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**Trans and Gender Diverse Latinx Individuals in the Southern United States: Experiences
with Violence and Service Utilization**

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Abstract

Using secondary data from the 2015 U.S. Transgender Survey, we explored transgender and gender diverse Latinx individuals in the Southern U.S. experiences with transprejudice and anti-trans violence at the individual, interpersonal, and structural levels. Findings include high rates of any form of anti-trans violence in the past year and intimate partner violence in a lifetime. Most respondents accessed health care services in the past year. However, many reported transprejudice and anti-trans violence accessing these services. Findings highlight the need for comprehensive changes at all levels to improve the wellbeing of transgender and gender diverse Latinx Southerners experiencing gender-based violence.

Key words: Latinx, transgender, health care, discrimination, service utilization

Introduction

Gender-based violence affects trans, genderqueer, and gender nonbinary individuals who are often the target of transprejudice and violence, especially when they are also people of color (Guadalupe-Diaz & West, 2020). These experiences are common among those who also hold Latinx identities and who live in the Southern United States. Latinx individuals are often seen as a homogenous group in research, leading to their diverse identities and relationships being ignored in the literature (Adames et al., 2021; Alvarez-Hernandez & Bermúdez, 2023). However, many Latinx individuals experience psychological distress due to xenophobia and racism (Chavez-Deñás et al., 2019). Many trans and gender diverse (TGD) Latinx individuals also disproportionately experience multiple forms of violence (Messinger, Guadalupe-Diaz, & Kurdyla, 2022), including interpersonal violence and rejection due to transphobia (Gamio Cuervo et al., 2022; Gamio Cuervo et al., 2023). In this paper, we seek to explore the experiences of TGD Latinx Southerners with transprejudice and anti-trans violence, the services and providers they commonly access, and their experiences with these services and providers.

Terminology and Definitions

To grasp the nature of the intersectional experiences of TGD Latinx individuals who live in the Southern United States, it is imperative to clearly define identity markers. *Transgender*, or *trans people*, are individuals whose gender identities, expressions, and lived experiences are different from their sex assigned at birth (Human Rights Campaign Foundation [HRC], 2020). In general terms, *genderqueer* and *nonbinary* individuals do not conform to the traditional gender binary of male and female but may not use the word transgender to describe their identity (Bockting et al., 2013). Throughout this article, TGD individuals may be grouped based on shared experiences and trends in our findings. Another important term, *Latinx*, will be employed

as inclusive language to identify individuals with links to Latin American cultures (Salinas, 2020). TGD Latinx individuals residing in the Southern United States have increasingly negative experience based on their intersectional identities due to ongoing anti-immigrant and anti-trans sentiments and policies (Cruz, 2021; HRC, 2018; 2019). We geographically define the Southern U.S. as including states that are in the official Census region of the South, including Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

Socioecological Model of Anti-Trans Stigma

Anti-trans stigma is a concept that could vary in its definition and ways of measurement (King et al., 2020). In general terms, Herek (2016) describes stigma against sexual and gender minoritized groups as an oppressive structural process, not just the discriminatory actions of one person towards another (e.g., verbal and physical abuse, marginalization, and discrimination). Herek (2016) links the manifestations of stigma to oppressive healthcare practices:

In a similar manner, healthcare professionals who endorse sexual and gender minority stigma might express their disapproval of or discomfort with sexual and gender minority patients, explicitly and implicitly; they might fail or refuse to provide them with appropriate treatment; and they may marginalize sexual and gender minority care providers and colleagues. (p. 398)

Hence, anti-trans stigma can be enacted in the forms of transprejudice and anti-trans violence when TGD people do not conform to society's cisnormative rules (the hegemonic idea that being and appearing cisgender—non-transgender—are the norm).

Transprejudice is one expression of anti-trans stigma through the stereotyping and discrimination of trans people (King et al., 2009). Stereotyping and discrimination often lead to anti-trans violence by people known and unknown by trans individuals in the form of harassment, intimate partner violence, and other types of violence (Thoreson, 2021). However, violence against trans people is an intersectional issue, disproportionately affecting trans people of color, including Latinx trans and gender diverse people (Thoreson, 2021).

Research with minoritized sexual and gender diverse individuals is often framed by an understanding of the social factors that are detrimental to their wellbeing (Meyer, 2003). Diamond and Alley (2022) expand on this understanding by including the critical role of social safety (connections, belongingness, inclusion, recognition, and protection) within violent systemic and relational oppression. Following this perspective, the current study is framed by Hughto and colleagues (2015) conceptualization of anti-trans stigma and health. Hughto and colleagues (2015) operationalized anti-trans stigma by utilizing the social-ecological model to describe individual, interpersonal, and structural anti-trans stigma types and interventions. For Hughto and colleagues (2015), anti-trans stigma occurs systematically and is experienced at all levels of potential interventions. Next, we introduce these levels and describe the literature for each of the levels, with a focus on transprejudice (e.g., refusal of services and discrimination) and violence (e.g., verbal, physical, and sexual) against TGD Latinx individuals by providers in health care, domestic violence, and legal and court services settings.

Stigma Avoidance by TGD Latinx Individuals

According to Hughto and colleagues (2015), individual level anti-trans stigma refers to a person's anticipation and avoidance of discrimination based on how they or others may perceive their TGD identities. Even when able to access health and human services, TGD individualsI

frequently face violence and discrimination by service providers. Hence, TGD people anticipate discrimination, transphobia, and limited access to trans-informed care (King et al., 2020; Medina et al., 2021).

Due to ongoing transphobic and racist systemic policies plaguing the Southern U.S., health care options for TGD individuals are often accompanied by harmful experiences. In Texas alone, 30% of TGD Latinx USTS respondents experienced at least one negative experience when seeking health care such as treatment refusal, verbal harassment, physical or sexual assault, and having to explain and educate the health care provider on trans issues to receive appropriate care (James & Salcedo, 2017). This resulted in 22% of TGD Latinx Texas respondents avoiding health care and doctor interactions due to the fear of mistreatment (James & Salcedo, 2017). Similarly, in a qualitative study in Florida, 15 trans-Latina immigrants shared that their immigration status and legal documentation required in accessing health care resulted in 93% receiving inadequate health care treatment (Abreu et al., 2020). With communal frustration and fear surrounding trans-informed health care, one participant disclosed being in a life-or-death situation before finally receiving care, while others articulated general illiteracy in trans health, making engaging with health care services a laborious and degrading experience (Abreu et al., 2020).

A study by O'Connor and colleagues (2023) found that TGD Latinx college students experienced sexual violence at a higher rate than cisgender women and cisgender men. Yet, TGD Latinx college students had significantly lower odds of disclosing their sexual violence experience than cisgender men (O'Connor et al., 2023). Often, TGD Latinx individuals may not disclose violent experiences to avoid engaging with legal and domestic violence (DV) services. For example, trans individuals—particularly trans people of color—often link their ability to

“pass” as cisgender to experienced and expected anti-trans stigma in public spaces and shelters (Begun & Kattari, 2016; Winiker et al., 2023). Quantitative and qualitative studies have found that being undocumented hinders TGD Latinx individuals’ access to legal aid and shelter services due to anti-trans stigma, regularly feeling afraid of accessing these services and facing lack of education by service providers and the criminalization of their trans identities and legal status when they do access them (Gonzalez et al., 2022; Messinger, Kurdyla, & Guadalupe-Diaz, 2022).

Interpersonal Violence Against TGD Latinx Individuals

Hughto and colleagues (2015) define interpersonal level anti-trans stigma as the transphobic acts of verbal, physical, and sexual violence. Interpersonal level anti-trans stigma can be seen in healthcare discrimination and physical and sexual assault. While rates of anti-trans violence in the United States vary based on factors such as geographic location and race, several studies demonstrate a large majority of TGD individuals experience some form of violence due to transprejudice.

Based on the 2015 U.S. Transgender Survey (USTS), 54% of all respondents experienced some form of intimate partner violence (USTS, 2015). While the strongest association for anti-trans violence was economic discrimination, TGD adults also disclosed experiencing trans-specific violence, discrimination, harassment, intimidation, assault, and prejudice (USTS, 2015). Of all forms of anti-trans violence, sexual assault and rape are greatly documented (USTS, 2015). Similar experiences have been reported by TGD Latinx participants in the USTS, with 48% reporting ever being sexually assaulted and 54% reporting ever experiencing a form of intimate partner violence (James & Salcedo, 2017).

TGD individuals experience violence when trying to access legal services and domestic violence shelters (King et al., 2020). For instance, when TGD people of color sought services for their experiences with interpersonal violence in the Southern U.S., they found law enforcement and service providers to respond inadequately to their experiences (Coston, 2019). In Coston's (2019) qualitative study, participants shared that their experiences were dismissed and even laughed at by service providers, noting anti-trans stigma and a lack of education when attempting to seek services. Given that the Federal Bureau of Investigation only started investigating hate crimes against trans and gender nonconforming people in 2013, and three quarters of fatalities involve misgendering of individuals, data collection on anti-trans violence remains fragmented and inaccurate (HRC, 2020). Nonetheless, the majority of all trans and gender nonconforming victims of fatal violence are People of Color (e.g., Black and Latinx) (HRC, 2020).

Structural Violence Against TGD Latinx Individuals

Hughto and colleagues (2015) describe the structural level of anti-trans stigma as the barriers to resource and service access created by society and institutions. Some types of structural stigma include "stigmatizing policies and enforcement practices, lack of provider training and education, and healthcare access barriers" (Hughto et al., 2015, p. 223). A scoping review of 11,835 articles, with 1,333 articles pertaining to trans stigma published prior to December 31, 2019, recognized events of discrimination, harassment, victimization, feelings of devaluation, and acceptance of beliefs about one's own trans identity as relevant challenges when accessing services (King et al., 2020). Structural stigma, interpersonal stigma, and individual stigma, all negatively affect trans access to services (King et al., 2020). From the perspective of trans individuals in Jackson, Mississippi, those living with HIV experienced recurrent stigmas, rejection, and disgust from health care providers, along with economic and

social marginalization (Perez-Brumer et al., 2018). Psychosocial risk factors, such as providers knowing patients were trans and patients having only some identity documents matching their preferred name, were linked to increased mistreatment in accessing health care services for Latinx trans individuals (Perez-Brumer et al., 2018). Some other shared experiences among TGD individuals when accessing health care include discrimination, harassment, and refusal of treatment (Seelman et al., 2021).

Available health care resources are often structurally unattainable for TGD individuals due to a lack of insurance, given that 62% of trans men and women do not have health insurance (Denson et al., 2017). As of 2017, 20% of TGD Latinx respondents to the USTS in Texas experienced insurance issues such as being denied coverage for care due to their trans identity (James & Salcedo, 2017). The improvement of access to quality trans-informed health care plays a beneficial role in health outcomes, including reducing HIV infections among trans women (Denson et al., 2017). Furthermore, research has shown a relationship to socioeconomic status and one's environment directly impacts health care access (Seelman et al., 2017). For instance, trans individuals experiencing employment instability are less likely to have insurance or access quality health care (Seelman et al., 2017).

Current Study

Given the documented experiences of TGD individuals, the aim of this study is to further explore TGD Latinx individuals' experiences with violence and access to various services, including health care, in the Southern United States. The following research questions guide this study:

1. Experiences of violence and correlations with gender identity and citizenship: What proportion of transgender and gender diverse Latinx Southerners experienced various

types of violence in the past year? How does this violence correlate with gender identity and citizenship status?

2. Services used and the relationship to types of violence experienced: Which services or providers did transgender and gender diverse Latinx Southerners interact with the most in the past year? Are services used at different rates based on the type of violence experienced?
3. Experiences seeking services: What were the experiences of trans and gender diverse Latinx Southerners in seeking services in the past year?
4. Predictors of Negative Service Experiences: Do negative experiences in service settings correlate with key demographic characteristics and identity documentation (focusing on the most common type of service sought in the past year)?

Methods

This study is based on data from the 2015 U.S. Transgender Survey (USTS) led by the National Center for Transgender Equality (NCTE) (James et al., 2016). This is the most recent TGD national dataset available to date. The survey explored the lived experiences of adults 18 years or older who were transgender/trans, genderqueer, nonbinary, and part of the trans spectrum. Questions included participants' experiences with violence and access to services, among multiple other areas. In the summer of 2015, the survey was available online for about a month in both English and Spanish. A total of 27,715 participants from all 50 states and U.S. territories completed the survey (for more about the survey's methodology, see James et al., 2016). The current study analyzes de-identified USTS data and was designated as not human subjects research by Georgia State University's Institutional Review Board.

Participants

We focused our analysis on the experiences of TGD Latinx individuals living in the Southern United States. Hence, we solely explored the data of TGD participants who selected their racial/ethnic identity to be “Latino/a/Hispanic” (either alone or as one of multiple identities) and lived in one of the states classified as being in the South region by the U.S. Census since this is a commonly used definition of the “South.” Because of the incredibly small frequency of Latinx respondents in the South who identified as crossdressers ($n < 10$), and because this group has unique experiences that may not easily be classified with other gender groups, we excluded crossdressers from our analyses. This left a total sample of 547 respondents who were TGD Latinx adults and residing in the Southern United States.

Sociodemographic Predictor Variables

We considered gender identity in four categories: (1) trans women, (2) trans men, (3) genderqueer/nonbinary assigned female at birth (AFAB), and (4) genderqueer/nonbinary assigned male at birth (AMAB). We chose to maintain separate categories for AFAB and AMAB for initial analyses because experiences of violence and service usage and access can be linked to one’s gender identity and expression and how others perceive one’s body (Johns et al., 2023). To categorize citizenship status, we used the answers to the question “What is your citizenship or immigration status in the U.S.?” (U.S. Citizen, Documented Resident, Undocumented Resident). Participants were asked whether they were currently covered by any health insurance or health coverage plan (Yes/No) and their current age; for models where we wanted to examine whether there was a curvilinear relationship between age and the dependent variable, we included a calculation of age squared as a separate predictor variable. To capture information about identification, we included variables indicating how many of their identification documents and

records listed their correct name (All, Some, or None) and how many listed their correct gender (All, Some, or None).

Dependent Variables

To assess experiences with violence, we utilized the following variables: (1) “In the past year, did anyone verbally harass you for any reason?” (yes/no), (2) “In the past year, did anyone physically attack you (such as grab you, throw something at you, punch you, use a weapon) for any reason?” (yes/no), (3) “Now just thinking about the past year, have you experienced unwanted sexual contact (such as oral, genital, or anal contact or penetration, forced fondling, rape)?” (yes/no). Additionally, we recoded a variable for experiencing any violence in the past year if participants endorsed any of the former variables. We also measured intimate partner violence (IPV) based on survey questions about whether the individual ever had a romantic or sexual partner who engaged in any of the following: (a) behaviors such as trying to keep the individual from seeking or talking to friends, keeping the individual from having money for own use, threatening to hurt a pet or take the pet away, denying access to hormones, threatening to “out” the individual, stalking, threatening to use immigration status against the individual, etc. (what we termed *non-physical IPV*;) and (b) behaviors such as threats of physical harm, or use of violence such as slapping, shoving, kicking, forcing sexual activity, choking, beating, using a knife or gun against the individual, etc. (what we termed *severe IPV*).

Services accessed in the past year were measured by answers to the questions: “In the past year, have you seen a doctor or health care provider?” (yes/no) and “In the past year, have you visited or used services in any of these places?” (yes/no). For the latter, we focused on participants who selected: “Domestic violence shelter/DV program/ Rape crisis center,” “Legal services from an attorney, clinic, or legal professional,” and “Court/courthouse.”

Experiences in services were measured by the following questions for each type of service accessed: (1) “In the past year, did you have any of these things happen to you, as a trans person, when you went to see a doctor or health care provider?” The answers included: “treated respectfully by doctor”, “taught doctor about trans health care,” “doctor refused trans-related care,” “doctor refused other health care,” “doctor asked invasive questions,” “doctor used harsh and/or abusive language,” “doctor was physically rough and/or abusive,” “verbally harassed in health care setting,” “physically attacked in health care setting,” and “unwanted sexual contact in health care setting.” We also analyzed a variable that was a compilation of the options above indicating whether a participant had encountered any type of negative experience in health care setting.¹ (2) “In the past year, when you visited or used services at these places, did any of these things happen to you because you are trans?” Answers for experiences in domestic violence (DV) related services included: “denied equal treatment domestic violence shelter,” “harassed in DV shelter,” and “physically attacked in DV shelter.” Answers for experiences in legal services and court included: “denied equal treatment in legal services,” “harassed in legal services,” “physically attacked in legal services,” “denied equal treatment in court,” “harassed in court,” and “physically attacked in court.”

Data Analysis

Per guidance from the USTS research team (NCTE, 2017), we have used a weight provided within the dataset as part of our analyses. Specifically, we applied the 18-year-old adjusted weight that accounts for the increased binning of 18-year-olds in the sample, giving greater weight to those respondents reporting this age who showed the most similarity to 19-year-olds, and this was applied throughout our analyses. Although there were other weights in the USTS dataset related to ethnicity, race, and educational attainment, we did not use the other

weights due to lack of applicability for our sample. We did not use the provided weight for race and ethnicity because we are only reporting on Latinx respondents (one ethnic subgroup).

Weights related to educational attainment were based on national proportions and therefore not used because of our focus on those living in the Southern U.S.

To answer the first set of research questions, we calculated the frequencies and percentages of transgender and gender diverse Latinx Southerners who experienced various types of violence in the past year. Then, we did two separate chi-square analyses to examine the association of each type of violence with gender identity and citizenship status. To answer the second set of research questions, we calculated the frequency and percentage of participants using each type of service. Then, we did a chi-square analysis to examine whether experiences of violence in the past year were associated with rates of using services. To answer the third research question, we calculated the frequencies and percentages of participants who had various types of experiences (e.g., harassment) in four service settings, among those who had experienced any violence in the past year. Then, for the fourth research question, we carried out three logistic regression models assessing whether key demographic characteristics and documentation alignment were associated with whether a participant had experienced verbal mistreatment in health care in the past year, refusal of health care treatment, and any form of negative health care experience. Since less than 5% of data were missing for each of the predictor and dependent variables of interest, with most variables having <3% missingness, cases with missing data were dropped listwise from all analyses.

Results

The Latinx individuals residing in the Southern United States at the time of the survey were the subgroup of focus for our research questions ($N=547$). Demographic information about this sample is detailed in Table 1.

Experiences of Violence & Correlations with Gender Identity and Citizenship

Our first set of research questions include: (1) What proportion of transgender and gender diverse Latinx Southerners experienced various types of violence in the past year? and (2) How does this violence correlate with gender identity and citizenship status? As detailed in Table 1, more than half of respondents (53.7%, $n=292$) experienced verbal harassment of any type in the past year, and 57.5% ($n=312$) experienced any form of violence in the past year (verbal, physical attack, or unwanted sexual contact). Additionally, the proportions of respondents experiencing nonphysical intimate partner violence (IPV) or severe IPV across the life course were both between 45-48% of the sample.

| Table 1 about here |

Tables 2 and 3 display chi-square tests of association between various types of violence and gender identity and citizenship status. The gender identity of Latinx Southern participants was statistically significantly associated ($p<.05$) with whether they had experienced verbal harassment or any form of violence in the past year. Verbal harassment was most often experienced by those who were genderqueer/non-binary AFAB (63.9%), followed by those who were genderqueer/non-binary AMAB (52.4%), trans women (49.5%), and trans men respectively (48.8%, $\chi^2(3)=9.87$, $p<.05$). Experiencing any of the three forms of past year violence (verbal harassment, physical attack, or unwanted sexual contact) also varied significantly by gender, with highest rates among genderqueer/non-binary AFAB (68.1%), followed by genderqueer/non-binary AMAB (61.9%), trans men (52.3%), and trans women (52.2%, $\chi^2(3)=11.78$, $p<.01$). We

did not find evidence of statistically significant relationships between violence and citizenship status (Table 3), which might be related to the very low proportions of respondents who were not U.S. citizens (<10%).

| Table 2 about here |

| Table 3 about here |

Services Used & the Relationship to Types of Violence Experienced

For the second group of research questions, we investigated: (1) Which services or providers do transgender and gender diverse Latinx Southerners interact with the most in the past year? and (2) Are services used at different rates based on the type of violence experienced? We specifically were interested in examining the use of health care services, domestic violence shelters, legal services, and court services. As shown in Table 4, Latinx trans and gender diverse Southerners were generally utilizing health care of some type in the past year, with 80% ($n=435$) reporting using this service. In contrast, fewer than 20% of respondents reported going to court ($n=87$) or using legal services ($n=62$) in the past year, and less than 2% (data count suppressed) visited a domestic violence shelter, despite the notable rates of IPV victimization.

| Table 4 about here |

In Table 5, we tested whether participants were using these various service settings at different rates based on the types of violence they reported in the past year. We chose to focus only on past year violence since it involved the same year timeframe as the questions about service usage. There were not statistically significant differences in rates of service usage based on whether participants had experienced each type of violence or not.

| Table 5 about here |

Experiences Seeking Services

Our third research question was: What are the experiences of trans and gender diverse Latinx Southerners in seeking services in the past year? For this question, we focused on those who have experienced any form of violence in the past year.

Table 6 displays data regarding participants' experiences in various services. Among those who had experienced any form of violence in the past year, nearly half (49.9%, $n=125$) reported being treated respectfully by a doctor. Some of the most frequent negative experiences in services included having to teach a doctor about transgender health care (24.3%, $n=60$), having a doctor who asked invasive questions (21.8%, $n=54$), and encountering any type of negative experience in health care (37%, $n=90$). None of the Latinx Southern respondents who said service staff thought or knew they were trans reported being denied equal treatment in a domestic violence shelter or physically attacked in a domestic violence shelter; being denied equal treatment, harassed or physically attacked in legal services; or being physically attacked in court.

| Table 6 about here |

Predictors of Negative Service Experiences

Our fourth research question was: Do negative experiences in service settings correlate with key demographic characteristics and identity documentation? We again focused only on those who had reported experiencing violence in the past year. Given that a very small proportion of Latinx trans Southerners used domestic violence shelters, legal services, or court services in the past year, we chose to focus this analysis on negative experiences in health care.

Three logistic regression models are displayed in Table 7: one model predicting whether a participant had experienced verbal mistreatment in health care in the past year, a second predicting being refused any type of health care treatment, and a third predicting any form of

negative health care experience. For these logistic regression models, we chose to collapse the genderqueer/NB AFAB and AMAB groups because the AMAB group was too small to maintain a separate variable; we compared models when dropping the AMAB group completely and when combining the AFAB and AMAB groups (since they both had the same genderqueer/nonbinary identity) and found a better model fit when combining these two groups. Because the variable about gender match on identification was not statistically significant in any of the models, and because it had a moderate correlation with the name match on identification variable (.56), we decided to drop the gender match variable from these models.

| Table 7 about here |

Age squared was statistically significantly associated with the odds of verbal mistreatment in health care ($AOR=9.95 \times 10^{-1}$, $p<.05$). For a display of the curvilinear relationship between age and verbal mistreatment in health care, see Figure 1. As shown in this graph, generally there is an increase in the predicted Y (verbal mistreatment in health care) for each step increase in age through the mid-30s, and then there is a rapid decline in verbal mistreatment, such that verbal mistreatment in health care in the past year is least likely for the oldest adults.

| Figure 1 about here |

For the model predicting refusal of care, those with only some IDs displaying their correct name had 2.93 greater odds of being refused care compared to those with all or none of their IDs displaying their correct name ($p<.05$). For the model predicting any negative type of mistreatment in health care in the past year, those with only some IDs displaying their correct name had 2.84 greater odds of experiencing any type of negative treatment in health care compared to those with all or none of their IDs displaying their correct name ($p<.01$).

Discussion

This study explored the intersectional gendered experiences of TGD Latinx individuals living in the Southern United States with transprejudice, violence, and service utilization. Our results can be interpreted using Hughto and colleagues (2015)'s socioecological model of anti-trans stigma constructs. Similar to other studies (Messinger, Guadalupe-Diaz, & Kurdyla, 2022), our study shows that either in a health care facility or out in the community, TGD people of color are at risk of experiencing violence, hence, the continuous avoidance of anti-trans stigma and violence. At the individual level, our findings show that the majority of participants had seen a health care provider within the past year. However, only a small fraction of participants visited a domestic violence shelter within the past year, despite nearly half of the sample experiencing IPV in their lifetimes. There is a possibility that participants experienced IPV before the past year, or that they were afraid of experiencing further anti-trans violence at IPV shelters that are typically segregated by sex (Messinger, Kurdyla, & Guadalupe-Diaz, 2022). Research has shown that TGD individuals experience violence in these shelters (Aspani, 2018). Moreover, our findings indicate that there were no significant differences between those who experienced different types of violence and those who did not and their access to services. This information highlights the importance of addressing violence for all TGD individuals as individuals may access services that could provide prevention and intervention for anti-trans violence (Trabold et al., 2023).

At the interpersonal level, in this study, most respondents experienced some type of violence in the past year and almost half experienced severe IPV in their lifetime. These experiences with violence have been well documented for TGD individuals, and past studies suggest heightened risk for TGD Latinx individuals (Abreu et al., 2021). However, although violence rates among all gender identities were elevated, our results highlight how TGD Latinx

genderqueer/non-binary individuals were more often the targets of verbal harassment and any form of violence than trans women and trans men. This finding reinforces the possibility that cisnormativity accounts for the violence experienced by those outside of the gender binary (Donovan & Barnes, 2020). Moreover, trans women, along with genderqueer/non-binary individuals AFAB, reported the highest rates for unwanted sexual contact in the past year, similar to the experiences of all Latinx respondents across the United States in the 2015 USTS (James & Salcedo, 2017). Misogyny and the sexualization and dehumanization of trans and gender diverse individuals, especially of trans Latina women, contributes to these experiences (Randazzo et al., 2015). These findings are concerning, particularly considering how experience with sexual violence often lead to detrimental mental health outcomes for TGD individuals, like suicidality (McNeil et al., 2007) and depression and anxiety (Klemmer et al., 2021).

Also concerning at the interpersonal level is that when TGD Latinx individuals who had experienced violence in the past year accessed health care services, almost half of the sample reported being treated respectfully by a doctor, but a third encountered a negative experience in health care settings. Significantly, TGD Latinx individuals' predicted verbal mistreatment in health care increases as participant age increases from the early 20s through the mid-30s. This age range is similar to the ages of a high proportion of trans and gender non-conforming people of color who have been killed in most of 2022 (Human Rights Campaign Foundation, 2022a). This finding is alarming, particularly because access to health care in general, and gender-affirming care specifically, is already limited in the Southern U.S. (Mallory et al., 2023; Padula & Baker, 2017; Smart et al., 2022; Zaliznyak et al., 2021).

Significant at the structural level was that individuals with only some IDs having their correct name experienced higher odds of being refused care and mistreatment in health care

settings than those whose IDs displayed their correct name and those who had no IDs displaying their correct name. Similar findings have been salient in other studies with TGD individuals (Seelman et al., 2021) and suggest that document misalignment is a risk factor for experiencing transprejudice and poor treatment in health care. For the Latinx sample in our study, this mismatch in documentation information could be heightened by people's immigration status and experiences, as some Latin American countries may not change TGD individuals' names and gender markers in government-issued IDs and passports. These structural stigmatizing policies and practices generate additional barriers to health care access.

Limitations

The current study has multiple limitations. As is common in secondary data analysis, we are restricted to how questions were asked in the original study and the number and characteristics of Latinx participants who were recruited. For example, most of the sample were U.S. citizens, which does not represent the circumstances of all TGD individuals, especially those who are Latinx (Goldberg & Conron, 2021). This likely also relates to how 76% of participants have health insurance coverage. Another limitation is the missing details of those who experienced IPV in their lifetime (e.g., their age, gender, or country of residence at the time of violence). The data was collected in summer of 2015, which also poses recruitment limitations given that this period was characterized by an increased in harmful rhetoric, experiences, and policies towards TGD, migrant, and Latinx individuals that continues to occur today (Cruz, 2021; Ronan, 2021). These sociopolitical factors may have contributed to a low response rate from undocumented residents due to fear of deportation and additional violence.

Implications and Recommendations for Practice and Research

Several recommendations for practice are indicated based on our results. Hughto and colleagues (2015)'s socioecological model of anti-trans stigma provide suggestions for

intervention at the individual, interpersonal, and structural levels. Our findings highlight the need for making individual, interpersonal, and structural interventions relevant for TGD Latinx Southerners. First, health care interventions must be proficiently adapted to address the violent experiences of TGD Latinx individuals. Given that most of the sample had experienced violence in the past year and accessed health care services in the same time frame, health care programs and providers have a unique position for prevention and intervention. For instance, health care providers may improve quality of care by directly assessing IPV among TGD patients, not just among cisgender women, using gender-affirming scales and questions. Health care settings must also safeguard TGD individuals from re-experiencing violence under their care by ensuring front desk staff, administrators, and providers are affirming and nonviolent. This could be done by proactively addressing complaints by TGD individuals and holding staff and providers accountable for enforcing violence.

Second, the high prevalence of IPV among participants (particularly among trans women and those assigned female at birth), their low access to IPV services, and their negative experiences in IPV shelters, must be addressed. IPV shelters can benefit from improving their processes to ensure the safety of TGD individuals. Programmatic changes could address anti-trans violence in sex-based segregated living spaces by establishing TGD affirming rules and processes, reducing transprejudice from staff members by increasing training and enforcing consequences for offenses and anti-trans violence from other program participants through education and concrete consequences for all types of violence. IPV shelters already providing trans-affirming services can explicitly state so in their outreach materials to increase resources for this population.

Third, inconsistency of names and gender markers in IDs are a detrimental factor for the wellbeing of TGD Latinx individuals, putting them at a high risk for violence. Advocates and policymakers could evaluate and eliminate the barriers to updating names and gender markers in government IDs (including U.S. issued and foreign passports), insurance cards, and health care records.

Future research could explore how legal identifying documents being withheld from TGD Latinx individuals by perpetrators may further exasperates the inconsistency of names and gender markers and challenges accessing services. Future research should also explore how the ongoing sociopolitical climate in the Southern U.S. contributes to rates of violence and mistreatment by TGD Latinx individuals when accessing services (Human Rights Campaign Foundation, 2022b; 2023) and experiencing depression and suicidality (Cunningham et al., 2022). This is particularly important given the increase of anti-trans policies in the country's southern region (Blazina & Baronavski, 2022; Melhado & Nguyen, 2023). Our study found that age was a variable that predicted violent experiences by TGD Latinx individuals. Hence, researchers could explore the experiences of individuals between the ages of 20 and 35 who are more likely to experience violence and what individuals over the age of 35 may be doing to decrease their experiences with violence (Bockting et al., 2020; Osborn, 2023). Echoing the call for active responses to anti-trans structural violence (Thompson et al., 2024), our study's findings highlight the need for comprehensive changes at the individual, interpersonal, and structural levels to improve the health and wellbeing of TGD Latinx individuals in the Southern U.S. who experience gender-based violence.

Notes

- 1 This category was analyzed because of the value of understanding outcomes for those who had any negative experience in health care. Because this group is larger than those of the subtypes of health care experiences, there are also more possibilities for using this variable in multivariable analyses.

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Table 1

USTS Sample Demographics and Experiences of Violence: Transgender and Gender Diverse Latinx Participants Residing in the Southern United States, with 18-Year-Old Weight Applied (N=547)

Variable	Response	<i>n</i>	%
Gender	Trans Women	184	33.8
	Trans Men	173	31.7
	Genderqueer/Nonbinary AFAB	166	30.5
	Genderqueer/Nonbinary AMAB	21	3.9
Citizenship Status	U.S. Citizen	501	92.1
	Documented Resident	30	5.6
	Undocumented Resident	13	2.3
At/Near Poverty	Yes	187	36
Insurance Coverage	Yes	413	75.8
Verbal Harassment within Past Year	Yes	292	53.7
Physical Attack within Past Year	Yes	78	14.4
Unwanted Sexual Contact within Past Year	Yes	55	10.1
Any Violence within Past year	Yes	312	57.5
Nonphysical IPV (lifetime)	Yes	254	47.5
Severe IPV (lifetime)	Yes	241	45.7
IDs Match Name	All my IDs list the name I prefer	128	23.5
	Some of my IDs list the name I prefer	96	17.7
	None of the IDs list the name I prefer	319	58.8
IDs Match Gender	All my IDs list the gender I prefer	50	9.2
	Some of my IDs list the gender I prefer	72	13.2
	None of my IDs list the gender I prefer	420	77.5
Age (Mean; SD)	27.7; 10.2		
	(Range: 18-67)		

Note. AFAB = assigned female at birth; AMAB = assigned male at birth; IPV = intimate partner violence.

Table 2

Chi-Square Tests for the Associations between Types of Violence and Gender Identity, with 18-Year-Old Weight Applied

Forms of Violence	Trans Woman	Trans Man	GQ/NB AFAB	GQ/NB AMAB	χ^2 (df=3)
Verbally Harassed for Any Reason (Past Year)	49.5%	48.8%	63.9%	52.4%	9.87*
Physically Attacked for Any Reason (Past Year)	15.3%	12.8%	15.7%	9.5%	1.1
Experienced Unwanted Sexual Contact (Past Year)	11.4%	8.1%	11.4%	4.8%	2.06
Experienced Any Violence (Past Year)	52.2%	52.3%	68.1%	61.9%	11.78**
Nonphysical IPV (Lifetime)	50%	50.9%	44.2%	28.6%	4.97
Severe IPV (Lifetime)	44.6%	48.8%	45.1%	33.3%	2.06

Note. GQ/NB = genderqueer/nonbinary; AFAB = assigned female at birth; AMAB = assigned male at birth; IPV = intimate partner violence; *df* = degrees of freedom.

* $p < .05$; ** $p < .01$.

Table 3

Chi-Square Tests for the Associations between Types of Violence and Citizenship Status, with 18-Year-Old Weights Applied

	U.S. Citizen	Documented Resident	Undocumented Resident	χ^2 (df=2)
Forms of Violence				
Verbally Harassed for Any Reason				
Yes	54.4%	43.3%	<77% ^a	1.39
Physically Attacked for Any Reason				
Yes	14.2%	<32% ^a	<77% ^a	--- ^b
Experienced Unwanted Sexual Contact				
Yes	9.8%	<32% ^a	<77% ^a	--- ^b
Experienced Any Violence in Past Year				
Yes	57.9%	53.3%	<77% ^a	0.31
No				
Nonphysical IPV (Lifetime)	47.6%	42.9%	<90.9% ^a	0.46
Severe IPV (Lifetime)	45.4%	48.3%	--- ^a	0.15

Note. IPV = intimate partner violence; df = degrees of freedom.

^a Data suppressed due to small cell sizes.

^b Expected cell counts were too small to calculate a chi-square value.

Table 4*Use of Services Among Latinx TGD Respondents in the South, with 18-Year-Old Weights Applied*

Service Type	N (Yes)	%
Seen health care provider within past year (N=544)	435	80
Visited domestic violence shelter within past year (N=538)	<10 ^a	<2 ^a
Utilized legal services within past year (N=538)	62	11.5
Visited court/court house within past year (N=538)	87	16.2

^a Data suppressed due to small cell sizes.

Table 5

Rate of Service Usage by Types of Violence Experienced in Past Year, with 18-Year-Old Weights Applied

	Verbally Harassed		χ^2 (df=1)	Physically Attacked		χ^2 (df=1)	Unwanted Sexual Contact		χ^2 (df=1)
	Yes	No		Yes	No		Yes	No	
Seen health care provider (yes)	79.8% (n=233)	80.1% (n=201)	0.01	76.9% (n=60)	80.4% (n=373)	0.50	82.5% (n=47)	79.4% (n=389)	1.14
Visited domestic violence shelter (yes)	(n<10) ^a	(n<10) ^a	-- ^b	(n<10) ^a	(n<10) ^a	-- ^b	(n<10) ^a	(n<10) ^a	-- ^b
Utilized legal services (yes)	12.8% (n=37)	10.1% (n=25)	0.97	15.8% (n=12)	10.9% (n=50)	1.54	(n<10) ^a	11% (n=53)	1.42
Visited court/court house (yes)	15.6% (n=45)	17.3% (n=43)	0.28	22.4% (n=17)	15.2% (n=70)	2.45	21.8% (n=12)	15.5% (n=75)	1.44

Note. df = degrees of freedom.

^a Data suppressed due to small cell sizes.

^b Expected cell counts were too small to calculate a chi-square value.

Table 6

Violence Faced in Service Settings in the Past Year Among Those Seeking Services Who Had Experienced Violence in the Past Year, with 18-Year-Old Weights Applied

Category	% (n)
Treated Respectfully by Doctor (n=250)	49.9 (125)
Taught Doctor About Trans Healthcare (n=249)	24.3 (60)
Doctor Refused Trans-Related Care (n=247)	10.8 (27)
Doctor Refused Other Health Care (n=248)	4 (10)
Doctor Asked Invasive Questions (n=249)	21.8 (54)
Doctor Used Harsh and/or Abusive Language (n=248)	7.1 (18)
Doctor was Physically Rough and/or Abusive (n=248)	<4 (<10) ^a
Verbally Harassed in Healthcare Setting (n=248)	8.6 (21)
Physically Attacked in Healthcare Setting (n=248)	<4 (<10) ^a
Unwanted Sexual Contact in Healthcare Setting (n=246)	<4 (<10) ^a
Encountered Any Type of Negative Experience in Healthcare Setting (n=244)	37 (90)
Denied Equal Treatment in DV Shelter (n<10) ^{a, b}	0
Harassed in DV Shelter (n<10) ^{a, b}	n<10 ^a
Physically Attacked in DV Shelter (n<10) ^a	0
Denied Equal Treatment in Legal Services (n=38) ^b	0
Harassed in Legal Services (n=38) ^b	0
Physically Attacked in Legal Services (n=38) ^b	0
Denied Equal Treatment in Court (n=49) ^b	<20.4 (<10) ^a
Harassed in Court (n=49) ^b	<20.4 (<10) ^a
Physically Attacked in Court (n=49) ^b	0

Note. DV = domestic violence.

^a Data suppressed due to small cell sizes.

^b Calculated only for those who reported that they believed that staff in these settings thought or knew that they (the service recipient) were transgender.

Table 7

Multiple Variable Logistic Regression Models: Verbal Mistreatment, Refusal of Care, and Any Type of Mistreatment in Healthcare Among Those Who Experienced Violence in the Past Year, with 18-Year-Old Weights Applied

Variables	Verbally Mistreated (n=285) AOR [CI]	Refused Care (n=284) AOR [CI]	Any Type of Mistreatment (n=281) AOR [CI]
Trans Woman ^a	1.44 [0.65, 3.23]	1.49 [0.54, 4.12]	1.63 [0.79, 3.35]
Trans Man ^a	2.05 [^] [0.97, 4.35]	0.99 [0.34, 2.87]	1.72 [0.85, 3.48]
Age	1.36 [*] [1.05, 1.75]	1.15 [0.9, 1.47]	1.19 [^] [0.99, 1.42]
Age Squared	9.95 x 10 ^{-1*} [9.91 x 10 ⁻¹ , 9.99 x 10 ⁻¹]	9.99 x 10 ⁻¹ [9.95 x 10 ⁻¹ , 1.00 x 10 ⁻¹]	9.98 x 10 ⁻¹ [9.95 x 10 ⁻¹ , 1.00]
Has Health Insurance	2.53 [^] [0.99, 6.45]	0.93 [0.31, 2.73]	2 [^] [0.89, 4.48]
Some IDs Have Correct Name	1.98 [^] [1, 3.95]	2.93 [*] [1.23, 6.95]	2.84 ^{**} [1.43, 5.65]

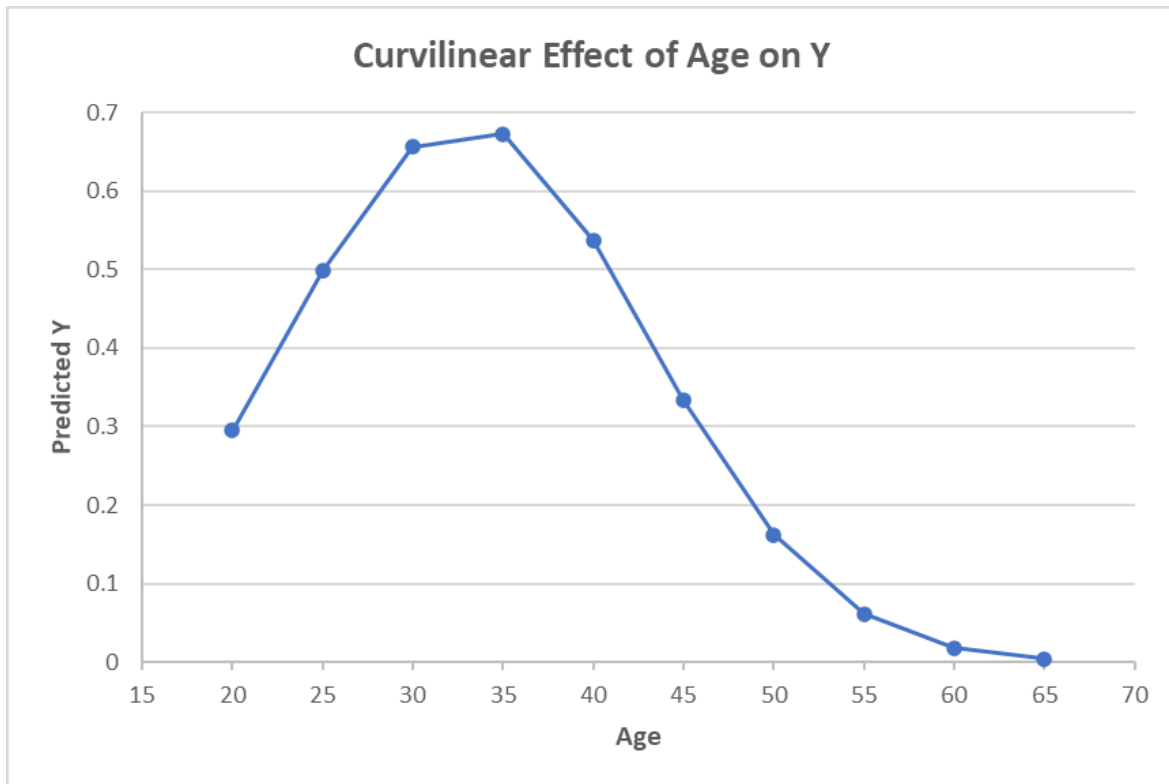
Note. AOR = adjusted odds ratio; CI = confidence interval.

[^] $p < .10$; ^{*} $p < .05$.

^a Reference group was genderqueer/nonbinary (both AFAB and AMAB).

Figure 1

Curvilinear Relationship Between Age and Predicted Y (When All Variables Other Than Age and Age Squared Are at Their Mean), With 18-Year-Old Weights Applied



Author Bio Statements

1. Luis R. Alvarez-Hernandez, PhD, MSW, LICSW, is an Assistant Professor at Boston University School of Social Work, Department of Clinical Practice. He has over 10 years of experience as a bilingual (English and Spanish) clinical social worker in mental health and healthcare settings. His research focuses on the social determinants of health of Latinx, LGBTQ+, and immigrant communities with a particular attention to the liberatory experiences of people living at the intersections of these identities.
2. Kristie L. Seelman, PhD, MSW, is an Associate Professor at Georgia State University's School of Social Work. Her current research focuses on healthcare access and barriers to care for trans/non-binary adults, resilience and resistance among LGBTQIA+ communities in the Southeast U.S., critical gender theories and intersectionality, and how anti-trans legislation upholds cisgender dominance.
3. Alaina Joyner is a current MSW student focusing on foundations of community partnerships and nonprofit management. Her primary work thus far has been in serving the refugee community at a resettlement organization in the Greater Atlanta Area before she returned to school for her master's degree. She hopes to continue her work in this field and continue to pursue research, with a focus on refugee resettlement policies and procedures in the United States to find ways to mitigate barriers to refugees entering this country.
4. Roseangela Hartford, a passionate advocate and grassroots organizer, holds an MSW from the University of Texas Rio Grande Valley. With a BA in International Relations & Spanish from Ursinus College, she centers her work on intersectionality and equity. Roseangela's journey includes managing impactful campaigns and nonprofit development, conducting research on marginalized communities' experiences, and fostering youth development

globally. Committed to social justice, she blends academia with community-based activism to create lasting change. Her research focuses on leadership, sustainability, healing justice, and liberation of indigenous, LGBTQ+, and immigrant communities.