

LATINA TRANS WOMEN AND RESILIENCE

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Crystal Madriles

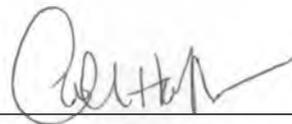
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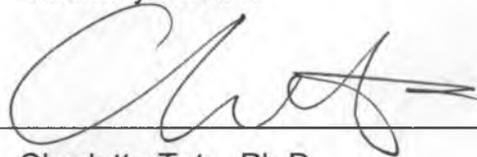
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CERTIFICATION OF APPROVAL

I certify that I have read *Latina Trans Women and Resilience* by Crystal Madriles, and that in my opinion this work meets the criteria for approving a thesis submitted in partial fulfillment of the requirement for the degree Master of Arts in Sexuality Studies at San Francisco State University.



Colleen Hoff, Ph.D.
Professor, Department of
Sexuality Studies



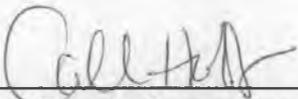
Charlotte Tate, Ph.D.
Associate Professor, Department of
Psychology Studies

Latina Trans Women and Resilience

Crystal Madriles
San Francisco, California
2016

The objective of this thesis is to bridge the gap between resiliency studies and Latina transgender women. Current studies on transgender women of color largely focus on health disparities faced by the general community. Because of this, research does not consider the unique experiences and intersectionality of Latina transgender women. In addition, research fails to focus on positive aspects of the transgender community, including resilience. In response, this thesis interviewed 5 Latina trans women through a qualitative open-ended method in order to explore their experiences of hate crimes and resilience. Highlighted themes include modes of resistance and how Latina transgender women construct narratives of personal resistance. Further implications for health interventions are discussed.

I certify that the abstract is a correct representation of the content of this thesis.



Chair, Thesis Committee

5/25/16
Date

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TABLE OF CONTENTS

Table of Contents.....	vi
List of Tables	vii
List of Appendices.....	viii
Introduction	1
Mental Health	2
Physical Health.....	7
Transition and Diagnosis	8
HIV/AIDS	11
Unique Latina Transgender Women Experiences	15
Resilience.....	18
Methods	20
Findings	23
Discussion.....	39
Limitations.....	43
Conclusion	44
References.....	46
Appendix A—Interview Protocol.....	54
Appendix B—Latina Transgender Women Study Screener	56

LIST OF TABLES

Table	Page
1. Participant Characteristics	22

LIST OF APPENDICES

Appendix	Page
1. Interview Protocol.....	54
2. Latina Transgender Women Study Screener.....	56

INTRODUCTION

Current studies on transgender women of color largely focus on health disparities faced by the community. Because of this, research fails to focus on the positive aspects of the trans community, including resilience and identity development. In addition, studies have a difficult time recruiting transgender participants, which makes reporting relevant and comprehensive statistics on this understudied population difficult. Thus, what we currently know about transgender women of color is limited to the areas of research that focus heavily on mental health issues. This fails to capture the more nuanced experiences of transgender women who utilize coping mechanisms and positive resilience strategies to combat these health issues. Further, we know even less about Latina transgender women. While work on minority health on gay male populations has advanced our understanding of multiple levels of stress (see Meyer, 1995) and has helped in our understanding of transphobia and health disparities faced by transgender women in general, most work has focused on African-American transgender women. However, Latina transgender women's experiences are unique, and more research must be done in order to understand what health and resilience means to these women. This thesis is in response to this dearth of research. The following illustrates what we currently know about transgender women's health.

MENTAL HEALTH

The National Transgender Discrimination Survey uncovered a statistic that shocked the research world; nearly 41% of transgender-identified people have attempted suicide within their lifetime (Harrison, Grant, & Herman, 2012). Other studies have focused largely on suicidality and the effect of mental health disorders on the transgender community as a whole (Mustanski et al., 2010). It has also been found that gender-based discrimination is an independent predictor of attempted suicide (Clements-Nolle et al., 2006). Rates of suicide in transgender women populations are nearly three times higher than those of the general population (Clements-Nolle et al., 2001; Clements-Nolle et al., 2006; Nuttbrock et al., 2010). In contrast, one study took a sample of 51 young transgender women and found no evidence of elevated scores on depression scales; however, they did find high levels of substance use and victimization (Garofalo et al., 2006). Thus, age may be an important variable to consider in future research.

Since studying transgender women can be challenging, many researchers have attempted to explain mental health disparities among LGBT people through variations of minority stress theory, which argues that internal and external meanings of prejudice, victimization, and social stigma regulate and facilitate mental health disparities (Hatzenbuehler et al., 2009; Meyer et al., 2003). In addition, this theory helps advance the argument that racial and ethnic minorities

may face more mental health disorders due to this prejudice, victimization, discrimination, and social stigma based on their race and ethnicity, which has further implications for transgender women of color (Jamil et al., 2009; Loftus et al., 2001). The minority stress model has also been applied to transgender studies and suggests that stress linked with stigma, prejudice, and discrimination increases rates of psychological distress in the transgender population (Meyer, 2003; Meyer, 1995; Brooks, 1981). It has also been found that minority stress and resilience interact to predict psychological distress (Bockting et al., 2013), and that felt and enacted stigma in transgender communities negatively impacts mental health (Bockting et al., 2013).

Transgender individuals often experience mental health problems that stem from being exposed to stigma and discrimination from those outside their community. Transgender individuals also face enacted transphobia, social isolation, discrimination, and victimization throughout society (Clements-Nolle et al., 2006; Garofalo et al., 2006). However, transgender people also face discrimination from other individuals under the LGBT acronym. This exposure to intragroup discrimination is often worsened for persons of color (Mustanski et al., 2010), suggesting that Latina transgender women may face dual modes of minority stress and may be at higher risk for poor mental health outcomes based on gender identity and race. Discrimination against trans people through multiple stigmas have been seen in racial, employment, and economic sectors, and is

often expressed through physical violence (Clements-Nolle, 2001; Díaz, 2001). In addition, transgender women of color who have a history with sex work may experience verbal abuse, physical assault, and employment discrimination, which puts transgender women of color at high risk for depression (Sugano et al., 2006).

Concealment and stealth identities may be utilized among transgender people coping with social stigma, however such practices have been found to increase stress, hyper vigilance, and self-policing (Bockting, 1997a; Bockting, 1997b; Bockting, 2007). Consequences of hiding identity can lead to the inability to affirm and feel social support from friends, family, or social institutions. Further, revealing one's minority identity and incorporating a sense of pride leads to social support, and appears to moderate the negative effects of minority stress on mental health (Kessler, 1985; Meyer, 1995; Shade, 1990).

Transgender women face high rates of depression (Clements-Nolle, 2001). One hypothesis for this is that some transgender women give up their male status as they transition into a female role, which in a patriarchal society can lead to depression and vulnerability (Bockting et al., 2013). This is one hypothesis, but one that comes from cis and heteronormative perspective. Another hypothesis is that the expectation of what transition will do for these women is often not met because of the widespread transphobia. In this way, transgender women might have their personal hopes dashed to some extent, which can lead to depression

and vulnerability all on its own (C. Tate, personal communication, May 24, 2016). It is believed that for depression and mental wellness to improve, transgender individuals must be connected with peers and like-minded people (Bockting et al., 2013). According to Bockting et al., this finding is significant since previous research has seen that transgender people tend to have higher levels of depression and lower levels of peer and family support than gay, lesbian, or bisexual individuals (Bockting, 2005; Bockting et al., 2013). In order to promote resilience, peer support must be facilitated for transgender women (Bockting et al., 2013).

It has been found that transgender men are more likely to adapt due to “blending in”--or being perceived as cisgender--than transgender women (C. Tate, personal communication, May 24, 2016; Kuiper & Cohen-Kettenis, 1988). This has implications for transgender women who do not necessarily pass, because this leads to higher rates of stigma and discrimination. This becomes more complicated if the transgender woman happens to be a woman of color, because racism and transphobia can become a compacted form of dual stigmatization. Moreover, transgender women of color experience a high number of hate crimes (NCAVP, 2010). Hate crimes based on sexual orientation or gender identity cause emotional and physical distress (Herek, Gillis, & Cogan 1999). It has been stated that, of the LGBT community, transgender people suffer the most victimization (Hein et al., 2013). In 2011, The National Coalition of Anti Violence

Programs (NCAVP) suggested that transgender people are two times more likely to be a victim of a hate crime and be physically injured than their lesbian, gay, or bisexual counterparts (NCAVP, 2011). In addition, it has been found that perpetrators of hate crimes cause serious harm to victims three times more often than any other crimes committed (Messner et al., 2004). At the same time, transgender survivors do not usually file a report due to fear of police brutality, since at times it is police who commit these hate crimes (Kuehnle & Sullivan, 2001; NCAVP, 2011). Even with all the evidence of a hate crime, police will likely not file a report or provide support to transgender people, which is one of the reasons why hate crimes are underreported (NCAVP, 2011). Transgender survivors of hate crimes have stated they feel uncomfortable seeking help from the police and are reluctant to interact with police systems and institutions due to this injustice (Grant et al., 2011; NCAVP, 2010). Some transgender people have had experiences of mistreatment and inequality within law systems and institutions, largely from judges, court officials, lawyers, and support facilities (Grant et al., 2011). Consequences of these hate crimes are high rates of depression, stress, anxiety, distress, and posttraumatic stress disorder (Hein et al., 2013). Also, survivors of hate crimes often develop and internalize negative self-identity, which produces a host of mental health issues, including depression and anxiety (Hein et al., 2013).

PHYSICAL HEALTH

We currently know that access to healthcare for transgender people is particularly difficult or even denied. For transgender women of color, the basic right of healthcare is even harder to obtain. According to the National Transgender Discrimination Survey Report on health and healthcare, participants reported very high levels of postponing medical care when sick or injured due to discrimination (28%), inability to afford medical services (48%), refusal of care due to their transgender status (19%), harassment and violence in medical settings (28%), violence and transphobia from doctors (2%), and incompetent providers (50%). These participants also stated that if medical providers knew of the patient's transgender status, it was more likely that the person would experience discrimination (NCAVP, 2010). As previously mentioned, it has been found that transgender women have experienced discrimination in health care settings, and this has led to transgender women feeling uncomfortable with providing information about their health or gender history (Nemoto et al., 2005). Based on all of these findings, it is clear that transgender people face a system of oppression as well as social stigma (Bockting et al., 2013), and these systems turn for the worse if the transgender person is a person of color.

It has been found that transgender people whom others perceive as transgender tend to be at high risk for discrimination and violence. Participants in a Grant et al.'s study stated that; "People know I am transgender whether I tell them or

not.” Due to this, Grant et al. coined the term “visual non-conformers”, which pertains to transgender people who are seen by others as transgender due to stereotypically gendered visual indicators. These visual indicators and those who are visually gender non-conformists are at a higher risk for experiencing anti-transgender bias and deal with higher social and economic disparities and hardships (Grant et al., 2011). This further complicates the nature of “coming out” as transgender. Do these individuals experience more or less discrimination and stigma in society? In the LGBT community, coming out is often a form of self-empowerment (Garnets & Augelli, 1994). However, this might not hold true for transgender or gender nonconforming people.

TRANSITION AND DIAGNOSIS

Research also focuses on the aspect of “transition” and the diagnosis of gender dysphoria when studying transgender populations. Transition may look different from person to person, but usually involves forms of hormone replacement therapy and gender confirmation surgery (GCS) (i.e., “top” and “bottom” surgery). A transition may include surgeries like GCS, facial feminization surgery (FFS), and so forth (Ainsworth & Spiegel, 2010) or it may not include any of these aspects. Other parts of a transgender woman’s transition may include changing their legal name, changing their birth certificate to reflect their true gender, and so forth (Ainsworth & Spiegel, 2010). All of these pieces that can make transgender women feel whole are costly and require more resources than one

may think. In a perfect world, transgender women would feel comfortable enough to see a doctor, disclose health information without getting discriminated against, have health insurance that would cover these surgeries, the resources to cover the costs that health insurance may not pay for, and have a stable job that is supportive of the transition they may take. However, transgender women must navigate multiple spaces in order to receive surgery or cosmetic changes through insurances or surgeries in general (Meyerowitz, 2009). Professionals must sign off and agree what transgender women can and cannot do to their bodies.

Basically, transgender women do not have the right to do as they will with their own bodies without getting written permission first (Bauer et al., 2009). Moreover, there are medical and diagnostic standards that must be adhered to in order to receive care, as seen in the Diagnostic and Statistical Manual of Mental Disorders (Zucker, Lawrence, & Kreukels, 2016). This medical and diagnostic standard begins with first being diagnosed with gender dysphoria. Gender dysphoria is a comprehensive term used to describe the distress and uneasiness that is affected by the incongruence of a person's gender identity and the person's sex assigned at birth (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010). Coleman et al. argue that transgender individuals are not disordered; rather it is the symptoms of gender dysphoria perpetuated by societal expectation of gender--like transphobia that are what can be treated (2012).

Transgender women's gender dysphoria must be assessed by a qualified mental

health professional (Bockting et al., 2006; Lev, 2004, 2009), which can result in no diagnosis, a formal diagnosis that is associated with gender dysphoria, or other aspects of the transgender person's mental health (Coleman et al., 2012). From there, mental health professionals assess, diagnose, and have conversations about treatment options, including hormone therapy and surgery (Coleman et al., 2012). However, accessing the provider in the first place is a costly decision that may or may not achieve the desires of the transgender person accessing care.

It is important to note that not all transgender women will go under surgeries or name changes in order to transition or alleviate what the DSM-V calls gender dysphoria (Coleman et al., 2012). However, for those transgender women who do feel distress based on their internal and external appearance of gender (Ainsworth & Spiegel, 2010), access to these services is crucial. Ainsworth and Spiegel found that transgender women who have not had surgical operations had worse mental health than those of the general female population (2010). This leads one to conclude that GCS can affect transgender women's mental health. For some transgender women, GCS and access to hormones means everything and is crucial to them in being recognized as a woman by society (Ainsworth & Spiegel, 2010). Overall, Ainsworth & Spiegel's findings show that GCS, hormones, and FFS allow some transgender women to have a better quality of

life, as well as have good mental health (2010). If these services are not accessible, we may be keeping a community from positive mental health.

HIV/AIDS

We also know that transgender women of color face HIV/AIDS at disproportionate rates. The estimated prevalence of HIV among transgender women is from 11% to 78% (Clements-Nolle et al., 2001; Elifson et al., 1993; Gatarri et al., 1992; Israel et al., 1997; Kenagy, 2002; Modan et al., 1992; Nemoto et al., 1992). In San Francisco, transgender women are the highest risk group for HIV, with the incidence rate of HIV among transgender women at 7.8 per 100 people (Kellogg et al., 2001). Not only are transgender women at high risk for HIV, they are also at high risk for substance abuse and mental health problems (Clements-Nolle et al., 2001; Kellogg et al., 2001; Nemoto et al., 2004). Although transgender women are at high risk for HIV, people of color are at high risk as well (Clements-Nolle et al., 2001; Simon et al., 2000). For instance, of racial and ethnic minorities, African American individuals had the highest prevalence of HIV at 44-63%, Latinos at 26-29%, Whites at 16-22%, and Asian and Pacific Islanders at 4-27% (Clements-Nolle et al., 2001). It may be that transgender women who are also people of color may be at even higher risk for HIV.

High rates of HIV in the transgender women community may be due to low socioeconomic status and psychological adversity (Bockting et al., 1988). As mentioned previously, transgender people tend to be criticized, stigmatized, and

discriminated against, which makes it hard to find employment, housing, or healthcare. This can push transgender women into high risk sex-work (Nemoto et al., 2006). A study in 2004 found that transgender women may have high numbers of HIV because they may engage in casual sex with multiple partners to assert their gender identity and receive gender identity affirmation (Sevelius, 2013); it has also been found that transgender women may use substances to cope with stress that is linked to sex work and depression (Nemoto et al., 2004). Overall, it is social and psychological influences that add to sexual risk behaviors with various partner types among transgender women (Nemoto et al., 2004; Nemoto et al., 2006). Studies have also found that transgender women may be more likely to engage in unsafe sex through sex work if they had financial pressures and would receive more money if no condom were used (Nemoto et al., 2004). According to Nemoto et al., Latina transgender women were found to most likely be doing sex work than other groups of transgender women, and had high rates of having sex under the influence of substances (2004). They also found that Latinas had exceptionally detrimental socio-economic conditions, which possibly led them to engage in sex work due to these financial situations (Nemoto et al., 2004).

It has been suggested that HIV infections and high risk sexual behaviors are all correlated and are attributed to negative health outcomes such as psychological adversity, distress, substance abuse, and victimization (Garofalo et al., 2006;

Garofalo et al., 2007; Wilson et al., 2009; Wilson et al., 2010). Brennan et al. also found evidence that many mental and social issues (such as low self esteem, substance abuse, intimate partner violence, victimization, history with sex work, and incarceration) and HIV infections among transgender women are connected (2012). About 45% of new HIV cases among transgender women tend to be among those aged 20-29 (Shulden et al., 2008).

Studies have shown a direct correlation with sex work and HIV--25% of transgender women who had participated in sex work tested HIV positive, as opposed to the 6% who had never participated in sex work (Wilson et al., 2006). However, it is important not to assume that all transgender women who are sex workers are at risk due to the fact that there are many different types of sex work--street sex workers, internet sex workers, and so forth (Mimiaga et al., 2009).

For some transgender women, sex work is seen as a cultural norm (Sausa, Keatley, and Operario, 2007). Transgender women see it as a way to connect to other transgender women and as a networking opportunity (Sausa et al., 2007) Sex work can provide a sense of community and social support, which can sometimes be difficult to find for transgender women of color (Sausa et al., 2007). Again, transgender women of color may engage in sex work due to economic and structural disadvantages that institutionalized mechanisms of oppression (like transphobia, sexism, and racism) uphold (Sausa et al., 2007). All of these systems of oppression can hinder transgender women of color, and

often limit their opportunities for employment and financial support (Sausa et al., 2007). Some transgender women have expressed that they engage in sex work to afford the costs for HRT and related costs of GCS (Sausa et al., 2007). For other transgender women who did obtain stable careers or jobs, they sometimes returned to sex work to supplement their current careers because it is what they had known a majority of their life and it brought in the much needed extra funds (Sausa et al., 2007).

For transgender women of color who engage in sex work, some have reported instances of violence like forced sex, theft of money and personal items, physical beatings, and death (Sausa et al., 2007). However, some transgender women who do so sex work state that work on the streets provides peer support, and gives them an opportunity to offer advice to fellow sex workers on how to prevent client violence (Nemoto, Bo, & Iwamoto, 2011).

Wilson et al. studied transgender youth female sex workers and found that participants with a history of sex work had a low level of education, higher rates of homelessness, and had been more likely to have experienced incarceration compared to other young transgender women who had not engaged in sex work (2009).

Nemoto, Bo, and Iwamoto conducted a study on transgender women with a history of sex work and found that there was a significant amount of Latina participants who were depressed (2011). Moreover, it has been found that a

Latina identity among transgender women is highly correlated with transphobia, social support, suicidal ideation, and low income and education levels (Nemoto et al., 2011). These researchers noted that there needs to be special attention given to Latina transgender women with a history in sex work, as they believed ethnicity and sex work adds to these women's depression (Nemoto et al., 2011). Other factors that add to Latina transgender women's depression are their younger age, lower levels of education, and low income (Nemoto et al., 2011). It is also important to note that Nemoto et al. found a disparity in levels of social support that specifically Latina trans women receive (2011). They argued that Latina transgender women with a history in sex work may feel the loss of support from family more strongly due to immigration (Nemoto et al., 2011).

UNIQUE LATINA TRANSGENDER WOMEN EXPERIENCES

In order to understand the health of Latina transgender women, the above mentioned prevalence of mental and physical health problems is crucial. However, Latina transgender women experience the world through a racialized lens, which carries other implications for their overall wellbeing. In order to understand unique experiences of Latina identities, it is helpful to examine the history and consciousness of Latinos/as in the United States. By understanding the Latino/a identity and historical context of racism and inherent patriarchy in Latino culture, we can further understand why Latina transgender women experience multiple forms of discrimination. It is also important to note that, while

this study uses the term “Latinas”, Hispanics and Latinas have become homogenized due to a shared language and religion, but are in fact quite different. Hispanics and Latinas all live in different countries and have different experiences, yet they are all clumped together as one racial identifier, which starts to become problematic regarding social issues (see Gutiérrez, 2010). Thus, one must keep in mind that a single identifier of “Latina” does not necessarily represent all racial experiences of Latina transgender women, but is useful in understanding common experiences across Hispanic and Latina women.

To fully grasp sexual violence among Latino/a populations and how it uniquely affects Latina transgender women, one must first come to understand the aftereffects of the historical Spanish conquest, and how this has translated into an inherently patriarchal Latino society that hinders Latina transgender women in multiple ways. Primarily, women are often devalued in Latino society and seen as not coherent enough to be able to make their own decisions without having a male present, which has roots in the patriarchal society introduced by the Spaniards. Gutiérrez states that, in regards to how Spaniards implemented this sexist rhetoric, “...clerics considered women the weaker sex, in need of male supervision...” (Gutiérrez, 2010). Gutiérrez goes on to mention the idea that men contained culturally sanctioned power over women’s bodies, further cementing the idea that women were the weaker sex.

Additionally, this may be salient to Latina transgender women, because they are sacrificing their Latino male privilege as they transition. Within this framework, one can see that Latina transgender women resist significant heteronormative gender acts, which then creates cultural tension among their families and Latino “machismo”, the ideal maleness that is so central to the intense patriarchy of Latino culture. This can result in intense discrimination, hate crimes, and transphobia within Latino culture (see Rodríguez-Madera, 2009).

In *Color Matters: Latina/o Racial Identities and Life Chances*, Ginetta E. B. Candelario brings to light how Latino racial identities are formed and developed through Latin American and US racial orders (2007). Indeed, we continue to see that being a Latino in the United States is to be a person of non-white status, which carries certain systematic disadvantages including lack of resources and little political power (Candelario, 2007). One can argue that Latina transgender women who migrate from Latin America may have a harder time accessing resources and political power due to their non-white status, and also do not receive support from their Latino community because they resist Latino ideals of machismo and male identity. It is also important to note that Candelario argues that migration may not be positive for Latinos, and may not improve their life chances in the U.S. due to these continued systematic disadvantages as a person of color. This may be especially salient for Latina transgender women. Due to this history and heavy patriarchy in Latino culture, transgender women

face situations in which they must sacrifice their cultural support in order to live their lives as their true identity. In many ways, a Latina transgender identity is incompatible with Latino culture (Calvo & Esquibel, 2010). As Gloria Anzaldúa mentions in her book *Borderlands/La Frontera: The New Mestiza*, there are “between spaces” in queer and Latina/o culture that must be broken down and questioned, and Latina transgender women may need to produce their own spaces in order to reconcile both their gender and cultural identity (2011).

RESILIENCE

We know that Latina transgender women experience unique forms of poor mental and physical health, and that these are often a result of cultural and gendered aspects of systematic oppression. Very little research has been conducted on how Latina transgender women deal with these poor health experiences. In response, this thesis focuses on Latina transgender women’s resilience, and how they navigate spaces in which they are stigmatized.

Resiliency is a central aspect to contemporary mental health research (Davydov, Stewart, Ritchie, & Chaudieu, 2010). Resilience is also an extremely salient topic for transgender health studies, as this population can benefit from studies and interventions that focus on bolstering resilience among marginalized communities faced with increased rates of violence (Singh, Hays, & Watson, 2011). Resiliency is a positive adaptation in the face of one’s adverse life conditions and traumatic events. Ong, Bergeman, Bisconti, and Wallace examined the practical role of

psychological resilience and positive emotions in the stress process (2006), and defined resilience as a trait of an individual. Resiliency, they argue, is “a stable pattern of healthy functioning connected with the lasting aptitude for positive emotion and reproductive experiences” (2004).

Resiliency studies are helpful in determining the mental health of certain individuals and populations. By studying resilience, we can discover ways in which personalities thrive or suffer. Most studies on resiliency within marginalized communities have focused on discrimination, institutional structures, and unjust practices in the making of health inequalities (Wexler, Difludio, & Burke, 2009). However, studies on resiliency and LGBTQ communities regularly focus on LGB, but often forget the “T” in the acronym.

We do know that some Latina transgender women practice forms of resiliency in multiple ways, including connecting with other Latina transgender women or participating in gender affirming sex work (Sausa, Keatley, & Operario, 2007). However, we know almost nothing about the lived experiences of many Latina transgender women, and the way they cope and understand these experiences. Thus, this study highlights the resilience among Latina transgender women in an attempt to detail what resiliency looks and feels like within this community. By keeping historical perspectives of Latina identity in mind, we can further understand the complicated experiences of Latina transgender women who

respond to hate crimes in a resilient manner, and what implications this has for how Latina transgender women understand their health.

METHODS

I used a qualitative research design to document the lived experiences of Latina trans women and their resilient responses to negative life events. By using a qualitative method, one can allow participants to describe life events through their own point of view and make sense of their lived experiences (Creswell, 2013). Further, open-ended questions can be used as a tool for examining coping mechanisms, lived experiences, and life events of transgender women. These Latina transgender women's stories offered understanding of their lives in a narrative approach. I used a semi-structured interview protocol to ask Latina transgender women about negative life events they had experienced and how they responded to those experiences in a positive manner. I conducted these interviews with five Latina transgender women. I created the semi-structured interview protocol based on ideas from Latina transgender women's documented health disparities and the history of Latino culture. Participants often went beyond the questions in order to make sense of their lived experiences. See Appendix A for the interview guide. Due to the distressful nature of recalling hate crimes, I offered community resources to every participant after the interview. Interviews were conducted over the phone with participants and lasted approximately one hour. I also received a waiver of documentation of consent from participants, and

was able to secure verbal consent over the phone. This further protected participant confidentiality, which was crucial considering that some participants were undocumented and did sex work.

Recruitment

A purposive sample of Latina transgender women, ages 18 and over, who lived in the California Bay Area were sought. Eligibility criteria were; identify as Latina, identify as a transgender woman, be 18 and over, and live in the California Bay Area. Seven transgender women made contact; however, 2 of the 7 women were ineligible due to not identifying as Latina. Once I received Institutional Review Board approval, I posted study fliers at community venues and online Latina transgender organizations. Participants found the fliers and followed the link to the study screener. See Appendix B for a copy of the screener. Once I saw that participants were eligible, I called them to set up an interview. Interviews over the telephone were secured using an encrypted app. The interviews were then transcribed and de-identified by using pseudonyms.

Participants

All participants identified as Latina and as transgender women. The mean age of participants was 41 years. Four of the 5 participants were undocumented and were born in Latin America. However, all participants currently lived in the Bay Area.

Table 1. Participant Characteristics

NAME	Participant	Age	Birth Place	Race	U.S. Citizenship Status
Guadalupe	Participant 1	43	Mexico	Mexican	Undocumented
Maritza	Participant 2	40	New York	Puerto Rican	U.S. Citizen
Magaly	Participant 3	37	Guatemala	Guatemalan	Undocumented
Christina	Participant 4	44	El Salvador	Salvadorian	Undocumented
Daniella	Participant 5	41	Mexico	Mexican	Undocumented

Analysis

I transcribed all data verbatim. From there, I used an emergent coding technique to create a coding schema and thematic analysis that came from the transcripts themselves (see Braun & Clarke, 2006). This allowed for meaningful, relevant, and important data to be analyzed. I read through the transcripts to identify themes, then developed codes based on the themes, then coded the data, then analyzed the codes across participants for common and unique experiences of Latina transgender women. Also, transcripts were re read multiple times to capture prominent quotes around difficult life events and the corresponding resilient reaction. Main themes that emerged from the data are the following: the effects of hate crimes; transphobia and racism have real life impacts, and moments of resilience.

FINDINGS

This thesis attempts to bridge the gap between resiliency studies and specifically transgender Latinas. However, it is important to note that the experience of race, class, gender, and sexuality cannot be understood on their own, but rather benefit from an intersectional lens (see Cole, 2009). One cannot see hate crimes and resilience among Latina transgender women without attaching sexual violence, dehumanization, and mental health topics to the lived experience. However, the following findings are broken into predominant labels in order to clearly document identified themes.

(1). “I am Afraid of Everybody.” The Effects of Hate Crimes

When Latina transgender women experience hate crimes, it affects them. Many participants were survivors of violence, whether it was sexual or physical violence. Often, it was both. Consequently, well being was affected by these hate crimes. Experiencing a hate crime had implications for physical and mental health. For example, Maritza experienced a hate crime in which a man abducted and raped her for 38 hours, then disfigured her and left her for dead on the side of a freeway. She graphically explained how she was raped with a gun seven times and nearly died. Due to this hate crime, she now experiences feelings of vulnerability, fear of other people, and traumatic memories. The following is her narrative:

“I am afraid of everybody. Like right now I am really terrified. I am going to Puerto Rico, and I was doing some research and in Puerto Rico 3 months ago they decapitate 23 transgenders right in front of someone’s house. I haven’t seen my mother in 25 years so I have to go but I am afraid too you know.”

Maritza, 40, Puerto Rican

Maritza went on to explain that after her abduction, she fell in love with a man whose sole purpose was to harm her by purposely infecting her with HIV. After this, depression set in, and she tried to hang herself--luckily she was not successful as the rope snapped from the ceiling. The combination of her abduction, rape, abusive boyfriend, resulted in distrust in others, suicidal ideation, and self-induced isolation. She expressed the following:

“I am afraid to meet somebody to open my heart again. Trust now is not the same. I hardly trust people now you know? I literally don’t get out of my room. I am afraid of everything. I am afraid to go to the bathroom. I am afraid to go outside. It’s just too hard.”

Maritza, 40, Puerto Rican

Magaly, another participant, goes on to explain her experience of hate crimes. While doing sex work, she once got into a vehicle in the car with a client who offered her \$400 just to dance. Once she got in the vehicle, the man locked the door and put Magaly at gunpoint. The man then abducted her and took her to

a warehouse, where he raped and tormented her. This experience caused severe psychological distress for many years, manifesting in suicidal ideation.

Magaly stated the following,

“Remembering all of this hurts me because [what] I went through...I saw death very close, very close, very close. [I kept thinking] this is going to be over, [but] no it was never over. Yes, it was never over. Sometimes I didn’t know if I was going to make it out alive. Not only with the experience but also just being a transgender, it is very hard. I am a transgender Latina woman. I suffered and lived for the fact that I am a transgender woman. You know the day I tried to kill myself I didn’t die, well you know I’m still here speaking to you.”

Magaly, 37, Guatemalan

Christina from El Salvador explained how she was afraid to turn down a man who obsessed over her and thought she was crazy. One day he followed her home in order to beat her, shoot her, rape her, and leave her for dead. As a result of this hate crime, Christina isolated herself and dealt with mental health issues for many years. She explained the following,

“I spent 6 months locked in my apartment without wanting to step a foot outside of that door and as a result of that I went to a very dark moment in my life. There was a time where I didn’t have anything to do. There was a time where I was depressed you know in bed not

wanting to get up and face the world. I've dealt a lot with mental health issues as a result of harassment. I have started a lot of treatment because of, uh, mental health issues, so this is definitely personal to me.”

Christina, 44, Salvadorian

Daniella detailed how it is hard for her to pick one hate crime as there are so many. She too is a sex worker and believes that men who physically and sexually harm transgender women do so because they hate their own sexuality. As a result of these hate crimes, Daniella experienced isolation and distrust of other people's actions. She also became hyper vigilant by constantly observing and analyzing other people's behavior. She mentions the following:

“I mean sometimes it makes you feel like the world is against you, you know. Like I can't go to the hospital. I can't afford any of that. So you know I go home to cry it out. You can't trust nobody. I look out for people who are angry, like people who clearly don't like themselves. They can't control anything else in their sad life but they know they can get away with at least controlling me, so you know they take advantage of that. ”

Daniella, 41, Mexican

Each participant had experienced a hate crime, which had severe consequences in terms of mental and physical health. Although these hate

crimes had occurred years before the time of the interview, participants still expressed that the effects of the hate crime remain with them.

(2). “You Don’t Get to Stare at Me Because I am Different than You.”

Transphobia and Racism have Real Life Impacts

Many hate crime experiences were rooted in transphobia. The stigma, prejudice, and harassment that arise from transphobia can sometimes manifest in the form of a hate crime. Many participants expressed experiences of discrimination and racism due to being transgender. Moreover, Maritza talked about how being both a Latina and a transgender woman leads to discrimination, even in her LGBTQ housing community:

“I live here in [name of housing complex redacted] in San Francisco and honey, the persons I have been having problems with the most is gay men that lives downstairs. And he calls me fucking bitch... well actually, we fight. I have a temper so now they want me out of here so it’s been rough. So I live in the house. This house that I live in they discriminate me a lot. They are kicking me out. I am going through hell. We go through hell because society discriminate [us].”

Maritza, 40, Puerto Rican

Maritza goes on to mention her experiences of societal transphobia when she was younger, and that now she experiences transphobia more frequently, even in her own home::

“Actually transphobia when I was younger it was more, more harder. When I was younger I was more into prostitution. I never get out in day time. Now that I am going out in daytime I am having transphobia in my own house. Everyday. So sometimes they tell me ‘Oh that’s a dude.’”

Maritza, 40, Puerto Rican

Maritza goes on to describe her experiences of being persecuted for being both Latina and a transgender woman. Her narrative is a perfect example of how transphobia and racism are an interconnected process that is not necessarily mutually exclusive. . She stated the following, which describes her experiences when speaking with her other transgender friends who are not Latina:

“Because I speak Spanish. I speak Spanish to one of my roommates. They get offended. They want to know what I am talking about. So it’s about language. It’s about race. I was born in New York. And I got raised in Puerto Rico. I encounter a lot of girls who have the same problem. Even though that I say that I am a Puerto Rican, but people don’t know that I was born in the United States. Like this person that I live with he just he just [say], ‘Oh go back to your country.’”

Martiza, 40, Puerto Rican

Magaly explains how a couple years ago she worked for a clothing store where not even the minimum wage was paid to her due to being transgender. The company also did not pay her for overtime or sick hours, which is why she had many health issues. She mentioned that they would dock her pay by twenty dollars for every ten minutes that she was late. When Magaly was finally able to begin transition, her boss ended up firing her due to his transphobia. This is her experience:

“They would steal about \$110 for each week for six years and actually they owe me about \$28,000 dollars. Salary theft has not been my only problem. Well years ago I started with my transition. While and in the meantime I was working in a restaurant. My body started changing because of the hormones and the business owner, um, told me to take a break for a month. He said that he would call me at the end of the month so that I could begin working but he never did it. He basically fired me because of my gender expression because I am a transgender woman. Now I feel that I need to be forced to hide my identity if I want to find a job.”

Magaly, 37, Guatemalan

Christina expressed that she is HIV positive and has a hard time accessing her medication because she is transgender. Even the providers and medical services she attempts to access are riddled with transphobia. Christina’s providers hold

racist and transphobic sentiments, and consequently assume many incorrect things about her. The following is part of her narrative:

“Okay great, so like my medication is not cheap. There is like trans clinic and stuff, but even there they kind of you know, they assume a lot of things about me and it’s hard to get my meds paid for. They give me a really hard time for it and I feel it is because I am a trans woman, but actually I feel like it’s [because] I am Latina. They see a Latina trans woman who is a sex worker, they think I’m gonna sell the meds or they think I’m not even going to take them.”

Christina, 44, Salvadorian

Moreover, Daniella mentions an incident where discrimination, prejudice, and racism were involved due to her being Latina and transgender. She states that when she visits the bank to deposit money, the bank teller starts to give her a hard time:

“This lady always gives me weird eyes when depositing my cash, and for some reason I get her every time and you know I was tired of her shit . So, I deposited some cash, which by the way was a lot of cash so it’s not like I’m poor. Not like I’m begging cash from her. She looks at me like I am the poorest grossest thing in the world. So I had it and I told her straight up, I put my finger in her face and said, “Look lady I don’t know if it’s because I’m Latina, I don’t know

if it's because I have an Adam's apple, or if you just don't like sex workers, but I had it with your shit. You got no right to judge me. You don't know anything about me. You don't get to stare at me because I am different than you. You're just jealous because you don't get to have this life. You ain't got no right to pity me."

Daniella, 41, Mexican

For these participants, transphobia and racism often intersected and resulted in harassment, discrimination, and stigma. For many, the experience of prejudice occurred even within LGBTQ spaces, in which other transgender women who were not Latina harassed them or made racist comments. The combination of both racism and transphobia made it difficult for participants to navigate multiple spaces, including their own homes, clinics, and other public institutions like banks. This combination of prejudice had real life impacts on participants, resulting in frustration, lack of support, and stress.

(3). "If the World Tells Me I Shouldn't Exist, I Know I Have to be the Bigger Person." Moments of Resilience

As participants were affected by hate crimes and transphobia, they found ways to cope through these traumatic experiences. Participants expressed different modes of resilience. They did not explicitly state that they were resilient, but rather showed resilience through a variety of mechanisms. Guadalupe's mode of resilience is by believing in a higher power, although she states that she is not

necessarily religious. As a result of believing in a higher power, she believes that her life now has a purpose. She goes on to state,

“I always like to say that it was a divine intervention. I am a spiritual person. I am not religious, but I do believe there is a higher power and I think that’s how you know I have become the person that I am today because of my higher power. My higher power has a purpose for me and I just sort of you know put one foot in front of another in order for me to do what I am suppose to be doing. A lot of times I don’t even know what it is. I always ask my higher power to guide me for somebody like me who has come from you know, from the dark in some ways right. I’ve learned to be that way. To speak up.”

Guadalupe, 43, Mexican

Maritza is resilient by focusing on her pet, and copes by using the love of her pet as a support system. She mentioned that after she found the love of her dog she quit sex work and found a reason to continue living. She states the following,

“I saw this bag moving so I reached to it and there were 3 puppies in the plastic bag. So I grabbed one of the doggies and the first thing she did was ‘rawwr.’ I was like ‘aaaayyyy.’ I was so in love with her. I was so in love, this is my baby right here. Yeah [Maritza's dog] has been an angel in my life. My support every time. She knows when I am depressed. My baby is here, I am alive, and I am

talking to you. That has changed my life. That's what made me change my all thinking of the dying and not to. Now I have something to look for everyday you know."

Maritza, 40, Puerto Rican

For Magaly, her resilience manifested in the acceptance that she is not able to change the minds of other people about transgender women, but that she can control her own thoughts. This change of thought has helped her immensely. Due to this revelation, she now looks at life with a purpose. She states the following:

"I know that I cannot change every single person's thoughts about transgenders or mujeres como yo (women like me), pero (but) I can change my own mind, and that is something I try to well you know hold on to. I just kept thinking to myself that this all has to be for a reason. I didn't die for a reason and I am still like trying to figure that out you now."

Magaly, 37, Guatemalan

Christina developed resilience by cultivating energy for political movements. She explained that by fighting for her own rights, organizing within her community, helping others, believing in a higher power, being the bigger person, spreading love, and practicing self-love, she has overcome her traumatic experiences and finds happiness in other forms:

“ It has been my mission that the happiness that I have inside, that I help others. I feel God and the higher power has given me a gift and that is the gift of love, and the gift of love through my work is what I give to everyone. I help a lot of people, but what I can give them is love, and I love I have so much to [give]. Aunque el mundo me diga que no puedo ser propia, que el mundo me critiquen, que el mundo me diga que no debo de existir, you se que puedo ser la más grande (Even if the world tells me I cannot be myself, even if the world critiques me, if the world tells me I shouldn't exist, I know I have to be the bigger person). Yo se que dios quiere que yo exista. Que si quiere que yo sea un ser humano que produzca algo en la vida. (I know that God wants me to exist, that [God] wants me to be a human being that produces something in life. Me. Anything that I can say to someone is love yourself honey. No one can love you the way that you can love yourself.”

Christina, 44, Salvadorian

Daniella developed her resiliency through not letting other people's negative energy and opinions tether her soul. Instead, she takes people's negative energy and transforms it into something she can use. She also uses the support of her friend and cat to help her cope with traumatic experiences:

"I think I've let stupid shit like that roll off my shoulders because you know if you let that stuff get to you it will kill you. So yeah it is hard but I don't let it get to me because I want to live my life and people are just racist and they are going to stay that way. Like me getting upset about it isn't going to change anything, so I just flip my hair and I get my meds and I work my streets and at the end of the day like I said I get to go home to my cat and my friends and sleep in my house. Being able to take the bad energy they are giving you and transforming it into something good, like you want to throw stones at me? Fine. I'm just gonna take those stones and I'm gonna build a house. A house to kick you out of."

Daniella, 41, Mexican

Some participants did use negative coping mechanisms to deal with their traumatic experiences. As seen by Guadalupe's experience, she came to believe in a higher power, but before then she used strategies that she learned while living on the streets:

"You know there [are these] influences in my life like strategies and trends that I have used while surviving in the streets like using drugs and all of that and that is all incorporated in who I am. I would be sometimes found in alleyways overdosed on heroin left for dead. Like I couldn't be me and so my escape was drugs. You know like it

was just getting away from my reality right? I also was with this group of people you know what I mean. Like we would go and you know do crime together, and they would teach me how to do things, and they would in some ways motivate me. They put me to fight with other people, and they encouraged me you know what I mean? All of those things, and those weren't things I was feeling at home you know. I think all of those things like contribute for me to felt that I belonged."

Guadalupe, 43, Mexican

As seen in these experiences, participants developed their resilience by depending on other forms of support and self worth. For many, this manifested in beliefs and faith of a higher power. For others, they found it in pets or friends. Overall, participants had to subscribe to new forms of thinking in order to cope with the traumatic experiences of their life. Indeed, they were able to thrive by refusing to allow racism and transphobia to control their lives. Although these modes of oppression are not escapable in many aspects, participants sought the comfort and support they needed in other forms.

It is important to note that, as these Latina transgender women shared moments of resiliency, they often defined resiliency on their own terms. Many of these women had traumatic experiences, but each had their own way of describing how they have coped and established resiliency. Guadalupe states

how, even though it has been hard being a transgender woman, she conceptualizes her strength by comparing herself to a flower,

“You know it’s really tough but I am a flower now. I wasn’t always a flower. I had to work hard at being a seed first. So that’s cool you know little by little I sort of found myself. To me, that is strength.”

Guadalupe, 43, Mexican

Maritza finds her resiliency by defining herself as a revolutionary. By doing so, every act of violence against her is another opportunity for her to be a revolutionary and fight back. In this way, narratives of violence are transformed into narratives of resilience and opportunity where she can be the last one standing:

“Yo soy bien revolucionaria (I am very revolutionary). I do fight, yeah I do fight for my rights. I use to believe to keep everything to myself. Now that I am going through all of this, I, I’m just using my rights to defend myself legally. I do it. So I am not sad about those things anymore. Now I get to fight everyday.”

Maritza, 40, Puerto Rican

Magaly shares Maritza’s experience. She mentions that positioning herself as part of the transgender resistance helps her define what it means to be strong:

“To be a transgender Latina is to be strong. Resistance, well for me it is knowing my rights you know. Knowing what is out there to

protect me as a transwoman you know. I make sure I read the news, I make sure I know all these trans deaths you know, like what is being done about them you know. To me knowledge is power and I make sure that I know what is going on, so you know if something happens to me I know what to do and that makes me feel a lot safer and stronger.”

Magaly, 37, Guatemalan

Christina finds resilience by flipping narratives of hate into opportunities to love herself. By doing so, she provides herself opportunities to find self worth and bolster her sense of resilience:

“I love myself. Me doy besitos cuando puedo porque si el mundo me dice que estoy gorda, estoy negra, que tengo cara de papusa como me han dicho que soy indígena. (I give myself kisses because if the world tells me I’m fat, I’m dark, that I have a face of a pupusa like people have told me that because I am indigenous. But that’s all beautiful to me. So I think about those mean things, and turn them to kisses.”

Christina, 44, Salvadorian

Daniella mentions that she is stronger due to the adversity she has faced and that she does not care about people’s negative thoughts. For her, negative

comments keep her sharp and energetic, making her a stronger person who can fight back:

“I am my own person. I know who I am at the end of the day. Like I don't give a shit about these people's opinions. I mean I will always carry them with me but you know they make me stronger because I know what to look out for. You know mija I'm gonna mess with those people...resilience is knowing that those people don't fucking matter. They are making me stronger for the next fight, you know?”

Daniella, 41, Mexican

As seen here, participants self-defined their own strength and resilience. By doing so, they often flipped narratives of hate, transphobia, and racism into opportunities in which they could bolster their own self worth and identity. For many, these acts lessened the effects of depression, anxiety, and social isolation. Their coping mechanisms helped them to establish these forms of resilience by providing support through pets, families, and friends. While they did not necessarily explicitly state resilience in their narratives, it may be useful to understand these self-definitions as methods of resistance.

DISCUSSION

As seen here, Latina transgender women experience unique challenges when faced with adversity. They experience multiple forms of discrimination, most often in the forms of racism and transphobia. Indeed, the two are not mutually

exclusive, and Latina transgender women often experience both at the same time. These traumatic experiences often have severe consequences, including depression, anxiety, social isolation, and suicidal ideation. However, despite all of the transphobia, hate crime, sexual violence, racism, and mental health issues that these Latina transgender women experience, they are consistently resilient. They were all able to either find or construct coping mechanisms in order to overcome adversity, although these resilient strategies were not always conscious to the participant. By defining their own resilience, Latina transgender women practice multiple forms of resistance by constructing spaces within themselves that simultaneously assert their gender and racial identity. This self-defined resilience is necessary for Latina transgender women, who find themselves between racist and transphobic tensions in both the US and Latino cultures. On top of the difficulties that come from being both Latina and transgender in a racist and transphobic society, participants also had to deal with discrimination within the LGBT community. Simultaneously, participants live within Latino culture and its extreme forms of patriarchy and machismo masculinity. Transgender women face losing the male Latino privilege they are giving up and all the stigma they are gaining on the other end. For instance, being gay alone in Latino culture has its own stigmas around it for those who are “passive” men (men who are receptive partners in the act of anal intercourse) (see Almaguer, 1993). Being transgender adds another layer to this, due to the

fact that Latino men cannot understand why one would want to transition to being a woman. Latina transgender women are actively giving up the privilege they hold within this community, only to be stigmatized and further discriminated by *machismo* ideals. Thus, Latina transgender women are fighting a war on two fronts; on one hand, the US white and transphobic culture bombards these women with anti-Latino and anti-transgender rhetoric, even within the “safe” spaces of LGBTQ organizations. On the other hand, Latino machismo culture attacks these women for their loss of male Latino privilege and their resistance to Latino cultural norms. With such hate at both ends, it is amazing and humbling to see just how strong and resilient these participants are.

Moreover, Latina transgender women show to be more resilient with age.

Reasons why this may be is because transgender women have been able to access over time malleable and adaptable skills which allow them to continue on with positive adaptation. Additionally, it seems as though there is a correlation between having a sense of purpose and their age--they've created meaning through mindfulness and reflection of their own life. Also, the openness that these Latina transgender women embody allow for them to be able to modify and adapt more easily to their environment. Also, there is incredible power in their ability to be self-efficient as they must learn to solve many of their problems and own issues with in their community. As many shared their moving stories there was always a hint of silver lining, which seems to come with age. Furthermore, I

would argue that younger women may need more support sooner so they don't end up with the severity of mental health problems.

FUTURE IMPLICATIONS

As we have found, much existing literature on the Latina transgender community has focused on HIV, sex work, and hormone issues. However, this research often fails to consider the multiple identities tied into Latina transgender women and their health. Specifically, for Latina transgender women, one cannot see their discrimination, hate crimes, and transphobia without incorporating race and sexuality. These systems are too complicated and intricate to be seen alone, but rather need to be studied simultaneously.

Moreover, Latina transgender women strongly expressed the need for people to understand how structures of race and sexuality have been formed, intersected, constructed to separate people, and continue to play a role in people's lives. They also stated that people must look to see who they put in power because it is people who put other people in power--and just how this power has been given it can be taken away. As a result they highly encourage people to vote, and have up and coming young eligible voters to vote.

Additionally, participants want people to know that many Latina transgender women are undocumented, and as a result have a hard time finding a stable job not only because they are transgender and Latina, but because they are undocumented and do not have legal status in the United States. These

participants want others to know that undocumented Latina transgender women exist, are alive, live in this country, and need more help and assistance. Many undocumented women expressed the fear of accessing any help that was available due to the fear of being arrested or deported at these agencies, since many agencies will at times ask for certain documentation like legal forms of identification, or social security numbers.

In addition, future research should consider how to bolster the resilience of Latina transgender women. While all of these participants reported self-defined modes of resilience and coping, we are still unsure of how they come to be supportive of themselves in this manner. Some were able to incorporate resiliency into their lives after traumatic events, but if you eliminate the trauma, what are other methods of bolstering resilience?

LIMITATIONS

The small sample size of this study makes it ungeneralizable. Thus, this research is not representative of the Latina transgender population as a whole. Also, the average age of participants was 41; so many youth voices were not captured. Young Latina transgender women may face additional challenges. In addition, access to Latina transgender women is challenging. Reasons for this include fear of deportation, language barriers, and suspicion of outsiders. Future efforts should consider ways to connect to the community through support (i.e., funding events, sponsoring Latina transgender women) before attempting to

recruit in these communities. In addition, many participants had cell phones that did not work. This was due to a high rate of homelessness and sex work that forced participants to constantly relocate. Also, many participants had to reschedule interviews due to their unexpected schedules as sex workers, which often necessitates 12 hour shifts from night to morning.

CONCLUSION

Overall, there needs to be further research done on Latina transgender women and how their resiliency and traumatic life events affect their health. By doing so, we may be able to provide adequate mental health services to address the adversity that they face. Resiliency needs to be studied and measured within the Latina transgender community as they do face unique challenges like discrimination, racism, transphobia and hate crimes. Aside from mental health issues, Latina transgender women face hardship when comes to access to physical health. Many women continue to work hard in sex work to be able to pay for surgeries that they are not able to gain access to due to lack of health care insurance. This means they work in the streets longer, and harder. They are thus exposed to HIV at higher rates due to sex work and adversities that they face. However, by acknowledging their dual identities as both Latina and transgender women, research can highlight the unique needs of this population. By doing so, we not only are better equipped to provide adequate care and culturally

competent services— we also provide Latina transgender women a space in which their voices are heard.

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Appendix A

Interview Protocol

What does the transgender community look like and mean to you?

Who do you include as your community?

What does being a transgender Latina woman signify to you?

How do you define resistance?

How do you define resilience?

Can you tell me about an experience where you have resisted?

Can you tell me about an experience where you felt resilient?

Can you tell me about an experience where you felt discriminated against for being a transgender women?

Have you ever experienced a hate crime? If so, how did it make you feel?

How have these experiences impacted your life?

Were you able to move forward from these experiences, if so how?

How old were you when you transitioned? Do you feel your age has contributed to any experiences of transphobia?

What are some strategies you use to cope or get through hate crime, discrimination and transphobia?

Have you ever tried to stop a hate crime? What was the outcome?

Do you feel protected by the police? Why or why not?

What do you think is needed to keep trans Latina women safe?

How hopeful are you that trans Latinas will be safe from hate crimes in the future?

What message would you like to get across?

Appendix B

Latina Transgender Women Survey

This is a screener survey for participating in the study LATINA TRANSGENDER WOMEN & RESILIENCE. For this project, we are looking for Latina transgender women to speak about their experiences of hate crime, discrimination, and transphobia. Participants will meet with the interviewer to tell their story of how they may have overcome adversity as a Latina transgender woman. One participant will be chosen at random through a raffle to win a \$50 Visa gift card as a token of our appreciation. The interview will take place in downtown San Francisco and take approximately 45 minutes to complete. If you are at least 18 years of age and identify as Latina transgender women, please complete this survey. The following questions will ask demographic information. These questions may bring up sensitive topics. If you feel uncomfortable you are able to stop taking the survey at any time. The screener survey should take approximately 5 minutes to complete. If you have any questions, please contact the head researcher, Crystal Madriles, at crystalmadriles@gmail.com or 760-815-7677 Thank you!

What is your full name?

What is your email?

What is your phone number? (Please include area code).

Are you 18 years of age or older?

- Yes
- No

Please write in your age below:

Are you a Latina?

- Yes
- No

Please select from the following race/ethnicity categories:

- Guatemalan

- Salvadorian
- Honduran
- Dominican
- Ecuadorian
- Mexican
- Peruvian
- Bolivian
- Nicaraguan
- Puerto Rican
- Costa Rican
- Paraguayan
- Colombian
- Panamanian
- Chilean
- Venezuelan
- Uruguayan
- Argentinian
- Cuban

If your race/ethnicity has not been mentioned above please write it in below:

Are you a transgender woman?

- Yes
- No

Please chose from the following sexual orientation categories:

- Lesbian
- Gay
- Bisexual
- Queer
- Asexual
- Heterosexual
- Pansexual

If your sexual orientation has not been listed above please write it in below: