Chapter 4
Resisting by Existing: Trans Latinx Mental Health, Well-Being, and Resilience in the United States

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Within the United States, the term Latino encompasses an ethnic identity noting descendants of those from Latin America and/or the Caribbean who have emigrated from their country of origin or whose ancestors have emigrated from their country of origin (Barerra & Longoria, 2018; Delgado-Romero, 2001). Importantly, the ethnic identity of Latino/ Latina is separate from racial identities though this is often conflated (Sandrino-Glasser, 1998). Following the gendered endings that occur in the Spanish language, Latino and Latina only are applicable to those who identify within the gender binary (male or female). Though the term Latino/Latina/Latinos/Latinas is widely recognized among Latin American and Caribbean descendants, a more inclusive term Latinx was introduced to allow those who identify outside the gender binary to identify their ethnic heritage (Scharrón-del Río & Aja, 2020). In an effort to be mindful and inclusive of all gender identities, we use the term Latinx throughout this chapter except when referring to individuals who self-identify as Latino or Latina.

Trans, an umbrella term that encompasses several identities (i.e., trans, nonbinary, agender, gender fluid, gender nonconforming), includes those whose gender identity does not match their assigned sex at birth (Jones, 2019). The term is used by individuals who have a wide range of gender nonconforming identities (Jones, 2019). Additionally, the term includes drag queens, aggressive/masculine women, and feminine men (Valentine, 2007).

For the purpose of this chapter, we will focus on those at the intersection of the two previously described identities: Latinx and Trans. Crenshaw (1989) denoted

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intersectionality as a tool to examine those with multiple marginalized identities in ways to advocate for their presence in law, politics, and academic theory. This perspective requires multi-angle axes to examine the experiences of individuals who commonly lack representation. By centering these voices, their narratives are heard, acknowledged, and respected, and scholarship can address how multiple systems interact to sustain the different levels of oppression these individuals experience (Crenshaw, 1989).

The authors of this chapter will be using the term "folx" to actively include people of color and Trans people, and the capitalization of Trans, Latinx/Latino/Latina, Indigenous, Black, and Immigrant occurs for the purpose of equality, respect, and the visibility these people are entitled to but are often denied through oppressive systems and scholarship.

4.1 Why the Focus on Mental Health?

When considering Trans Latinxs within the United States, their intersecting discriminatory experiences could include transprejudice/transphobia, ethnic discrimination, and/or colorism. It is important to highlight that Latinxs can be of any racial group, so the distinction between discrimination based on ethnicity and discrimination based on race needs clarification. Colorism is the systemic favoritism providing privilege to those with lighter skin tones in realms such as education access, income, employment, and housing and is influenced by the larger system of racism within the United States on individual, institutional, and systemic levels (e.g., Hunter, 2007). Ethnic discrimination is unfair treatment experienced due to belonging to a specific ethnic group (Lee, 2005). Transprejudice includes viewing in a negative way, stereotyping, or expressing discriminatory behaviors toward those whose gender appearance or identity is not expressed within traditional gender binary norms (King et al., 2009). Transphobia is the irrational fear, hatred, intolerance, and/or emotional disgust directed toward individuals who appear to not adhere to societal expressions of the gender binary (Hill, 2002; Nagoshi et al., 2008).

All of these mentioned factors can contribute to minority stress or the constant stressors experienced due to oppression, discrimination, and stigmatization of those with marginalized identities (Meyer, 1995, 2003). Individuals who hold multiple marginalized identities experience heightened stress that is connected to negative mental health outcomes and lack of access to quality mental healthcare (Cyrus, 2017; Seng et al., 2012). Preliminary work has indicated that for Trans Latinxs, perceived discrimination can negatively affect mental health in a myriad of ways such as unusually high rate of suicide attempts (Hendricks & Testa, 2012; Pachankis, 2015), substance use (Gilbert et al., 2014), and depression (Sun et al., 2016). Therefore, it is crucial to continue to examine factors that could influence the mental health and well-being of Trans Latinxs as well as offer potential solutions.

4.2 Immigration

According to the U.S. Census Bureau (2019), there are approximately 45.8 million Immigrants living within the United States, with over half migrating from Latin America. Latinx Immigrants come from diverse linguistic and cultural backgrounds resulting in unique, diversified needs within the context of the United States. While scholarship on Latinx Immigrants has grown, individuals within this community who are holding multiple marginalized identities are continually erased from these narratives; consequently, their needs are not discussed, and systems are not held responsible for failing to meet these needs. Cerezo et al. (2014) emphasized the importance of Trans Immigrant Latinas' lived experiences by making a call for more scholarship embracing this population while challenging the oppressive systems affecting them. Within this section, the unique experiences of the Trans Immigrant Latinx population will be explored.

Experiences of Immigration

Blackwell and Ford (2009) break down the immigration process into three separate stages: pre-migration, migration, and post-migration, whereby there is a potential for trauma within each stage. Pre-migration trauma encompasses experiences endured prior to the evacuation of the home country. Migration trauma includes experiences during the journey from the country of origin to the desired country. Finally, post-migration trauma experiences are those that occur after reaching the destination country. Regardless of the extensiveness of preparation involved in immigration, oftentimes Latinxs experiences are fraught with trauma (Blackwell & Ford, 2009). Specifically for Trans Latinxs, immigration trauma could include heightened exposure to sexual, physical, and/or emotional abuse (Anderson, 2010; Cerezo et al., 2014; Chávez, 2011).

Trans Acceptance and Safety

Trans individuals living in Latin America are exposed to much higher rates of violence compared to other areas of the world, with approximately 79% of murders of Trans and gender-diverse people worldwide occurring within Latin America between 2008 and 2019 (Transgender Europe, 2019). Trans Latinxs have shared stories of verbal, physical, and sexual victimization from family, community members, medical providers, and law enforcement in their country of origin; these experiences of pre-migration trauma were identified as important motivations for choosing to migrate to the United States (Cerezo et al., 2014; Salas, 2019). Adrianna, a Mexican Trans woman, spoke to the severity of persecution faced as a Trans

woman prior to emigrating, "*[In her country of origin] they will burn you alive because you are transgender. You would be hit, mistreated, your hair cut, they will burn you… it's horrible, it's hell on earth. [In the United States], I am free.…*" (Cerezo et al., 2014, p. 175). Throughout the transit from their country of origin to the United States, Immigrants witness and endure abuse, violence, and discrimination from "*polleros*" (migrant smugglers), gangs, armed forces, local police, and immigration agents (Bronfman et al., 2004; Infante et al., 2011). Latinx Trans Immigrants are even more vulnerable to experiencing verbal, physical, and sexual assault while en route (Cerezo et al., 2014).

Unfortunately, the experiences of violence and discrimination do not disappear upon arrival to the United States. As a result of Trump's continued poisonous rhetorics, the political climate post-2016 election has condoned an increased expression of xenophobia (the fear and negatively biased attitudes about individuals from other countries, cultures, or ethnicities; Yakushko, 2009), transphobia, transprejudice, racism, and colorism (e.g., Abreu, Gonzalez, Capielo Rosario et al., 2021). For recent Latinx Trans Immigrants, they are battling the combination of these heightened biases in novel social surroundings with a potential lack of social support (Keuroghlian et al., 2018). Undocumented Trans Latinas are disproportionately vulnerable to the negative mental health impacts associated with these experiences of discrimination and violence, such as higher rates of depression and suicidal ideation (Bazargan & Galvan, 2012; Yamanis et al., 2018).

Gender Identity Freedom

Trans Latinxs have experienced cultural, religious, and normative obstacles stopping them from expressing their gender identity in their countries of origins, such as denial of Trans existence, lack of matching identification and documentation post-transition, and societal norms forbidding them from coming out (Salas, 2019). Therefore, the potential for gender identity freedom in the United States is a motivating factor identified by several Trans Latina Immigrants (Cerezo et al., 2014).

The above narratives of gender identity freedom, however, are not fulfilled as Latinx Trans Immigrants are finding themselves further displaced by the current political rhetoric due to their intersecting identities. Specifically, they face rejection as Immigrants by the general American population, as Latinxs by the LGBTQ+ population, and as Trans from other Latinx Immigrants (Cerezo et al., 2014; Gleeson & Sampat, 2018). Trans Latina Immigrants lack socioemotional support due to their gender identity and presentation (Cerezo et al., 2014). Mental health can be negatively impacted as a result of coping with ostracism and a lack of social support for one's intersecting identities (Keuroghlian et al., 2018; Rhodes et al., 2013).

Economic Opportunity

Trans individuals face many barriers in their countries of origin including economic marginalization. Blatant discrimination in employment and education often results in a life of economic instability for Trans individuals (Cerezo et al., 2014; Salas, 2019). A prominent example of educational discrimination includes a Trans Latina, affirming her gender identity through apparel expression, being refused her degree for not dressing as a man during graduation photos; having a degree could have offered her more economic stability and a better quality of life (Salas, 2019). Consequently, some Trans individuals are motivated to migrate to the United States in hope of increased career opportunities, stable employment, livable wages, and improved living conditions (Cerezo et al., 2014).

Unfortunately, employment discrimination thrives in the United States for individuals who hold Trans, Latinx, and/or Immigrant identities through a lack of documentation. Lack of documentation is a pivotal factor in determining who will be able to obtain gainful, legal employment; this issue is further complicated for Trans Latinx Immigrants. While some Trans Latinx Immigrants may have a form of documentation from their country of origin, it oftentimes is mismatched from their name and gender identity (Cerezo et al., 2014), especially for Trans individuals who transitioned in their country of origin (Salas, 2019). Morales (2013) documents that some Trans Latinx Immigrants are forced to work under "false" identification that accurately reflected their name and gender identity; however, this can lead to complications in applying for, and being granted, asylum (Morales, 2013). Additionally, due to a lack of documentation, access to the legal protections provided by antidiscrimination laws are precluded, and therefore Trans-specific workplace violence goes unreported.

Intergenerational Immigration

Although this section highlights migration experiences, future US-born generations can also face rippling effects of immigration without the first-person experience of immigration. Latinxs maintain an "Immigrant" identity by resisting assimilating to the dominant US culture in favor of their own ethnic heritage (Smith, 2003). This lack of assimilation can be beneficial for a sense of ethnic identity (Gray et al., 2015), but also implies the vulnerability of experiencing the discrimination and stigmatization that accompanies Immigrant positionality within the United States. Similarly, traumatic experiences negatively alter mental health, especially if left untreated (Bombay et al., 2009), and can be transferred from parents to children through heightened responses to stressors (Lui, 2015). Therefore, Latinx parents can unknowingly transfer the negative mental health outcomes from traumatic immigration and assimilation experiences to future generations (Phipps & Degges-White, 2014). More research is needed to consider the intersecting identities of

Trans, Latinx, and Immigrants to explore relationships with intergenerational immigration trauma.

4.3 Interactions with Law

For Trans Latinxs, interactions with law enforcement can be a source of discriminatory and volatile experiences(Abreu, Gonzalez, Capielo Rosario et al., 2021). Research by Galvan and Bazargan (2012) has shown that Trans Latinas report being targeted by law enforcement officers and experience high levels of verbal, physical, and sexual assault. Seventy-one percent of Trans Latinas in this study reported they were not engaging in any type of illegal activity when stopped by law enforcement and were instead completing everyday tasks such as grocery shopping or waiting for the bus. Trans Latinas have additionally reported being misgendered in prison and jail cells, where police often force Trans Latinas to reside in male holding facilities (e.g., Bolivar, 2017). While in jail, Trans Latinas also report high levels of harassment and assault from other inmates without corrective measures taken by law enforcement personnel (Galvan & Bazargan, 2012). These interactions are traumatic and reinforce a fear of law enforcement leading to the underutilization of police services when needed (Galvan & Bazargan, 2012).

United States media relies on the stereotypical representations of Men of Color as being dangerous, specifically with Latinx Men of Color being portrayed as gang members, drug dealers, or other violent, evil characters (Mora, 2011; Oliver, 2003). These historic and current media representations infiltrate the criminal justice system and law enforcement through implicit and explicit biases (Lawson, 2015). Unfortunately, this disproportionately affects Black men and youth, as evidenced by the overwhelming amount of police violence toward this group even when unarmed (Lawson, 2015). Trans Men of Color are also prone to this danger. For example, after transitioning, Trans Men of Color report increased stigmatization, targeting, and hostility by law enforcement (de Vries, 2015).

Survival Sex Work

Law enforcement officers have commonly incorrectly assumed that any Trans Latina is a sex worker, which places all Trans Latinas at risk of being identified incorrectly as a lawbreaker (Woods et al., 2013). Some Trans Latinas are forced to engage in survival sex work due to lacking employment and other financial resources, and interactions with law enforcement may explain the inaccurate assumptions (Bolivar, 2017; Cerezo et al., 2014). Bolivar (2017) spent 14 months learning about the cyclical nature of Trans Latina survival sex work. In this study, Trans Latinas documented difficulty securing long-term, legal employment and as a result many turn to survival sex work. This increases their probability of receiving a

criminal record and reduces future possibilities of securing long-term, legal employment while maintaining reliance on survival sex work. Engagement in survival sex work leaves Trans Latinas vulnerable to experiences of trauma, such as sexual and physical assault from clients and police officers (in lieu of being arrested; Bolivar, 2017). The increased exposure to trauma, violence, and economic hardships that accompany survival sex work can contribute to negative mental health outcomes. The authors acknowledge that not all sex work is survival sex work, and some Trans Latinas engage in sex work as a conscious choice, not an economic necessity (see Canadian Observatory on Homelessness, n.d.)

Detention Centers

Detention centers are governmental facilities that have been used to target, imprison, and ultimately deport individuals from the United States for almost half a century, with a heavy focus on the deportation of Latinxs (Hernández et al., 2018). Detention centers are often run by private for-profit companies in a clandestine fashion whereby Immigrant detainees are treated as criminal offenders (Hernández et al., 2018). Prior to Trump's election, 150 detainee lives were lost while being held in Immigration and Customs Enforcement (ICE) detention centers (the circumstances of which remain largely unknown) (Hernández et al., 2018).

There is a documented history of a lack of resources and safety for Trans Latinxs held in ICE detention centers. Turney (2011) notes that detention centers often fail to meet the needs of Trans Latinxs. First, Trans Latinxs are often kept in detention centers that place them in cells according to their sex assigned at birth, which is especially dangerous for Trans women who are forced to reside in a men's holding facility. Second, Trans Immigrant detainees often have limited access to report acts of violence and often do not receive adequate protection. Third, Trans Latinx Immigrant detainees are frequently denied medically necessary hormone therapy treatments or other transitional care. This is a violation of human rights as mental health services are vital to Trans Latinx Immigrant detainees to address adjustment to detainment, forced cessation of hormone therapy treatments, traumatic experiences, exposure to violence, removal of social supports, and potential deportation.

Despite detention centers being legally used since the 1980s, a unit for Trans Latinx detainees was not opened until early 2017 (Collier & Daniel, 2019). This unit was created to attempt to solve the cisnormativity assumption that only male and female units are required within penal institutions. Trans detainees face sexual assault and other physical violence while detained, and prior to this unit, the solution to this violence was solitary confinement (Collier & Daniel, 2019). This is counterintuitive as solitary confinement has been consistently documented to be toxic for the mental health of individuals because such confinement exacerbates preexisting mental health issues, cases of delirium, and the onset of novel, acute mental health issues (Grassian, 2006). Trans individuals in detention centers thus

face an overwhelming increase in mental health symptoms due to the marginalization and abuse faced while detained.

Deportation

Deportation is a multistep process in which an individual undergoes forceful removal from the United States (USA Gov, 2020). The United States has deported over 57 million people since 1882 (Goodman, 2020) with Immigrants of Color, especially Latinxs (see Johnson, 2019), being a constant target under the facade of eliminating violence and drugs while maintaining safety and job security for US citizens (Freedom For Immigrants, n.d.). The Trump administration targeted Latinx Immigrants by expanding the deportation infrastructure while simultaneously eliminating avenues of defense for those detained (e.g., ability to seek relief from deportation) and narrowing legal immigration opportunities (Hernández et al., 2018).

Fear of deportation has intensified immensely for all Latinx Immigrants (undocumented, documented, and DACA receivers). For Trans Latinx Immigrants, this fear is further heightened by the experiences and/or witnessing of Trans-specific violence and discrimination in their country of origin (Salas, 2019). This pervasive fear of deportation for self and family members has been associated with increased psychological distress, depression, isolation, and alienation among mixed-status Immigrants (i.e., DACA receivers, or undocumented status; Alif et al., 2020).

4.4 Mental Health Barriers and Potential Solutions

Accessing mental health services still includes multiple barriers for Trans Latinxs. Some treatment-seeking barriers for Latinxs may include access to multilingual providers, accessing providers who are skilled and prepared to work with this population effectively and supportively, and accessing providers who are aware of cultural limitations. Additionally, there are ways to structure a mental health practice to be more accommodating for Trans Latinxs.

Barriers for Latinx Clients

Within the Latinx community, there are cultural norms that promote avoidance of seeking mental health services. One norm is that therapy is for *los locos* ("the crazies") and therefore is discouraged by family members and other social supports (Barerra & Longoria, 2018; Guarnaccia et al., 2005). Another cultural norm to consider is the use of services outside the Western mental health field to resolve symptoms, such as consulting a *curandero* (healer; Acosta & Evans, 1982) or religious

sources (Kouyoumdjian et al., 2006). These cultural norms are important to keep in mind when approaching potential Latinx clients about their openness to receive mental health treatment.

Barriers for Trans Clients

Research indicates that Trans individuals note barriers of seeking treatment to include cost of treatment, previous bad experiences with healthcare providers, fear of treatment, and stigma concerns (Abreu, Gonzalez, Mosley et al., 2020; Gonzalez et al., 2020; Shipherd et al., 2010). It is important to acknowledge that an additional deterrent of treatment-seeking could be a result of legislative discrimination in some states, referred to as conscious clauses (see review in Abreu, Sostre et al., 2021). Conscious clauses have been enacted to protect mental healthcare providers who elect to refuse clients who do not live within the counselor's sincerely held belief system (Grzanka et al., 2019). Though the conscious clause does not explicitly permit the refusal of Trans clients, the interpretation of the law is collectively understood to target the LGBTQ+ group as a whole (Plazas, 2016). As a result of the potential for refusal of care, gender minority clients may find it especially difficult to locate an affirming, nurturing mental healthcare provider or may avoid seeking treatment altogether (Grzanka et al., 2019).

Mental health providers are vital to the transition process. Yet transition-related care can be difficult to access for a multitude of factors, including low income, younger age, insurance coverage, low educational attainment, and healthcare discrimination (White Hughto et al., 2017). Despite this barrier, mental health professionals are required to provide letters of evidence to support readiness for gender transitioning, and without these letters of evidence, Trans individuals cannot receive hormone therapy or gender-affirming surgeries (Budge, 2015). This access is medically necessary for Trans individuals, and access to this care is associated with improved mental health, quality of life, and reduced gender dysphoria (White Hughto & Reisner, 2016; White Hughto et al., 2017).

Multilingual Providers

The population of Latinxs within the United States is a heterogenous group that utilizes multiple languages. While the majority of this population speaks Spanish (73% of Latinxs; Krogstad et al., 2015), other languages are also being used on a daily basis for Latinxs to remain connected to ethnic identities (e.g., Indigenous dialects, Garifuna; England, 1999). A present factor in avoiding mental health services for Latinxs is their interpretation of their English sufficiency (e.g., Kim et al., 2011). Research has shown that those who can engage in multilingual counseling

are able to benefit from the ability to express themselves more fully to their provider (Dewaele & Costa, 2013).

It is crucial to note that the field of Western mental healthcare is largely produced for English speakers, and simply translating these services or interventions into other languages will not always be seamless or successful due to the erasure of cultural-specific language cues such as figures of speech (Bradford & Muñoz, 1993). A simple, practical solution would be to train more diverse mental healthcare providers to include non-Western practices, encourage mental health practitioners to enroll in courses teaching languages and cultures outside their own worldviews or perspectives, and provide language interpreters so clients who cannot complete therapy in English can still access mental health services at no extra cost.

Cultural Humility

Legal requirements for mental health providers do not currently require multicultural training to provide services or receive licensure, though it is recommended (Patallo, 2019). Cultural humility is a two-part concept where the first is a willingness to self-reflect on culturally embedded personal experiences and the second is to consciously attempt to understand the culturally embedded personal experiences and identities of others (Hook et al., 2017; Patallo, 2019; Watkins & Hook, 2016). Though ethical guidelines exist to aid in the practice of cultural humility (see, e.g., American Psychological Association, 2017), mental health providers could be unaware of the specific needs of Trans Latinxs. The Trans and Latinx populations report facing biases from mental health providers in the forms of microaggressions, inaccurate attributions of symptomatology, and erasure of culturally relevant information, and as a Trans Latinx person these harmful experiences are compounded (Abreu, Gonzalez, Mosley et al., 2021; Hook et al., 2017). More research is needed to explore the relationship between mental health service barriers and Trans Latinx well-being.

4.5 Resilience

Research has also documented the positive influences on mental health and well-being in terms of resilience (e.g., Smith et al., 2010). Resilience, defined as an individual's ability to cope with stressful situations, is an important tool in mitigating the negative effects of minority stress to maintain positive well-being and good mental health (Harvey, 2007; Lee, 2005; Luthar et al., 2000; Masten, 2001; Meyer, 2015). Hobfoll et al. (2002) highlight two main types of resilience, community and individual. Community resilience is overcoming adversity due to close, nurturing social networks, whereas individual resilience is an internal strength used to overcome adversity. There is a complexity of developing individual and community

resilience for Trans Latinxs because of their multiple marginalized identities (Salas, 2019).

Community Building

Scholars have identified building/finding a supportive community as critical to developing resilience for Trans people (Singh et al., 2011), including Trans Adolescents of Color (Singh, 2013). Both Trans People of Color and White Trans folx have separately identified the Trans community, the LGBTQ+ community, micro-identities within the LGBTQ+ community, and the QTPOC community as a crucial source of resilience and support (Stone et al., 2019).

Trans Community

The Trans community provides affirmation in gender identity and expression, access to social support with other non-cis individuals, and role models for resilience and recovery (Stone et al., 2019). Cassy, a White Latinx woman, emphasized the importance of Trans community socialization, "*There's some things I just can't talk to [my cis friend] about … She's been with [me] through the whole transition and everything, but there's just some stuff that a cis person doesn't get*" (Stone et al., 2019, p. 12).

Due to the presence of racism and the domination of White Trans voices within the Trans community, Trans People of Color may feel displaced (Singh, 2013). Additionally, those with nonbinary identities are commonly misunderstood and find their gender is not affirmed within the broader Trans community (Stone et al., 2019). Stephanie, a nonbinary queer person, shared their hesitation in disclosing their gender identity with other Trans people. "*I found another volunteer who, he's a Trans guy. And, we were talking about Trans things. I'm Non-Binary so, it was an issue. It's hard to come out to people because people don't understand [Non-Binary gender identities]*" (Stone et al., 2019, p. 14).

LGBTQ+ Community

Pioneering activists Sylvia Rivera, a Trans Latina, and Marsha P. Johnson, a Black Trans woman, threw the first brick starting the Stonewall Riots and subsequently the Gay Liberation movement evolve (Evans, 2015; Terry, 2014). Due to this trailblazing work, the development of the LGBTQ+ community space within US culture began and remains increasingly present today. Unfortunately, the history of the LGBTQ+ community is continually whitewashed, and these women were not only pushed out of their founded movement by White, cis, middle-class men, but they also constantly experienced violence from other activists demonstrating the

presence of racism, transphobia, transprejudice, misogyny, and patriarchal values within the community (Terry, 2014). Even today, Trans individuals perceive at best a general ambivalence, resistance, and conditional acceptance within the LGBTQ+ community (Sumerau & Mathers, 2019), and more typically experience transphobia and hostility (Stone et al., 2019).

Micro-identity Groups

In response to the displacement within the Trans and LGBTQ+ communities, Trans People of Color are able to find belonging in micro-identity groups for queer and/or Trans People of Color (QTPOC; Stone et al., 2019). These micro-identity groups are created by acknowledging the existence of intersecting identities (e.g., ethnicity, gender) and creating intentional spaces for marginalized folx such as Trans Latinxs. These groups provide a stronger sense of belonging, a more authentic resonation with each others' experiences, and greater support for the development of resilience. These groups also create specific social capital that helps individuals heal from trauma and navigate intersecting marginalization (Stone et al., 2019). Unfortunately, Trans Latinxs with additional marginalized identities, such as Trans Latinx Immigrants, nonbinary Latinxs, or Trans Afro-Latinxs, face difficulty finding a micro-identity group that resonates with all of their experiences (Stone et al., 2019).

House and Ball Community

The original House and Ball Community (HBC) was intentionally created in New York City during the 1920s (Kubicek et al., 2012) to provide an extensive support network and recognition for local Trans People of Color (namely, Black, Latinxs, and Afro-Latinxs) and gay or bisexual Men of Color (Cahill et al., 2017). HBCs have since spread to major US cities to include Los Angeles, Oakland, Atlanta, Chicago, Philadelphia, Baltimore, and Washington DC and now are focused on providing stable, safe environments for homeless queer and/or Trans Kids of Color (Kubicek et al., 2012).

Despite documented barriers to accessing quality care for LGBTQ+ and People of Color (Gates, 2014; Hayes et al., 2015), for HBCs residents, recent research has documented they are engaging in self-agency, accessing routine care at an increased rate, maintain insurance coverage, are out to their healthcare providers, have stable housing, and report having not traded sex in the last 6 months (Cahill et al., 2017). Therefore, the HBC is contributing to a different narrative of increased well-being by bolstering community and resilience (Kubicek et al., 2012). It is important to acknowledge that the scholarship on HBCs is not exclusive to Trans People of Color. Therefore, more research should be dedicated to looking at the impact that HBCs has on all Trans People of Color, including Trans Latinxs and Trans Afro-Latinxs exclusively.

Mentorship

Accessible mentorship is predictive of academic success and, through social capital avenues, increased usage of community and social support for Latinxs (Cardoso & Thompson, 2010). Research not only supports the positive mental health effects of Trans individuals who have mentors but specifically notes the importance of Trans individuals having access to Trans mentors as a source of affirmation, support, and advice (Torres et al., 2015). On the mentoring side, some Trans Latinxs promote their resilience through their desire to be a source of social support for other individuals with less community resources and protections (Cerezo et al., 2014). Joanna, a Trans Latina Immigrant, expressed how helping other Trans women give her strength and a sense of purpose: "*I want to continue supporting my community. It makes me happy… to be helping the girls, even if we can't protect, we can help empower them to move forward, help them by giving advice*" (Cerezo et al., 2014, p. 177).

Erased Communities

Throughout the writing of this chapter, the authors identified two major communities that were widely erased from Latinx scholarship: the Latinx Indigenous community and the Afro-Latinx community. Therefore, investigation of Trans Latinx Indigenous and Trans Afro-Latinx experiences could not be represented. These communities and voices should be centered in research as their unique narratives matter, and the unexplored intersection of their multiple marginalized identities cannot be inferred or captured with the present literature.

Indigenous Latinxs

As a result of colonization and oppression, Indigenous populations have been displaced spatially, dehumanized, and erased (conceptually and literally) from history, research, politics, and social justice (Hall, 2008). By centering Indigenous voices, power can be restored to Indigenous people, and the decolonizing of higher education can begin. Therefore, this section will not only explore the experiences of noncisgender Indigenous Latinxs but also pose a call to action for more scholarship to be devoted to this population.

Prior to colonization's imposed gender binary on Indigenous Latinx communities, some held various labelling and understandings of fluid gender identities (Picq, 2019). For example, the Muxes of Juchitán are Zapotec individuals who self-identify as a third gender and adopt characteristics from each gender, with their gender expression being more feminine in dress and attire (Mirandé, 2016). Notably, the Muxes live within their society and culture very publicly demonstrating that a third

sex/gender category is neither male nor female. Muxes are generally accepted within their community, and some Zapotec parents view them as a blessing from God (Lacey, 2008; Mirandé, 2016).

Afro-Latinxs

Latinx culture is prone to colorism resulting in the displacement of Brown and Black experiences and narratives (Adames et al., 2016). Recent work has investigated the diaspora associated with navigating both Black and Latinx cultures and identities separately and noted the combination of identities (e.g., being Afro-Latinx) has served as a tool of empowerment (García-Louis & Cortes, 2020). Within US research, commonly race and ethnicity are conflated as a single question forcing participants to choose either Black, Latinx, or an identifier of multiple responses (e.g., multiracial). Therefore, Afro-Latinx narratives are commonly reported inaccurately (e.g., as either Black or Latinx), not clarified (e.g., identified as a Person of Color), or removed prior to quantitative analyses to bolster statistical power. With the focus on intersectionality within qualitative methodology, experiences can be adequately captured and supported with direct quotations.

In regard to Trans identity, some research has identified experiences of Black Trans folx (e.g., Brooks, 2016), though much research capturing these narratives are focused on HIV treatments (e.g., Frye et al., 2015) and therefore only report limited scopes in experiences for a subset of the Black Trans population. Additionally, this work often ignores the investigation of Trans Afro-Latinxs. Overall, scholarship needs to include more experiences of Afro-Latinxs in general and especially Trans Afro-Latinxs.

4.6 Summary

This chapter highlights the importance of using intersectionality to investigate the experiences of Trans Latinxs in the United States, including how these experiences influence mental health outcomes. Specifically, Trans folx and Latinxs each experience minority stress, and when these identities are combined, the stressful experiences of discrimination, marginalization, and stigmatization are magnified. Several experiences were thoroughly investigated – immigration, interactions with law, barriers and access to mental healthcare utilization, and resilience – to examine each unique attribution to mental health outcomes for Trans Latinxs. Overall, key findings support that there is increased psychological distress for Trans Latinxs within the United States without adequate access and resources to improve their mental health. Additionally, much more research is needed to center intersectional Latinx voices, especially Indigenous Latinxs, Indigenous Trans Latinxs, Afro-Latinxs, and Trans Afro-Latinxs in scholarship.

Appendix A

Resources for Providers Seeking to Work with Latinx and/or Trans Communities

1. *Guidelines for Psychological Practice With Transgender and Gender Nonconforming People* (https://doi.org/10.1037/a0039906)
2. *Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality* (http://www.apa.org/about/policy/multicultural-guidelines.pdf)
3. *American Psychological Association Training Resources for Psychologists Working with LGBT Migrants and Victims of Torture* (https://www.apa.org/pi/lgbt/resources/refugee-training)
4. Migrant Clinicians Network (https://www.migrantclinician.org/)

   Migrant Clinicians Network is a 501(c)3 is a nonprofit organization that creates practical solutions at the intersection of vulnerability, migration, and health. They provide bridge case management, support, technical assistance, and professional development to clinicians in Federally Qualified Health Centers (FQHCs) and other healthcare delivery sites with the ultimate purpose of providing quality healthcare that increases access and reduces disparities for migrant farmworkers and other mobile underserved populations.

5. UCSF Prevention Science (https://prevention.ucsf.edu/)

   The Division of Prevention Science is a highly productive, vibrant, and innovative group of scientists conducting cutting-edge, significant, high-impact prevention research. As prevention scientists, they are committed to understanding the etiology and prevention of social, structural, physical, and mental health problems in order to translate that knowledge to the promotion of health and well-being.

Resources for Latinx and/or Trans Communities

Health

1. The Refugee Health Information Network (https://healthreach.nlm.nih.gov/)

   The Refugee Health Information Netwrok provides multilingual, multicultural health information and patient education materials about health conditions and wellness topics. Created for Refugees, Asylees, and Immigrants.

2. Translatinx Network (New York; https://translatinxnetwork.org/)

   Translatinx Network has both a local and national focus, with a mission to promote the healthy development of Trans people through the delivery of a

wide range of information. Through promotion, outreach in education, and capacity-building, they encourage and strengthen the creation of safe and productive environments for Transgender women.

3. The Trevor Project (https://www.thetrevorproject.org/)

   The Trevor Project provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) young people under 25.

4. National LGBT Health Education Center (https://www.lgbthealtheducation.org/)

   National LGBT Health Education Center provides educational programs, resources, and consultation to healthcare organizations with the goal of optimizing quality, cost-effective healthcare for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

5. Bellevue Program for Survivors of Torture (PSOT; New York City; https://www.survivorsoftorture.org/)

   Bellevue PSOT provides medical, psychological, social, and legal services to survivors of torture. They primarily serve people who have already applied for asylum in the United States or who plan to apply for asylum.

6. Survivors of Torture International (https://notorture.org/)

   SURVIVORS empowers torture survivors to reclaim the strength and vitality that were stolen from them by brutal dictators and governments. The specialized care SURVIVORS provides these vulnerable individuals helps them to become self-sufficient and healthy members of their families and of our community.

Legal

1. Transgender Law Center (https://transgenderlawcenter.org/)

   Transgender Law Center (TLC) is the largest national Trans-led organization advocating for a world in which all people are free to define themselves and their futures. Grounded in legal expertise and committed to racial justice, TLC employs a variety of community-driven strategies to keep transgender and gender nonconforming people alive, thriving, and fighting for liberation.

1. The Sylvia Rivera Law Project (https://srlp.org/resources/)

   The Sylvia Rivera Law Project works to guarantee that all people are free to self-determine gender identity and expression, regardless of income or race, and without facing harassment, discrimination, or violence.

2. Mariposas Sin Fronteras (Tucson, Arizona; https://mariposassinfronteras.org/about-us/)

   Mariposas Sin Fronteras is a group that seeks to end the systemic violence and abuse of LGBTQ people held in prison and immigration detention.

3. Lambda Legal (https://www.lambdalegal.org/issues/proyecto-igualdad; https://www.lambdalegal.org/issues/immigration; https://www.lambdalegal.org/issues/transgender-rights)

   Founded in 1973, Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people, and everyone living with HIV through impact litigation, education, and public policy work. As a 501(c)3 nonprofit organization, they do not charge clients for legal representation or advocacy.

Advocacy and Community

1. The Latino Equality Alliance (Los Angeles, California; http://www.latino-equalityalliance.org/)

   The mission of Latino Equality Alliance (LEA) is to advocate for equity, safety, and wellness for the Latinx lesbian, gay, bisexual, transgender, queer + community.

2. The Audre Lorde Project (New York; https://alp.org)

   The Audre Lorde Project is a lesbian, gay, bisexual, two spirit, Trans and gender nonconforming People of Color community organizing center, focusing on the New York City area.

3. El/La Para TransLatinas (San Francisco, California; http://ellaparatranslatinas.yolasite.com/)

   El/La Para TransLatinas works to build a world where TransLatinas feel they deserve to protect, love, and develop themselves.

4. QLatinx (Orlando, Florida; https://www.qlatinx.org/)

   QLatinx is a grassroots racial, social, and gender justice organization dedicated to the advancement and empowerment of Central Florida's LGBTQ+ Latinx community.

5. Hispanic Black Gay Coalition (Boston, Massachusetts; https://www.tsne.org/hispanic-black-gay-coalition)

   Hispanic Black Gay Coalition (HBGC) is one of few nonprofit organizations in Boston dedicated to the unique and complex needs of the Black, Hispanic, and Latin@ LGBTQ community. They work to inspire and empower

Latin@, Hispanic, and Black LGBTQ individuals to improve their livelihood through activism, education, community outreach, and counseling.

6. Trans Lifeline (https://www.translifeline.org/)

   Trans Lifeline is a Trans-led organization that connects Trans people to the community, support, and resources they need to survive and thrive.

7. The National Center For Transgender Equality (https://transequality.org/)

   Advocates to change policies and society to increase understanding and acceptance of transgender people. In the nation's capital and throughout the country, NCTE works to replace disrespect, discrimination, and violence with empathy, opportunity, and justice.

8. TransLatina Coalition (https://www.translatinacoalition.org/)

   The mission of TransLatina Coalition is to advocate for the specific needs of the Trans Latina community that resides in the United States and to plan strategies that improve our quality of life.

9. Somos Familia (https://www.somosfamiliabay.org/)

   Somos Familia builds leadership in our Latinx families and communities to create a culture where people of diverse genders and sexual orientations can thrive.

10. The Wall-Las Memorias Project (http://www.thewalllasmemorias.org/)

    The Wall Las Memorias Project is a community health and wellness organization dedicated to serving Latino, LGBTQ, and other underserved populations through advocacy, education, and building the next generation of leadership.

11. PFLAG's Transgender Resources (https://pflag.org/search?keys=transgender&type=resource)

    PFLAG is the first and largest organization for lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people, their parents and families, and allies. PFLAG is committed to creating a world where diversity is celebrated and all people are respected, valued, and affirmed.

12. Gender Proud (https://genderproud.com/)

    Gender Proud uses media to elevate justice and equality for the transgender community.

13. TransYouth Family Allies (http://www.imatyfa.org/resources.html)

    TYFA empowers children and families by partnering with educators, service providers, and communities, to develop supportive environments in which gender may be expressed and respected.

14. Allgo (http://allgo.org/qpocblog/)

    Allgo celebrates and nurtures vibrant queer People of Color communities in Texas and beyond. They accomplish this through cultural arts, wellness, and social justice programming by supporting artists and artistic expression; promoting health within a wellness model; and mobilizing and building coalitions among groups marginalized by race/ethnicity, gender/gender identity, and sexual orientation/sexual identity in order to enact change.

15. Farmworker Justice (https://www.farmworkerjustice.org/)

    Farmworker Justice is a nonprofit organization that seeks to empower migrant and seasonal farmworkers to improve their living and working conditions, immigration status, health, occupational safety, and access to justice.

16. Entre Hermanos (Seattle, Washington; http://entrehermanos.org/)

    Entre Hermanos promotes the health and well-being of the Latino gay, lesbian, bisexual, transgender, and questioning community in a culturally appropriate environment through disease prevention, education, support services, advocacy, and community building.

17. Galaei: Trans Equity Project (Philadelphia, Pennsylvania; https://www.galaei.org/programs#transequityproject)

    Trans Equity Project is a for Trans* by Trans* program that offers peer support and linkage to care. Trans Equity Project vision is to empower, educate, and connect the Trans* Community in Philadelphia and the surrounding areas.

18. The Brown Boi Project (Oakland, California; http://www.brownboiproject.org/)

    The Brown Boi Project is a community of masculine of center women, men, two-spirit people, transmen, and allies committed to changing the way that Communities of Color talk about gender.

References

Abreu, R. L., & Gonzalez, K. A., Mosley, D. V., Pulice-Farrow, L., Adam, A., & Duberli, F. (2020). "They feel empowered to discriminate against las chicas": Latina transgender women's experiences navigating the healthcare system. Online first. *International Journal of Transgender Health.* https://doi.org/10.1080/26895269.2020.1767752

Abreu, R. L., Gonzalez, K. A., Capielo Rosairo, C., Lindley, L., & Lockett, G. M. (2021). "What American dream is this?": The effect of Trump's presidency on immigrant Latinx transgender people. Online First. *Journal of Counseling Psychology*. https://doi.org/10.1037/cou0000541222

Abreu, R. L., Sostre, J., Gonzalez, K. A., Lockett, G. M., & Matsuno, M. (2021). "I am afraid for those kids who might find death preferable": Parental figures' reactions and coping strate-

gies to bans on gender affirming care for transgender and gender diverse youth. Online First. *Psychology of Sexual Orientation and Gender Diversity.* https://doi.org/10.1037/sgd0000495

Acosta, F. X., & Evans, L. A. (1982). The Latino American patient. In F. Acosta, J. Yamamoto, & L. Evans (Eds.), *Effective psychotherapy for low-income and minority patients* (pp. 51–82). Plenum.

Adames, H., Chavez-Dueñas, N., & Organista, K. (2016). Skin color matters in Latino/a communities: Identifying, understanding, and addressing mestizaje racial ideologies in clinical practice. *Professional Psychology: Research and Practice, 47*(1), 46–55. https://doi.org/10.1037/pro0000062

Alif, A., Nelson, B. S., Stefancic, A., Ahmed, R., & Okazaki, S. (2020). "Documentation status and psychological distress among New York City community college students": Correction to Alif et al. (2019). *Cultural Diversity and Ethnic Minority Psychology, 26*(1), 70. https://doi.org/10.1037/cdp0000321

American Psychological Association. (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality.* Retrieved from: http://www.apa.org/about/policy/multicultural-guidelines.pdf

Anderson, L. (2010). Punishing the innocent: How the classification of male-to-female transgender individuals in immigration detention constitutes illegal punishment under the fifth amendment. *Berkeley Journal of Gender, Law and Justice, 25*(1), 1–31.

Barerra, I., & Longoria, D. (2018). Examining cultural mental health care barriers among Latinos. *CLEARvoz Journal, 4*(1), 1–12.

Bazargan, M., & Galvan, F. (2012). Perceived discrimination and depression among low-income Latina male-to-female transgender women. *BMC Public Health, 12*(1), 663. https://doi.org/10.1186/1471-2458-12-663

Blackwell, A., & Ford, D. (2009). Latino immigrants: Experiences of trauma and barriers to mental health. *National Association of Social Workers: Mental Health SectionConnection Newsletter, 2*, 1–12.

Bolivar, A. (2017). For Chicago's trans Latina sex workers, a cycle of fear, violence, and brutality. *NACLA Report on the Americas, 49*(3), 323–327. https://doi.org/10.1080/10714839.2017.1373959

Bombay, A., Matheson, K., & Anisman, H. (2009). Intergenerational trauma: Convergence of multiple processes among first nations peoples in Canada. *Journal of Aboriginal Health, 5*(3), 6–47.

Bradford, D., & Muñoz, A. (1993). Translation in bilingual psychotherapy. *Professional Psychology: Research and Practice, 24*(1), 52–61. https://doi.org/10.1037/0735-7028.24.1.52

Bronfman, M., Flores, R. L., & Negroni, M. (2004). *Movilidad poblacional y VIH/sida: Contextos de vulnerabilidad en México y Centroamérica* [Population mobility and HIV/AIDS: Vulnerability contexts in Mexico and Central America]. Instituto Nacional de Salud Pública.

Brooks, S. (2016). Staying in the hood: Black lesbian and transgender women and identity management in North Philadelphia. *Journal of Homosexuality, 63*(12), 1573–1593. https://doi.org/10.1080/00918369.2016.1158008

Budge, S. L. (2015). Psychotherapists as gatekeepers: An evidence-based case study highlighting the role and process of letter writing for transgender clients. *Psychotherapy, 52*(3), 287–297. https://doi.org/10.1037/pst0000034

Cahill, S., Trieweiler, S., Guidry, J., Rash, N., Stamper, L., Conron, K., et al. (2017). High rates of access to health care, disclosure of sexuality and gender identity to providers among house and ball community members in new York City. *Journal of Homosexuality, 65*(5), 600–614. https://doi.org/10.1080/00918369.2017.1328221

Canadian Observatory on Homelessness. (n.d.). *Sex workers*. Retrieved from https://www.homelesshub.ca/solutions/priority-populations/sex-workers

Cardoso, J. B., & Thompson, S. J. (2010). Common themes of resilience among Latino immigrant families: A systematic review of the literature. *Families In Society-The Journal Of Contemporary Social Services, 91*(3), 257–265. https://doi.org/10.1606/1044-3894.4003

Cerezo, A., Morales, A., Quintero, D., & Rothman, S. (2014). Trans migrations: Exploring life at the intersection of transgender identity and immigration. *Psychology of Sexual Orientation and Gender Diversity, 1*(2), 170–180. https://doi.org/10.1037/sgd0000031

Chávez, K. R. (2011). Identifying the needs of LGBTQ immigrants and refugees in southern Arizona. *Journal of Homosexuality, 58*, 189–218. https://doi.org/10.1080/00918369.2011.540175

Collier, M., & Daniel, M. (2019). The production of trans illegality: Cisnormativity in the U.S. immigration system. *Sociology Compass, 13*(4). https://doi.org/10.1111/soc4.12666

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine. *University of Chicago Legal Forum*, 139–168.

Cyrus, K. (2017). Multiple minorities as multiply marginalized: Applying the minority stress theory to LGBTQ people of color. *Journal of Gay & Lesbian Mental Health, 21*(3), 194–202. https://doi.org/10.1080/19359705.2017.1320739

de Vries, K. M. (2015). Transgender people of color at the center: Conceptualizing a new intersectional model. *Ethnicities, 15*(1), 3–27. https://doi.org/10.1177/1468796814547058

Delgado-Romero, E. (2001). Counseling a Hispanic/Latino client–Mr. X. *Journal of Mental Health Counseling, 23*(3), 207–221.

Dewaele, J., & Costa, B. (2013). Multilingual clients' experience of psychotherapy. *Language and Psychoanalysis, 2*(2), 31–50. https://doi.org/10.7565/landp.2013.005

England, S. (1999). Negotiating race and place in the Garifuna diaspora: Identity formation and transnational grassroots politics in new York City and Honduras. *Identities, 6*(1), 5–53. https://doi.org/10.1080/1070289X.1999.9962635

Evans, T. G. (2015). "We are here and we will not be silenced": Sylvia Rivera, STAR, and the struggle for transgender rights, 1969–1974. *The Mellon Mays Undergraduate Fellowship Journal, 2015*, 29–32.

Freedom For Immigrants. (n.d.). *A short history of immigration detention*. Retrieved from https://www.freedomforimmigrants.org/detention-timeline

Frye, V., Wilton, L., Hirshfield, S., Chiasson, M. A., Usher, D., Lucy, D., et al. (2015). "Just because it's out there, people aren't going to use it." HIV self-testing among young, Black MSM, and transgender women. *AIDS Patient Care and STDs, 29*(11), 617–624. https://doi.org/10.1089/apc.2015.0100

Galvan, F., & Bazargan, M. (2012). *Interactions of transgender Latina women with law enforcement*. Retrieved from https://escholarship.org/uc/item/62p795s3

García-Louis, C., & Cortes, K. L. (2020). Rejecting black and rejected back: AfroLatinx college students' experiences with anti-AfroLatinidad. *Journal of Latinos and Education*. https://doi.org/10.1080/15348431.2020.1731692

Gates, G. J. (2014). *In U.S., LGBT more likely than non-LGBT to be uninsured*. Retrieved from http://www.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx

Gleeson, S., & Sampat, P. (2018). Immigrant resistance in the age of trump. *New Labor Forum, 27*(1), 86–95. https://doi.org/10.1177/1095796017744778

Gilbert, P., Perreira, K., Eng, E., & Rhodes, S. (2014). Social stressors and alcohol use among immigrant sexual and gender minority Latinos in a nontraditional settlement state. *Substance Use & Misuse, 49*(11), 1365–1375. https://doi.org/10.3109/10826084.2014.901389

Goodman, A. (2020). *Deportation machine: America's long history of expelling immigrants*. Princeton University Press.

Gonzalez, K. A., Abreu, R. L., Capielo Rosairo, C., Koech, J., Lockett, G. M., Lindley, L. (2020). "A center for trans women where they help you:" Resource needs of the immigrant Latinx transgender community. Online first. *International Journal of Transgender Health*. https://doi.org/10.1080/26895269.2020.1830222

Grassian, S. (2006). Psychiatric effects of solitary confinement. *Washington University Journal of Law & Policy, 22*, 325–384.

Gray, N. N., Mendelsohn, D. M., & Omoto, A. M. (2015). Community connectedness, challenges, and resilience among gay Latino immigrants. *American Journal of Community Psychology, 55*(1–2), 202–214. https://doi.org/10.1007/s10464-014-9697-4

Grzanka, P. R., DeVore, E. N., Frantell, K. A., Miles, J. R., & Spengler, E. S. (2019). Conscience clauses and sexual and gender minority mental health care: A case study. *Journal of Counseling Psychology*. https://doi.org/10.1037/cou0000396

Guarnaccia, P. J., Martinez, I., & Acosta, H. (2005). Mental health in the Latino immigrant community: An overview. In M. J. Gonzalez & G. Gonzalez-Ramos (Eds.), *Mental health care for new Latino immigrants innovative approaches in contemporary clinical practice* (pp. 21–46). Haworth.

Hall, L. K. (2008). Strategies of erasure: U.S. colonialism and native Hawaiian feminism. *American Quarterly, 60*(2), 273–280. https://doi.org/10.1353/aq.0.0008

Harvey, M. R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research, and practice. In M. R. Harvey & P. Tummala-Narra (Eds.), *Sources and expression of resilience in trauma survivors: Ecological theory, multicultural perspectives* (pp. 9–35). Haworth. https://doi.org/10.1300/J146v14n01_02

Hayes, S., Rile, P., Radley, D., & McCarthy, D. (2015). Closing the gap: Past performance of health insurance in reducing racial and ethnic disparities in access to care could be an indication of future results. *Issue Brief (Commonwealth Fund), 5*, 1–11.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice, 43*(5), 460–467. https://doi.org/10.1037/a0029597

Hernández, D., Eason, J., Goldsmith, P., Abel, R., Mcneely, A., Miller, H., & Peguero, A. (2018). With mass deportation comes mass punishment: Punitive capacity, health, and standards in U.S. immigrant detention. In *Routledge handbook on immigration and crime* (1st ed., pp. 260–269). Routledge. https://doi.org/10.4324/9781317211563-20

Hill, D. B. (2002). Genderism, transphobia, and gender bashing: A framework for interpreting anti-transgender violence. In B. Wallace & R. Carter (Eds.), *Understanding and dealing with violence: A multicultural approach* (pp. 113–136). Sage.

Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: A prospective study of Native American women. *American Journal of Community Psychology, 30*, 853–871. https://doi.org/10.1023/A:1020209220214

Hook, J., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy*. American Psychological Association.

Hunter, M. (2007). The persistent problem of colorism: Skin tone, status, and inequality. *Sociology Compass, 1*(1), 237–254. https://doi.org/10.1111/j.1751-9020.2007.00006.x

Infante, C., Idrovo, A. J., Sánchez-Domínguez, M. S., Vinhas, S., & González-Vázquez, T. (2011). Violence committed against migrants in transit: Experiences on the northern Mexican border. *Journal of Immigrant and Minority Health, 14*(3), 449–459. https://doi.org/10.1007/s10903-011-9489-y

Johnson, K. R. (2019). The new Latinx 'repatriation'? Removals, criminal justice, and the efforts to remove Latinx peoples from the United States. *UCLA Law Review Symposium on Latinos, Bias, and the Criminal Justice System*. https://doi.org/10.2139/ssrn.3353508

Jones, T. (2019). *Improving services for transgender and gender variant youth: Research, policy, and practice for health and social care professionals*. Jessica Kingsley Publishers.

Keuroghlian, A., Mcdowell, M., & Stern, T. (2018). Providing care for lesbian, gay, bisexual, and transgender immigrants at health centers and clinics. *Psychosomatics, 59*(2), 193–198. https://doi.org/10.1016/j.psym.2017.10.008

Kim, G., Aguado Loi, C., Chiriboga, D., Jang, Y., Parmelee, P., & Allen, R. (2011). Limited English proficiency as a barrier to mental health service use: A study of Latino and Asian immigrants with psychiatric disorders. *Journal of Psychiatric Research, 45*(1), 104–110. https://doi.org/10.1016/j.jpsychires.2010.04.031

King, M. E., Winter, S., & Webster, B. (2009). Contact reduces transprejudice: A study on attitudes towards transgenderism and transgender civil rights in Hong Kong. *International Journal of Sexual Health, 21*(1), 17–34. https://doi.org/10.1080/19317610802434609

Kouyoumdjian, H., Zamboanga, B., & Hansen, D. (2006). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice, 10*(4), 394–422. https://doi.org/10.1093/clipsy.bpg041

Krogstad, J. M., Stepler, R., & Hugo Lopez, M. (2015). *English proficiency on the rise among Latinos: US born driving language changes*. Retrieved from Pew Research Center website: https://www.pewresearch.org/hispanic/2015/05/12/english-proficiency-on-the-rise-among-latinos/

Kubicek, K., Mcneeley, M., Holloway, I. W., Weiss, G., & Kipke, M. D. (2012). "It's like our own little world": Resilience as a factor in participating in the ballroom community subculture. *AIDS and Behavior, 17*(4), 1524–1539. https://doi.org/10.1007/s10461-012-0205-2

Lacey, M. (2008, December 6). A lifestyle distinct: The Muxe of Mexico. *The New York Times*. Retrieved from https://www.nytimes.com/2008/12/07/weekinreview/07lacey.html

Lawson, K. (2015). Police shooting of black men and implicit racial bias: Can't we all just get along. *University of Hawai'i Law Review, 37*(2), 339–380.

Lee, R. M. (2005). Resilience against discrimination: Ethnic identity and other-group orientation as protective factors for Korean Americans. *Journal of Counseling Psychology, 52*(1), 36–44. http://dx.doi.org.proxy.lib.utk.edu:90/10.1037/0022-0167.52.1.36

Lui, P. P. (2015). Intergenerational cultural conflict, mental health, and educational outcomes among Asian and Latino/a Americans: Qualitative and meta-analytic review. *Psychological Bulletin, 141*(2), 404–446. https://doi.org/10.1037/a0038449

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). Research on resilience: Response to commentaries. *Child Development, 71*, 573–575.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227–238.

Sumerau, J. E., & Mathers, L. A. B. (2019). *America through transgender eyes*. Rowman & Littlefield Publishers.

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*(1), 38–56. https://doi.org/10.2307/2137286

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209–212. https://doi.org/10.1037/sgd0000132

Mirandé, A. (2016). Hombres Mujeres. *Men and Masculinities, 19*(4), 384–409. https://doi.org/10.1177/1097184x15602746

Mora, R. (2011). Abjection and the cinematic Cholo: The Chicano gang stereotype in sociohistoric context. *Boyhood Studies, 5*(2). https://doi.org/10.3149/thy.0501.124

Morales, E. (2013). Latino lesbian, gay, bisexual, and transgender immigrants in the United States. *Journal of LGBT Issues in Counseling, 7*, 172–184. https://doi.org/10.1080/15538605.2013.785467

Nagoshi, J. L., Adams, K. A., Terrell, H. K., Hill, E. D., Brzuzy, S., & Nagoshi, C. T. (2008). Gender differences in correlates of homophobia and transphobia. *Sex Roles, 59*(7–8), 521–531. https://doi.org/10.1007/s11199-008-9458-7

Oliver, M. B. (2003). African American men as "criminal and dangerous": Implications of media portrayals of crime on the "criminalization" of African American men. *Journal of African American Studies, 7*(2), 3–18. https://doi.org/10.1007/s12111-003-1006-5

Pachankis, J. (2015). A transdiagnostic minority stress treatment approach for gay and bisexual men's syndemic health conditions. *Archives of Sexual Behavior, 44*(7), 1843–1860. https://doi.org/10.1007/s10508-015-0480-x

Patallo, B. J. (2019). The multicultural guidelines in practice: Cultural humility in clinical training and supervision. *Training and Education in Professional Psychology, 13*(3), 227–232. https://doi.org/10.1037/tep0000253

Phipps, R., & Degges-White, S. (2014). A new look at transgenerational trauma transmission: Second-generation Latino immigrant youth. *Journal of Multicultural Counseling and Development, 42*(3), 174–187. https://doi.org/10.1002/j.2161-1912.2014.00053.x

Picq, M. L. (2019). Decolonizing indigenous sexualities. In *The Oxford handbook of global LGBT and sexual diversity politics* (pp. 167–184). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780190673741.013.23

Plazas, D. (2016, May 1). Tennessee counselor protection law harms everyone. *The Tennessean*. Retrieved from https://www.tennessean.com/story/opinion/columnists/david-plazas/2016/05/01/tennessee-counselorprotection-law-harms-everybody/83661490/

Rhodes, S., Martinez, O., Song, E., Daniel, J., Alonzo, J., Eng, E., et al. (2013). Depressive symptoms among immigrant Latino sexual minorities. *American Journal of Health Behavior, 37*(3), 404–413. https://doi.org/10.5993/AJHB.37.3.13

Salas, S. P. (2019). *Intersecting realities: A qualitative study exploring the experiences of stress and coping among transgender Latinx immigrants* (Doctoral dissertation). Retrieved from *Cognitive Psychology Commons*. 2241.

Sandrino-Glasser, G. (1998). Los confundidos: De-conflating Latinos/as' race and ethnicity. *Chicano-Latino Law Review, 19*, 69–589.

Scharrón-del Río, M. R., & Aja, A. A. (2020). Latinx: Inclusive language as liberation praxis. *Journal of Latinx Psychology, 8*(1), 7–20. https://doi.org/10.1037/lat0000140

Seng, J. S., Lopez, W. D., Sperlich, M., Hamama, L., & Reed Meldrum, C. D. (2012). Marginalized identities, discrimination burden, and mental health: Empirical exploration of an interpersonal-level approach to modeling intersectionaly. *Social Science & Medicine, 75*(12), 2437–2445. https://doi.org/10.1016/j.socscimed.2012.09.023

Shipherd, J. C., Green, K. E., & Abramovitz, S. (2010). Transgender clients: Identifying and minimizing barriers to mental health treatment. *Journal of Gay & Lesbian Mental Health, 14*(2), 94–108. https://doi.org/10.1080/19359701003622875

Singh, A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles, 68*(11), 690–702. https://doi.org/10.1007/s11199-012-0149-z

Singh, A. A., Hays, D. G., & Watson, L. S. (2011). Strength in the face of adversity: Resilience strategies of transgender individuals. *Journal of Counseling & Development, 89*(1), 20–27. https://doi.org/10.1002/j.1556-6678.2011.tb00057.x

Smith, J. (2003). Assimilation across the Latino generations. *American Economic Review, 93*(2), 315–319.

Smith, B., Tooley, E., Christopher, P., & Kay, V. (2010). Resilience as the ability to bounce back from stress: A neglected personal resource? *The Journal of Positive Psychology, 5*(3), 166–176. https://doi.org/10.1080/17439760.2010.482186

Stone, A. L., Nimmons, E. A., Salcido, R., & Schnarrs, P. W. (2019). Multiplicity, race, and resilience: Transgender and non-binary people building community. *Sociological Inquiry, 90*(2), 226–248. https://doi.org/10.1111/soin.12341

Sun, C., Ma, A., Tanner, A., Mann, L., Reboussin, B., Garcia, M., et al. (2016). Depressive symptoms among Latino sexual minority men and Latina transgender women in a new settlement state: The role of perceived discrimination. *Depression Research and Treatment, 2016*, 1–7. https://doi.org/10.1155/2016/4972854

Terry, E. N. (2014). *An exclusionary revolution: Marginalization and representation of trans women in print media (1969–1979)* (Honors Thesis). University of Nevada, Las Vegas.

Torres, C. G., Renfrew, M., Kenst, K., Tan-McGrory, A., Betancourt, J. R., & López, L. (2015). Improving transgender health by building safe clinical environments that promote existing resilience: Results from a qualitative analysis of providers. *BMC Pediatrics, 15*. https://doi.org/10.1186/s12887-015-0505-6

Transgender Europe. (2019). *Trans murder monitoring research project*. Retrieved from https://transrespect.org/en/tmm-update-trans-day-of-remembrance-2019/

Turney, C. (2011). Give me your tired, your poor, and your queer: The need and potential for advocacy for LGBTQ immigrant detainees. (gay, lesbian, bisexual, transgender, or queer). *UCLA Law Review, 58*(5), 1343–1388.

U.S. Census Bureau. (2019). *Foreign-Born population by sex, age, and world region of birth: 2019*. Retrieved from https://www.census.gov/content/census/en/data/tables/2019/demo/foreign-born/cps-2019.html

USA Gov. (2020). *Deportation*. Retrieved from https://www.usa.gov/deportation

Valentine, D. (2007). *Imagining transgender: An ethnography of a category*. Duke University Press.

Watkins, C. E., & Hook, J. N. (2016). On a culturally humble psychoanalytic supervision perspective: Creating the cultural third. *Psychoanalytic Psychology, 33*, 487–517. https://doi.org/10.1037/pap0000044

White Hughto, J. M., & Reisner, S. L. (2016). A systematic review of the effects of hormone therapy on psychological functioning and quality of life in transgender individuals. *Transgender Health, 1*(1), 21–31. https://doi.org/10.1089/trgh.2015.0008

White Hughto, J. M., Rose, A., Pachankis, J., & Reisner, S. L. (2017). Barriers to gender transition-related healthcare: Identifying underserved transgender adults in Massachusetts. *Transgender Health, 2*(1), 107–118. https://doi.org/10.1089/trgh.2017.0014

Woods, J. B., Galvan, F., Bazargan, M., Herman, J., & Chen, Y. (2013). Latina transgender women's interactions with law enforcement in Los Angeles county. *Policing: A Journal of Policy and Practice, 7*(4), 379–391. https://doi.org/10.1093/police/pat025

Yamanis, T., Malik, M., Del Río-González, A., Wirtz, A., Cooney, E., Lujan, M., et al. (2018). Legal immigration status is associated with depressive symptoms among Latina transgender women in Washington, DC. *International Journal of Environmental Research and Public Health, 15*(6). https://doi.org/10.3390/ijerph15061246

Yakushko, O. (2009). Xenophobia: Understanding the roots and consequences of negative attitudes toward immigrants. *The Counseling Psychologist, 37*(1), 36–66. https://doi.org/10.1177/0011000008316034