the session with a friend.

## IX. EVALUATION

In order to consider the literacy levels of participants, it is suggested that the facilitators read the evaluation questions out loud, and then participants can circle their answers on a response sheet. It might also be good to include pictures with the responses:





## X. CLOSING POEM/SONG

The closing poem or song should reflect the themes of Session 1. After the poem, ask the participants:

- ▶1. How does the poem or song relate to them as transwomen of color?
- ▶2. How does the poem or song relate to the session they just completed?

Because *T-SISTA* requires the addition of several activities not outlined in *SISTA*, it may be alright to drop the closing poem/song in some of the sessions in order to save some time.

## XI. THE T-SISTA MOTTO

Recitation of the *T-SISTA* Motto is the closing activity for each *T-SISTA* session. The *T-SISTA* Motto is designed to instill a sense of strength, unity, and support among the participants.

Recitation of the *T-SISTA* Motto is done using the “call and response” method in which a group leader “calls” using a short motivating statement then pauses for the group to participate when they “respond” or answer with the following statements:

**T-SISTA Love is...STRONG!**  
**T-SISTA Love is...SAFE!**  
**T-SISTA Love is...SURVIVING!**

## XII. INCENTIVE DISTRIBUTION

Acknowledging the vast amounts of employment discrimination that trans people face, the Transitions Project recommends that incentives be given to all participants. Your agency should determine what type of incentives will be used for the program. Ideally participants would receive cash or gift cards at each session and bus tokens. A CAB can provide valuable input on incentives that will be appropriate for the participants.





# SISTA

## SESSION ADAPTATIONS AND ALTERNATIVES

### SESSION TWO: HIV/AIDS, STIs AND SEX & DRUGS

#### ■ PURPOSE

Session 2 provides participants with basic information on HIV/AIDS, sexually transmitted infections (STIs), and their relationship to sex and drugs. This session provides the foundation for the remaining sessions of the SISTA intervention, so that participants clearly understand the facts about HIV/AIDS. The aims of this session are to provide factual up-to-date statistical information on HIV/AIDS, Hepatitis C, and other STIs, and to correct misconceptions about HIV/AIDS. This session also discusses how transwomen of color are impacted by HIV/AIDS and the importance of protecting oneself.

#### ■ FACILITATOR GOALS

1. Provide factual information about HIV/AIDS, transmission, and personal risk.
2. Provide factual information about Hepatitis C and other STIs.
3. Explain statistics related to HIV/AIDS among transwomen of color.

## ■ PARTICIPANT OBJECTIVES

By the end of this session, participants will have discussed:

1. The difference between HIV, AIDS, and other STIs.
2. How HIV is transmitted.
3. How the presence of other STIs impacts HIV transmission and HIV disease progression.
4. The impact of HIV and AIDS on transwomen of color.
5. Transmission of Hepatitis C and other STIs.
6. Ways to protect themselves from HIV, Hepatitis C, and other STIs.
7. The benefits of knowing one's HIV status.

## ■ GENERAL CONSIDERATIONS FOR TRANSWOMEN OF COLOR

Due to inaccurate data reporting and the incorrect categorization of trans people, there are limited resources with accurate information about trans people and HIV. Please review the introduction of Part 1 of the **T-SISTA** guide and read the fact sheet ***What are male-to-female transgender persons' HIV prevention needs?*** located in the Appendix (page 42). It might be good to talk about the institutionalized transphobia within reporting data that leave us with limited information about trans people, and the importance of participants disclosing their trans identities (if they feel safe doing so) when they are tested for HIV or STIs or receive other services. Changing the way HIV surveillance occurs with trans people involves getting all government organizations (including the CDC, local health departments, local clinics, the US Census, etc.) to change the ways they collect information **and** educating trans communities about the importance of disclosing their trans identities.

### **a** DRUGS AND ALCOHOL

More emphasis should be placed upon discussing drug and alcohol use in **T-SISTA** than in the original SISTA intervention. Transwomen of color experience additional stigma based on gender identity and presentation, which can lead to increased substance use. This should be introduced in Session 2, and woven into role plays in Sessions 3, 4, and 5.

### **b** ANATOMY

Trans women have different types of anatomy, which may correspond to risk behaviors not usually associated with the female gender. Additionally, trans people use their body parts in different ways, and use different words to describe their body parts. It's important to allow participants to use the language they prefer when referring to their bodies. Session 4 provides an opportunity to further discuss the language that people use for their bodies.

ALLOW  
PARTICIPANTS  
TO USE THE  
LANGUAGE  
THEY PREFER  
WHEN  
REFERRING  
TO THEIR  
BODIES.

## I. OPENING POEM/SONG

This activity introduces participants to the session. The original poem for this session focuses on leaving a history and legacy for children. A suitable replacement might focus on the type of history and legacy participants would want to leave in the world. Other topics could be around having value in oneself.

## II. REVIEW GROUND RULES AND THE DIVA LOUNGE

The **T-SISTA** Agreements and the “Diva Lounge” (Parking Lot) were established in Session 1. Reviewing these at the beginning of each session reminds participants of the rules, allows participants to add any additional rules, and it reminds them they can ask questions anonymously. It might be good to mention that this session will include discussions on sexuality and specific sexual activities, and ask if they would like to make additions to the ground rules.

## III. REVIEW SESSION 1, INCLUDING HOMEWORK

This activity is intended to reinforce Session 1 messages and to review the take-home activity. Remember that there may be different levels of literacy within the group, so read the key concepts from session one out loud. Also remember that not all participants may have boyfriends or a partner. Be sure to talk about why people may have not completed the homework and allow the group to make suggestions about how everyone can participate in homework (like participants discussing the sessions with their friends or someone they feel safe with).

## IV. CURRENT STATISTICS ON HIV/AIDS

If you have information available within your region (from research studies, and/or local health departments), be sure to incorporate this information. The introduction of the **T-SISTA** guide lists some regional figures, and the Appendix contains the fact sheet, ***What are male-to-female transgender persons’ HIV prevention Needs?***

## V. HIV/AIDS 101: WHAT IS HIV/AIDS?

The original SISTA curriculum for this section should work for transwomen of color with the additions of trans-specific HIV transmission paths (such as hormone and silicone injection, sex work, and sexual assault). This activity can be adapted to follow the way that your organization typically does an interactive HIV/AIDS 101 presentation. Make sure that the activity is interactive!

It is important to be respectful of the language that participants use to describe their body parts and the types of sexual activities that they engage in. It is also important to be aware that some of the participants will probably be living with HIV/AIDS, and to always present materials in ways that do not stigmatize HIV positive participants.

## VI. THE CARD SWAP GAME

The Transitions Project suggests that the Card Swap Game, part of SISTA, may not work well with transwomen of color. Some HIV positive participants may find this activity to be stigmatizing. Additionally, this activity simplifies HIV transmission and may imply that oral sex without a condom is the same risk level as unprotected anal or vaginal sex, which research has found not to be the case.

In order to determine if this activity will work with your population, please consult with your CAB. Another option is to pre-test this activity with the group you are trying to reach before you start implementing *T-SISTA*.

### Alternative to the Card Swap Game: Agree/Disagree Game

The Agree/Disagree Game can include the statistical information, allowing the Card Swap Game and the HIV/AIDS 101 activities to be combined, and incorporating more trans-specific information. Create a list of statements about information you would want the participants to know (some of the statements should be false) and play Agree/Disagree.

- ▶ **To set this game up, create a sheet of 20-25 statements about HIV transmission and trans HIV statistics (some true, some false), and two pieces of flip charts: one that says “Agree” on it, and one that says “Disagree” on it.**
- ▶ **Explain to participants that they are to move to the “Agree” poster if they agree with the statement, and move to the “Disagree” poster if they disagree with the statement.**
- ▶ **Be sure to spend a few minutes asking participants why they are in the section they are in, and be sure to explain the correct answer!!**

## VII. VIDEO

The original SISTA film will not work for this section, because it is designed to address HIV prevention issues within non-trans communities. Instead, we suggest using the video alternative **“How Do I Look?”** ([www.howdoilooknyc.org](http://www.howdoilooknyc.org)).

- ▶ **Clip 1: Trans role models and history (07:15 – 23:05)**
- ▶ **Clip 2: HIV/AIDS information (44:03 – 56:05)**

There is a lack of HIV/AIDS educational films featuring transwomen of color. If your participants do not respond well to *How Do I Look*, please ask your CAB for suggestions and research other films.

If you use a film other than *How Do I Look*, it is very important not to use a film where a trans person dies, is murdered, or one that has a negative portrayal of trans people. Remember that the purpose of *T-SISTA* is to

build pride in being transwomen of color, build skills about having safer sex, and focus on the positive aspects of being transwomen of color.

## VIII. HOMEWORK

Always give an alternative for homework assignments, such as discussing what participants learned in the session with a friend.

## IX. EVALUATION

Remember to read the session evaluation out loud.

## X. DISTRIBUTE INCENTIVES



T-LISH's participation incentive tracking board





## **SESSION** **ADAPTATIONS** **AND** **ALTERNATIVES**

### **SESSION THREE: COMMUNICATION & NEGOTIATION**

#### **■ PURPOSE**

Session 3 focuses on effective communication and sexual negotiation skills. Many women in heterosexual relationships either lack these skills or are afraid to communicate or address their wants and needs. This session will teach participants distinctions between assertive, non-assertive, and aggressive communication styles and behaviors. Participants will learn the importance of using “I” statements and will practice effective communication and negotiation skills. The SISTAS Assertiveness Model will be used to provide participants with an effective sexual decision-making process.

#### **■ FACILITATOR GOALS**

1. Demonstrate and discuss the differences between assertive, non-assertive, and aggressive behaviors.
2. Discuss the consequences of assertive, non-assertive, and aggressive behaviors.
3. Develop participants’ assertive communication and sexual negotiation skills.

## ■ PARTICIPANT OBJECTIVES

1. Explain the differences between aggressive, non-assertive, and assertive behaviors.
2. Describe consequences of assertive, non-assertive and aggressive behaviors in real life sexual situations.
3. Use assertive communication skills to communicate their needs and negotiate safer sex practices with their partners.
4. Identify situations that may increase risks for unsafe sexual behaviors.
5. Identify the six steps of the **T-SISTA** Assertiveness Model.
6. Apply the **T-SISTA** Assertiveness Model to their decision-making processes for sexual behaviors.

## ■ GENERAL CONSIDERATIONS FOR TRANSWOMEN OF COLOR

### **a** ROLE PLAYS

All of the role-plays in this session will need to be changed to accurately reflect your population's life context and values. When changing role plays, look at the original intention of the role play and create a scenario that keeps the original intention. It would be good to ask transwomen from the community as well as your CAB to help in developing role play scenarios. Remember to pre-test the role plays with transwomen of color before you implement **T-SISTA** to see if they like them, if the adaptation makes sense and so forth.

**ASK TRANSWOMEN  
FROM THE COMMUNITY  
TO HELP IN DEVELOPING  
ROLE PLAY SCENARIOS.**



## I. OPENING POEM/SONG

This activity introduces participants to the session. The original poem for this session addresses assertive communication. A suitable replacement might be a poem, song, or video that also addresses communication styles.

## II. REVIEW GROUND RULES AND THE DIVA LOUNGE

Reviewing these flip charts at the beginning of each session reminds participants of the rules, and allows participants to add any additional rules.

## III. REVIEW SESSION 2, INCLUDING HOMEWORK

Remember to read the key concepts from Session 2 out loud.

## IV. ASSERTIVENESS SKILLS TRAINING

Use the material from the original SISTA curriculum, changing the examples to reflect the names and activities of the transwomen you serve.

## V. “HOW DO I HANDLE THIS?”

Adapt the role play scenarios to reflect the community of transwomen that participate in the *T-SISTA* intervention. Remember the purpose of this activity when changing the role plays:

► **This activity will give the participants opportunities to observe the three communication styles that were just explained and discussed—aggressive, non-assertive, and assertive.**

► **Make sure to ask the following questions after each scenario:**

- 1. What communication style was used?**
- 2. What might be the consequences of responding in this manner?**

## VI. THE T-SISTA ASSERTIVENESS MODEL

Depending on what you re-name your intervention, you may want to develop a new assertiveness model to match the new acronym. If this task seems daunting, feel free to use the SISTA assertiveness model as it is listed in the SISTA manual. If you do change the model, make sure that the steps are similar to the SISTA model.

- ▶ The “See You in the Club” scenario should be changed to reflect your participants.

## YouTube Video Example of T-SISTA Assertiveness Model



- ▶ Search YouTube for: “Mplus+ Animation for Transgender HIV/AIDS Outreach and Prevention.” Watch the video and assess how well it might work with your participants.
- ▶ If you have the ability to project a You Tube video onto a wall, this could be a great way to demonstrate the T-SISTA assertiveness model.
- ▶ Ask the participants to watch the video and notice how the T-SISTA assertiveness model is followed.
- ▶ Make sure that you read the subtitles out loud so that people of all literacy levels can understand what is happening.

► **After the film, ask the participants to talk about the YouTube clip.**

**1. What are their reactions to it?**

**2. Where did they notice the assertiveness model steps?**

**3. Would they have done anything different?**

## **VII. HOMEWORK**

Always give an alternative for homework assignments, such as discussing what participants learned in the session with a friend.

## **VIII. EVALUATION**

Remember to read the session evaluation out loud.

## **IX. DISTRIBUTE INCENTIVES**



## SESSION ADAPTATIONS AND ALTERNATIVES

### SESSION FOUR: SAFER SEX BEHAVIORS & SKILLS

#### ■ PURPOSE

Session 4 provides information on safer sex behaviors, correct condom usage skills, and practice using assertive communication skills (learned in Session 3) in negotiating safer sex. This session also provides an opportunity for transwomen to learn trans specific risk reduction behaviors.

#### ■ FACILITATOR GOALS

1. Discuss reasons why people don't use condoms.
2. Demonstrate correct condom usage.
3. Guide participants in role-playing safer sex negotiation and sexual assertiveness situations.
4. Discuss partner norms supportive of consistent condom use.
5. Discuss trans specific risk reduction behaviors.

## ■ PARTICIPANT OBJECTIVES

1. Practice sexual assertiveness and communication skills.
2. Correctly apply a condom to a penile model.
3. Communicate and negotiate safer sex practices.
4. Apply sexual risk reduction strategies.
5. Identify risk reduction techniques for transition related risk behaviors.

## ■ GENERAL CONSIDERATIONS FOR TRANSWOMEN OF COLOR

In discussions of condom use, it is important to include information on how to put a condom on a woman with a penis, and to not make any assumptions about the sexual practices of participants.

This session is an ideal place to discuss risk reduction techniques in transitioning, including accessing hormones, silicone use, and safer injecting practices.

**DON'T MAKE ANY  
ASSUMPTIONS ABOUT  
THE SEXUAL PRACTICES  
OF PARTICIPANTS.**

## I. OPENING POEM/SONG

In the original poem, a woman expresses how she feels about herself and her partner because of their relationship. This poem is used to remind the women that their sexual wellness is their responsibility and that they can assert themselves in their sexual communication with their partners, and confidently initiate and practice safer sex. A suitable replacement will address relationships and sexual communication.

## II. REVIEW GROUND RULES AND THE DIVA LOUNGE

Reviewing these newsprints at the beginning of each session reminds participants of the rules, allows participants to add any additional rules and reminds them they can ask questions anonymously.

## III. REVIEW SESSION 3, INCLUDING HOMEWORK

Remember to read the key concepts from Session 3 out loud.

## IV. REASONS WHY PEOPLE DON'T USE CONDOMS

This activity is relevant for transwomen of color as long as it includes a discussion about trans specific reasons why people don't use condoms (for example, some trans people may not want to insist on condom use if their sexual partner is viewing them as their chosen gender) and ways to overcome those barriers.



## V. SAFER SEX MATERIALS, DEMONSTRATION, AND PRACTICE

The Condom Basics, Condom Line Up Game, and Condom Use, Demonstration and Practice activities will most likely need to be combined and shortened in order to include a section on safer transitioning. The information within the Condom Basics activity and the Condom Line Up Game can be discussed during the Demonstration and Practice.

## VI. NEGOTIATING SAFER SEX

Change the role play scenarios to reflect the community of transwomen that participate in the *T-SISTA* intervention. Remember the purpose of this activity when changing the role plays:

- ▶ **This activity will help participants feel more comfortable and confident in their abilities to communicate and negotiate safer sex. The role-play exercises in this activity help the participants to review and practice the lessons they've learned about assertive communication and decision-making while negotiating safer sex.**
- ▶ **Remind the actors to respond to the situations in an assertive manner using “I” statements, and process the situations with the *SISTA's Assertiveness Model*.**

## VII. PEER NORMS

This activity is relevant to transwomen of color and lets participants know that there are many transwomen, and partners of transwomen, who choose to use condoms.

## VIII. SAFER TRANSITIONING

Trans people who inject hormones and/or silicone may have additional HIV risk behaviors (sharing needles). This section should include information on hormones, how to correctly inject hormones, and silicone use. While it is important to mention that injecting silicone is illegal in the US, it is also important not to judge participants or alienate people who have injected (and/or want to inject) silicone.

## IX. HOMEWORK

Always give an alternative for homework assignments, such as discussing what participants learned in the session with a friend.

## X. EVALUATION

Remember to read the session evaluation out loud.

## XI. DISTRIBUTE INCENTIVES



# SISTA

## SESSION ADAPTATIONS AND ALTERNATIVES

### SESSION FIVE: SKILLS REVIEW

#### ■ PURPOSE

Session 5 reviews the skills discussed in the previous four sessions. Participants learn about how alcohol and drugs affect safer sex behaviors. There is also a discussion about ways to cope with rejection and negative responses from partners to engage in safer sex behaviors.

#### ■ FACILITATOR GOALS

1. Review and discuss Sessions 1-4 Key Learning Points
2. Present and discuss information on coping and its relationship to substance use, HIV/AIDS risk behaviors, sexual situations, and rejection.

## ■ PARTICIPANT OBJECTIVES

1. Discuss the concept of coping.
2. Discuss how drugs and alcohol are used to cope.
3. Discuss how drugs and alcohol can negatively affect decision-making.
4. Discuss how to use the SISTAS Assertiveness Model to make decisions in risky sexual situations.
5. Discuss ways to cope with rejection and negative feedback.

## ■ GENERAL CONSIDERATIONS FOR TRANSWOMEN OF COLOR

Most trans people have experience with transphobia, which creates a need for healthy coping behaviors outlined in Session 5.

### I. OPENING POEM/SONG

A suitable replacement for the original poem should be hopeful and stress inner strength.

### II. REVIEW GROUND RULES AND THE DIVA LOUNGE

Reviewing these newsprints at the beginning of each session reminds participants of the rules, allows participants to add any additional rules and it reminds them they can ask questions anonymously.

### III. REVIEW SESSION 2, INCLUDING HOMEWORK

Remember to read the key concepts from Sessions 1 - 4 out loud.

### IV. COPING IS...

After brainstorming about what coping is, change the question to:

► **“What are some of the issues transwomen of color have to cope with?”**

### V. COPING WITH DRUGS AND ALCOHOL IN SEXUAL SITUATIONS

Retain this activity, however change the role play scenarios to be relevant to your participants.

### VI. COPING WITH REJECTION AND NEGATIVE RESPONSES

The role play scenarios in this activity should be changed to reflect your participants. It would be useful to add a role play about coping with rejection due to gender identity.

## VII. BOOSTER SESSIONS

If your organization plans to hold booster sessions, talk about those sessions before the evaluation. Many organizations make the first booster session a graduation activity that occurs a few weeks after the last session. If you plan on doing this, it may be useful to have participants spend some time planning what they would like to do for their graduation/booster session and discuss graduation incentives.

## VIII. EVALUATION

Remember to read the session evaluation out loud.

## IX. DISTRIBUTE INCENTIVES



**knowledgeable ▶**

**culturally  
appropriate ▶**

**workshops ▶**

**▼ effective**

**◀ create**

**◀ community**

**interventions ▶**

**promoting ▶**

**transgender ▶**

consultations ▼

assistance ►

expand ►

capacity ▼

◀ build

◀ resources

◀ increase

well-being ►

**TRANSITIONS**  
p r o j e c t

keep in touch

415.597.9261 | [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)

